

RESOLUTION 2023 - 35

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SUNNYSIDE, WASHINGTON APPROVING AN AGREEMENT WITH THE SUNNYSIDE POLICE OFFICERS GUILD TO PROVIDE HEALTH CARE BENEFITS WITH WASHINGTON COUNTIES INSURANCE FUND AND COLONIAL LIFE, AND AUTHORIZING THE CITY MANAGER TO SIGN THE AGREEMENTS ON BEHALF OF THE CITY

WHEREAS, the City has negotiated a Memorandum of Agreement with the Sunnyside Police Officers Guild regarding changes to Health Care Benefits; and

WHEREAS, the City has determined it is in its best interest of the parties to enter into the attached Group Master Application with Washington Counties Insurance Fund (WCIF) and Voluntary Benefits Contract with Colonial Life;

NOW THEREFORE, IT IS HEREBY RESOLVED BY THE CITY COUNCIL OF THE CITY OF SUNNYSIDE, WASHINGTON, as follows:

SECTION 1. The Group Master Application between the City and Washington Counties Insurance Fund, a copy of which is attached hereto as Exhibit "A" and incorporated herein as if fully set forth, is hereby approved by the City Council; and

SECTION 2. The Voluntary Benefits Contract between the City and Colonial Life, a copy of which is attached here to as Exhibit "B" and incorporated herein as if fully set forth, is hereby approved by the City Council; and

SECTION 3. The City Manager of the City of Sunnyside, Washington is hereby authorized to execute the agreements on behalf of the City.

PASSED this 11th day of December, 2023.



DEAN BROERSMA, MAYOR

ATTEST:



JACQUELINE RENTERIA, CITY CLERK

APPROVED AS TO FORM:
SAXTON RILEY & RILEY, PLLC



BENJAMIN J. RILEY
ATTORNEYS FOR THE CITY OF SUNNYSIDE



EXHIBIT A
2024 GROUP
MASTER APPLICATION

Date Submitted

[Empty box for Date Submitted]

Coverage Effective Date

1/1/2024

This is an application for (CHECK ONE)

- Annual Renewal, New Participating Employer, Mid-Year Plan Change, Existing Employer, New Division

GROUP INFORMATION

Do you have subgroups with different benefits? (Required)

Yes No Subgroup Name: [Empty box]

Group Legal Name

City of Sunnyside

Doing Business As (DBA)

Sunnyside Police Officers

What name do you prefer WCIF use to refer to your organization?

- Legal Name, DBA

Business Physical Address (No PO Box or PMB) (Required)

Street Address

818 E. Edison Ave

Address Line 2

[Empty box for Address Line 2]

City

Sunnyside

County

Yakima

State

WA

Zip

98944

Business Mailing Address (if different from physical)

Street Address

[Empty box for Street Address]

Address Line 2

[Empty box for Address Line 2]

City

[Empty box for City]

County

[Empty box for County]

State

[Empty box for State]

Zip

[Empty box for Zip]

Federal Tax ID Number

91-6001284

Account Number (assigned by Vimly, Inc.)

[Empty box for Account Number]

Is your organization a public entity?

- Yes, No

Is your organization subject to ERISA?

- Yes, No

What type of entity is your organization? (CHECK ONE)

- County, Other local government agency, City, Non-profit organization receiving state or local funding, Other

[Empty box for Other entity type]

COMMISSIONER / EXECUTIVE DIRECTOR / CEO (etc.)

Name & Title

Elizabeth Alba, City Manager

Phone

509-836-6300

Email

ealba@sunnyside-wa.gov

WCIF INSURANCE ADVISORY COMMITTEE (IAC) DESIGNEE

(WCIF voting member, initial point of contact for plan changes, renewal information)

Name & Title

Jamison Horner, Administrative Services Director

Phone

509-836-6392

EXHIBIT A

Email

jhorner@sunnyside-wa.gov

Should this person have SIMON admin access?

- Yes
- No

GROUP BENEFITS ADMINISTRATOR (Administrators' Committee for Excellence (ACE) Designee)
ACE member will be the primary contact for WCIF plan benefit updates and administration.

Name & Title

Lucia Navarro, Human Resources Manager

Phone

509-836-6388

Email

lnavarro@sunnyside-wa.gov

Should this person have SIMON admin access?

- Yes
- No

GROUP BILLING ADMINISTRATOR

(primary contact for WCIF plan benefit updates and administration)

Name & Title

Victoria Hernandez, Human Resources Generalist

Phone

509-836-6388

Email

vhernandez@sunnyside-wa.gov

Should this person have SIMON admin access?

- Yes
- No

INSURANCE PRODUCER

Does your organization use an insurance producer for WCIF plans?

- Yes
- No

Producer Name

Eric Kantor

Phone

253-686-6140

Email

eric@benefitsolutionsnw.com

Agency Name (used for payment purposes)

Benefit Solutions NW

Producer Physical Address (No PO Box or PMB)

12930 Pacific Hwy SW

Address Line 2

Suite A

City

Lakewood

State

WA

Zip

98499

Service Contact

Eric Kantor

Phone

253-686-6140

Email

eric@benefitsolutionsnw.com

PRODUCER MUST RETURN SIGNED PRODUCER COMMISSION RATE SHEET(S) TO WCIF

PRODUCER SIGNATURE

[Signature Line]

DATE

[Date Line]

DEFINITIONS

WCIF Class Definition

Group of employees (affiliates, subsidiaries, or office locations within the same employer) with the same benefit options as the main group. Classes have the same Account Number as the main group, and are included on the same bill, but are assigned class codes and will have separate class premium totals on the bill.

WCIF Eligible Employees Definition

WCIF requires that employees work a minimum of 20 hours per week or 80 hours per month (whichever is less) to be eligible for benefits. An Employer may require an employee to work more than 20 hours per week or 80 hours per month based on employer policy or contractual requirements, and WCIF will honor the organization's minimum threshold. (Note: A covered employee will remain covered during any unpaid furlough so long as the covered employee does not exceed 30 unpaid furlough days in a single calendar year. Furlough days DO NOT include FMLA and PFML qualified absences, whether paid or unpaid). Elected officials of participating employers are eligible for coverage and are exempt from the minimum hour requirement.

WCIF Effective Date Definition

WCIF defines an employee's coverage effective date as follows. Employees hired:

- On the first of the month are eligible for coverage effective the date of hire. (If the first of the month falls on a weekend or holiday and the employee reports for work on the first business day following, coverage is retroactive to the first.)
- On the 2nd to the 31st of the month are eligible for coverage effective on the first day of the month following the date of hire.

Employers may impose their own waiting periods. If an employer chooses to do so, the effective dates as listed above will apply after the employee completes the employer's waiting period and becomes eligible for benefits. Note: Special eligibility provisions are in place for firefighters.

WCIF Eligible Dependent Definition

Dependents who are eligible for WCIF coverage include:

- A lawful spouse or domestic partner (Washington State Registered Domestic Partners are treated the same as a spouse),
- Children to age 26, including biological, step, foster, adopted children from the date of assumption of legal obligation for total or partial support, children required by court order or qualified medical child support order (QMCSO) to be covered by a participant. *Please Note: Dependent children are eligible for coverage to age 26 regardless of marital status, student status, or eligibility for coverage under another plan.*

All other dependents are not eligible without evidence of legal guardianship.

ELIGIBILITY (This section is REQUIRED)

NOTE: A current census must accompany each new class designation. If you have a new class, please send current census to your Account Executive via email.

Average number of W-2 employees (REQUIRED)

Number of employees eligible for WCIF benefits (REQUIRED)

31	31
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CLASS 1:

Class Name	Class Code (to appear on bill)	Number of plan participants
Sunnyside Police Officers Guild	Guild	31

ELIGIBILITY: Minimum hours

Per week	OR per month	Other:
	80	

Effective Date

- Same as WCIF (see above)
- First month following date of hire
- 30 day waiting period
- 60 day waiting period
- Fire District
- Other:

Employer Contribution:

Employee (\$ or %)	Dependents (\$ or %)	Composite (\$ or %)
100%	100%	100%

Special Notes

EXHIBIT A

CLASS 2:

Class Name	Class Code (to appear on bill)	Number of plan participants

ELIGIBILITY: Minimum hours

Per week	OR per month	Other:

Effective Date

- Same as WCIF (see above)
- First month following date of hire
- 30 day waiting period
- 60 day waiting period
- Fire District
- Other:

Employer Contribution:

Employee (\$ or %)	Dependents (\$ or %)	Composite (\$ or %)

Special Notes

WEB ENROLLMENT & BILLING INFORMATION

Will the group process enrollment and billing via the Vimly online enrollment system (SIMON)?

- Yes
- No

Will the group add the Employee Self Service (ESS) module?

- Yes
- No

Will the group require separate classes to be broken out on bill?

- Yes
- No

If YES, for access to the online enrollment system and billing services, indicate the individual(s) authorized for online enrollment system updates. An email invitation will be sent out to the designated individual(s) to register for online enrollment system functionality. Note: If access for an additional user is desired, please contact Vimly for request form.

Name & Title	Email (REQUIRED)	Phone
Lucia Navarro, Human Resources Manager	lnavarro@sunnyside-wa.gov	509-836-6388

Name & Title	Email (REQUIRED)	Phone
Victoria Hernandez, Human Resources Generalist	vhernandez@sunnyside-wa.gov	509-836-6388

Does your organization offer non-WCIF medical plans to employees?

- Yes
- No

Other Medical Carrier(s)

BENEFITS INFORMATION

Plan information can be found at wcif.net/employees

EXHIBIT A

Medical Plans

Directions: Designate 4-tiered rates or composite rates (subject to carrier approval). **Note: All medical plans are bundled with a base long term disability plan (Base LTD) and an employee assistance program (EAP).**

Premera Blue Cross

Check to DECLINE Premera coverage

Select Rate Structure

- 4-Tiered
 Composite

Select Network Option

- Heritage
 Prime

Select Plan Choice(s)

The number of plans available to an organization is based on the group's total number of eligible employees. Employer groups may offer plan choices as allowed under the Premera matrix.

- WCIF 200 WCIF 500 WCIF 750 WCIF 1250 WCIF 2000 WCIF 3000
 WCIF 5000 WCIF HSA 1600 WCIF HSA 3000 WCIF HSA 5000
 WCIF Choice 2 WCIF Choice 3 WCIF Choice 5

Kaiser Permanente

Check to DECLINE Kaiser Permanente coverage

Select Rate Structure

- 4-Tiered
 Composite

Select Plan Choice(s)

The number of plans available to an organization is based on the group's total number of eligible employees. Employer groups may offer plan choices as allowed under the Kaiser Permanente matrix.

Kaiser Foundation Health Plan of WA, Options Inc. Access PPO Plans

- Access 200 Access 500 Access 1000 Access 1500 Access 2000 Access 2500
 Access 3000 Access 5000 Access HSA 1600 Access HSA 2500 Access HSA 3500
 Access HSA 5500 Access Choice 2 Access Choice 3 Access Choice 5

Kaiser Foundation Health Plan of WA Core (HMO) Plans

- Core 250 Core 500 Core 750 Core 2000

Dental Plans

WCIF employer-paid dental plans require 100% employee participation. If elected, all eligible employees must be covered.

Delta Dental of Washington

Check to DECLINE Delta Dental coverage

Plan A: \$1,000 Annual Maximum PPO Plan

A-1 (100% Employer Paid)

- 2-Tiered Rates (EE / 1+ Dependent)
 Composite Rate

Plan B: \$2,000 Annual Maximum PPO Plan

B-4 (100% Employer Paid EXCEPT Dependents)

- 3-Tiered Rates (EE / 1 Dependent / 2+ Dependents)

EXHIBIT A

Plan C: \$1,000 Annual Maximum Enhanced Plan

C-1 (100% Employer Paid)

- 2-Tiered Rates (EE / 1+ Dependent)
- Composite Rate

C-2 (100% Employer Paid EXCEPT Dependents)

- 3-Tiered Rates (EE / 1 Dependent / 2+ Dependents)

Incentive Plan: \$2,000 Annual Maximum Plan

A-1 (100% Employer Paid)

- 2-Tiered Rates (EE / 1+ Dependent)
- Composite Rate

Voluntary or Other Plan

- Voluntary (4-Tiered Rates)

Other:

Plan D: \$2,000 Annual Maximum Enhanced Plan

D-3 (100% Employer Paid)

- 2-Tiered Rates (EE / 1+ Dependent)
- Composite Rate

D-4 (100% Employer Paid EXCEPT Dependents)

- 3-Tiered Rates (EE / 1 Dependent / 2+ Dependents)

Basic Plan: \$1,000 Annual Maximum PPO Plan

(100% Employer Paid)

- Composite Rate

(100% Employer Paid EXCEPT Dependents)

- 3-Tiered Rates (EE / 1 Dependent / 2+ Dependents)

Willamette Dental of Washington

Check to DECLINE Willamette Dental coverage

Employer Paid Plan

- 3-Tiered Rates
- Composite Rate

Voluntary Plan

- Voluntary (3-Tiered Rates)

Vision Plans

WCIF employer-paid vision plans require 100% employee participation. If elected, all eligible employees must be covered. Employer may offer more than one plan.

VSP Vision Care, Inc.

Check to DECLINE VSP coverage

Extended Plan

- 4-Tiered Rates
- Composite Rate

Standard Plan

- 4-Tiered Rates
- Composite Rate

Budget Plan

- 4-Tiered Rates
- Composite Rate

Easyoptions Plan

- 4-Tiered Rates
- Composite Rate

Voluntary Plan

- 4-Tiered Rates
- Composite Rate

Group Life Plans / Accidental Death & Dismemberment Plans

Employers are required to enroll all benefit-eligible employees. Basic Life is 100% employer paid.

Standard Insurance Company

Basic Life Plans

- \$12,000
- \$15,000
- \$20,000
- \$24,000
- \$36,000
- \$40,000
- \$48,000
- \$50,000
- \$100,000
- 1x Annual Salary up to \$50k
- 1x Annual Salary up to \$100k
- 1x Annual Salary up to \$150k
- 2x Annual Salary up to \$200k
- Other Custom Plan:

\$5,000 for employee

\$1,000 Basic Life Dependent Benefit (100% participation, employer paid)

EXHIBIT A

Voluntary Plans

DECLINE Voluntary Coverage

- Voluntary Term Life (VTL) Voluntary Accidental Death & Dismemberment (VAD&D)

Group Disability Plans

Base LTD may be purchased for benefit eligible employees not enrolled in WCIF medical plans by checking the applicable box below. If elected, this is an employer paid benefit that requires 100% employee participation. Must have Base LTD in place to offer Voluntary Buy-Up LTD.

- Check to DECLINE Standard disability coverage**

Disability Plans

- Bundled with medical only
- Base Long Term Disability (Base LTD) for Non-Medical Participants (100% participation, employer paid)
- Voluntary Buy-Up Long Term Disability (Buy-Up LTD) (by employee election, employee paid)
- Voluntary Short Term Disability (VSTD)
(by employee election, 2 waiting periods available to coincide with Base or Buy-Up LTD, employee paid)

Employee Assistance Program (EAP)

EAP may be purchased for employees not enrolled in WCIF medical plans by checking the applicable box below. If elected, this is an employer paid benefit that requires 100% employee participation. This plan features a special "Stand-Alone" option for employees who are not otherwise benefit eligible.

First Choice Health EAP

- Check to DECLINE EAP coverage**

EAP Coverage

- Bundled with medical only
- Standard EAP (100% participation for all benefit-eligible employees, employer paid)
- Stand-Alone EAP (100% participation for all employees, employer paid)

When Stand-Alone Coverage is offered to otherwise non benefit-eligible employees, do you want these employees included in the monthly combined bill?

- Yes (a census will need to be provided to Vimly)
- No (a separate bill will be provided in SIMON each month)

Metlife Product Options

Products may be purchased by employees through payroll deduction.

Metropolitan Life Insurance Company

Check to DECLINE MetLife coverage

- | | |
|---|--|
| <input type="checkbox"/> Voluntary Group Critical Illness (by employee election, employee paid) | <input type="checkbox"/> Metlife Legal Plan (Employee Paid) |
| <input type="checkbox"/> Voluntary Group Accident Insurance (by employee election, employee paid) | <input type="checkbox"/> Metlife / Aura ID Theft & Fraud Prevention Services (Employee Paid) |
| <input type="checkbox"/> Voluntary Group Hospital Indemnity (by employee election, employee paid) | |

Consumer Driven Health Plans (CDH)

Rehn & Associates

Check to DECLINE CDH coverage

Flexible Spending Arrangement (FSA)

- | | | |
|--|---|--|
| <input type="checkbox"/> Health FSA | <input type="checkbox"/> Dependent Care FSA | <input type="checkbox"/> Health Reimbursement Account (HRA) |
| <input type="checkbox"/> Limited Purpose FSA | | <input type="checkbox"/> Health Savings Account (HSA) |
| | | <input type="checkbox"/> Premium Only Plan (POP) Stand-alone |
| | | <input type="checkbox"/> Qualified Transportation Accounts (QTA) |

ACKNOWLEDGEMENTS & DISCLOSURES

Employer agrees to abide by the provisions of the Washington Counties Insurance Fund (WCIF) Trust Agreement and Bylaws (copy available by request if needed).

Initials
(Required)

Extent of Coverage

Employee benefits will end on the last day of the month in which the employee becomes ineligible (except as specified under federal and/or Washington state mandated extension rights). Employers may not continue an employee's coverage on any active plan after the employee is no longer eligible. The only exception to this rule is for employees who lose coverage due to a disability and need to continue life and disability plan coverage in order to apply for Waiver of Premium at a later date. Continuation of coverage through COBRA and retiree plans (for retirees under the age of 65) is available to employees who qualify; provided the employer maintains participation in a WCIF medical, dental, vision, EAP, and/or CDH plan(s).

Continuation of coverage is available in accordance with federal and Washington state law to members who become ineligible for group coverage. Employers have a legal responsibility for certain notification requirements. Please reference the WCIF eACE Manual (www.wcif.net) for notification procedures and forms for WCIF plans. Employers may also reference the US Department of Labor (www.dol.gov) and the US Internal Revenue Service (www.irs.gov) for further guidance. Advisory assistance on compliance with federal and state employment law regulations should be obtained from an employment attorney.

Medical Participation

Employers who offer WCIF medical coverage are required to cover a minimum of 75% of all eligible employees after excluding those waiving due to other qualifying coverage.

Initials

NOTE: For current groups who do not submit the Master Application by December 1, group benefits will default to their prior year elections, if available, or mapped to most comparable plan.

Waiver of Medical Insurance (for groups offering WCIF medical coverage)

Employer acknowledges that employees with other verifiable group medical coverage (i.e., another employer plan, Medicare, TriCare, VA (with ACA letter), Washington Healthplanfinder) are considered eligible participation exclusions, and do not count against the medical participation requirement. Employees with individual medical coverage outside Washington Healthplanfinder are not considered eligible participation exclusions and will count against a group's medical participation requirement.

Initials

Employer acknowledges that in order to allow an employee to waive WCIF medical coverage the employee must provide the employer with proof of other group medical insurance coverage.

Initials

Employer acknowledges that they may not offer cash incentives to employees who waive WCIF medical coverage.

Initials

Employers are required to offer the same coverage to their over age 65 employees (and over age 65 spouses/domestic partners) as they do to all other eligible employees. Employer coverage is primary to Medicare. Medicare beneficiaries are free to waive employer plan coverage, in which case they retain Medicare as their primary coverage. When Medicare is primary payer, employers cannot offer such employees (or their spouses) secondary coverage (or incentives) for items and services covered by Medicare.

Initials

SIGNATURE

The below signed applicant agrees that if the requested insurance is acceptable to WCIF under its current rules and practices and is legally permissible, a policy will be issued in the policy language customarily used by WCIF and will be effective on the date determined by WCIF.

The below signed applicant acknowledges it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

EXHIBIT A

SIGNATURE

Name & Title

Date

[Empty box for Name & Title]

[Empty box for Date]

Signature

Remarks

[Empty box for Signature]

[Empty box for Remarks]

Please submit completed, signed Master Application via email to renewals@wcif.net. Please reach out to your Account Executive with any questions.

CARRIER INFORMATION

Premera Blue Cross

7001 220th St SW
Mountlake Terrace, WA 98043
Plan number unique to employer.
Contact WCIF at (800) 344-8570 to obtain.
Premera Blue Cross is an independent licensee of the Blue Cross Blue Shield Association.

Willamette Dental of Washington, Inc.

6950 NE Campus Way
Hillsboro, OR 97124
Plan Number: WA204

Kaiser Foundation Health Plan of WA Options, Inc.

1300 SW 27th St
Renton, WA 98057
Plan number unique to employer.
Contact WCIF at (800) 344-8570 to obtain.

Standard Insurance Company

1100 SW 6th Avenue
Portland, OR 97204
Plan Number: 645273

Kaiser Foundation Health Plan of WA

1300 SW 27th St
Renton, WA 98057
Plan number unique to employer.
Contact WCIF at (800) 344-8570 to obtain.

VSP Vision Care, Inc.

3333 Quality Drive Rancho
Cordova, CA 95670
Plan Number: 30029829

Delta Dental of Washington

400 Fairview Avenue N, Suite 800
Seattle, WA 98109
Plan Numbers: 00497 00498 00500 09519 00501 00502 00478

First Choice Health EAP

600 University Street Suite 1400
Seattle, WA 98101

Metropolitan Life Insurance Company

200 Park Avenue
New York, NY 10166
Plan number unique to member.

Rehn & Associates

1322 N. Post Pl.
Spokane, WA 99201

FOR ADMINISTRATOR USE ONLY

Date:

Approved by:

[Empty box for Approved by]

[Empty box for Date]

Premera BASE Demographic Risk Level: _____

Kaiser Permanente BASE Demographic Risk Level: _____

- COBRA Admin outside WCIF
- Producer Commissions Attached
- Base LTD Medical Only (Bundled)
- EAP Medical Only (Bundled)
- Achieved Wellness Participation

Special Notes:

[Empty box for Special Notes]

NOTES

EXHIBIT B



Colonial Life & Accident
Insurance Company
1200 Colonial Life Boulevard
Columbia, SC 29210
803.798.7000
ColonialLife.com

Blank fields represent information not provided or inapplicable to the account.

Account Information

Account Name:	City of Sunnyside
BCN:	
D&B Number:	
Associated With Another Account:	No
Other Account Details:	
Producer #:	
Producer Name:	
Authorizing Officer Name:	
Physical Address:	818 E. Edison Ave Sunnyside , WA 98944
Business Phone:	(509) 836-6392 Ext.
Billing Contact:	Lucia Navarro Email: Inavarro@sunnyside-wa.gov / Title: Payroll
Third Party Administrator:	No
Public Sector:	Yes
Nature Of Business:	CITY & TOWN POLICE DEPARTMENT
Company Web Address:	
Not Tax Advantaged Wellness Program:	Yes
Domestic Partner Allowed:	Yes
Cross Brand Sales Program:	No
Welcome Call:	No
Business ownership of rep or rep's family:	No
Union, Association, or PEO:	No
Flexible Payment Solution:	No

Enrollment Information

Group Products:	No
Pre-tax Deductions:	Yes
Insurance Advisor:	
Target Coverage Effective Date:	01/01/2024
Target Premium Effective Date:	01/01/2024
Payroll Input Date:	
Target Enrollment Start Date:	
Target Enrollment Stop Date:	
Employer Paid:	No
Employer Contribution Type:	
Number of Benefit Eligible Employees:	24

EXHIBIT B



Colonial Life & Accident
Insurance Company
1200 Colonial Life Boulevard
Columbia, SC 29210
803.798.7000
ColonialLife.com

Producer Signature	Date	Producer #	Producer's Phone #
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