



Puget Sound Regional Council



PSRC
Employee Benefits Overview | 2024

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MEDICAL BENEFITS 2024 – 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 2024 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.

2024 HEALTH PLANS

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

Kaiser Permanente (KP) Plans

This is an HMO plan, meaning it is 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 is one KP plan:

- **Kaiser Classic** – lowest co-pays and lowest deductible.



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 the 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 lower out-of-pocket expenses and lower premiums costs than the UMP Classic plan. There is no prescription drug deductible.
- **UMP CDHP** – covers all the same services and uses the 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 minimal 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](https://www.vsp.com).

PSRC pays 100% of the premiums for employee only coverage and 80% of the premiums for dependent coverage.coverage.



COMPARE YOUR MEDICAL PLANS

The PEBB website allows you to compare plans directly, <https://www.hca.wa.gov/employee-retiree-benefits/public-employees/compare-medical-plans>.

Employee Monthly Premium Costs

	Kaiser Classic	UMP Classic	UMP Plus	UMP CDHP
Average Increase in rates from 2023	10.76%	2.89%	5.87%	5.58%
Employee (EE) Only	\$0	\$0	\$0	\$0
EE+SP/DP	\$187.92	\$167.54	\$164.50	\$150.48
EE + Children	\$140.94	\$125.66	\$123.38	\$115.78
Full Family	\$328.86	\$293.20	\$287.88	\$254.62

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](#)

IN-NETWORK					
	KAISER CLASSIC	KAISER VALUE	UMP CLASSIC	UMP PLUS	UMP CDHP
Deductible					
Individual	\$175	\$250	\$250	\$125	\$1,600
Family Maximum	\$525	\$750	\$750	\$375	\$3,200
Out-of-Pocket Maximum					
Individual	\$2,000	\$3,000	\$2,000	\$2,000	\$4,200
Family Maximum	\$4,000	\$6,000	\$4,000	\$4,000	\$8,400 (\$7,000/ person in a family)
Point of Service Costs					
Inpatient Hospital	\$150/day (\$750 max/ admission)	\$250/day (\$1,250 max/ admission)	\$200/day (\$600 max/year per person) + 15%	\$200/day (\$600 max/year per person) + 15%	15%
Outpatient Hospital Services	\$150	\$200	15%	15%	15%
Emergency Room	\$250 (co-pay waived if admitted)	\$300	\$75 + 15% (co- pay waived if admitted)	\$75 + 15% (co- pay waived if admitted)	15% (co-pay waived if admitted)
Preventive Care under ACA	\$0	\$0	\$0	\$0	\$0
Office Visits – PCP & Specialist	\$15/\$30 depending on type of service	\$30/\$50 depending on type of service	15%	\$0 for office and qualifying telemedicine visits; 15% for related services	15%
Prescription Drugs	No Rx deductible: <ul style="list-style-type: none"> Value tier – \$5 Preferred generic – \$20 Preferred Brand – \$40 Deductible for non-preferred drugs w/50% co-insurance up to \$250 max 	No Rx deductible: <ul style="list-style-type: none"> Value tier – \$5 Preferred generic – \$25 Preferred Brand – \$50 Deductible for non-preferred drugs w/50% co-insurance up to \$250 max 	No Rx drug deductible: <ul style="list-style-type: none"> Preventive – 0% Value Tier – 5% Tier 1 – 10% Subject to Rx deductible Tier 2 – 30% 	No Rx drug deductible: <ul style="list-style-type: none"> Preventive – 0% Value Tier – 5% Tier 1 – 10% Tier 2 – 30% 	No deductible: <ul style="list-style-type: none"> 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 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 \$3,200 in 2024. 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 \$640 left in the account at the end of the Plan Year. Amounts equal to \$640 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 enrolled annually during open enrollment.

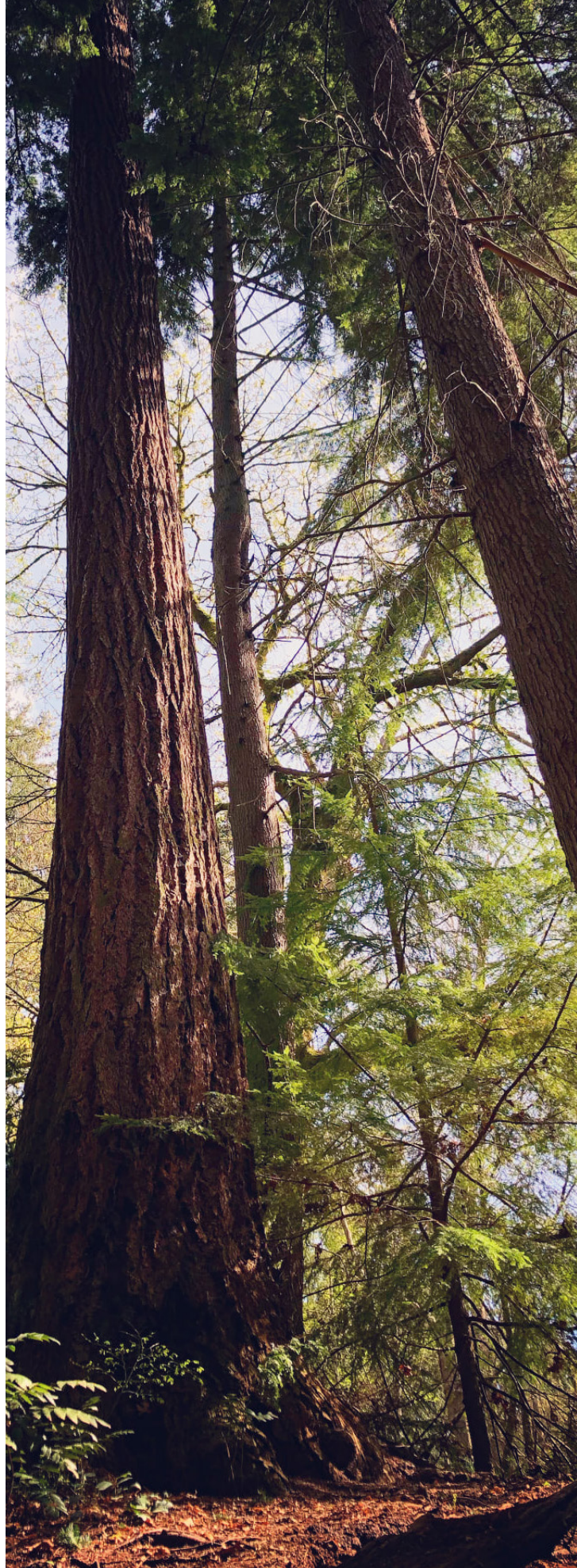
HEALTH SAVINGS ACCOUNTS (HSA)

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 [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 deductions, 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 2024, the IRS limits for tax free HSA contributions are \$4,150 for a single enrollee and \$8,300 for a family. Those limits are the total between PSRC’s and your own contributions. Age 55 or older may contribute an additional \$1,000 per year.

More information on Health Savings Accounts and their tax benefits can be found here: [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.
- **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 HDHP, 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 I: Regular Benefits

MEDICAL

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

More information: Contact Uniform Medical Plan Customer Service administered by Regence BlueShield at 1-888-849-3681. UMP homepage <https://ump.regence.com/member/ump/>. For prescription drug inquiries, call 1-888-361-1611.

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 pay 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 2024 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). Some highlights include:

	Inside Network (You pay)	Out of Network (You pay)
Annual Deductible	\$250 single/\$750 family	\$250 single/\$750 family
Out-of-Pocket Maximum	\$2,000 single/\$4,000 family	\$2,000 single/\$4,000 family
Office Visits	15%	*
Inpatient Hospital Services	\$200/day (\$600 max/year per person) + 15%	*
Outpatient Hospital Services	15%	*
Emergency Services (copay waived if admitted)	\$75 + 15%	*
Preventive Care	\$0	*
Prescriptions	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	Contact UMP

**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

More information: Contact Uniform Medical Plan Customer Service administered by Regence BlueShield at 1-888-849-3681. UMP homepage <https://ump.regence.com/member/ump/>.

For prescription drug inquiries, call 1-888-361-1611. UW Medicine Accountable Care Network (ACN) Contact Center 1-855-520-9500 or <https://pebb.uwmedicine.org>. Puget Sound High Value Network (PSHVN) Contact Center 1-855-776-9503 or www.pugetsoundhighvaluenetwork.org.

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 2024 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:



	Inside Network (You pay)	Out of Network (You pay)
Annual Deductible	\$125 single/\$375 family	\$125 single/\$375 family
Out-of-Pocket Maximum	\$2,000 single/\$4,000 family	\$2,000 single/\$4,000 family
Office Visits	15%	*
Inpatient Hospital Services	\$200/day (\$600 max/year per person) + 15%	*
Outpatient Hospital Services	15%	*
Emergency Services (copay waived if admitted)	\$75 + 15%	*
Preventive Care	\$0	*
Prescriptions	Deductible: None Out-of-Pocket Limit: \$2,000/person; \$4,000/ family 5%/10%/30% retail; 5%/10%/30% mail order	Contact UMP

*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

More information: Contact Uniform Medical Plan Customer Service administered by Regence BlueShield at 1-888-849-3681. UMP homepage <https://ump.regence.com/member/ump/>. For prescription drug inquiries, call 1-888-361-1611.

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 2024 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:

	Inside Network (You pay)	Out of Network (You pay)
Annual Deductible	\$1,600 single/\$3,200 family	\$1,600 single/\$3,200 family
Out-of-Pocket Maximum	\$4,200 single/\$8,400 family*; not to exceed \$7,000/member	\$4,200 single/\$8,400 family
Office Visits	15%	**
Inpatient Hospital Services	15%	**
Outpatient Hospital Services	15%	**
Emergency Services (copay waived if admitted)	15%	**
Preventive Care	\$0	**
Prescriptions	<p>Prescription-drug costs apply toward CDHP deductible.</p> <p>Out-of-pocket limit: combined with medical limit; 15% mail order</p>	Contact UMP

*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 employees' 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 2024 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:



	Inside Network (You pay)	Out of Network (You pay)
Annual Deductible	\$175 single/\$525 family	n/a
Out-of-Pocket Maximum	\$2,000 single/\$4,000 family	n/a
Office Visits	\$15/\$30 depending of type of service	n/a
Inpatient Hospital Services	\$150/day (\$750 max/admission)	n/a
Outpatient Hospital Services	\$150	n/a
Emergency Services (copay waived if admitted)	\$250	n/a
Preventive Care	\$0	n/a
Prescriptions	Deductible for Tier 2 & 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	n/a

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 years old) at the current premium rates (please refer to 2024 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 years old) at the current premium rates (please refer to 2024 rate sheet).

	Inside Network (You pay)	Out of Network (You pay)
Eye exam	\$10 copay; covered in full every 12 months	Up to \$45 reimbursement
Prescription glasses	\$30 copay; Lenses covered in full every 12 months; \$180 allowance for frame of your choice every 12 months, plus 20% off amount over your allowance	Reimbursement: Single Vision – up to \$45 Lined Bifocal – up to \$65 Lined Trifocal – up to \$85 Frame – up to \$47
Contact lenses	No copay applies; \$135 allowance every 12 months toward contacts and fitting and evaluation exam	Reimbursement up to \$105

MEDICAL PREMIUM RATES WITH PEBB – 2024

EE – Employee SP – Spouse DP – Domestic Partner

EE only – 100% coverage by PSRC

Dependents – 80% PSRC coverage; 20% Employee Coverage

Note:

1. PEBB Monthly Premium Surcharges: **Tobacco Use \$25; Spouse \$50** (see HR for more info)
2. For medical plan comparison and Summary of Benefits & Coverage sheet, go to www.hca.wa.gov
3. Family is defined as EE + SP + at least one child

Uniform Medical Plan (UMP) Classic

Deductible: \$250/person; \$750/family

Out-of-Pocket Maximum: \$2,000/person; \$4,000/family

Office Visit: 15%

Hospital Services: Inpatient \$200/day (\$600 max/yr/person); Outpatient 15%; out-of-network 40%

Preventive Care: in-network \$0; out-of-network 40%

Prescription Drug Deductible: \$100/person, \$300/family (Tier 2); Out-of-Pocket Limit: \$2,000/person, \$4,000/family

Prescription Drugs: retail 5%/10%/30%; mail order 5%/10%/30% (please see detailed info stated in the plan’s Certificate of Coverage)

Vision Care: \$0 for Exam; \$30 copay for contact lens fitting fees; \$150 allowance for every 24 months (see 2024 PEBB Medical Benefits Comparison)

TYPE OF COVERAGE	MONTHLY		
	EE	PSRC	Total
EE Only	-	907.73	907.73
SP/DP	167.54	1,577.91	1,745.45
Children	125.66	1,410.36	1,536.02
Family	293.20	2,080.54	2,373.74
	PER PAY PERIOD		
	EE	PSRC	Total
EE Only	-	453.87	453.87
SP/DP	83.77	788.95	872.73
Children	62.83	705.18	768.01
Family	146.60	1,040.27	1,186.87

UMP Plus (Puget Sound High Value Network or UW Medicine Accountable Care Network)

Deductible: \$125/person; \$375/family

Out-of-Pocket Maximum: \$2,000/person; \$4,000/family

Office Visit: 15%

Hospital Services: Inpatient \$200/day up to \$600 max/yr per person; Outpatient 15%; out-of-network 40%

Preventive Care: in-network \$0; out-of-network 40%

Prescription Drug Deductible: None; Out-of-Pocket Limit \$2,000 per person, \$4,000/family

Prescription Drugs: retail 5%/10%/30%; mail order 5%/10%/30% (please see detailed info stated in the plan's Certificate of Coverage)

Vision Care: \$0 for Exam; \$30 copay for contact lens fitting fees; \$150 allowance for every 24 months (see 2024 PEBB Medical Benefits Comparison)

TYPE OF COVERAGE	MONTHLY		
	EE	PSRC	Total
EE Only	-	892.55	892.55
SP/DP	164.50	1,550.59	1,715.09
Children	123.38	1,386.08	1,509.46
Family	287.88	2,044.12	2,332.00
	PER PAY PERIOD		
	EE	PSRC	Total
EE Only	-	446.28	446.28
SP/DP	82.25	775.30	857.55
Children	61.69	693.04	754.73
Family	143.94	1,022.06	1,166.00

UMP CDHP (Consumer-Directed Health Plans)

Health Savings Account (HSA) Contributions from Employer per Year:

Employee: \$700.08; Employee & Family: \$1,400.04

Deductible: \$1,600/person; \$3,200/family

Out-of-Pocket Maximum: \$4,200/person; \$8,400/family

Office Visit: in-network 15%; out-of-network 40%

Hospital Services: Inpatient/Outpatient 15%; out-of-network 40%

Preventive Care: in-network 0%; out-of-network 40%

Prescription Drug Deductible: combined with medical deductible

Prescription Drugs: 15%

Vision Care: \$0 for Exam; \$150 allowance for every 24 months (see 2024 PEBB Medical Benefits Comparison)

TYPE OF COVERAGE	MONTHLY		
	EE	PSRC	Total
EE Only	-	823.84	823.84
SP/DP	150.48	1,425.83	1,576.31
Children	115.78	1,287.00	1,402.78
Family	254.62	1,842.30	2,096.92
	PER PAY PERIOD		
	EE	PSRC	Total
EE Only	-	411.92	411.92
SP/DP	75.24	712.91	788.16
Children	57.89	643.50	701.39
Family	127.31	921.15	1,048.46

Kaiser Permanente WA Classic

Deductible: \$175/person; \$525/family

Out-of-Pocket Maximum: \$2,000/person; \$4,000 family

Office Visit: \$15/\$30 depending on type of service

Hospital Services: Inpatient \$150/day up to \$750 max/admission; Outpatient \$150

Preventive Care: in-network 0%; out-of-network 40%

Prescription Drug Deductible: \$100/person, \$300/family (Tier 2 and 3); Out-of-Pocket limit \$2,000/person, \$8,000/family

Prescription Drugs: retail \$5/\$20/\$40/50% up to \$250; mail order \$10/\$40/\$80/50% up to \$750

Vision Care: \$15 for Exam (\$30 Specialist); \$150 allowance for every 24 months for frames, lenses, and contacts combined (see 2024 PEBB Medical Benefits Comparison)

TYPE OF COVERAGE	MONTHLY		
	EE	PSRC	Total
EE Only	-	823.84	823.84
SP/DP	150.48	1,425.83	1,576.31
Children	115.78	1,287.00	1,402.78
Family	254.62	1,842.30	2,096.92
	PER PAY PERIOD		
	EE	PSRC	Total
EE Only	-	504.81	504.81
SP/DP	93.96	880.65	974.61
Children	70.47	786.69	857.16
Family	164.43	1,162.53	1,326.96

DENTAL AND VISION PREMIUM RATES - 2024

EE - Employee SP - Spouse DP - Domestic Partner

EE only - 100% coverage by PSRC

Dependents - 80% PSRC coverage; 20% Employee Coverage

Dental (Delta Dental of Washington)

Deductible: Waived for Preventive Care

Deductible: \$25 Individual/\$75 Family; Coverage 100% Class 1; 80% Class 2; 50% Class 3

Ortho Lifetime Max: \$1,000

Annual Max: \$2,000

TYPE OF COVERAGE	MONTHLY		
	EE	PSRC	Total
EE Only	-	57.15	57.15
SP/DP	12.34	106.51	118.85
Children	16.76	124.24	141.00
Family	29.06	173.39	202.45
	PER PAY PERIOD		
	EE	PSRC	Total
EE Only	-	28.58	28.58
SP/DP	6.17	53.26	59.43
Children	8.38	62.12	70.50
Family	14.53	86.70	101.23

Vision (VSP)

Exam: \$10 copay; one exam every 12 mos.

Frame Allowance: \$180 every 12 months

Lenses: \$30 copay every 12 months

Contacts: no copay applies

Elective Contact Allowance: \$135

TYPE OF COVERAGE	MONTHLY		
	EE	PSRC	Total
EE Only	-	10.67	10.67
SP/DP	0.96	14.51	15.47
Children	0.96	14.51	15.47
Family	3.42	24.33	27.75
	PER PAY PERIOD		
	EE	PSRC	Total
EE Only	-	5.34	5.34
SP/DP	0.48	7.26	7.74
Children	0.48	7.26	7.74
Family	1.71	12.17	13.88

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 their 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. New York Life Group Benefit Solutions

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: Customer Service 1-800-238-2125

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 \$1,456 in 2024).
- PFML coverage is for 12 weeks and in some circumstances, up to 18 weeks per year.



LONG-TERM DISABILITY

Plan: New York Life Group Benefit Solutions (NYLGBS); policy number SGD 600893

Contact information: Customer Service 1-888-842-4462

Cost to employee: No cost to employee.

Who it covers: This plan only covers the employee.

- NYLGBS 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 up to 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 other occupation).

EMPLOYEE ASSISTANCE PROGRAMS

There are two Employee Assistance Programs that you can use:

Plan 1: Wellspring Employee Assistance Program

The plan provides support and meaningful solutions through counseling and services to help you navigate life challenges related to personal, family, and professional. You and your family members have access to various counseling services, including legal, financial, childcare resources, etc. The program provides up to three counseling sessions, either in-person or virtual, after completing an intake call; additional sessions will be your responsibility and may be covered by your medical benefits.

Contact information: 1-800-553-7798; www.wellspringeap.org; Username: Puget Sound Regional Council

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.



Plan 2: New York Life Group Benefits Solutions Employee Assistance Program

The plan 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.

- 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 (5) 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 96 hours per calendar year, no more than twice a year.

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

Months Employed	Total Annual PTB Accrued Hours	Total PTB Accrued Hours Per Pay Period
0	184	7.67
60	208	8.67
120	216	9.00
180	232	9.67
240 plus	248	10.33

Pay Bands F, G, H, and I

Months Employed	Total Annual PTB Accrued Hours	Total PTB Accrued Hours Per Pay Period
All	248	10.33

Pay Band J

Months Employed	Total Annual PTB Accrued Hours	Total PTB Accrued Hours Per Pay Period
All	264	11.00

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.

PROFESSIONAL DEVELOPMENT

PSRC offers employees, with two years of employment, a tuition reimbursement program for courses directly related to the 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 their "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

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 \$3,200 for Health Care FSA per calendar year. A balance of up to \$640 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 PLANS: DEFERRED COMPENSATION AND ROTH

Plan: MissionSquare Retirement;

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

Who it covers: This plan only covers the employee.

457 Deferred Compensation: plan number 302899

- 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.

Roth 457: plan number 302899

- Contributions are made after-tax and are not taxed when withdrawn.
- Earnings may also be withdrawn tax-free if certain criteria are met.
- You can designate a portion or all of your contributions to the plan as Roth.
- More information can be found at [457\(b\) Plan Roth Contribution Options | MissionSquare](#).
- PSRC will match 100% of employee contributions up to \$4,000 calendar per year.
- The current maximum per year (for 2024) that may be put into a 457 account is \$23,000 (this amount includes the employer match of \$4,000 so the maximum you can contribute is \$19,000) 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 \$23,000. Contact Human Resources regarding the "pre-retirement" catch-up provision.
- You may enroll online at www.missionsq.org in the either or both 457 plans and adjust contributions at any time.

Contact Human Resources for questions about these benefit plans. Human Resources.

VOLUNTARY TERM LIFE INSURANCE

Plan: Sun Life Financial Life Insurance; Policy # 917175

Contact information: 1-800-733-7879

Employees who work at least 20 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. 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.

AFLAC

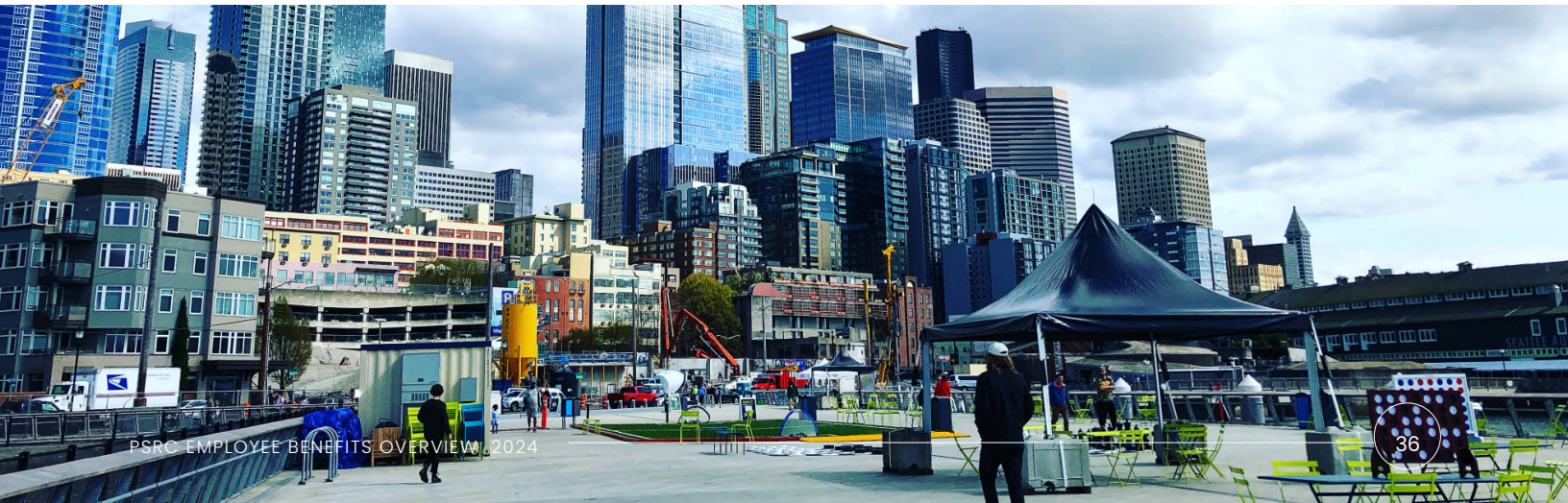
Plan: American Family Life Assurance Company of Columbus (AFLAC)

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 GUARANTEED EDUCATION TUITION (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.

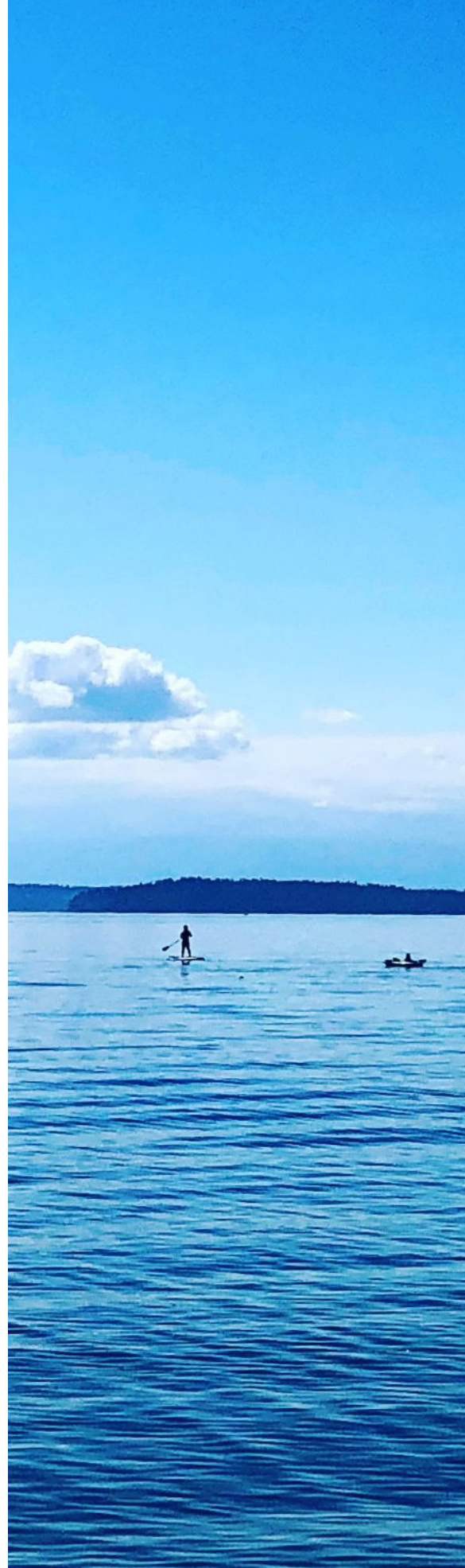
More information: Go to <https://wastate529.wa.gov> or contact Human Resources.

WA ABLE (ACHIEVING 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 from 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 for more information about eligibility and opening an ABLE account.





HEALTH CLUB FACILITIES

1. Use of Building Fitness Center

PSRC employees can elect to use the Fitness Center facilities on the 4th floor of 1201 Third Ave building. The Fitness Center is open and available for use from 4:00am until 9:00pm, Monday through Friday, except for holidays recognized by the building. The Fitness Center facilities include showers, lockers and towel service. Employees can sign up by completing the Fitness Center Agreement and Release form that is available from the Office Support Specialist. Upon execution of the Fitness Center Agreement and activation of membership, employee's building access card will be programmed to permit employee access to the Fitness Center during Fitness Center hours of operation.

2. Use of Building Bike Center

PSRC employees can elect to use the Bike Center facilities by located below the Atrium level (access through 2nd Avenue patio area) of 1201 Third Avenue building. Employees can access the Bike Center by completing the Bike Center Agreement that is available from the Office Support Specialist. Upon execution of the agreement and activation of the membership, the employee's building access card will be programmed to permit employee access to the Bike Center during building hours of operation, which may be modified from time to time. The Bike Center shall be open and available for use at all hours Monday through Sunday and it's for daily use only, no overnight or long-term storage is allowed.

3. 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.