



# Seattle Public Schools Employee Benefits Guidebook For New Employees

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For the Benefits Plan Year of  
October 1, 2012 to September 30, 2013  
Updated as of March 1, 2013

This benefits guidebook was created by Sprague Israel Giles, Inc. as a service to Seattle Public Schools. While the intention is to be as accurate as possible, if there is a discrepancy with any part of one of the contracts of the benefits program, the actual contract will always prevail. If you have questions about the content of this document, please contact Sprague Israel Giles at (206) 957-7066.

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## **Summary of Benefits and Coverage (SBC) Notice**

Complying with the Affordable Care Act of 2009

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### **IMPORTANT NOTICE REGARDING YOUR COVERAGE**

The Patient Protection and Affordable Care Act of 2009 requires all group health insurance plans (such as those offered by Seattle Public Schools) to provide a Summary of Benefits and Coverage (SBC) for each of the health plans offered to eligible employees.

This statement is your notice, as a benefits-eligible employee, that all available SBCs can be found posted in electronic format at the Employee Benefits Website listed below. You may also request an SBC be sent directly to you by calling the Benefits Helpline at (206) 957-7066 or toll free at (800) 946-7066.

#### **How to access the SPS Employee Benefits Website:**

1. Using the SPS intranet, find Employee Benefits and select the “Benefits Website” link, **or**
2. Using any browser to access the internet, go directly to [OurPasswordPage.com](http://OurPasswordPage.com) and use the password “sps” to enter.

#### **Questions about the SBCs?**

**Call the Benefits Helpline**

**(206) 957-7066 or (800) 946-7066**

**We're open Monday through Friday from 8am - 5pm**

We are pleased to be able to provide you with this service.  
For questions or comments you may also email us at [questions@SIGinsures.com](mailto:questions@SIGinsures.com).



# Benefits Contact List

For the Plan Year October 1, 2012 to September 30, 2013

Category	Contact	Phone	Fax	Email	Hours	Website
<b>Benefits Helpline</b>	<b>Sprague Israel Giles, Inc</b> 1501 Fourth Avenue, #2000 Seattle, WA 98101-1637	(206) 957-7066 (800) 946-7066	(206) 682-4993	benefits @signsures.com	M - F 8 to 5 PST	OurPasswordPage.com Password is "sps"
<b>SPS Human Resources</b>	<b>Human Resources Dept.</b> JSCEE Mail Stop 33-157 PO Box 34165 Seattle, WA 98124-1165	(206) 252-0377	(206) 252-0375	hrservicecenter @seattleschools.org	M - F 8 to 5 PST	seattleschools.org/area/hr
<b>Medical Plans</b>	<b>Group Health Options</b> PO Box 34590 Seattle, WA 98124-1585	(206) 901-4636 (888) 901-4636	-	info@ghc.org	M - F 8 to 6 PST	ghc.org
<b>Medical Plans</b>	<b>KPS Health Plans</b> PO Box 339 Bremerton, WA 98337-0039	(360) 478-6796 (800) 552-7114	-	customerservice@ kpshealthplans.com	M - F 8 to 5 PST	kpshealthplans.com
<b>Medical Plans</b>	<b>WEA / Premiera BlueCross</b> PO Box 91059 Seattle, WA 98111-9159	(800) 722-1471	(800) 932-9221	-	M - F 8 to 5 PST	premera.com/wea
<b>Dental Plan</b>	<b>Washington Dental Service</b> PO Box 75983 Seattle, WA 98175-0983	(206) 522-2300 (800) 554-1907	-	cservice @deltadentalwa.com	M - F 8 to 5 PST	deltadentalwa.com
<b>Vision Plan</b>	<b>Northwest Administrators</b> NBN Vision Care Plan 2323 Eastlake Ave. E Seattle, WA 98102	(206) 329-4900 (800) 732-1123	(206) 528-2326	via website	M - F 8 to 5 PST	nwadmin.com
<b>All Life and Disability Plans</b>	<b>Standard Insurance</b> PO Box 2800 Portland, OR 97208-2800	(800) 368-1135	(503) 321-8400	via website	M - F 6 to 6 PST	standard.com
<b>Flexible Spending Account (FSA)</b>	<b>Flex-Plan Services</b> PO Box 53250 Bellevue, WA 98015-3250	(425) 452-3500 (800) 669-3539	(425) 451-7002	flexplan @flex-plan.com	M - F 7 to 5 PST	flex-plan.com
<b>Employee Assistance Program (EAP)</b>	<b>Employee Assistance Program</b>	(206) 252-4800	-	eap @seattleschools.org	M - F 8 to 5 PST	-
<b>Washington State Pension Plans</b>	<b>Department of Retirement Systems (DRS)</b> PO Box 48380 Olympia, WA 98504-8380	(360) 664-7000 (800) 547-6657	-	recep@drs.wa.gov	M - F 8 to 5 PST	drs.wa.gov
<b>403(b) Tax Sheltered Annuity Plan</b>	<b>Carruth Compliance Consulting, Inc</b> 11515 SW Durham Rd. STE E-10 Tigard, OR 97224-3476	(503) 968-8961 (877) 222-3090	(503) 968-7802	cccinfo @ncompliance.com	M - F 8 to 5 PST	ncompliance.com Click "Employee Entrance" Click "Seattle Public Schools - WA"
<b>Workers Compensation</b>	<b>CorVel Corporation</b> PO Box 230608 Portland, OR 98281	(800) 275-4463 Nurse Hotline: (877) 764-3574	(866) 734-3599	-	M - F 9 to 5 PST	-



## Seattle Public Schools Employee Benefits Website and Helpline

THE BENEFITS WEBSITE IS CUSTOM DESIGNED TO FIT YOUR BENEFITS PACKAGE. You will find custom documents and useful resource tools. In addition, benefits summaries and the full insurance contracts are available if you need to investigate details.

### Here's What You'll Discover:

- Enrollment information
- Summaries of all our insurance plans
- Access to provider directories
- Complete contact lists
- Enrollment and change forms
- Life and disability information
- Links to state retirement websites
- Complete insurance booklets

### How to get there:

- Go directly to  
[www.ourpasswordpage.com](http://www.ourpasswordpage.com)  
or go to
- The "inside" Seattle Schools site:
  - ⇒ go to the site index
  - ⇒ choose Employee Benefits
  - ⇒ click on the link provided

For everyone the password is the same: **"sps"** in lower case letters.

### Here's a great tip:

Drag the password page's address to your computer's desktop - at work *and* at home.

This way, 24/7 access to all your benefits information will be quick and easy.

### Can't find what you're looking for?

Call the Benefits Helpline  
206.957.7066 or 800.946.7066  
We're open Monday through Friday

We are pleased to be able to provide you with this great service.  
For questions or comments on this website please email [benefits@seattleschools.org](mailto:benefits@seattleschools.org).



# New Hire Benefits Checklist

## Forms Required to Sign Up for Benefits

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### Welcome to the Seattle Public Schools!

Please use this employee benefits checklist to help you complete the forms needed to enroll in SPS benefits. All forms must be returned to Human Resources, MS 33-157, within 30 days following your employment date.

#### **Required Forms**

☐ **Enrollment & Change Form for Medical, Dental, and Vision Plans**

**Dental and Vision:** The District's WDS dental and NBN vision plans provide "family coverage" which means that all family members are eligible for coverage along with you at no extra charge. You must complete the enrollment form and indicate every family member who is to be enrolled.

**Medical:** You may choose one of the six medical plan options. If you do not want the District's medical plan for either yourself or your family members, you must check the box in Section 4 where it says, "I do not want medical coverage." Complete all sections that apply and be sure the form is signed and dated.

☐ **Group Life & Long Term Disability Insurance Enrollment and Beneficiary Form**

Complete the Standard Insurance Company enrollment and beneficiary form so that we have your beneficiary designation(s) on file.

☐ **Affidavit of Marriage or Domestic Partnership (*Required to enroll your spouse or partner*):**

Complete this form if you plan to cover a spouse or domestic partner on any of your employee benefit plans. If you are enrolling a domestic partner who is also a tax dependent, please complete the *Certification of Tax Status for Domestic Partnership* on the back of the form so that you can pay your portion of your partner's premium with pre-tax dollars.

#### **Forms for Optional Coverage (coverage you pay for entirely via payroll deduction)**

☐ **Voluntary Short Term Disability:**


This coverage is available to employees who do not have enough accumulated sick leave to maintain full pay through the 45-day waiting period before the Long Term Disability benefits would be payable. This plan is designed to help fill that potential income gap.

☐ **Voluntary Term Life Insurance:**

This additional life insurance provides coverage beyond the District's basic Group Life Insurance. Coverage for your spouse/partner and children is also available.

☐ **Flexible Spending Accounts**

These tax-favored accounts allow you to obtain reimbursement for certain health care or dependent care services with pre-tax dollars. The tax savings equate to a great discount on your out-of-pocket costs.

 **DEADLINE NOTE:** If you begin work on or before the 15th of the month and your paperwork is received by Human Resources on or before the 20th day of that month, your coverage will begin on the first of the following month. However, if your work begins after the 15<sup>th</sup> of the month or your paperwork is received after the 20th day of the month, your coverage will begin on the first of the month following one full calendar month of employment.

Please make sure that you print legibly. Return all completed forms to Human Resources, MS 33-157.

**All your forms must be submitted within 30 calendar days following your employment date.**

\*\*\*If you do not submit your enrollment forms by the deadline, you will not be allowed to enroll until the next Open Enrollment period unless you experience a *Qualifying Event*.\*\*\*

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## General Eligibility and Enrollment Information

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### What Benefit Plans are Available?

Eligible employees at Seattle Public Schools (“SPS”) have access to a wide selection of excellent employee benefits. Enrollment in some plans is mandatory, while enrollment in other plans is optional.

Mandatory employee benefit plans include:

- Dental Insurance
- Vision Insurance
- Group Life Insurance
- Long Term Disability Insurance

Optional or voluntary plans include:

- The Medical plan of your choice
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account
- Voluntary Term Life Insurance
- Voluntary Short Term Disability Insurance
- 403(b) Tax Sheltered Annuity (TSA)

Detailed descriptions of these plans can be found by visiting the SPS employee benefits website, found at [www.ourpasswordpage.com](http://www.ourpasswordpage.com) (password: sps), or by calling the Benefits Helpline at (206) 957-7066.

### Eligibility for Benefits

For represented employees, participation in the SPS group benefits program is based upon the eligibility criteria contained in the prevailing collective bargaining agreement. In the case of non-represented employees, participation is based upon the eligibility criteria contained in the Salary & Benefits Package for Non-Represented Employees as most recently approved by the Seattle Public Schools Board of Directors.

**It is the employee’s responsibility to submit application forms in a timely manner.** All applications must be submitted to Human Resources within 30 calendar days of the initial employment or eligibility date. Employees who do not properly submit applications will be deemed to have waived coverage. (See also *When Coverage Begins*)

Generally, to be eligible for SPS contributions you must be working in a regular, budgeted position of 0.5 FTE status or more and not be covered under another SPS benefits program through a union contract.

If you cease to become eligible for benefits, your coverage may usually be continued for a period of time on a self-pay basis. (See *Continuing of Health Benefits*)

### Costs and SPS Contributions

Most employees who are eligible for benefits are also eligible to receive a monthly SPS contribution toward the cost of benefits. This contribution will pay all or part of the cost of the plans selected.

SPS contributions may be applied to:

- All mandatory benefits (i.e., vision, dental, group life and long term disability)
- The medical plan of your choice

Many employees have no payroll deductions because the plan elections of their choosing cost less than their SPS contribution. However, if the combined cost of your benefits is not fully covered by the SPS benefit contribution, the excess amount will be your responsibility and will be deducted from your pay warrant each month.

Employees whose total monthly cost exceeds the SPS contribution allowance will be automatically enrolled in the SPS premium conversion plan. This means that premiums will be withheld on a pre-tax basis, unless you are covering a domestic partner who is not your income tax dependent or if you request in writing to pay tax on these expenses. Contact the Benefits Helpline at (206) 957-7066 for more information.

SPS contributions may not be applied to:

- Flexible Spending Account participation
- Voluntary Life Insurance
- Voluntary Short Term Disability Insurance
- Voluntary 403(b) Retirement Plan
- State Pension Plans (DRS)

Some part-time employees receive a prorated or reduced benefit contribution, based on their part-time status. Specifically, prorated contributions apply to part-time non-represented SPS staff, part-time machinists and warehouse teamsters, and all part-time employees covered by Seattle Education Association bargaining agreements. Prorated contributions do not apply to employees represented by Local 609.

If you hold a prorated part-time position, then the amount of SPS money available to you will be proportionate to your FTE status. For example, if you work half-time (.50 FTE), then you will receive half of the full SPS contribution.

Employees who receive a prorated contribution still have access to the same benefits - they just have less SPS money to cover the premium costs.

### Enrollment Procedures

All enrollment procedures are handled through SPS Human Resources and the Employee Benefits Administrators, Sprague Israel Giles, Inc. Plan elections and changes can only be made during one of three periods:

1. The employee’s initial eligibility period (See *Eligibility for Benefits*)
2. The annual Open Enrollment period for the specific plan (See *Three Annual Open Enrollment Periods*)
3. Within 30 or 60 calendar days of a “Qualifying Event” (See *Changing Your Coverage*)



## When Coverage Begins

**For newly eligible employees:** If your hire date is on or before the 15<sup>th</sup> of the month and your completed enrollment forms are received by Human Resources on or before the 20<sup>th</sup> day of that month, your coverage will begin on the first of the following month. However, if your hire date is after the 15<sup>th</sup> of the month or your paperwork is received after the 20<sup>th</sup> day of the month, your coverage will begin on the first of the month following one full calendar month of employment.

In all cases you must submit your enrollment forms within 30 days of your hire date in order to secure coverage. Employees who do not enroll during this 30-day period will be deemed to have waived coverage and will not be able to enroll until the next established annual Open Enrollment period, unless a Qualifying Event occurs.

You may apply for **Voluntary Term Life Insurance** at any time. However, the only time in which employees can be guaranteed to be approved for this coverage is during the initial eligibility period, when first eligible for benefits. The guaranteed term life insurance amount is limited, however, and any amount beyond that would require medical underwriting.

If you apply for voluntary term life insurance after your initial eligibility, no amount of coverage is guaranteed and the insurance company can deny coverage based on your answers to required health questions. This plan is not eligible for SPS contributions.

## Three Annual Open Enrollment Periods

Each year there are three separate Open Enrollment periods when all eligible employees may make plan enrollment and election changes.

- **Medical Plans:** Open Enrollment is generally held early August through early September for an effective date of October 1. This is the only time for most employees to change medical plans, or add or drop dependents. You may use District contributions toward the cost of medical coverage.
- **Flex-Plan Health Care and Dependent Care Flexible Spending Accounts (FSAs):** Open Enrollment is generally from mid-November to early December for an effective date of January 1. This is the only time for most employees to elect to participate or discontinue participation. You must reapply each year to participate in the FSA program. This plan is not eligible for SPS contributions.
- **Voluntary Short Term Disability:** Open Enrollment is generally mid-February to early March for an effective date of April 1. This is the only time for most eligible employees to elect to participate. You must reapply each year to participate in the Voluntary Short Term Disability program. This plan is not eligible for SPS contributions.

## Coverage for Dependents

Dependents are defined as:

- A legally married spouse
- Children under age 26 whether natural, stepchildren, adopted children or those legally placed for adoption
- A domestic partner and his/her dependent children under age 26

Legal documentation of adoption and stepchildren is required to prove eligibility as a dependent. In addition, some insurers may require documentation from you to verify dependent eligibility of spouses, domestic partners, and children.

Your dependents may be enrolled for insurance coverage only if you are enrolled as an employee. When enrolled, coverage for eligible dependents becomes effective on the same date as yours, or if they are enrolled under Special Enrollment conditions, on the normal date following proper application.

Eligible dependents are covered under the group dental and vision plans without additional premiums, but employees must complete an Enrollment and Change Form and provide required information about every family member who is to be given vision and dental coverage before it will take effect. Further, employees enrolling a spouse or domestic partner must complete an Affidavit of Marriage or Domestic Partnership. Life and LTD benefits are extended to Domestic Partners (and their children) only if an Affidavit of Marriage or Domestic Partnership is on file with SPS Human Resources.

Medical coverage for dependents is provided if the dependents meet the eligibility requirements and they are properly enrolled in your medical plan within 30 calendar days of your employment date, or during the annual Open Enrollment period. Dependents not previously covered under your medical plan may also have Special Enrollment Rights.

### New Dependents

Here are some key items regarding new dependents:

- Newborns would be covered from birth, and adopted or step-children from the date of placement, but they must be enrolled in your plan within 60 days of the birth or placement.
- New spouses or domestic partners and their children are eligible for insurance on the first of the month following date of marriage or the formation of a domestic partnership, but must be enrolled in your plan within 30 days of the marriage or formation of the domestic partnership.

Any monthly premium costs resulting from the addition of new dependents will generally be effective the first of the month following the date of eligibility.

### Overage Dependents and Incapacity

Medical, dental and vision coverage can be continued for an unmarried dependent child over age 26 who is incapacitated or developmentally disabled and chiefly dependent on you for support. You must verify that the

child is eligible and submit such evidence as required by the plan insurer (usually within 30 calendar days after the dependent turns 26). Evidence of continued dependency and incapacity may be required periodically. Coverage can continue for the duration of the incapacity provided the condition existed before age 26 and the coverage does not terminate for any reason.

## Special Provisions for Substitutes

**Certificated Substitute Teachers** who work 60 consecutive work days in the same assignment become eligible to participate in the medical, dental and vision plans only (not life or disability insurance) for a minimum period of three months.

**Classified Substitute SAEOPs' or Paraprofessionals'** health benefits eligibility is the same as for Certificated Substitute Teachers, except SAEOPs and Paraprofessionals retain SPS plan benefits eligibility for a minimum of two months.

SPS contributions may continue beyond these two- or three-month periods, on a month-to-month basis, if the same assignment continues without a break in service; however, the rules regarding continuation of health benefits differ based on the assignment and other circumstances. In no circumstances will benefits continue beyond September 30th of each year. Eligibility for benefits must be earned each school year by working 60 consecutive days in the same assignment.

Once a substitute becomes eligible for benefits, actual coverage would begin following proper enrollment, in the same manner and time frames as apply for new hires or other newly eligible employees. (See *When Coverage Begins*)

**Senior Substitutes** are not eligible for SPS contributions but are eligible to purchase medical coverage, or a package of medical, vision and dental coverage through self-pay (i.e., payroll deduction). Self-pay for life or disability insurance is not allowed. "Senior Substitute" status is determined by the SPS Human Resources Department. After notification of senior substitute status, senior substitutes will be eligible to enroll at the next medical plan Open Enrollment period. Contact the Benefits Helpline at (206) 957-7066 for more information.

## Special Enrollment Rights

If you decline enrollment for yourself or your dependents (including your spouse or domestic partner) because of other health insurance coverage, you may be able to enroll yourself or your dependents in an SPS plan if you experience an involuntary loss of that other coverage. If the other coverage was COBRA continuation coverage, special enrollment can be requested only after the COBRA continuation coverage is exhausted. To enroll, your completed enrollment request must be received by SPS within 30 days after your other health coverage ends; in that event, when possible, enrollment in the SPS medical plan will take place so that there is no break in coverage. If the enrollment request is received more than 30 days from

the loss of coverage, you will not be allowed to enroll until the next Open Enrollment period.

In the case of marriage, if the enrollment request is received within 30 days of the marriage, enrollment is effective on the first day of the calendar month following the date of marriage. Otherwise, you will not be allowed to enroll until the next Open Enrollment period.

In the case of birth, adoption or placement for adoption, if the enrollment request is received within 60 days of the birth, adoption or placement for adoption, enrollment is effective on the date of the birth or placement. Otherwise, you will not be allowed to enroll until the next Open Enrollment period.

## Coordination of Benefits

The Washington State Insurance Commissioner's Office has adopted rules governing coordination of benefits, when someone is covered by two group policies at the same time.

In coordinating benefits, one plan is determined to have primary responsibility for payment of health care benefits. Other plans will then provide reduced benefits so that the total payments made under the combined coverage will not exceed 100 percent of the covered expenses.

It is your responsibility to advise your health care provider of dual coverage. In addition, it is important for you to promptly respond to any written request from your benefits carrier for information concerning dual coverage.

Because of the high cost of medical coverage, it may not be to your financial advantage to cover your dependents on a SPS sponsored plan if your dependents have coverage elsewhere. In addition, if both parents are employees of SPS, only one employee, not both, may insure each child.

## Leaves of Absence and Benefits

There are many types of employment leave. If you go on an approved leave from the District, you will receive a letter from Human Resources designating the type of leave, how long it will last, and other information relevant to your leave.

Depending on the circumstances of your leave (and perhaps the terms of your Collective Bargaining Agreement), SPS contributions for benefits may continue for all or part of your leave. More information is available through Human Resources.

If you are going on leave because you are having a baby, please review the SPS Benefits Helpline Advisor "Having a Baby? Frequently Asked Questions Regarding Leaves and Benefits," which addresses issues specific to pregnancy and maternity leave. (See [www.ourpasswordpage.com](http://www.ourpasswordpage.com), password "sps")

## What Types of Leaves Are There?

### Child Care Leave:

Certain bargaining agreements allow for Child Care Leave. This provides time during the 12 months following birth (or

placement by adoption) to care for your new child. Child Care Leave itself is always an Unpaid Leave, but if you also qualify for FMLA/FLA, SPS contributions would continue for up to 12 weeks. If your Child Care Leave goes past the end of FMLA period, SPS contributions to plan benefit premiums will end, and you will become eligible to self-pay the cost of your benefits.

#### **Washington State Family Care Act (FCA):**

FCA allows employees to use available sick leave or other paid time off to care for a sick child with a routine illness; a spouse, parent, parent-in-law or grandparent with a serious or emergency health condition; and an adult child with a disability. SPS contributions for benefits would continue during this type of paid leave.

#### **Sabbatical:**

For approved sabbaticals, employees stay on SPS benefits. Classified sabbaticals are fully paid, and employees receive the full SPS contribution for benefits. Certificated sabbaticals are funded at 50% - employees receive a half-time salary and half of the normal SPS contribution for benefits.

If you are on sabbatical and if the cost of your benefits exceeds the SPS contribution amount, you must continue to pay any premium share no later than 30 days following the due date, in order to maintain your coverage.

#### **Approved Leaves for Education, Travel, Etc.:**

These types of leave are generally unpaid and SPS contributions for benefits will generally not be available. You would be able to continue your benefits through self-pay, for a maximum of 12 months.

#### **Family Medical Leave Act (FMLA):**

FMLA provides up to 12 weeks each year of unpaid, job-protected leave to employees who need to care for themselves or certain family members in the event of birth, adoption, or a serious health condition.

Employees are eligible for FMLA leave if they have been employed by SPS for at least one year and have worked 1,250 hours or more in the most recent 12 months.

FMLA leave can be paid leave or unpaid leave. SPS requires that employees first use up any available paid or shared leave while on FMLA. Whether it is paid or unpaid leave, SPS would continue its contribution for your benefits for the approved time, but in no case longer than 12 weeks.

Your share of the monthly premiums, if any, would have to continue as well. If your paycheck for any given month is not sufficient to cover the cost of your premium share, you will need to pay SPS your share within 30 days following the due date in order to maintain your coverage.

If your approved leave goes past the end of the 12-week FMLA period, SPS contributions would end unless you remained in paid leave status.

#### **Benefits During a Paid Leave**

A “paid leave” occurs when you continue to get paid while on leave, or through the use of paid vacation, sick time, or donated leave. As long as you are still being paid while on

a District-approved leave and are enrolled for benefits when the leave began, an SPS contribution toward the cost of your employee benefits would continue. If you shared in the cost of your benefits through a payroll deduction, your deduction for your benefits would continue as well.

#### **Benefits During an Unpaid Leave**

If your pay ends while you are still on leave, your status would change to unpaid leave status and SPS contributions for benefits generally would end as well. (There are some exceptions to this rule – See FMLA or FCA.) If this happened, you would then be given the opportunity to pay the entire premium yourself, on a “self-pay” basis.

#### **When Do SPS Contributions for Benefits End?**

If you’re unpaid leave status begins on or before the 15th of the month, SPS contributions cease at the end of that same month; if your unpaid leave status begins after the 15th of the month, SPS contributions cease at the end of the following month. When SPS contributions for benefits end, you will have to pay the entire monthly cost yourself to maintain your coverage.

When SPS contributions for your benefits end, a letter will be sent to you offering you the opportunity to self-pay your benefits. You can continue your benefits by self-paying the full premium for as long as your approved leave continues, but not longer than one year. After the self-pay period, COBRA eligibility begins. The COBRA period is usually 18 months, but can be longer.

#### **What Should I Do When I Return From Leave?**

If you received SPS contributions for benefits throughout your leave, you will not need to do anything about your benefits when you return. However, if you have been on self-pay or COBRA, or if you have allowed your benefits to lapse, you must complete a new Enrollment and Change Form and submit it to Human Resources within 30 days of your return to work to reinstate your coverage as an active employee. Otherwise, you will have to wait until the next Open Enrollment period to enroll.

### **Changing Your Coverage**

In order to make a change to your election outside your initial eligibility period or an applicable annual Open Enrollment period, you must submit an Enrollment and Change Form within 30 calendar days of a **Qualifying Event** or within 60 days following birth, adoption or placement for adoption. An election change must be on account of and correspond with a change in status that affects eligibility for coverage under an SPS plan.

The following events are examples of Qualifying Events:

- There is a change in the number of dependents (examples: a new birth, a death, marriage or formation of a domestic partnership, adoption or placement for adoption, divorce or legal separation).
- There is an involuntary loss of other coverage for an employee or dependent. (This loss cannot include voluntary individual coverage and the employee must submit a valid application with documentation from the former plan sponsor to verify this.)

- A court orders the employee or dependent to provide coverage of dependents.
- A change in employment status causes a significantly different financial cost (generally, this means a \$50 or greater difference).

In all cases, the requested change must be consistent with the change in status.

## Cancellation of Coverage

Generally, you may cancel your medical coverage or drop dependents from coverage only at the annual Open Enrollment period or if you experience a Qualifying Event. Contact the Benefits Helpline at (206) 957-7066 for specific instructions concerning procedures for canceling coverage.

If you do not cancel coverage within the proper time frames following a Qualifying Event, you may not be able to cancel coverage until the next Open Enrollment period. A cancellation request must be received by Human Resources by the 20th of the month in order for the cancellation to be effective the first of the following month.

## When Coverage Ends

Loss of coverage can occur because of several reasons:

- Your employment terminates
- You go on an unpaid leave
- You change to another job that is not eligible for benefits
- You have a reduction in hours such that you no longer qualify for benefits

If you lose your eligibility on or before the 15th of the month, your coverage will cease at the end of that month. However, if you terminate or go on an unpaid leave after the 15th of the month, your coverage will cease at the end of the next month following your termination.

If you are a school-year employee and you terminate employment at the completion of your scheduled work year, your coverage will continue through the summer months and end on September 30<sup>th</sup> (or on July 31<sup>st</sup> for employees represented by PASS).

## COBRA Continuation of Health Benefits

COBRA provides certain employees and dependents the right to temporary continuation of health benefits at group rates. For the purposes of COBRA, health benefits include SPS group medical, dental and vision, and Flexible Spending Accounts.

COBRA coverage, however, is only available when coverage is lost due to certain specific 'COBRA Qualifying Events.' COBRA Qualifying Events for employees include voluntary or involuntary termination of employment for reasons other than gross misconduct, and a reduction in the number of hours of employment. For dependents it also includes the covered employee's becoming entitled to

Medicare, death, divorce or legal separation, and for children, loss of dependent child status under the plan rules.

To be eligible for COBRA coverage, you must have been enrolled in an SPS health plan when a COBRA Qualifying Event occurs and the health plan must continue to be in effect for active employees.

For more information regarding your COBRA rights and responsibilities see the **COBRA General Notice** on the following page and on the Benefits Website at [www.ourpasswordpage.com](http://www.ourpasswordpage.com) (password "sps"), or call the Benefits Helpline at (206) 957-7066.

## Coverage for Retired Employees

Retiree plans are available to eligible retirees through the Washington State Public Employee Benefits Board (PEBB) and are administered by the Washington State Health Care Authority. Call 1 (800) 200-1004 for information. In addition, you may want to consider purchasing individual medical coverage separately. Contact the Benefits Helpline at (206) 957-7066 for information. For Washington Dental Service retiree coverage, call (206) 522-1300.

## Patient Protection Disclosure

For plans and issuers that require or allow for the designation of primary care providers by participants or beneficiaries, insert:

The Group Health \$500 Ded. Options Select plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the appropriate network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, please visit the 'Providers' link at the employee benefits website at [www.ourpasswordpage.com](http://www.ourpasswordpage.com) (password "sps"), or call the Benefits Helpline at (206) 957-7066.

You do not need prior authorization from any of the group health plans offered by SPS or from any other person (including a primary care provider) 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.

*The information provided here is for informative purposes only. If there are discrepancies between this document and actual plan contracts, the plan contracts will prevail.*

## IMPORTANT INFORMATION ABOUT YOUR HEALTH COVERAGE

### **\*\* Continuation Coverage Rights Under COBRA \*\***

#### **Introduction**

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

#### **What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

#### **When is COBRA Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee or the employee's becomes entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

#### **You Must Give Notice of Some Qualifying Events**

**For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.**

### **How is COBRA Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

#### ***Disability extension of 18-month period of continuation coverage***

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

#### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

### **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan Administrator Contact Information**

Sprague Israel Giles, Inc.  
SPS Benefits Administrator  
1501 4<sup>th</sup> Ave., Suite #730  
Seattle, WA 98101-1637  
(206) 957-7066

Melissa Hughes  
COBRA Administrator  
(206) 957-7075

Categories	GHO HDHP 1500 Group #6416800	GHO 500 Group #6289900	GHO OPTIONS Group #6290000	GHO ALLIANT PLUS Group #5667500	KPS VALUE PPO Group #22233	KPS CLASSIC PPO Group #22165	PREMIER PLAN 2 Group #80000207
<b>Annual Deductible</b>	Individual deductible: \$1,500 shared in and out of network Family deductible: \$3,000 shared in and out of network	\$500 per person \$1,500 max per family (Fourth quarter carryover applies.)	In Network (GHC): No deductible. Out-of-Network: \$100 per person \$300 max per family	Shared In and Out-of-Network: \$100 per person \$300 max per family	Per contract year: Participating: \$200 per person with \$600 max per family Non-Participating: \$1,000 per person \$3,000 max per family	Per contract year: Participating: \$100 per person \$300 max per family	\$100 per person \$300 max per family
<b>Your Annual Out of Pocket Expense Limit</b>	In and out-of-network: Individual limit: \$5,100 Family limit: \$10,200	\$2,000 max per person \$6,000 max per family	In Network: \$2,000 max per person \$6,000 max per family Out-of-Network: \$2,000 max per person \$6,000 max per family	In and out-of-network: \$1,500 max per person \$4,500 max per family	Per contract year: Participating: \$2,500 max per person \$7,500 max per family Non-participating: \$10,000 max per person \$30,000 max per family	Per contract year: Participating: \$1,500 max per person \$4,500 max per family Non-participating: \$3,000 max per person \$9,000 max per family	Share In and Out-of-Network: \$1,500 max per person \$4,500 family max (includes deductible)
<b>What DOES NOT Apply to the Out of Pocket Expense Limit?</b>	Nothing - <u>ALL</u> covered services apply to the out-of-pocket expense limit.	Deductible and copays do not apply	Out-of-Network deductible and copays do not apply	Deductible and copays do not apply	Deductible, copays, and audio benefits do not apply	Deductible, copays, and audio benefits do not apply	Copays do not apply
<b>Access to Care; Referrals and Pre-Authorizations</b>	In Network: Your PCP directs your care. Self-referral to most specialists is allowed at Group Health Medical Centers. Out-of-Network: Self-referrals are allowed.	Your Primary Care Physician (PCP) directs your care. Wide range of self-referrals to specialists is allowed at Group Health Medical Centers.	In Network: Your PCP directs your care. Self-referral to most specialists is allowed at Group Health Medical Centers. Out-of-Network: Self-referrals are allowed.	In Network: Your PCP directs your care. Self-referral to most specialists is allowed at Group Health Medical Centers, Virginia Mason, The Everett Clinic. Out-of-Network: Self-referrals are allowed.	Self-referrals are allowed. Pre-authorization is required for certain services.	Self-referrals are allowed. Pre-authorization is required for certain services.	Self-referrals are allowed. Pre-authorization is required for certain services.
<b>Rules for Out of Area Care</b>	Out-of-Network: Subject to deductible then paid at 80%. To avoid balance billing for services that exceed the allowed amount, see First Choice or Beech Street providers.	ER Care at non-GHC facilities subject to \$75 copay (waived if admitted), subject to deductible then paid at 80%. Must notify GHC within 24 hours of inpatient admission.	Out-of-Network: Subject to \$100 deductible then paid at 80%. To avoid balance billing for services that exceed the allowed amount, see First Choice or Beech Street providers.	Out-of-Network: Subject to \$100 deductible then paid at 80%. To avoid balance billing for services that exceed the allowed amount, see First Choice or Beech Street providers.	Participating Provider benefits available nationwide through the Multiplan network of providers. Emergency care is covered Worldwide.	Participating Provider benefits available nationwide through the Multiplan network of providers. Emergency care is covered Worldwide.	In-Network benefits available nationwide through BlueCard Program. Coverage available Worldwide. For information, call (800) 810-2583.

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1. Physician Visits in Office & Clinic	In and out-of-network: \$20 copay and deductible applies, then 100% In-network 80% Out-of-Network	The first four office visits per calendar year are covered with a \$20 copayment. Subsequent visits are \$20 per visit, subject to the deductible, and covered at 80%.	In Network: \$25 copay per visit Out-of-Network: Subject to \$100 deductible then paid at 80%. No copay.	Deductible and coinsurance waived In and Out-of-Network: \$25 copay per visit	Deductible waived Participating Providers: \$25 copay per visit Non Participating: \$25 copay, then 60%.	Deductible waived In-Network: \$25 copay Out-of-Network: \$30 copay	
2. Diagnostic Testing	In and out-of-network: Deductible applies, then 100% In-network 80% Out-of-Network	The first \$500 of lab and x- ray services is covered at 100%. Once the first \$500 has been used, deductible applies then coverage is at 80%.	In Network: Covered in full. Out-of-Network: Subject to deductible and paid at 80%.	In and out-of-network: Deductible applies, then 90% In-network 80% Out-of-Network	Deductible applies, then 80% Participating 60% Non-Participating	Deductible applies, then 80% In-Network 60% Out-of-Network	
3. Inpatient Hospital Room and Board, and Ancillaries	In and out-of-network: Deductible applies, then 100% In-network 80% Out-of-Network	Deductible then covered at 80%	\$200 copay per day, for up to 3 days per admission In-Network: Covered in full after copay. Out-of-Network: Deductible applies, then Paid at 80% after copay.	Deductible applies, then \$200 copay per day up to 3 days per admission, then 90% In-network, 80% Out-of- Network	Deductible applies, then \$200 copay per day to \$1000 max per person per admission, then 80% Participating, 60% Non- Participating.	Deductible applies, then Inpatient copay: \$150 per day to \$450 maximum per person, per calendar year. In-Network 80% Out-of-Network 60%	
4. Prescription Drugs & Insulin (Unless Otherwise Specified)	In and out-of-network: Deductible applies, then In Network: Formulary Generic: \$15 Formulary Brand : \$30 Non-Form. Brand: \$50 Certain preventive medications (determined by GHO) are covered in full In-Network Out-of-Network: Formulary Generic: \$20 Formulary Brand: \$35 Non-form. Brand \$55	Value Generic: \$4 Formulary Generic: \$8 Formulary Brand: \$25 Non-Formulary: Not covered	In Network: Value Generic: \$4 Formulary Generic: \$8 Formulary Brand: \$25 Non-Form. Brand: \$50 Out-of-Network: Formulary Gen.: \$13 Formulary Brand: \$30 Non-form. Brand \$55	At GH, VM, or Everett Clinic Pharmacy: Generic: \$15, Brand: \$25, Non-form: \$45 Out-of-Network: Generic: \$20, Brand: \$30, Non-form: \$50	Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: 50% with \$100 maximum copayment A three month supply for one copay, for Maintenance Drugs only.	Up to a 34 day supply: Generic: \$10 copay Preferred Brand: \$20 copay Non-Preferred: \$35 copay	



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5. Mail Order Prescription Drugs & Insulin (Unless Otherwise Specified)	Up to a 90-day supply. Regular copay amounts apply if obtained through GHC mail service program. Formulary drugs only	Up to a 90-day supply. Regular copay amounts apply minus a \$5 discount per 30-day supply or refill if obtained through GHC mail service program. Formulary drugs only	Up to a 90-day supply. Regular copay amounts apply minus a \$5 discount per 30- day supply or refill if obtained through GHC mail service program. Formulary drugs only	Up to a 90-day supply available for three copays, from Group Health pharmacies. Formulary drugs only	Up to a three month supply for two copays, for Maintenance Drugs only.	Up to a three month supply for one copay, for Maintenance Drugs only.	Up to a 100 day supply for 1 copay.
6. Preventive Care, Well- Baby Care	In-Network: Covered in full according to the well-care schedule. Out-of-Network: Covered in full, not subject to deductible or coinsurance.	Covered in full when in accordance with the well- care schedule.	In-Network: Covered in full according to the well-care schedule. Out-of-Network: Covered at 80% after deductible is satisfied.	In-Network: Covered in full according to the well-care schedule. Out-of-Network: Covered at 80% after \$25 copay, deductible waived, and routine mammograms covered at 80% after deductible.	Participating: Paid at 100% Non Participating: Paid at 50%, deductible waived.	Participating: Paid at 100% Non Participating: Paid at 60%, deductible waived.	In-Network covered in full deductible waived. Out-of- Network, constant 80% after deductible.
7. Routine Vision Exam	In Network: \$20 copay and deductible apply, then covered 100%. Vision exam allowed once every 12 months. Out-of- Network: Not covered.	Vision exam allowed once every 12 months. \$20 copay with deductible and coinsurance waived.	In Network: \$25 copay. Vision exam allowed once every 12 months. Out-of-Network: Not covered.	In Network: \$25 copay. Vision exam allowed once every 12 months. Out-of-Network: Not covered.	Routine vision exams not covered.	Routine vision exams not covered.	Routine vision exams not covered.
8. Routine Hearing Exam & Hearing Hardware	In and out-of-network: \$20 copay and deductible applies, then 100% In-network 80% Out-of-Network Hearing exam allowed to determine hearing loss. No hardware coverage.	Hearing Exams to determine hearing loss: \$20 copay, subject to deductible and coinsurance. No hardware coverage.	In Network: \$25 copay. Hearing exam allowed to determine hearing loss. No hardware coverage. Out-of- Network: Routine hearing exams subject to deductible and paid at 80%.	In and Out-of-Network: \$25 copay. Hearing exam allowed to determine hearing loss. No hardware coverage.	Hearing exams and hardware paid at 80% participating, 50% non-participating up to \$125 maximum per contract year. Subject to deductible. Does not apply to OOP Expense limit.	Hearing exams and hardware paid at 80% participating, 60% non- participating up to \$125 maximum per contract year. Subject to deductible. Does not apply to OOP Expense limit.	Hearing exams and hardware paid at a constant 80% up to \$400 maximum every 3 consecutive calendar years. Subject to deductible.
9. Chiropractors; Manipulations Of Spine And Extremities	In and out-of-network: \$20 copay and deductible applies, then 100% In-network 80% Out-of-Network Limited to 10 visits per calendar year.	Self-referrals to GHC providers. \$20 copay per visit then deductible then covered at 80% to maximum of 10 visits per calendar year.	In Network: \$25 copay per visit, deductible waived Out-of-Network: Subject to \$100 deductible then paid at 80%. No copay. Limited to 10 visits per calendar year.	Deductible waived In and Out-of-Network: \$25 copay per visit Limited to 10 visits per calendar year.	Deductible waived Participating Providers: \$25 copay per visit Non Participating: \$25 copay, then 50%. Limited to 24 visits per contract year.	Deductible waived Participating Providers: \$25 copay per visit Non Participating: \$25 copay, then 60%. Limited to 24 visits per contract year.	Deductible waived In-Network: \$25 copay Out-of-Network: \$30 copay Unlimited Visits.

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10. Acupuncture	In Network: \$20 copay, deductible, then covered 100%. Limited to 8 visits per diagnosis per calendar year. Out-of-Network: \$20 copay, deductible then paid at 80%. Visit limit subject to medical necessity.	\$20 copay per visit then deductible then covered at 80%. Self-referrals to GHC providers for up to 8 visit per diagnosis per calendar year. Additional visits require PCP referral.	In Network: \$25 copay per visit. Limited to 8 visits per diagnosis per calendar year. Out-of-Network: Subject to \$100 deductible then paid at 80%. No copay. Visit limit subject to medical necessity.	In and Out-of-Network: \$25 copay per visit. Deductible and coinsurance waived. In-Network: Limited to 8 visits per diagnosis per calendar year. Out-of-Network: Visit limit subject to medical necessity.	Deductible waived. Participating Providers: \$25 copay per visit. Non Participating: \$25 copay, then 60%. Limited to 12 visits per calendar year.	Deductible waived. Participating Providers: \$25 copay per visit. Non Participating: \$25 copay, then 60%. Limited to 12 visits per calendar year.	Deductible waived. In-Network: \$25 copay. Out-of-Network: \$30 copay. Limited to 12 visits per calendar year.
11. Naturopathic Care	In-network: \$20 copay, deductible, then covered 100%. Self-referrals to GHC providers for up to 3 visit per diagnosis per calendar year. Additional visits available with referral. Out-of-Network: \$20 copay, deductible then paid at 80%.	\$20 copay per visit then deductible then covered at 80%. Self-referrals to GHC providers for up to 3 visit per diagnosis per calendar year. Additional visits require PCP referral.	In-network: \$25 copay per visit. Self-referrals to GHC providers for up to 3 visit per diagnosis per calendar year. Additional visits available with referral. Out-of-Network: Subject to \$100 deductible then paid at 80%. No copay.	Deductible and coinsurance waived. In and Out-of-Network: \$25 copay per visit. Self-referrals to GHC providers for up to 3 visit per diagnosis per calendar year. Additional visits available with referral.	Deductible waived. Participating Providers: \$25 copay per visit. Non Participating: \$25 copay, then 50%. Limited to 12 visits per calendar year.	Deductible waived. Participating Providers: \$25 copay per visit. Non Participating: \$25 copay, then 60%. Limited to 12 visits per calendar year.	Deductible waived. In-Network: \$25 copay. Out-of-Network: \$30 copay.
12. Obstetrics: Initial Newborn Care: Facility and Professional Services (newborns covered first 3 weeks after birth)	In and out-of-network: Deductible applies, then 100% In-network 80% Out-of-Network. Note: Family deductible applies on date of birth if baby is added to insurance plan.	Inpatient: Deductible then covered at 80%. Outpatient: \$20 copay then deductible then covered at 80%.	\$200 copay per day, for up to 3 days per admission. In-Network: Covered in full after copay. Out-of-Network: Subject to deductible then paid at 80% after copay.	Subject to deductible and inpatient copay. In Network: Deductible and then covered at 90%. Out-of-Network: Deductible then covered at 80%.	Outpatient: Routine OB office visits covered in full. Inpatient: See inpatient hospital, room and board. Newborns: Well-baby nursing care not subject to deductible. 80% par, 60% non-par.	Outpatient: Routine OB office visits covered in full. Inpatient: See inpatient hospital, room and board. Newborns: Well-baby nursing care not subject to deductible. 80% par, 60% non-par.	In-Network 80%, Out-of-Network 60%. Subject to inpatient hospital or outpatient surgery copay and deductible.
13. Ground and Air Ambulance	In and out-of-network: Deductible applies, then 100% In-network 80% Out-of-Network	80% (Deductible waived.) Non-emergent inter-facility transfer covered at 80%. Hospital-to-hospital ground transfers covered in full.	Emergency ambulance covered at 80%. Non-emergent inter-facility transfer covered at 80%, except hospital-to-hospital ground transfers covered in full.	Emergency ambulance covered at 80%.	Deductible applies, then covered at 80%. Ground - unlimited. Air - \$5,000 max per trip.	Deductible applies, then covered at 80%. Ground - unlimited. Air - \$5,000 max per trip.	80% of allowable charges. Subject to deductible.
14. Emergency Room Use, in and out of Service Area	Deductible applies, then covered 100%	\$75 copay per visit, waived if admitted, then deductible then covered at 80%.	In-Network: \$100 copay per visit at GHC, waived if admitted. Out-of-Network: \$100 copay, waived if admitted.	\$100 copay, waived if admitted. Deductible and coinsurance apply.	\$100 emergency room copay, waived if admitted. After copay, paid at 80%.	\$100 emergency room copay, waived if admitted. After copay, paid at 80%.	\$75 emergency room copay, waived if admitted. After copay and deductible, paid at 80% of allowable charges.

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15. Outpatient Physical, Speech, Occupational & Licensed Massage Therapy	In and out-of-network: \$20 copay and deductible applies, then 100% In-network 80% Out-of-Network Combined limit is 60 visits per calendar year for inpatient and outpatient visits.	\$20 copay per visit then deductible then covered at 80% to 60 visits combined for all conditions per calendar year.	In Network: \$25 copay Out-of-Network: Subject to deductible then paid at 80%. Combined limit is 60 visits per calendar year for inpatient and outpatient visits.	In and Out-of-Network: \$25 copay per visit. Limited to 60 visits combined for all conditions per calendar year.	Deductible waived Participating Providers: \$25 copay per visit Non Participating: \$25 copay, then 50% Limited to 45 visits per calendar year	Deductible waived Participating Providers: \$25 copay per visit Non Participating: \$25 copay, then 60% Limited to 45 visits per calendar year	Physical Therapy: In-network: 80% after deductible Out-of-network: 60% after deductible. No limit Other Therapies: Deductible waived. In- network: \$25 copay Out-of-Network: \$30 copay. Limited to 45 visits per cal. year
16. Inpatient Occupational, Speech & Physical Therapy	In and out-of-network: Deductible applies, then 100% In-network 80% Out-of-Network Combined limit is 60 days per calendar year for network and out-of-network days.	Deductible then covered at 80% up to 60 days per calendar year for all therapies combined.	In-Network: Covered in full after inpatient copay. Out-of- Network: Subject to deductible then paid at 80% after inpatient copay. Combined limit is 60 days per calendar year for network and out-of-network days.	Subject to inpatient copay. In Network: Deductible and then covered at 90% Out-of-Network: Deductible then covered at 80% Combined limit is 60 days per cal. year for network and out-of-network days.	Subject to deductible and inpatient copay. 80% Participating 60% Non-Participating. 120 days maximum per contract year.	Subject to deductible and inpatient copay. 80% Participating 60% Non-Participating. 120 days maximum per contract year.	In-Network 80%, Out-of- Network 60%. Limit: 120 days each calendar year. Subject to inpatient copayment and deductible.
17. Outpatient Day Surgery, Surgery Centers	In and out-of-network: \$20 copay and deductible applies, then 100% In-network 80% Out-of-Network	\$20 copay then deductible then covered at 80%.	In Network: \$100 copay per visit. Out-of-Network: \$100 copay. Subject to deductible then paid at 80%	In and Out-of-Network: \$100 copay per visit. Subject to deductible and coinsurance.	Deductible applies, then \$200 copay per surgery; 80% Participating, 60% Non- Participating	Deductible applies, then \$200 copay per surgery; 80% Participating, 60% Non- Participating	Deductible applies, then \$100 copay per surgery; In- Network 80%, Out-of- Network 60%
18. Mental Health Care - Inpatient and Outpatient	Inpatient: In and out-of- network: Deductible applies, then 100% In-network 80% Out-of-Network Outpatient: In and out-of- network: \$20 copay and deductible applies, then 100% In-network, 80% Out-of- Network	Inpatient: Deductible, then covered at 80%. Outpatient: \$20 copay then deductible then covered at 80%.	Inpatient: \$200 copay per day, for up to 3 days per admission In-Network: Covered in full after copay. Out-of-Network: Deductible applies, then paid at 80% after copay. Outpatient: In-Network: \$25 copay per visit. Out-of- Network: Subject to deductible then paid at 80%.	Inpatient: Deductible applies, then \$200 copay up to 3 days per admission, then 90% In- network or 80% Out-of- Network. Outpatient: In-Network: \$25 copay per visit. Deductible and coinsurance waived.	Inpatient: Deductible applies, then \$300 copay per day to \$900 max per person per admission, then 80% Participating or 50% Non- Participating. Outpatient: Participating Providers: \$25 copay, then 100%. Non-Participating: \$25 copay, then 50%. Not subject to deductible.	Inpatient: Ded applies, then \$200 copay per day to \$1000 max per person per admission, then 80% Participating, 60% Non- Participating. Outpatient: Participating Providers: \$25 copay, then 100%. Non- Participating: \$25 copay, then 50%. Not subject to ded.	Inpatient: Ded applies, then copay of \$150 per day to \$450 maximum per person, per calendar year. Then coinsurance of In-Network 80% or Out-of-Network 60%. Outpatient: \$25 copay In-Network or \$30 copay Out-of-Network. Not subject to ded.
19. Diabetes Treatment	Insulin, needles, syringes & lancets covered under Prescription Drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies covered under devices, equipment and supplies covered at 50%.	Insulin, needles, syringes & lancets covered under Rx Drugs. External insulin pumps, monitors, testing reagents and supplies covered under devices, equipment and supplies covered at 80%.	Insulin, needles, syringes & lancets covered under Rx Drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies covered under devices, equipment and supplies covered at 80%.	Insulin, needles, syringes & lancets covered under Prescription Drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies covered under devices, equipment and supplies covered at 80%.	Testing strips, insulin agents, syringes & lancets covered under Rx Benefit. Other supplies are paid under Durable Medical Equipment & Supplies Benefit. Diabetic education: \$25 copay, ded waived.	Testing strips, insulin agents, syringes & lancets covered under Rx Benefit. Other supplies are paid under Durable Medical Equipment & Supplies Benefit. Diabetic education: \$25 copay, ded waived.	Covered as any other medical condition. Diabetes Education: In-Network 100%, deductible waived, Out-of-Network 60% after deductible. Insulin/Diabetic Supplies: See Prescription Drugs.

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Categories	GHO HDHP 1500 Group #6416800	GHO 500 Group #6289900	GHO OPTIONS Group #6290000	GHO ALLIANT PLUS Group #5667500	KPS VALUE PPO Group #22233	KPS CLASSIC PPO Group #22165	PREMIERA PLAN 2 Group #80000207
20. Skilled Nursing Facility Care	In and out-of-network: Deductible applies, then 100% In-network 80% Out-of-Network Combined limit of 60 days per calendar year.	Deductible then covered at 80% up to 60 days per calendar year.	In Network: Covered in full. Out-of-Network: Subject to deductible then paid at 80%. Combined limit of 60 days per calendar year.	In Network: Deductible and then covered at 90% Out-of-Network: Deductible then covered at 80%.	\$50 copay per admission, then 80% Participating, 50% Non- Participating, in lieu of hospitalization.	\$50 copay per admission, then 100% Participating, in lieu of hospitalization, in 60% Non-Participating.	\$50 copay per calendar year, then 100% of allowable charges after deductible. Subject to plan limitations.
21. Neurodevelopmental Therapies (for children age 6 and under)	Inpatient: Deductible applies, then 100% In-network 80% Out-of-Network Combined limit of 60 days per calendar year Outpatient: \$20 copay and deductible applies, then 100% In-network 80% Out-of-Network Combined limit of 60 visits per calendar year.	Inpatient: Deductible then 80% up to 60 days per calendar year. Outpatient: \$20 copay then deductible then 80% up to 60 visits per calendar year.	In Network: Inpatient covered in full after inpatient copays. Outpatient: \$25 copay Out-of-Network, Inpatient or Outpatient: Covered at 80% after deductible and copays. Combined limit of 60 inpatient days per calendar year, and 60 outpatient visits per calendar year.	Subject to deductible and inpatient copay. In Network: Deductible and then covered at 90% Out-of-Network: Deductible then covered at 80% Combined limit of 60 inpatient days per calendar year, and 60 outpatient visits per calendar year.	Deductible applies, then Speech, physical, occupational therapies: 80% Participating 50% Non-Participating.	Deductible applies, then Speech, physical, occupational therapies: 80% Participating 60% Non-Participating.	Inpatient: In-Network 80%, Out-of-Network 60%. Up to 120 days each calendar year. Subject to inpatient copay and deductible. Outpatient: Up to 45 visits each calendar year. In- Network: \$25 copay per visit. Out-of-Network: \$30 copay per visit. Not subject to deductible.
22. TMD Disorder	Covered subject to applicable outpatient copay, deductible and coinsurance. Combined limit of \$1,000 per calendar year with a lifetime maximum of \$5,000.	\$20 copay per visit then deductible then covered at 80%. Limited to \$1,000 per calendar year with a lifetime maximum of \$5,000. GHC referral required.	Covered subject to applicable inpatient and outpatient copays, deductible and coinsurance. Combined limit of \$1,000 per calendar year with a lifetime maximum of \$5,000.	Covered subject to applicable inpatient and outpatient copays, deductible and coinsurance. Combined limit of \$1,000 per calendar year with a lifetime maximum of \$5,000.	Not covered.	Not covered.	Deductible applies. Non-surgical treatment paid at constant 50% of allowable charges up to a lifetime max. of \$1,000. Surgical Treatment – In- Network 80%, Out-of- Network 60%.
23. Durable Medical Equipment, Supplies, and Prostheses	Deductible applies, then covered 50%	Covered at 80%. Deductible waived.	In Network: Covered at 80%. Out-of-Network: Covered at 80% after deductible.	In Network: Covered at 80%; deductible waived Out-of-Network: Covered at 80% after deductible.	Deductible applies, then 80% Participating 50% Non-Participating.	Deductible applies, then 80% Participating 60% Non-Participating.	In-Network 80%, Out-of- Network 60%. Subject to deductible.
24. Home Health Care	In and out-of-network: Deductible applies, then 100% In-network 80% Out-of-Network. No visit limit.	Covered in full. No visit limit.	In Network: Covered in full. No visit limit. Out-of-Network: Subject to deductible then paid at 80%. No visit limit.	In Network: Covered in full. No visit limit. Out-of-Network: Subject to deductible then paid at 80%. No visit limit.	Prior authorization required. 130 visits maximum per contract year. 80% Participating 50% Non-Participating.	Prior authorization required. 130 visits maximum per contract year. 80% Participating 60% Non-Participating.	\$50 copay per calendar year, then skilled care paid at 100% of allowable charges after deductible (Custodial care not covered.) Subject to plan limitations.

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## Health Savings Account (HSA) For GH0 HDHP 1500 Enrollees

Health Care Bank through Flex-Plan Services, Inc.

<b>Eligibility</b>	Only employees enrolled in the GH0 HDHP 1500 may open and contribute to a Health Savings Account (HSA).
<b>Limits on Eligibility</b>	<ol style="list-style-type: none"> <li>1. If you are covered by any other health insurance policy that is not considered an HDHP, you are not eligible to contribute to a HSA.</li> <li>2. If you are covered by Medicare, you cannot contribute to a HSA.</li> <li>3. If you participate in an unlimited FSA, HRA or VEBA through your employer or your spouse's employer, you cannot contribute to a HSA.</li> </ol>
<b>Summary of Account</b>	A Health Savings Account (HSA) works with a High Deductible Plan (HDHP) and lets you set aside a portion of your paycheck—before taxes—into the account to help you pay for medical expenses. It can also help you pay for future medical expenses.
<b>HSA Features</b>	<ol style="list-style-type: none"> <li>1. Employee-owned: money in the account is yours and stays with you even if you change jobs. Even if you are no longer covered by an HDHP, your account stays active and you can use remaining funds for medical expenses.</li> <li>2. Reduces taxable income: money is tax-free when you put it in and when you take it out to cover qualified medical expenses.</li> <li>3. Grows with you: if you maintain a minimum balance of \$2,000, you may invest additional funds in mutual funds yielding tax-favored earnings.</li> <li>4. Helps you plan for the future: after you turn 65, or if you become disabled, your HSA becomes similar to a regular IRA. At that point, withdrawals you use for non-eligible expenses will be taxed at your regular incomes tax rate but won't incur additional penalties.</li> </ol>
<b>How to Enroll in and Use Your HSA</b>	<ol style="list-style-type: none"> <li>1. After you enroll in the GH0 HDHP 1500, you will receive an email with instructions for accessing a secure web portal, where you can set up your account with HealthCare Bank, a division of State Bank and Trust, and choose your monthly tax-free contribution to your HSA through SPS payroll. You can use the portal to change your contribution, track your account balance, and view your investment accounts.</li> <li>2. You will be given a Benny Card that you can use at the point of sale to pay for approved medical expenses and you can also request distributions online for any purchases not made with your Benny Card. Payments will be made based on the available funds in your account.</li> </ol>
<b>Eligible Expenses</b>	Health care expenses incurred by you, your spouse, and your children can be reimbursed from your HSA if the expenses are for the diagnosis, care, mitigation, treatment or prevention of disease or for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses solely for cosmetic reasons are generally not considered expenses for medical care. Also, expenses that are merely beneficial to your general health are not eligible. A more complete list is available on the benefits website and a full list can be found in IRS Publication 502.

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## Health Savings Account (HSA) For GH0 HDHP 1500 Enrollees

Health Care Bank through Flex-Plan Services, Inc.

<b>Reimbursement of Qualified Medical Expenses</b>	<ol style="list-style-type: none"> <li>1. You do not have to submit receipts to receive your reimbursement. However you need to keep receipts and documentation for each year's federal tax return.</li> <li>2. You can make a withdrawal at any time, so long as the medical expense was incurred after you enrolled in the HSA. Reimbursements for qualified medical expenses are tax-free.</li> <li>3. You may also make withdrawals for health expenses for a spouse or children not covered under your HDHP.</li> </ol>
<b>Using an HSA with FSA</b>	As long as the FSA (Flexible Spending Account) is limited to dental, vision and/or preventive care expenses, you can have an FSA with the HSA. This type of FSA is typically called a Limited Purpose FSA.
<b>Using an HSA with an HRA or VEBA</b>	<p>Three types of HRAs will work alongside an HSA:</p> <ol style="list-style-type: none"> <li>1. An HRA that is limited to dental, vision and or preventive care expenses (just like a Limited Purpose FSA).</li> <li>2. An HRA that is set up to only reimburse expenses after the HDHP deductible is met.</li> <li>3. A Retiree HRA that can only reimburse once an individual retires. With a Retiree HRA, an individual is no longer eligible to contribute to their HSA after retirement, once they have access to their Retiree HRA funds.</li> </ol>
<b>Maximum Contributions and Timing</b>	<p>For the 2013 tax year, the maximum allowable contribution is \$3,250 for single enrollment and \$6,450 for family enrollment. In order to contribute the maximum allowable contribution for 2013, you must remain enrolled on the HDHP for all 12 months of 2013. Otherwise, contributions must be prorated for each month you were actually enrolled on the HDHP. Excess contributions must be corrected and are subject to penalties.</p> <p>The 2012 maximum allowable contribution was \$3,100 for single enrollment and \$6,250 for family enrollment. HSA contributions must be made by your tax return date for the tax year, not including extensions.</p>
<b>Required Tax Filing</b>	You will need to keep receipts and documentation and are also required to report contributions and distributions on IRS Form 8889, attached to Form 1040. HealthCare Bank will provide this document to enrollees.
<b>More Information</b>	This is just a brief description of some of the rules surrounding HDHPs and HSAs. For additional information, visit <a href="http://www.flex-plan.com">www.flex-plan.com</a> , consult IRS Publication 969 or your tax advisor.

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## Dental Plan

### Washington Dental Service (WDS)

<b>Plan Type</b>	PPO Incentive Plan
<b>Plan Number</b>	195
<b>Annual Deductible</b>	\$0 per Calendar Year
<b>Annual Benefit Maximum</b>	\$2,500 per Calendar Year

	In Network	Out of Network	Out of State
<b>PPO Providers</b>	<u>Delta Preferred Network</u>	<u>Delta Premier Network</u>	<u>National Delta Directory</u>
<b>Class I: Diagnostic and Preventive*</b>	70% - 100%	70% - 100%	70% - 100%
<b>Class II: Restorative*</b>	70% - 100%	70% - 100%	70% - 100%
<b>Crowns and Onlays*</b>	70% - 100%	50%	70% - 100%
<b>Class III: Major</b>	50%	50%	50%
<b>Orthodontia</b>	Not Covered		
<b>Predetermination of Benefits Recommended For:</b>	All Extensive Procedures (This is done so that you can know what kind of cost-sharing you may be responsible for prior to actually receiving the dental services you and your dentist are planning)		
<b>Check Your Benefits</b>	<a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a> You may register at the above website to check plan coverage and eligible benefits by entering your WDS subscriber identification number and last name at this site.		
<b>More Information</b>	Visit the Benefits Website at <a href="http://www.ourpasswordpage.com">www.ourpasswordpage.com</a> (password is "sps") or call the Benefits Helpline at (206) 957-7066 or toll free at (800) 946-7066.		

\*Incentive eligible procedures: the first year of coverage, 70% of covered benefits are paid for Class I and Class II services. The 70% payment level increases 10% yearly, provided you utilize plan benefits at least once each benefit period. The maximum benefits for Class I and Class II services would be 100% after three years. Failure to use plan benefits once each benefit period causes your payment level to drop by 10% from the previous year's coverage, but never below the original 70%. Each eligible employee and each eligible dependent has individual incentive levels. An incentive level transfer form can be obtained from Human Resources or online at [www.ourpasswordpage.com](http://www.ourpasswordpage.com) (password: sps).

**Note:** The SPS Dental Plan allows Coordination of Benefits for those employees that have dual coverage under a spouse or domestic partner who is also employed by SPS. To take advantage of this new benefit enhancement you must have your provider submit the remaining portion of your bill to the plan for secondary coverage.



## Vision Plan

### Northwest Benefit Network (NBN)

<b>Plan ID Number</b>	SS	
<b>Annual Deductible</b>	\$0 per Calendar Year	
	In Network	Out of Network
<b>Vision Network</b>	<u>NBN Panel Providers</u>	<u>Non-Panel Providers</u>
<b>Vision Exam</b>		
<b>Time Limit</b>	One exam every 365 days from date of last like service	
<b>Payment Limit</b>	Paid at 100%	Up to \$35 reimbursement
<b>Frames</b>		
<b>Time Limit</b>	One pair every 730 days from date of last like service	
<b>Payment Limit</b>	Paid at 100% of allowed	Up to \$30 reimbursement
<b>Lenses</b>		
<b>Time Limit</b>	One pair of lenses every 365 days from date of last like service	
<b>Payment Limits</b>		
<b>Single</b>	Paid at 100% of allowed	\$30
<b>Bifocal</b>	Paid at 100% of allowed	\$40
<b>Trifocal</b>	Paid at 100% of allowed	\$45
<b>Lenticular</b>	Paid at 100% of allowed	\$90
<b>Elective Contact Lenses</b>		
<b>Payment Limit</b>	\$175	\$90
<b>Time Limit</b>	Exam, fitting and contact lenses, in lieu of all other services, every 365 days from date of last like service	
<b>Medically Necessary Contact Lenses</b>		
<b>Payment Limit</b>	Paid at 100% of allowed	\$200
<b>Time Limit</b>	One pair of contacts every 365 days from date of last like service	
<b>To Find an In Network Providers</b>	Visit the NW Administrators website at NWAdmin.com and use the "Search NBN Vision Providers" link in the lower left side of the home page.	
<b>More Information</b>	Visit the Benefits Website at <a href="http://www.ourpasswordpage.com">www.ourpasswordpage.com</a> (password is "sps") or call the Benefits Helpline at (206) 957-7066 or toll free at (800) 946-7066.	

**Note:** The SPS Vision Plan allows Coordination of Benefits for those employees that have dual coverage under a spouse or domestic partner who is also employed by SPS. To take advantage of this new benefit enhancement you must have your provider submit the remaining portion of your bill to the plan under the secondary coverage





## Basic Life and AD&D Insurance Plan

The Standard Insurance Company

<b>Plan Type</b>	Basic Life and AD&D Insurance
<b>Plan Number</b>	353414

<b>Coverage Amounts</b>	150% of annual base earnings rounded to the next higher \$1,000
<b>Life Reduction Formula</b>	Life insurance amounts will reduce to: - 65% of original benefit at age 70 and - 50% of original benefit at age 75
<b>Accidental Death and Dismemberment (AD&amp;D)</b>	If you sustain an accidental Bodily Injury which results in loss of life, sight, or limb within 365 days of the injury you are entitled to certain additional benefits.
<b>Accelerated Death Benefit</b>	If you become terminally ill and are not expected to live more than 24 months, you may request up to 75% of your life insurance amount to a maximum of \$500,000. A doctor must certify your condition in order to qualify for this benefit. The death benefit will be reduced by any benefits already paid under this option.
<b>Seat Belt Benefit</b>	An additional Accidental Death Benefit of equal to your AD&D benefit (up to a maximum of \$50,000) will be paid out if you die as a result of an automobile accident and you were wearing a seatbelt.
<b>Conversion Privilege</b>	If your insurance terminates because your employment terminates, you may be entitled to convert all or part of your Group Life Insurance to an Individual Life Policy without submitting evidence of insurability.
<b>Coverage for Dependents</b>	Built into the life insurance program is small amount of life insurance coverage for each dependent you have. This means that your spouse, domestic partner and/or child(ren) are coverage for one-half the amount of your life insurance or \$4,000, whichever is less per person.
<b>More Information</b>	Visit the Benefits Website at <a href="http://www.ourpasswordpage.com">www.ourpasswordpage.com</a> (password is "sps") or call the Benefits Helpline at (206) 957-7066 or toll free at (800) 946-7066.

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# Long Term Disability Plan

The Standard Insurance Company

<b>Plan Type</b>	Long Term Disability (LTD) Insurance
<b>Plan Number</b>	353414

<b>Percentage Paid</b>	60% of covered monthly earnings; reduced by certain other sources of income including Social Security, other disability income, and income from part-time employment.	
<b>Monthly Benefit Maximum</b>	\$10,000	
<b>Benefits Waiting Period</b>	45 calendar days	
<b>Benefit Duration</b>	The maximum benefit period is determined by your age at the start of disability as follows:	
	<b>Age Disabled</b>	<b>Benefits Payable Until/for...</b>
	Prior to Age 62	-To 65, or Social Security Normal Retirement Age, or 42 months, whichever is longer
	Age 62	-To Social Security Normal Retirement Age, or 42 mos., whichever is longer
	Age 63	-To Social Security Normal Retirement Age or 36 months if greater
	Age 64	-30 months
	Age 65	-24 months
	Age 66	-21 months
	Age 67	-18 months
	Age 68	-15 months
	Age 69 and over	-12 months
<b>Own Occupation Period</b>	2 years	
<b>Pre-Existing Conditions</b>	There is no limitation of coverage for pre-existing conditions	
<b>Total Disability Required?</b>	No, partial disability can be paid (call Helpline for details)	
<b>Waiver of Premium</b>	Yes	
<b>Survivor Benefit</b>	3 x monthly LTD benefit	
<b>Assisted Living Benefit</b>	Yes	
<b>Chemical Dependency</b>	24 month lifetime limitation	
<b>Mental &amp; Nervous Disability</b>	24 month limitation per period of disability unless confined	
<b>More Information</b>	Visit the Benefits Website at <a href="http://www.ourpasswordpage.com">www.ourpasswordpage.com</a> (password is "sps") or call the Benefits Helpline at (206) 957-7066 or toll free at (800) 946-7066.	

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# Voluntary Life Insurance Plan

The Standard Insurance Company

*As a newly hired employee you may purchase Voluntary Term Life insurance in addition to the group term life insurance automatically provided by SPS (equal to 150% of your annual base salary). This new hire period is the only opportunity to purchase this extra life insurance with no health questions asked, up to certain limits.*

## **How Much Additional Life Insurance Can I Purchase Through This Voluntary Program?**

For yourself: The minimum amount you may purchase is \$20,000; the maximum is \$500,000, but no more than 6-times your annual base salary. For example, if your base annual salary is \$40,000, then you can purchase up to \$240,000. However, the benefit reductions related to age that are in the District's mandatory life insurance plan apply to this VTL coverage as well, for both you and your dependents – the benefit is reduced by 35% at age 70 and 50% at age 75.

For family members: If you buy coverage for yourself, then you may also purchase up to half your amount for your spouse or domestic partner and/or fixed amount for your children. For example, if you buy \$140,000 for yourself, you can buy up to \$70,000 for your partner or spouse. Also, you can buy either \$5,000 or \$10,000 for your dependent children up to age 25.

## **Do I Have to Answer Any Medical Questions?**

It depends on how much you apply for. As a new employee, the insurance company guarantees that you can buy up to \$70,000 of coverage with no medical forms. For your spouse or domestic partner, coverage is guaranteed up to \$30,000. For children, it is \$10,000. If you apply for any amounts above these limits, you do have to complete health forms to Standard Insurance Company, who reserves the right to deny coverage for the extra amounts.

*NOTE: This guaranteed issue is a one-time opportunity. You must enroll within 30 days of when you first become eligible in order to take advantage of the guarantee. Otherwise, when you apply for any amount of voluntary life insurance, you will have to complete the health questionnaire for any amount you apply for.*

## **Are There Other Benefits?**

The plan includes a Waiver of Premium feature. If you are ever eligible to receive Long Term Disability benefits from the SPS plan, your voluntary life coverage, including any coverage for family members, will continue without any premium payments on your part. There is also an Accelerated Benefit provision that would allow you to receive up to 75% of your life insurance benefit if you become terminally ill, have a life expectancy of less than 12 months, and meet other eligibility requirements.

## **When Is Coverage Effective?**

Your enrollment form must be signed and dated within 30 days of the date you become eligible for coverage. If your enrollment form is received in Human Resources by the 20th of the month, any guaranteed coverage would begin on the first of the next month. If your enrollment form is received after the 20th of the month, coverage will begin on the first day of the second following month for non-Guaranteed Issue amounts.

## **What Happens To My Coverage If I Leave Seattle Public Schools?**

If you leave the District, you may have the opportunity to keep the insurance that you purchase at special group trust rates, for up to two years, or until you become eligible for another employer's group life insurance plan, whichever occurs first. Or, you can convert coverage to an individual whole life policy.

## **How Can I Apply for Additional Voluntary Life Insurance Coverage and How Much Will It Cost?**

In order to apply for additional life insurance coverage through the District's voluntary life insurance program, you will need to fill out the Voluntary Term Life Insurance Enrollment Form. This form is located at the back of this booklet and can always be found at the District's Employee Benefits Website (see below). The formula used to determine the cost of this coverage can be found on the Vol. Term Life Insurance Enrollment Form.

## **Resources**

You can find more information, summaries and forms posted on the Employee Benefits Website located at [www.ourpasswordpage.com](http://www.ourpasswordpage.com) (password is "sps") or obtain them by calling the Benefits Helpline at (206) 957-7066 or toll free at (866) 946-7066.

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# Voluntary Short Term Disability Plan

The Standard Insurance Company

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*As a newly hired employee you are eligible to enroll in the Seattle Public Schools' Voluntary Short Term Disability insurance program. Because this coverage is voluntary, you will not be enrolled unless you complete the enrollment section on the VSTD form. Please read this material carefully.*

## **What is Voluntary Short Term Disability (VSTD) Insurance?**

Some people call this "paycheck insurance." If you are sick or disabled, this voluntary insurance can provide income to you for up to six weeks. This is important to newer employees who do not have accumulated sick leave, because the District's Long Term Disability (LTD) insurance does not provide any income until after a 45-day waiting period. This VSTD insurance can fill that income gap. It can cover you when you would have no sick pay during the 45-day wait for LTD benefits.

## **What Are The Benefits?**

The plan pays up to 60% of your weekly base salary, with a maximum of \$1,500 payable per week, for covered sicknesses or injuries that are not work-related. Benefits are payable after three days of disability, or after you have used all of your accumulated sick leave, whichever is later. Benefits may continue until LTD benefits begin, or until you are no longer disabled, whichever occurs first.

The plan is designed so that it will not pay in addition to other benefits paid for the same disability. In the unlikely event that you do receive other disability, retirement or unemployment compensation benefits that would reduce your VSTD benefit, the plan will pay a minimum benefit of \$25 per week.

## **When Is Coverage Effective?**

Your enrollment form must be signed and dated within 30 days of the date you become eligible for coverage. If your enrollment form is received in HR by the 20th of the month, coverage begins on the first of the next month. If your enrollment form is received after the 20th of the month, coverage will begin on the first day of the second following month. If you become insured, you will receive a group insurance certificate containing a detailed description of the policy's coverage provisions.

## **Monthly Premiums and Your Plan Year Commitment**

Your monthly premium is determined by multiplying your annual base salary by one of three rates, which are determined by the amount of sick leave you have. There is a small table on the VSTD form where you can calculate your own monthly cost. When you enroll, you are committing to pay the premiums throughout the plan year, which ends on March 31 each year. There is no opportunity to discontinue coverage prior to that date unless your employment terminates.

## **Enrollment Requirements**

To purchase this coverage, complete the VSTD enrollment form within 30 days of your hire date and submit it to Human Resources. You will not have another opportunity to enroll until the beginning of the new plan year, which begins April 1 of each year. Each year you must meet the eligibility requirements. This VSTD plan is offered every April only to benefit-eligible employees who have accumulated sick leave balances of less than 33 work days as of December 31, of the previous year.

## **Coverage If You Leave Seattle Public Schools**

There is no opportunity to continue coverage if you terminate employment from Seattle Public Schools. Also, coverage ends upon the termination of your employment and no premiums are payable after that time.

## **Does The Plan Have Any Exclusions?**

Yes, disabilities arising from the following causes are not covered: your involvement in any employment for wage or profit; war, acts of war, or substantial armed or military conflict; committing or attempting to commit an assault or felony; active participation in a violent disorder or riot; an intentionally self-inflicted injury, while sane or insane; loss of a professional or occupational license or certification.

*This is only a summary of your benefits, the plan contract will prevail if there are any discrepancies.*

*Please consult your benefits booklet for a detailed description.*



## Healthcare and Dependent Care Reimbursement Plans

Flex-Plan Services, Inc.

<b>Eligibility</b>	All Benefits Eligible Employees
<b>Benefit Plans</b>	<ol style="list-style-type: none"><li>1. Health Care Reimbursement Account</li><li>2. Dependent Care Reimbursement Account</li></ol>
<b>Annual Benefits Limitation</b>	<ol style="list-style-type: none"><li>1. Health Care Maximum = \$2,500</li><li>2. Dependent Care Maximum = \$5,000</li></ol>
<b>Plan Year</b>	January 1 through December 31
<b>Termination of Participation During the Plan Year</b>	Pre-tax contributions cease at termination of employment. Claims for reimbursements may be submitted for services incurred on or before your termination date.
<b>Dependent Care Expenses</b>	Dependent care expenses are eligible if they enable you or your spouse to be gainfully employed. These expenses can also be reimbursed through the plan if your spouse is disabled or a full-time student.
<b>Medical Related Expenses</b>	Most health care expenses incurred by you and your family not covered by a health insurance plan, such as deductibles and copays, are eligible for reimbursement. See IRC Sec. 213(d). Additionally, a recent ruling, Ruling 2003-102, also allows reimbursement for certain categories of over-the-counter drugs such as allergy medications, antacids, pain relievers, cold medicines, prenatal vitamins only taken in preparation for or during pregnancy, and other drugs used "to alleviate or treat personal injuries or sickness." However, recent Federal legislation requires a prescription be provided in order to allow any Over-the-counter "medicines or drugs" to be reimbursed from a Flexible Spending Account.
<b>Time Frame to File Claims</b>	You should submit reimbursement claims during the Plan Year, but in no event later than 90 days after the end of a Plan Year. Any claims submitted after that time will not be considered.
<b>Permitted Changes to Plan Contributions</b>	Qualified change in family or employment status. Please call the Benefits Helpline if you have questions at (206) 957-7066.
<b>More Information</b>	Visit Flex-Plan Services at <a href="http://www.flex-plan.com">www.flex-plan.com</a> .

*This is only a summary of your benefits, the plan contract will prevail if there are any discrepancies.  
Please consult your benefits booklet for a detailed description.*



## 403(b) Tax Sheltered Annuity Plans

Carruth Compliance Consulting, Inc.

<b>Carruth Compliance Consulting, Inc.</b>	Carruth Compliance Consulting, Inc. (CCC) provides compliance and plan administration services to Seattle Public Schools, and provides employees with the information they need to take advantage of this tax deferred retirement savings plan.
<b>Information for Employees</b>	CCC provides educational information about advantages of tax deferred savings in general, along with links to websites that provide useful commentary and tools. SPS policies, practices, and procedures are available online, along with enrollment steps, Salary Reduction Agreement forms, and instructions for changing investment companies or contribution amounts. CCC monitors contributions for IRS compliance.
<b>Am I Eligible To Participate?</b>	Yes, if you receive a paycheck for services provided to Seattle Public Schools, then you are eligible to sign up for elective deferrals into the Seattle Public Schools 403(b) Plan.
<b>Why Should I Use This Plan?</b>	There are many ways to save for retirement, including Individual Retirement Accounts (IRAs), your employer's 403(b) plan, deferred compensation, not to mention your own personal investment and savings. Some approaches are tax deferred and others are not. See the Seattle Public Schools section of the CCC website to read about the advantages of <b>tax deferred savings</b> and some of the unique features of 403(b) plans.
<b>What Are My Investment Options?</b>	Seattle Public Schools maintains a substantial list of investment companies (vendors) and registered representatives (agents). The Seattle Public Schools section of the CCC website provides information about current vendors available to you and their investment products. Also, if you are interested in an investment company or product that is not currently on the vendor list, information about how this company can be added is provided.
<b>Plan Document for Seattle Public Schools</b>	If you'd like to review the Seattle Public Schools 403(b) Plan Document that governs 403(b) policies for Employees of Seattle Public Schools, you may do so at <a href="http://www.ncompliance.com/guest_employerplandoc.aspx?EmployerID=64">www.ncompliance.com/guest_employerplandoc.aspx?EmployerID=64</a> .
<b>Questions?</b>	CCC staff members welcome email messages (preferred) or telephone calls with questions about the Seattle Public Schools 403(b) Plan. Contact information for CCC is available at <a href="http://www.ncompliance.com/contact.aspx">www.ncompliance.com/contact.aspx</a> .
<b>Seattle Public Schools 403(b) Website Access</b>	<ol style="list-style-type: none"> <li>1. Go to <a href="http://www.ncompliance.com">www.ncompliance.com</a></li> <li>2. Click on the button labeled "Employee Entrance"</li> <li>3. Scroll down and click the link "Seattle Public Schools - WA"</li> </ol>

*This is only a summary of your benefits, the plan contract will prevail if there are any discrepancies.  
Please consult your benefits booklet for a detailed description.*



## Medical Plan Rates

For the Plan Year October 1, 2012 to September 30, 2013

The medical insurance plans are ordered from the least expensive to the most expensive.

### EMPLOYEE ONLY

GHO HDHP 1500	\$363.76
GHO 500	479.27
GHO Alliant Plus	541.41
GHO Options	544.50
KPS Value Plan	593.61
KPS Classic Plan	620.17
Premera Plan 2	734.05

### EMPLOYEE AND SP/DP\*

GHO HDHP 1500	\$705.68
GHO 500	909.62
GHO Options	1,013.07
GHO Alliant Plus	1,050.59
KPS Value Plan	1,150.73
KPS Classic Plan	1,202.24
Premera Plan 2	1,351.25

### EMPLOYEE WITH ONE CHILD

GHO HDHP 1500	\$508.50
GHO 500	656.94
GHO Options	717.25
GHO Alliant Plus	756.83
KPS Value Plan	829.49
KPS Classic Plan	866.59
Premera Plan 2	984.75

### EMPLOYEE WITH TWO OR MORE CHILDREN

GHO HDHP 1500	\$508.50
GHO 500	656.94
GHO Alliant Plus	756.83
KPS Value Plan	829.49
KPS Classic Plan	866.59
GHO Options	973.80
Premera Plan 2	984.75

### EMPLOYEE, SP/DP\*, AND ONE CHILD

GHO HDHP 1500	\$850.40
GHO 500	972.96
GHO Options	1,248.65
GHO Alliant Plus	1,265.68
KPS Value Plan	1,386.60
KPS Classic Plan	1,448.66
Premera Plan 2	1,620.35

### EMPLOYEE, SP/DP\*, & MORE THAN ONE CHILD

GHO HDHP 1500	\$850.40
GHO 500	972.96
GHO Alliant Plus	1,265.68
GHO Options	1,374.31
KPS Value Plan	1,386.60
KPS Classic Plan	1,448.66
Premera Plan 2	1,620.35

\*"SP/DP" means spouse or domestic partner

### DENTAL AND VISION

#### WASHINGTON DENTAL SERVICE

Policy # 195

Employee with or without dependents . . . . \$ 96.00

#### NBN VISION PLAN

Policy # SS

Employee with or without dependents . . . . \$ 13.00

### Important medical plan policy numbers:

GHO Options Plan #6290000

Premera Plan 2 #8000207

GHO 500 Plan #6289900

KPS Classic Plan #22165

GHO Alliant Plus Plan #5667500

KPS Value Plan #22233

GHO HDHP 1500 Plan #6416800





## Basic Life and LTD Rates

The Standard Insurance Company

Monthly Costs for October 1, 2012 to September 30, 2013

Basic Annual Earnings			Monthly Cost	Basic Annual Earnings			Monthly Cost
Less than \$11,000 per year			\$0.00	\$56,001	but less than	\$57,001	\$26.54
\$11,001	but less than	\$12,001	\$0.00	\$57,001	but less than	\$58,001	\$27.25
\$12,001	but less than	\$13,001	\$0.00	\$58,001	but less than	\$59,001	\$27.77
\$13,001	but less than	\$14,001	\$0.08	\$59,001	but less than	\$60,001	\$28.49
\$14,001	but less than	\$15,001	\$0.60	\$60,001	but less than	\$61,001	\$29.01
\$15,001	but less than	\$16,001	\$1.32	\$61,001	but less than	\$62,001	\$29.72
\$16,001	but less than	\$17,001	\$1.84	\$62,001	but less than	\$63,001	\$30.24
\$17,001	but less than	\$18,001	\$2.55	\$63,001	but less than	\$64,001	\$30.96
\$18,001	but less than	\$19,001	\$3.07	\$64,001	but less than	\$65,001	\$31.48
\$19,001	but less than	\$20,001	\$3.79	\$65,001	but less than	\$66,001	\$32.19
\$20,001	but less than	\$21,001	\$4.31	\$66,001	but less than	\$67,001	\$32.71
\$21,001	but less than	\$22,001	\$5.02	\$67,001	but less than	\$68,001	\$33.43
\$22,001	but less than	\$23,001	\$5.54	\$68,001	but less than	\$69,001	\$33.95
\$23,001	but less than	\$24,001	\$6.26	\$69,001	but less than	\$70,001	\$34.66
\$24,001	but less than	\$25,001	\$6.78	\$70,001	but less than	\$71,001	\$35.18
\$25,001	but less than	\$26,001	\$7.49	\$71,001	but less than	\$72,001	\$35.90
\$26,001	but less than	\$27,001	\$8.01	\$72,001	but less than	\$73,001	\$36.42
\$27,001	but less than	\$28,001	\$8.73	\$73,001	but less than	\$74,001	\$37.13
\$28,001	but less than	\$29,001	\$9.25	\$74,001	but less than	\$75,001	\$37.65
\$29,001	but less than	\$30,001	\$9.96	\$75,001	but less than	\$76,001	\$38.37
\$30,001	but less than	\$31,001	\$10.48	\$76,001	but less than	\$77,001	\$38.89
\$31,001	but less than	\$32,001	\$11.20	\$77,001	but less than	\$78,001	\$39.60
\$32,001	but less than	\$33,001	\$11.72	\$78,001	but less than	\$79,001	\$40.12
\$33,001	but less than	\$34,001	\$12.43	\$79,001	but less than	\$80,001	\$40.84
\$34,001	but less than	\$35,001	\$12.95	\$80,001	but less than	\$81,001	\$41.36
\$35,001	but less than	\$36,001	\$13.67	\$81,001	but less than	\$82,001	\$42.07
\$36,001	but less than	\$37,001	\$14.19	\$82,001	but less than	\$83,001	\$42.59
\$37,001	but less than	\$38,001	\$14.90	\$83,001	but less than	\$84,001	\$43.31
\$38,001	but less than	\$39,001	\$15.42	\$84,001	but less than	\$85,001	\$43.83
\$39,001	but less than	\$40,001	\$16.14	\$85,001	but less than	\$86,001	\$44.54
\$40,001	but less than	\$41,001	\$16.66	\$86,001	but less than	\$87,001	\$45.06
\$41,001	but less than	\$42,001	\$17.37	\$87,001	but less than	\$88,001	\$45.78
\$42,001	but less than	\$43,001	\$17.89	\$88,001	but less than	\$89,001	\$46.30
\$43,001	but less than	\$44,001	\$18.61	\$89,001	but less than	\$90,001	\$47.01
\$44,001	but less than	\$45,001	\$19.13	\$90,001	but less than	\$91,001	\$47.53
\$45,001	but less than	\$46,001	\$19.84	\$91,001	but less than	\$92,001	\$48.25
\$46,001	but less than	\$47,001	\$20.36	\$92,001	but less than	\$93,001	\$48.77
\$47,001	but less than	\$48,001	\$21.08	\$93,001	but less than	\$94,001	\$49.48
\$48,001	but less than	\$49,001	\$21.60	\$94,001	but less than	\$95,001	\$50.00
\$49,001	but less than	\$50,001	\$22.31	\$95,001	but less than	\$96,001	\$50.72
\$50,001	but less than	\$51,001	\$22.83	\$96,001	but less than	\$97,001	\$51.24
\$51,001	but less than	\$52,001	\$23.55	\$97,001	but less than	\$98,001	\$51.95
\$52,001	but less than	\$53,001	\$24.07	\$98,001	but less than	\$99,001	\$52.47
\$53,001	but less than	\$54,001	\$24.78	\$99,001	but less than	\$100,001	\$53.19
\$54,001	but less than	\$55,001	\$25.30	\$100,001	but less than	\$101,001	\$53.71
\$55,001	but less than	\$56,001	\$26.02	More than \$101,001 per year			Call 957-7066

*These monthly costs reflect a \$9 premium subsidy.*





## Monthly Cost Worksheet

For the Plan Year October 1, 2012 to September 30, 2013

The District provides a monthly benefit contribution that will pay all or part of the cost of your Basic Benefits. Use this worksheet to determine the total monthly cost of your benefits and whether you will have a monthly payroll deduction for these benefits. Enrollment is mandatory and automatic for the dental, vision, and life/long term disability plans, while enrollment in the medical coverage is optional.

### The District's Monthly Contribution Allowance for January 1, 2013 is:

**Certificated:** Fully Funded..... \$829.00  
 Prorated..... Based on FTE\*

**Classified:** Fully Funded..... \$826.00  
 Prorated..... Based on FTE\*

**\*Employees working jobs with prorated benefit contributions:** Calculate your monthly District contribution. For example, if you work half-time, enter 0.5 as your FTE status. Not all employee groups will have prorated contributions. If you work part-time but your employee group is not subject to proration, use the Fully Funded amount.

**Certificated:** Your FTE status \_\_\_\_\_ x \$829.00 = \$\_\_\_\_\_ (Your monthly District contribution)

**Classified:** Your FTE status \_\_\_\_\_ x \$826.00 = \$\_\_\_\_\_ (Your monthly District contribution)

Calculate your monthly benefits costs:	<u>Enrollment</u>	<u>Monthly Premium</u>
Dental:	Required	\$ 96.00
Vision:	Required	\$ 13.00
Enter Your Life/LTD Rate (See Life/LTD Rates Page):	Required	\$
Enter Your Medical Rate (See Medical Rates Page):	Optional	\$
<b>Total Monthly Cost =</b>		\$
Enter your Monthly District Contribution (from above):		\$
If your Total Monthly Cost is greater than the District contribution, the difference is what you will pay through payroll deduction. You may want to consider changing to a lower cost medical plan.		

#### Notes:

**Dental and Vision** - These plans cover you and all your dependents for one monthly premium.

**Life and LTD** - Your monthly cost for Life and LTD is based on your basic annual earnings (basic annual earnings do not include other income, such as TRI). See the Life/LTD monthly cost table.

**Medical** - The cost for medical coverage is based on the plan you select and whether you elect to enroll eligible dependents. Be sure to submit the medical enrollment form and an Affidavit of Marriage or Domestic Partnership form (if applicable) within 30 days of your date of hire.

Email [benefits@seattleschools.org](mailto:benefits@seattleschools.org) or call the Benefits Helpline at (206) 957-7066 if you have questions.



**Seattle Public Schools**  
**2012-2013 Medical, Dental, and Vision Plan Enrollment & Change Form**

Please print clearly in blue or black ink.  
Complete all sections and make sure you sign and date below.  
Read the back page as well.

For office use only:

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered SAP: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sent to Carrier: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by: \_\_\_\_\_

**Section 1 - About You:**

**Your Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
First MI Last

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Street City State Zip

**Soc. Sec. #** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** ☐ Female ☐ Male

**Hire Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Emp. ID# (or "New Hire"):** \_\_\_\_\_

**Section 2 - This is a:**

- ☐ New Enrollment (e.g., I was just hired, newly eligible for benefits, or previously waived medical coverage)
- ☐ Coverage Change after a Qualifying Event (adding or dropping coverage - see rules on back) Date of event \_\_\_\_\_  
What is the Qualifying Event? \_\_\_\_\_ (Supporting documentation required)

**Section 3 - Select your medical plan. See the detailed plan comparison and cost sheets. You may waive coverage as well.**

- ☐ GH0 500 ☐ GH0 OPTIONS ☐ GH0 ALLIANT PLUS ☐ KPS VALUE PPO ☐ KPS CLASSIC PPO ☐ PREMERA PLAN 2
- ☐ GH0 HDHP 1500 ☐ I do not want medical coverage: I waive my right to medical coverage during this plan year.  
I have read and understand my Special Enrollment Rights.

**Section 4 - Dependents: Dental and Vision coverage is mandatory and at no cost to you; Medical coverage is optional.**

\* Submit an Affidavit of Marriage or Domestic Partnership when adding a spouse or partner.

**Choose Coverage**

	<input type="checkbox"/> Spouse* <input type="checkbox"/> Domestic Partner* (check one)	M/F	Soc. Sec. #	Birth Date	Dental & Vision	Medical Yes/Add	No/Drop		
	_____	____	____-____-____	____/____/____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Dependent Children</b> , under age 26 or disabled (documentation required)									
1.	_____	____	____-____-____	____/____/____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	_____	____	____-____-____	____/____/____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	_____	____	____-____-____	____/____/____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	_____	____	____-____-____	____/____/____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Section 5 - Will you or any dependents also have other medical coverage? If no, skip this section. If yes, provide details:**

Policyholder's Name: \_\_\_\_\_ Soc. Sec. #. \_\_\_\_-\_\_\_\_-\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type: ☐ Dental ☐ Vision ☐ Medical Source: ☐ Medicaid ☐ Medicare ☐ TRICARE ☐ Employer Group

If Group Coverage, Employer Name: \_\_\_\_\_ Policy ID or Group #: \_\_\_\_\_

**Section 6 - Employee's Signature and Statement of Acceptance**

My signature below indicates that I have read and understand this enrollment and change form and descriptive materials provided. The application is binding on me and cannot be revoked nor can coverage be modified except as permitted by law, regulation, and carrier contract. I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. This form supersedes all previous forms I have submitted. An eligible individual not listed on this application will be considered as waiving coverage.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to: Human Resources, JSCEE MS 33-157 P.O. Box 34165 Seattle WA 98124**

Form # kk 8.4.07

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## The following companies provide the medical, dental, and vision benefits to Seattle Public Schools

Group Health Options (All plans)	PO Box 34750, Seattle WA 98124	(888) 901-4636
KPS Health Plans	PO Box 339, Bremerton WA 98337	(800) 552-7114
Premiera Blue Cross	PO Box 91059, Seattle WA 98111	(800) 932-9221
Washington Dental Service	9706 4th Avenue NE, Seattle WA 98115	(800) 554-1907
NBN Vision (self-funded plan)	2323 Eastlake Avenue E, Seattle WA 98102	(800) 732-1123

## Special Enrollment Rights and Other Important Information

If you decline medical enrollment at this time, and later acquire a new dependent due to marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents under a District medical plan, provided you request enrollment within 30 days after the marriage, or within 60 days after the birth, adoption or placement for adoption. In addition, if you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in a District-sponsored medical plan if you or your dependents lose eligibility for that other coverage or if the employer stopped contributing towards that other coverage. In this event you must request enrollment within 30 days after the other coverage ends or after the employer stops contributing toward the other coverage. However, if you voluntarily end your other medical coverage after declining this District-sponsored coverage, you and your dependents may not be eligible to enroll in this plan until the next Open Enrollment period.

The insurance carriers are responsible for the administration of plans being offered and for confidential data. State and Federal law assures that private health information will be held confidential. Please contact the Benefits Helpline at (206) 957-7066 or the carriers' Member Services Departments if you require further information.

## The Effective Date of Coverage

**For newly eligible employees:** If your hire date is on or before the 15<sup>th</sup> of the month and your paperwork is received by Human Resources on or before the 20<sup>th</sup> day of that month, your coverage will begin on the first of the following month. However, if your hire date is after the 15<sup>th</sup> of the month or your paperwork is received after the 20<sup>th</sup> day of the month, your coverage will begin on the first of the month following one full calendar month of employment. In all cases you must submit your paperwork within 30 days of your hire date in order to secure coverage.

**For Qualifying Event changes:** Adding spouses or domestic partners: Your enrollment form must be received within 30 days of your marriage or formation of domestic partnership. Coverage will be effective on the first day of the month following the marriage or domestic partnership formation.

**Adding newborns and newly adopted children:** Your enrollment form must be received within 60 days of birth, adoption or placement for adoption. Coverage will be retroactive to the date of birth, adoption, or placement.

**Other qualifying events:** Your enrollment form must be received within 30 days of the qualifying event. The effective date of the coverage change will be generally be the first of the month following the date of the qualifying event. Coverage changes will generally have effective dates that ensure there is no lapse in coverage between the SPS plan and another group insurance plan. Some exceptions apply. Please contact the Benefits Helpline at (206) 957-7066 for details. In all cases, election change requests must be on account of and correspond with a Qualifying Event that affects eligibility for coverage.

## Payroll Tax Information

**Employee cost shares:** When election changes are approved and processed before the 20<sup>th</sup> of the month, any employee costshare changes will appear on your pay warrant on the first of the following month. You are responsible for paying any additional premium share for election changes. If your pay warrant does not have sufficient pay to cover your benefits expenses, you must pay the difference within the next 30 days, or your coverage will be cancelled.

**Tax treatment of employee cost shares:** In accordance with the SPS Section 125 plan, if you have any payroll deduction for medical premiums, your share of these premiums will be withheld on a pre-tax basis unless you are covering a domestic partner who is not your income tax dependent or if you request in writing to pay tax on these expenses. Contact the Benefits Helpline at (206) 957-7066 for more information.



Return to Human  
Resources, MS 33-157  
Call the Benefits Helpline at  
(206) 957-7066 for assistance

## Affidavit of Marriage or Domestic Partnership

### A. Marriage:

Employee ID #: \_\_\_\_\_

I, \_\_\_\_\_, certify that I and \_\_\_\_\_  
(Print name of employee) (Print name of spouse)

were legally married on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Signatures required in Section C

### B. Domestic Partnership:

Employee ID #: \_\_\_\_\_

I, \_\_\_\_\_, certify that I and \_\_\_\_\_  
(Print name of employee) (Print name of Domestic Partner)

established a domestic partnership beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_ and that we:

1. Share the same regular and permanent residence;
2. Have a close personal relationship;
3. Are jointly responsible for the "basic living expenses" as defined below;
4. Are not married to anyone;
5. Are each eighteen (18) years of age or older;
6. Are not related by blood as close as would bar marriage;
7. Were mentally competent to consent to a contract when the domestic partnership began;
8. Are each other's sole domestic partners and are responsible for each other's common welfare.

#### Is Your Domestic Partner a Tax Dependent?

Be sure to complete the  
Certification of Tax Status  
on page 2

"Basic living expenses" means the cost of basic food, shelter, and any other expenses of the common household.  
You and your domestic partner agree that you are both responsible for them, but need not contribute jointly or equally.

Signatures required in Section C

### C. Signature (Required for all):

By signing below, you are stating that:

I understand that this Affidavit shall be terminated upon the death of my spouse or domestic partner or by a change of circumstances attested to in this affidavit. I understand that this information will be held confidential and will be subject to disclosure only upon my express written authorization or if otherwise required by law. I certify under penalty of perjury, under the laws of the state of Washington, that the foregoing is true and correct. I understand that willful falsification of information on this declaration may lead to disciplinary action, up to and including discharge from employment and/or disenrollment from SPS coverage. I agree to notify Human Resources if there is any change in the circumstances attested to in this declaration within 30 days of the change.

**For Employees Enrolling Domestic Partners or Children of Domestic Partners:** I understand that the fair market value of the benefits my employer provides for my domestic partner (or my domestic partner's eligible dependent children) will be added to my taxable income, unless I certify that my partner and/or children are my IRS Section 152 tax dependents on page 2 of this document. Should my domestic partnership end, I understand that another Affidavit of Domestic Partnership cannot be filed within 90 days after a request for termination of domestic partnership.

**We declare**, under penalty of perjury, that the foregoing information provided by us is true and correct and that all provisions of this statement have been met.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Spouse or Domestic Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Certification of Tax Status for Domestic Partnership:

*Complete this section if your domestic partner or the children of your domestic partner are your dependents on your federal tax forms. If you have any questions about the tax aspect of this, talk to a tax accountant or other competent tax advisor.*

Employee Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Any premium contribution that an employee pays for a domestic partner's health coverage or for the partner's eligible dependent children will be made with after-tax dollars, unless the domestic partner and/or children of the domestic partner are the employee's dependents according to Internal Revenue Code Section 152. The employee must certify the tax status of these individuals by checking the appropriate boxes below. Seattle Public Schools assumes no responsibility for the certification, which is entirely the responsibility of the employee. Consult with your tax advisor regarding your specific circumstances.

### A. I declare that:

- ☐ Yes, my domestic partner is my Internal Revenue Code Section 152 tax dependent.
- ☐ No, my domestic partner is not my Internal Revenue Code Section 152 tax dependent. As a result, I understand that the fair market value of the benefits my employer provides for my partner will be added to my taxable income.

**If applicable, name the child or children of your Domestic Partner whom you will also cover on your SPS employee benefits and check the appropriate box below:**

Child or children:

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### B. I certify that:

- ☐ Yes, my domestic partner's child(ren) is/are my Internal Revenue Code Section 152 tax dependent(s).
- ☐ No, my domestic partner's child(ren) are not my Internal Revenue Code Section 152 tax dependent(s). As a result, I understand that the fair market value of the benefits my employer provides for them will be added to my taxable income.

### C. Signature:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Return to Human  
Resources, MS 33-157**  
Call the Benefits Helpline at  
(206) 957-7066 for assistance

Call the SPS Benefits Helpline at (206) 957-7066 for assistance. Forms, benefits information and convenient links can be found at [www.ourpasswordpage.com](http://www.ourpasswordpage.com) (password: sps).



# Basic Life and AD&D Insurance Beneficiary Form

The Standard Insurance Company

## Information About You:

Name	Birth Date	Employee ID #
Work Location and Occupation		Soc. Sec. Number

## Life Insurance Beneficiary Designation:

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designations below. If additional beneficiaries are to be named, complete a second form. Your designations will apply to the Group Term Life, Accidental Death, and any Additional Life coverage you purchase through Seattle Public Schools. This form is not valid unless signed, dated, and delivered to your employer during your lifetime.

### Primary Beneficiaries:

Full Name	Relationship	Percent Share*
Address	Birth Date	Soc. Sec. Number
Full Name	Relationship	Percent Share*
Address	Birth Date	Soc. Sec. Number

### Contingent Beneficiaries:

Full Name	Relationship	Percent Share*
Address	Birth Date	Soc. Sec. Number
Full Name	Relationship	Percent Share*
Address	Birth Date	Soc. Sec. Number
Full Name	Relationship	Percent Share*
Address	Birth Date	Soc. Sec. Number

\* If percentage shares are not given, they will be equal.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Return to:  
JSCEE Human Resources  
MS 33-157  
PO Box 34165  
Seattle, WA 98124

SPS to complete:

Effective Date of Coverage: \_\_\_\_\_

Processed by: \_\_\_\_\_







# New Hire Voluntary Life Enrollment and Beneficiary Form

The Standard Insurance Company

As a newly hired employee you are eligible to purchase Voluntary Term Life insurance with up to \$70,000 per employee and \$30,000 per spouse/domestic partner in Guaranteed Issue coverage. This voluntary coverage would be in addition to the group term life insurance automatically provided by the District – which is equal to 150% of your annual base salary. This is your only opportunity to purchase up to the Guaranteed Issue amount with no health questions asked – read below for limitations. Because this coverage is voluntary, you will not be enrolled unless you complete the enrollment section on the back of this form. Please read this material carefully.

## Enrolling for Voluntary Term Life Insurance

Last	First	Middle	Date of Birth
Address			Employee ID Number
City	State	Zip	Annual Base Salary

## Monthly Premium Calculation: Rate Table and Your Monthly Costs

Rates per \$1,000	Age < 25	\$ 0.05	Age 30 – 34	\$ 0.08	Age 40 – 44	\$ 0.12	Age 50 – 54	\$ 0.30	Age 60 – 64	\$ 0.67
	Age 25 – 29	\$ 0.06	Age 35 – 39	\$ 0.09	Age 45 – 49	\$ 0.20	Age 55 – 59	\$ 0.51	Age 65 – 69	\$ 1.27
									*Age 70 +	\$ 2.06

Person to be Insured	Maximum Available	Monthly Rates (based on your age, from table above)	Amount To Be Purchased (in \$10,000 increments)	Your Monthly Cost <sup>(1)</sup>	Medical History Statement Attached <sup>(2)</sup>
Employee	6 times annual base salary	\$ _____	\$ _____	\$ _____	<i>Required for more than \$70,000 for employee or \$30,000 for partner</i>
Spouse or Domestic Partner	Half of employee amount	Same as employee	\$ _____	\$ _____	
Children: choose	either	\$5,000	\$5,000	\$1.00 / month	Circle only one amount ←
	or	\$10,000	\$10,000	\$2.00 / month	

(1) To calculate Your Cost:

Divide Amount Purchased by \$1,000, then multiply by Rate. **Example for a 40-year old:**  $250,000 \div 1,000 = 250$ .  $250 \times \$0.12 = \$30.00$  per month cost

(2) Each employee applying for more than \$70,000 and spouse/domestic partner applying for more than \$30,000 must complete a Medical History Statement form and submit it with this application. A Medical History Statement can be found online at [www.ourpasswordpage.com](http://www.ourpasswordpage.com) (password: sps) or call the **Benefits Helpline:** (206) 957-7066 or (800) 946-7066, or send an email to [benefits@seattleschools.org](mailto:benefits@seattleschools.org). \*Note that the benefits above are reduced by 35% at age 70 and 50% at age 75.

## SIGNATURE REQUIRED

I understand that if I decline coverage for myself or eligible dependents now, but wish to purchase coverage in the future, I will be required to provide evidence of good health that is satisfactory to Standard Insurance Company and that my request for coverage may be denied. I understand that I will be personally paying for this coverage and authorize Seattle Public Schools to make the appropriate payroll deductions from my wages. If I have applied for Domestic Partner coverage, I have filed a Declaration of Marriage or Domestic Partnership with Human Resources. **You must sign and return this form within 30 days of your employment eligibility date to be eligible for coverage. The effective date of this coverage is the same as the effective date of your District-paid benefits.**

Check one: \_\_\_\_\_ I ELECT to enroll for coverage \_\_\_\_\_ I DECLINE to enroll

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the reverse side of this enrollment form to record your beneficiary information.**

## Voluntary Term Life Insurance Beneficiary Designation

It is preferable that you name both **primary** and **secondary** beneficiaries. Please indicate each beneficiary's full name, address, social security number, relationship (or "Not Related"), date of birth and distribution percentage. If you name more than one beneficiary with unequal shares, please show the percentage to be paid to each beneficiary, for example "33% to Mary Jones, Mother, and 67% to Edith Jones, Wife."

Standard Insurance Company automatically considers a District employee to be the primary beneficiary of any benefits payable due to the loss of a spouse/domestic partner or child.

This beneficiary designation will apply to your Voluntary Term Life coverage. Special instructions regarding benefit payments or changes to beneficiary designations should be submitted, in writing, to Human Resources.

If you need assistance, contact the **Benefits Helpline** at (206) 957-7066, (800) 946-7066 or [benefits@seattleschools.org](mailto:benefits@seattleschools.org).

### Employee Information

Last	First	Middle	Date of Birth
Address			Employee ID Number
City	State	Zip	Annual Base Salary

### Beneficiary Information

	%	Full Name	Address	SSN	Relationship	Date of Birth
Primary						
Secondary						

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### If You Need More Information or Assistance

- **Important Questions & Answers** about Voluntary Term Life insurance coverage can be found on the back of this page.
- Contact Seattle Public Schools' **Benefits Helpline** at (206) 957-7066 or (800) 946-7066, or [benefits@seattleschools.org](mailto:benefits@seattleschools.org)
- Look on the web at: [www.ourpasswordpage.com](http://www.ourpasswordpage.com) (Password: sps)

**Return this form to Human Resources: JSCEE MS 33-157 PO Box 34165 Seattle WA 98124**  
**You must sign and return this form within 30 days of your employment eligibility date to be eligible for coverage.**



## Voluntary New Employee STD Enrollment Form

The Standard Insurance Company

As a newly hired employee you are eligible to enroll in the Seattle Public Schools' Voluntary Short Term Disability insurance program. Because this coverage is voluntary, you will not be enrolled unless you complete the enrollment section on the back of this form. Please read this material carefully.

### To Purchase Voluntary Short Term Disability Insurance, Complete the Following Sections

#### 1. Information About You

Last	First	MI	Date of Birth:
Address			Employee ID Number:
City	State	Zip	Home Phone Number:

#### 2. Calculate Your Monthly Premium (i.e., multiply your annual salary by .000458)

Your base annual salary \$ \_\_\_\_\_ Multiplied by .000458 Equals your monthly cost: \$ \_\_\_\_\_  
(Examples:  $\$24,000 \times .000458 = \$10.99$  a month;  $\$32,000 \times .000458 = \$14.66$  a month)

Transferring in with Sick Leave? Do you already have Accumulated Sick Leave?

If you are transferring sick leave from another district or have accumulated sick leave already from previous employment, this **may make you ineligible to receive benefits**. Call the **Benefits Helpline** at (206) 957-7066 or (800) 946-7066 for more information.

#### 3. Check the Box to Indicate Your Election, Read This Important Information and Sign Below

- ☐ **I elect coverage**, and understand that I will be personally paying for this coverage. I authorize Seattle Public Schools to make the appropriate payroll deductions from my wages until the next plan year beginning April 1. I understand that I cannot revoke my election or discontinue my payroll deduction prior to that time.
- ☐ **I decline to enroll**, and understand I will not be allowed to enroll unless I am determined to be eligible during the next annual open enrollment period.

**You must sign and return this form within 30 days of your employment eligibility date to be eligible for coverage.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to Human Resources: JSCEE MS 33-157 PO Box 34165 Seattle WA 98124**  
**You must sign and return this form within 30 days of your employment eligibility date to be eligible for coverage.**



# SEATTLE PUBLIC SCHOOLS

## FLEXIBLE SPENDING ARRANGEMENT ENROLLMENT FORM

### FOR PLAN YEAR JANUARY 1, 2013 through DECEMBER 31, 2013

**Section I – Employee Information**

Last Name, First Name	Employee ID#	Employee SSN
Address	City	St      Zip
Email	DOB (MM-DD-YYYY)	<b>If outside open enrollment:</b>  <b>Effective Date</b>

**Instructions**

1. Complete Section I — Employee Information. Fill this section out completely to ensure proper enrollment.
2. Complete Section II — Elections. Indicate the benefits you will enroll in and the per plan year and per paycheck deduction amounts.
3. Complete Section III — Signature. Return the enrollment form to the appropriate contact by the specified deadline.

**Premium Conversion**

The group insurance premiums you pay through your paycheck are taken pretax  
*Premium contributions toward domestic partner coverage will be deducted post-tax unless they qualify as a tax dependent.*

Automatic

**Section II – Elections**

Benefit	Yes/No	Annual Election	# Paychecks	Paycheck Deduction
<b>Health Care FSA</b> Maximum of \$2,500.00 per plan year	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per plan year	_____	\$ _____ per paycheck
<b>Limited Health Care FSA</b> <small>(For Health Savings Account (HSA) Participants. The Limited FSA reimburses only dental, vision &amp; preventive expenses.)</small> Maximum of \$2,500.00 per plan year	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per plan year	_____	\$ _____ per paycheck
<b>Day Care FSA</b> Maximum of \$5,000.00 per plan year (\$2,500 if married, filing separately)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ per plan year	_____	\$ _____ per paycheck
<b>Direct Deposit</b> Reimbursements are electronically deposited into your bank account.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>Routing #</b> _____ <b>Account #</b> _____	

This election form will remain in effect and cannot be revoked or changed during the plan year unless the revocation and new election are on account of and consistent with federal regulations. I understand that Health FSA reimbursements will be available only for qualifying medical care expenses for myself, spouse, and dependents. I also understand that Day Care reimbursements will be available only for qualifying day care expenses. I agree to notify the Employer if I have reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense. I also agree to indemnify and reimburse the Employer on demand for any liability it may incur for failure to withhold federal, state or local income tax or Social Security tax from any reimbursement I receive of a nonqualifying expense, up to the amount of additional tax actually owed by me. I understand the benefits and I have read the reverse page. I hereby authorize and direct my employer to reduce my salary by the amount necessary to pay for the benefit(s) as shown above for the plan year indicated above.

**Section III – Signature**

<input type="checkbox"/> YES, the above benefits have been explained to me and I elect to participate as indicated.	<input type="checkbox"/> NO, the above benefits have been explained to me and I decline participation.
X _____ <b>Employee Signature</b>	_____ <b>Date</b>

Completed enrollment form must be returned to:

Mailstop 33-157 (within 30 days of your hire date)

**Please see the reverse for important information regarding the above benefits.**

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**Additional Information**

- **Premium Conversion:**
  - If the enrollment status is marked as 'AUTOMATIC', you must notify your employer in writing to decline enrollment in this benefit. Premium Conversion is subject to the change in status rules and is considered an election equal to the amount of your premium deductions.
- **Health Care Flexible Spending Arrangement ("Health Care FSA"):**
  - Reimbursement will only be available for qualifying medical care expenses as set forth in the Plan Document and Section 213 of the Internal Revenue Code. It is your responsibility to check the eligibility of an expense prior to enrollment.
  - Group Medical Plan Premiums cannot be reimbursed through the Health Care FSA and will be deducted pre-tax through the Premium Conversion Plan. Therefore, do not include the cost of premiums in your FSA annual election amount.
- **Limited Health Care Flexible Spending Arrangement ("Limited Health Care FSA"):**
  - If you participate in a Health Savings Account (HSA) then you may not participate in the regular Health Care FSA. The limited Health Care FSA is available for reimbursement of dental, vision, and orthodontia expenses only. See your Summary Plan Description for more information.
- **Day Care Flexible Spending Arrangement ("Day Care FSA")**
  - Reimbursement will be available only for qualifying day care expenses as described in the Internal Revenue Code Section 129, the Plan document and the Summary Plan Description.
  - Participation in a Day Care FSA will require you to complete tax form 2441 when filing federal taxes. If your plan includes a Grace Period any amounts carried forward or forfeited during a taxable year should be entered in Line 13 of Form 2441. If you or your spouse is a full-time student, please consult IRS Publication 503.
  - If the Plan Year is less than twelve (12) months, the plan limit may be prorated to be less than the \$5,000 calendar year limit mandated by the IRS.
- **Use-It or Lose-It**
  - You must claim all elected funds by the end of the run-out period. Money left in the plan after the end of the run-out period cannot be refunded to you; this is referred to as the Use-it or Lose-it rule.

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**Lost Checks and Reissues**

- Lost or stale dated FSA checks can be reissued 10 business days after the original check date. There is a \$25.00 check reissue fee. The check reissue request will require at least one business day to process.
- Any fees associated with presenting a canceled check will be deducted from your FSA as well as the face value of the check.

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**Direct Deposit**

- All electronic funds transfers (EFT) will be initiated on the same day as the normal check reimbursement date. Deposits may take up to two (2) business days to appear in the designated account.
- Returned items due to incorrect banking information will be assessed a \$10.00 fee that will be deducted from your FSA balance.

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**Deductions**

- FSA deductions will be deducted from your paycheck evenly throughout the plan year. You must indicate an annual election and a per paycheck deduction on your enrollment form.

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**Change in Status**

- All elections set forth are considered irrevocable for the entire plan year unless there is a qualifying change in status. Please consult the plan document or summary plan description for a list of qualifying events.
- In the event of a change in status the change in election must be necessitated by and consistent with the change in status and the change must be acceptable under IRS Regulations.

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**Eligibility**

- Independent contractors and self employed individuals are not eligible to participate in the Plan. Self employed individuals include: Sole Proprietors of their own business; General Partners in a general partnership and General Partners in a limited partnership; Limited Partners of partnerships with guaranteed payments; more than 2% Shareholders of an S corporation as well as the spouse, children, parents and grandparents of a more than 2% Shareholder; and non-employee Members of an LLC. It is your responsibility to determine your eligibility.
- Expenses must be incurred during the plan year and while you are an active participant in the plan. Any expense incurred prior to your effective date or after your termination date cannot be reimbursed.

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**Electronic Disclosure Notice**

- By providing your email address you consent to receive email communications from Flex-Plan, agents, and subcontractors regarding the Plan.
- If you no longer wish to receive information electronically, you may withdraw consent at anytime at no cost. To withdraw consent, please contact Flex-Plan.
- You have a right to receive a paper version of an electronically furnished document at no cost.
- To access documents you must have Adobe Reader. A link to download this software will be provided with all electronic documents provided.