

**EMPLOYEE HEALTH CARE BENEFITS 2010**

**Skagit County**

**(Non-Represented, AFSCME, Teamsters, IFPTE, GUILD, and IBU)**

**Groups Standard Plan**



**In Partnership**

**with**

**Wells Fargo Insurance Services**

**January 1, 2010**

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This packet contains valuable information about your health care benefits. Please keep this information and use it for future reference throughout the year.

The information on benefits provided in this packet is intended for the use of Skagit County employees in evaluating their current benefits and for general use in determining coverage. If you have specific questions about your coverage limits or are considering a specific procedure or treatment, you should contact Wells Fargo Insurance Services at 1-800-230-0963 to assure that all applicable conditions are met.

**Skagit County Medical Insurance 2010**

	TPSC PPO Option Standard Plan		TPSC HSA Option		Group Health/Options	
	First Choice Network or Beech Street Network Providers	Non-Contracted or Non-Network Providers	First Choice Network or Beech Street Network Providers	Non-Contracted Or Non-Network Providers	GHC Providers	Options Providers
Annual Deductible (Subscriber + Spouse = \$600 Deductible max)	\$300 per individual		\$1,200 per individual		None	\$100 per person
(Subscriber + Spouse + 1 or more Children = \$900 Deductible max)	\$900 per family		\$2,400 per family		None	\$200 per family The deductible applies to all benefits unless specified otherwise.
Out of Pocket Maximum	\$2,000 per person; \$4,000 per family		\$5,950 per person; \$11,900 per family		\$1,000 per person; \$2,000 per family	\$2,000 per person; \$4,000 per family
Physician Office Visit	80%	60%	80%	60%	\$5 co-pay	80%
Preventive Care <i>Routine physicals, immunizations, well baby care, related laboratory and x-rays</i> (Deductible Waived)	100%	60%	100%	60%	100%	Not Covered
Mammograms/ *Colonoscopies (Deductible Waived)	100%	60%	100%	60%	100%	80%
Hospital Care	80%	60%	80%	60%	100%	80%
Emergency Room	80%	80%	80%	80%	100% after \$75 co- pay per visit	100% after \$125 co-pay per visit, must notify Options within 24 hours if admitted
Maternity Care	Covered as any other condition				Covered as any other condition	
Alternative Care Treatment <i>Chiropractic Care</i>	80%	60%	80%	60%	\$5 co-pay	80% after deductible Limited to 10 visits per year

**\*If polyps removal or x-ray/lab are not billed in conjunction with the colonoscopy these will be subject to the deductible and coinsurance.**

**Skagit County Medical Insurance 2010**

	TPSC PPO Option Standard Plan		TPSC HSA Option		Group Health/Options	
	First Choice Network or Beech Street Network Providers	Non- Contracted or Non-Network Providers	First Choice Network or Beech Street Network Providers	Non-Contracted or Non-Network Providers	GHC Providers	Options Providers
<i>Massage Therapy (See Physical Therapy for limits)</i>	80%	60%	80%	60%	Acupuncture, Massage Therapy, and Naturopathy must be referred by PCP, covered only for specified conditions, subject to \$5 co- pay. Acupuncture limited to 8 self referral visits and naturopathic 3 self referral visits; then PCP referral required.	Acupuncture, Massage Therapy, and Naturopathy must be reviewed by Medical Services for medical necessity, covered for specified conditions, subject to co- insurance after annual deductible. Same limits are in- network
<i>Acupuncture</i>	80%	60%	80%	60%		
	Must be referred by MD or DO to determine medical necessity Limited to 12 visits per year					
<i>Naturopathy</i>	Covered as any other conditions					
Physical Therapy <i>Outpatient</i>	80%	60%	80%	60%	\$5 copay	80%
Benefit Maximum	The \$2,750 per calendar year maximum is inclusive of massage therapy, physical, speech, occupational and cardiac therapy. Outpatient services will not accrue to your out of pocket maximum				The \$2,750 per calendar year (in-network), and 60 visits per year (out of network) are inclusive of massage therapy, physical, speech, occupational and cardiac therapy. Outpatient services will not accrue to your out of pocket maximum.	
<i>Inpatient</i>	80%	60%	80%	60%	100%	80%
	Limited to \$10,000 per calendar year.				Limited to 60 days per calendar year	
Organ / Bone Marrow Transplants	80% to \$200,000 lifetime maximum. Must be pre-approved and performed in approved transplant facility, subject to 12 month waiting period <i>Not covered for Out-of-Network provider services.</i>				Covered up to \$200,000 lifetime maximum, must be preapproved. Subject to 12 month waiting period	
Chemical Dependency	80%	60%	80%	60%	Outpatient - \$5 co-pay Inpatient - 100%	80%

**Skagit County Medical Insurance 2010**

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	First Choice Network or Beech Street Network Providers	Non-Contracted or Non-Network Providers	First Choice Network or Beech Street Network Providers	Non-Contracted or Non-Network Providers	GHC Providers	Options Providers
Mental Health Treatment						
<i>Outpatient</i>	80%	60%	80%	60%	\$5 co-pay individual, \$5 co-pay group session	80%
<i>Inpatient</i>	80%	60%	80%	60%	100%	80%
Prescription Drugs						
<i>Participating Retail Pharmacies</i>	\$10 Generic \$20 Brand \$40 Non-Formulary	80% of allowed amount limited to 102-unit supply (includes oral contraceptives)			\$5 co-pay for 30-day supply (includes oral contraceptives)	80% (includes oral contraceptives) Deductible does not apply
<i>Mail order Prescriptions Express Scripts</i> Pay for 2 months and get a 90 day supply.	\$20 Generic \$40 Brand \$80 Non-Formulary (90 day supply)					
Plan Limitations	Certain benefits are subject to pre-approval and specific plan limitations. Please see booklet/contract for exclusions and limitations				Certain benefits are subject to pre-approval and specific plan limitations. Please see booklet/contract for exclusions and limitations	
Preexisting Conditions	Not covered until continuously insured for three consecutive months, however credit will be given for periods of creditable coverage. Maternity is not considered a preexisting condition				Not covered until continuously insured for three consecutive months, however credit will be given for periods of creditable coverage. Maternity is not considered a preexisting condition	

## Skagit County Dental Insurance 2010

Skagit County Dental Trust Plan (self-insured plan administered through Washington Dental Service)	
<p>The Skagit County Dental Trust Plan was designed to encourage employees and their dependents to have regular dental check-ups. The plan will cover a major portion of dental expenses incurred, although not all dental expenses. Benefits are subject to "reasonable and customary charges". If you obtain services from a Washington Dental Service provider you will only be liable for these charges. If care is received from a provider who is not a Washington Dental Service provider you could be subject to charges above the reasonable and customary amounts.</p>	
Service	Benefit
Annual Deductible (calendar year)	\$50 per person. Waived for Class I.
Class I Diagnostic & Preventative Services (exams, cleanings, x-rays)	100%
Class II Restorative (oral surgery, endodontics, periodontics)	90%
Class III Major (crowns, inlays, onlays, dentures, bridges, partials and implants) <i>*Teamsters Plan (\$0 deductible) Covered at 75%</i>	50%
Annual Maximum	\$1,500 per person
Orthodontia Dependent Children Only	50% to \$1,500 lifetime maximum
Predetermination of Benefits	<p>If your dental care will be extensive, you may ask your dentist to complete and submit a request for an estimate, called a "predetermination of benefits". This will allow you to know in advance what procedures are covered, the amount WDS will pay toward the treatment and your financial responsibility</p>

## Skagit County Vision Care Plan 2010

The program is designed to encourage employees to maintain their vision through regular eye examinations and to help with vision care expenses for required glasses or contact lenses. An employee can simply call their VSP participating provider for an appointment, explain that they are covered by Vision Service Plan (VSP) and provide their social security number. The provider will verify coverage and bill VSP for services. The employee may be responsible for any cosmetic or optional features. Services received from a non-VSP provider are subject to a benefit schedule as shown below:

	VSP Provider	Non-VSP Provider
Annual Eye Exam	100% - once per year	60% – once per year
Lenses and Frames	100% after \$15 copay. Wide selection of frames covered in full Lenses limited once every 12 months. Frames limited to once every 24 months	Single Vision – Limited to \$40 Bifocal – Limited to \$60 Trifocal – Limited to \$80 Lenticular – Limited to \$125 Frames – Limited to \$45 Lenses limited once every 12 months. Frames limited to once every 24 months
Contact Lenses (in lieu of lenses/frames)	Limited to \$105 which includes exam and fitting	Limited to \$105 which includes exam and fitting
Additional Benefits	30% off unlimited additional pairs of prescription glasses and non-prescription sunglasses when purchased the same day as the member's eye exam from the same VSP doctor who provided the exam New and current contact lens wearers are eligible for a covered in full - up to their allowance - contact lens evaluation and initial supply of approved lenses, including toric, multifocal, and hydrogel lenses	
Second Pair of glasses	20% discount if purchased within 12 months from same provider. 15% discount on contact lenses	
Laser Surgery	Discounts available	
Provider Access	<a href="http://www.vsp.com">www.vsp.com</a>	

(Please see VSP Enhancements enclosed)

## Skagit County Employee Assistance Program 2010

Skagit County subscribes to an employee assistance program (EAP) administered by Magellan, an organization that provides programs throughout the United States. EAP is a confidential counseling assessment and referral service where a variety of personal and emotional concerns can be addressed. Under Skagit County's program, up to six assessment visits are provided without a cost to employees and their immediate family members. An assessment counselor works with the employee or family member to assess the situation, develop a treatment plan, and implement that treatment plan. Should the employee choose to pursue a referral for counseling or treatment as a result of the assessment visit(s) the EAP assessment counselor can make a referral. Fees for counseling or treatment referrals are the responsibility of the employee and in certain instances may be covered by the employee's insurance plan. Access to the program is obtained by calling 1-800-523-5668. There is no need to pre-register for the program.

Employee Assistance Program 2010 Magellan	
For Management	For Employees and Their Immediate Family Members
Program orientation and training for supervisors. Telephone consultation service to assist in approach and support for troubled employees. Guidelines for working with Drug-Free workplaces policies. Services include promotion and orientation for all employees through brochures, posters and videos	Assessment and referral. 24-hour toll-free phone lines for immediate help in crisis or urgent situations. Access to local professional counselors at NO COST to the employee for up to six face-to-face confidential assessments. For treatment beyond assessment, referral to counselors within the community
<b>PROBLEMS ADDRESSED BY THE EAP:</b>	
<ul style="list-style-type: none"> <li>• Family Relationships</li> <li>• Marital Difficulties</li> <li>• Child/Parenting Problems</li> <li>• Adolescent Issues</li> <li>• Elder Care</li> <li>• Drug Abuse</li> <li>• Alcohol Abuse</li> <li>• Prescription Abuse</li> <li>• Sleep Problems</li> <li>• Depression</li> <li>• Living Well</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Loneliness</li> <li>• Eating Disorders</li> <li>• Workplace Problems</li> <li>• Job Discrimination</li> <li>• Sexual Harassment</li> <li>• Workplace Trauma</li> <li>• Financial Problems</li> <li>• Literacy</li> <li>• Compulsive Gambling</li> <li>• Legal Advice</li> </ul>

**SKAGIT COUNTY BASIC LIFE & ACCIDENTAL DEATH  
& DISMEMBERMENT (AD&D) INSURANCE  
2010**

This plan offers 24-hour protection against accidents anywhere in the world, on or off the job, on business, vacation or at home. Air travel is included while flying as a passenger on a regular scheduled airline. Optional additional coverage may be purchased with payroll premium deductions.

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE 2010 THE STANDARD (through the Washington Counties Insurance Fund)		
Employee Basic Life Amount		\$12,000
Employee Basic AD&D Amount		\$12,000
Spouse Basic Life Amount		\$1,000
Child 6 months to 19 years (25 if eligible) 14 days to 6 months		\$1,000 \$100
Benefit Reduction (ADEA, Age Discrimination in Employment Act)		
	Employee	Spouse
At Age 70	Reduced to 65% of original amount or \$7,850	Reduced to \$650
At age 75	Reduced to 45% of original amount or \$5,400	No coverage
At age 80	Reduced to 30% of original amount or \$3,600	No coverage

## SUPPLEMENTAL VOLUNTARY LIFE INSURANCE 2010

Voluntary term life insurance is available as an option through payroll deduction to employees covered by the Basic life insurance benefit. It is designed to supplement the basic life benefit, and can be purchased for the employee, spouse or dependent children

### VOLUNTARY TERM LIFE INSURANCE

2010

#### THE STANDARD (through the Washington Counties Insurance Fund)

1. Voluntary term life is free-standing and can be maintained upon termination of employment.
2. High limits for employee offered in \$10,000 increments to \$250,000 or \$500,000 depending on salary.
3. High limits for spouses offered in \$10,000 increments to \$250,000
4. High limits for children 14 days to 6 months: \$500, 6 months to 19 years (or 25 if eligible) up to \$10,000 in \$2,000 increments
5. Guarantee Issue Coverage of \$50,000 for employees and \$20,000 for spouses who enroll when first eligible. Amounts above guarantee issue amount or if electing to enroll after first eligible, are subject to health questionnaires/evaluation.
6. Term Portability: May continue coverage upon termination of employment at slightly higher rates.
7. Low Rates per \$10,000 coverage. To calculate the monthly cost, request a rate sheet from Human Resources and 1) find the rate for your age group, 2) multiply the rate by the number of coverage units you want 3) calculate the cost of coverage for spouse using you age, then calculate the cost of coverage for your children, 4) add the premium for you, your spouse and your children to get your total monthly cost. For example, \$50,000 of insurance for an employee age 40, with \$20,000 coverage for spouse and \$10,000 coverage for children would be \$15.66 per month ( $\$50,000 \div 10,000 = 5$  times  $1.45 = \$7.25$ , plus  $\$20,000 \div \$10,000 = 2$  times  $1.55 = \$3.10$ , plus  $\$10,000 \div \$2,000 = 5$  times  $\$.48 = \$2.40$ )

VOLUNTARY LONG TERM DISABILITY INCOME PROTECTION (LTD)

2010

The Standard

Eligibility	All active full and part time employees excluding members of the Sheriff's Guild Patrol or Corrections and LEOFF I. Must be regularly scheduled at 50% or greater FTE (Full Time Employee).
Monthly Benefit	Minimum of \$100, maximum of \$3,500 depending upon employee monthly income.
Benefit Waiting Period	90 days following a covered disability
Preexisting Condition/ Exclusions	Any injury or illness for which you have consulted a physician, received medical attention, taken prescription drugs or medicines, or incurred expenses during the previous 12 months
Premium Payment	May be obtained through Human Resource Office

Benefits begin after 90 days of a covered disability. If you become disabled because of an illness or injury, long term disability income protection will pay you a monthly income while you are disabled according to the benefit you have chosen. You may select monthly benefit coverage of 40%, 50% or 60% of your current income. The maximum benefit per month is \$3,500 for all three options.

Benefits are paid until 1) you are no longer disabled, or 2) you reach age 65 for disabilities beginning before age 63. For disabilities beginning at age 63 or later, benefits are paid according to the following table

Age Disability Begins	Duration of Payments
63	42 months
64	36 months
65	30 months
66	27 months
67	24 months
68	21 months
69	18 months

## SUPPLEMENTAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN 2010

Skagit County offers employees the ability to supplement the accidental death and dismemberment benefits through THE STANDARD high limit personal accident insurance. These are optional, supplemental benefits, which are the employee's responsibility and are funded through payroll deductions.

HIGH LIMIT PERSONAL ACCIDENT INSURANCE 2010 THE STANDARD (through Washington Counties Insurance Fund)
Coverage Benefits: <ol style="list-style-type: none"><li>1. High maximum benefit of \$300,000</li><li>2. Spouse may select 100% of employee benefit amount.</li><li>3. Single parents may cover children without paying for full family</li><li>4. Dependent coverage is 24-hour</li><li>5. Loss of Speech and Hearing benefits included</li><li>6. Paralysis benefits included</li><li>7. Special Education benefits included</li><li>8. Seat Belt Benefit included</li><li>9. Dismemberment and paralysis schedule for children. Provides "living" benefits</li><li>10. Coma benefit provides monthly benefit, remainder of benefit payable after 11 months in coma</li><li>11. Child care center benefit</li><li>12. Low rates for employees and family members.</li><li>13. Coverage in compliance with ADEA (reduced to 70% at age 70, 45% at 75, 30% at 80, 15% at age 85). Spouse coverage ends at age 70.</li></ol>

## SUPPLEMENTAL DEFERRED COMPENSATION 2010

Deferred compensation is an arrangement that permits employees, on a voluntary basis, to authorize a portion of their salary to be withheld and invested for payment to you when you retire. Neither the deferred amount nor the earnings on the investments are subject to Federal Income Taxes. Taxes become payable when the deferred income, plus earnings, is distributed to you, presumably at retirement when you are in a lower income bracket.

SKAGIT COUNTY DEFERRED COMPENSATION FOR PUBLIC EMPLOYEES 2010 HARTFORD, NATIONWIDE RETIREMENT SOLUTIONS AND STATE OF WASHINGTON DEFERRED COMPENSATION PLAN	
Maximum Investment	Up to * or 100% of gross compensation, whichever is less. In the last three years before retirement, greater contributions will be allowed
Changing, discontinuing deferred compensation	Deferred compensation may be stopped at any time.
Affects on income tax	Example: If annual salary \$24,000 and you defer \$1,800 (\$150 per month or \$75 per pay period), your annual taxable income is shown as \$22,200 on your W-2 form.
How account values are received	You can generally receive back the money you have invested in deferred compensation, plus any earnings, upon retirement, termination of employment, death or in an extreme financial hardship. Upon retirement, the money may be paid out in monthly benefit checks.
Investment Options	Both carriers have a variety of investment funds, with new funds added frequently. Contact the carrier for an up-to-date list of investment options.

This is an optional benefit available through payroll deduction.

\* The IRS has not determined the maximum investment contribution limit for 2010.

# YOUR BENEFIT CONTACTS

<b>Medical and Prescription Drug Plan.</b>	Trustees Plan Service Corporation P.O. Box 1894 Tacoma, WA 98401  First Choice Network (in WA)  Beechstreet (Outside of WA)	<u>Claim Questions:</u> (800) 426-9786 ext 210  <u>Provider Directory</u> <a href="http://www.fchn.com">www.fchn.com</a>  <a href="http://www.beechstreet.com">www.beechstreet.com</a>
<b>Mail Order Prescription Drug Plan.</b>	Express Scripts PO Box 66773 St. Louis, MO 63166-6773	(800) 575-8090  <a href="http://www.express-scripts.com">www.express-scripts.com</a>
<b>Medical HMO Plan</b>	Group Health Cooperative/Options	<u>Claim Questions:</u> (888) 901-4636 <a href="http://www.ghc.org">www.ghc.org</a>
<b>Dental</b>	Washington Dental Service Delta Dental Plan PO Box 75688 Seattle, WA 98125-0688	<u>Claim Questions:</u> (800) 554-1907 <a href="http://www.deltadental.com">www.deltadental.com</a>
<b>Vision</b>	Vision Service Plan P.O. Box 997105 Sacramento, CA 95899-7105	<u>Claim Questions:</u> (800) 877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
<b>Employee Assistance Program</b>	Magellan Behavioral Health	(800) 523-5668
<b>Wells Fargo Insurance Services Benefits Department</b>	Stephanie Stone, Benefit Specialist  Beth A. Olszak, GBA Account Executive  601 Union St., Suite 1300 Seattle, WA 98101	(800) 230-0963 <a href="mailto:stephanie_stone@wellsfargois.com">stephanie_stone@wellsfargois.com</a>  (206) 892-9604 <a href="mailto:beth_olszak@wellsfargois.com">beth_olszak@wellsfargois.com</a>