



This is a summary of employee benefits provided by your employer. The information included is provided as a quick reference tool and is NOT a legal contract. For specific details about your benefits and plan limits, please refer to your Summary Plan Description or Plan Booklets available from the Human Resources Department.

We encourage you to read all the enrollment information carefully, keep a copy for your records, and share it with your family members.

Employee Assistance Program (EAP)

Life Balance is a professional, confidential, counseling and referral program intended to help employees and family members deal privately and effectively with any type of concern. This program is provided by Ceridian.

EAP counselors can be contacted 24 hours a day, seven days a week at 800.854.1446 or online at www.lifebalance.net.

Log in ID & password:
lifebalance

2016 Summary of Benefits

Eligible Employees

You have a comprehensive health and welfare program available to you and your dependents if you are a full-time employee regularly scheduled for a minimum of 18.75 hours per week.

Eligible Dependents:

Your spouse and children up to age 26 are eligible under your employer's health and welfare benefit plans. Your domestic partner and his/her children are also eligible. Dependent children incapable of self-sustaining employment because of developmental disability or physical handicap may continue to be insured after reaching the limiting age of 26.

Effective Dates of Coverage

All benefits begin on the first of the month following two months of continued employment. If you are hired within the first eight day of the month, those days will count towards your first month's eligibility period. Part time employees are eligible on the first of the month following the date they go from part time to full time, provided they have been employed for at least the eligibility period.

New Hires

If you're a new hire, you must enroll when you're initially eligible, otherwise you'll have to wait until the plan's next open enrollment period to enroll in the group health plans.

PTO (Paid Time Off)

DESC does not distinguish between vacation, holiday or sick time. PTO accrues at the following rate, prorated in each pay period according to employees FTE:

1st & 2nd years:	6.8 weeks/year	34 days/year
3rd & 4th years:	7.6 weeks/year	38 days/year
5th year & after:	8.4 weeks/year	42 days/year

ORCA Transportation Benefit

Employees may purchase public transportation products on the ORCA card pre-tax via payroll deductions. Upon entry in the program, the employee is given a DESC-registered ORCA card for their use and products are loaded on a monthly basis. DESC offers a \$4 per month bus subsidy for regular staff working at least 18.75 hours per week.

403b Retirement Plan

All employees may participate voluntarily contributing their own money via pre-tax salary deferral at any time after starting work in the qualified IRS 403(b) retirement plan. Employees have access to an investment advisor at no charge to the employee. The plan offers a wide variety of different investment options. In addition, eligible employees who reach one year of employment by January 1st or July 1st of each year & who have worked at least 1,000 hours in that year are eligible for agency contributions with no requirement to invest their own money.

Flexible Spending Accounts (FSA)

Downtown Emergency Service Center offers an FSA for a convenient, pre-tax way to help pay for eligible health and dependent care expenses. The pre-tax features save you money by reducing your taxable income and allow you to pay for eligible health care and dependent care expenses with tax-free dollars. Because of an IRS “use it or lose it” provision, these plans DO require careful planning. Expenses must be incurred between January 1, 2015 and December 31, 2015. You have until March 31, 2016 to submit eligible expenses for reimbursement. Important note: Re-enrollment is NOT automatic. You must re-enroll every year.

Health Care Spending Account: Up to \$2,550.00 may be contributed for the 2015 plan year.

Dependent Care Spending Account: Up to \$5,000.00 may be contributed for the 2015 plan year; \$2,500.00 if married and filing separately.

Employees enrolled in the Buy Down plan should pay special attention to FSA and HRA claims processing guidelines.

Monthly Plan Costs

DESC is pleased to cover 100% of the employee-only premium for medical and dental plans. Employees may enroll their spouse/domestic partner and/or child(ren) but will be responsible for 100% of those premiums on the Base plan and all but \$139.19 of those premiums on the Buy-down plan. If you have dependent coverage, premiums will be taken from your paychecks on a post-tax basis unless you sign up for the cafeteria plan which allows you to pay dependent premiums on a pre-tax basis. Note, not all dependents are eligible for tax-favored premiums. See next page for detailed comparisons of the medical plans.

Medical Coverage	BASE PLAN Employee Contribution	OPTIONS PLAN * Employee Contribution	DENTAL Employee Contribution
Employee <i>(DESC Pays 100% of employee premium)</i>	0 (\$716.71)	0 (\$575.37)	0 (\$50.51)
Spouse/Domestic Partner (DP)	\$814.45	\$512.49	\$50.54
1 Child	\$430.37	\$204.15	\$53.04
Children	\$1,007.10	\$667.14	\$53.04
Spouse/DP + 1 Child	\$1,244.82	\$857.98	\$103.58
Spouse/DP + Children	\$1,821.55	\$1,320.97	\$103.58

*** INCENTIVE PAYMENTS: Employees with dependents who enroll in the Options plan receive a contribution of \$141.34 per month towards elected dependent premiums. Employees without dependents who enroll in the Options plan receive a cash payment of \$100 per month via payroll.**

When you have questions about your benefits

Over 95% of any questions or issues can be resolved through the insurance carrier websites.

Type of Insurance	Carrier	Website
Medical/Rx	Group Health	www.ghc.org
Dental	Delta Dental of Washington	www.deltadentalwa.com
Life & Disability	Unum	www.unum.com
Employee Assistance	Life Balance	www.lifebalance.net
Flexible Spending Account (FSA) & Health Reimbursement Account (HRA)	Flex-Plan Services	www.flex-plan.com

Medical/RX/Vision	BASE PLAN (0092100) In-Network	Medical/RX/Vision	OPTION PLAN (1326500) In-Network
Calendar Year Deductible	\$250 member / \$750 family	Calendar Year Deductible	\$1,000 member / \$3,000 family
Maximum Out of Pocket	\$2,200 member / \$6,600 family (includes deductible and copays)	Maximum Out of Pocket	\$2,200 member / \$6,600 family (includes deductible and copays)
Plan Coinsurance	Plan pays 100%, you pay 0%	Plan Coinsurance	Plan pays 80%, you pay 20%
Preventive Care	Covered in full	Preventive Care	Covered in full
Outpatient / Office Visit - illness or injury	\$20 copay, deductible waived	Outpatient / Office Visit - illness or injury	First 4 visits, \$30 copay. Thereafter, \$30 copay, deductible and coinsurance apply
Manipulative Therapy	\$20 copay, deductible waived 10 visits per calendar year	Manipulative Therapy	\$30 copay (applies to first 4) 10 visits per calendar year
Lab and X-ray	Inpatient: Covered in full after deductible Outpatient: Covered in full, deductible waived	Lab and X-ray	Inpatient: Deductible and coinsurance Outpatient: Covered in full up to \$500 per calendar year, then deductible and coinsurance apply
Hospital - Outpatient Surgery	\$20 copay, deductible waived	Hospital - Outpatient Surgery	\$75 copay, deductible and coinsurance apply
Hospital - Inpatient	Covered in full after deductible	Hospital - Inpatient	\$200 copay per day for up to 3 days per admit Deductible and coinsurance apply
Emergency Room	\$150 copay after deductible (copay waived if admitted)	Emergency Room	\$200 copay after deductible (copay waived if admitted)
Tobacco Cessation	Quit for Life Program covered in full	Tobacco Cessation	Quit for Life Program covered in full
Prescription Drugs	\$15 copay Generic \$30 copay Formulary Brand Mail order = \$5 discount / 30 days	Prescription Drugs	\$15 copay Generic \$30 copay Formulary Brand Mail order = \$5 discount / 30 days
Transgender Services	Please consult plan booklet	Transgender Services	Please consult plan booklet
Routine Eye Exam	\$20 copay (1 visit / 12 months)	Routine Eye Exam	\$20 copay (1 visit / 12 months)
Vision Hardware	Members age 19+: \$100 per 12 months Members under age 19: 1 pair of frames and lenses per year	Vision Hardware	Members age 19+: \$100 per 12 months Members under age 19: 1 pair of frames and lenses per year