# Your Benefits

## Active Employees of City of Renton
## (Full-time & Part-time Benefit Eligible)

Effective January 1, 2025

# WELCOME TO YOUR BENEFITS!

City of Renton is proud to offer a robust benefits package to our employees and their families! Our benefits package is designed around choice, flexibility, and value.

To learn about the available plans and choose which ones are right for your lifestyle and budget, take a look at this Benefits Guide. If you have general questions on your benefits or how to enroll, reach out to Human Resources or a Gallagher Benefit Advocate—their contact information is toward the back of this Guide under "Your Benefits Contacts" on page 29.

In addition, a Summary of Benefits and Coverage (SBC) is available at https://c2mb.ajg.com/cityofrenton to help you make your healthcare coverage choices. The SBC summarizes information about your medical plan options and is in a standard format required by the Affordable Care Act. A paper copy is also available, free of charge. Please contact Human Resources to request a copy.

IMPORTANT:
If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see page 24 for more details.

## WHAT'S INSIDE

# OPEN ENROLLMENT OVERVIEW

You may make changes to your benefits once a year during Open Enrollment, which is the full month of November for the City of Renton. All benefits you select will be effective for a full plan year beginning January 1, 2025, unless you have a "qualified life event" or "change in status" or are no longer eligible under the plan (e.g., leave employment). Because many of your benefits are available on a pre-tax basis, the IRS requires you to have a qualified life event in order to make changes to your benefit elections during the year. Additional voluntary life insurance requests (optional benefit) become effective once approved by Standard Life Insurance.

**IMPORTANT**

Enrollment timeline may vary in certain situations. See "Special Enrollment Rights" on page 17.

### OPEN ENROLLMENT INSTRUCTIONS

During Open Enrollment, you must complete a Flexible Spending Account (FSA) enrollment form to participate in the FSA plan for the following year—even if you were previously enrolled in this optional benefit. You only need to complete an enrollment form for your other benefits if you are making changes. For instance, changing from one medical plan to another or adding/removing a spouse/domestic partner or child or enrolling for additional voluntary life insurance.

**QUALIFIED CHANGE IN STATUS EXAMPLES**

- Birth or adoption of a child
- Loss of your or a dependent's coverage under another plan
- Change in marital status

### MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR

Some life events require that you notify Human Resources within 31 days of the event while others may allow up to 60 days. Please reach out to Human Resources within 31 days if you believe that you have experienced a qualified change in status and would like to make election changes to ensure you do not miss your opportunity.

### CHANGES TO HEALTH PLANS FOR 2025

| HMA<br>MEDICAL, PRESCRIPTION, VISION, AND DENTAL PLANS | KAISER PERMANENTE<br>MEDICAL, PRESCRIPTION, AND VISION PLANS |
|---|---|
| The Renton Employees' Healthcare Plan (REHP) Board, comprised of Union leadership and Management, approved the following changes for 2025:<br>• Medical - Outpatient Mental Health Copay changes:<br>In-Network - $30 Copay waived<br>Out-of-Network - Allow payment at 100% of billed charges after $30 copay<br>• Dental - removing limitation on implants "not to exceed the amount that would be allowed for bridgework/ dentures" | • Prescription Drugs - A member will not pay more than $35, not subject to Deductible, for a 30-day supply of each of the following medications: insulin, and at least one inhaled corticosteroid, and at least one inhaled corticosteroid combination. Any cost-sharing paid will apply toward the annual deductible/out-of-pocket maximum.<br>• Advanced Care at Home: Removing benefit |

# ELIGIBILITY

All active regular status employees scheduled to work 20 or more hours per week (hpw) are eligible for benefits. Coverage will begin on the first of the month following date of hire. If your hours vary from week to week, please confirm your eligibility with Human Resources. You may enroll your eligible dependents for medical, dental, vision, and voluntary life. They are also eligible to receive Employee Assistance Program (EAP) services. Your eligible dependents include:

- Your legal spouse or state-registered domestic partner
- Your children up to age 26
- Any dependent child over age 26 who is incapable of self-support because of a physical or mental disability and meets carrier requirements for coverage

**QUESTIONS**

Contact a Benefit Advocate (a service provided by Gallagher). You can reach a Benefit Advocate at: bac.renton@ajg.com or 833.257.8282

# BENEFIT COSTS

The majority of your benefit costs are covered by the City of Renton. Your basic life insurance coverage, long-term disability benefits, and employee assistance plan (EAP) are fully paid by City of Renton. Long-term disability (LTD) benefits for commissioned Police is contracted by the Renton Police Guild, and members pay the premiums. LTD coverage for other eligible employees are covered by the City. In addition, City of Renton covers 91% of the medical, dental, and vision premiums.

Some benefits are bundled. Each medical plan includes prescription drug coverage. If you enroll in the Healthcare Management Administrators (HMA) medical plan, you may also choose to elect bundled dental and vision coverage. If you elect the Kaiser medical plan, vision coverage is included. You will have the choice to elect dental coverage separately.

Costs for coverage of domestic partners and their children may not be deducted on a pre-tax basis. If your domestic partner is not an eligible tax dependent as defined in section 152 of the internal revenue code, then a portion of your contribution will be deducted after-tax and the city's contribution for domestic partner coverage will be taxable income to you and reported as imputed income on your paycheck. For more information, please contact Human Resources.

| HMA Medical/Rx (Per Pay Period) | Full Premium | City Pays | Full-Time Employee Pays | FTE 30-34.99 HPW Pays | FTE 25-29.99 HPW Pays | FTE 20-24.99 HPW Pays |
|---|---|---|---|---|---|---|
| **Employee** | $400.76 | $364.69 | **$36.07** | $36.07 | $36.07 | $36.07 |
| **Employee and Spouse** | $916.87 | $834.35 | **$82.52** | $165.10 | $229.61 | $294.14 |
| **Employee and Child** | $663.99 | $604.23 | **$59.76** | $101.88 | $134.79 | $167.69 |
| **Employee and Children** | $868.53 | $790.37 | **$78.16** | $153.02 | $211.48 | $269.96 |
| **Employee, Spouse, and Child** | $1,180.11 | $1,073.90 | **$106.21** | $230.91 | $328.32 | $425.74 |
| **Employee, Spouse, and Children** | $1,384.64 | $1,260.02 | **$124.62** | $282.04 | $405.03 | $528.01 |

| HMA Dental/Vision (Per Pay Period) | Full Premium | City Pays | Full-Time Employee Pays | FTE 30-34.99 HPW Pays | FTE 25-29.99 HPW Pays | FTE 20-24.99 HPW Pays |
|---|---|---|---|---|---|---|
| **Employee** | $43.64 | $39.71 | **$3.93** | **$3.93** | **$3.93** | **$3.93** |
| **Employee and Spouse** | $93.64 | $85.22 | **$8.42** | **$16.42** | **$22.67** | **$28.93** |
| **Employee and Child** | $82.35 | $74.94 | **$7.41** | **$13.60** | **$18.43** | **$23.29** |
| **Employee and Children** | $117.58 | $107.00 | **$10.58** | **$22.42** | **$31.65** | **$40.90** |
| **Employee, Spouse, and Child** | $132.37 | $120.46 | **$11.91** | **$26.11** | **$37.19** | **$48.28** |
| **Employee, Spouse, and Children** | $167.61 | $152.52 | **$15.09** | **$34.92** | **$50.41** | **$65.91** |

Premiums for part-time employees: If you are an active regular employee scheduled for at least 20 hours per week (hpw), you and your dependents are eligible for full coverage. The premium cost share for employee coverage is the same regardless of full-time or part-time status. The premium cost share for dependents is prorated for part-time employee's based on scheduled hours as noted below:

- 25% for 30 > 35 hours a week
- 37.5% for 25 > 30 hours a week
- 50% for 20 > 25 hours a week

For councilmembers, the city pays the premium for the councilmember. If adding dependents, councilmembers are responsible for the full premium minus the employee rate.

# BENEFIT COSTS – CONTINUED

| Kaiser Permanente Medical/Rx/Vision (Per Pay Period ) | Full Premium | City Pays | Full-Time Employee Pays | FTE 30-34.99 HPW Pays | FTE 25-29.99 HPW Pays | FTE 20-24.99 HPW Pays |
|---|---|---|---|---|---|---|
| **Employee** | $371.18 | $337.77 | **$33.41** | $33.41 | $33.41 | $33.41 |
| **Employee and Spouse** | $936.76 | $852.45 | **$84.31** | $174.81 | $245.50 | $316.20 |
| **Employee and Child** | $642.23 | $584.43 | **$57.80** | $101.17 | $135.05 | $168.94 |
| **Employee and Children** | $878.99 | $799.88 | **$79.11** | $160.36 | $223.84 | $287.32 |
| **Employee, Spouse, and Child** | $1,207.79 | $1,099.09 | **$108.70** | $242.56 | $347.14 | $451.72 |
| **Employee, Spouse, and Children**** | $1,444.54 | $1,291.91 | **$152.63** | $324.37 | $458.54 | $592.71 |

| HMA Dental Only (available to KP members only) (Per Pay Period) | Full Premium | City Pays | Full-Time Employee Pays | FTE 30-34.99 HPW Pays | FTE 25-29.99 HPW Pays | FTE 20-24.99 HPW Pays |
|---|---|---|---|---|---|---|
| **Employee** | $33.51 | $30.49 | **$3.02** | $3.02 | $3.02 | $3.02 |
| **Employee and Spouse** | $70.45 | $64.12 | **$6.33** | $12.25 | $16.87 | $21.49 |
| **Employee and Child** | $65.55 | $59.66 | **$5.89** | $11.03 | $15.02 | $19.05 |
| **Employee and Children** | $95.62 | $87.02 | **$8.60** | $18.55 | $26.31 | $34.08 |
| **Employee, Spouse, and Child** | $102.51 | $93.29 | **$9.22** | $20.27 | $28.89 | $37.51 |
| **Employee, Spouse, and Children** | $132.56 | $120.63 | **$11.93** | $27.79 | $40.16 | $52.54 |

Premiums for part-time employees: If you are an active regular employee scheduled for at least 20 hours per week (hpw), you and your dependents are eligible for full coverage. The premium cost share for employee coverage is the same regardless of full-time or part-time status. The premium cost share for dependents is prorated for part-time employee's based on scheduled hours as noted below:

- 25% for 30 > 35 hours a week
- 37.5% for 25 > 30 hours a week
- 50% for 20 > 25 hours a week

For councilmembers, the city pays the premium for the councilmember. If adding dependents, councilmembers are responsible for the full premium minus the employee rate.

**What the city pays for the Kaiser Permanente Plan is capped at what the city pays for the HMA Medical/Rx/Vision plans. Employee is responsible for paying the difference.

# MEDICAL BENEFITS

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected injury and illness. City of Renton offers you a Preferred Provider Option (PPO) medical plan through Healthcare Management Administrators (HMA) and Health Maintenance Organization (HMO) medical plan through Kaiser Permanente. These plans provide excellent coverage of preventive services, such as routine physical exams and immunizations, that are very important to your and your family's health.

**HMA**

This PPO plan offers a wide choice of providers. You can choose to use a provider in the HMA Preferred PPO network or any other provider for your healthcare services. If you choose a network provider, your cost will be less. You do not need a referral for specialist care.

You can find PPO providers:

- Online: http://www.accesshma.com
- Phone: 1.800.869.7093

Under the HMA plan, you have a preferred partnership with Costco Health Solutions. Take advantage of your pharmacy benefit with Costco Health Solutions. You have access to more than 64,000 retail pharmacies nationwide. You may, but are not required to use Costco pharmacies. You do not need a Costco Membership to access Costco Pharmacy Benefits.

**KAISER PERMANENTE**

With this plan, you must seek services from a Kaiser Permanente contracted provider. It is recommended you select a Primary Care Physician (PCP) to help you coordinate care. Out of Network services without a referral will not be covered, however Emergency/Urgent Care is covered at any licensed facility.

- Find a provider: https://wa.kaiserpermanente.org/html/public/fad
- Online prescription refills/resources: https://wa.kaiserpermanente.org/html/public/pharmacy
- 24/7 Nursing Helpline: 1.800.297.6877

COPAY & COINSURANCE

A copay is a flat dollar amount you pay for a medical service. Coinsurance is when you pay a percentage of the cost.

OUT-OF-POCKET (OOP) MAXIMUM

The OOP maximum is the most you pay in a calendar year for in-network covered medical services. Once the OOP maximum is met, the plan will pay 100% of the allowed amount for the remainder of the calendar year for in-network covered services. On a family plan, each person has their own individual OOP maximum. However, once the total family OOP is met, no one else in the family has to pay the balance of their individual OOP maximum.

OUT-OF-NETWORK

For HMA members, when you use out-of-network providers, your plan will pay for services based upon their allowed amount. You will be responsible for the remaining costs. For Kaiser members, only emergency services are covered out-of-network. It is strongly recommended that preferred providers are used in order to save yourself money.

# MEDICAL BENEFITS – PLAN HIGHLIGHTS

| *PCY = Per Calendar Year (01/01 -12-31)* | HMA | | Kaiser Permanente |
|---|---|---|---|
| | **In-Network Benefits** | **Out-of-Network Benefits** | **Kaiser Permanente HMO Contracted Providers** |
| **Calendar Year Deductible** Per Person/Per Family | $0/$0 | | $0/$0 |
| **Calendar Year Out-of-Pocket Maximum** Per Person/Per Family | $500/$875 | | $2,000/$4,000 |
| **Physician Services** Primary care services, specialist visits | $30 | $30 | $25 |
| **Virtual Visits / Telemedicine** | MDLIVE: No charge<br>Other providers: $30* | MDLIVE: Not Covered<br>Other providers: $30* | No charge |
| **Preventive Lab & X-Ray** | No charge | No charge | No charge |
| **Preventive Mammography** | No charge | No charge | No charge |
| **Flu Shots** | No charge | No charge | No charge |
| **Immunizations** | No charge | No charge | No charge |
| **Contraceptive Services** | No charge | $30 copay | No charge |
| **Acupuncture and Massage Therapy (Kaiser Permanente covers massage therapy under Rehabilitation Services and requires referral.)** | $30<br>25 visits per year | $30 copay, then 80% of maximum allowable<br>25 visits per year | Acupuncture is $25 copay<br>12 visits per year |
| **Naturopathic Services** | $30 | $30 copay, then 100% of maximum allowable | $25 copay<br>3 visits per medical diagnosis per calendar year without prior authorization |
| **Chiropractic Care** | $30 | $30 | $25<br>(Limit of 10 visits PCY) |
| **Outpatient Surgery** | No charge** | No charge** | $25 |
| **Outpatient Diagnostic Lab & X-Ray** | No charge | No charge | No charge |
| **Major Lab & X-Ray** | CT Scan: $30<br>MRI: $100 | CT Scan: $30<br>MRI: $100 | No charge |
| **Hospital/Facility Services** Semi-private room/board, ICU, CCU ancillary charges | No charge for first 120 days PCY | No charge for first 120 days PCY | No charge |
| **Emergency Room Services** (Copay waived if admitted) | $30 per visit for physician services;<br>$100 per visit for all other services | | $75 |
| **Urgent Care Services** | $30 | $30 | $25 |
| **Rehabilitation Services**<br>Inpatient<br>Outpatient | <br>No charge<br>$30 | <br>No charge<br>$30 | <br>No charge (Limited to 60 days)<br>$25 (Limited to 60 visits) |
| **Mental Health**<br>Inpatient<br>Outpatient | <br>No charge<br>$0 | <br>50%<br>$30 | <br>No charge<br>$25 |
| **Chemical Dependency**<br>Inpatient<br>Outpatient | <br>No charge<br>$30 | <br>No charge<br>$30 | <br>No charge<br>$25 |

# MEDICAL BENEFITS – PLAN HIGHLIGHTS CONTINUED

| *PCY = Per Calendar Year (01/01 -12-31)* | HMA | | Kaiser Permanente |
|---|---|---|---|
| | **In-Network Benefits** | **Out-of-Network Benefits** | **Kaiser Permanente HMO Contracted Providers** |
| **Prescription Drugs** | Up to 90-day supply | | Up to 30-day supply |
| **Tier 1** | Generic: $10 | | Preferred Generic: $10 |
| **Tier 2** | Formulary Brand Name: $25 | | Preferred Brand Name: $10 |
| **Tier 3** | Non-Formulary Brand Name: $50 | | All Non-Preferred: N/A |
| **Tier 4** | 20% (up to $25 max) | | Specialty: Applicable preferred generic or Preferred brand cost shares |
| **Mail Order - *up to 90-day supply*** | 1 copay for 90-day supply | | 3 copays for 90-day supply |
| **Bariatric** (Obesity-related surgery) | Coverage for Obesity Treatment (Non-Surgical) & Obesity Surgery (Bariatric Surgery) | | Covered at cost shares when medical criteria is met |
| **Hearing Benefit** | Exam: $30 copay;<br>Hearing hardware: $4,000 every 3 years | | Exam: $25 copay;<br>Hearing hardware: $3,000 per ear every 36 months |
| **Ambulance (Air and Ground)** | No charge | No charge | 20% |
| **Allergy Injections/Testing** | No charge | No charge | $25 |
| **Fertility** | Fertility covered at $20,000 lifetime maximum. The fertility benefit is for employees and spouses only and will not cover dependents. | | One consultation visit to diagnose infertility with $25 copay. Fertility services are not covered & member pays 100% of all charges. |
| **Genetic Testing (Requires Medical Necessity)** | No charge | No charge | Not covered |

*Telemedicine benefit is "Paid the same as any other condition" meaning a $30 copay may not always be applied (depending on the service rendered). Telehealth in network is covered 100% if services are provided by MD Live.
**Outpatient Surgeon Fee benefit of $30 copay, Paid at 100% (Preferred, Participating and Out-of-network).

**Note:** COSTCO Prescription Benefits: Copay assistance program amounts that are not paid by you do not count towards your OOP Maximum.

**Note:** If members choose brand name drugs when a generic equivalent is available, they will be responsible for the difference in cost between the brand name and the generic equivalent drug. For HMA, this statement is true unless the prescription indicates "dispense as written" and the doctor provides a letter of medical necessity that has been approved by Costco Health Solutions.

**Limitations:** This benefit outline is for illustrative purposes only. Actual claims paid are subject to maximum allowable charge, frequencies, age limitations, terms, and conditions of the contract.

# MEDICAL BENEFITS – VIRTUAL VISITS

The City of Renton recognizes the changing medical landscape and the need to have access to medical care while on the go and from the privacy of your own home. HMA and Kaiser both offer virtual care services that can be accessed for convenient and affordable alternatives when going to the doctor or urgent care isn't easy or convenient.

**WHEN TO USE VIRTUAL PHYSCIAN SERVICES**

Virtual appointments with physicians are covered under the plan to diagnose symptoms and prescribe medications for minor health concerns. Use it when your primary doctor is not available, if you're sick while traveling, on nights and weekends, or when it's inconvenient to leave home.

Use virtual doctor visits for:

- Allergies
- Cold and flu
- Ear infections
- Fever
- Headache
- Nausea
- Rashes
- Sinus infection
- And more!

**HMA - MDLIVE**

If you are enrolling in the HMA plan, you will have access to MDLIVE. With MDLIVE, you can access a doctor from your home, office, or on the go – 24/7/365. The Board Certified doctors can visit with you either by phone or secure video to help treat any non-emergency medical conditions. Doctors can diagnose your symptoms, prescribe certain medications, and send prescriptions to your pharmacy of choice. MDLIVE is not intended to replace your primary care doctor for common or chronic conditions, a virtual doctor's appointment can sometimes substitute a doctor's office visit.

**BEHAVIORAL HEALTH SERVICES ACCESSIBLE THROUGH MDLIVE**

Behavioral Health and Psychiatry:

- Addictions
- Anxiety
- Child and Adolescent Issues
- Depression
- Coping with Loss & Grief
- Parenting Counseling & Advice
- Panic Disorders

You can easily sign up and activate your account by using one the following methods:

1. Go online and visit: https://mdlive.com/
2. Call the toll free number: 877.596.0967
3. Download the mobile app

**KAISER PERMANENTE – VIRTUAL CARE OPTIONS**

Kaiser Permanente offers the ability to access a Kaiser Permanente provider from the comfort of your own home, for treatment and care. Kaiser Permanente multiple virtual care options are as follows:

**Video or Telephonic**
You can schedule a Video Visit, Phone Visits or in person visit with your primary care provider. Scheduling is available via phone or electronically via Kaiser Permanente's Secured Member Portal.

**Care Chat**
Get real time medical care online from a Kaiser Permanente clinician at no additional charge. You can access Care Chat from the secured member portal via your computer or via Kaiser Permanente's mobile app.

**24/7 Phone Advise**
You can call Kaiser Permanente's Consulting Nurse Service for advice, day or night.
Call 24/7 at 1.800.297.6877 or 206.630.2244.

# VISION BENEFITS – HMA

To help you take care of your eyesight, City of Renton provides vision care coverage through HMA.

You can access vision care services from any provider you wish. You do not have to use an in-network vision care provider in order to use your vision benefits. However, the advantage of using an in-network provider is that they will bill HMA on your behalf.

**Please note that there is no network for the hardware (eyeglasses and contact lenses), these expenses will need to be submitted for reimbursement.**

If this is your first time on the member portal, you will need to register and create an account Go to www.accesshma.com (Click the myHMA Member Login button on the top of the page). Once you have registered your ID card you can use the member portal to:

- Access benefit information (Know what's covered)
- Find a provider for your eye exam
- Submit your vision expenses for reimbursement.

| | In-Network Provider | Out-of-Network Provider |
|---|---|---|
| **Routine Exam**<br>(one exam per calendar year) | No charge | $30 copay |
| **Vision Benefit Allowance***<br>Single vision, bifocal, and trifocal lenses, frames, contact lenses, laser eye surgery, radial keratotomy, or Lasik surgery | $650 allowance every two calendar years | |
| **Laser Surgery Lifetime Limit** | $1,000 per eye | |

*Routine Eye Exam does not apply towards the Vision Benefit Allowance. HMA vision benefits: All other combined benefits are limited to $650 allowance every two calendar years always beginning the first of January of even years, and ending the end of December of odd years such as 2025. Laser Surgery is limited to $1,000 per eye per lifetime, but you may apply unused amounts of the $650 Vision Benefit Allowance towards Laser Surgery.

# VISION BENEFITS – KAISER

To help you take care of your eyesight, City of Renton offers vision care coverage through Kaiser. **By enrolling in the Kaiser Medical plan, you are automatically enrolled in the Kaiser Vision plan**

The Kaiser Vision plan includes Optometry, Ophthalmology at any Kaiser Optical Shop and several Kaiser Medical Centers. Any Kaiser Member can use the facility directory to locate providers and services.

Visit https://wa-eyecare.kaiserpermanente.org/ to find a provider, reorder contacts and access all of the benefits information under the plan.

You can also make an appointment at any of the Kaiser Vision locations by calling 1.800.664.9225 or by contacting customer service number in the back of this guide

| | In-Network Provider | Out-of-Network Provider |
|---|---|---|
| **Routine Exam** | $25 Copay | Not Covered |
| **Vision Hardware**<br>Age 19 and Over<br>Under age 19 | No charge up to $100 allowance every 24 months<br>One Pair of frames and lenses per year, or contacts covered at 50% | |

# DENTAL BENEFITS

Going to the dentist isn't on anyone's list of favorite things to do, but City of Renton's dental benefits make it as painless as possible with comprehensive coverage through HMA. If this is your first time on the member portal, you will need to register and create an account. Be sure to have your HMA member ID card available.

Go to www.accesshma.com then click the myHMA Member Login button on the top of the page. After logging in to the HMA member portal here you can:

- Access your benefits and coverage levels
- Find an in-network provider

**BEFORE TREATMENT BEGINS**

You should have your dentist's office contact HMA if you expect the charges to be more than $300. Your dentist's office will coordinate with HMA to determine how much of the cost will be covered under the plan and how much will be your responsibility.

HMA

MAXIMUM ALLOWABLE CHARGE

For HMA members, when you use out-of-network services, your plan will pay a percentage of the maximum allowable charge (MAC). If your dentist charges more than the maximum allowable charge, you will be responsible for the difference.

| | HMA | |
|---|---|---|
| | **Participating & Preferred Network** | **Out-of-Network** |
| **Annual Deductible** | $0 | |
| **Maximum Benefit Per Member** Per Calendar Year | $2,000 (Diagnostic & Preventive and Orthodontia services do not apply) | |
| **Diagnostic and Preventive** Exams, x-rays, cleanings, topical fluoride application, space maintainers, sealants | No charge | You pay 20% |
| **Basic Services** Fillings, extractions, oral surgery, periodontics, endodontics, crowns | No charge | You pay 20% |
| **Major Services** Bridges, dentures, implants | You pay 20% | You pay 50% |
| **Orthodontia (Adults & Children)** | You pay 50% (Lifetime maximum of $2,000) | |

**Limitations:** This benefit outline is for illustrative purposes only. Actual claims paid are subject to maximum allowable charge, frequencies, age limitations, terms and conditions of the contract.

The dental plan for Kaiser Permanente members is with HMA (if dental coverage is elected).

# LIFE & DISABILITY BENEFITS

## BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

To help you protect your family, City of Renton offers basic life and accidental death and dismemberment insurance that is fully paid for by the City.

| | Life/AD&D |
|---|---|
| **Employee Life & ADD Benefit Amount**<br>• Class1*<br>• Class 2* (Life Only)<br>• Class 3*<br>**Dependent Life Benefit Amount**<br>• Class 1*<br>• Class 2*<br>• Class 3* | 1 x annual earnings to max $125,000<br>$12,500<br>1 x annual earnings to max $50,000<br><br>$1,000<br>N/A<br>$1,000 |
| **Benefits Begin to Reduce at** | Age 75 |

**WHEN YOU FIRST ENROLL**

When you first enroll in life insurance benefits, you will need to designate a beneficiary who would receive the benefits in the event of your death. You may change or update your beneficiary designation at any time.

*** Life Class 1**: Commissioned Police (Grade PC 60 & 61) and Non-Commissioned Employees of the Renton Police Officers Guild (Grade PN)

*** Life Class 2**: Council Members

*** Life Class 3**: All other Employees

## LONG-TERM DISABILITY (LTD) COVERAGE

## (FOR EMPLOYEES OTHER THAN COMMISSIONED POLICE)

When you cannot work for an extended period of time due to injury or illness, an LTD plan can help cover a portion of your pre-disability earnings. LTD coverage for eligible employees (other than commissioned police) are covered by the City. LTD for Commissioned Police is contracted through the Renton Police Guild and is a separate benefit.

| | Long-Term Disability |
|---|---|
| **Monthly Benefit Amount** | Up to 60% of the first $15,000 |
| **Maximum Monthly Benefit** | $9,000 |
| **Elimination Period** | 90 days |
| **Pre-Existing Condition** | 3/12 |
| **Benefit Duration** | To age 65 or SSNRA |
| **Definition of Disability**<br>• Class 1*<br>• Class 2* | Own occupation for duration of benefit<br>24 months own occupation |

**IMPORTANT**

Restrictions and limitations apply to these benefits. Please review the insurance booklet or certificate for complete details.

***LTD Class 1**: Employees not represented by a bargaining unit, including the elected Mayor and Judges, but not Councilmembers

*** LTD Class 2:** Employees represented by AFSCME or Police Non-Commissioned Guild.

**SSNRA**: Social Security Normal Retirement Age
**Own Occupation:** The employment, business, trade, profession, calling or vocation that involves material duties of the same general character as the occupation you are regularly performing when the disability began.
**Elimination period**: Time period that you must be ill or injured with a covered condition before collecting benefits.
**Pre-Existing Condition:** You may not be eligible for a pre-existing condition if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.

# LIFE & DISABILITY BENEFITS – VOLUNTARY (OPTIONAL BENEFIT)

| Voluntary Life (Class 1 & 3 Only) – Benefit Outline | |
|---|---|
| **Benefit Options**<br>Employee<br>Spouse<br>Children | <br>$25,000 Increments<br>$12,500 Increments<br>$5,000 Increments |
| **Benefit Maximum**<br>Employee<br>Spouse<br>Children | <br>$250,000<br>$100,000 (May not exceed 100% of employee amount)<br>$10,000 (May not exceed 100% of employee amount) |
| **Guarantee Issue**<br>Employee<br>Spouse<br>Children | <br>$100,000 ($200,000 for new hires)<br>$50,000<br>$10,000* |
| **Benefits Begin to Reduce at Age** | 75 |
| **Conversion** | Included |
| **Portability** | Included |

| Voluntary Life – Monthly Cost Outline | |
|---|---|
| Age | **Employee & Spouse Rates**<br>(Per $1,000 of benefit) |
| < 29 | $0.082 |
| 30-34 | $0.100 |
| 35-39 | $0.127 |
| 40-44 | $0.208 |
| 45-49 | $0.326 |
| 50-54 | $0.571 |
| 55-59 | $0.897 |
| 60-64 | $1.368 |
| 65-69 | $2.338 |
| 70-74 | $2.942 |
| 75-79 | $6.307 |
| 80 + | $8.718 |
| Children (per $1,000) | $0.123 |

**Class 1**: Commissioned Police (Grade pc 60 & 61) and Non-Commissioned Employees of the Renton Police Officers Guild (Grade pn)
**Class 3**: All other Members
**Note:** Class 2 (Council Members) are not eligible for the Voluntary Life

**Guarantee Issue:** The amount of coverage you and your spouse may apply for during your new hire enrollment period, without having to provide Evidence of Insurability (EOI) for The Standard's review and approval. If applying as a late entrant, all amounts are subject to EOI and The Standard's approval.

**Conversion and Portability:** Under certain circumstances, these are possible options to continue coverage after your employment ends.

**Evidence of Insurability (EOI)**: also known as the proof of good health, is the documentation of the good health condition of the applicant and his/her dependent's health in order to be approved for coverage.

*Evidence of Insurability (EOI) is never required for children, regardless of late entry. All children are eligible for full Guarantee Issue provided the employee also has Voluntary Life insurance.

# FLEXIBLE SPENDING ACCOUNTS (FSA) (OPTIONAL BENEFIT)

Looking for a way to save money on healthcare and/or dependent day care? Flexible Spending Accounts (FSAs) save you money by reducing the taxes you pay. Your FSA contributions are deducted from each paycheck before federal FICA. So in effect, you do not pay taxes on your eligible FSA expenses.

**HOW DOES AN FSA WORK?**

FSA contributions are deducted from your paycheck on a pre-tax basis according to your annual election amount. Once you have elected your annual deductions, you cannot change your elections under most circumstances.

When you have an eligible healthcare or dependent day care expense, you can pay for it with tax-free money. The accounts are not connected: you pay for healthcare expenses and dependent day care expenses with separate accounts.

FIRST HILL Trust Company

MAXIMUM CONTRIBUTIONS

Healthcare FSA: $3,200*

Dependent Care FSA: $5,000* for single employees or married employee filing jointly. $2,500* for married employees filing separately.

You may use money in your FSA to pay for eligible expenses incurred by you, your spouse, and your dependents. You and/or your dependents do not have to be enrolled in the medical plan to participate in the healthcare FSA.

**REIMBURSEMENTS**

You can use your FSA debit card to pay for healthcare expenses at the point of purchase at pharmacies and many other authorized retailers and providers. The debit card lets you pay for eligible expenses directly from your healthcare FSA so you do not have to wait for reimbursement.

If a provider doesn't accept your FSA debit card, you'll need to file a manual claim by completing a simple form and attaching a copy of your receipts to get reimbursed. If you file online, a claim form is not required, just a copy of the itemized receipt from your health care or dependent care provider. Manual claims are generally processed within one to two business days.

Keep your receipts! In the event First Hill Trust or the IRS requires documentation for a purchase made with the benefits debit card, it is your responsibility to provide the detailed copy of your store receipt (not just a credit slip stating dollar amount).

You may request the debit card or claims form by calling or emailing First Hill Trust at 206.625.1800, extension 307, flexcs@baclink.com. The debit card is provided only for healthcare expenses and not available for the Dependent Care FSA.

Log in at https://bac.wealthcareportal.com to manage your FSA account or download the mobile application at the Apple Store or Google Play Store.

**CARRY OVER**

The maximum carryover from 2025 to 2026 is $640* for a Healthcare FSA. A Dependent day care FSA does not carry over. Plan your election accordingly!

* 2025 limits have not been confirmed by the IRS

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

City of Renton provides an Employee Assistance Program (EAP) through First Choice Health. The EAP offers free and confidential counseling and assistance in resolving situations that may impact your personal or professional life. All City of Renton employees, their spouses or domestic partners and any children under the age of 26 are automatically covered by the EAP.

The EAP provides free short-term counseling and work-life resources to help you deal with a variety of issues that can affect you at work or at home, such as:

- Managing stress and anxiety
- Depression
- Parenting
- Alcohol or drug problems
- Coping with grief and loss
- Legal assistance
- Debt management and budgeting
- Adult/elder care resources
- Home buying assistance
- Identity theft counseling
- Childcare and education

EAP counselors are available to assist you by calling 800.777.4114. All calls are confidential. When you or a family/household member contacts the EAP, the call will be answered by a trained professional who will discuss your personal concerns with you and make sure you have access to appropriate resources.

First Choice Health

FIND TIPS ON STRESS MANAGEMENT, WELLNESS, AND MORE ONLINE

First Choice Health offers a wealth of educational resources on their website: www.fchn.com/Members/EAP

IF YOU VISIT A COUNSELOR

Up to 4 face-to-face or virtual counseling sessions per situation are provided at no charge to you. If more sessions are needed, the EAP professionals can work with your health plan to determine further coverage

**FREE AND CONFIDENTIAL**

All EAP counseling and assistance is free and confidential.

Login: www.fchn.com/Members/EAP
Username: cityofrenton

Call 800.777.4114 for assistance.

**NON-NETWORK COSTS**

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. Contact your claims payer or insurer for more information. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language.

**ORGAN TRANSPLANT**

No transplant waiting period. Reasonable travel and housing expenses for the transplant recipient and one caregiver are eligible for coverage up to a maximum of $5,000 per transplant. Preauthorization of benefits is required for any and all services, treatments, and supplies related to a transplantation procedure.

# IMPORTANT INFORMATION REGARDING YOUR MEDICAL BENEFIT PLAN – KAISER PERMANENTE

**NON-NETWORK COSTS**

Kaiser Permanente will not directly or indirectly prohibit you from freely contracting at any time to obtain health care services from non-participating providers and non-participating facilities outside the plan. However, if you choose to receive services from non-participating providers and non-participating facilities except as otherwise specifically provided in the Evidence of Coverage, those services will not be covered under the Evidence of Coverage and you will be responsible for the full price of the services. Any amounts you pay for non-covered services will not count toward your out-of-pocket maximum. If your participating physician decides that you require services not available from participating providers or participating facilities, he or she will recommend to Kaiser Permanente that you be referred to a non-participating provider or non-participating facility inside or outside the service area. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language.

**ORGAN TRANSPLANT**

There is no transplant waiting period. Transplant services must be provided through locally and nationally contracted or approved transplant centers. All transplant services require Preauthorization. Contact Kaiser Permanente Member Service for Preauthorization.

**OUT-OF-AREA BENEFITS**

If you need medical care and cannot get to a Kaiser Permanente facility, call the 800 number on the back of your ID card for guidance.

**PATIENT PROTECTIONS DISCLOSURE**

The City of Renton Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Kaiser Permanente designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Kaiser Permanente at 888.901.4636 / 800.297.6877 or www.kp.org/wa.

For children, you may designate a pediatrician as the primary care provider.
You do not need prior authorization from Kaiser Permanente 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. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Kaiser Permanente at 888.901.4636 / 800.297.6877 or www.kp.org/wa.

**PREVENTIVE CARE**

Certain preventive care services must be provided by non-grandfathered group health plans without member cost-sharing (such as deductibles or copays) when these services are provided by a network provider. A list of these preventive services can be found on the HHS website at: https://www.healthcare.gov/coverage/preventive-care-benefits/.

# LEGAL NOTICES

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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

## HIPAA SPECIAL ENROLLMENT RIGHTS

**City of Renton Health Plan Notice of Your HIPAA Special Enrollment Rights**

Our records show that you are eligible to participate in the City of Renton Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, or 60 days after the birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program –** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Erika Eddins - HR Benefits Manager at 425.430.7650 or eeddins@rentonwa.gov.

# LEGAL NOTICES (CONTINUED)

**Important Warning**

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

## GRANDFATHERED PLAN DISCLOSURE

This disclosure is applicable to the following plan(s):

- HMA - PPO

This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 425.430.7658. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

## HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

**Protecting Your Health Information Privacy Rights**
City of Renton is committed to the privacy of your health information. The administrators of the City of Renton Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Erika Eddins - HR Benefits Manager at 425.430.7650 or eeddins@rentonwa.gov.

# LEGAL NOTICES (CONTINUED)

**COBRA**

Federal COBRA is a U.S. law that applies to employers who employ 20 or more individuals and sponsor a group health plan. Under Federal COBRA you may be eligible to continue your same group health insurance for up to 18 months if your job ends or your hours are reduced. You are responsible for COBRA premium payments.

**WOMEN'S HEALTH AND CANCER RIGHTS ACT**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: HMA (Individual: 0% coinsurance and $0 deductible; Family: 0% coinsurance and $0 deductible)

Plan 2: Kaiser Permanente (Individual: 0% coinsurance and $0 deductible; Family: 0% coinsurance and $0 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 425.430.7650 or eeddins@rentonwa.gov.

# PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | ALASKA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx |
| **ARKANSAS – Medicaid** | **CALIFORNIA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program Website:<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** | **FLORIDA – Medicaid** |
| Health First Colorado Website: https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: https://hcpf.colorado.gov/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/<br>HIBI Customer Service: 1-855-692-6442 | Website: https://www.flmedicaidtplrecovery.com/<br>flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |

# CHIP (CONTINUED)

| GEORGIA – Medicaid | INDIANA – Medicaid |
|---|---|
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra<br>Phone: 678-564-1162, Press 2 | Health Insurance Premium Payment Program<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>http://www.in.gov/fssa/dfr/<br>Family and Social Services Administration<br>Phone: 1-800-403-0864<br>Member Services Phone: 1-800-457-4584 |
| **IOWA – Medicaid and CHIP (Hawki)** | **KANSAS – Medicaid** |
| Medicaid Website: Iowa Medicaid \| Health & Human Services<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>Hawki - Healthy and Well Kids in Iowa \| Health & Human Services<br>Hawki Phone: 1-800-257-8563<br>HIPP Website: Health Insurance Premium Payment (HIPP) \| Health & Human Services (iowa.gov)<br>HIPP Phone: 1-888-346-9562 | Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884<br>HIPP Phone: 1-800-967-4660 |
| **KENTUCKY – Medicaid** | **LOUISIANA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website: https://kynect.ky.gov<br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms | Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or<br>1-855-618-5488 (LaHIPP) |
| **MAINE – Medicaid** | **MASSACHUSETTS – Medicaid and CHIP** |
| Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-977-6740<br>TTY: Maine relay 711 | Website: https://www.mass.gov/masshealth/pa<br>Phone: 1-800-862-4840<br>TTY: 711<br>Email: masspremassistance@accenture.com |
| **MINNESOTA – Medicaid** | **MISSOURI – Medicaid** |
| Website:https://mn.gov/dhs/health-care-coverage/<br>Phone: 1-800-657-3672 | Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |
| **MONTANA – Medicaid** | **NEBRASKA – Medicaid** |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084<br>Email: HHSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |

# CHIP (CONTINUED)

| NEVADA – Medicaid | NEW HAMPSHIRE – Medicaid |
|---|---|
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov |
| **NEW JERSEY – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 (TTY: 711) | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Website: https://www.hhs.nd.gov/healthcare<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **OREGON – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid and CHIP** | **RHODE ISLAND – Medicaid and CHIP** |
| Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html<br>Phone: 1-800-692-7462<br>CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)<br>CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** | **SOUTH DAKOTA - Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **TEXAS – Medicaid** | **UTAH – Medicaid and CHIP** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Texas Health and Human Services<br>Phone: 1-800-440-0493 | Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/<br>Email: upp@utah.gov<br>Phone: 1-888-222-2542<br>Adult Expansion Website: https://medicaid.utah.gov/expansion/<br>Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/<br>CHIP Website: https://chip.utah.gov/ |
| **VERMONT– Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Department of Vermont Health Access<br>Phone: 1-800-250-8427 | Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select<br>https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs<br>Medicaid/CHIP Phone: 1-800-432-5924 |
| **WASHINGTON – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 | Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **WISCONSIN – Medicaid and CHIP** | **WYOMING – Medicaid** |
| Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

# CHIP (CONTINUED)

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

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

# CERTIFICATE OF CREDITABLE PRESCRIPTION DRUG COVERAGE

**NOTICE OF CREDITABLE COVERAGE**

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

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

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

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **City of Renton has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

**When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current coverage may be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents may still be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your current company coverage, be aware that you and your dependents may be able to get this coverage back by enrolling back into the company benefit plan during the Open Enrollment period under the company benefit plan.

**When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with City of Renton and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

# CERTIFICATE OF CREDITABLE PRESCRIPTION DRUG COVERAGE *(CONTINUED)*

**For More Information About This Notice or Your Current Prescription Drug Coverage…**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Renton changes. You also may request a copy of this notice at any time.

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

For more information about Medicare prescription drug coverage:

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

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

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

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|---|---|
| **Date:** | **January 01, 2025** |
| **Name of Entity/Sender:** | **City of Renton** |
| **Contact—Position/Office:** | **Erika Eddins - HR Benefits Manager** |
| **Office Address:** | **1055 S Grady Way**<br>**Renton, Washington 98057-3232**<br>**United States** |
| **Phone Number:** | **425.430.7650** |

# MARKETPLACE NOTICE

**Health Insurance Marketplace Coverage Options and Your Health Coverage**

**PART A: General Information**

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

**What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

**Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

**Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1] [2]

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

**When Can I Enroll in Health Insurance Coverage through the Marketplace?**

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

**What about Alternatives to Marketplace Health Insurance Coverage?**

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

**How Can I Get More Information?**

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Erika Eddins.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

# MARKETPLACE NOTICE *(CONTINUED)*

**PART B: Information About Health Coverage Offered by Your Employer**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | |
|---|---|---|
| 3. Employer name<br>City of Renton | | 4. Employer Identification Number (EIN)<br>91-6001271 |
| 5. Employer address<br>1055 S Grady Way | | 6. Employer phone number<br>425.430.7650 |
| 7. City<br>Renton | 8. State<br>Washington | 9. ZIP code<br>98057-3232 |
| 10. Who can we contact about employee health coverage at this job?<br>HR Benefits Manager | | |
| 11. Phone number (if different from above) | 12. Email address<br>hr@rentonwa.gov | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

  X All employees. Eligible employees are:
  All active regular status employees who work a minimum of 80 hours per month are eligible for benefits.
  Council members are required to work 90 hours per month.

  Some employees. Eligible employees are:

- With respect to dependents:
  X We do offer coverage. Eligible dependents are:
  Your legal spouse or state-registered domestic partner, Your children up to age 26,
  Any dependent child over age 26 who is incapable of self-support because of a developmental or physical disability

  We do not offer coverage.

X If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

# YOUR BENEFITS CONTACTS

### CITY OF RENTON BENEFITS WEBSITE

Access benefits information 24/7! The site contains forms, benefit summaries, helpful tools, and more.

https://c2mb.ajg.com/cityofrenton

### GALLAGHER BENEFIT ADVOCATES

**If you do not receive satisfactory service from your insurance companies, a Benefit Advocate (a free service provided by Gallagher), is available to help with issues pertaining to your benefits.**

*Please do not include any confidential or sensitive information, such as Social Security numbers or health information, via email. Once you are connected to a Benefit Advocate, more sensitive information can be shared.*

You can reach a Benefit Advocate at:
bac.renton@ajg.com or by
Toll free: 833.257.8282
8:00 a.m. - 6:00 p.m. PT
Monday - Friday

### CITY OF RENTON

Day to day employee/retiree contacts for questions

| Name | Title | Phone | Email |
|---|---|---|---|
| **Erika Eddins** | HR Benefits Manager | 425.430.7650 | eeddins@rentonwa.gov |
| **Kinal Ha** | Sr. Benefits Analyst | 206.503.1733 | kha@rentonwa.gov |
| **Jessica Cromer** | Sr. Benefits Analyst | 206.496.2608 | jcromer@rentonwa.gov |
| **Betsy Bailey** | HR Specialist | 425.430.7667 | bbailey@rentonwa.gov |

| Benefit | Administrator | Contact Information | | Website |
|---|---|---|---|---|
| **Medical** | HMA | Customer Service<br>24 Hour Nurseline | 800.869.7093 | www.accesshma.com |
| **Medical/Rx** | Kaiser Permanente | Customer Service<br>24 Hour Nurseline | 888.901.4636<br>800.297.6877 | www.kp.org/wa |
| **Rx Benefit** | Costco Health Solutions | Customer Care Line<br>Mail Order<br>Costco Specialty Services | 877.908.6024<br>800.607.6861<br>866.443.0060 | www.costcohealthsolutions.com |
| **Vision** | HMA | Customer Service | 800.869.7093 | www.accesshma.com |
| **Vision** | Kaiser | Member services | 888.901.4636 | https://wa-eyecare.kaiserpermanente.org/ |
| **Dental** | HMA | Customer Service | 800.869.7093 | www.accesshma.com |
| **Life/AD&D, LTD, Voluntary Life** | Standard Insurance | Customer Service | Life: 800.628.8600<br>LTD: 800.368.1135 | www.standard.com |
| **Flexible Spending Accounts (FSA)** | First Hill Trust | Customer Service | 206.625.1800 ext. 307 | https://bac.wealthcareportal.com/<br>Registration ID: BAC007169 Employee ID SSN with no dashes |
| **Employee Assistance Program** | First Choice | 24/7 Assistance | 800.777.4114 | www.fchn.com/Members/EAP |

# KEY TERMS

### BRAND NAME PRESCRIPTION DRUG

A prescription drug that is sold under a trademarked name. An equivalent generic drug may or may not be available at lower cost, depending on whether the patent on the brand name drug has expired.

### COPAY

A flat dollar amount you pay for a medical service.

### COINSURANCE

The percentage of the charges you are responsible for paying. For example, if the plan pays 90% and you pay 10%.

### EXPLANATION OF BENEFITS

The statement you receive from your insurance company detailing how much the provider billed, how much (if any) the plan paid, and the amount that you owe the provider (if any).

### GENERIC PRESCRIPTION DRUG

A prescription drug made and distributed after the brand name drug patent has expired, and available at a lower cost than brand name prescriptions.

### OUT-OF-POCKET (OOP) MAXIMUM

The most you pay in a calendar year for covered medical services. Once the OOP maximum is met, the plan will pay 100% of the allowed amount for the remainder of the calendar year for covered services.

### IN-NETWORK

Services from a provider or facility that is contracted with the insurance company. In-network providers agree to accept set fees for covered medical services and not bill you for any amounts over those fees. In-network providers also agree to bill the insurance company directly, so you will not have to pay up front and submit your own claims to the insurance company.

### OUT-OF-NETWORK

Services from a provider or facility that is not contracted with the insurance company. If you receive services out-of-network, then you will typically have a higher coinsurance and you will be responsible for the difference between the provider's billed charge and the allowable charge.

**Note: Not applicable to Kaiser, unless an emergency.**

### PREVENTIVE CARE

Measures taken to prevent diseases. This includes routine cancer screenings, exams and certain drugs and immunizations. Most preventive care is covered-in-full by the plan, with no cost to you.


*This benefit summary prepared by:*

Gallagher

Insurance | Risk Management | Consulting

***Please note:***

*This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.*