

Deputy Sheriff New Hire Guide



King County
Benefits and Retirement
Operations

Welcome to King County!

As a King County deputy sheriff, you and your eligible dependents enjoy a comprehensive package of health and insurance benefits. This guide describes those benefits, explains your election options and includes the forms you need (beginning on page 23) to enroll you and your family.

Please review the information in this guide and, if you need more details, contact the resources listed in the Resource Directory section or refer to information about your plans under “Your King County Benefits” at www.kingcounty.gov/employees/benefits or from the Sheriff’s Office Personnel Unit.

Return your enrollment forms ***within a week after you begin work*** to:

Sheriff’s Office Personnel Unit
King County Courthouse KCC-SO-0100
516 Third Avenue
Seattle WA 98104-2312

This guide isn’t a complete description of each benefit plan. If you have questions about specific plan details, please refer to information about your plans under “Your King County Benefits” at www.kingcounty.gov/employees/benefits or contact the resources listed in the Resource Directory. We’ve made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between the benefit descriptions and the insurance contracts or other legal documents, the legal documents will always govern. King County intends to continue benefit plans indefinitely, but reserves the right to amend or terminate them at any time in whole or in part, for any reason, according to the amendment and termination procedures described in the legal documents. King County, as plan administrator, has the sole discretionary authority to determine eligibility for benefits and to construe the terms of the plans. This information doesn’t create a contract of employment between King County and any employee.

Call 206-684-1556 for alternate formats.

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Seven Key Points

- 1.** King County pays for medical, dental, vision and basic life insurance for you and the eligible dependents you enroll, plus basic accidental death and dismemberment (AD&D) insurance for you. You may purchase supplemental life insurance for yourself.
- 2.** You need to return your enrollment forms within a week after you begin work to:
 - Choose your medical plan
 - Elect or decline supplemental life insurance for yourself
 - Designate your beneficiaries for life and accidental death and dismemberment (AD&D) insurance
 - Enroll your eligible dependents for coverage.
- 3.** Your benefit coverage begins the first calendar day of the month following your hire date (the first day you report to work). However, if your hire date is the first calendar day of the month, your coverage begins the same day.
- 4.** It takes several weeks to process your enrollment and issue your medical card (no cards are issued for dental and vision). If you don't receive your medical card within 30 days, contact your medical plan. If you have difficulty getting services, contact Benefits and Retirement Operations.
- 5.** Open enrollment every November lets you change coverage effective the following January. You may:
 - Change medical plans
 - Add supplemental life for yourself (evidence of insurability is required)
 - Add eligible dependents not previously covered.
- 6.** You may make certain changes to your benefit coverage between open enrollments. Generally, you must notify Benefits and Retirement Operations within 30 days of the event prompting the change. Change forms are available at www.kingcounty.gov/employees/benefits and provide more details. Between open enrollments you may:
 - Discontinue coverage for dependents
 - Discontinue supplemental life for yourself
 - Add eligible dependents for coverage if you have a qualifying life event. For example:
 - Birth or placement for adoption of a child
 - Placement of a legal ward
 - Qualified Medical Child Support Order
 - Marriage or establishment of a domestic partnership
 - Significant change in your spouse/domestic partner's employer-sponsored coverage
 - Request continuation of coverage for a child past age 25 if the child is currently enrolled under your plans, incapacitated due to developmental or physical disability, and chiefly dependent on you for support.
- 7.** If you have questions, please contact the resources listed in the Resource Directory section of this guide or refer to information about your plans under "Your King County Benefits" at www.kingcounty.gov/employees/benefits or from the Sheriff's Office Personnel Unit.

Benefits That Need No Decisions

You and the eligible dependents you enroll automatically receive dental, vision and basic life insurance coverage, and you receive basic accidental death and dismemberment insurance. These “automatic” benefits need no decisions and aren’t listed on your enrollment forms.

For more details, refer to information about your plans under “Your King County Benefits” at www.kingcounty.gov/employees/benefits.

► You automatically receive dental coverage

Dental coverage is provided by Washington Dental Service. You can use any dentist you wish, but the benefits are generally higher (your out-of-pocket expenses are less) and the dentist automatically files your claim if you see a WDS dentist.

WDS increases your payment levels through an incentive program as long as you see your dentist each year. For diagnostic and preventive services as well as basic and restorative services, the payment level begins at 70% and increases 10% in January of each year until you reach 100% (if you don’t see the dentist during the calendar year, your payment level is reduced to the next lower payment level, but never below 70%).

If you’re a new hire, coverage begins at the 70% incentive level; levels “earned” under another group plan don’t apply to the county plan. However, incentive levels are adjusted based on previous participation in the county plan if you’re a:

- Recalled or reinstated employee
- Rehired employee who’s continued county coverage uninterrupted under COBRA between your previous county employment and rehire (if county coverage has been interrupted, new hire incentive levels apply).

The information in this table reflects 2009 benefits.

Washington Dental Service	
Annual deductible	None
Annual maximum benefit (doesn’t apply to orthodontic or orthognathic services)	\$2,500/person
Covered Expenses	Plan Pays
Diagnostic and preventive services (1 exam and cleaning every 6 months, complete x-rays every 3 years, supplemental bitewing x-rays every 6 months)	70%-100% based on your incentive level; see dental booklet for details
Basic services (extractions, fillings, periodontics, root canals, stainless steel crowns)	70%-100% based on your incentive level; see dental booklet for details
Major services – restorative (crowns, fixed bridges, onlays)	70%-100% based on your incentive level; see dental booklet for details
Major services – prosthodontics (for example, dentures)	70% (incentive levels don’t apply)
Orthodontic services - adults and children	60%, up to a \$2,500 lifetime benefit maximum (incentive levels don’t apply; benefit doesn’t apply to the annual maximum benefit)
Orthognathic surgery	70% up to a \$5,000 lifetime maximum benefit
Accidental injury	100% for covered expenses incurred within 180 days of accident

► You automatically receive vision coverage

Vision coverage is provided by Vision Service Plan. You can use any eye care provider you want, but the benefits are generally higher (your out-of-pocket expenses are lower), and the provider automatically files your claim if you see a VSP provider. (Group Health provides routine vision exams under its medical plan, but none of the other vision benefits listed below; VSP providers may not accept a Group Health prescription for lenses.)

Vision Plan		
Covered Expenses	If you see a VSP provider, you pay a \$10 copay and the plan pays the amount listed below	If you see a non-VSP provider, you pay the bill in full and the plan reimburses you the amounts listed below, minus a \$10 copay
<i>Exam (once every 12 months)</i>	100%	Up to \$40
<i>Eyeglass lenses (one pair every 12 months)</i>		
• Single vision	100%	Up to \$40
• Lined bifocal	100%	Up to \$60
• Lined trifocal	100%	Up to \$80
• Progressive lenses	100%	Up to trifocal allowance of \$80
• Lenticular	100%	Up to \$125
• Polycarbonate lenses for children	100%	Not covered
• Anti-reflective coating	100%	Not covered
• Color/mirror coating	100%	Not covered
• Scratch coating	100%	Not covered
• Tints/photochromic lenses	100%	Up to \$5
• UV lenses	100%	Not covered
<i>Eyeglass frames (once every 24 months)</i>	Up to \$130; if you choose a frame that costs more than the VSP allowable amount, you'll receive 20% off your out-of-pocket cost	Up to \$45
<i>Contact lenses (once every 12 months in place of eyeglass lenses and frames)</i>		
• Elective (Providers may bill you for contact lenses separately or they may include the lenses, fittings and follow-up fees in a single bill; all contact lens fees apply to the \$105 maximum paid by the plan)	Up to \$105	Up to \$105
• Medically necessary	100% (Preauthorization required)	Up to \$210 (Preauthorization required)
• Low-vision benefit	75% up to \$1,000 (Preauthorization required)	75% up to \$1,000 (Preauthorization required)

► You automatically receive basic life insurance for yourself

You automatically receive county-paid basic life insurance. If you die for any reason, your beneficiaries receive \$6,000. (You may purchase supplemental life insurance for yourself, as explained on page 15.)

► You automatically receive basic life insurance for your dependents

The eligible dependents you enroll automatically receive county-paid basic life insurance. If your spouse/domestic partner or child (14 days or older) dies, you receive \$1,000.

If you end employment with the county for reasons other than disability and continue supplemental life insurance coverage under the portability option (see page 15), you may pay to continue coverage for a spouse/domestic partner until he/she is 99 and a child until he/she is 19 (25 if solely dependent on you for support). The age-specific rates you pay for the continued coverage may be different from the rates paid by active employees.

► You automatically receive basic AD&D insurance for yourself

You automatically receive county-paid basic accidental death and dismemberment (AD&D) insurance. If you die in a covered accident, the beneficiaries you designate receive \$6,000 in addition to your basic life insurance benefit. If you are dismembered or paralyzed, you receive an amount that depends on the type of loss. AD&D insurance isn't available to dependents. Your AD&D benefit includes some additional benefits, like emergency help while traveling from Worldwide Assistance.

Benefits That Need Your Decisions

You must submit your enrollment forms (beginning on page 23) to the Sheriff's Office Personnel Unit ***within a week after you begin work*** to:

- Choose your medical plan
- Elect or decline supplemental life insurance for yourself
- Designate your beneficiaries for life and accidental death and dismemberment (AD&D) insurance
- Cover your eligible dependents.

These "decision" benefits are summarized in the following sections. For more details, including exclusions, limitations or preauthorization requirements, contact the resources listed in the Resource Directory section of this guide or refer to information about your plans under "Your King County Benefits" at www.kingcounty.gov/employees/benefits or from the Sheriff's Office Personnel Unit.

► What medical plan is best for you?

King County pays for medical coverage for you and the dependents you enroll. You may choose from two plan options: the Deputy Sheriff Plan and Group Health. The option you select is the option your enrolled dependents receive.

The following two tables summarize the features and covered expenses of the two medical plan options. For both medical plans, there are gold and silver levels of out-of-pocket expenses – the gold level has the lowest out-of-pocket expenses, and the silver level has higher out-of-pocket expenses. The level you are assigned when you enroll is determined by your participation in the Healthy IncentivesSM program.

Please note that two separate companies process claims for the Deputy Sheriff Plan. If you chose the Deputy Sheriff Plan, you receive a medical card from Aetna to use for all medical claims (physician visits, hospital, lab work, etc.) and a prescription card from Express Scripts to use for all outpatient, retail pharmacy and mail-order prescription drug claims. With Group Health, you receive one card for both medical and prescription drug claims.

Deputy Sheriff Plan

Plan Feature	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
<i>Provider choice</i>	You may choose any qualified provider, but you receive higher coverage when you use network providers. Reimbursement for out-of-network medical services is based on reasonable and customary (R&C) rates, and reimbursement for out-of-network prescription drug services is based on the rates Express Scripts pays its network pharmacies. You pay amounts in excess of these rates.	
<i>Annual deductible</i>	\$50/person; \$150/family Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible. The deductible doesn't apply to prescription drugs, preventive care or hearing aids.	\$200/person; \$600/family Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible. The deductible doesn't apply to prescription drugs, preventive care or hearing aids.
<i>Copays</i>	Applicable only to emergency room care and prescription drugs	
<i>After the deductible/copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum</i>	Network: 90% (You pay 10% coinsurance) Out-of-network: 70% (You pay 30% coinsurance) 100% of network rate after applicable copays for prescription drug claims (deductible doesn't apply)	Network: 80% (You pay 20% coinsurance) Out-of-network: 60% (You pay 40% coinsurance) 100% of network rate after applicable copays for prescription drug claims (deductible doesn't apply)
<i>Annual out-of-pocket maximum</i>	Network: \$375/person or \$1,125/family, plus deductible Out-of-network: \$1,600/person or \$3,200/family, plus deductible Doesn't apply to prescriptions	Network: \$800/person or \$1,600/family, plus deductible Out-of-network: \$1,800/ person or \$3,600/ family, plus deductible Doesn't apply to prescriptions
<i>After you reach the out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level</i>	Network: 100% Out-of-network: 100% of R&C charges	
<i>Lifetime maximum</i>	\$2,000,000	

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
<i>Allergy testing and treatment (including injections separate from office visit)</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Alternative care (including medically necessary acupuncture, hypnotherapy and massage therapy)</i>	Network: 90% Out-of-network: 70% Massage therapy must be prescribed by a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)	Network: 80% Out-of-network: 60% Massage therapy must be prescribed by a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
<i>Ambulance services</i>	Network: 90% Out-of-network: 90%	Network: 80% Out-of-network: 80%
<i>Chemical dependency treatment (requires preauthorization)</i>	Network: 100% Out-of-network: 70% Up to \$15,000 in 24 consecutive months for combined network and out-of-network services (maximum subject to annual adjustment)	Network: 100% Out-of-network: 60% Up to \$15,000 in 24 consecutive months for combined network and out-of-network services (maximum subject to annual adjustment)
<i>Chiropractic care and manipulative therapy (like all services, must be medically necessary)</i>	Network: 90% Out-of-network: 70% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 80% Out-of-network: 60% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders
<i>Diabetes care training</i>	Network: 90% when prescribed by your physician Out-of-network: 70% when prescribed by your physician	Network: 80% when prescribed by your physician Out-of-network: 60% when prescribed by your physician
<i>Diabetes supplies (insulin, needles, syringes, lancets, etc.)</i>	Covered under prescription drugs	
<i>Durable medical equipment, prosthetics and orthopedic appliances</i>	Network: 90% Out-of-network: 70% Preauthorization required for expense of \$1,000 or more	Network: 80% Out-of-network: 60% Preauthorization required for expense of \$1,000 or more
<i>Emergency room care (Also see "Urgent Care")</i>	Emergency care, network and out-of-network: 90% after \$25 copay/visit (waived if admitted) Non-emergency care, network and out-of-network: 90% after \$25 copay/visit	Emergency care, network and out-of-network: 80% after \$50 copay/visit (waived if admitted) Non-emergency care, network and out-of-network: 80% after \$50 copay/visit
<i>Family planning</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Growth hormones</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized May also be covered under the prescription drug benefit	Network: 80% when preauthorized Out-of-network: 60% when preauthorized May also be covered under the prescription drug benefit
<i>Hearing aids</i>	100%, up to \$500 in 36 months for combined network and out-of-network services Deductible doesn't apply.	
<i>Hearing exam</i>	Network: 100%, no deductible (included as part of routine physical exam) Out-of-network: 70%, after deductible (included as part of routine physical exam)	Network: 100%, no deductible (included as part of routine physical exam) Out-of-network: 60%, after deductible (included as part of routine physical exam)
<i>Home health care</i>	100% when preauthorized, up to 130 visits/year for combined network and out-of-network services	

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
Hospice care	100% when preauthorized 12-month lifetime maximum 120-hour maximum for respite care in any 3-month period 12-month maximum for bereavement services	
Hospital care (both inpatient and outpatient, including outpatient surgery)	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
Infertility	Network: 90% Out-of-network: 70% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 80% Out-of-network: 60% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services
Injury to teeth	Network: 90% Out-of-network: 70% Up to \$600/accident for combined network and out-of-network services	Network: 80% Out-of-network: 60% Up to \$600/accident for combined network and out-of-network services
Inpatient care alternatives	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
Jaw abnormalities, or malocclusions (covered when medically necessary)	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
Lab, X-ray and other diagnostic testing	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
Maternity care	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
Mental health care (when deemed appropriate, 2 unused outpatient visits may be traded for 1 inpatient day, or vice versa; requires preauthorization)	Network: 90% Out-of-network: 70% <i>For inpatient care:</i> Up to 30 days/year for combined network and out-of-network services <i>For outpatient care:</i> Up to 52 visits/year for combined network and out-of-network services	Network: 80% Out-of-network: 60% <i>For inpatient care:</i> Up to 30 days/year for combined network and out-of-network services <i>For outpatient care:</i> Up to 52 visits/year for combined network and out-of-network services
Naturopathy	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
Neurodevelopmental therapy for covered dependents age 6 and under	Network: 90% when preauthorized Out-of-network: 70% when preauthorized Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Up to \$2,000/year for combined network and out-of-network services

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
<i>Obesity surgery or other procedures, treatment or services, such as gastric intestinal bypass surgery</i>	Network: 90% when preauthorized and medically necessary Out-of-network: 70% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program is required before preauthorization.	Network: 80% when preauthorized and medically necessary Out-of-network: 60% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program is required before preauthorization.
<i>Out-of-area coverage—for example, while traveling or for your covered children away at school</i>	Same coverage as when home, through Aetna and Express Scripts national provider networks	
<i>Phenylketonuria (PKU) formula</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Physician and other medical/surgical services</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Prescription drugs—Up to a 30-day supply through network pharmacies</i>	Generic: 100% after \$7 copay Preferred brand: 100% after \$12 copay (\$20 if generic is available; but if you're unable to take it for medical reasons, the \$12 copay applies) Non-preferred brand: 100% after \$25 copay (\$30 if generic is available; but if you're unable to take it for medical reasons, the \$25 copay applies) Prescriptions filled at out-of-network pharmacies are reimbursed at the rate Express Scripts pays to network pharmacies, less your copay.	Generic: 100% after \$10 copay Preferred brand: 100% after \$15 copay (\$20 if generic is available; but if you're unable to take it for medical reasons, the \$15 copay applies) Non-preferred brand: 100% after \$25 copay (\$30 if generic is available; but if you're unable to take it for medical reasons, the \$25 copay applies) Prescriptions filled at out-of-network pharmacies are reimbursed at the rate Express Scripts pays to network pharmacies, less your copay.
<i>Prescription drugs—Up to a 90-day supply through mail-order network only</i>	Generic: 100% after \$14 copay Preferred brand: 100% after \$24 copay (\$40 if generic is available; but if you're unable to take it for medical reasons, the \$24 copay applies) Non-preferred brand: 100% after \$50 copay (\$60 if generic is available; but if you're unable to take it for medical reasons, the \$50 copay applies)	Generic: 100% after \$20 copay Preferred brand: 100% after \$30 copay (\$40 if generic is available; but if you're unable to take it for medical reasons, the \$30 copay applies) Non-preferred brand: 100% after \$50 copay (\$60 if generic is available; but if you're unable to take it for medical reasons, the \$50 copay applies)
<i>Preventive care (well-child check-ups, immunizations, routine health and hearing exams, etc.)</i>	Network: 100% Out-of-network: 70% Deductible doesn't apply.	Network: 100% Out-of-network: 60% Deductible doesn't apply.
<i>Radiation therapy, chemotherapy and respiratory therapy</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
Rehabilitative services—Inpatient and outpatient	<p>Network: 90%</p> <p>Out-of-network: 70%</p> <p><i>Inpatient:</i> Up to 60 days/year</p> <p><i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)</p>	<p>Network: 80%</p> <p>Out-of-network: 60%</p> <p><i>Inpatient:</i> Up to 60 days/year</p> <p><i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)</p>
Skilled nursing facility	<p>Network: 90% when preauthorized</p> <p>Out-of-network: 70% when preauthorized</p>	<p>Network: 80% when preauthorized</p> <p>Out-of-network: 60% when preauthorized</p>
Smoking cessation	<p>100%, no deductible</p> <p>Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.</p>	
Temporomandibular joint (TMJ) disorders	<p>Network: 90% when preauthorized</p> <p>Out-of-network: 70% when preauthorized</p> <p>Night guards are covered if prescribed by a medical doctor for a TMJ disorder.</p> <p>Up to \$2,000/year for combined network and out-of-network services</p>	<p>Network: 80% when preauthorized</p> <p>Out-of-network: 60% when preauthorized</p> <p>Night guards are covered if prescribed by a medical doctor for a TMJ disorder.</p> <p>Up to \$2,000/year for combined network and out-of-network services</p>
Transplants (certain services only)	<p>Network: 100% when preauthorized</p> <p>Out-of-network: 70% when preauthorized</p> <p>Medical coverage must have been continuous for more than 12 months under KingCareSM before a transplant will be covered.</p> <p>No lifetime maximum</p>	<p>Network: 100% when preauthorized</p> <p>Out-of-network: 70% when preauthorized</p> <p>Medical coverage must have been continuous for more than 12 months under KingCareSM before a transplant will be covered.</p> <p>No lifetime maximum</p>
Urgent care (ear infections, high fevers, minor burns, etc.)	<p>Network: 90%</p> <p>Out-of-network: 70%</p>	<p>Network: 80%</p> <p>Out-of-network: 60%</p>

Group Health

Plan Feature	Group Health Gold	Group Health Silver
<i>Provider choice</i>	You choose a Group Health primary care physician (PCP), who provides and coordinates most of your care through the Group Health network; you may also self-refer to Group Health staff specialists. There's no coverage for out-of-network care unless indicated and approved/referred.	
<i>Annual deductible</i>	None	
<i>Copay, unless otherwise indicated</i>	You pay \$7	You pay \$20
<i>After copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum</i>	Network: 100% Out-of-network: Limited emergency/out-of-area care	
<i>Annual out-of-pocket maximum</i>	Network: \$1,000/person or \$2,000/family Out-of-network: Limited emergency/out-of-area care Pharmacy copays do not apply to annual out-of-pocket maximum.	Network: \$1,500/person or \$3,000/family Out-of-network: Limited emergency/out-of-area care Pharmacy copays do not apply to annual out-of-pocket maximum.
<i>After you reach the annual out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level</i>	Network only: 100%	
<i>Lifetime maximum</i>	No limit	

Covered Expenses	Group Health Gold	Group Health Silver
<i>Alternative care (including medically necessary acupuncture, massage therapy and naturopathy)</i>	Self-referrals to a network provider: \$7 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services All other alternative care requires PCP referral.	Self-referrals to a network provider: \$20 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services All other alternative care requires PCP referral.
<i>Ambulance services</i>	80% (except hospital-to-hospital ground transfers, which are covered at 100% when initiated by Group Health)	
<i>Chemical dependency treatment (requires preauthorization)</i>	<i>For inpatient care:</i> 100% <i>For outpatient care:</i> 100% after \$7 copay/visit Up to \$14,500 in 24 consecutive months (maximum subject to annual adjustment)	<i>For inpatient care:</i> 100% <i>For outpatient care:</i> 100% after \$20 copay/visit Up to \$14,500 in 24 consecutive months (maximum subject to annual adjustment)
<i>Chiropractic care and manipulative therapy (like all services, must be medically necessary)</i>	100% after \$7 copay/visit	100% after \$20 copay/visit
<i>Diabetes care training</i>	100% after \$7 copay/visit	100% after \$20 copay/visit

Covered Expenses	Group Health Gold	Group Health Silver
<i>Diabetes supplies (insulin, needles, syringes, lancets, etc.)</i>	Covered under prescription drugs	Covered under prescription drugs
<i>Durable medical equipment, prosthetics and orthopedic appliances</i>	80% when preauthorized	80% when preauthorized
<i>Emergency room care</i>	Network: 100% after \$75 copay/visit (\$75 copay is waived if admitted) Out-of-network: 100% of reasonable and customary expenses after \$125 copay/visit (\$125 copay is waived if admitted) Non-emergency care is not covered.	Network: 100% after \$100 copay/visit (\$100 copay is waived if admitted) Out-of-network: 100% of reasonable and customary expenses after \$150 copay/visit (\$150 copay is waived if admitted) Non-emergency care is not covered.
<i>Family planning</i>	100% after \$7 copay/visit Infertility treatment is not covered.	100% after \$20 copay/visit Infertility treatment is not covered.
<i>Growth hormones</i>	100%, covered under prescription drugs	
<i>Hearing aids</i>	Not covered	
<i>Hearing exam (routine)</i>	100% after \$7 copay	100% after \$20 copay
<i>Home health care</i>	100%	
<i>Hospice care</i>	100% when preauthorized Certain limits apply; call plan for details.	
<i>Hospital care</i>	Inpatient: 100% Outpatient surgery: 100% after \$7 copay/surgery	Inpatient: 100% Outpatient surgery: 100% after \$20 copay/surgery
<i>Infertility services</i>	Not covered	
<i>Inpatient care alternatives</i>	100% when preauthorized	
<i>Lab, X-ray and other diagnostic testing</i>	100%	
<i>Maternity care</i>	<i>For delivery and related hospital care:</i> 100% <i>For prenatal and postpartum care:</i> 100% after \$7 copay/visit	<i>For delivery and related hospital care:</i> 100% <i>For prenatal and postpartum care:</i> 100% after \$20 copay/visit
<i>Mental health care (when deemed appropriate, 2 unused outpatient visits may be traded for 1 inpatient day, or vice versa; requires preauthorization)</i>	<i>For inpatient care:</i> 100%, up to 12 days/year <i>For outpatient care:</i> 100% after \$7 copay/individual, family, couple or group session, up to 20 visits/year	<i>For inpatient care:</i> 100%, up to 12 days/year <i>For outpatient care:</i> 100% after \$20 copay/individual, family, couple or group session, up to 20 visits/year
<i>Neurodevelopmental therapy for covered dependents age 6 and under</i>	<i>For inpatient care:</i> 100%, up to 60 days/year (combined with rehabilitative services) <i>For outpatient care:</i> 100% after \$7 copay/visit, up to 60 visits/year (combined with rehabilitative services)	<i>For inpatient care:</i> 100%, up to 60 days/year (combined with rehabilitative services) <i>For outpatient care:</i> 100% after \$20 copay/visit, up to 60 visits/year (combined with rehabilitative services)
<i>Out-of-area coverage—for example, while traveling or for your covered children away at school</i>	Reciprocal benefits are available through Kaiser Permanente and affiliated HMOs; otherwise, only emergency services are covered out of area.	
<i>Phenylketonuria (PKU) formula</i>	100%	

Covered Expenses	Group Health Gold	Group Health Silver
Physician and other medical/surgical services	<i>For inpatient care:</i> 100% after \$7 copay <i>For outpatient care:</i> 100% after \$7 copay/office visit	<i>For inpatient care:</i> 100% after \$20 copay <i>For outpatient care:</i> 100% after \$20 copay/office visit
Prescription drugs—Up to a 30-day supply through network pharmacies	Generic: 100% after \$5 copay Preferred brand: 100% after \$5 copay Non-preferred brand: Not covered Growth hormones: 100% There's no reimbursement for prescriptions filled at out-of-network or out-of-area pharmacies.	Generic: 100% after \$10 copay Preferred brand: 100% after \$15 copay Non-preferred brand: Not covered Growth hormones: 100% There's no reimbursement for prescriptions filled at out-of-network or out-of-area pharmacies.
Prescription drug—Up to a 90-day supply through mail-order network only	Generic: 100% after \$10 copay Preferred brand: 100% after \$10 copay Non-preferred brand: Not covered	Generic: 100% after \$20 copay Preferred brand: 100% after \$30 copay Non-preferred brand: Not covered
Preventive care (well-child check-ups, immunizations, routine health and hearing exams. etc.)	100% after \$7 copay/visit (according to well-child/adult preventive schedule)	100% after \$20 copay/visit (according to well-child/adult preventive schedule)
Radiation therapy, chemotherapy and respiratory therapy	100% after \$7 copay/visit	100% after \$20 copay/visit
Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.	100% depending on services provided; copays may apply	100% depending on services provided; copays may apply
Rehabilitative services—Inpatient and outpatient	<i>For inpatient care:</i> 100%, up to 60 days/calendar year (combined with neurodevelopmental therapy) <i>For outpatient care:</i> 100% after \$7 copay/visit, up to 60 visits/calendar year (combined with neurodevelopmental therapy)	<i>For inpatient care:</i> 100%, up to 60 days/calendar year (combined with neurodevelopmental therapy) <i>For outpatient care:</i> 100% after \$20 copay/visit, up to 60 visits/calendar year (combined with neurodevelopmental therapy)
Skilled nursing facility	100% up to 60 days/calendar year at a Group Health-approved nursing facility	
Smoking cessation	100% for nicotine replacement therapy (including gum, patches or prescription medication) through the Group Health-designated tobacco cessation program, Free & Clear® Quit for Life™ Program, when prescribed by Group Health PCP No annual or lifetime limit	
Sterilization (tubal ligation or vasectomy)	100% after \$7 copay	100% after \$20 copay
Temporomandibular joint (TMJ) disorders	<i>For inpatient care:</i> 100% <i>For outpatient care:</i> 100% after \$7 copay/visit Up to \$1,000/calendar year and a \$5,000 lifetime maximum	<i>For inpatient care:</i> 100% <i>For outpatient care:</i> 100% after \$20 copay/visit Up to \$1,000/calendar year and a \$5,000 lifetime maximum

Covered Expenses	Group Health Gold	Group Health Silver
<i>Transplants (certain services only)</i>	Inpatient: 100% Outpatient: 100% after \$7 copay Medical coverage must have been continuous for more than 12 months under this plan before a transplant will be covered.	Inpatient: 100% Outpatient: 100% after \$20 copay Medical coverage must have been continuous for more than 12 months under this plan before a transplant will be covered.
<i>Urgent care (ear infections, high fevers, minor burns)</i>	100% after \$7 copay/visit	100% after \$20 copay/visit
<i>Vision exams</i>	100% after \$7 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)	100% after \$20 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)

► Do you want supplemental life insurance for yourself?

You automatically receive county-paid basic \$6,000 life insurance (page 5), but may purchase supplemental life insurance in an amount equal to your base annual salary, less \$6,000. If you die, your beneficiaries receive the supplemental life amount in addition to your county-paid basic life insurance.

The cost for supplemental life insurance is the same in 2009 as it was in 2008. You pay \$.327/\$1,000 per month. If your base annual salary is \$50,000, you're eligible to purchase \$50,000 - \$6,000 = \$44,000 of supplemental life insurance. The cost is \$.327 x 44 = \$14.39 per month.

If you decline supplemental life for yourself now or discontinue or reduce it later (you may discontinue or reduce it anytime), you may add or increase it again:

- During open enrollment
- Between open enrollments when certain qualifying events occur – for example, you marry/establish a new domestic partnership or a new dependent child becomes eligible.

To add supplemental life when a qualifying event occurs, submit a Life/AD&D Change form to Benefits and Retirement Operations within 30 days of the qualifying event.

No evidence of insurability is required if you elect supplemental life when you first enroll or when a qualifying event occurs. However, evidence of insurability is required if you add it during open enrollment.

Life insurance is provided through Aetna and is portable. When you end employment with the county for reasons other than disability, you may continue to pay Aetna directly for the basic and supplemental coverage you had on your last day of employment until you reach age 99. The age-specific rates you pay for the continued coverage may be different from the rates paid by active employees.

► Who are your life and AD&D insurance beneficiaries?

Because you receive basic life and basic AD&D insurance, even if you don't elect supplemental life, you need to designate beneficiaries – the people you want to receive the insurance benefits in the event of your death. To do so, complete the Aetna Life Insurance Company Designation of Beneficiary form (page 29) and the CIGNA Group Insurance Beneficiary Designation Form (page 31) and mail the forms directly to the address found on each form. Be sure to keep copies for your records.

Provide complete information so your beneficiaries can be located if you die. You may list only the last four digits of beneficiary Social Security numbers if you choose, but complete Social Security numbers facilitate benefit payment.

The forms allow you to designate primary and contingent beneficiaries. If your primary beneficiaries aren't alive at the time of your death, contingent beneficiaries receive your benefit. If you name multiple beneficiaries (primary or contingent), assign the share each beneficiary receives. Shares for all primary beneficiaries need to total 100% and shares for all contingent beneficiaries need to total 100%.

For example, you might name your spouse as primary and your two children as contingents. You'd assign your spouse 100% of your insurance benefit and could assign each child 50% of the benefit or one child 60% and the other 40% – whatever combination of shares totals 100%. If your spouse isn't alive to receive the benefit in the event of your death, your contingent children receive it according to the shares you assign. (If you're married and don't list your spouse as primary with at least 50% of your benefit, your spouse should sign the spouse waiver section of the form.)

If you don't designate beneficiaries and die, the State of Washington determines beneficiaries for you:

- For life and AD&D insurance, benefits are paid to your spouse, your children, your parents or your siblings, in that order. If none of them survives you, benefits are paid to your estate.
- For long-term disability (there's a death benefit if you die while on long-term disability), the survivor benefit is paid to your spouse or eligible children, in that order. If none of them survives you, benefits are paid to your estate.

► **Who are the eligible dependents you want to cover?**

List the dependents you want to cover under your benefit plans on the Dependent Enrollment Form (page 25). Parents and other relatives who aren't members of your immediate family aren't eligible for coverage, but the following dependents are (if you enroll them):

- Your spouse/domestic partner (attach a copy of your marriage certificate or complete and return the Affidavit of Marriage/Domestic Partnership, page 27)
- Your unmarried children or your spouse/domestic partner's unmarried children if they are under age 25 and chiefly dependent on you for support and maintenance, and you may claim them on your federal tax return (when you add an unmarried dependent child who is 23 or 24 years old, you pay the premium for the coverage). They may be your:
 - Biological children
 - Adopted children (or children legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption)
 - Stepchildren
 - Legally designated wards (legally placed foster children, children placed with you as legal guardian or children named in a Qualified Medical Child Support Order; attach appropriate documentation).

If you don't add eligible dependents now, you must wait until the next open enrollment to add them except for certain qualifying events such as:

- Birth or placement for adoption of a child
- Placement of a legal ward
- Marriage/establishment of a domestic partnership
- Qualified Medical Child Support Order
- Significant change in your spouse's/domestic partner's employer-sponsored coverage.

Generally, when a qualifying event occurs, you must submit Add Dependent and Life/AD&D Change forms to Benefits and Retirement Operations within 30 days of the event.

► **Tax implications for domestic partner health coverage**

There is no cost to cover dependents, but when you cover a domestic partner (DP) and his/her children for health benefits (medical/vision and dental) the IRS taxes you on the value of the coverage. This value is added to the salary shown on your paycheck (and W-2 at the end of the year), federal income and Social Security (FICA) taxes are withheld on the higher salary amount, then the value is subtracted from your salary.

Taxable values for the different combinations of health plans are shown below.

Monthly Taxable Value of Health Plans	DP Only		DP's Children		DP + DP's Children	
	2009	2008	2009	2008	2009	2008
Deputy Sheriff Plan Gold + Dental + Vision	\$ 607.70	N/A	\$ 359.34	N/A	\$ 967.04	N/A
Group Health + Dental + Vision	\$ 539.13	\$ 515.81	\$ 509.00	\$ 496.12	\$1,048.15	\$ 1,011.93

► **Do you want to participate in a Flexible Spending Account?**

Flexible spending accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA, you don't pay federal or Social Security (FICA) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

- Health care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your medical/vision and dental plans (for example, copays for office visits and the cost of orthodontia not fully paid by your dental plan).
- Dependent care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

For more information, refer to information about your plans under “Your King County Benefits” at www.kingcounty.gov/employees/benefits. If you decide to participate in the FSA program, get an FSA Enrollment Form from the FSA Guide at www.kingcounty.gov/employees/benefits or from Benefits and Retirement Operations and submit it **within 30 days of your hire date**. Otherwise, you must wait to enroll after a qualifying event or during the next open enrollment.

If You Leave Employment

If you leave employment, you may self-pay to continue county-paid coverage; details are provided in information about your plans under “Your King County Benefits” at www.kingcounty.gov/employees/benefits and the Exit Guide, also available at www.kingcounty.gov/employees/benefits. Your monthly self-pay rates for health coverage are based on what the county pays to provide the same coverage to you as an active employee. Here, for reference, are the monthly self-pay rates for 2009 and 2008.

Health Plan	You	Spouse/Domestic Partner	Dependent Child(ren)
Deputy Sheriff Plan Gold	2009 ► \$ 600.27 2008 ► N/A	2009 ► \$ 550.02 2008 ► N/A	2009 ► \$ 289.10 2008 ► N/A
Group Health Gold	2009 ► \$ 422.45 2008 ► \$ 413.17	2009 ► \$ 480.08 2008 ► \$ 469.54	2009 ► \$ 441.75 2008 ► \$ 432.04
Washington Dental Service	2009 ► \$ 68.89 2008 ► \$ 63.19	2009 ► \$ 62.29 2008 ► \$ 56.59	2009 ► \$ 70.72 2008 ► \$ 74.00
Vision Service Plan	2009 ► \$ 9.07 2008 ► N/A	2009 ► \$ 7.54 2008 ► N/A	2009 ► \$ 6.71 2008 ► N/A

HIPAA Notice of Privacy Practices

This section of your guide describes how medical information about you may be used and disclosed by King County and how you can get access to this information. Please review all information carefully and, if you have any questions, contact Benefits and Retirement Operations.

► Our Obligations

We treat all personal information you provide us to administer your health benefits as confidential and, under the Health Insurance Portability and Accountability Act (HIPAA), we must:

- Maintain the privacy of any protected health information (personally identifiable medical information) you provide us when you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim
- Provide you with this notice advising you how we handle your protected health information and informing you of our legal obligations and your rights regarding the information
- Follow the terms of this notice effective April 14, 2003.

► How We May Use and Disclose Protected Health Information

When you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim, you provide us with confidential information such as your name and Social Security number. Sometimes, when you ask for our assistance with a claim, you may also provide us with details about the health treatments you’ve received and payments for services you’ve made. This information becomes “protected health information” when used and disclosed in the course of managing our health care operations (administering your health benefits) and facilitating payment of health claims.

Pursuant to this notice, we may use and disclose this protected health information to:

- Our employees authorized to assist in the administration of county benefit plans
- Representatives of the plans or any third party administrators with whom we have agreements to provide your benefit services.

In addition, we may use or disclose protected health information:

- When required by law (such as in response to a court or administrative order, subpoena, discovery request, etc.)
- For purposes of workers' compensation or similar programs
- When necessary to prevent a serious threat to the health and safety of you or the public.

For all the reasons explained above, we may use and disclose your personal health information without your written authorization. In all other cases, your written authorization is required.

► **Your Rights**

For any protected health information provided to and maintained by us, you have the right to:

Inspect and copy it

- Request amendments to it if it's incorrect or incomplete (we may deny amendment requests for specific reasons; for example, we deny requests to amend information we didn't create)
- Request to know to whom it's been disclosed for disclosures made after April 14, 2003 (the effective date of this notice)
- Request restrictions on what is disclosed and to whom (we try to honor restriction requests, but are not required to do so)
- Request it be communicated to you in a certain way (for instance, that we only contact you by mail or at work; we try to honor these requests, but are not required to do so).

To exercise any of these rights, contact us in writing. Mail your request to Benefits and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333, or e-mail it to kc.benefits@kingcounty.gov.

► **Changes to Our Privacy Practices**

We reserve the right to change our privacy practices and to apply the new practices to protected health information we already have, as well as to any information we receive in the future. We will notify you if we make changes and when the changes become effective.

► **Complaints**

If you believe your privacy rights have been violated, you may file a complaint in writing with Benefits and Retirement Operations or the Secretary of the U.S. Department of Health and Human Services. You won't be penalized for filing a complaint.

To file a complaint with Benefits and Retirement Operations, mail it to The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333, or e-mail it to kc.benefits@kingcounty.gov.

Resource Directory

If no TTY phone number is listed, please call 711 to access TTY Relay Service.

For Questions About ...	Contact ...
AD&D Insurance <ul style="list-style-type: none"> ▪ Conversion when you leave employment ▪ Secure travel benefits ▪ For claims, contact Benefits and Retirement Operations 	CIGNA Group Insurance CIGNA Customer Service Center, P.O. Box 20310, Lehigh Valley, PA 18002-0310 Phone 1-800-557-7975 (conversion) ▪ 1-800-362-4462 (claims) Worldwide Assistance Services Inc. (secure travel benefits) Phone 1-888-226-4567 (US/Canada) ▪ 1-800-336-2485 (TTY) Fax 202-331-1528 E-mail cigna@worldwideassistance.com
Benefits – General <ul style="list-style-type: none"> ▪ Eligibility ▪ Open enrollment and making changes ▪ Flexible spending account enrollment ▪ Life, AD&D and LTD insurance plan details ▪ Alternate formats 	Benefits and Retirement Operations The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104-2333 Phone 206-684-1556 ▪ 1-800-325-6165 x41556 (outside local calling area) Fax 206-296-7700 E-mail kc.benefits@kingcounty.gov Web www.kingcounty.gov/employees/benefits
Dental <ul style="list-style-type: none"> ▪ Providers ▪ Claims and appeals ▪ Other plan details 	Washington Dental Service (WDS) PO Box 75983, Seattle WA 98175-0983 Phone 1-866-229-4102 E-mail cservice@deltadentalwa.com Web www.deltadentalwa.com
Flexible Spending Accounts (FSAs) <ul style="list-style-type: none"> ▪ Account balances ▪ Reimbursement ▪ Other plan details 	FBMC PO Box 1878, Tallahassee, FL 32302-1878 Phone 1-866-879-8689 (Monday-Friday, 4 a.m.-7 p.m. Pacific) Fax 1-866-440-7148 Web www.myFBMC.com
Life Insurance <ul style="list-style-type: none"> ▪ Conversion or portability option when you leave employment ▪ Evidence of Insurability (EOI) ▪ For claims, contact Benefits and Retirement Operations 	Aetna Life Insurance Company PO Box 14547, Lexington, KY 40512-4547 Phone 1-800-826-7448 (conversion/portability) ▪ 1-800-523-5065 (claims/EOI) Customer service phone 1-800-584-2983 ▪ 1-800-803-5934 (fax)
Medical – General <ul style="list-style-type: none"> ▪ Providers (doctors, hospitals, etc.) ▪ Claims and appeals ▪ Identification cards ▪ Preauthorization ▪ Other plan details (covered expenses, limitations, exclusions) 	Deputy Sheriff Plan – Aetna, Inc. PO Box 14079, Lexington KY 40512-4079 Phone 1-800-654-3250 (medical) ▪ 1-888-632-3862 (medical preauthorization) E-mail kingcare@aetna.com Web www.kingcare.com Medical Claims – Aetna Inc. PO Box 14079, Lexington KY 40512-4079 Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 1-888-901-4636 E-mail info@ghc.org Web www.ghc.org

For Questions About ...	Contact ...
<p>Medical – Prescriptions</p> <ul style="list-style-type: none"> ▪ Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand) ▪ Pharmacies ▪ Mail order service ▪ Filing claims and appeals ▪ Identification cards (KingCareSM members only; Group Health members use medical plan card for prescriptions) 	<p>Deputy Sheriff Plan – Express Scripts, Inc. Member Reimbursements, PO Box 66583, St. Louis, MO 63166</p> <p>Phone 1-800-332-2213 ▪ 1-800-899-2114 (TTY)</p> <p>Web www.express-scripts.com</p> <p>Group Health Cooperative (for mail-order prescriptions) Phone 1-800-245-7979 Web www.MyGroupHealth.com</p>
<p>Vision</p> <ul style="list-style-type: none"> ▪ Providers ▪ Claims and appeals ▪ Other plan details 	<p>Vision Service Plan PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195 ▪ 1-800-428-4833 (TTY) Web www.vsp.com</p>

Deputy Sheriff Enrollment Form



King County
Benefits and Retirement
Operations

- Check one box for each benefit listed. Benefits that need no decisions – dental, basic life/AD&D for you and basic life for your eligible dependents – aren't listed.
- Return ***within a week after you begin work*** to the Sheriff's Office Personnel Unit, KC Courthouse KCC-SO-0100, 516 Third Ave., Seattle 98104-2312.

Last name _____ First _____ MI _____ Gender M F

PeopleSoft Employee ID _____ Birth date _____ Home phone (____) _____

Mailing address _____ Apt No _____ City _____

State _____ ZIP _____ Work start date _____

Home e-mail _____ Work phone (____) _____

Medical/vision *See page 6.*

- Deputy Sheriff Plan
 Group Health

Supplemental life for you *See page 15.*

- Decline
 Accept 1 x base annual salary (minus \$6,000)

Authorize your benefit elections

This form supersedes all previously submitted forms. I've read and understand it and the additional materials describing my benefits. The information I've provided is true, correct and complete. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee signature _____ Date signed _____

Office use only	Received	Reviewed	Data entered	Audited	Effective
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Dependent Enrollment Form



King County

Benefits and Retirement Operations

- List eligible dependents (as described on page 16) you want to cover and provide all information for each dependent.
- Please print. Copy and attach additional forms if needed.
- If you're adding an unmarried dependent child who is 23 or 24 years old, you pay the premium for the coverage.
- If you're covering a spouse/domestic partner, complete the Affidavit of Marriage/Domestic Partnership (page 27).
- If you want a domestic partner (DP) or DP's children covered only for life insurance and no health coverage (the value of DP health coverage is taxed, see page 17), check the "Add this dependent for life only" box; otherwise, leave it unchecked.

Check this box if your spouse/domestic partner is also a King County employee.

1. Name _____ Relationship _____
 Soc Sec No _____ Gender M F Birth date _____

2. Name _____ Relationship _____
 Soc Sec No _____ Gender M F Birth date _____

3. Name _____ Relationship _____
 Soc Sec No _____ Gender M F Birth date _____

4. Name _____ Relationship _____
 Soc Sec No _____ Gender M F Birth date _____

Add this dependent for life only (no health coverage)

5. Name _____ Relationship _____
 Soc Sec No _____ Gender M F Birth date _____

6. Name _____ Relationship _____
 Soc Sec No _____ Gender M F Birth date _____

7. Name _____ Relationship _____
 Soc Sec No _____ Gender M F Birth date _____

Authorize your dependent enrollment

I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____) _____

Paid 5th and 20th ea month Every other Thursday PeopleSoft Employee ID _____



Affidavit of Marriage/ Domestic Partnership

Check all boxes that apply

- Add my spouse/domestic partner (DP) for benefit coverage.
- This form documents my marriage/domestic partnership, but don't add my spouse/domestic partner for coverage at this time.
- My spouse/DP is also a King County employee.

Check one box and provide the date

- I (employee) certify my spouse (named below) and I legally married (date) _____.
- I (employee) certify my domestic partner (named below) and I began our domestic partnership (date) _____ and we:

- Share the same regular and permanent residence
- Have a close personal relationship
- Are jointly responsible for *basic living expenses**
- Aren't married to anyone
- Are both 18 years of age or older
- Aren't related by blood closer than would bar marriage in the State of Washington
- Were mentally competent to consent to contract when our domestic partnership began, and
- Are each other's sole domestic partners and are responsible for each other's common welfare.

* "Basic living expenses" means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.

Confirm you understand this affidavit and have provided accurate information

I (employee) understand this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit. I agree to notify Benefits and Retirement Operations or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 30 days of such change by filing a Delete Dependent form. I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We (employee and spouse/domestic partner) understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____) _____

Paid 5th and 20th ea month Every other Thursday PeopleSoft Employee ID _____

Spouse/DP signature _____ Date signed _____

Printed name _____



Aetna Life Insurance Company

Designation of Beneficiary

Forward to:
 Aetna Life Insurance Company
 P. O. Box 14547
 Lexington, KY 40512-4547
 1-800-803-5934 (FAX)
 1-888-584-2983 (Customer Service)

Before executing this form refer to the other side. Please keep a copy for your records.

Group Policyholder Name King County	Group Policy Number 723832	<input type="checkbox"/> Employee	Employee Social Security Number
Employee Name and Address		Please check which coverage(s) this form applies to: <input type="checkbox"/> All coverages listed below <input type="checkbox"/> Basic Life Insurance <input type="checkbox"/> Supplemental Life Insurance If left blank, this form will apply to all coverages listed above.	

Subject to the terms of the above numbered Group Policy(ies), I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary and all election of optional methods of settlement previously made by me under said Policy(ies). If this Designation of Beneficiary refers only to a Group Life Insurance Policy and if I am also insured for Supplemental and/or Group Accidental Death coverage, this designation shall apply to those coverages unless expressly stated above. This Designation of Beneficiary is subject to all "Conditions" shown on the reverse side of this form.

Employee Signature	Date
--------------------	------

Beneficiary Name and Address	<input checked="" type="checkbox"/> Primary Beneficiary*
------------------------------	--

Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
--------------	------------------------	----------------------------	------------

Beneficiary Name and Address	<input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**
------------------------------	--

Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
--------------	------------------------	----------------------------	------------

Beneficiary Name and Address	<input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**
------------------------------	--

Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
--------------	------------------------	----------------------------	------------

Beneficiary Name and Address	<input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**
------------------------------	--

Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
--------------	------------------------	----------------------------	------------

*If more than one Primary Beneficiary is named, the Primary Beneficiaries shall share equally unless otherwise indicated above.
 **Contingent Beneficiary(ies) will only receive proceeds if all Primary Beneficiaries have predeceased the Insured. If you are naming more than one Contingent Beneficiary at 100% each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc. in the order of precedence.

SPOUSAL CONSENT FOR COMMUNITY PROPERTY STATES ONLY (See Conditions on reverse side of form.)

Please note that an employee/retiree is under no obligation to complete the Spousal Consent section of this form.

I am aware that my spouse, the Employee/Retiree named above, has designated someone other than me to be the beneficiary of group life insurance under the above policy. I hereby consent to such designation and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan.

Spouse Signature _____ Date _____

Conditions

- Unless otherwise expressly provided in this Designation of Beneficiary form, if any named beneficiary predeceases me, the life proceeds shall be payable equally to the remaining named beneficiary or beneficiaries. If no named beneficiary survives me, any sum becoming payable under said Group Policy(ies) by reason of my death shall be payable as prescribed in said Group Policy(ies).
- If this Designation of Beneficiary provides for payment to a trustee under a trust agreement, Aetna Life Insurance Company shall not be obliged to inquire into the terms of the trust agreement and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the trustee shall fully discharge all liability of said Insurance Company to the extent of such payment.
- If you live in one of the following community property states - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin – your spouse may have a legal claim for a portion of the life insurance benefit under state law. If you name someone other than your spouse as beneficiary, payment of the death benefit may be delayed until your spouse's claim is resolved. If you make the beneficiary someone other than your spouse, it may be a good idea to complete the spousal consent section, which allows the spouse to waive his or her rights to any community property interest in the benefit.

Instructions

- Please use only black ink to complete this form.
- If you make a mistake in completing this form, line out the erroneous information, add the correct information and initial the correction. **The printed material on this form should not be deleted or altered in any way.**
- In all cases, the relationship of the beneficiary and the beneficiary's social security number should be included with the beneficiary designations.
- If beneficiary is to be contingent, be sure to check the appropriate box. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary(ies) do not survive the insured. If naming more than one Contingent Beneficiary at 100% each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc.
- If a married woman is named beneficiary, her full legal name should be shown.
For example: Mary J. Smith, not Mrs. John J. Smith. Likewise, if this form is to be signed by a married woman, she should sign her full legal name.
- If a minor child is named beneficiary, the date of birth along with the social security number must be given.
- When two or more beneficiaries are named, and they are not to share the benefits equally, enter the percentage each beneficiary is to receive on the form in the space provided. **Dollars and cents should not be specified. When added together, the sum of the percentages going to the two or more named beneficiaries should not total more than 100%.**
- If a trustee is named beneficiary, show the exact name of the trust, date of the trust agreement, and the name and address of the trustee.
For example: The John J. Smith Revocable Life Insurance Trust, dated January 1, 1994. John Smith Trustee, 123 Apple Lane, Hartford, CT 06006.

BENEFICIARY DESIGNATION FORM
 Life Insurance Company of North America

Please return completed Beneficiary Form to:
 CIGNA Group Insurance
 CIGNA Customer Service Center
 P.O. Box 20310
 Lehigh Valley, PA 18002-0310
 If you have any questions completing this form call:
 1.800.732.1603, Monday through Friday 8:00 a.m. to 6:00 p.m. Eastern Standard Time



CIGNA Group Insurance
 Life • Accident • Disability

Employer Name King County
 Employee Name _____ Employee Social Security # _____
 Current Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ *please enter all dates in mm/dd/yyyy format.*

Primary and Contingent Beneficiaries – Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Basic Accident Insurance, Life Insurance Company of North America - Policy No. <u>OK-821856</u>				
Employee's Primary Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)
Employee's Contingent Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)

Voluntary Accident Insurance, Life Insurance Company of North America - Policy No. <u>OK-821856</u>				
Employee's Primary Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)
Employee's Contingent Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date ____/____/____

Owner Signature _____ Date ____/____/____

Please refer to page 2 for the Disability Insurance Survivor Benefit Beneficiary Designation section and to review *Guidelines for Designation of Beneficiaries*. If you need additional space, using the above format, attach a separate piece of paper with the appropriate policy number, the date, and your signature.

Disability Insurance Survivor Benefit, Life Insurance Company of North America - Policy No. <u>FLK-980001</u>				
Employee's Primary Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)

Please Note - You may not need to complete this form. This disability insurance plan pays a survivor benefit upon your death to help your family cope during that critical period. If you don't complete this form, the benefit will automatically be paid to your spouse, or if no spouse is living, to your children, or if no children are living, to your estate. You need to complete this section only if you want someone else to receive the benefit. For example, if you don't have a spouse or children, or if you want to designate a domestic partner as beneficiary.

Employee Signature _____ Date ____ / ____ / ____

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

General - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Trust as Beneficiary - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

Life Status Changes - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.