

CITY OF SUNNYSIDE, WASHINGTON
RESOLUTION NO. 2023- 28

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SUNNYSIDE, WASHINGTON APPROVING AN EMPLOYER MASTER PARTICIPATION AGREEMENT BETWEEN THE CITY OF SUNNYSIDE AND AWC EMPLOYEE BENEFIT TRUST, AND AUTHORIZING THE CITY MANAGER TO SIGN THE AGREEMENT ON BEHALF OF THE CITY.

WHEREAS, the City has negotiated a new Employer Master Participation Agreement with AWC Employee Benefit Trust.

WHEREAS, the City has determined it is in its best interest to enter into the attached Employer Master Participation Agreement.

BE IT RESOLVED, by the City Council of the City of Sunnyside as follows:

1. The Employer Master participation Agreement between the City and AWC Employee Benefit Trust, a copy of which is attached hereto and incorporated herein as if fully set forth, is hereby approved by the City Council; and
2. The City Manager of the City of Sunnyside, Washington is hereby authorized to execute the agreement on behalf of the City.

PASSED this 25th day of September, 2023.


DEAN BROERSMA, MAYOR

ATTEST:


JACQUELINE RENTERIA, CITY CLERK

APPROVED AS TO FORM:
SAXTON RILEY & RILEY, PLLC


BY:

Attorneys for the City of Sunnyside



Employer Master Participation Agreement

The AWC Employee Benefit Trust is a plan sponsor for health coverage through the following insurance carriers:

Medical			Dental	Vision	EAP	Life & LTD	
1800 Ninth Ave Seattle, WA 98101	528 E Spokane Falls Blvd, Suite 301 Spokane, WA 99202	Kaiser Permanente 601 Union Street, Suite 3100 Seattle, WA 98101	Delta Dental of Washington 400 Fairview Ave N Seattle, WA 98109-5371	Willamette Dental Group of Washington, Inc. 6950 NE Campus Way Hillsboro, OR 97124	3333 Quality Drive Rancho Cordova, CA 95670	NBC Tower 455 N. Cityfront Plaza Drive Chicago, IL 60611-5322	Standard Insurance Company 1100 SW 6th Ave Portland, OR 97204

09/21/2023

Date form completed

01/01/2024

Effective date

If you are making a change, describe it here:

Adding Medical, Dental, Vision, FSA and HSA for IAFF, Police, Non-Represented and the City Manager

Employer demographic information

Employer proper name

City of Sunnyside

Pseudonyms/DBA/non-technical employer name/short name

Physical address

818 E. Edison Ave
Sunnyside, WA 98944

Mailing address (if different)

Phone number

509-836-6300

Tax ID

91-6001284

Contact/form completed by:

Name	Title	Phone number	Email
Elizabeth Alba	City Manager	509-836-6300	ealba@sunnyside-wa.gov

Employer policies

Coverage start date, pick one

First day of the month after date of hire.

If the employee's hire date is the first day, or first working day of the month, start the employee's coverage:

The first day of that month

The first of the month following date of hire

Employees are retroactively covered back to the first day of the month in which they are hired.

Employees have a probationary period and then are covered the first of the month following the date probationary period is complete.

How long is the probationary period? _____

Coverage termination date

Yes No First of the month following date of termination/retirement. If no, explain below:

Varying group policies

Yes No We have different coverage start and/or termination policies for different groups within our organization. If yes, explain below:

Spouse/Domestic Partners

Yes No Spouse/Domestic Partners are eligible to be covered on the employer's plan

Yes No We have a more generous Domestic Partner policy than required by Washington state law (RCW 48.44.900).

Same and opposite gender

Same gender only

Opposite gender only

Number of employees eligible for any employer-sponsored plan

	Full-time employees*	Part-time employees**	Seasonal employees	Elected officials***	LEOFF 1's
Medical	145				7
Dental	145				
Vision	145				
Long-term disability	18				
Life	145				
EAP	145				

* The minimum hours for full-time eligibility are: 40 hrs weekly

**The minimum hours for part-time eligibility (must be at least 20 hours/week): _____

***Elected officials include Mayor Council Other _____

Legal agreements

Changes to the Master Participation Agreement: I understand I may make changes to this document to be effective the first day of any month when adequate notice is provided:

- For addition of plan(s), or a change from one plan to another, an updated copy of the Master Participation Agreement should be sent to the AWC Trust office 45-60 days prior to the desired addition/change effective date.
- For termination of a single line of coverage, an updated copy of the Master Participation Agreement should be sent to the AWC Trust office 60 days prior to the desired termination date.
- **Fees:** Cities, towns and non-city entities must be members of the Association of Washington Cities, paying an annual membership fee. AWC Trust rates and requirements are subject to review and/or change by the AWC Trust Board of Trustees at any time.

Life and long-term disability

- We hereby (1) elect to participate in the group life and/or disability insurance coverage under the Association of Washington Cities Employee Benefit Trust (Trust) group life and disability insurance policies issued by Standard Insurance Company; (2) agree to remit premiums on or before the premium due date; (3) agree to be bound by the coverages available to all present and future eligible employees; (4) agree to make the elected coverage available to all present and future eligible employees.
- We understand that the group insurance policies contain limitations and exclusions not described in this Master Participation Agreement. We understand that Certificates of Insurance giving a complete description of the insurance coverage(s) will be provided. We agree to distribute those certificates to insured participants. We agree not to distribute any other description of the terms of insurance coverage(s) without prior written approval of Standard Insurance Company.
- We understand that no insurance coverage for any participant will be in effect prior to the latest of: (a) requested effective date; (b) approval by Standard Insurance Company; and (c) approval of evidence of insurability, if required.

Employer acknowledgement and signature

The AWC Employee Benefit Trust is maintained and administered in accordance with the Trust Agreement (as amended periodically), the terms of which are incorporated by reference into this Master Participation Agreement. Employers should review the Trust Agreement, including specifically its terms regarding joining, participating, and terminating participation in the Trust. A copy will be provided to you upon joining the Trust, and an updated copy will be reissued when the Trust Agreement is amended and restated. Additional agreements are outlined within the Interlocal Agreement required by the AWC Trust.

Premium payments are due on or before the 10th of the month in which coverage is active. Payment may be submitted online or by paper check, mailed to the address indicated on your bill.

By signing below, I acknowledge and represent the following on behalf of the employer:

- The employer has received a copy of the Trust Agreement and agrees to abide by all applicable terms and conditions therein.
- The employer provides its answers on this form as part of the procedure required by the Trust to provide or change Trust-sponsored coverage, with the understanding that the Trust relies on this information to ensure compliance with underwriting rules. All information completed on this form is true, correct, and complete.
- The employer is responsible for the accuracy of all employee and dependent enrollment information that the employer submits to the Trust on behalf of its employees, and has received any necessary approvals to submit or make changes to such information on behalf of its employees.
- The employer understands that it is a crime to knowingly provide false, incomplete, or misleading information for the purposes of defrauding the Trust, a health plan, or an insurance company, with penalties including denial of coverage, fines, and/or imprisonment. In addition, the Trust will have the right to collect any claims payments or other damages.

Elizabeth Alba

Printed name

Signature

City Manager

Date

Title

Plan offerings

Complete **one "plan offering" section for each workgroup or bargaining unit** (i.e. public works, police guild, finance, etc.) If all employees are on the same plans – write "all employees."

Name of workgroup/
bargaining unit

City Manager

employees eligible 1

AWC Trust plan offerings

Part-time staff eligible for: Medical Dental Vision Life LTD EAP

Medical # enrolled 1

You are eligible for plans through either Regence or Asuris, depending on your location. Contact us if you aren't sure which carrier is in your area.



- Regence BlueShield**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - AHN 250
 - Plan A – LEOFF 1 active employees and retirees only
 - Medicare Advantage EGWP – LEOFF 1 retirees only

- Asuris Northwest Health**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - Plan A – LEOFF 1 active employees and retirees only

- Kaiser Permanente**
- Kaiser 200
 - Kaiser 500
 - High Deductible Health Plan
 - Non-copay plan – LEOFF 1 retirees only
 - Kaiser Foundation Health Plan of Washington Options, Inc.**
 - Kaiser Access PPO

Dental # enrolled 1



Delta Dental of Washington



Employee Assistance Program # enrolled 1



—The GuidanceResources Company®—

- Delta Dental of Washington**
- | Dental | Orthodontia |
|--|--|
| <input type="checkbox"/> Plan A | <input checked="" type="checkbox"/> Plan I |
| <input checked="" type="checkbox"/> Plan B | <input type="checkbox"/> Plan II |
| <input type="checkbox"/> Plan C | <input type="checkbox"/> Plan III |
| <input type="checkbox"/> Plan D | <input type="checkbox"/> Plan IV |
| <input type="checkbox"/> Plan E | <input type="checkbox"/> Plan V |
| <input type="checkbox"/> Plan F | |
| <input type="checkbox"/> Plan G | |
| <input type="checkbox"/> Plan J | |

- Willamette Dental of Washington, Inc.**
- \$10 copay
 - \$15 copay

- ComPsych**
- 1-3 sessions - Standard and included when enrolled on any AWC Trust plan.
 - 1-5 sessions
 - 1-8 sessions
 - Employees with no other AWC Trust coverage
 - 1-3 session
 - 1-5 session
 - 1-8 session

Vision # enrolled 1



- Vision Service Plan**
- \$0 copay
 - \$10 copay
 - \$25 copay
 - \$10/15 copay

- Second pair option rider

Tax-favored accounts



- HSA Bank**
- HSA



- Navia Benefit Solutions**
- FSA
 - HSA
 - HRA
 - COBRA, applies to FSA or HRA

More plan offerings —>

Plan offerings *continued*

Name of workgroup/bargaining unit City Manager

Life enrolled

Long term disability enrolled

The Standard®

The Standard

Basic life

Flat rate amount:
\$ 35,000

Salary based:
_____ x salary,
up to a maximum of
\$ _____

Accidental Death &
Dismemberment

Dependent Life

Option 1: \$1,000

Option 2: \$2,000

Option 3: \$5,000

Option 4: \$10,000

Employee additional life

Spouse additional life

*If previous life and/or LTD coverage was not through the AWC Trust, list previous carrier and termination date:

Actively at work requirement:

If adding life or long-term disability, is any employee currently disabled? Yes No

If yes, include an attachment with name, date of birth, & last four of SSN.

The Standard®

The Standard

Option 1: 60%; 90-day

Option 2: 60%; 180-day

Option 3: 67%; 90-day

Option 4: 67%; 180-day

Low risk option 1: 60%; 90-day

Low risk option 2: 60%; 180-day

Low risk option 3: 67%; 90-day

Low risk option 4: 67%; 180-day

Safety employees, transit drivers, and electrical workers are excluded from low risk options.

Premium contributions

Do employees pay toward their LTD coverage? Yes No

If yes,

Amount employee pays _____ %

Amount employer pays _____ %

Other non-AWC plan offerings

	Name of plan/sponsor	# employees eligible	# employees enrolled
Medical	Teamster's Welfare Trust	72	72
Dental	Teamster's Welfare Trust	72	72
Vision	Teamster's Welfare Trust	72	72
Life	WA Teamster's Life	10	10
Long-term disability	MERP	18	18
EAP			
Tax-favored account(s) HSA/HRA/FSA	HRA/VEBA	24	24

Plan offerings

Complete **one "plan offering" section for each workgroup or bargaining unit** (i.e. public works, police guild, finance, etc.) If all employees are on the same plans – write "all employees."

Name of workgroup/
bargaining unit

Non-Represented

employees eligible 21

AWC Trust plan offerings

Part-time staff eligible for: Medical Dental Vision Life LTD EAP

Medical # enrolled 21

You are eligible for plans through either Regence or Asuris, depending on your location. Contact us if you aren't sure which carrier is in your area.



- Regence BlueShield**
 - AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - AHN 250
 - Plan A – LEOFF 1 active employees and retirees only
 - Medicare Advantage EGWP – LEOFF 1 retirees only



- Asuris Northwest Health**
 - AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - Plan A – LEOFF 1 active employees and retirees only



- Kaiser Permanente**
 - Kaiser 200
 - Kaiser 500
 - High Deductible Health Plan
 - Non-copay plan – LEOFF 1 retirees only
- Kaiser Foundation Health Plan of Washington Options, Inc.**
 - Kaiser Access PPO

Dental # enrolled 21



Delta Dental of Washington

- Delta Dental of Washington**
 - Dental**
 - Plan A
 - Plan B
 - Plan C
 - Plan D
 - Plan E
 - Plan F
 - Plan G
 - Plan J
 - Orthodontia**
 - Plan I
 - Plan II
 - Plan III
 - Plan IV
 - Plan V



- Willamette Dental of Washington, Inc.**
 - \$10 copay
 - \$15 copay

Employee Assistance Program # enrolled 21



—The GuidanceResources Company—

- ComPsych**
 - 1-3 sessions - Standard and included when enrolled on any AWC Trust plan.
 - 1-5 sessions
 - 1-8 sessions
- Employees with no other AWC Trust coverage
 - 1-3 session
 - 1-5 session
 - 1-8 session

Vision # enrolled 21



- Vision Service Plan**
 - \$0 copay
 - \$10 copay
 - \$25 copay
 - \$10/15 copay

- Second pair option rider

Tax favored accounts



- HSA Bank**
 - HSA



- Navia Benefit Solutions**
 - FSA
 - HSA
 - HRA
 - COBRA, applies to FSA or HRA

More plan offerings —>

Plan offerings *continued*

Name of workgroup/bargaining unit Non-represented

Life: #enrolled: 21

Long-term disability: #enrolled:



The Standard

- Basic life
- Flat rate amount:
\$ 25,000
- Salary based:
_____ x salary,
up to a maximum of
\$ _____

- Accidental Death & Dismemberment
- Dependent Life
 - Option 1: \$1,000
 - Option 2: \$2,000
 - Option 3: \$5,000
 - Option 4: \$10,000
- Employee additional life
- Spouse additional life

The Standard

- Option 1: 60%; 90-day
- Option 2: 60%; 180-day
- Option 3: 67%; 90-day
- Option 4: 67%; 180-day

- Low risk option 1: 60%; 90-day
- Low risk option 2: 60%; 180-day
- Low risk option 3: 67%; 90-day
- Low risk option 4: 67%; 180-day

*If previous life and/or LTD coverage was not through the AWC Trust, list previous carrier and termination date:

Safety employees, transit drivers, and electrical workers are excluded from low risk options.

Premium contributions

Do employees pay toward their LTD coverage? Yes No

If yes,
 Amount employee pays _____ %
 Amount employer pays _____ %

Actively at work requirement:

If adding life or long-term disability, is any employee currently disabled? Yes No
 If yes, include an attachment with name, date of birth, & last four of SSN.

Other non-AWC plan offerings

	Name of plan/sponsor	# employees eligible	# employees enrolled
Medical			
Dental			
Vision			
Life			
Long-term disability			
EAP			
Tax-favored account(s) HSA/HRA/FSA			

Plan offerings

Complete **one "plan offering" section for each workgroup or bargaining unit** (i.e. public works, police guild, finance, etc.) If all employees are on the same plans – write "all employees."

Name of workgroup/
bargaining unit IAFF

employees eligible 18

AWC Trust plan offerings

Part-time staff eligible for: Medical Dental Vision Life LTD EAP

Medical Enrolled: 18

You are eligible for plans through either Regence or Asuris, depending on your location. Contact us if you aren't sure which carrier is in your area.



- Regence BlueShield**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - AHN 250
 - Plan A – LEOFF 1 active employees and retirees only
 - Medicare Advantage EGWP – LEOFF 1 retirees only



- Asuris Northwest Health**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - Plan A – LEOFF 1 active employees and retirees only



- Kaiser Permanente**
- Kaiser 200
 - Kaiser 500
 - High Deductible Health Plan
 - Non-copay plan – LEOFF 1 retirees only
 - Kaiser Foundation Health Plan of Washington Options, Inc.**
 - Kaiser Access PPO

Dental Enrolled: 18



- Delta Dental of Washington**
- | Dental | Orthodontia |
|--|--|
| <input type="checkbox"/> Plan A | <input checked="" type="checkbox"/> Plan I |
| <input checked="" type="checkbox"/> Plan B | <input type="checkbox"/> Plan II |
| <input type="checkbox"/> Plan C | <input type="checkbox"/> Plan III |
| <input type="checkbox"/> Plan D | <input type="checkbox"/> Plan IV |
| <input type="checkbox"/> Plan E | <input type="checkbox"/> Plan V |
| <input type="checkbox"/> Plan F | |
| <input type="checkbox"/> Plan G | |
| <input type="checkbox"/> Plan J | |



- Willamette Dental of Washington, Inc.**
- \$10 copay
 - \$15 copay

Employee Assistance Program Enrolled: 18



- ComPsych**
- 1-3 sessions - Standard and included when enrolled on any AWC Trust plan.
 - 1-5 sessions
 - 1-8 sessions
 - Employees with no other AWC Trust coverage
 - 1-3 session
 - 1-5 session
 - 1-8 session

Vision Enrolled: 18



- Vision Service Plan**
- \$0 copay
 - \$10 copay
 - \$25 copay
 - \$10/15 copay
- Second pair option rider

Tax favored accounts



- HSA Bank**
- HSA



- Navia Benefit Solutions**
- FSA
 - HSA
 - HRA
 - COBRA, applies to FSA or HRA

More plan offerings —>

Plan offerings *continued*

Name of workgroup/bargaining unit IAFF

Life enrolled not enrolled

Long-term disability enrolled not enrolled



The Standard

Basic life

Flat rate amount:
\$ 10,000

Salary based:
_____ x salary,
up to a maximum of
\$ _____

Accidental Death & Dismemberment

Dependent Life

- Option 1: \$1,000
- Option 2: \$2,000
- Option 3: \$5,000
- Option 4: \$10,000

Employee additional life

Spouse additional life

The Standard

- Option 1: 60%; 90-day
- Option 2: 60%; 180-day
- Option 3: 67%; 90-day
- Option 4: 67%; 180-day

- Low risk option 1: 60%; 90-day
- Low risk option 2: 60%; 180-day
- Low risk option 3: 67%; 90-day
- Low risk option 4: 67%; 180-day

*If previous life and/or LTD coverage was not through the AWC Trust, list previous carrier and termination date:

Safety employees, transit drivers, and electrical workers are excluded from low risk options.

Premium contributions

Do employees pay toward their LTD coverage? Yes No

If yes,

Amount employee pays _____ %
Amount employer pays _____ %

Actively at work requirement:

If adding life or long-term disability, is any employee currently disabled? Yes No

If yes, include an attachment with name, date of birth, & last four of SSN.

Other non-AWC plan offerings

	Name of plan/sponsor	# employees eligible	# employees enrolled
Medical			
Dental			
Vision			
Life			
Long-term disability			
EAP			
Tax-favored account(s) HSA/HRA/FSA			

Plan offerings

Complete **one "plan offering" section for each workgroup or bargaining unit** (i.e. public works, police guild, finance, etc.) If all employees are on the same plans – write "all employees."

Name of workgroup/
bargaining unit

Police Guild

employees eligible 33

AWC Trust plan offerings

Part-time staff eligible for: Medical Dental Vision Life LTD EAP

Medical

enrolled 33

You are eligible for plans through either Regence or Asuris, depending on your location. Contact us if you aren't sure which carrier is in your area.



- Regence BlueShield**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - AHN 250
 - Plan A – LEOFF 1 active employees and retirees only
 - Medicare Advantage EGWP – LEOFF 1 retirees only

- Asuris Northwest Health**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - Plan A – LEOFF 1 active employees and retirees only

- Kaiser Permanente**
- Kaiser 200
 - Kaiser 500
 - High Deductible Health Plan
 - Non-copay plan – LEOFF 1 retirees only
 - Kaiser Foundation Health Plan of Washington Options, Inc.**
 - Kaiser Access PPO

Dental

enrolled 33



Delta Dental of Washington



Employee Assistance Program

enrolled 33



- Delta Dental of Washington**
- | Dental | Orthodontia |
|--|--|
| <input type="checkbox"/> Plan A | <input checked="" type="checkbox"/> Plan I |
| <input checked="" type="checkbox"/> Plan B | <input type="checkbox"/> Plan II |
| <input type="checkbox"/> Plan C | <input type="checkbox"/> Plan III |
| <input type="checkbox"/> Plan D | <input type="checkbox"/> Plan IV |
| <input type="checkbox"/> Plan E | <input type="checkbox"/> Plan V |
| <input type="checkbox"/> Plan F | |
| <input type="checkbox"/> Plan G | |
| <input type="checkbox"/> Plan J | |

- Willamette Dental of Washington, Inc.**
- \$10 copay
 - \$15 copay

- ComPsych**
- 1-3 sessions - Standard and included when enrolled on any AWC Trust plan.
 - 1-5 sessions
 - 1-8 sessions
 - Employees with no other AWC Trust coverage
 - 1-3 session
 - 1-5 session
 - 1-8 session

Vision

enrolled 33



- Vision Service Plan**
- \$0 copay
 - \$10 copay
 - \$25 copay
 - \$10/15 copay

- Second pair option rider

Tax favored accounts



- HSA Bank**
- HSA



- Navia Benefit Solutions**
- FSA
 - HSA
 - HRA
 - COBRA, applies to FSA or HRA

More plan offerings —>

Plan offerings *continued*

Name of workgroup/bargaining unit Police Guild



Life # enrolled: 33

Long-term disability # enrolled: 33



The Standard

- Basic life
- Flat rate amount:
\$ 5,000
- Salary based:
_____ x salary,
up to a maximum of
\$ _____

- Accidental Death & Dismemberment
- Dependent Life
 - Option 1: \$1,000
 - Option 2: \$2,000
 - Option 3: \$5,000
 - Option 4: \$10,000
- Employee additional life
- Spouse additional life

The Standard

- Option 1: 60%; 90-day
- Option 2: 60%; 180-day
- Option 3: 67%; 90-day
- Option 4: 67%; 180-day

- Low risk option 1: 60%; 90-day
- Low risk option 2: 60%; 180-day
- Low risk option 3: 67%; 90-day
- Low risk option 4: 67%; 180-day

*If previous life and/or LTD coverage was not through the AWC Trust, list previous carrier and termination date:

Safety employees, transit drivers, and electrical workers are excluded from low risk options.

Premium contributions

Do employees pay toward their LTD coverage? Yes No

If yes,

Amount employee pays _____ %
Amount employer pays _____ %

Actively at work requirement:

If adding life or long-term disability, is any employee currently disabled? Yes No
If yes, include an attachment with name, date of birth, & last four of SSN.

Other non-AWC plan offerings

	Name of plan/sponsor	# employees eligible	# employees enrolled
Medical			
Dental			
Vision			
Life			
Long-term disability			
EAP			
Tax-favored account(s) HSA/HRA/FSA			

Plan offerings

Complete **one "plan offering" section for each workgroup or bargaining unit** (i.e. public works, police guild, finance, etc.) If all employees are on the same plans – write "all employees."

Name of workgroup/
bargaining unit

Division Supervisors Teamsters

employees eligible 10

AWC Trust plan offerings

Part-time staff eligible for: Medical Dental Vision Life LTD EAP

Medical enrolled

You are eligible for plans through either Regence or Asuris, depending on your location. Contact us if you aren't sure which carrier is in your area.



- Regence BlueShield**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - AHN 250
 - Plan A – LEOFF 1 active employees and retirees only
 - Medicare Advantage EGWP – LEOFF 1 retirees only

- Asuris Northwest Health**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - Plan A – LEOFF 1 active employees and retirees only

- Kaiser Permanente**
- Kaiser 200
 - Kaiser 500
 - High Deductible Health Plan
 - Non-copay plan – LEOFF 1 retirees only
 - Kaiser Foundation Health Plan of Washington Options, Inc.**
 - Kaiser Access PPO

Dental enrolled



Delta Dental of Washington



Employee Assistance Program enrolled 10



The GuidanceResources Company™

- Delta Dental of Washington**
- | Dental | Orthodontia |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Plan A | <input type="checkbox"/> Plan I |
| <input type="checkbox"/> Plan B | <input type="checkbox"/> Plan II |
| <input type="checkbox"/> Plan C | <input type="checkbox"/> Plan III |
| <input type="checkbox"/> Plan D | <input type="checkbox"/> Plan IV |
| <input type="checkbox"/> Plan E | <input type="checkbox"/> Plan V |
| <input type="checkbox"/> Plan F | |
| <input type="checkbox"/> Plan G | |
| <input type="checkbox"/> Plan J | |

- Willamette Dental of Washington, Inc.**
- \$10 copay
 - \$15 copay

- ComPsych**
- 1-3 sessions - Standard and included when enrolled on any AWC Trust plan.
 - 1-5 sessions
 - 1-8 sessions
- Employees with no other AWC Trust coverage
- 1-3 session
 - 1-5 session
 - 1-8 session

Vision enrolled



- Vision Service Plan**
- \$0 copay
 - \$10 copay
 - \$25 copay
 - \$10/15 copay

Second pair option rider

Tax favored accounts



- HSA Bank**
- HSA



- Navia Benefit Solutions**
- FSA
 - HSA
 - HRA
 - COBRA, applies to FSA or HRA

More plan offerings —>

Plan offerings *continued*

Name of workgroup/bargaining unit Division SupervisorsTeamsters



Life enrolled 10

Long-term disability enrolled



The Standard

- Basic life
- Flat rate amount:
\$ 20,000
- Salary based:
_____ x salary,
up to a maximum of
\$ _____

- Accidental Death & Dismemberment
- Dependent Life
 - Option 1: \$1,000
 - Option 2: \$2,000
 - Option 3: \$5,000
 - Option 4: \$10,000
- Employee additional life
- Spouse additional life

*If previous life and/or LTD coverage was not through the AWC Trust, list previous carrier and termination date:

Actively at work requirement:

If adding life or long-term disability, is any employee currently disabled? Yes No
If yes, include an attachment with name, date of birth, & last four of SSN.



The Standard

- Option 1: 60%; 90-day
- Option 2: 60%; 180-day
- Option 3: 67%; 90-day
- Option 4: 67%; 180-day
- Low risk option 1: 60%; 90-day
- Low risk option 2: 60%; 180-day
- Low risk option 3: 67%; 90-day
- Low risk option 4: 67%; 180-day

Safety employees, transit drivers, and electrical workers are excluded from low risk options.

Premium contributions

Do employees pay toward their LTD coverage? Yes No

If yes,
Amount employee pays _____ %
Amount employer pays _____ %

Other non-AWC plan offerings

	Name of plan/sponsor	# employees eligible	# employees enrolled
Medical			
Dental			
Vision			
Life			
Long-term disability			
EAP			
Tax-favored account(s) HSA/HRA/FSA			

Plan offerings

Complete **one "plan offering" section for each workgroup or bargaining unit** (i.e. public works, police guild, finance, etc.) If all employees are on the same plans – write "all employees."

Name of workgroup/
bargaining unit

Police Support Teamsters

employees eligible 21

AWC Trust plan offerings

Part-time staff eligible for: Medical Dental Vision Life LTD EAP

Medical # enrolled:

You are eligible for plans through either Regence or Asuris, depending on your location. Contact us if you aren't sure which carrier is in your area.



- Regence BlueShield**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - AHN 250
 - Plan A – LEOFF 1 active employees and retirees only
 - Medicare Advantage EGWP – LEOFF 1 retirees only

- Asuris Northwest Health**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - Plan A – LEOFF 1 active employees and retirees only

- Kaiser Permanente**
- Kaiser 200
 - Kaiser 500
 - High Deductible Health Plan
 - Non-copay plan – LEOFF 1 retirees only
 - Kaiser Foundation Health Plan of Washington Options, Inc.**
 - Kaiser Access PPO

Dental # enrolled:



- Delta Dental of Washington Dental**
- Plan A
 - Plan B
 - Plan C
 - Plan D
 - Plan E
 - Plan F
 - Plan G
 - Plan J
- Delta Dental of Washington Orthodontia**
- Plan I
 - Plan II
 - Plan III
 - Plan IV
 - Plan V

- Willamette Dental of Washington, Inc.**
- \$10 copay
 - \$15 copay

Employee Assistance Program # enrolled:



- ComPsych**
- 1-3 sessions - Standard and included when enrolled on any AWC Trust plan.
 - 1-5 sessions
 - 1-8 sessions
 - Employees with no other AWC Trust coverage
 - 1-3 session
 - 1-5 session
 - 1-8 session

Vision # enrolled:



- Vision Service Plan**
- \$0 copay
 - \$10 copay
 - \$25 copay
 - \$10/15 copay

Second pair option rider

Tax favored accounts



- HSA Bank**
- HSA



- Navia Benefit Solutions**
- FSA
 - HSA
 - HRA
 - COBRA, applies to FSA or HRA

More plan offerings —>

Plan offerings *continued*

Name of workgroup/bargaining unit Police Support Teamsters



Life # enrolled 21

Long-term disability # enrolled 21



The Standard

- Basic life
- Flat rate amount:
\$ 5,000
- Salary based:
_____ x salary,
up to a maximum of
\$ _____

- Accidental Death & Dismemberment
- Dependent Life
 - Option 1: \$1,000
 - Option 2: \$2,000
 - Option 3: \$5,000
 - Option 4: \$10,000
- Employee additional life
- Spouse additional life

The Standard

- Option 1: 60%; 90-day
- Option 2: 60%; 180-day
- Option 3: 67%; 90-day
- Option 4: 67%; 180-day

- Low risk option 1: 60%; 90-day
- Low risk option 2: 60%; 180-day
- Low risk option 3: 67%; 90-day
- Low risk option 4: 67%; 180-day

*If previous life and/or LTD coverage was not through the AWC Trust, list previous carrier and termination date:

Safety employees, transit drivers, and electrical workers are excluded from low risk options.

Premium contributions

Do employees pay toward Yes No their LTD coverage?

If yes,

Amount employee pays _____ %

Amount employer pays _____ %

Actively at work requirement:

If adding life or long-term disability, is any employee currently disabled? Yes No

If yes, include an attachment with name, date of birth, & last four of SSN.

Other non-AWC plan offerings

	Name of plan/sponsor	# employees eligible	# employees enrolled
Medical			
Dental			
Vision			
Life			
Long-term disability			
EAP			
Tax-favored account(s) HSA/HRA/FSA			

Plan offerings

Complete **one "plan offering" section for each workgroup or bargaining unit** (i.e. public works, police guild, finance, etc.) If all employees are on the same plans – write "all employees."

Name of workgroup/
bargaining unit

Public Works Teamsters

employees eligible 31

AWC Trust plan offerings

Part-time staff eligible for: Medical Dental Vision Life LTD EAP

Medical #enrolled

You are eligible for plans through either Regence or Asuris, depending on your location. Contact us if you aren't sure which carrier is in your area.



- Regence BlueShield**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - AHN 250
 - Plan A – LEOFF 1 active employees and retirees only
 - Medicare Advantage EGWP – LEOFF 1 retirees only

- Asuris Northwest Health**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - Plan A – LEOFF 1 active employees and retirees only

- Kaiser Permanente**
- Kaiser 200
 - Kaiser 500
 - High Deductible Health Plan
 - Non-copay plan – LEOFF 1 retirees only
 - Kaiser Foundation Health Plan of Washington Options, Inc.**
 - Kaiser Access PPO

Dental #enrolled



Employee Assistance Program #enrolled 31



- Delta Dental of Washington Dental**
- Plan A
 - Plan B
 - Plan C
 - Plan D
 - Plan E
 - Plan F
 - Plan G
 - Plan J
- Orthodontia**
- Plan I
 - Plan II
 - Plan III
 - Plan IV
 - Plan V

- Willamette Dental of Washington, Inc.**
- \$10 copay
 - \$15 copay

- ComPsych**
- 1-3 sessions - Standard and included when enrolled on any AWC Trust plan.
 - 1-5 sessions
 - 1-8 sessions
- Employees with no other AWC Trust coverage
- 1-3 session
 - 1-5 session
 - 1-8 session

Vision #enrolled



- Vision Service Plan**
- \$0 copay
 - \$10 copay
 - \$25 copay
 - \$10/15 copay

Second pair option rider

Tax-favored accounts



- HSA Bank**
- HSA



- Navia Benefit Solutions**
- FSA
 - HSA
 - HRA
 - COBRA, applies to FSA or HRA

More plan offerings —>

Plan offerings *continued*

Name of workgroup/bargaining unit Public WorksTeamsters



Life: Enrolled 31

Long-term disability: Enrolled



The Standard

- Basic life
- Flat rate amount:
\$ 5,000
- Salary based:
_____ x salary,
up to a maximum of
\$ _____

- Accidental Death & Dismemberment
- Dependent Life
 - Option 1: \$1,000
 - Option 2: \$2,000
 - Option 3: \$5,000
 - Option 4: \$10,000
- Employee additional life
- Spouse additional life

The Standard

- Option 1: 60%; 90-day
- Option 2: 60%; 180-day
- Option 3: 67%; 90-day
- Option 4: 67%; 180-day

- Low risk option 1: 60%; 90-day
- Low risk option 2: 60%; 180-day
- Low risk option 3: 67%; 90-day
- Low risk option 4: 67%; 180-day

*If previous life and/or LTD coverage was not through the AWC Trust, list previous carrier and termination date:

Safety employees, transit drivers, and electrical workers are excluded from low risk options.

Premium contributions

Do employees pay toward Yes No their LTD coverage?

If yes,

Amount employee pays _____ %
Amount employer pays _____ %

Actively at work requirement:

If adding life or long-term disability, is Yes No any employee currently disabled?
If yes, include an attachment with name, date of birth, & last four of SSN.

Other non-AWC plan offerings

	Name of plan/sponsor	# employees eligible	# employees enrolled
Medical			
Dental			
Vision			
Life			
Long-term disability			
EAP			
Tax-favored account(s) HSA/HRA/FSA			

Plan offerings

Complete **one "plan offering" section for each workgroup or bargaining unit** (i.e. public works, police guild, finance, etc.) If all employees are on the same plans – write "all employees."

Name of workgroup/
bargaining unit

Office/Clerical Teamsters

employees eligible 10

AWC Trust plan offerings

Part-time staff eligible for: Medical Dental Vision Life LTD EAP

Medical # enrolled

You are eligible for plans through either Regence or Asuris, depending on your location. Contact us if you aren't sure which carrier is in your area.



- Regence BlueShield**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - AHN 250
 - Plan A – LEOFF 1 active employees and retirees only
 - Medicare Advantage EGWP – LEOFF 1 retirees only

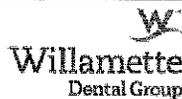
- Asuris Northwest Health**
- AWC HealthFirst® 250
 - AWC HealthFirst® 500
 - High Deductible Health Plan
 - Plan A – LEOFF 1 active employees and retirees only

- Kaiser Permanente**
- Kaiser 200
 - Kaiser 500
 - High Deductible Health Plan
 - Non-copay plan – LEOFF 1 retirees only
 - Kaiser Foundation Health Plan of Washington Options, Inc.**
 - Kaiser Access PPO

Dental # enrolled



Delta Dental of Washington



- Delta Dental of Washington**
- | Dental | Orthodontia |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Plan A | <input type="checkbox"/> Plan I |
| <input type="checkbox"/> Plan B | <input type="checkbox"/> Plan II |
| <input type="checkbox"/> Plan C | <input type="checkbox"/> Plan III |
| <input type="checkbox"/> Plan D | <input type="checkbox"/> Plan IV |
| <input type="checkbox"/> Plan E | <input type="checkbox"/> Plan V |
| <input type="checkbox"/> Plan F | |
| <input type="checkbox"/> Plan G | |
| <input type="checkbox"/> Plan J | |

- Willamette Dental of Washington, Inc.**
- \$10 copay
 - \$15 copay

Employee Assistance Program # enrolled 10



- ComPsych**
- 1-3 sessions - Standard and included when enrolled on any AWC Trust plan.
 - 1-5 sessions
 - 1-8 sessions
- Employees with no other AWC Trust coverage
- 1-3 session
 - 1-5 session
 - 1-8 session

Vision # enrolled



Vision Service Plan

- \$0 copay
- \$10 copay
- \$25 copay
- \$10/15 copay

Second pair option rider

Tax favored accounts



- HSA Bank**
- HSA



- Navia Benefit Solutions**
- FSA
 - HSA
 - HRA
 - COBRA, applies to FSA or HRA

More plan offerings —>

Plan offerings *continued*

Name of workgroup/bargaining unit Office/Clerical Teamsters



Life: enrolled not enrolled

Long-term disability: enrolled not enrolled



The Standard

Basic life

Flat rate amount:
\$ 15,000

Salary based:
_____ x salary,
up to a maximum of
\$ _____

Accidental Death & Dismemberment

Dependent Life

- Option 1: \$1,000
- Option 2: \$2,000
- Option 3: \$5,000
- Option 4: \$10,000

Employee additional life

Spouse additional life

*If previous life and/or LTD coverage was not through the AWC Trust, list previous carrier and termination date:

Actively at work requirement:

If adding life or long-term disability, is any employee currently disabled? Yes No

If yes, include an attachment with name, date of birth, & last four of SSN.



The Standard

- Option 1: 60%; 90-day
- Option 2: 60%; 180-day
- Option 3: 67%; 90-day
- Option 4: 67%; 180-day

- Low risk option 1: 60%; 90-day
- Low risk option 2: 60%; 180-day
- Low risk option 3: 67%; 90-day
- Low risk option 4: 67%; 180-day

Safety employees, transit drivers, and electrical workers are excluded from low risk options.

Premium contributions

Do employees pay toward Yes No their LTD coverage?

If yes,

Amount employee pays _____ %

Amount employer pays _____ %

Other non-AWC plan offerings

	Name of plan/sponsor	# employees eligible	# employees enrolled
Medical			
Dental			
Vision			
Life			
Long-term disability			
EAP			
Tax-favored account(s) HSA/HRA/FSA			