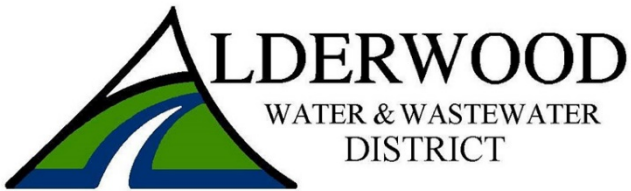




2020



ALDERWOOD
WATER & WASTEWATER
DISTRICT

BENEFITS AT A GLANCE

January 1, 2020 – December 31, 2020

This is a summary of employee benefits provided by Alderwood Water & Wastewater District. The information included is provided as a quick reference tool only and is not a legal document. For specific detail about your benefits and plan limits, please refer to your Summary Plan Description or Plan Booklets available from Human Resources. We encourage you to read all your enrollment information carefully, keep a copy for your records, and share it with your family members.

ELIGIBILITY FOR BENEFITS

Eligible Employees

You have a comprehensive health and welfare program available to you and your dependents if you are a regular full-time employee (non-temporary) regularly scheduled for a minimum of 20 hours per week.

Eligible Dependents

Your spouse and children up to age 26 are eligible under your employer's health and welfare benefit plans. Your domestic partner and his/her children are also eligible. You must complete and submit a "Declaration of Domestic Partnership" to cover your domestic partner and his/her children. Dependent children incapable of self-sustaining employment because of developmental disability or physical handicap may continue to be insured after reaching the limiting age of 26.

Effective Dates of Coverage

All benefits begin on the first of the month following or coincident with date of employment.

Termination of Coverage

If you or a covered dependent no longer meet these eligibility requirements or if your employment ceases, your medical, dental, vision, and Health Care FSA coverage will end on the last day of the month in which you become ineligible. You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, and vision coverage. Life, Voluntary Life, AD&D and disability coverage will end on the day you become ineligible. Your life coverages are convertible or portable. You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

MAKING CHANGES TO YOUR BENEFITS

Open Enrollment occurs once each year. You may change your benefit elections during the open enrollment period. Once you have made your selection, you may not change benefit elections until the next open enrollment unless you have a qualifying event in employment or family status. Qualifying events include:

- Marriage, divorce or legal separation (state specific)
- Dependent child through birth, adoption or court ordered custody
- Death of a spouse or child
- Your work schedule changes (i.e. reduction or increase in hours which affects eligibility)
- Your dependent loses eligibility for coverage
- You or your dependent become eligible for Medicare
- Your spouse involuntarily loses health coverage through their employer
- You and/or your spouse and dependents become eligible for COBRA
- You and/or your spouse and dependents gain or lose Medicaid coverage
- You received a Qualified Medical Child Support Order (QMCSO)

If you experience one of these qualifying events, you have 30 days from the date of the event to notify Human Resources and make any desired benefit changes. Otherwise, elections you make during open enrollment will remain in effect for the entire plan year.

MEDICAL/RX PLAN CHOICES *through Premera Blue Cross*

AWWD medical plans have been designed to provide coverage for eligible medical services and supplies required for the treatment of illness or injury. Although you may seek treatment from any licensed provider, your benefits will be higher and out of pocket costs lower if you use a network provider. The benefits listed below are based on services provided by an in-network provider and reflect your cost share. **Always refer to your plan booklet for specific benefit levels and limitations.**

General Plan Provisions	Your Future HSA Plan <i>Heritage Plus Network</i>	Your Choice PPO Plan <i>Heritage Plus Network</i>
Employer Contribution to Your HSA	<i>AWWD will contribute \$1,500 employee only or \$3,000 family coverage in the first year</i>	<i>None</i>
Calendar Year Deductible <i>Copays do not apply to the deductible.</i>	\$1,500 per member \$3,000 aggregate per family	\$250 per member \$750 per family
Calendar Year Out of Pocket Maximum <i>Includes copays & deductible</i>	\$2,500 per member \$5,000 aggregate per family	\$2,000 per member \$6,000 per family
Preventive Care	Covered in Full	Covered in Full
Office Visit – illness or injury	10% after deductible	\$20 copay
Urgent Care Provider	10% after deductible	\$20 copay
Emergency Room <i>Applicable copay waived if admitted.</i>	10% after deductible	\$100 copay, then 10% after deductible
Hospital - Inpatient/Outpatient	10% after deductible	10% after deductible
Outpatient Lab and X-ray	10% after deductible	10% after deductible
Complex Imaging <i>(CT, PET, MRI, etc.)</i>	10% after deductible	10% after deductible
Prescription Drugs – Not subject to deductible unless indicated.		
Retail – up to 30-day supply	10% after deductible	generic - \$10 preferred brand - \$25 non-preferred brands - \$45
Mail Order – up to 90-day supply	10% after deductible	generic - \$25 preferred brand - \$62 non-preferred brands - \$112
Out of Network Limits <i>(You may be balance billed for amounts over Premera's allowed amount)</i>		
Deductible <i>(per member/per family)</i>	\$3,000 / \$6,000	Shared with In-Network
Calendar Year Out of Pocket Maximum <i>(per member/per family)</i>	Unlimited	Shared with In-Network
Coinsurance	50% after deductible	30% after deductible

HEALTH SAVINGS ACCOUNT (HSA) *through ConnectYourCare (CYC)*

When you enroll in the Qualified High Deductible Health Plan (QHDHP), AWWD will make a contribution into your individual HSA bank account through ConnectYourCare. The company contribution is made per pay period to the HSA owned by you and is prorated based on your start date for new employees. Your HSA account balance rolls over from year to year, so the money remains available to you when you need it.

You can also contribute your own money into your HSA account through pre-tax payroll deductions. The maximum you can contribute is the difference between the 2020 statutory contribution limit based on your enrollment and AWWD's annual contribution. To make (or accept) HSA contributions, a person must be:

- ✓ Covered by a Qualified High Deductible Health Plan (QHDHP)
- ✓ Not enrolled in Medicare
- ✓ Not claimed as a dependent on another person's taxes
- ✓ Not covered under other 1st dollar health insurance plan, including
 - Spouse's health plan (unless the spouse's health plan is a QHDHP)
 - Healthcare FSA - AWWD's or spouse (unless enrolled in Limited Purpose Healthcare FSA)
 - Healthcare FSA grace period or roll-over

2020 IRS Contribution Limit	AWWD First Year Annual Contribution	AWWD Second Year Annual Contribution	AWWD Third & Subsequent Years Annual Contribution	Maximum Employee Third Subsequent Years Contribution
Employee Only - \$3,550	\$1,500	\$1,250*	\$1,000*	\$2,550
Family - \$7,100	\$3,000	\$2,500*	\$2,000*	\$5,100
Age 55+: Additional Catch-up Contribution	\$1,000			

*Please note, that while you may enroll your domestic partner in our benefit plans and receive insurance coverage, most domestic partner (DP) out-of-pocket expenses are not eligible for reimbursement through **your** HSA bank account under IRS regulations. However, a covered DP maybe eligible to open their own HSA with a bank of their choice. For subsequent year contributions AWWD will match the employee contribution up to the full deductible amount.*

HEALTH REIMBURSEMENT ACCOUNT (HRA) *through Premera Facets*

The AWWD PPO medical plan is “integrated” with the employer funded, Health Reimbursement Arrangement (HRA). Premera Facets will administer the AWWD HRA. As your deductible medical claims are processed, the information will be electronically transmitted to Premera Facets for payment directly to your provider. For 2020, the District/HRA will reimburse deductible expenses at \$125 per person, or up to \$375 for families.

RETIREMENT HEALTH SAVINGS *through ICMA*

AWWD offers an ICMA Retirement Health Savings (RHS) plan to employees who choose to opt out of District health plans as long as the employee can prove they have medical insurance on a qualified group plan. Plans on the health care exchange are individual plans and do not meet this requirement. In lieu of coverage under AWWD's health plans, you can use the funds in your RHS to reimburse eligible out-of-pocket healthcare expenses and premiums for you, your spouse, and qualified dependents after you retire or separate from the District.

FLEXIBLE SPENDING ACCOUNTS (FSA) *through Navia Benefit Solutions*

AWWD offers an FSA for a convenient, pre-tax way to help pay for eligible health and dependent care expenses. The pre-tax features save you money by reducing your taxable income and allow you to pay for eligible health care and dependent care expenses with tax-free dollars. Because of an IRS “use it or lose it” provision, these plans DO require careful planning, therefore be sure to ask for help if you need it. You can rollover a maximum of up to \$500 of your unused Health Care FSA funds at the end of the year, which will help offset the “use it or lose it” provision imposed by the IRS. Since only up to \$500 can be rolled over, these plans still require careful planning.

Expenses must be incurred between January 1, 2020 and December 31, 2020. You have until February 28, 2020 to submit eligible expenses for reimbursement.

Important note: Re-enrollment is NOT automatic. You must re-enroll every year.

Health Care Spending Account:

Minimum \$300 up to \$2,750 may be contributed per plan year.

Employees electing the HSA medical plan option are prohibited from participation in AWWD’s HCFSAs.

Limited Purpose Health Care Spending Account:

Up to \$2,750 may be contributed per plan year. Employees who are covered by AWWD’s and/or a spouse’s health savings account (HSA) will need to elect the Limited Purpose FSA to remain compliant with the rules and regulations governing HSA plans. The Limited Purpose Health Care FSA may be used for reimbursement of non-medical related items only; such as vision and dental out-of-pocket expenses.

Dependent Care Spending Account:

Up to \$5,000 may be contributed per plan year.

FSA Section 125 Premium Only Account:

Employees’ share of health insurance premiums will be deducted from your paycheck on a pre-tax basis, unless otherwise requested.

VISION PLAN *through Vision Service Plan*

AWWD’s vision plan is provided through Vision Service Plan (VSP), the nation’s largest vision care network, consisting of optometrists, ophthalmologists, and opticians.

Plan Provisions	VSP Vision
Vision Exam <i>Once per 12 months</i>	Covered in full after \$20 copay
Lenses (Single vision, lined bifocal and lined trifocal) <i>Once every 12 months</i>	
Frames <i>Once every 24 months</i>	Covered up to \$130 retail after hardware copay; 20% discount on amounts over allowance
Contact Lenses, <u>in lieu of lenses and frames</u> <i>Once every 12 months</i>	Up to \$60 copay, covered up to \$130 allowance per pair, including the cost of contact lens fitting
Out of Network Benefits	Reimbursement Schedule – please refer to the plan summary.

DENTAL PLAN *through Delta Dental of Washington*

AWWD offers dental coverage through Delta Dental of Washington. You may select any licensed dentist under either plan; however, if you choose a participating dentist, your benefits may be paid at a higher level and your out-of-pocket expenses may be lower. *Coverage level decreases 10% annually to 70% if the employee does not utilize their benefit. The benefit can increase to 100% with proper usage.

Plan Provisions	Delta Dental Premier Dentist	Non-Participating Dentist
Calendar Year Maximum <i>(Class I does not Apply to Annual Maximum)</i>	\$2,000 per member	
Calendar Year Deductible <i>(waived for Class I - Diagnostic/Preventive)</i>	\$0	
Class I - Diagnostic/Preventive <i>(cleaning, x-rays, fluoride, sealants etc.)</i>	Covered in Full	Covered in Full
Class II – Basic Restorative <i>(fillings, oral surgery, root canals, etc)</i>	20% after deductible	20% after deductible
Class III - Major Restorative <i>(crowns, bridges, inlays, onlays, etc)</i>	50% after deductible	50% after deductible
TMJ <i>(Surgical & Non-Surgical)</i>	50% up to \$1,000 Annual Maximum (\$5,000 Lifetime Maximum)	
Out of Network Benefits	You may be balanced billed for amounts over DDWA's allowed amount.	

BASIC LIFE AND AD&D INSURANCE *through Mutual of Omaha*

AWWD provides a basic employer-paid \$50,000 “term” life insurance and accidental death and dismemberment (AD&D) insurance for all benefit eligible employees. Life insurance provides a lump sum of money to beneficiaries upon death of the insured. Beneficiaries will receive payments whether the insured dies of natural or accidental causes. AD&D insurance provides an additional lump sum payment if death or dismemberment is the direct result of an accident. This benefit is underwritten by Mutual of Omaha. **You are automatically enrolled and AWWD pays the entire premium for eligible employees.**

SHORT TERM DISABILITY INSURANCE (STD) *through Mutual of Omaha*

AWWD provides all benefit eligible employees with disability insurance which is a critical benefit for income protection. Disability benefits replace a portion of your income if you are unable to return to your job due to illness, injury, or disability. These plans are underwritten by Mutual of Omaha. **You are automatically enrolled and AWWD pays the entire premium for eligible employees. *This benefit will be offset by Washington Paid Family Medical Leave.**

Plan Provisions	Short Term Disability
Benefit Amount	60% of before-tax weekly earnings, not to exceed a maximum weekly benefit of \$1,200*
Waiting Period	Benefits will begin after you have been disabled for 29 days
Benefit Duration	Up to 22 weeks

LONG TERM DISABILITY INSURANCE (LTD) *through Mutual of Omaha*

AWWD provides all benefit eligible employees with disability insurance which is a critical benefit for income protection. Long Term Disability benefits replace a portion of your income if you are unable to return to your job due to illness, injury, or disability after 180 days. The amount of time that you are disabled under the Short-Term Disability plan will count towards the 180-day waiting period under the Long Term Disability plan. These plans are underwritten by Mutual of Omaha. **You are automatically enrolled and AWWD pays the entire premium for eligible employees.**

Plan Provisions	Long Term Disability
Benefit Amount	60% of before-tax monthly earnings, not to exceed a maximum monthly benefit of \$5,000
Waiting Period	Benefits will begin after you have been disabled for 180 days
Benefit Duration	Up to Social Security Normal Retirement Age (SSNRA), if disabled before age 62. If you become disabled at age 62 (and older), the benefit period will be based on a reduced duration schedule.

VOLUNTARY LIFE AND AD&D INSURANCE *through Mutual of Omaha*

Employees may purchase additional Life/AD&D insurance for themselves and their eligible dependents. **If you enroll when you're first eligible for benefits, you qualify for guarantee issue amounts, which means you and your dependents can obtain life insurance without having to complete an evidence of insurability form.** In order for a spouse or dependent to have voluntary life, the employee must also be enrolled. This benefit is voluntary and therefore paid entirely by the employee, if elected. Note, late entrants (those enrolling more than 31 days after first eligible) will be required to provide evidence of insurability to Mutual of Omaha. Please refer to Mutual of Omaha Summary of Coverage for rates.

Plan Provisions	Voluntary Life Insurance and AD&D
Your Benefit	Benefit Amount: Available in increments of \$10,000 Maximum Benefit: 5 times annual salary, up to \$500,000 Guaranteed Issue (new hires): 5 times annual salary, up to \$100,000
Spouse Benefit	Benefit Amount: Available in increments of \$5,000 Maximum Benefit: 100% of employee's benefit, up to \$250,000 Guaranteed Issue (new hires): 100% of employee's benefit, up to \$30,000
Child Benefit	Benefit Amount: Available in increments of \$2,000 Maximum Benefit: 100% of employee's benefit, up to \$10,000 Guaranteed Issue (new hires): 100% of employee's benefit
Conversion	You may convert this policy to an individual policy upon termination of your employer provided coverage. Contact Prudential for details and rates.
Pricing	Refer to the Voluntary Life Insurance packet for cost details.

TRAVEL ASSISTANCE PROGRAM *through Mutual of Omaha*

Mutual of Omaha, in partnership with Worldwide Travel Assistance, a comprehensive program that provides a vast range of information, referral, assistance, transportation and evacuation services designed to help you respond to medical care situation and many other emergencies that may arise during travel. Worldwide Travel Assistance also offers pre-travel assistance, which gives you access to information to passport and visa requirements, foreign currency, and worldwide weather. Simply call **(800) 856-9947 (US)** or **(312) 935-3658** (all other locations; call collect). Services are available for business and/or personal travel, for you, your spouse, and dependent children on any single trip up to 90 days in length, and more than 100 miles away from home.

EMPLOYEE ASSISTANCE PROGRAM (EAP) *through Wellspring*

AWWD offers an Employee Assistance Program to all employees through Wellspring and pays the full cost of this coverage. The EAP program is a professional, confidential, counseling and referral program intended to help employees and family members deal privately and effectively with any type of concern. Each member receives up to 3 counseling sessions per issue, and referral and concierge services. Payments for any referrals for ongoing services outside of the EAP are the member's responsibility.

Common EAP issues:

Family Problems	Drug or Alcohol Problems
Emotional Issues	Conflict in your Relationship
Financial Difficulties	Work Problems

800.553.7798

www.wellspringeap.org

User ID = AWWD

FITNESS ROOM *available to all eligible employees*

AWWD wants its employees to live healthy lives, therefore we provide an on-site health facility for your use. We encourage you to take advantage of it. Prior to using the exercise room, employees are required to obtain a doctor's release using the form and sign an Indemnification and Release Agreement. For more information please contact Human Resources.

WELLNESS INCENTIVE *available to all eligible employees*

In order to promote and encourage the health of its employees, AWWD offers a Wellness Incentive as part of its wellness program and as part of the employee benefit package. Employees earn points on a quarterly basis in order to qualify for the wellness incentive. The levels and value of the incentive are as follows:

Level	Points Needed	Incentive
Bronze	5,000 points	\$15 per month
Silver	15,000 points	\$15 per month
Gold	25,000 points	\$45 per month

TELADOC VIRTUAL CARE *available to all Premera Blue Cross members*

855.332.4059 or teladoc.com/Premera

Teladoc is a convenient option for getting treated by a U.S. board certified doctor anytime, anywhere via phone or online video consultation. Teladoc doctors can diagnose, recommend treatment, and prescribe medication (when appropriate) for many of your urgent medical issues. Teladoc does not replace your family doctor or primary care doctor. With your consent, Teladoc will provide information about your consult to your primary care doctor.

PLAN COSTS

Based on your plan selection, AWWD will contribute the following percentages towards the monthly medical plan premiums for you and your covered dependents: 100% of the **Your Future HSA** and 94% of the **Your Choice PPO**. AWWD will continue to pay 100% monthly dental and vision premiums for you and your coverage dependents. Because premiums are deducted on a pre-tax basis, you will not be allowed to make mid-year election changes unless a Qualifying Event occurs (such as birth, death, marriage, divorce, adoption, etc.).

Medical/RX Plan – Cost per Month

Medical/Rx	Your Future HSA Plan		Your Choice PPO Plan	
	Total Cost Billed to AWWD	Employee Cost Share	Total Cost Billed to AWWD	Employee Cost Share
Employee Only	\$519.26	\$0.00	\$721.36	\$43.28
Employee & Spouse/DP*	\$1,168.35	\$0.00	\$1,623.07	\$97.38
Employee & Child(ren)	\$908.72	\$0.00	\$1,262.37	\$75.74
Employee & Family	\$1,557.80	\$0.00	\$2,164.08	\$129.84

**Domestic Partner (DP) - The tax-free exemption is not available unless your DP is an eligible "tax dependent" as defined in IRS code §152. Premiums for dependents that fall outside of the IRC definitions must be paid with post tax dollars.*

Dental Plan – Cost per Month

Dental	Total Cost Billed to AWWD	Employee Cost Share
Employee Only	\$54.44	\$0.00
Employee & Spouse/DP**	\$113.49	\$0.00
Employee & Child(ren)	\$122.37	\$0.00
Employee & Family	\$181.35	\$0.00

**Domestic Partner (DP) - The tax-free exemption is not available unless your DP is an eligible "tax dependent" as defined in IRS code §152. Premiums for dependents that fall outside of the IRC definitions must be paid with post tax dollars.*

Vision Plan – Cost per Month

Vision	Total Cost Billed to AWWD	Employee Cost Share
Employee Only	\$7.27	\$0.00
Employee & Spouse/DP**	\$11.64	\$0.00
Employee & Child(ren)	\$11.88	\$0.00
Employee & Family	\$19.16	\$0.00

**Domestic Partner (DP) - The tax-free exemption is not available unless your DP is an eligible "tax dependent" as defined in IRS code §152. Premiums for dependents that fall outside of the IRC definitions must be paid with post tax dollars.*

CONTACTS *for benefits*

Plan	Group Number	Member Services	Website
MEDICAL			
Premera Blue Cross	4011324	800.722.1471	www.premera.com
HRA – Premera Facets	N/A	800.722.1471	www.premera.com
OTHER HEALTH BENEFITS			
Dental – Delta Dental of WA	06468	800.541.7846	www.deltadentalwa.com
Vision – VSP	30027699	800.877.7195	www.vsp.com
HSA – ConnectYourCare (CYC)	4011324	877.292.4040	www.connectyourcare.com
FSA – Navia Benefit Solutions	AWD	800.669.3539	www.naviabenefits.com
LIFE AND DISABILITY INSURANCE			
Life/AD&D, Disability – Mutual of Omaha	G000AJQ6	800.877.5176	www.mutualofomaha.com
Voluntary Life/AD&D – Mutual of Omaha	G000AJQ6	800.877.5176	www.mutualofomaha.com
ADDITIONAL BENEFITS			
Employee Assistance Program – Wellspring	User ID: AWWD	800.553.7798	www.wellspringeap.org
Travel Assistance – Mutual of Omaha	9900MOO2	800.856.9947	www.mutualofomaha.com
ADDITIONAL RESOURCES			
Employee Advocate - TRUEbenefits	N/A	866.561.6252	Email: advocate@truebenefits.net



Premera Blue Cross Mobile App

Find care, view your claims, show your ID card and more!



Blue Cross Blue Shield Global Core App

Locate doctors and hospitals outside the U.S., Puerto Rico and the U.S. Virgin Islands.



Delta Dental of Washington App

View your ID card and locate in-network dentists. Search by name or location to find participating providers.



VSP Vision Care on the go

Find a doctor, check your coverage, access your vision card, and shop the latest eyewear fashions 24/7.



Healthcare on the go

Whether you're at home, stuck at work or out of town, you can manage your medical history or request a visit anytime.



Peak1 Mobile App

Have the account information you need, right when you need it most. Our mobile app makes it easy to manage your benefit accounts on the go.

The information in this Employee Benefits Guide is presented for illustrative purposes and is based on information provided by the employer and insurance carriers. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact your Benefits Department or the TRUEservice Employee Advocate (see contact information, above.)