

## Spokane Housing Authority Benefits Package Summary

### Medical, Dental, Vision, and Ancillary Insurance

SHA participates in Washington Counties Insurance Fund (WCIF) and Washington Delta Dental benefit programs, offering medical and dental insurance for employees who work at least 30 hours per week. SHA group medical and dental coverage begins for new employees on the first of the month after 60 days but not later than 90 days of employment. Pricing information on page 3.

- Medical plans in 2019:  
Premera Blue Cross 1250, Premera Blue Cross 3000, and Premera Blue Cross 5000.

Medical Cost Share Options	WCIF 1250	WCIF 3000	WCIF 5000
<b>Deductible (Ded)</b>			
<b>Individual</b>	\$1,250	\$3,000	\$5,000
<b>Family</b>	\$2,500	\$6,000	\$10,000
<b>Coinsurance (Coins)</b>	20%	20%	0%
<b>Out-of-pocket max</b> <small>(includes copays and deductible)</small>			
<b>Individual</b>	\$6,350	\$6,350	\$5,000
<b>Family</b>	\$12,700	\$12,700	\$10,000
<b>Office Visit</b>	\$35 Copay	\$35 Copay	\$35 Copay

- Kaiser Permanente Access PPO 2000, Access PPO 3000, Access PPO 5000, and Access PPO HSA 1500

Medical Cost Share Options	Access PPO 2000	Access PPO 3000	Access PPO 5000	Access PPO HSA 1500
<b>Deductible (Ded)</b>				
<b>Individual</b>	\$2,000	\$3,000	\$5,000	\$1,500
<b>Family</b>	\$4,000	\$6,000	\$10,000	Aggregate Family: \$3,000
<b>Coinsurance (Coins)</b>	20%	20%	20%	20% (10% enhanced benefit)
<b>Out-of-pocket max</b> <small>(Includes copay and deductible)</small>				
<b>Individual</b>	\$4,000	\$5,000	\$5,000	\$3,500
<b>Family</b>	\$8,000	\$10,000	\$10,000	Aggregate Family: \$7,000
<b>Office Visit</b>	\$30 Copay (\$20 Copay enhanced benefit); Ded / Coins	\$30 Copay (\$20 Copay enhanced benefit); Ded / Coins	\$30 Copay (\$20 Copay enhanced benefit); Ded / Coins	Ded / Coins

- Kaiser Permanente Core HMO 750

Medical Cost Share Options	Core 750
<b>Deductible (Ded)</b>	
<b>Individual</b>	\$750
<b>Family</b>	\$1,500
<b>Coinsurance (Coins)</b>	20%
<b>Out-of-pocket max</b> <small>(Includes copay and deductible)</small>	
<b>Individual</b>	\$2,700
<b>Family</b>	\$5,400
<b>Office Visit</b>	\$20 Copay; Ded / Coins

- Dental: Delta Dental, \$2,000 annual maximum; TMJ maximum \$1,000; Individual copay \$50, family \$150.

Covered Dental Benefits	Delta Dental PPO Dentists
Class I	100%
Class II	80%
Class III	50%
Temporomandibular Joint	50%
Optional Orthodontic Procedures	Not Covered
Accidental Bodily Injury	100%

- Vision: VSP Vision Care Budget Plan. Exam every 24 months, \$175 frame allowance / \$155 contacts allowance every 24 months.
- Life Insurance: \$20,000 basic life insurance provided.
- Voluntary plans for Accidental Death & Dismemberment; Term Life; Long Term Disability; and Short Term Disability.
- Met Life voluntary plans for Accident, Hospital, and Critical Illness Insurance.
- VEBA Account: Health Reimbursement Arrangement Account. Account deposit dependent upon individual medical, vision, and dental selections.

**Retirement** – All employees of SHA working in a qualified position are required to participate in the Washington State Employee's Retirement Program. A Payroll deduction is made from your salary and deposited to your account with the retirement system. SHA also makes a monetary contribution. Detailed information about the retirement plan is available in the Washington State Public Employee's Retirement System (PERS) pamphlet that is included in your new employee packet, may be obtained from the Payroll and Benefits Administrator, or found online at [www.drs.wa.gov](http://www.drs.wa.gov). Additionally, there is a retirement savings plan through Washington State and another through ICMA 457 Deferred Compensation account that are also available.

**Paid Time Off** - PTO hours accrue starting the first day of employment based on the employee's anniversary date at the rate shown in the table below for full-time and part-time employees.

<i>Years of Service</i>	<i>Accrual per PAY PERIOD – Full Time</i>	<i>Accrual per PAY PERIOD – Part Time</i>
<i>Less than 5 years</i>	<i>9 hours</i>	<i>4.5 hours</i>
<i>5 years but less than 10 years</i>	<i>10 hours</i>	<i>5 hours</i>
<i>10 years but less than 15 years</i>	<i>11 hours</i>	<i>5.5 hours</i>
<i>15 years but less than 20 years</i>	<i>12.5 hours</i>	<i>6.25 hours</i>
<i>20 years or more</i>	<i>13.5 hours</i>	<i>6.75 hours</i>

**Holidays** – New Year's Day; Martin Luther King's Birthday; Presidents' Day; Memorial Day; Independence Day; Labor Day; Veterans Day; Thanksgiving Day; the day after Thanksgiving, and Christmas Day are paid holidays.

2019 MEDICAL INSURANCE PLANS

Monthly Premium Rates (with the 4% wellness savings, \$750 funding, and VEBA)

Premera	1250		3000		5000 <i>New</i>	
	Total	Employee Cost	Total	Employee Cost	Total	Employee Cost
Employee Only	\$ 925.68	\$ 175.68	\$ 659.57	\$ (90.44)	\$ 565.52	\$ (184.48)
Employee & Spouse	\$ 2,035.04	\$ 1,285.04	\$ 1,419.92	\$ 669.92	\$ 1,216.21	\$ 466.20
Employee & Children	\$ 1,665.16	\$ 915.16	\$ 1,163.11	\$ 413.10	\$ 996.46	\$ 246.46
Family	\$ 2,774.51	\$ 2,024.50	\$ 1,923.48	\$ 1,173.48	\$ 1,647.15	\$ 897.14

Kaiser	2000		3000		5000	
	Total	Employee Cost	Total	Employee Cost	Total	Employee Cost
Employee Only	\$ 729.78	\$ (20.22)	\$ 602.62	\$ (147.38)	\$ 503.24	\$ (246.76)
Employee & Spouse	\$ 1,488.41	\$ 738.40	\$ 1,227.74	\$ 477.74	\$ 1,024.02	\$ 274.02
Employee & Children	\$ 1,307.79	\$ 557.78	\$ 1,078.91	\$ 328.90	\$ 900.03	\$ 150.02
Family	\$ 2,066.41	\$ 1,316.40	\$ 1,704.03	\$ 954.02	\$ 1,420.81	\$ 670.80

Kaiser	CORE 750 (HMO plan)	
	Total	Employee Cost
Employee Only	\$ 765.34	\$ 15.34
Employee & Spouse	\$ 1,561.28	\$ 811.28
Employee & Children	\$ 1,371.77	\$ 621.76
Family	\$ 2,167.72	\$ 1,417.72

VSP  
VISION INSURANCE PLAN

	Vision Plan		VEBA Contribution
	Total	Employee Cost	
Employee Only	\$ 3.80	\$ -	0
Employee & Spouse	\$ 7.58	\$ 3.78	\$5.00
Employee & Children	\$ 8.11	\$ 4.30	\$5.00
Family	\$ 12.97	\$ 9.16	\$5.00

DELTA DENTAL SERVICE  
DENTAL INSURANCE PLAN

	Dental Plan		VEBA Contribution
	Total	Employee Cost	
Employee Only	\$ 41.85	\$ -	0
Employee & Spouse	\$ 87.25	\$ 45.40	\$30.00
Employee & Children	\$ 91.50	\$ 49.64	\$30.00
Family	\$ 136.90	\$ 95.04	\$30.00