MEDICAL BENEFITS 2023 – WHAT IS NEW

At PSRC, we are committed to offering an array of benefits that meet you and your family’s needs. We encourage you to take the time you need to make the best choice for you and your family. This brochure provides an overview of what is new for 2022 and some information on each plan and medical insurance in general. As always, feel free to review plans directly at https://www.hca.wa.gov/ or contact Thu Le, HR, for more information.

2023 HEALTH PLANS

PSRC offers medical plans through the Public Employees Benefit Board or PEBB. Employees have a choice of two Kaiser Permanente Health Maintenance Organization (HMO) plans and three preferred provider options (PPO) plans administered by Regence called Uniform Medical Plans (UMP Regence Plans). PSRC pays for employee only coverage at 100% and pays 80% of employee’s dependent coverage.

Kaiser Permanente (KP) Plans

These are HMO plans, meaning they are based upon a network of hospitals, doctors, and other health care providers that agree to coordinate care within a network in return for a certain payment rate for their services. Kaiser partners with the Permanente Medical Groups to provide a seamless, integrated system of care for each Kaiser member.

An HMO generally only covers care received from the plan’s contracted providers, known as “in-network” providers. You select a primary care provider to manage your health care and refer you to specialists within the network. You generally can get all the services you need under one roof and often in one visit. While you will typically need to stay within the network for care, Kaiser will sometimes refer members to see outside specialists for care that can’t be provided within their HMO system. Members may also seek emergency care from the closest emergency room. There is no cost for most preventative services and Kaiser members can enjoy health classes, healthy lifestyle programs and wellness coaching. You also have access to a number of online wellness tools as well as your visit and claims activity with an online account. There are two KP plans to choose from:

- **Kaiser Classic** — lowest co-pays and lowest deductible of the Kaiser options.
- **Kaiser Value** — same covered services as the Kaiser classic plan with higher out-of-pocket expenses but lower monthly premium than the Classic plan. Potentially good value for family coverage if don’t have a lot of ongoing health care concerns.
UMP Regence Plans
You have the option of choosing one of three PPO plans. A PPO plan is designed to give you more flexibility in choosing which health care providers you see. PPOs may be a better choice if you need flexibility in which health care providers you see. However, employees typically pay more for these plans either at point of service (e.g., in co-pays and deductibles when you seek care) or in premiums for similar level plan design.

- **UMP Classic** — provides relatively lower out-of-pocket expenses with higher premiums. Has highest level of provider choice.

- **UMP Plus** — there are 2 accountable care network options within the Plus plan. This plan is a great option for employees who are already using the providers in the Plus plan network. The Health Care Authority (HCA) selected the in-network providers using a variety of datapoints to ensure each provides high quality, coordinated care at a lower cost, with better health outcomes and care experiences for patients. As a result, there is a limited network of providers compared to the other UMP plans but subscribing employees will see the lower out-of-pocket expenses and the lower premiums costs than the UMP Classic plan. There is no prescription drug deductible.

- **UMP CDHP** — covers all the same services and uses same provider network as UMP Classic but has a lower monthly premium and a higher deductible. Subscribing employees are automatically enrolled in a health savings account (HSA), which allows you to set aside pre-tax money to pay for qualified medical and prescription drug expenses. PSRC contributes the following to your HSA: $700.08 for one person and $1,400.04 for more than one person enrolled in the plan, deposited in equal amounts over the calendar year. You can also contribute pre-tax to your HSA, up to the IRS maximum. Once the money is in your account, it is yours, even if you leave employment, and there is no deadline to use it.

Waiver Incentive
Employees who choose to waive coverage can do so with proof of other coverage. Employees who choose this option will receive an incentive of $200 taxable income per month.

VISION CARE
Regardless of whether you choose a Kaiser or UMP Regence medical plan or waive medical coverage, you can get your annual vision exam and glasses and/or contacts through VSP. If you go to a participating VSP provider, you get your Well Vision Exam with no co-pay every 12 months. Fill your prescription with a participating retail chain and get frames, lenses, and contacts with minimal out-of-pocket expenses, depending on the lens enhancements you order. Find a participating provider on the VSP choice network at vsp.com.

PSRC pays 100% of employee only premiums and 80% of the premiums for dependent coverage.
### COMPARE YOUR MEDICAL PLANS


#### Employee Monthly Premium Costs

<table>
<thead>
<tr>
<th></th>
<th>Kaiser Classic</th>
<th>Kaiser Value</th>
<th>UMP Classic</th>
<th>UMP Plus</th>
<th>UMP CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Increase</strong></td>
<td></td>
<td></td>
<td>2.7%</td>
<td>5.5%</td>
<td>11.3%</td>
</tr>
<tr>
<td>in rates from 2022</td>
<td></td>
<td></td>
<td>5.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employee (EE) Only</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>EE+SP/DP</strong></td>
<td>$168.72</td>
<td>$154.22</td>
<td>$162.48</td>
<td>$154.80</td>
<td>$141.94</td>
</tr>
<tr>
<td><strong>EE + Children</strong></td>
<td>$126.54</td>
<td>$115.66</td>
<td>$121.86</td>
<td>$116.10</td>
<td>$109.36</td>
</tr>
<tr>
<td><strong>Full Family</strong></td>
<td>$295.26</td>
<td>$269.90</td>
<td>$284.34</td>
<td>$270.90</td>
<td>$239.64</td>
</tr>
</tbody>
</table>
### Out of Pocket Costs

For a more detailed overview, please go to:
- Uniform Medical Plan (UMP) plans | Washington State Health Care Authority
- Kaiser Permanente WA plans | Washington State Health Care Authority

<table>
<thead>
<tr>
<th><strong>IN-NETWORK</strong></th>
<th><strong>KAISER CLASSIC</strong></th>
<th><strong>KAISER VALUE</strong></th>
<th>** UMP CLASSIC**</th>
<th>** UMP PLUS**</th>
<th>** UMP CDHP**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$175</td>
<td>$250</td>
<td>$250</td>
<td>$125</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family Maximum</td>
<td>$525</td>
<td>$750</td>
<td>$750</td>
<td>$375</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,000</td>
<td>$3,000</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$4,200</td>
</tr>
<tr>
<td>Family Maximum</td>
<td>$4,000</td>
<td>$6,000</td>
<td>$4,000</td>
<td></td>
<td>$8,400 ($7,000/person in a family)</td>
</tr>
</tbody>
</table>

### Point of Service Costs

<table>
<thead>
<tr>
<th><strong>Inpatient Hospital</strong></th>
<th><strong>$150/day ($750 max/admission)</strong></th>
<th><strong>$250/day ($1,250 max/admission)</strong></th>
<th><strong>$200/day ($600 max/year per person) + 15%</strong></th>
<th><strong>$200/day ($600 max/year per person) + 15%</strong></th>
<th><strong>15%</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Hospital Services</strong></td>
<td><strong>$150</strong></td>
<td><strong>$200</strong></td>
<td><strong>15%</strong></td>
<td><strong>15%</strong></td>
<td><strong>15%</strong></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td><strong>$250 (co-pay waived if admitted)</strong></td>
<td><strong>$300</strong></td>
<td><strong>$75 + 15% (co-pay waived if admitted)</strong></td>
<td><strong>$75 + 15% (co-pay waived if admitted)</strong></td>
<td><strong>15% (co-pay waived if admitted)</strong></td>
</tr>
<tr>
<td><strong>Preventive Care under ACA</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
</tr>
<tr>
<td><strong>Office Visits – PCP &amp; Specialist</strong></td>
<td><strong>$15/$30 depending on type of service</strong></td>
<td><strong>$30/$50 depending on type of service</strong></td>
<td><strong>15%</strong></td>
<td><strong>$0 for office and qualifying telemedicine visits; 15% for related services</strong></td>
<td><strong>15%</strong></td>
</tr>
</tbody>
</table>

### Prescription Drugs

- No Rx deductible:
  - Preventive: 0%
  - Value Tier: 5%
  - Tier 1 – 10%
  - Tier 2 – 30%

- Value tier: $5
- Preferred generic: $25
- Preferred Brand: $40
- Deductible for non-preferred drugs w/50% co insurance up to $250 max

- Subject to Rx deductible
- Tier 2 – 30%

- Preventive: 0%
- Value Tier: 5%
- Tier 1 – 10%
- Tier 2 – 30%

- Preventive: 0%
- All other Rx drugs (except covered insulins) after meeting deductible: 15%
FLEXIBLE SPENDING ACCOUNTS (FSAs)
By allowing you to set aside money directly from your paycheck before taxes are taken out, FSAs are a great way to save money for eligible expenses and to lower your taxable income. You can use that tax-free money to pay for eligible out-of-pocket health care and/or for dependent care expenses.

PSRC offers the following FSA options, administered by Navia:

**Health Care FSA**
- Pay for eligible medical, dental, and vision care expenses such as copays, coinsurance, deductibles, medical supplies and equipment, mental health and substance abuse treatment, orthodontia, and eyeglasses and contact lenses for yourself and your eligible dependents.
- Contribute up to $3,050 in 2023. Your entire election amount will be available in January.
- Be sure to keep receipts for documentation of expenses.
- Estimate carefully! FSAs are “use-it-or-lose-it” accounts, which means you will forfeit any amount over $610 left in the account at the end of the Plan Year. Amounts equal to $610 or less is carryover to the next calendar year.
- FSA elections must be done annually during open enrollment.

**Dependent Care FSA**
- Pay for eligible dependent care for dependent children 12 and under and in some cases elder care, and must be enabling you to work, actively look for work or be a full-time student. Common eligible expenses include childcare, preschool, before and after school care, and day camps.
- Contribute up to $5,000 per household per year.
- Day Care FSA plan has a 2½ month Grace Period after the end of the plan year. This feature gives you an additional 2½ months to incur expenses against your Day Care arrangements. All expenses incurred during the grace period will automatically deduct out of the prior year’s arrangement, and any remaining balance will then be applied to the current plan year.
- Day Care FSA elections must be done annually during open enrollment.
HEALTH SAVINGS ACCOUNTS

PSRC offer one High Deductible Health Plan paired with a Health Savings Account. Health Savings Accounts are only available when you enroll in a CDHP. Here is an overview of the plan and how it works, to see if such a plan may be right for you and your family, based upon your projected medical needs in the coming year.

A Health Savings Account

• Is an account that you can use to pay for any medically necessary expense, including some dental and vision procedures, that qualifies under IRS rules. See 2020 Publication 502 (irs.gov) for a complete list of qualifying medical expenses.

• It is an IRS-governed, pre-tax benefit similar to a 401(k) or 457 plan.

• Both you and PSRC can contribute funds but you own the account and can take it with you into retirement or if you change employers—no “use or lose” per calendar year. The contributions you make are tax deduction, even if you don’t itemize your deductions.

• You may only open an HSA if you are enrolled in a qualified consumer-driven, high-deductible plan (CDHP). May not contribute to both CDHP HSA and Navia FSA.

• Contributions into the HSA are tax-free, funds accrue tax-free and withdraw funds tax-free, provided you use the money for eligible expenses.

• For 2023, the IRS limits for tax free HSA contributions are $3,850 for a single enrollee and $7,750 for a family. Those limits are the total between PSRC’s and your own contributions. Age 55 or older may contribute additional $1,000 per year.

More information on Health Savings Accounts and their tax benefits can be found here: 2020 Publication 969 (irs.gov)
COMMONLY USED TERMS
Here’s a quick refresher on commonly used insurance terms:

• A **PREMIUM** is the amount you pay for insurance, using pre-tax or post-tax dollars. (Note: PSRC pays 100% of the premiums for employee only coverage and 80% of the premiums for dependent coverage.)

• A **COPayment (COPay)** is a fixed amount you pay for covered health care services or prescription drugs, usually when you receive the service.

• A **DEDuctible** is the amount you pay before your insurance begins covering certain services such as hospitalization or outpatient surgery.

• An **AGGREGATE DEDuctible (CDHP plan)** is the amount you pay before your insurance begins to pay. If you have other family members on the policy, the family deductible must be met before the plan begins to pay.

• A **COINSurance** is the amount you pay, as a percentage of the cost of your allowed services, after you reach the deductible until you reach the plan’s out-of-pocket maximum.

• An **ALLOWable CHARGE** is the dollar amount typically considered payment in full by an insurance company and an associated network of health care providers.

• An **OUT-OF-POCKET MAXIMUM** is the most you pay per Plan Year for health care expenses, including prescription drugs. Once this limit is met, the plan pays 100% for the remainder of the Plan Year. On a CDHP, if you have family members on the plan, the family out-of-pocket limit must be met, even if only one person receives care.

• A **NETWORK** is the facilities, providers and suppliers your health plan has contracted with to provide health care services.

• A **NETWORK PROVIDER (Preferred Provider)** is a provider who has contracted with your plan. You generally pay less if you see a preferred provider.
Important – Please Read

Disclaimer:
This is a general overview of benefits and is subject to change without notice. It is not intended to be all-inclusive or cover all aspects or exceptions to the plans. The agency may modify, add to, or eliminate any of the benefits described in this overview. The official plan documents supersede this summary; please refer to them for more detailed information.

When coverage begins:
In general, benefits coverage begins on the first day of the month following your start date. If you begin work on the first working day of the month, your coverage begins on the first day of that month. For more information, please contact Human Resources.

Eligibility for coverage:
Please refer to the Employee Handbook or contact Human Resources for information on benefits eligibility.

Regular and optional benefits:
This overview is separated into two sections – “Regular Benefits” and “Optional Benefits” which includes benefits provided to regular and limited-term full-time employees and part-time employees who are benefits-eligible. “Optional Benefits” are additional benefits employees can choose to elect, generally, at an additional cost.
The next section highlights benefits in two parts, Regular Benefits and Optional Benefits. Under Regular Benefits, the medical plans are highlighted by each plan with more detailed information for each benefit.

**Part 1: Regular Benefits**

**MEDICAL**

**Plan:** Uniform Medical Plan (UMP) Classic; Group Number 10003948


**Cost:** PSRC pays 100% of the employee’s premiums. For dependents, and/or a spouse or domestic partner, PSRC pays 80% of the premiums and the employee pays the remaining 20%. Your portion (if any) is deducted pre-tax from your semi-monthly paycheck.

**Who it covers:** In addition to yourself, you can choose to cover your eligible domestic partner, spouse and/or child(ren) at the current rates (please refer to 2023 rate sheet). You will need to provide new dependent verification and PEBB’s Dependent Verification list can be found at [https://www.hca.wa.gov/employee-retiree-benefits/public-employees/verify-and-enroll-my-dependents](https://www.hca.wa.gov/employee-retiree-benefits/public-employees/verify-and-enroll-my-dependents).

This plan provides in-network within Uniform Medical Plan, Regence BlueShield, Blue Cross/Blue Shield plan providers and out-of-network as well as emergency care. To view the provider directory, go to [https://ump.regence.com/member/ump/](https://ump.regence.com/member/ump/) (if looking for a provider in WA). Some highlights include:
<table>
<thead>
<tr>
<th></th>
<th>Inside Network (You pay)</th>
<th>Out of Network (You pay)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$250 single/$750 family</td>
<td>$250 single/$750 family</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$2,000 single/$4,000 family</td>
<td>$2,000 single/$4,000 family</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>15%</td>
<td>*</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services</strong></td>
<td>$200/day ($600 max/year per person) + 15%</td>
<td>*</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong></td>
<td>15%</td>
<td>*</td>
</tr>
<tr>
<td><strong>Emergency Services (copay waived if admitted)</strong></td>
<td>$75 + 15%</td>
<td>*</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>$0</td>
<td>*</td>
</tr>
<tr>
<td><strong>Prescriptions</strong></td>
<td>Deductible: $100/person; $300/family (Tier 2); Out-of-Pocket Limit: $2,000/person; $4,000/family 5%/10%/30% retail; 5%/10%/30% mail order</td>
<td>Contact UMP</td>
</tr>
</tbody>
</table>

*UMP Classic members who see an out-of-network provider will pay 40% coinsurance for most services. Contact UMP for more information.
Plan: Uniform Medical Plan (UMP) Plus (UW Medicine ACN and PSHVN);
Group Number 10003948


Cost: PSRC pays 100% of the employee’s premiums. For dependents, and/or a spouse or domestic partner, PSRC pays 80% of the premiums and the employee pays the remaining 20%. Your portion (if any) is deducted pre-tax from your semi-monthly paycheck.

Who it covers: In addition to yourself, you can choose to cover your eligible domestic partner, spouse and/or child(ren) at the current rates (please refer to 2023 rate sheet). You will need to provide new dependent verification and PEBB’s Dependent Verification list can be found at https://www.hca.wa.gov/public-employee-benefits/employees/dependent-verification.

This plan provides in-network within Uniform Medical Plan, Regence BlueShield, Blue Cross/Blue Shield plan providers and out-of-network as well as emergency care. To view the provider directory, go to https://ump.regence.com/member/ump/ (if looking for a provider in WA). Some highlights include:
<table>
<thead>
<tr>
<th>Inside Network (You pay)</th>
<th>Out of Network (You pay)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$125 single/$375 family</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$2,000 single/$4,000 family</td>
</tr>
<tr>
<td>Office Visits</td>
<td>15%</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>$200/day ($600 max/year per person) + 15%</td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>15%</td>
</tr>
<tr>
<td>Emergency Services (copay waived if admitted)</td>
<td>$75 + 15%</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>$0</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>Deductible: None Out-of-Pocket Limit: $2,000/person; $4,000/family 5%/10%/30% retail; 5%/10%/30% mail order</td>
</tr>
</tbody>
</table>

*UMP Plus members who see an out-of-network provider will pay 40% coinsurance for most services. Contact UMP for more information.
Plan: Uniform Medical Plan (UMP) CDHP; Group Number 10003948


Cost: PSRC pays 100% of the employee’s premiums. For dependents, and/or a spouse or domestic partner, PSRC pays 80% of the premiums and the employee pays the remaining 20%. Your portion (if any) is deducted pre-tax from your semi-monthly paycheck.

Who it covers: In addition to yourself, you can choose to cover your eligible domestic partner, spouse and/or child(ren) at the current rates (please refer to 2023 rate sheet). You will need to provide new dependent verification and PEBB’s Dependent Verification list can be found at https://www.hca.wa.gov/employee-retiree-benefits/public-employees/verify-and-enroll-my-dependents.

This plan provides in-network within Uniform Medical Plan, Regence BlueShield, Blue Cross/Blue Shield plan providers and out-of-network as well as emergency care. To view the provider directory, go to https://ump.regence.com/member/ump/ (if looking for a provider in WA). In addition to a Health Savings Account (HSA) contributions from employer per year: Employee: $700.08; Employee & Family: $1,400.04, some highlights include:
<table>
<thead>
<tr>
<th>Inside Network (You pay)</th>
<th>Out of Network (You pay)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$1,400 single/$3,000 family</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$4,200 single/$8,400 family*; not to exceed $7,000/member</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>15%</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services</strong></td>
<td>15%</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong></td>
<td>15%</td>
</tr>
<tr>
<td><strong>Emergency Services (copay waived if admitted)</strong></td>
<td>15%</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Prescriptions</strong></td>
<td>Prescription-drug costs apply toward CDHP deductible; Out-of-pocket limit: combined with medical limit; not to exceed $7,000/member 15% retail; 15% mail order</td>
</tr>
</tbody>
</table>

*Must meet family medical or prescription drug deductible before plan pays benefits.

**UMP CDHP members who see an out-of-network provider will pay 40% coinsurance for most services. Contact UMP for more information.
Plan: Kaiser Permanente WA Classic; Group Number 0090000

More information: Contact Kaiser Permanente Member Services at 206-630-4636 (local) or 1-888-901-4636 (toll-free).

Cost: PSRC pays 100% of the employee’s premiums. For dependents, and/or a spouse or domestic partner, PSRC pays 80% of the premiums and the employee pays the remaining 20%. Your portion (if any) is deducted pre-tax from your semi-monthly paycheck.

Who it covers: In addition to yourself, you can choose to cover your eligible domestic partner, spouse and/or child(ren) at the current rates (please refer to 2023 rate sheet). You will need to provide new dependent verification and PEBB’s Dependent Verification list can be found at https://www.hca.wa.gov/employee-retiree-benefits/public-employees/verify-and-enroll-my-dependents.

This plan provides in-network within Kaiser Permanente WA Classic but no out-of-network except for emergency care. For more information about the plan, go to https://wa-my.kp.org/pebb/plan-information/. Some highlights include:
<table>
<thead>
<tr>
<th>Inside Network (You pay)</th>
<th>Out of Network (You pay)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$175 single/$525 family</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$2,000 single/$4,000 family</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>$15/$30 depending of type of service</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services</strong></td>
<td>$150/day ($750 max/admission)</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong></td>
<td>$150</td>
</tr>
<tr>
<td><strong>Emergency Services (copay waived if admitted)</strong></td>
<td>$250</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Prescriptions</strong></td>
<td>Deductible for Tier 2 &amp; 3: $100/person; $300/family; Out-of-Pocket limit $2,000/person; $8,000/family $5/$20/$40/50% up to $250 retail; $10/$40/$80/50% up to $750 mail order</td>
</tr>
</tbody>
</table>
Plan: Kaiser Permanente WA Value; Group Number 2090000

More information: Contact Kaiser Permanente Member Services at 206-630-4636 (local) or 1-888-901-4636 (toll-free).

Cost: PSRC pays 100% of the employee’s premiums. For dependents, and/or a spouse or domestic partner, PSRC pays 80% of the premiums and the employee pays the remaining 20%. Your portion (if any) is deducted pre-tax from your semi-monthly paycheck.

Who it covers: In addition to yourself, you can choose to cover your eligible domestic partner, spouse and/or child(ren) at the current rates (please refer to 2023 rate sheet). You will need to provide new dependent verification and PEBB’s Dependent Verification list can be found at https://www.hca.wa.gov/employee-retiree-benefits/public-employees/verify-and-enroll-my-dependents.

This plan provides in-network within Kaiser Permanente WA Value but no out-of-network except for emergency care. For more information about the plan, go to https://wa-my.kp.org/pebb/plan-information/. Some highlights include:
<table>
<thead>
<tr>
<th>Service</th>
<th>Inside Network (You pay)</th>
<th>Out of Network (You pay)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$250 single/$750 family</td>
<td>n/a</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$3,000 single/$6,000 family</td>
<td>n/a</td>
</tr>
<tr>
<td>Office Visits</td>
<td>$30/$50 depending on type of service</td>
<td>n/a</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>$250/day ($1,250 max/admission)</td>
<td>n/a</td>
</tr>
<tr>
<td>Outpatient Hospital Services</td>
<td>$200</td>
<td>n/a</td>
</tr>
<tr>
<td>Emergency Services (copay waived if admitted)</td>
<td>$300</td>
<td>n/a</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>$0</td>
<td>n/a</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>Deductible for Tier 2 &amp; 3: $100/person; $300/family; Out-of-Pocket limit $2,000/person; $8,000/family $5/$25/$50/50%/50% up to $400 retail; $10/$50/$100/50% mail order</td>
<td>n/a</td>
</tr>
</tbody>
</table>
DENTAL

Plan: Delta Dental of WA; Group Number 1519

More information: 206-522-2300 or www.deltadentalwa.com

Cost to employee: PSRC pays 100% of the employee’s premiums. For dependents, and/or a spouse or domestic partner, PSRC pays 80% of the premiums and the employee pays the remaining 20%. Your portion (if any) is deducted pre-tax from your semi-monthly paycheck.

Who it covers: In addition to yourself, you can choose to cover your domestic partner (as determined by the State of WA – inquire with HR), spouse, and/or children (until the end of the month child turns 26 yrs old) at the current premium rates (please refer to 2023 rate sheet).

- Coverage applies to any licensed dentist. Just tell your dentist you’re covered by a Delta Dental of WA plan and give them your Social Security number and the plan number (1519).

- If the dentist is a member of Delta Dental of WA, the dentist will complete and submit the claim form, and will receive payment directly for covered costs. If the dentist is not a member of Delta Dental of WA, you are responsible for having your dentist complete and sign a claim form and submitting the form.

- Coverage is as follows:
  
  - For “Class I” care (diagnostic and preventative care such as exams, cleanings, fluoride, x-rays, and sealants), coverage is 100% under Delta Dental PPO Dental Network.
  
  - For “Class II” care (restorative care such as restorations, fillings, oral surgery, endodontics, and periodontics), coverage is 80% under Delta Dental PPO Dental Network.
  
  - For “Class III” care (major care such as crowns, dentures, bridges, partials, and implants), the plan covers 50% of the costs under Delta Dental PPO Dental Network.

  - The annual per person maximum is $2,000.

  - The lifetime maximum for orthodontia is 50% to $1,000.

  - If you were a member of this incentive-based plan at your previous job, you can carry over your most current incentive level.

  - Note: A $25 per person/per year deductible or $75 per family/per year applies to all care except Class I care, for which there is no deductible.
VISION

Plan: Vision Service Plan (VSP); Group Number 12276590

Contact information: www.vsp.com or 800-877-7195

Cost to employee: PSRC pays 100% of the employee’s premiums. For dependents, and/or a spouse or domestic partner, PSRC pays 80% of the premiums and the employee pays the remaining 20%. Your portion (if any) is deducted pre-tax from your semi-monthly paycheck.

Who it covers: In addition to yourself, you can choose to cover your domestic partner (as determined by the State of WA – inquire with HR), spouse, and/or children (until the end of the month child turns 26 yrs old) at the current premium rates (please refer to 2023 rate sheet).

<table>
<thead>
<tr>
<th>Inside Network (You pay)</th>
<th>Out of Network (You pay)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye exam</td>
<td></td>
</tr>
<tr>
<td>$10 copay; covered in full every 12 months</td>
<td>Up to $45 reimbursement</td>
</tr>
<tr>
<td>Prescription glasses</td>
<td></td>
</tr>
<tr>
<td>$30 copay; Lenses covered in full every 12 months; $150 allowance for frame of your choice every 12 months, plus 20% off amount over your allowance</td>
<td>Reimbursement: Single Vision – up to $45 Lined Bifocal – up to $65 Lined Trifocal – up to $85 Frame – up to $47</td>
</tr>
<tr>
<td>Contact lenses</td>
<td></td>
</tr>
<tr>
<td>No copay applies; up to $135 every 12 months toward contacts and fitting and evaluation exam</td>
<td>Reimbursement up to $105</td>
</tr>
</tbody>
</table>
CONTINUED COVERAGE UNDER COBRA (CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT)

Contact information: http://www.dol.gov/dol/topic/health-plans/cobra.htm

When medical and/or dental coverage ends for an employee and/or his or her dependent(s) because of a “qualifying event,” federal laws and regulations require PSRC to offer qualified employees and their dependent(s) an opportunity to continue their group medical and/or dental coverage for a limited time, generally 18 months. Qualifying events include but are not limited to: reduction in your work hours, termination of employment, divorce, or eligibility for Medicare. An “Initial Notice of COBRA” that describes continued coverage through COBRA is included in your benefits orientation packet.

LIFE/AD&D (ACCIDENTAL DEATH AND DISMEMBERMENT) INSURANCE

1. CIGNA Insurance Company
   Life Insurance Policy # SGM 601025; AD&D Insurance Policy # SOK0600603; This group life insurance plan provides a benefit of $50,000 of life insurance coverage and $50,000 of accidental death and dismemberment coverage for each employee.
   Contact information: 1-800-36-CIGNA (1-800-362-4462) or www.CIGNA.com
   Cost to employee: No cost to employee

2. Additional Insurance Option
   In addition to the coverage described above, you can choose to purchase additional life insurance for yourself and/or your spouse through Sun Life Financial. Contact Human Resources for details.

PAID FAMILY AND MEDICAL LEAVE

Plan: Washington State Paid Family and Medical Leave

Contact information: 1-833-717-2273 or https://paidleave.wa.gov

Cost to employee: No cost to employee

Who it covers: This plan only covers employees working in Washington state.
   • The Washington state Employment Security Department makes the determination for Paid Family and Medical Leave (PFML) benefits.
   • PFML provides paid time off for when you have a serious health condition that prevents you from working, when you need time to care for a family member or a new child, or for certain military-related events.
   • You could be eligible to receive up to 90% of your weekly pay (estimated maximum weekly pay of $1,427 in 2023).
   • PFML coverage is for 12 weeks and in some circumstances, up to 18 weeks per year.
LONG-TERM DISABILITY

Plan: CIGNA; policy number SGD 600893

Contact information: 1-800-36-CIGNA (1-800-362-4462) or www.CIGNA.com

Cost to employee: No cost to employee.

Who it covers: This plan only covers the employee.
- CIGNA makes the determination for long-term disability benefits.
- You could be eligible to receive 60% of your monthly salary up to $5,000 per month.
- Long-term disability coverage is for three years for your own occupation (meaning you would be covered for up to three years if you could not do your own occupation, rather than any occupation).

EMPLOYEE ASSISTANCE PROGRAM (ALSO KNOWN AS EMPLOYEE ASSISTANCE & WELLNESS SUPPORT)

Plan: New York Life Group Benefits Solutions Employee Assistance Program offers services designed to help you reduce stress, balance your work and family responsibilities, and improve the quality of your life. You and your family members have access to various counseling services, including legal, financial, and work-life balance assistance. The Employee Assistance Program is under New York Life but the program is contracted to a third party, ComPsych Corporation, which provides three counseling sessions, either in-person or virtual, per issue, per year after completing an intake call; additional sessions will be your responsibility and may be covered by your medical benefits. You also have access to a certified coach who will work with you to address health and well-being issues up to five sessions per year.

Contact information: 1-800-344-9752; www.guidanceresources.com, Web ID: NYLGBS

Cost to employee: No cost to employee.

Who it covers: In addition to yourself, this plan covers your family members living in your household at no additional cost.

LONG-TERM CARE INSURANCE

Plan: UNUM Provident Corporation, policy number 589769-001

Contact information: 1-800-227-4165 or www.unum.com

Cost to employee: No cost to employee.

Who it covers: In addition to yourself, you can choose to purchase additional coverage for your domestic partner, spouse, grandparent(s), adult child(ren), sibling(s), or parent(s).
- This coverage includes $1,000 per month per employee at a long-term care facility for up to three years or $500 per month per employee for professional home care for up to six years.
WASHINGTON PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)

Plan: Washington State Department of Retirement Systems (DRS), PERS #4801, organization #0779

Contact information: 1-800-547-6657 or www.drs.wa.gov

Cost to employee: See below.

Who it covers: This plan only covers the employee.

• See plan paperwork or contact Human Resources for details on eligibility.
• New members can elect to join one of two plans: PERS 2 or PERS 3. Once PERS 3 is selected, it cannot be changed to PERS 2.
• Less than 70 work hours/mo. = .25; 70–90 work hours/mo. = .5; 90+ work hours/mo. = 1.
• As a PERS 2 member, you are required to contribute a set percentage of your salary as determined by DRS. As a PERS 3 member, you can choose one of six contribution rate options. Benefits upon retirement vary depending on a number of factors, including the plan, your contributions and the number of years worked.
• PSRC is required to contribute a percentage to employee contributions as determined by DRS; the amount varies depending on the plan.
• The vesting period for PERS is five calendar years.
• Refer to PERS 2 and 3 plan information online at www.drs.wa.gov or contact Human Resources for more information on eligibility, plan options, contribution rates and retirement benefits.

VEBA (VOLUNTARY EMPLOYEES’ BENEFICIARY ASSOCIATION)

Plan: VEBA, ID # YA396

Contact information: See Human Resources.

Cost to employee: No cost to employee.

Who it covers: This plan covers the employee, legal spouse, and qualified dependents (must satisfy the IRS definition of “qualifying child.”)

VEBA is a health reimbursement arrangement (HRA) plan that is an account-based health plan you can use after becoming claims-eligible, to reimburse your qualified out-of-pocket medical care costs as defined by the IRS. Common qualified expenses include co-pays, deductibles, prescription drugs, retiree insurance premiums, etc. Employer contributions, investment earnings, and withdrawals (claims) are tax-free. Your account is funded with contributions from your Personable Time Bank (PTB) at 100% pre-tax, when you retire from PSRC.
**EMERGENCY TRAVEL ASSISTANCE PROGRAM**

**Plan:** New York Life Group Benefits Solutions Secure Travel, Policy # SOK 600603; Group number 57

**Contact information:** U.S. and Canada call 1-888-226-4567; for other locations call collect 202-331-7635; Customer Service is available 24 hrs a day, 365 days a year.

**Cost to employee:** No cost to employee.

**Who it covers:** This plan covers the employee. However, there are limited perks to family members as mentioned in the plan flyer.

New York Life Group Benefits Solutions Secure Travel program offers pre-trip planning, assistance while traveling, and emergency medical transportation benefits for covered persons traveling 100 miles or more from home. Refer to plan materials for details and coverage. Some examples of what the program provides include:

- Emergency medical evacuation
- 24-hour multilingual assistance
- Pre-trip planning services, including foreign travel assistance
- Medical referrals
- Assistance with lost and stolen items
- Translation and interpretation services
- Emergency travel assistance
- Transportation of remains

**TRANSPORTATION INCENTIVE**

PSRC offers a tax-free ORCA transit pass, usable on Community Transit, Everett Transit, Pierce Transit, King County Metro, Kitsap Transit, and Sound Transit (including Sounder train) at no cost to employees. See Human Resources for more information.
**PERSONAL TIME BANK**

The concept of Personal Time Bank (PTB) is to combine sick leave and vacation accruals into one bank of hours in which employees are responsible for managing their time as is appropriate for their needs. PTB time is accrued with time worked, based on years of service, and is rolled over each year to a maximum of 360 hours. PTB time can be cashed out in 8-hour increments, up to 80 hours per calendar year, no more than twice a year.

### Pay Bands A, B, C, D, and E

<table>
<thead>
<tr>
<th>Months Employed</th>
<th>Total Annual PTB Accrued Hours</th>
<th>Total PTB Accrued Hours Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>184</td>
<td>7.67</td>
</tr>
<tr>
<td>60</td>
<td>208</td>
<td>8.67</td>
</tr>
<tr>
<td>120</td>
<td>216</td>
<td>9.00</td>
</tr>
<tr>
<td>180</td>
<td>232</td>
<td>9.67</td>
</tr>
<tr>
<td>240 plus</td>
<td>248</td>
<td>10.33</td>
</tr>
</tbody>
</table>

### Pay Bands F, G, H, and I

<table>
<thead>
<tr>
<th>Months Employed</th>
<th>Total Annual PTB Accrued Hours</th>
<th>Total PTB Accrued Hours Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>248</td>
<td>10.33</td>
</tr>
</tbody>
</table>

### Pay Band J

<table>
<thead>
<tr>
<th>Months Employed</th>
<th>Total Annual PTB Accrued Hours</th>
<th>Total PTB Accrued Hours Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>264</td>
<td>11.00</td>
</tr>
</tbody>
</table>
HOLIDAYS
In addition to PTB time, PSRC observes the following holidays, which is generally 11 days each year. Employees are paid on these days, are not expected to work, and it does not affect their PTB time.

• New Year’s Day
• Martin Luther King Jr. Day
• Presidents Day
• Memorial Day
• Juneteenth Day
• Independence Day
• Labor Day
• Veterans Day
• Thanksgiving Day
• Native American Heritage Day
• Christmas Day

Employees also receive two additional floating holidays each calendar year. New hires who start after June 30th receive one floating holiday in the first calendar year. Floating holidays cannot be carried into succeeding calendar years.

Employees are also entitled to two unpaid holidays each calendar year for a reason of faith or conscience, or an organized activity conducted under the auspices of a religious denomination, church, or religious organization. Each employee may select the days to be absent from work after consulting with their supervisor.

EDUCATIONAL DEVELOPMENT
PSRC offers employees, with two years of employment, a tuition reimbursement program for courses directly related to employee’s work. Approval for tuition assistance for a degree program is determined on a case-by-case basis up to 25% reimbursement of tuition expenses subject to the availability of agency funds. PSRC may also pay for seminars, training, conferences, etc. provided there is prior approval for attendance and availability of agency funds.

FLEXIBLE WORK HOURS
Many positions permit the use of flexible working hours, while some do not. With the approval of their supervisor, employees may work on a flextime schedule agreed to in advance. The total hours worked should equal 40 hours per week. Depending upon an employee’s schedule, the official starting and ending of his/her “work week” may vary. A supervisor may discontinue the use of flextime if it adversely affects the work to be done. See Human Resources for more information.
Part 2: Optional Benefits

Plan: Navia Benefit Solutions

More information: 425-452-3500 or www.naviabenefits.com; company code: PSR

Who it covers: In addition to yourself, you can choose to cover your spouse and/or child(ren).

• A Flexible Spending Account (FSA) allows you to pay for health insurance premiums, medical expenses and dependent care expenses on a pre-tax basis. The money you put aside is not subject to state, federal, or social security taxes, resulting in an average savings of up to 33%.

• You can set aside up to $3,050 for Health Care FSA per calendar year. A balance of up to $610 left in the Health Care FSA will be rollover to the following calendar year.

• You can set aside up to $5,000 for Day Care FSA per calendar year. Day Care FSA plan has a 2 ½ month Grace Period after the end of the plan year. This feature gives you an additional 2 ½ months to incur expenses against your Day Care arrangements. All expenses incurred during the grace period will automatically deduct out of the prior year’s arrangement, and any remaining balance will then be applied to the current plan year.

• As a regular employee, you are eligible to sign up for a Flexible Spending Account. If you are not currently enrolled, you must wait until the next open enrollment period which occurs in the month of November and the plan would be effective January 1st of the following year, unless you have a qualifying life event such as marriage, birth, etc.

• The plan is tied to the calendar year. Once enrolled, you cannot adjust your deduction or terminate your agreement unless a qualifying life event (such as marriage, birth, divorce, death, or termination, etc.) occurs. Please inquire with Human Resources regarding qualifying life events.
457 DEFERRED COMPENSATION

Plan: MissionSquare Retirement; plan number 302899

Contact information: 1-800-669-7400 (main number); [www.missionsq.org](http://www.missionsq.org); Representative David Goren, Retirement Plans Specialist; dgoren@missionsq.org; 202-759-7065

Who it covers: This plan only covers the employee.

- A Deferred Compensation plan allows you to defer pre-tax salary into a retirement account.
- You are not taxed on your contributions or earnings until you withdraw the money.
- Our Deferred Compensation provider is MissionSquare Retirement, a low-cost provider designed specifically for the public-sector employee. MissionSquare offers a wide range of investment funds from very aggressive to very conservative.
- PSRC will match employee contributions up to $4,000 calendar per year. The rate of matching is based on the employee’s years of service with the agency. For the first five years of service, the matching is 50% (therefore, an employee would need to contribute $8,000 each year to receive the full $4,000 matching from PSRC); 5-10 years of service, matching is 75%; 10+ years of service, matching is 100%.
- The current maximum per year (for 2023) that may be put into a 457 account is $22,500 (this amount includes the employer match of $4,000 so the maximum you can contribute is $18,500) and an additional $7,500 for “Age 50” Catch-Up provisions. In addition, those who are eligible to participate in the “pre-retirement” catch-up provision may contribute an additional $22,500. Contact Human Resources regarding the “pre-retirement” catch-up provision.
- You may enroll online at [www.missionsq.org](http://www.missionsq.org) in the Deferred Compensation plan and adjust contributions at any time.

For questions about this benefit plan, contact Human Resources.
AFLAC

Plan: American Family Life Assurance Company of Columbus (AFLAC)

Contact information: Go to https://www.aflac.com or contact Nancy Waldner at 425.445.2412 or email nancy_waldner@us.aflac.com.

Cost: Variable cost depending on the coverage you select.

Who it covers: You can choose to purchase AFLAC coverage for yourself, your spouse, and/or child(ren).

AFLAC provides you the opportunity to purchase additional medical, disability, life, long-term care, dental, and other coverage. You can choose to participate one or more of the 10 available plans, some of which are pre-tax and tied to the calendar year. AFLAC insurance is different from traditional insurance in that benefits are paid directly to you rather than a provider. You will have the opportunity to meet with an AFLAC representative for more information and details on your options and the available plans.

WA GET

Plan: The Guaranteed Education Tuition (GET) is Washington State’s 529 prepaid college tuition program. With GET, the state of Washington guarantees that the money you save for your child’s college education will keep pace with rising college tuition. The legislature and governor created GET to help families to save for college. Today, GET is one of the fastest growing prepaid college tuition programs in the country, with more than 144,000 college accounts worth over $1 billion.

Payment: PSRC employees can make payments to WA GET through post-tax payroll deductions.

More information: Go to https://wastate529.wa.gov or contact Human Resources.
WA ABLE (ACHEIVING A BETTER LIFE EXPERIENCE ACT) ACCOUNT

**Plan:** The Achieving a Better Life Experience Act (ABLE) is Washington State’s tax-advantaged savings account for individuals with disabilities and their families. The beneficiary is the account owner, and income earned by the accounts will not be taxed. Contributions to the account, which can be made by any person (the account beneficiary, family, and friends), must be made using post-taxed dollars and will not be tax deductible for purposes of federal taxes, however, some states may allow for state income tax deductions for contribution made to an ABLE account.

ABLE was created as a result of the passage of the Stephen Beck Jr., Achieving a Better Life Experience Act of 2014. Eligible individuals and their families will be allowed to establish ABLE savings account that will largely not affect their eligibility for SSI, Medicaid, or other public benefits.

**Contact Info:** Go to [www.washingtonstateable.com](http://www.washingtonstateable.com) for more information about eligibility and opening an ABLE account.

VOLUNTARY TERM LIFE INSURANCE

**Plan:** Sun Life Financial Life Insurance; Policy # 917175

**Contact Info:** 1-800-733-7879

Employees who work at least 30 hours per week are eligible to purchase voluntary term life insurance through Sun Life Financial. Employees can elect amounts in increments of $10,000, with a maximum benefit of $250,000 and spouse can elect amounts in increments of $5,000 with a maximum benefit of $125,000.

Employees can enroll within 30 days from date of hire or during the annual enrollment period in the month of November and the effective date is January 1st the following year. The insurance can be converted to an individual policy if an employee leaves the PSRC. Contact Human Resources for current premium rates or questions about the benefit.

**Payment:** PSRC employees can make payments to Sun Life Financial through post-tax payroll deductions.
HEALTH CLUB FACILITIES

1. **Use of Building Locker Room**
   PSRC employees can elect to use the locker room facilities on level P2 of 1011 Western Ave. Facilities include showers, towels, lockers, and access to bike storage. Access to a locker is based on availability. Please inquire with Human Resources for the monthly payroll deduction to use the facility. Employees can sign up by completing the Locker Access form that is available from Human Resources.

2. **YMCA of Greater Seattle**
   PSRC employees can purchase memberships which are good for all YMCA of Greater Seattle locations or specifically to Downtown location only, with no joining fee, as long as the corporate partnership is in effect. Membership includes access to all 13 YMCA locations in the Greater Seattle area or specifically to Downtown location only, depending on your enrollment. Enjoy group exercise classes, swimming pools, basketball courts, child watch (at select locations) and much more. To enroll, contact Human Resources.

### Current YMCA Rates

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Monthly Dues 13 locations in King County</th>
<th>Monthly Dues Downtown Location Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (30-64)</td>
<td>$81</td>
<td>$70</td>
</tr>
<tr>
<td>Young Adult (14-29)</td>
<td>$58</td>
<td>$51</td>
</tr>
<tr>
<td>Two Adult Household (no children)</td>
<td>$134</td>
<td>$96</td>
</tr>
<tr>
<td>Family 1 (one adult + kids)</td>
<td>$121</td>
<td>$94</td>
</tr>
<tr>
<td>Family 2 (2 adults + kids)</td>
<td>$144</td>
<td>$106</td>
</tr>
<tr>
<td>Senior (65+)</td>
<td>$74</td>
<td>$57</td>
</tr>
</tbody>
</table>