



HOUSING AND HEALTH  
TO END HOMELESSNESS

This is a summary of benefits provided by DESC. The information included is intended to be 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 available from the Human Resources Department.

We encourage you to read all of the 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. Each family member receives up to 3 counseling sessions per issue as well as referral services. Counselors can be contacted 24 hours a day, seven days a week at:

**Voice:** 800.854.1446  
**Online:** [www.lifebalance.net](http://www.lifebalance.net).  
**Log in ID & password:**  
lifebalance

# 2018 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. Ongoing employees are eligible on the first of the month following the date they increase their hours to 18.75 + per week, 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:

Year of Employment	Weeks per Year	Days per Year
1 <sup>st</sup> & 2 <sup>nd</sup>	6.8	34
3 <sup>rd</sup> & 4 <sup>th</sup>	7.6	38
5 <sup>th</sup> +	8.4	42

## 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.

## Medical/Rx/Vision

The DESC medical plan has been designed to pay for medical services and supplies required for the treatment of illness or injury. The benefits listed below are based on allowable charges for medically necessary services and supplies. Refer to your plan booklet for specific benefit levels and limitations.

Premera Blue Cross Group # 4013117	BASE PLAN In-Network	BUY DOWN PLAN In-Network
<b>Calendar Year Deductible</b>	\$250 member / \$750 family	\$1,000 member / \$3,000 family
<b>Maximum Out of Pocket Limit</b>	\$2,200 member / \$6,600 family (includes deductible and copays)	\$2,200 member* / \$6,600 family (includes deductible and copays)
<b>Plan Coinsurance</b>	Plan pays 100%, you pay 0%	Plan pays 80%, you pay 20%
<b>Preventive Care</b> <i>Office visits, immunizations, &amp; preventive screening</i>	Covered in full	Covered in full
<b>Outpatient / Office Visit</b> <i>Illness or injury</i>	\$20 copay, deductible waived	\$30 copay, deductible waived
<b>Manipulative Therapy</b> <i>12 visits per calendar year</i>	\$20 copay, deductible waived	\$30 copay, deductible waived
<b>Lab and X-ray</b> <i>Prior authorization required for some outpatient imaging tests, such as but not limited to CT, MRI and PET.</i>	<b>Inpatient:</b> Covered in full after deductible <b>Outpatient:</b> Covered in full, deductible waived	<b>Inpatient:</b> Deductible and coinsurance <b>Outpatient:</b> Covered in full up to \$500 per calendar year, then deductible and coinsurance apply
<b>Hospital - Outpatient Surgery</b> <i>Prior authorization required for some services.</i>	\$20 copay, deductible waived	\$75 copay, deductible and coinsurance apply
<b>Hospital – Inpatient</b> <i>Prior authorization required for all planned inpatient stays.</i>	Covered in full after deductible	\$200 copay per day for up to 3 days per admit, deductible and coinsurance apply Deductible and coinsurance apply
<b>Emergency Room</b>	\$150 copay then deductible (copay waived if admitted)	\$200 copay per day for up to 3 days per admit, deductible and coinsurance apply
<b>Tobacco Cessation</b>	Quit for Life Program covered in full	Quit for Life Program covered in full
<b>Prescription Drugs</b>	\$15 copay Generic \$30 copay Formulary Brand Mail order = \$5 discount / 30 days	\$15 copay Generic \$30 copay Formulary Brand Mail order = \$5 discount / 30 days
<b>Vision Services</b>		
<b>Routine Eye Exam</b> <i>1 visit per calendar year</i>	\$20 copay, deductible waived	\$30 copay, deductible waived
<b>Vision Hardware</b> <i>not subject to deductible</i>	<b>Members age 19+:</b> \$150 per 12 months <b>Members under age 19:</b> 1 pair of frames and lenses per year covered in full	<b>Members age 19+:</b> \$150 per 12 months <b>Members under age 19:</b> 1 pair of frames and lenses per year covered in full

## Dental Plan

DESC offers dental coverage through MetLife. You may select any licensed dentist under this plan; however, if you choose a participating MetLife dentist, your benefits may be paid at a higher level and your out-of-pocket expenses may be lower.

MetLife	In-Network	Out-of-Network
<b>Annual Deductible</b> <i>(applies to Class II and Class III only)</i>	None	\$25 per person \$75 per family
<b>Type A - Preventive</b> <i>(cleaning, x-rays, fluoride, sealants etc)</i>	100%	100% of R&C fee <sup>1</sup>
<b>Type B – Basic Restorative</b> <i>(fillings, oral surgery, root canals, etc)</i>	90%	80% of R&C fee <sup>1</sup> , after deductible
<b>Type C – Major Restorative</b> <i>(crowns, bridges, inlays, onlays, etc)</i>	60%	50% of R&C fee <sup>1</sup> , after deductible

<sup>1</sup>Reasonable and Customary (R&C) fee = maximum allowable fees. You may be responsible for charges above allowable fees, and billed by your provider for the balance.

## Employer paid Life, AD&D and Disability Insurance Underwritten by Unum

DESC provides a \$10,000 Life and Accidental Death & Dismemberment (AD&D) insurance policy to all benefit eligible employees. You are automatically enrolled and your employer pays the entire premium. Disability benefits replace a portion of your income if you are unable to return to your job due to illness, injury, or disability. Coverage is outlined in the chart below:

<b>Benefit Amount</b>	60% of monthly salary, not to exceed a maximum monthly benefit of: earning > \$45k: \$4,000 earning < \$45k: \$2,000
<b>Waiting Period</b>	Benefits will begin after you've been disabled for 90 days
<b>Benefit Duration</b>	Social Security normal retirement age, if disabled before age 62

## Optional Additional Life and AD&D Insurance

DESC employees may purchase additional Life and AD&D insurance for themselves and their eligible dependents. This benefit is voluntary and therefore paid entirely by the employee, if elected. This coverage is also underwritten by Unum.

## Health Reimbursement Account (HRA)

For employees who enroll in the Buy-Down medical plan, DESC provides an HRA through ConnectYourCare via Premera Blue Cross. **The HRA Plan will reimburse employee-only out-of-pocket expenses above \$1,500 and up to \$2,200.** Members are responsible for paying medical/Rx expenses (Deductible, Copays & Coinsurance) until you have reached the HRA deductible of \$1,500. After that, ConnectYourCare will automatically pay providers for eligible expenses until your HRA funds are gone. **For individuals participating in the Healthcare FSA,** you can choose to reimburse/pay eligible expenses (Deductible, Copays & Coinsurance) through the FSA first, up to \$1,500. Plan participants enrolled in both the HRA and FSA should log in to their ConnectYourCare account and pay close attention to how their claims are being processed in order to prevent duplication of payment.

## Flexible Spending Accounts (FSA)

DESC offers an FSA through ConnectYourCare via Premera Blue Cross 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; therefore, be sure to ask for help if you need it.

Expenses must be incurred between January 1, 2018 and December 31, 2018. You have until March 31, 2019 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 \$2,650.00 may be contributed for the 2018 plan year.

**Dependent Care Spending Account:** Up to \$5,000.00 may be contributed for the 2018 plan year; \$2,500.00 if married and filing separately.

## 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 \$165.45 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.

RATES	BASE PLAN Medical/Rx/Vision	BUY DOWN PLAN * Medical/Rx/Vision	DENTAL PLAN
<b>Employee</b> <i>(DESC Pays 100% of employee premium)</i>	<b>0</b> (\$713.04)	<b>0</b> (\$547.59)	<b>0</b> (\$50.51)
Spouse/Domestic Partner (DP)	\$810.29	\$456.82	\$47.25
1 Child	\$428.19	\$163.39	\$49.59
Children	\$1,001.97	\$604.03	\$49.59
Spouse/DP + 1 Child	\$1,238.48	\$785.66	\$96.84
Spouse/DP + Children	\$1,812.26	\$1,226.30	\$96.84

\*INCENTIVE PAYMENTS: Employees with dependents who enroll in the Buy Down plan receive a contribution of \$165.45 per month towards dependent premiums. Employees without dependents 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	Contact Information
Medical/Rx/Vision	Premera Blue Cross	<a href="http://www.premera.com">www.premera.com</a> 800-722-1471 – Customer Service 800-841-8343 – 24 hour Nurse
Dental	Metlife	<a href="http://www.metlife.com">www.metlife.com</a> 800-275-4638
Life & Disability	Unum	<a href="http://www.unum.com">www.unum.com</a> 866-679-3054
Employee Assistance	Life Balance	<a href="http://www.lifebalance.net">www.lifebalance.net</a> 800-854-1446
Flexible Spending Account (FSA) & Health Reimbursement Account (HRA)	ConnectYour Care	<a href="http://www.premera.com">www.premera.com</a> 800-941-6121