Welcome!

The benefits in this summary are effective January 1, 2023 to December 31, 2023.

This overview is a summary of your benefits. For more detailed information, please refer to your plan documents. The plan documents determine how all benefits are paid.

**TABLE OF CONTENTS**

| 3 | Eligibility  | 18 | Vera Whole Health Clinic |
| 4 | Enrollment   | 19 | Know Where to Go for Care |
| 5 | Cost of Coverage | 20 | Employee Assistance Program |
| 6 | Medical Coverage | 21 | Carrot Fertility Benefit |
| 7 | Medical Benefit Plans | 22 | Transportation Benefits |
| 9 | Prescription Drug Benefit | 23 | Retirement |
| 10 | Vision Benefit Plan | 24 | Life Insurance |
| 11 | Dental Benefit Plans | 25 | Long-Term Disability Insurance |
| 13 | HRA/VEBA | 26 | Accident Insurance |
| 14 | BPAS Claim Finder | 27 | Cancer Insurance |
| 15 | Claim Substantiation | 28 | Holiday Schedule |
| 16 | Flexible Spending Account | 29 | Vacation and Sick Time |
| 17 | Rightway | 30 | CorVel Workers' Compensation |
| 18 | 98point6 | 31 | Look-Back Measurement |

Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Legal Notices are located in the back of the booklet for reference.
Eligibility

All active City of Everett Appointive employees who work a minimum of 22 hours per week are eligible for the benefits outlined in this guide on the 1st of the month following date of hire.

In order to comply with the Affordable Care Act (ACA), the City of Everett determines full-time eligibility for benefits based on the Look Back Measurement Method. Refer to the Look Back Measurement Method section of this guide for additional information on how full-time eligibility is determined.

Making Changes

Your benefit elections remain in effect until the end of the Plan Year (January 1 through December 31). Only the occurrence of a qualifying life event (birth, marriage, adoption, etc.) will allow you to make changes to your benefit elections. Please contact the Benefits Coordinator within 30 days to report a family status change or life event or if you have questions on what qualifies as a family status change. If you are not enrolled at the time you experience a change in family status or life event and you gain a new dependent, you may be able to enroll within 60 calendar days under HIPAA rules.

Dependents

Some plan benefits offer coverage for your dependents. Eligible dependents include:
- Your dependent children up to age 26
- Your disabled children of any age
- Your spouse
- Your qualified domestic partner (DP) (of same or opposite gender)

If you have a domestic partner (of same or opposite gender), he or she is eligible to enroll as a dependent on your benefits plan. You must live together and meet all criteria outlined in the domestic partner definition in the affidavit. Employee premium contributions for domestic partners must be deducted on a post-tax basis. Premium contributions paid by the City of Everett on behalf of the domestic partner will be treated as imputed income for the employee. Please contact the Benefits Coordinator for more information on the application process.

Maxwell Health

What is Maxwell Health?

Maxwell Health makes the enrollment process much quicker and easier overall. You can enroll, make changes to your benefits and even update your beneficiary information through the Maxwell portal.

How do I enroll or make changes?

You can log into Maxwell any time throughout the year to let your employer know about updates to your personal information or any changes you may need to make to your benefits.

And with the easy-to-use mobile app, your benefit information is with you wherever you go. Access your member IDs plus copays, deductibles, and more 24/7/365, no paper necessary!

As a current employee, your account is already set up by your HR Administrator using your first name, last name, and your preferred email address. If you cannot remember your password, select 'Trouble Logging In?' and request a new activation link.

What Maxwell Isn’t

You’ll see that Maxwell’s technology brings together a lot of useful information about your benefits and the insurance carriers who administer them, but it’s important to know that Maxwell is not an insurance carrier.

Once you’re enrolled, the insurance carriers are responsible for answering any questions about coverage or claims.

Download the app from the App Store or Google Play.
Enrollment

HOW DO I ENROLL?
Your account has been created by your HR Administrator using your first name, last name, and your preferred email address (work or personal). But the account isn’t fully set up until you create a password to log into Maxwell. You’ll receive an introductory email from Maxwell Health (noreply@maxwellhealth.com). Check your inbox for your email and click on the button to “Set up Your Account Now!” This will take you to create your password. Once you’ve created your password you can log right in.

What if I’m brought right to the login screen first?
Please note that the activation link sent to you by email will expire after 6 days. When you click to Set Up Your Account button from your email, if you are brought directly to the main login page, it means the link in your email has expired. This is easy to fix! Just select the Trouble Logging in? and Request activation link. Once you fill in your Maxwell email address, you’ll receive a new email with a button to create your password. Instructions on how to set up your password and activate your account will be emailed to you. Once you receive the email, click Activate Your Account.

SELECTING YOUR BENEFITS
The reason you’re selecting benefits may be because it’s our annual open enrollment period, you’re a new hire, or you’ve experienced a change such as having a baby. Selecting benefits in Maxwell is similar no matter which of these situations you’re in. However, if you are electing benefits during your annual open enrollment, and your existing benefits appear in Maxwell, you’ll see a comparison view for easier shopping. There are four steps you’ll typically take in Maxwell when selecting benefits:

1. Enter your profile information: This is where you’ll enter all of your profile information, including information about your family members. It’s important that this information is correct as it’s what will be used to enroll you in your benefits with the carriers. In the next step, as you add benefits to your cart, you’ll only have the ability to cover family members as dependents if you have them listed here.

What if I need to go back and edit profile information? If you need to edit your profile information, you can do this by clicking My Profile in the top navigation and clicking Edit to the section where you need to make changes. If you’re in the middle of a shopping event, you can edit right away. If you’re not in the middle of a shopping event, you’ll need to fill out some more information to notify your benefits administrator why you’re making a change at this time.

2. Review your available benefits: After completing your profile and dependent information, you will be able to start shopping for benefits. Maxwell aims to make your benefits enrollment simple and familiar, much like any site you would purchase products on today. Browse all your available benefits in your benefits cart. Then, review the plan options for each benefit. You’ll be required to enroll in or waive some benefits, as denoted by an asterisk (*).

When you find a plan that works for you, add it to your cart. If you don’t want a benefit, you can choose to waive it. Each plan may have some additional options to select, such as the family members you want to cover before you can add it to your cart. If you have multiple plan options to choose from, you can compare plans side-by-side.

When you’re done adding one benefit to your cart, you’ll see a prompt to move on to the next benefit. Click Next and keep shopping!

3. Review your selections and proceed to checkout:
After you’ve taken action on each benefit type, it’s time to return to your benefits cart and carefully review what you’ve selected. When you’re done reviewing, click Proceed to Checkout.

4. Final review and submit your enrollment: This is your chance to complete a final review before submitting your enrollment to your benefits administrator. Before you click Submit Enrollment, make sure to add any beneficiaries if you’ve selected products that require them. If you have products that require beneficiaries, you’ll see a button that says “Update my Beneficiaries” above the “Submit Enrollment” button at the bottom. Once you complete everything and feel confident in your selections, scroll down and click Submit Enrollment as the final step!

Important: Some benefits may require that you fill out a form after you checkout. This will be shown on the page after you’ve submitted your enrollment. Make sure to complete these if available. You’ll then be brought to a confirmation page where you can review your now pending benefit selections.
# Cost of Coverage (Costs per Month)

## Who is covered?

### Single Employee

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Plan cost</th>
<th>City of Everett pays</th>
<th>Employee pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMA CDHP</td>
<td>$539.40</td>
<td>$539.40</td>
<td>$0.00</td>
</tr>
<tr>
<td>HMA PPO</td>
<td>$860.25</td>
<td>$731.22</td>
<td>$129.04</td>
</tr>
<tr>
<td>Kaiser HMO</td>
<td>$738.30</td>
<td>$627.56</td>
<td>$110.74</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willamette Dental</td>
<td>$51.86</td>
<td>$51.86</td>
<td>$0.00</td>
</tr>
<tr>
<td>Delta Dental</td>
<td>$40.94</td>
<td>$40.94</td>
<td>$0.00</td>
</tr>
<tr>
<td>Vision (HMA)</td>
<td>$11.50</td>
<td>$11.50</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Employee + 1 dependent

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Plan cost</th>
<th>City of Everett pays</th>
<th>Employee pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMA CDHP</td>
<td>$1,078.81</td>
<td>$1,078.81</td>
<td>$0.00</td>
</tr>
<tr>
<td>HMA PPO</td>
<td>$1,720.53</td>
<td>$1,462.46</td>
<td>$258.08</td>
</tr>
<tr>
<td>Kaiser HMO</td>
<td>$1,469.21</td>
<td>$1,248.84</td>
<td>$220.38</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willamette Dental</td>
<td>$145.24</td>
<td>$145.24</td>
<td>$0.00</td>
</tr>
<tr>
<td>Delta Dental</td>
<td>$109.05</td>
<td>$109.05</td>
<td>$0.00</td>
</tr>
<tr>
<td>Vision (HMA)</td>
<td>$19.73</td>
<td>$19.73</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Employee + 2 or more dependents

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Plan cost</th>
<th>City of Everett pays</th>
<th>Employee pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMA CDHP</td>
<td>$1,510.34</td>
<td>$1,510.34</td>
<td>$0.00</td>
</tr>
<tr>
<td>HMA PPO</td>
<td>$2,408.73</td>
<td>$2,047.42</td>
<td>$361.32</td>
</tr>
<tr>
<td>Kaiser HMO</td>
<td>$2,094.55</td>
<td>$1,780.38</td>
<td>$314.18</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willamette Dental</td>
<td>$145.24</td>
<td>$145.24</td>
<td>$0.00</td>
</tr>
<tr>
<td>Delta Dental</td>
<td>$109.05</td>
<td>$109.05</td>
<td>$0.00</td>
</tr>
<tr>
<td>Vision (HMA)</td>
<td>$19.73</td>
<td>$19.73</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Medical Coverage

Nothing is more important than the health of you and your family. Our benefit plans promote coverages to help you live a healthier life. As an eligible employee, you may choose to enroll in one of the three medical plans offered. Compare the options carefully and choose the one that is the best for you and your family.

HMA CDHP
The City of Everett offers a CDHP plan. This plan is administered by Healthcare Management Administrators (HMA), and pays 80% in-network and 60% out-of-network up to the allowable amounts for most covered services after the deductible has been met. The plan also includes 100% coverage for preventive care to which no deductible applies.

The CDHP plan features a $1,500 individual ($3,000 family) in-network deductible and an in-network out-of-pocket maximum of $2,500 for individual coverage ($5,000 family).

Certain out-of-network charges in excess of the plan allowable amounts do not count toward these limits and you may be responsible for additional out of pocket expenses.

If you participate in the City of Everett CDHP plan, you will receive an HRA/VEBA account. The money in your HRA/VEBA may be used to pay (or reimburse yourself) for qualified healthcare expenses. Any remaining funds in your HRA/VEBA roll over from year to year. More information on the HRA/VEBA can be found on page 11.

HMA PPO
The City of Everett PPO Plan, administered by Healthcare Management Administrators (HMA), pays 90% in-network and 60% out-of-network for most covered services after the $300 individual ($600 per family) deductible has been met. It also includes 100% coverage for preventive care to which no deductible applies. Your out-of-pocket maximum is $750 individual ($1,500 per family) for in-network coverage.

Certain out-of-network charges in excess of the plan allowable amounts do not count toward these limits and you may be responsible for additional out of pocket expenses.

ABOUT NETWORK PROVIDERS
In-network care: When you seek medical services from a network provider, you receive a higher level of benefit. This means when you use network providers, you substantially reduce the amount both you and the City of Everett pay for medical services. One of the advantages of an in-network provider is that you usually do not need to file claim forms. Show your ID card to a preferred provider, and the provider will use the information on the card to submit the claim on your behalf.

Out-of-Network Care: You may choose to receive care from a provider that is not a part of the network, that is, an out-of-network provider, but you receive a lower level of coverage. Your benefit coverage is based on an allowable amount determined by the plan to be reasonable for services provided. You are responsible for any amounts above the allowed amount and they will not be credited toward the deductible and out of pocket limits. You may also be required to file your own claims. You should confirm coverage with out-of-network providers prior to receiving services as you may find you have no coverage at all.

KAISER CORE HMO
The City of Everett CORE HMO Plan, administered by Kaiser Permanente pays 100% after a copay for most in-network covered services. This plan has no deductible and your out-of-pocket maximum is $1,000 individual ($2,000 per family). Your care must be managed from the list of Kaiser Permanente Network Providers. There is no coverage for providers outside of the Kaiser Permanente Network.

CHOOSE THE COVERAGE THAT IS BEST FOR YOU AND YOUR FAMILY.
All of these plans have an annual out-of-pocket maximum for qualified expenses. If you should reach this maximum, your costs will be capped. Certain expenses, such as an out-of-network charge that exceeds the plan’s allowable amount do not count toward the deductible or out-of-pocket maximum and you will continue to be responsible for those expenses.
# Medical Benefit Plans

<table>
<thead>
<tr>
<th></th>
<th>HMA CDHP</th>
<th>HMA PPO</th>
<th>Kaiser CORE HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vera Near-site Clinic</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>Physician and Preventive Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinic Incentive Contribution</strong></td>
<td>$200 per employee $400/family (spouse/DP only)</td>
<td>$100 per employee (family members are not eligible)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>Annual HRA/VEBA Contribution</strong></td>
<td>$1,200/individual $2,400/family</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>In-Network PAR(^1)/Out-of-Network</strong></td>
<td></td>
<td></td>
<td>In-Network Only</td>
</tr>
<tr>
<td><strong>Lifetime Plan Max</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Annual Plan Max</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td>$1,500/individual $3,000/family</td>
<td>$300/individual $600/family $300/individual $600/family</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$2,500/individual $5,000/family</td>
<td>$750/individual $1,500/family $1,500/individual $3,000/family</td>
<td>$1,000/individual $2,000/family</td>
</tr>
<tr>
<td><strong>Physician Office Visit</strong></td>
<td>80% after deductible 60% after deductible</td>
<td>80% after deductible 60% after deductible</td>
<td>Paid at 100%</td>
</tr>
<tr>
<td><strong>Other Services (X-Ray and Lab)</strong></td>
<td>80% after deductible 60% after deductible</td>
<td>80% after deductible 60% after deductible</td>
<td>Paid at 100%</td>
</tr>
<tr>
<td><strong>Telehealth</strong></td>
<td>Paid at 100%</td>
<td>Paid at 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>HMA Telemedicine (HMA participants only)</strong></td>
<td>Paid at 100%</td>
<td>Paid at 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>98point6 (HMA participants only)</strong></td>
<td>Paid at 100%</td>
<td>Paid at 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>Paid at 100%</td>
<td>Not covered</td>
<td>Paid at 100%</td>
</tr>
<tr>
<td><strong>Preventive Care (adult and child)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>80% after deductible</td>
<td>$100 copay then paid at 90% after deductible</td>
<td>$75 copay then paid at 100%</td>
</tr>
<tr>
<td><strong>(copay waived if admitted)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Inpatient</strong></td>
<td>80% after deductible 60% after deductible</td>
<td>$100 copay per admission then paid at 90% after deductible $200 copay per admission then paid at 80% after deductible</td>
<td>$100 copay per admittance then paid at 100%</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td>80% after deductible 60% after deductible</td>
<td>$100 copay then paid at 90% after deductible $100 copay then paid at 60% after deductible</td>
<td>$10 copay then paid at 100%</td>
</tr>
</tbody>
</table>
### Medical Benefit Plans

<table>
<thead>
<tr>
<th></th>
<th>HMA CDHP</th>
<th>HMA PPO</th>
<th>Kaiser CORE HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>PAR³/ Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td><strong>Rehabilitation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
<td>$100 copay per admission then paid at 90% after deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>80% after deductible (up to 36 visits per calendar year)</td>
<td>60% after deductible (up to 36 visits per calendar year)</td>
<td>$900 copay per admission then paid at 90% after deductible</td>
</tr>
<tr>
<td><strong>Mental Health and Chemical Dependency</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
<td>$100 copay per admission then paid at 90% after deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
<td>$20 copay then paid at 60% (up to 24 visits per calendar year)</td>
</tr>
<tr>
<td><strong>Chiropractic Services</strong></td>
<td>80% after deductible (up to 24 visits per calendar year)</td>
<td>Not covered</td>
<td>$20 copay then paid at 80% (up to 24 visits per calendar year)</td>
</tr>
</tbody>
</table>

³Participating (PAR) Network Out-of-Pocket max is $750/$1,500 and Preventive Care is covered at 100%

This benefit summary is for illustrative purposes only. In case of discrepancy, please refer to the plan booklet for coverage information as the plan booklet will prevail.

---

### HOW TO FIND HMA PROVIDERS

1. Go to accesshma.com
2. Click 'Menu' at the top of the page, then click 'Member'
3. Click 'Find a Provider' at bottom of the page
4. Click on your region
5. Enter search criteria
6. Click 'Search'
7. A list of providers will appear along with contact information.

### HOW TO FIND KAISER PERMANENTE PROVIDERS*

1. Go to kp.org/wa
2. Click 'Find Doctors' at the top of the page
3. Select our network 'Core'
4. Select search criteria
5. A list of providers will appear along with contact information.
Prescription Drug Benefit Plans

We know that prescription drug coverage is important to you and your family. If you are enrolled in a medical plan, you will automatically receive prescription coverage. Using an in-network pharmacy will save you money. When you use an out-of-network pharmacy, you may be charged amounts over the allowed charges. The mail order option allows you to buy qualified prescriptions in larger 90-day quantities.

<table>
<thead>
<tr>
<th></th>
<th>HMA CDHP CVS/Caremark</th>
<th>HMA PPO CVS/Caremark</th>
<th>Kaiser CORE HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Out-of-Pocket</strong></td>
<td><strong>In-Network</strong></td>
<td><strong>PAR/Out-of-Network</strong></td>
<td><strong>In-Network Only</strong></td>
</tr>
<tr>
<td><strong>Maximum</strong></td>
<td>Combined with Medical</td>
<td>$1,000/individual $2,000/family</td>
<td>Combined with Medical</td>
</tr>
<tr>
<td><strong>Retail Pharmacy</strong></td>
<td></td>
<td>$10 copay $25 copay $20% up to $50 34 days or 100 units</td>
<td>$10 copay $25 copay $20% up to $50 34 days or 100 units</td>
</tr>
<tr>
<td><strong>Generic Brand Name</strong></td>
<td>$10 copay $25 copay $20% up to $50 34 days or 100 units</td>
<td>$10 copay $25 copay $20% up to $50 34 days or 100 units</td>
<td>$10 copay $20 copay $30 days</td>
</tr>
<tr>
<td><strong>Non-Formulary Brand</strong></td>
<td>$10 copay $25 copay $20% up to $50 34 days or 100 units</td>
<td>$10 copay $25 copay $20% up to $50 34 days or 100 units</td>
<td>$10 copay $40 copay Not Covered 90 days</td>
</tr>
<tr>
<td><strong>Supply Limit</strong></td>
<td>$10 copay $25 copay $20% up to $50 34 days or 100 units</td>
<td>$10 copay $25 copay $20% up to $50 34 days or 100 units</td>
<td>$10 copay $40 copay Not Covered 90 days</td>
</tr>
</tbody>
</table>

| Mail Order             |                        | $20 copay $50 copay $50 copay 90 days | Not covered |
| **Generic Brand Name** | $20 copay $50 copay $50 copay 90 days | Not covered | |
| **Non-Formulary Brand**| $20 copay $50 copay $50 copay 90 days | Not covered | |
| **Supply Limit**       | $20 copay $50 copay $50 copay 90 days | Not covered | |

*If you opt for a brand-named drug, and it’s not medically necessary, you pay copay plus cost difference between generic and brand-name drug

Note: Certain prescriptions may require preauthorization, step therapy (where the plan requires that certain prescriptions are tried before others), or have dispensing limits. Specialty prescriptions (e.g., injectibles) may need to be purchased from a specific provider. Confirm that your pharmacy is in-network before making your purchase.

**MORE WAYS TO SAVE ON PRESCRIPTION DRUGS ON YOUR HMA PLAN**

**FREE PRESCRIPTIONS**
Did you know that some of your prescriptions are covered for free? Under the Affordable Care Act, some preventive prescriptions, may be covered in full. In addition, any generic prescription dispensed at the Vera clinic is free.

**MAINTENANCE PRESCRIPTIONS**
If you take long-term, maintenance medications, you can now get a 90-day supply at any CVS pharmacy (i.e. Target pharmacy) instead of filling your prescriptions every 30 days.
Vision Benefits

Vision coverage for Appointive members is through HMA. A routine eye exam is important, not only for correcting vision, but because it can lead to detecting other serious health conditions. Please note that the vision eyewear benefit may not cover all costs including lens coatings, contact lens fitting, and taxes.

<table>
<thead>
<tr>
<th>HMA and Kaiser Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Exam</strong> (once per calendar year)</td>
</tr>
<tr>
<td><strong>Eyeglass Lenses</strong> (per pair)</td>
</tr>
<tr>
<td>Single Vision</td>
</tr>
<tr>
<td>Bifocal</td>
</tr>
<tr>
<td>Trifocal</td>
</tr>
<tr>
<td>Lenticular Insight</td>
</tr>
<tr>
<td><strong>Eyeglass Frame</strong> (once every two calendar years)</td>
</tr>
<tr>
<td><strong>Elective Contact Lenses</strong> (in lieu of frames)</td>
</tr>
</tbody>
</table>

**PROVIDER CHOICE**

The HMA vision plan allows you to seek care from any licensed provider. When you visit an in-network provider, you will experience lower out-of-pocket expenses. If you visit an out-of-network provider, you may be required to pay the provider up front and submit a claim to the insurance company for reimbursement. In addition, you will be responsible for additional costs if the out-of-network provider charges exceed the plan’s maximum reimbursement levels. For more information, go to accesshma.com.

**HOW TO FIND VISION PROVIDERS**

1. Go to accesshma.com
2. Click on 'Menu' at the top of the page and click 'Member'
3. Click 'Find a Provider' at the bottom of the page
4. Click on your region
5. Enter search criteria and Click 'Search'
6. A list of providers will appear along with contact information.
Dental Benefit Plans

Regular visits to your dentists can help more than protect your smile, they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes and heart disease. City of Everett provides you with comprehensive coverage options through Delta Dental of Washington and Willamette Dental.

<table>
<thead>
<tr>
<th>Delta Dental PPO Plan</th>
<th>Willamette Dental DMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td><strong>In Network Only</strong></td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>$0/individual $0/family</td>
</tr>
<tr>
<td>Annual Plan Maximum</td>
<td>$2,000/individual</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>None</td>
</tr>
<tr>
<td>Diagnostic and Preventive</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Basic Services</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Fillings, Root Canals, Periodontitis Treatment</td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>Plan pays 50%</td>
</tr>
<tr>
<td>Orthodontic Services</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Pre-Orthodontia Treatment: $150 copay; Ortho: $1,500 copay</td>
</tr>
</tbody>
</table>

$15 - $30 office visit copay Additional copay applies depending upon specific service (see Summary of Benefits)

$15 - $30 office visit copay Additional copay applies depending upon specific service (see Summary of Benefits)

*This benefit summary is for illustrative purposes only. In case of discrepancy, please refer to the plan booklet for coverage information as the plan booklet will prevail.*

**PROVIDER CHOICE**

**Delta Dental Members:** You may seek care from any licensed provider. If you visit a PPO or Premier dentist, you will have access to the lowest out-of-pocket costs. If you visit an out-of-network dentist, you may be responsible for additional costs if the provider’s charges exceed the plan’s usual and customary levels.

**Willamette Dental Members:** Treatment must be done by a Willamette Dental Group dentist at a Willamette Dental Group practice. If you are currently seeing a private practice dentist, you will need to establish care with a Willamette Dental Group dentist to take advantage of your benefits.

**Pre-Treatment Estimate:** If your dental work will be extensive, you should have your dentist submit the proposed treatment plan to the insurance company before you begin treatment. The insurance company will provide you with a summary of the plan’s coverage and your estimated out-of-pocket costs.
Dental Benefit Plans

FIND A DENTIST
You’re on vacation, need care and aren’t sure if there’s an in-network dentist near you.

Delta Dental Members: Open the Delta Dental app and easily search. Visit the App Store (Apple) or Google Play (Android) and search for Delta Dental, download, and install. The app uses the same information and password as your MySmile personal benefits center. If you’re not already registered, you can set up your account from the app’s login page.

Willamette Dental Members: Visit willamettedental.com or call 1-855-433-6825 to find a Willamette Dental dentist near you.

VIEW COVERAGE DETAILS
Unfortunately, you need a filling.

Delta Dental Members: Sign in to see what percentage is covered by your benefits.

Willamette Dental Members: Contact your plan administrator for a summary of your benefits.

CHECK YOUR CLAIM STATUS
You had some dental work and want to know if your claim was paid.

Delta Dental Members: Sign in on the app and view your claims status.

Willamette Dental Members: Call 1.855.433.6825 for information.

YOUR ID CARD
Delta Dental Members: Need your ID card? No problem! Sign in and e-mail your ID card to your dentist or show the office staff your digital ID card from your phone.

Willamette Dental Members: No ID card is needed. All of your information is securely stored in the Willamette Dental Group system so you will only need to provide your name and date of birth.

HOW TO FIND DELTA DENTAL PROVIDERS
2. Click “Resources” on the top of the screen
3. Click “Find a Dentist”
4. Enter your search criteria and select the network (“Delta Dental PPO (In-Network)” or “Delta Dental Premier (Out-of-Network)”)
5. Click “Search”
A list of providers will appear along with contact information

HOW TO FIND WILLAMETTE DENTAL PROVIDERS
1. Go to willamettedental.com
2. Click "Locations" at the top of the screen
3. Enter your city, state or zip code
4. A list of locations will appear along with contact information
HRA/VEBA

Employees electing to enroll in the CDHP Health plan will receive $1,200 per individual per year and $2,400 per family per year into a VEBA account funded by the City of Everett. This VEBA account is administered by BPAS and paired with a Health Reimbursement Arrangement (HRA) which allows you to use the VEBA funds for current or future out-of-pocket health-related expenses. Dollars contributed that are not used in the current plan year, carry over and can be used in subsequent plan years for reimbursement of qualifying, out-of-pocket healthcare expenses. During retirement, these contributions can also be used to reimburse for healthcare insurance premiums. If you were hired after the first month of the plan year, these contributions will be pro-rated. The HRA/VEBA doesn’t replace your group health insurance plan; it works with your plan to provide additional coverage options. To find out more visit bpas.com.

ACTIVE EMPLOYEES

Use money in your HRA/VEBA to pay health plan deductibles, co-pays and coinsurance as well as prescription drugs and certain insurance premiums. Don’t worry, if you don’t spend all of the funds in your HRA/VEBA by the end of the year, your balance will simply roll into the next year. You’ll accumulate funds over time which means you’ll have money to pay for health expenses when you retire.

POST-RETIREMENT

Your employer can contribute funds to help you, your spouse and eligible dependents pay for medical expenses even after your retirement. That’s pretty generous! Use your post-retirement VEBA funds to pay for certain medical premiums and long-term care premiums. Your employer can choose to make contributions throughout your working life or convert accumulated unused sick time, vacation, severance money, or other longevity-based benefits.

FULL COVERAGE

All medical expenses defined under IRS Code Section 213(d) are eligible under your HRA/VEBA including:

- Co-pays, prescriptions, and deductibles
- Dental, medical, and vision services
- Medicare Part B and D
- Medical supplies and equipment

TAX ADVANTAGES

VEBA is a tax-advantaged account so you aren’t taxed on your employer’s contributions to it. Plus, your VEBA accrues interest that grows on a tax-free basis. Since VEBAs have to be used for eligible medical expenses, your distributions are tax-free too. Money goes in tax free, is invested tax free, and comes out tax free.

CLINIC INCENTIVE FOR HMA PARTICIPANTS ONLY

If you complete your Annual Whole Health Evaluation (AWHE) at the Vera Clinic, which includes a wellness exam, biometric screening and a coaching introduction, between January and December of 2023, you can earn an HRA/VEBA contribution of up to $200 depending on your health plan.

For employees on the PPO health plan, you will earn $100 for completing your AWHE.

For employees and spouses/domestic partners on the CHDP health plan, you will each earn $200 for completing your AWHE – maximum $400 per family. This is deposited the month following your completion of the AWHE.

The AWHE can be completed in one visit.
BPAS ClaimFinder

BPAS CLAIMFINDER IS NOW EASIER TO USE!

Great news! With a new way for participants to enroll in ClaimFinder, substantiating claims is a breeze. No more waiting for email invites to enroll in ClaimFinder. It’s now as simple as clicking a button to get started!

ClaimFinder securely connects with participating insurance carriers to find EOBs and substantiate benefit card expenses. Effective immediately, FSA and HRA/VEBA participants can now enroll in ClaimFinder directly through the BPAS Participant Claims Portal (or via the BPAS Claims app). Simply click or tap the ClaimFinder “button” to enroll at your convenience. Once enrolled, you can also update your insurance carrier credentials as needed.

Claim Substantiation

BPAS SUBSTANTIATES EVERY CLAIM

Providing documentation is one of the most common points of frustration for reimbursement account participants. If you choose not to enroll in ClaimFinder, you will need to provide documentation that includes each of the following items for all purchases made with FSA or HRA/VEBA funds.

THE 5 ITEMS NEEDED:
1. Patient's Name
2. Provider's Name
3. Date of Service
4. Type of Service
5. Your out of pocket cost
Flexible Spending Account (FSA)

A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. The catch is that you have to use the money in your account by our plan year’s end. Otherwise, that money is lost, so plan carefully. You must re-enroll in this program each year. BPAS administers this program.

HEALTHCARE FSA

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to $3,050.

DEPENDENT CARE FSA

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to $5,000 per household for eligible dependent care expenses for the year.

IMPORTANT CONSIDERATIONS

- Expenses must be incurred between 01/01/2023 and 03/15/2024 and submitted for reimbursement no later than 03/31/2024.
- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- Unused amounts will be lost at the end of the plan year, so it is very important that you plan carefully before making your election.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the City of Everett health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts. In most cases, you’ll need to provide proof that your expenses were considered eligible for IRS purposes.
- For more information, please visit bpas.com.

BPAS

Phone: 866 401 5272
Website: bpas.com
YOUR GUIDE TO BETTER HEALTH.

Rightway makes sure you get the highest-quality and most complete care at the lowest cost. Our health guides match you with the doctor you need, make an appointment for you, provide upfront pricing, and even dispute bills on your behalf.

REAL HUMANS HELPING REAL HUMANS.

NEED CARE?
• We’ll find you the best doctor and make an appointment.
• We can review your symptoms and figure out next steps.
• We’ll tell you what you can expect to pay on medical and pharmacy visits.

UNEXPECTED BILL?
• Send it our way and we’ll explain the charges.
• If something looks wrong, we’ll dispute it on your behalf.

NEED HELP POST-DOC?
• We can help save you money on prescriptions.
• We’ll answer any other questions you might have.

BENEFITS WHEN YOU NEED THEM

Contact your Rightway health guide as soon as you have a health need. Your health guide can be contacted via the chat option within the Rightway app. If you prefer talking by phone, you can call your health guide through the app. Health guides are available Monday to Friday, 5 am to 8 pm PST and 8 am to 2 pm PST on weekends. You can call Rightway at 1-833-382-1868. Your health guide may also follow up after a scheduled doctor’s visit to see how it went and check if you need anything else.

WHAT RIGHTWAY ISN’T

Rightway DOES NOT replace your current health plan, but rather works with it by making it easier for you to understand your benefits and lower your out-of-pocket costs.

Think of Rightway as your doctor in the family, just a phone call (or app tap) away.

DOWNLOAD THE APP FROM THE APP STORE OR GOOGLE PLAY.
No Cost Access to Care

98point6
(HMA PARTICIPANTS ONLY)

ON-DEMAND PRIMARY CARE

98point6 is a new kind of on-demand, text-based primary care delivered through a private and secure in-app messaging experience on your mobile phone. With 98point6, U.S. based, board-certified physicians answer questions, diagnose and treat acute and chronic illnesses, outline care options and order any necessary prescriptions or lab tests. They can also help you better understand any primary care conditions. Unlimited primary care through 98point6 is available to benefit-enrolled HMA participants. Cost per visit is $0. Download the 98point6 app from the App Store or Google Play to get started.

GET STARTED TODAY

1. Install the App: Download 98point6 from the App Store or Google Play
2. Create your account: No password to remember; just enter your mobile number and you’ll receive a unique pin.
3. Start your visit: Get a personalized care plan, labs ordered, and necessary prescriptions sent to your pharmacy.

PRIVATE, IN-APP MESSAGING WITH 98POINT6 PHYSICIANS, WHEREVER LIFE TAKES YOU.

During your commute
While sick in bed
While on a break
At the baseball game
Enjoying the outdoors
While making dinner
While relaxing at home
No Cost Access to Care

Vera Whole Health Clinic
(HMA PARTICIPANTS ONLY)

Your health is our only focus. That’s why we’ve designed the entire clinic experience with you at the center. It’s available to you, your spouse, dependents and coworkers. You’ll have all the time you need with a provider and you won’t be rushed out the door. Use the clinic for screenings, chronic disease management, that nagging cough, or that annoying pain in your knee that you’ve been ignoring. Did we mention that any services received through the clinic are always free? It’s true.

Monday–Tuesday: 7:00am–4:00pm
Wednesday–Thursday: 8:00am–6:00pm
Friday: 8:00am–3:00pm

Clinic Phone: 425-903-3070
Clinic Fax: 425-953-5768

ANNUAL WHOLE HEALTH EVALUATION
If you complete an Annual Whole Health Evaluation (Provider Wellness Exam, Biometric Screening and Coaching Connection) between January and December of 2023, you can earn up to $200 depending on your plan enrollment. This is deposited into your HRA/VEBA account the following month after your visit.

BEHAVIORAL HEALTH SERVICES
Vera Whole Health recognizes the City of Everett’s challenges to meet the increasing number of mental health concerns. Coming soon, City of Everett is pleased to offer Integrated Behavioral Health services as an extension of primary care. In the Integrated Behavioral Health program, licensed mental health professionals will be available to members and partner with primary care providers to promote whole health.

SERVICES

PREVENTIVE CARE
Annual Whole Health Evaluation; immunizations; screenings; well women exams; family planning

CHRONIC DISEASE MANAGEMENT
Diabetes; hypertension; depression

ACUTE CARE
Coughs/colds; wound care; sprains and strains; rashes; urinary tract infections; back pain

BONUS SUPPORT SERVICES
Health coaching; on-site labs; provider-dispensed medications; specialty care coordination and advocacy
Know Where to Go

With many options for getting care, how do you choose? This chart can help you understand where to go for what—and how you can save money.

<table>
<thead>
<tr>
<th>Where To Get Care</th>
<th>What It Is</th>
<th>Type Of Care</th>
<th>Cost</th>
</tr>
</thead>
</table>
| 98point6          | On-demand, text-based primary care delivered through private and secure in-app messaging on your mobile phone. Available 24 hours a day, 7 days a week. See page 8 for more information. 98point6.com | • Allergies  
• Bronchitis  
• Diarrhea  
• Pink eye  
• Rashes  
• Fever  
• Bladder infections  
• Sore throats  
• Cough/colds  
• Stomach aches  
• Sinus problems  
• Seasonal flu | Free |
| NurseLine         | Connects with registered nurses 24/7. Kaiser Members: 800.297.6877 | • Choosing appropriate medical care  
• Finding a doctor or hospital  
• Understanding treatment options  
• Achieving a healthier lifestyle  
• Answering medication questions | Free for Kaiser members only |
| Vera Clinics      | Visit the Vera Clinic for preventive and routine care. HMA Members: 425.903.3070 patients.verawholehealth.com | • Annual Whole Health Evaluation  
• Immunizations  
• Screenings & Labs  
• Diabetes  
• Mental Health  
• Provider-dispensed Medications  
• Well Women Exams  
• Family Planning  
• Sprains and Strains  
• Health Coaching  
• Coughs/Colds  
• Rashes & Wounds  
• Back Pain  
• Hypertension | Free for HMA members only |
| Primary Care Physician | Go to a doctor’s office when you need preventive or routine care. Your primary doctor can access your medical records, manage your medications and refer you to a specialist, if needed. | • Checkups  
• Preventive services  
• Minor skin conditions  
• Vaccinations  
• General health management | $$ |
| Urgent Care       | Urgent care is ideal for when you need care quickly, but it is not an emergency (and your doctor isn’t available). Urgent care centers treat issues that aren’t life threatening. | • Sprains  
• Minor burns  
• Strains  
• Minor infections  
• Small cuts that may need a few stitches  
• Minor broken bones | $$$ |
| Emergency Room    | The ER is for life-threatening or very serious conditions that require immediate care. This is also when to call 911. | • Heavy bleeding  
• Large open wounds  
• Sudden change in vision  
• Chest pain  
• Major burns  
• Spinal injuries  
• Severe head injury  
• Breathing difficulty  
• Major broken bones  
• Sudden weakness or trouble talking | $$$$ |
Employee Assistance Program (EAP)

Life is unpredictable. To help you and your household members cope with everyday life, work challenges, stress, family problems, and other personal issues, an Employee Assistance Program (EAP) is available 24 hours a day, seven days a week through The Standard. This service is completely confidential and is available to all employees and their household members. Enrollment is automatic, and City of Everett pays the full cost for coverage. Benefits include confidential access to the following:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation

WORKLIFE SERVICES

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

ONLINE RESOURCES

Visit healthadvocate.com/Standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

MOBILE APP

Get the help you need on your mobile device anytime anywhere. Gain immediate, confidential and secure access to your Employee Assistance Program (EAP) on your mobile device. Our Health Advocate app is your ‘always-on’ mobile support tool. Download the Health Advocate app and enter The Standard - EAP - 3 visits under "Choose your organization".

If you are in a crisis situation or at risk of harm to yourself or others, the Care Access Center is available 24/7 for immediate and confidential assistance.

THE STANDARD
Phone: 888 293 6948
Website: healthadvocate.com/Standard3
Carrot Fertility Benefit

We’ve partnered with Carrot Fertility to bring our employees comprehensive, inclusive fertility health and family-forming benefits. Through Carrot, you have access to exclusive resources designed to make fertility care more accessible and affordable to everyone — regardless of age, sex, sexual orientation, gender identity, or location.

This benefit will be available beginning first quarter of 2023.

Visit get-carrot.com/signup to create your account and explore the resources available to you.

PERSONALIZED GUIDANCE
- A free, personalized step-by-step guide created with your unique needs in mind to support you through your journey
- Unlimited, free virtual visits with fertility health and family-forming experts to navigate your options, costs, and questions
- Expert-produced educational resources, including articles, how-to videos, and more
- At-home support through Carrot’s complete telehealth platform, including a fertility health and wellness test, an ovulation tracking bracelet, and more*
- Provider network and discounts
- Find a trusted provider with Carrot’s network of 950+ clinics and 3,350+ attorneys and agencies across the country
- Receive exclusive discounts and expedited appointments at top clinics and agencies
- Use Carrot Rx®, a pharmacy that offers significant savings on fertility medications with easy online ordering and delivery

GET SUPPORT WITH:
- Understanding fertility health
- Preservation (egg, sperm, embryo)
- Assisted reproduction (e.g., in vitro fertilization)
- Adoption
- Gestational carrier arrangements
- Donor assistance
- Pregnancy
- Menopause/low testosterone (low T)

2023 HIGHLIGHTS
EXPANDED PREGNANCY SUPPORT
Carrot is bringing even more support to people who are pregnant or postpartum. Get help finding a doula, attend 1:1 coaching sessions with pregnancy experts like nutritionists and lactation consultants, and more.

MENOPAUSE AND LOW TESTOSTERONE (LOW T)
Fertility health doesn’t stop at family forming. Carrot offers expert-led group sessions and educational content for people going through menopause and low T so they aren’t left to navigate this stage of life on their own.
Transportation Benefits

ORCA CARD BENEFITS
All City of Everett employees qualify for a prepaid transit benefit card called an ORCA card (One Regional Card for All). Check with the City’s Employee Transportation Coordinator (ETC) or department liaison to be issued a card.

The ORCA card is pre-loaded with a “Passport” that provides 100% payment on the participating Puget Sound transit systems. The transit pass may be used for your daily commute and/or personal use. We do not limit your use of the card; however this card is for City of Everett employee use only.

Washington State Ferries (WSF) also take ORCA as a form of payment for passenger fare. You may add cash funds or a multiple ride pass if you plan to use WSF.

DID YOU KNOW YOU CAN...
Register and manage ORCA card online?
- Load funds to E-purse
- Check balance of E-purse

Take the Sounder Train?
- The agency pass on your ORCA card covers Sounder train fare
- The Sounder operates special trips to and from Seahawks, Sounders FC and Mariners games

Load funds on your ORCA card (E-purse) if traveling with others who do not have one?
- One tap will cover all parties in your group (just let the driver know before you tap your card)
- All parties in your group will receive the 2-hour transfer benefit
- Eliminates the need for exact change when boarding

Your ORCA card contains an agency pass and covers the full fare for:
- Everett Transit
- Community Transit
- Sound Transit
- King County Metro
- Kitsap Transit
- Pierce Transit
- Sounder train
- Link light rail

SMART MOVE RIDE SHARE
The City of Everett encourages employees to use alternative transportation methods such as biking, walking, carpooling, vanpooling or riding the bus to travel between home and work. The City of Everett offers financial incentives and other benefits to employees who use alternative methods three days a week or 60% of their commute time.

<table>
<thead>
<tr>
<th>Method</th>
<th>Incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanpool</td>
<td>Up to $90 (paid to the agency through the ORCA card)</td>
</tr>
<tr>
<td>Carpool</td>
<td>$15</td>
</tr>
<tr>
<td>Bike</td>
<td>$15</td>
</tr>
<tr>
<td>Walk</td>
<td>$15</td>
</tr>
<tr>
<td>Transit</td>
<td>ORCA card</td>
</tr>
<tr>
<td>WSF/Transit</td>
<td>Transit portion on the ORCA card – WSF Passenger Pass Only</td>
</tr>
<tr>
<td>Skagit Transit</td>
<td>Monthly pass provided</td>
</tr>
</tbody>
</table>

ALL PARTICIPANTS ARE ELIGIBLE FOR:
- Carpool and vanpool participants may park in Green Zone every day with hang tag.
- Guaranteed ride home in case of an emergency or mandatory overtime. Up to six (6) taxi rides per year up to 50 miles one way.

ALL EMPLOYEES ARE ELIGIBLE FOR:
- Carpool or Vanpool ride matching assistance
- Bus trip planning assistance
- Participation in 3 to 4 major rideshare promotions per year. Wheel Options, Bike to Work Challenge and RideshareOnline.com

CONTACT INFORMATION:
Employee Transportation Coordinator (ETC)
ETC@everettwa.gov
(425) 257-8803
Retirement

Whether retirement is looming near on the horizon or further in the distance, planning for your golden years now is essential to ensuring financial security in the next chapter of your life. The City of Everett offers two forms of retirement plans, one optional and one required.

DEFERRED COMPENSATION PLAN (OPTIONAL)

Saving for the future is more important than ever. We’re living longer these days – which could mean spending 20 or more years in retirement. Our deferred compensation plans offer you the opportunity to save and invest today which may give you the best chance to achieve a more comfortable tomorrow.

HOW MUCH CAN I CONTRIBUTE?
- $22,500 all eligible participants
- $30,000 if age 50 or over
- $45,000 if you qualify for pre-retirement catch-up contributions

GET HELP ONLINE
Manage your account
- For Missionsquare participants - icmarc.org/login
- For Empower participants - massmutual.com/serve
- For State DCP (Voya) participants - drs.wa.gov/login

Tips & tools
- For Missionsquare participants - icmarc.org/realize
- For Empower participants - massmutual.com/serve
- For State DCP (Voya) participants - drs.wa.gov/login

WA DEPT OF RETIREMENT SYSTEMS PERS PENSION PLAN (REQUIRED)

As a public employee in Washington, you’re eligible for retirement benefits administered by WA Department of Retirement Systems (DRS). Participation in the DRS Public Employees’ Retirement System (PERS) plan is required for all employees. As a new participant to PERS you have 90 days to elect between PERS Plan 2 and PERS Plan 3. Both Plan 2 and Plan 3 offer a lifetime pension benefit upon meeting the defined retirement age and vesting period.

Once a plan is chosen, your election is irrevocable and will remain in effect for any future PERS eligible positions you may hold during your career. If you fail to elect a plan in your first 90 days, you will be automatically defaulted into PERS Plan 2. To learn more about the PERS plans, visit www.drs.wa.gov/choice.
Life Insurance

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family’s financial security.

BASIC LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the City of Everett. Coverage is provided by The Standard.

<table>
<thead>
<tr>
<th>Schedule of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Life Amount</strong></td>
</tr>
<tr>
<td>Two times covered annual earnings up to a maximum of $250,000</td>
</tr>
<tr>
<td><strong>Basic AD&amp;D Amount</strong></td>
</tr>
<tr>
<td>Two times covered annual earnings up to a maximum of $250,000</td>
</tr>
</tbody>
</table>

**Taxes:** Due to IRS regulations, a life insurance benefit of $50,000 or more is considered a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

VOLUNTARY LIFE

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family’s financial security. Coverage is provided by The Standard.

<table>
<thead>
<tr>
<th>Schedule of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Voluntary Life Amount</strong></td>
</tr>
<tr>
<td>Up to a maximum of lesser of six times covered annual earnings or $300,000</td>
</tr>
<tr>
<td><strong>Spouse Voluntary Life Amount</strong></td>
</tr>
<tr>
<td>Up to a maximum of $300,000</td>
</tr>
<tr>
<td><strong>Child(ren) Voluntary Life Amount</strong></td>
</tr>
<tr>
<td>Up to a maximum of $10,000</td>
</tr>
</tbody>
</table>

**Beneficiary Reminder:** Make sure that you have named a beneficiary for your life insurance benefit. It’s important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

**Evidence of Insurability (EOI):** Depending on the amount of coverage you select, you may need to submit EOI, which involves providing the insurance company with additional information about your health. Find form online at standard.com/mhs.

Long-Term Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

Long-Term Disability coverage pays you a certain percentage of your income if you can’t work because an injury or illness prevents you from performing any of your job functions over a long time. It’s important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers’ compensation and Social Security.

The cost of coverage is paid in full by the City of Everett. Coverage is provided by The Standard.

<table>
<thead>
<tr>
<th>Schedule of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Benefit Amount</strong></td>
</tr>
<tr>
<td>Plan pays 66 2/3% of covered monthly earnings</td>
</tr>
<tr>
<td><strong>Maximum Monthly Benefit</strong></td>
</tr>
<tr>
<td>$7,500</td>
</tr>
<tr>
<td><strong>Benefits Begin</strong></td>
</tr>
<tr>
<td>After 90 days</td>
</tr>
<tr>
<td><strong>Maximum Payment Period</strong></td>
</tr>
<tr>
<td>ADEA schedule</td>
</tr>
</tbody>
</table>

*The age at which the disability begins may affect the duration of the benefits.*
Accident Insurance

STAY ON STABLE FINANCIAL GROUND, EVEN WHEN AN ACCIDENT HAS YOU OFF YOUR FEET.
Accident insurance can help minimize the financial impact if you, your spouse, or your child experiences an accident.

- Receive cash benefits for treatments or services – like fractures, x-rays, ER visits and crutches – due to a covered accident.
- Use the benefit however you see fit – to help pay for out-of-pocket medical costs like, co-pays or deductibles, or for everyday expenses like childcare or groceries.
- Pays a cancer wellness benefit of $50 each year once you provide proof of an eligible health screening (such as a prostate cancer screening, mammogram, colonoscopy, pap smear, EKG, and more).

This is a voluntary benefit. You pay the full cost of the coverage.

<table>
<thead>
<tr>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
</tr>
<tr>
<td>$18.85</td>
</tr>
<tr>
<td>Employee + Spouse</td>
</tr>
<tr>
<td>$29.45</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
</tr>
<tr>
<td>$33.12</td>
</tr>
<tr>
<td>Family</td>
</tr>
<tr>
<td>$43.72</td>
</tr>
</tbody>
</table>

Cancer Insurance

FOCUS ON YOUR HEALTH – NOT YOUR WALLET – IF YOU’RE DIAGNOSED WITH CANCER.
If you are diagnosed with cancer, this insurance helps reduce daily stress around money, so you can focus on getting better.

- Supplement your health insurance by receiving cash benefits to help cover out-of-pocket medical costs or everyday expenses.
- Provides fixed benefits for early detection, incidence and treatment of certain types of cancer, as well as related expenses such as screenings, hospital confinement, radiation/chemotherapy, surgery and hospice care.
- Pays a cancer screening benefit of $75 each year once you provide proof of an eligible health screening (such as a prostate cancer screening, mammogram, colonoscopy, biopsy, CT scans, and more).

PRE-EXISTING CONDITION EXCLUSION
Any condition for which you have seen a medical practitioner or taken medication in the 12 months before your coverage began is considered a pre-existing condition.

This is a voluntary benefit. You pay the full cost of the coverage.

<table>
<thead>
<tr>
<th>Monthly Cost</th>
<th>Age through 49</th>
<th>Age 50–59</th>
<th>Age 60–64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$18.57</td>
<td>$22.90</td>
<td>$36.52</td>
<td>$48.90</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$31.57</td>
<td>$38.93</td>
<td>$62.08</td>
<td>$83.12</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$20.42</td>
<td>$24.75</td>
<td>$38.37</td>
<td>$50.75</td>
</tr>
<tr>
<td>Family</td>
<td>$33.42</td>
<td>$40.78</td>
<td>$63.93</td>
<td>$84.97</td>
</tr>
</tbody>
</table>
Holiday Schedule

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year's Day</td>
<td>Monday, January 2, 2023</td>
</tr>
<tr>
<td>Martin Luther King Jr. Day</td>
<td>Monday, January 16, 2023</td>
</tr>
<tr>
<td>Presidents' Day</td>
<td>Monday, February 20, 2023</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>Monday, May 29, 2023</td>
</tr>
<tr>
<td>Juneteenth</td>
<td>Monday, June 19, 2023</td>
</tr>
<tr>
<td>Independence Day</td>
<td>Tuesday July 4, 2023</td>
</tr>
<tr>
<td>Labor Day</td>
<td>Monday, September 4, 2023</td>
</tr>
<tr>
<td>Veterans' Day</td>
<td>Observed Friday, November 10, 2023</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
<td>Thursday, November 23, 2023</td>
</tr>
<tr>
<td>Day after Thanksgiving Day</td>
<td>Friday, November 24, 2023</td>
</tr>
<tr>
<td>Christmas</td>
<td>Monday, December 25, 2023</td>
</tr>
</tbody>
</table>

Vacation and Sick Time

Vacation and sick leave are accrued bi-weekly and rollover year to year until the respective bank maximum is reached. For vacation, the bank maximum is two times your annual accrual rate for your given year of service (see table below). Sick leave accrues at a rate of 192 hours per year and has a fixed bank maximum of 960 hours.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Vacation Hours Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Year</td>
<td>112 hours</td>
</tr>
<tr>
<td>2nd Year</td>
<td>120 hours</td>
</tr>
<tr>
<td>3rd and 4th Years</td>
<td>128 hours</td>
</tr>
<tr>
<td>5th Year</td>
<td>136 hours</td>
</tr>
<tr>
<td>6th and 7th Years</td>
<td>144 hours</td>
</tr>
<tr>
<td>8th and 9th Years</td>
<td>152 hours</td>
</tr>
<tr>
<td>10th through 14th Years</td>
<td>160 hours</td>
</tr>
<tr>
<td>15th through 19th Years</td>
<td>176 hours</td>
</tr>
<tr>
<td>20th through 24th Years</td>
<td>192 hours</td>
</tr>
<tr>
<td>25th Year and Beyond</td>
<td>200 hours</td>
</tr>
</tbody>
</table>
CorVel Workers' Compensation

If you are injured at work or develop an occupational disease and your claim is accepted, workers' compensation pays for medical care directly related to your accident or illness. If you are unable to work following your injury, you may be eligible for a portion of your lost wages. The City of Everett is self-insured for L&I claims. That means all the L&I rules are followed, but rather than pay premiums to the State Fund and having the State administer the claims, the City pays all the expenses itself and contracts with a Third Party Administrator (TPA) to run its claims. Together with CorVel, the City works to coordinate a safe and timely return to work.

STAY CONNECTED THROUGH PATIENT RECOVERY

While workplace injuries are never convenient, the My Care App keeps injured employees connected through their recovery. They can get instant access to indemnity payments, pharmacy cards, treatment information, contacts and claim details.

App features include: View indemnity payments, access pharmacy card, view treatment guides, check claim details, access contact information, available in English and Spanish, Touch ID login.

Look-Back Measurement

City of Everett uses the look-back measurement method to determine medical plan eligibility.

NEW EMPLOYEES

New employees hired to work a variable hour or seasonal schedule. If you are hired into a position where your hours vary and City of Everett is unable to determine — as of your date of hire — whether you will be a full-time employee (work on average 130 or more hours a month), or you are hired as a seasonal employee who will work for six (6) consecutive months or less (regardless of monthly hours worked), you will be placed in an initial measurement period (IMP) of 12 months to determine whether you are a full-time employee, eligible for coverage under the terms of the plan.

Your 12-month IMP will begin on the first of the month following your date of hire and will last for 12 months. If, during your IMP, you average 30 or more hours a week over that 12 month period, you will be offered coverage by the first of the second month after your IMP ends. Your coverage will remain in effect during an associated stability period that will last 12 months from the date coverage is offered. If your employment is terminated during that stability period, you will be offered continued coverage under COBRA.

ONGOING EMPLOYEES

An ongoing employee is an individual who has been employed for an entire standard measurement period. A standard measurement period is the 12-month period of time over which City of Everett counts employee hours to determine which employees work full-time. An employee is deemed full-time if he or she averages 130 or more hours a month over the 12-month standard measurement period. Those employees who average 130 or more hours a month over the 12-month standard measurement period will be offered coverage as of the first day of the stability period associated with the standard measurement period. Coverage will be in effect for a 12-month stability period. If your employment is terminated during a stability period, you will be offered continued coverage under COBRA.

City of Everett’s standard measurement period is December 1st through November 30th.
For Assistance

BENEFIT ADVOCATES

Should you or your covered family members have a benefit or claims question, you should contact the highly trained Benefit Advocate team.* The advocate is able to contact the insurance providers on your behalf to obtain information related to the following:

- Incorrect payment of insurance claims
- Appeal of denied claims, if warranted
- Benefit questions and clarifications
- Enrollment questions

Benefit Advocates are available Monday through Friday 5:00 a.m. to 5:00 p.m. PT. Please have your insurance identification card available when you call.

*Due to HIPAA Privacy regulations, we may need to obtain your written authorization in order to assist with certain issues. The Benefit Advocate or Coordinator will provide you with an authorization form, if needed.

City of Everett HR Manager
Marcy Hammer:
425 257 7035
mhammer@everettwa.gov

City of Everett Benefits Coordinator
Chelsi Foote:
425 257 8708
cfoote@everettwa.gov

City of Everett Administrative Assistant
Tina Perez:
425 257 7032
tperez@everettwa.gov

Alliant Benefit Advocate:
800 489 1390
benefitsupport@alliant.com
## For Assistance

### INSURANCE CARRIERS

<table>
<thead>
<tr>
<th>Category</th>
<th>Provider</th>
<th>Phone</th>
<th>Web / Email</th>
<th>Group #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical/Vision</strong></td>
<td>HMA</td>
<td>800 668 6004</td>
<td>accesshma.com</td>
<td>020188</td>
</tr>
<tr>
<td><strong>Telehealth</strong> (HMA participants only)</td>
<td>98point6</td>
<td>N/A</td>
<td>98point6.com</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>HRA/VEBA</strong></td>
<td>BPAS</td>
<td>866 401 5272</td>
<td>bpas.com</td>
<td>CITEVE1807</td>
</tr>
<tr>
<td><strong>RX</strong> (HMA participants only)</td>
<td>CVS/Caremark</td>
<td>866 260 4646</td>
<td>caremark.com</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Medical/RX</strong></td>
<td>Kaiser Permanente</td>
<td>888 901 4636</td>
<td>kp.org</td>
<td>1479300</td>
</tr>
<tr>
<td><strong>Medical Near-site Clinic</strong> (HMA participants only)</td>
<td>Vera Clinic</td>
<td>425 903 3070</td>
<td>patients.verawholehealth.com/centraleverett@verawholehealth.com</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td>Delta Dental of WA</td>
<td>800 554 1907</td>
<td>deltadentalwa.com</td>
<td>00389 WA811</td>
</tr>
<tr>
<td></td>
<td>Willamette Dental</td>
<td>855.433.6825</td>
<td>willamettedental.com</td>
<td></td>
</tr>
<tr>
<td><strong>Flexible Spending Account</strong></td>
<td>BPAS</td>
<td>866 401 5272</td>
<td>bpas.com</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Voluntary Benefits</strong></td>
<td>Sun Life</td>
<td>800 247 6875</td>
<td>N/A</td>
<td>942727</td>
</tr>
<tr>
<td><strong>Employee Assistance Program</strong></td>
<td>The Standard</td>
<td>888 293 6948</td>
<td>healthadvocate.com/Standard3</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Deferred Compensation</strong></td>
<td>William Cook</td>
<td>206 254 1000</td>
<td><a href="mailto:bill.cook@valic.com">bill.cook@valic.com</a></td>
<td>107672</td>
</tr>
<tr>
<td></td>
<td>David Goren</td>
<td>202 607 6149</td>
<td><a href="mailto:dgoren@icmarc.org">dgoren@icmarc.org</a></td>
<td>301333</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>888 327 5596</td>
<td>drs.wa.gov/login</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Fertility</strong></td>
<td>Carrot</td>
<td>N/A</td>
<td><a href="mailto:support@get-carrot.com">support@get-carrot.com</a></td>
<td>N/A</td>
</tr>
</tbody>
</table>