

# Regular Employee New Hire Guide



## Welcome to King County!

As a regular county employee, you and your eligible family members 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 21) 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 “Your King County Benefits,” the collection of plan booklets available at New Employee Orientation or [www.metrokc.gov/finance/benefits](http://www.metrokc.gov/finance/benefits), or from Benefits and Retirement Operations.

Return your enrollment forms *within 30 days of your hire date* to:

King County Benefits and Retirement Operations  
Exchange Building EXC-ES-0300  
821 Second Avenue  
Seattle WA 98104-1598

If you don't return your forms *within 30 days of your hire date*, your eligible family members may not be covered and default coverage may be assigned to you (see third “key point” on page 3).

This guide isn't a complete description of each benefit plan. If you have questions about specific plan details, please refer to “Your King County 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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## Eight Key Points

1. King County pays for medical, dental and vision coverage for you and the eligible family members you enroll, plus basic life, accidental death and dismemberment (AD&D), and long term disability (LTD) insurance for you. When you first enroll you have a choice of medical plans and may purchase additional/enhanced life and enhanced AD&D for yourself and family members, plus enhanced LTD for yourself.
2. If you don't elect enhanced life now, you must wait until certain qualifying events occur to add it later. If you don't elect enhanced AD&D now, you must wait until the next open enrollment to add it. If you don't elect enhanced LTD now, you lose the opportunity to add it later. For details, see the Important Facts booklet in "Your King County Benefits."
3. If you don't return your enrollment forms to Benefits and Retirement Operations *within 30 days of your hire date*, your eligible family members may not be covered and you may be assigned this default coverage:
  - KingCare Basic Medical
  - Dental
  - Vision
  - Basic life insurance
  - Basic AD&D insurance
  - Basic LTD insurance
4. Unless modified by your collective bargaining agreement, 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.
5. It takes several weeks to process your enrollment and issue your medical card (no cards are issued for dental or 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.
6. Open enrollment every October lets you change coverage effective the following January. You may:
  - Change medical plans
  - Add or increase enhanced AD&D for yourself and family members
  - Add eligible family members not previously covered.
7. 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.metrokc.gov/finance/benefits](http://www.metrokc.gov/finance/benefits) and provide more details. Between open enrollments you may:
  - Drop family members from coverage
  - Drop or reduce self-paid coverage (enhanced life, enhanced AD&D or enhanced LTD)
  - Add eligible family members for coverage if you have a qualifying event such as a:
    - 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's/domestic partner's employer-sponsored coverage
  - Opt back in for medical coverage if you lose other coverage (see explanation on page 6)
  - Request continuation of coverage for a child past age 23 if the child is currently enrolled under your plans, incapacitated due to developmental or physical disability and chiefly dependent on you for support.
8. Questions? Please contact the resources listed in the Resource Directory section of this guide or refer to "Your King County Benefits," the collection of plan booklets available at New Employee Orientation or [www.metrokc.gov/finance/benefits](http://www.metrokc.gov/finance/benefits), or from Benefits and Retirement Operations.

## Benefits That Need No Decisions

You and the eligible family members you enroll automatically receive dental and vision coverage, and you receive basic life, basic accidental death and dismemberment (AD&D) and basic long term disability (LTD) insurance for yourself. These “automatic” benefits need no decisions and aren’t listed on your enrollment forms.

For more details, refer to the plan booklets in “Your King County 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 (most dentists in Washington participate in the WDS plan).

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 services, the payment level starts 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%)
- For major restorative services the payment level increases from 70% to 80%, then to 85%.

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).

Washington Dental Service	
<b>Annual deductible</b> (doesn’t apply to diagnostic and preventive services, orthodontic services or accidental injuries)	\$25/person, \$75/family
<b>Annual maximum benefit</b> (doesn’t apply to orthodontic or TMJ services)	\$2,000/person
Covered Expense	WDS Pays
<b>Diagnostic and preventive services</b> (exams, cleanings and x-rays)	70%-100% based on patient’s incentive level (deductible doesn’t apply)
<b>Basic services</b> (crowns, extractions, fillings, etc.)	70%-100% based on patient’s incentive level
<b>Major services – restorative</b> (crowns and onlays)	70%-85% based on patient’s incentive level
<b>Major services – prosthodontics</b> (dentures, fixed bridges and implants)	70% (incentive levels don’t apply)
<b>Orthodontic services for adults and children</b>	50% up to a \$2,500 lifetime maximum (deductible and incentive levels don’t apply; benefit doesn’t apply to the annual maximum benefit)
<b>Night (occlusal) guards</b>	50% (incentive levels don’t apply; your medical plan may provide additional coverage)
<b>Temporomandibular joint (TMJ) disorders</b>	50% up to a \$500 lifetime maximum for non-surgical treatment and appliances (incentive levels don’t apply and this benefit doesn’t apply to the annual maximum benefit; your medical plan may provide additional coverage)
<b>Accidental injury</b>	100% for covered expenses incurred within 180 days of accident (deductible doesn’t apply)

► **You automatically receive vision coverage**

Vision coverage is provided by Vision Service Plan. You can use any eye care provider you wish, but the benefits are generally higher (your out-of-pocket expenses are less) 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 Service Plan		
Covered Expenses	If you see a VSP provider you pay a \$10 copay and the plan pays ...	If you see a non-VSP provider you pay the bill in full and the plan reimburses you the following amounts, minus a maximum \$10 copay ...
<b>Exams</b> (once every 12 months)	100%	Up to \$40
<b>Lenses</b> (1 pair every 12 months)		
• Single vision	100%	Up to \$40
• Bifocal	100%	Up to \$60
• Trifocal	100%	Up to \$80
• Lenticular	100%	Up to \$125
• Polycarbonate for children	100%	Not covered
• Progressive	100%	
• Tints	100%	Up to \$5 for upgrade to progressive, tints and coatings combined
• Coatings	100%	
<b>Frames</b> (once every 24 months)	Covered up to \$130; if you chose a frame that costs more than the VSP allowable amount, you'll receive 20% off your out-of-pocket costs	Up to \$45
<b>Contacts</b> (once every 12 months in place of eyeglass lenses and frames)		
• Elective	100% up to \$105	Up to \$105
• Medically necessary	100%	Up to \$210

► **You automatically receive basic life insurance**

The county pays for basic life insurance for you. If you die for any reason, your beneficiaries receive a lump sum equal to your base annual salary (rounded to the next highest \$1,000). The benefit increases as your salary increases, to a maximum of \$200,000. (You may purchase additional/enhanced life insurance for yourself and family, as explained beginning on page 11.)

► **You automatically receive basic AD&D insurance**

The county pays for basic accidental death and dismemberment insurance for you. If you die in a covered accident, your beneficiaries receive a lump sum equal to your base annual salary (rounded to the next highest \$1,000). The benefit increases as your salary increases, to a maximum of \$200,000. For dismemberment, paralysis and other covered losses, you receive an amount determined by the type of loss. (You may purchase additional/enhanced AD&D insurance for yourself and family, as explained beginning on page 12.)

Your AD&D benefit includes some additional benefits, like emergency help while traveling from Worldwide Assistance; for details, see the CIGNA AD&D booklet in “Your King County Benefits.”

## ► You automatically receive basic LTD insurance

The county pays for basic long term disability insurance for you. If you become disabled, are unable to work and apply for LTD, this benefit combines with other sources of disability income to replace 60% of your predisability earnings (to a maximum benefit of \$6,000 a month) after a 180-day waiting period. (You may purchase enhanced LTD insurance for yourself, as explained on page 13.)

## Benefits That Need Your Decisions

You must submit the enrollment forms (beginning on page 21) to Benefits and Retirement Operations *within 30 days of your hire date* to:

- Choose your medical plan
- Elect enhanced life and enhanced accidental death and dismemberment (AD&D) insurance for yourself and eligible family members
- Elect enhanced long term disability (LTD) insurance for yourself
- Designate your beneficiaries for life, AD&D and LTD survivor benefit insurance
- Cover your eligible family members.

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 "Your King County Benefits," the collection of plan booklets available at New Employee Orientation or [www.metrokc.gov/finance/benefits](http://www.metrokc.gov/finance/benefits), or from Benefits and Retirement Operations.

### ► What medical plan is best for you?

You may choose from three plan options or you may opt out of medical coverage and receive an additional \$65 in monthly pay, taxed as ordinary income. The option you select is also the option your family members receive.

To opt out of medical coverage, you must have coverage through another employer's medical plan and submit a copy of the other medical plan card with your enrollment form. When you opt out of medical it doesn't affect other health coverage; you and your covered family members continue to receive county-paid dental and vision benefits. You may opt back in if you lose your other medical coverage by submitting an Opt Back In form to Benefits and Retirement Operations within 30 days of losing coverage.

The following table summarizes the features and covered expenses of the three plan options. As you compare the KingCare Basic and Preferred plans, please note that the only advantage to Basic is lower premiums for employees who pay for medical coverage (employees in Part-Time Local 587 Plan 1 or 3, COBRA participants and retirees); regular employees, full-time Local 587 employees and employees in Part-Time Local 587 Plan 2 don't pay for medical coverage.

Also please note that two separate companies process claims for the KingCare plans. If you chose a KingCare 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 Caremark (formerly AdvancePCS) to use for all outpatient, retail pharmacy and mail order prescription drug claims.

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
<b>Provider choice</b>	You may choose any qualified provider, but you receive higher coverage when you use network providers	You may choose any qualified provider, but you receive higher coverage when you use network providers	You choose a Group Health primary care physician (PCP) who provides and coordinates most services through the Group Health network; you may also self-refer to Group Health staff specialists; no non-network coverage unless indicated
<b>Annual deductible</b>	\$500/person, \$1,500/family Deductible amounts applied to charges incurred in the last 3 months of the calendar year are carried over and applied to the next year's deductible	\$100/person, \$300/family Deductible amounts applied to charges incurred in the last 3 months of the calendar year are carried over and applied to the next year's deductible	None
<b>Copay/office visits</b>	No copays, but you pay coinsurance	No copays, but you pay coinsurance	You pay \$20
<b>After the deductible/copays, the plans pay most covered services at these levels until you reach the annual out-of-pocket maximum</b>	80% network medical claims (you pay 20% coinsurance) 60% non-network medical claims (you pay 40% coinsurance)	90% network medical claims (you pay 10% coinsurance) 70% non-network medical claims (you pay 30% coinsurance)	100% network Limited emergency/out-of-area non-network care
<b>Annual out-of-pocket maximum</b>	\$1,200/person, \$2,400/family network (plus deductible) \$2,000/person, \$4,000/family non-network (plus deductible)	\$800/person, \$1,600/family network (plus deductible) \$1,600/person, \$3,200/family non-network (plus deductible)	\$1,000/person, \$2,000/family network and limited emergency/out-of-area non-network
<b>After you reach the out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level</b>	100% network	100% network	100% network
<b>Lifetime maximum</b>	\$2,000,000	\$2,000,000	No limit
<b>Alternative care</b> (including medically necessary acupuncture, massage therapy and naturopathy)	80% network 60% non-network Certain services must be prescribed by a physician; Aetna reviews medical necessity of all treatment after 20 visits	90% network 70% non-network Certain services must be prescribed by a physician; Aetna reviews medical necessity of all treatment after 20 visits	Self-referrals to a network provider are covered up to 5 visits/medical diagnosis/calendar year for acupuncture and up to 2 visits/medical diagnosis/calendar year for naturopathy; all other alternative care may require PCP referral All services are subject to the \$20 copay/visit
<b>Ambulance services</b>	80%	90%	80% (except hospital-to-hospital ground transfers covered 100% when initiated by Group Health)

<b>Feature/Covered Expense</b>	<b>KingCare Basic</b>	<b>KingCare Preferred</b>	<b>Group Health</b>
<b>Chemical dependency treatment</b>	80% network 60% non-network \$11,841 (2004)/\$12,500 (2005) maximum/24 consecutive months for combined network and non-network services when preauthorized (maximum subject to annual adjustment)	100% network 70% non-network \$11,841 (2004)/\$12,500 (2005) maximum/24 consecutive months for combined network and non-network services when preauthorized (maximum subject to annual adjustment)	100% after \$200 copay/admission for inpatient care 100% after \$20 copay/visit for outpatient care \$11,841 (2004)/\$12,500 (2005) maximum/24 consecutive months (maximum subject to annual adjustment)
<b>Chiropractic care and manipulative therapy</b> (like all services, must be medically necessary)	80% network 60% non-network Up to 33 visits/year for combined network and non-network services	90% network 70% non-network Up to 33 visits/year for combined network and non-network services	100% after \$20 copay/visit
<b>Diabetes care training</b>	80% network when prescribed by your physician 60% non-network when prescribed by your physician	90% network when prescribed by your physician 70% non-network when prescribed by your physician	100% after \$20 copay/visit
<b>Diabetes supplies</b> (insulin, needles, syringes, lancets, etc.)	Covered under prescription drugs	Covered under prescription drugs	Covered under prescription drugs
<b>Durable medical equipment, prosthetics and orthopedic appliances</b>	80% when preauthorized	80% when preauthorized	80% if authorized in advance by a network provider as medically necessary
<b>Emergency room care</b>	80% after \$50 copay/visit (waived if admitted) for network or non-network emergency care 80% network, 60% non-network after \$50 copay/visit for non-emergency care	90% after \$50 copay/visit (waived if admitted) for network or non-network emergency care 90% network, 70% non-network after \$50 copay/visit for non-emergency care	100% after \$75 copay/visit to network facility (\$75 copay is waived but \$200 copay/admission for hospital care applies if admitted) 100% after \$125 copay/visit to non-network facility (\$125 copay is waived but \$200 copay/admission for hospital care applies if admitted) Non-emergency care not covered
<b>Family planning</b>	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit (infertility treatment not covered)
<b>Hearing aids</b>	100% up to \$500 in 36 months for combined network and non-network services	100% up to \$500 in 36 months for combined network and non-network services	100% up to \$300/ear in 36 months
<b>Home health care</b>	100% when preauthorized up to 130 visits/year for combined network and non-network services	100% when preauthorized up to 130 visits/year for combined network and non-network services	100%
<b>Hospice care</b>	100% when preauthorized 6-month lifetime maximum 120-hour maximum for respite care in any 3-month period	100% when preauthorized 6-month lifetime maximum 120-hour maximum for respite care in any 3-month period	100% when preauthorized Certain limits apply; call plan for details

<b>Feature/Covered Expense</b>	<b>KingCare Basic</b>	<b>KingCare Preferred</b>	<b>Group Health</b>
<b>Hospital care</b> (not in an emergency room)	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100% after \$200 copay/admission
<b>Lab, x-ray and other diagnostic testing</b>	80% network 60% non-network	90% network 70% non-network	100%
<b>Maternity care</b>	80% network 60% non-network	90% network 70% non-network	100% for delivery and related hospital care after \$200 copay/admission 100% after \$20 copay/visit for prenatal and postpartum care
<b>Mental health care</b>	80% network, 60% non-network for inpatient up to 30 days/year (combined network and non-network services) 50% up to 52 visits/year for outpatient (combined network and non-network services)	90% network, 70% non-network for inpatient up to 30 days/year (combined network and non-network services) 50% up to 52 visits/year for outpatient (combined network and non-network services)	80% up to 12 days/year for inpatient 100% after \$20 copay/individual, family or couple visit or \$10 copay/group session for outpatient Up to 20 outpatient visits/year
<b>Neurodevelopmental therapy for covered family members age 6 and under</b>	80% network when preauthorized 60% non-network when preauthorized \$2,000/year maximum for combined network and non-network services	90% network when preauthorized 70% non-network when preauthorized \$2,000/year maximum for combined network and non-network services	100% for inpatient services after \$200 copay/admission up to 60 days/year (combined with rehabilitative services) 100% after \$20 copay/visit for outpatient services up to 60 visits/year (combined with rehabilitative services)
<b>Out-of-area coverage while traveling, for your children away at school, etc.</b>	Same coverage as when home, through Aetna and Caremark (formerly AdvancePCS) national provider networks	Same coverage as when home, through Aetna and Caremark (formerly AdvancePCS) national provider networks	Reciprocal benefits available through Kaiser Permanente and affiliated HMOs; otherwise, only emergency services are covered out-of-area
<b>Physician and other medical/surgical services</b>	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit
<b>Prescription drugs – up to 30-day supply through network pharmacies</b>	100% after \$10 copay for generic 100% after \$15 copay for preferred brand (\$20 if generic available, but if unable to take it for medical reasons, the \$15 copay applies) 100% after \$25 copay for non-preferred brand (\$30 if generic available, but if unable to take it for medical reasons, the \$25 copay applies) Prescriptions filled at non-network pharmacies reimbursed at the rate Caremark (formerly AdvancePCS) pays to network pharmacies, less your copay)	100% after \$10 copay for generic 100% after \$15 copay for preferred brand (\$20 if generic available, but if unable to take it for medical reasons, the \$15 copay applies) 100% after \$25 copay for non-preferred brand (\$30 if generic available, but if unable to take it for medical reasons, the \$25 copay applies) Prescriptions filled at non-network pharmacies reimbursed at the rate Caremark (formerly AdvancePCS) pays to network pharmacies, less your copay)	100% after \$10 copay for generic 100% after \$20 copay for preferred brand 100% after \$30 copay for non-preferred brand (No reimbursement for prescriptions filled at non-network pharmacies)

<b>Feature/Covered Expense</b>	<b>KingCare Basic</b>	<b>KingCare Preferred</b>	<b>Group Health</b>
<b>Prescription drugs – up to 90-day supply through network mail order</b>	100% after \$20 copay for generic 100% after \$30 copay for preferred brand (\$40 if generic available, but if unable to take it for medical reasons, the \$30 copay applies) 100% after \$50 copay for non-preferred brand (\$60 if generic available, but if unable to take it for medical reasons, the \$50 copay applies)	100% after \$20 copay for generic 100% after \$30 copay for preferred brand (\$40 if generic available, but if unable to take it for medical reasons, the \$30 copay applies) 100% after \$50 copay for non-preferred brand (\$60 if generic available, but if unable to take it for medical reasons, the \$50 copay applies)	100% after \$20 copay for generic 100% after \$40 copay for preferred brand 100% after \$60 copay for non-preferred brand
<b>Preventive care</b> (well-child check-ups, immunizations, routine health and hearing exams, etc. per plan schedule; immunizations for travel aren't covered)	100% network 60% non-network	100% network 70% non-network	100% after \$20 copay/visit
<b>Radiation therapy, chemotherapy and respiratory therapy</b>	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit
<b>Reconstructive services</b> (including benefits for mastectomy-related services – reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from mastectomy, including lymphedema; call plans for more information)	80% network 60% non-network	90% network 70% non-network	100% depending on services provided; copays may apply (including \$200 copay/admission if hospital care required)
<b>Rehabilitative services Inpatient and outpatient</b>	80% network 60% non-network Up to 60 days/year for inpatient; up to 60 visits/all therapies combined for outpatient	90% network 70% non-network Up to 60 days/year for inpatient; up to 60 visits/all therapies combined for outpatient	100% for inpatient services after \$200 copay/admission up to 60 days/year (combined with neurodevelopmental therapy) 100% after \$20 copay/visit for outpatient services up to 60 visits/year (combined with neurodevelopmental therapy)
<b>Skilled nursing facility</b>	80% network when preauthorized 60% non-network when preauthorized	90% network when preauthorized 70% non-network when preauthorized	100% up to 60 days/calendar year at a Group Health-approved nursing facility
<b>Smoking cessation</b>	80% network services 60% non-network services \$500 lifetime maximum for smoking cessation services and prescriptions combined (prescriptions covered under "Prescription drugs" benefit)	90% network services 70% non-network services \$500 lifetime maximum for smoking cessation services and prescriptions combined (prescriptions covered under "Prescription drugs" benefit)	100% for 1 Group Health network provider program/year 1 course of nicotine replacement/year (prescription benefit copay applies) when prescribed by Group Health network provider

Feature/Covered Expense	KingCare Basic	KingCare Preferred	Group Health
<b>Transplants</b> (certain services only)	100% network when preauthorized 60% non-network when preauthorized Medical coverage must have been continuous for more than 12 months under a KingCare plan – whether preexisting or an emergency	100% network when preauthorized 70% non-network when preauthorized Medical coverage must have been continuous for more than 12 months under a KingCare plan – whether preexisting or an emergency	100% after applicable copays Medical coverage must have been continuous for more than 12 months under this plan – whether preexisting or an emergency
<b>Urgent care</b> (ear infections, high fevers, minor burns, etc.)	80% network 60% non-network	90% network 70% non-network	100% after \$20 copay/visit

**► Do you want enhanced life insurance for yourself?**

You automatically receive county-paid basic life insurance equal to 1 times your base annual salary (page 5), but may purchase additional/enhanced life for yourself equal to 1, 2, 3 or 4 times your base annual salary (rounded to the next higher \$1,000). No evidence of insurability (EOI) is required. If you die, your beneficiaries receive the amount you elect in addition to your county-paid basic life benefit.

Your basic and enhanced life automatically increase as your salary increases. Basic life increases to a maximum of \$200,000; enhanced life to a maximum of \$400,000.

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 enhanced coverage you had on your last day of employment up to \$500,000 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.

If you decline enhanced life for yourself now, or drop or reduce it later (you may drop or reduce it anytime), you may add or increase it again only when certain qualifying events occur – for example, you marry/establish a new domestic partnership or a new dependent child becomes eligible. To do so, you must submit a Life/AD&D Change form to Benefits and Retirement Operations within 30 days of the qualifying event (see the Important Facts booklet in “Your King County Benefits” for more details).

**► Do you want enhanced life insurance for your family?**

If you elect enhanced life insurance for yourself, you may purchase enhanced life for your eligible family members. You are the beneficiary if the family member dies. You may cover your:

- Spouse/domestic partner at 50% of your enhanced amount up to \$200,000
- Child(ren) at \$10,000 each for ages 6 months to 23 years and \$500 for ages 14 days to six months.

However, if you and your spouse/domestic partner both work for King County, you may not cover each other, and only one of you may cover your eligible children under this plan.

No EOI is required for family members except for spouse/domestic partner coverage exceeding \$100,000. When spouse/domestic partner coverage exceeds \$100,000 it is capped at that amount until EOI is approved. If EOI isn't approved, coverage remains at \$100,000.

If you terminate employment with the county and continue your own coverage under the portability option described in the previous section, you may continue to pay for a spouse/domestic partner (coverage up to \$25,000) until he/she is 65 and a child (coverage up to \$5,000) until he/she is 19 (23 if solely dependent on you for support).

If you decline enhanced life insurance for your eligible family members now, or drop them later (you may drop them anytime), you may add them again only when certain qualifying events occur – for example, you marry/establish a new domestic partnership or a new child becomes eligible. To do so, you must submit a Life/AD&D Change form to Benefits and Retirement Operations within 30 days of the qualifying event (see the Important Facts booklet in “Your King County Benefits” for more details).

**► Monthly cost of enhanced life insurance**

You must calculate your base annual salary before you can calculate your monthly cost for enhanced life insurance. To do so, multiply your hourly rate by the number of hours you work each week, then multiply the answer by 52. For example, if you earn \$20.10 per hour and work 40 hours per week, your base annual salary is  $\$20.10 \times 40 \times 52 = \$41,808$ .

When you’ve calculated your base annual salary, use it and the age-specific rates and following worksheet to calculate your total monthly cost for enhanced life insurance. Cost for you and your spouse/domestic partner is based on your age; cost for children is \$.84 regardless of the number of children covered.

Your Age	Cost of Enhanced Life/\$1,000
Under 25	\$ .047
25-29	\$ .056
30-34	\$ .075
35-39	\$ .075
40-44	\$ .094
45-49	\$ .150
50-54	\$ .225
55-59	\$ .403
60-64	\$ .618
65-69	\$ 1.063
70+	\$ 1.724

**To calculate your total monthly cost for enhanced life ...**

Enter your base annual salary (BAS) here 1. \$ \_\_\_\_\_

Enter your BAS “multiplier” (1, 2, 3 or 4) here 2. \_\_\_\_\_

Multiply line 1 by line 2 and enter the answer here 3. \$ \_\_\_\_\_

Round line 3 to the next higher \$1,000 and enter the amount here 4. \$ \_\_\_\_\_

Drop the last 3 zeros from the amount on line 4 and enter the new amount here 5. \$ \_\_\_\_\_

Enter the cost of enhanced life/\$1,000 rate for your age here 6. \$ \_\_\_\_\_

Multiply line 5 by line 6 and enter the cost of enhanced life for you here 7. \$ \_\_\_\_\_

If you elect enhanced life for your spouse/DP enter .5 here; if not, enter 0 8. \$ \_\_\_\_\_

Multiply line 7 by line 8 and enter the cost of enhanced life for your spouse/DP here 9. \$ \_\_\_\_\_

If you elect enhanced life for children enter \$.84 here; if not, enter 0 10. \$ \_\_\_\_\_

**Add lines 7, 9 and 10 for your total monthly cost here ► \$ \_\_\_\_\_**

**► Do you want enhanced AD&D insurance for yourself?**

You automatically receive county-paid basic accidental death and dismemberment insurance (page 5), but may purchase additional/enhanced AD&D insurance for yourself from \$50,000 to \$500,000 in \$50,000 increments. No EOI is required. If you die in a covered accident, your beneficiaries receive the amount you elect in addition to your county-paid basic AD&D benefit. For dismemberment, paralysis and other covered losses, you receive an amount determined by the type of loss (in addition to the amount paid under your county-paid basic AD&D benefit).

AD&D insurance is provided through CIGNA.

If you decline enhanced AD&D for yourself now, or drop or reduce it later (you may drop or reduce it anytime), you may add or increase it again only during open enrollment.

**► Do you want enhanced AD&D insurance for your family?**

If you elect enhanced AD&D insurance for yourself, you may purchase enhanced AD&D for your eligible family members. No EOI is required. You are the beneficiary if the family member dies, is dismembered or paralyzed, or suffers other specified losses in a covered accident. You may cover your:

- Spouse/domestic partner at 50% or 100% of your enhanced amount
- Child(ren) at 10% of your enhanced amount.

However, if you and your spouse/domestic partner both work for King County, you may not cover each other, and only one of you may cover your eligible children under this plan.

If you decline enhanced AD&D insurance for your eligible family members now, or drop them later (you may drop them anytime), you may add them again only during open enrollment or when certain qualifying events occur – for example, you marry/establish a new domestic partnership or a new child becomes eligible. To do so, you must submit a Life/AD&D Change form to Benefits and Retirement Operations within 30 days of the qualifying event (see the Important Facts booklet in “Your King County Benefits” for more details).

**► Monthly cost of enhanced AD&D insurance**

In the following table, add across each row for those you cover to determine your total monthly cost.

If you elect this enhanced amount ...	Cost for You	Cost to Cover Your Spouse/DP at 50% of Your Amount	Cost to Cover Your Spouse/DP at 100% of Your Amount	Cost to Cover All Your Children at 10% of Your Amount
\$ 50,000	\$ 1.00	\$ .50	\$ 1.00	\$ .30
\$ 100,000	\$ 2.00	\$ 1.00	\$ 2.00	\$ .60
\$ 150,000	\$ 3.00	\$ 1.50	\$ 3.00	\$ .90
\$ 200,000	\$ 4.00	\$ 2.00	\$ 4.00	\$ 1.20
\$ 250,000	\$ 5.00	\$ 2.50	\$ 5.00	\$ 1.50
\$ 300,000	\$ 6.00	\$ 3.00	\$ 6.00	\$ 1.80
\$ 350,000	\$ 7.00	\$ 3.50	\$ 7.00	\$ 2.10
\$ 400,000	\$ 8.00	\$ 4.00	\$ 8.00	\$ 2.40
\$ 450,000	\$ 9.00	\$ 4.50	\$ 9.00	\$ 2.70
\$ 500,000	\$10.00	\$ 5.00	\$ 10.00	\$ 3.00

**► Do you want enhanced long term disability insurance for yourself?**

If you become disabled, you automatically receive county-paid basic long term disability (LTD) insurance that combines with other sources of disability income to replace 60% of your predisability earnings (to a maximum benefit of \$6,000 a month) after a 180-day waiting period (page 6). You may elect enhanced LTD to increase the maximum benefit to \$7,200 a month and reduce the waiting period to 90 days.

If you decline enhanced LTD for yourself now or drop coverage later (you may drop coverage anytime), you may not add it again; your only opportunity to elect it is when you are first eligible.

**► Monthly cost of enhanced long term disability insurance**

The cost of enhanced LTD is variable, depending on your base annual salary. Annually, you pay \$.21 per \$100 of salary.

You must calculate your base annual salary before you can calculate your monthly cost for enhanced LTD. To do so, multiply your hourly rate by the number of hours you work each week, then multiply the answer by 52. When you've calculated your base annual salary, divide it by 100 and multiply the answer by \$.21. This is your annual cost for enhanced LTD. To figure your monthly cost, divide the annual cost by 12.

For example, if you earn \$20.10 per hour and work 40 hours per week, your base annual salary is  $\$20.10 \times 40 \times 52 = \$41,808$ . The annual cost of enhanced coverage is  $(\$41,808 \div 100) \times \$.21 = \$418.08 \times \$.21 = \$87.80$ . That's  $\$87.80 \div 12 = \$7.32$  a month.

### ► **Who are your life, AD&D and LTD insurance beneficiaries?**

Whether you elect enhanced coverage or not, you receive county-paid basic life, AD&D and LTD insurance (LTD insurance includes a survivor benefit if you die while disabled; see the LTD booklet in "Your King County Benefits"). Therefore, you need to designate beneficiaries – the people you want to receive these benefits in the event of your death. To do so, complete the Beneficiary Designation Form (page 22). If you submit one form, your beneficiaries receive all your life, AD&D and LTD benefits. If you want to designate different beneficiaries for each benefit, copy and submit separate forms, and indicate on each form the benefit to which it applies (life, AD&D or LTD).

Provide complete information to help us find your beneficiaries if you die. You may list only the last four digits of beneficiaries' Social Security numbers if you choose, but complete Social Security numbers facilitate benefit payment.

The form allows 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.)

Return original Beneficiary Designation forms to Benefits and Retirement Operations and keep copies for your records.

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 family members you want to cover?**

List the family members you want to cover under your benefit plans on the Family Member Enrollment Form (page 23). Parents and other relatives who aren't members of your immediate family aren't eligible for coverage, but the following family members 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 24)

- Unmarried children of you or your spouse/domestic partner if they are under age 23 and chiefly dependent on you for support and maintenance (generally, that means you may claim them on your federal tax return); they may be your:
  - Natural 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 family members 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 New Family Member and Life/AD&D Change forms to Benefits and Retirement Operations within 30 days of the event (see the Important Facts booklet in "Your King County Benefits").

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

There is no cost to cover family members, but when you cover a domestic partner (DP) and his/her children for health benefits (medical, dental, vision) 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.

If you want to add a domestic partner and his/her children for only enhanced life/AD&D insurance (and not health benefits), check the "Add this family member for enhanced life/AD&D only" box on your Family Member Enrollment Form.

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	
	2004	2005	2004	2005	2004	2005
KingCare Basic + Dental + Vision	\$ 404.53	\$ 408.25	\$ 323.63	\$ 326.60	\$ 728.16	\$ 734.85
KingCare Preferred + Dental + Vision	\$ 468.16	\$ 471.92	\$ 374.54	\$ 377.53	\$ 842.70	\$ 849.45
Group Health + Dental + Vision	\$ 411.81	\$ 424.09	\$ 370.25	\$ 381.30	\$ 782.06	\$ 805.39
Dental + Vision Only (Opted Out of Medical)	\$ 68.66	\$ 70.65	\$ 54.93	\$ 56.52	\$ 123.59	\$ 127.17

**► 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, dental and vision 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.

Please refer to the Flexible Spending Accounts booklet in “Your King County Benefits” for more details. If you decide to participate in the FSA program, get an FSA Enrollment Form at [www.metrokc.gov/finance/benefits/everyone/FSA.htm](http://www.metrokc.gov/finance/benefits/everyone/FSA.htm) or from Benefits and Retirement Operations and submit it *within 30 days of when your other benefits begin*. Otherwise, you must wait for a qualifying event or 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 “Your King County Benefits” and the Exit Guide available at [www.metrokc.gov/finance/benefits](http://www.metrokc.gov/finance/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 2004 and 2005.

Health Plan	You	Spouse/Domestic Partner	Dependent Child(ren)
KingCare Basic	2004 ► \$ 342.59	2004 ► \$ 342.59	2004 ► \$ 274.07
	2005 ► \$ 344.35	2005 ► \$ 344.35	2005 ► \$ 275.48
KingCare Preferred	2004 ► \$ 407.49	2004 ► \$ 407.49	2004 ► \$ 326.00
	2005 ► \$ 409.30	2005 ► \$ 409.30	2005 ► \$ 327.43
Group Health	2004 ► \$ 307.99	2004 ► \$ 350.01	2004 ► \$ 321.63
	2005 ► \$ 317.23	2005 ► \$ 360.51	2005 ► \$ 331.28
Washington Dental Service	2004 ► \$ 60.38	2004 ► \$ 60.38	2004 ► \$ 48.31
	2005 ► \$ 62.30	2005 ► \$ 62.30	2005 ► \$ 49.85
Vision Service Plan	2004 ► \$ 9.65	2004 ► \$ 9.65	2004 ► \$ 7.72
	2005 ► \$ 9.76	2005 ► \$ 9.76	2005 ► \$ 7.80

## 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.

Additionally, 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, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598, or e-mail it to [kc.benefits@metrokc.gov](mailto:kc.benefits@metrokc.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 Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598, or e-mail it to [kc.benefits@metrokc.gov](mailto:kc.benefits@metrokc.gov).

# Resource Directory

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

For Questions About ...	Contact ...
<p><b>AD&amp;D Insurance</b></p> <ul style="list-style-type: none"> <li>● Conversion when you leave employment</li> <li>● Secure travel benefits</li> <li>● For claims, contact Benefits and Retirement Operations</li> </ul>	<p><b>CIGNA</b>            Phone 1-800-441-1832 (conversion) ▪ 1-800-336-2485 (TTY)  <b>Worldwide Assistance Services Inc.</b> (secure travel benefits)            Phone 1-888-226-4567/1832 (US/Canada) ▪ Call collect 202-331-7635 (all other locations)            Fax 202-331-1528            E-mail <a href="mailto:cigna@worldwideassistance.com">cigna@worldwideassistance.com</a></p>
<p><b>Benefits – General</b></p> <ul style="list-style-type: none"> <li>● Eligibility</li> <li>● Open enrollment and making changes</li> <li>● Flexible Spending Account enrollment</li> <li>● Life, AD&amp;D and LTD insurance plan details</li> <li>● Alternate formats</li> </ul>	<p><b>Benefits and Retirement Operations</b>            Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598            Phone 206-684-1556 ▪ 1-800-325-6165 x41556 (outside local calling area)            Fax 206-684-1925            E-mail <a href="mailto:kc.benefits@metrokc.gov">kc.benefits@metrokc.gov</a>            Web <a href="http://www.metrokc.gov/finance/benefits">www.metrokc.gov/finance/benefits</a></p>
<p><b>Dental</b></p> <ul style="list-style-type: none"> <li>● Providers</li> <li>● Claims and appeals</li> <li>● Other plan details</li> </ul>	<p><b>Washington Dental Service (WDS)</b>            PO Box 75688, Seattle WA 98125-0688            Phone 206-522-2300 ▪ 1-800-554-1907            E-mail <a href="mailto:cservice@deltadentalwa.com">cservice@deltadentalwa.com</a>            Web <a href="http://www.DeltaDentalWA.com">www.DeltaDentalWA.com</a></p>
<p><b>Flexible Spending Accounts</b></p> <ul style="list-style-type: none"> <li>● Account balances</li> <li>● Reimbursement</li> <li>● Other plan details</li> </ul>	<p><b>Associated Administrators Inc. (AAI)</b>            PO Box 3199, Portland OR 97208-3199            Phone 1-800-334-4340 ▪ 1-800-428-4833 (TTY)            Fax 1-800-979-8987            E-mail <a href="mailto:flex@aai-tpa.com">flex@aai-tpa.com</a>            Web <a href="http://www.aai-pca.com">www.aai-pca.com</a></p>
<p><b>Life Insurance</b></p> <ul style="list-style-type: none"> <li>● Conversion or portability option when you leave employment</li> <li>● Evidence of Insurability (EOI)</li> <li>● For claims, contact Benefits and Retirement Operations</li> </ul>	<p><b>Aetna</b>            Phone 1-800-826-7448 (conversion/portability) ▪ 1-800-523-5065 (EOI)</p>
<p><b>LTD Insurance</b></p> <ul style="list-style-type: none"> <li>● Conversion option when you leave employment</li> <li>● Claims and appeals</li> </ul>	<p><b>CIGNA</b>            Phone 1-800-441-1832 (conversion) ▪ 1-800-362-4462 (claims)            1-800-336-2485 (TTY)            Web <a href="http://www.cigna.com/consumer/forms/disability/disability_claim.html">www.cigna.com/consumer/forms/disability/disability_claim.html</a></p>
<p><b>Medical – General</b></p> <ul style="list-style-type: none"> <li>● Providers (doctors, hospitals, etc.)</li> <li>● Claims and appeals</li> <li>● Identification cards</li> <li>● Preauthorization</li> <li>● Other plan details (covered expenses, limitations, exclusions)</li> </ul>	<p><b>KingCare – Aetna</b>            PO Box 14089, Lexington KY 40512-4089            Phone 1-800-654-3250 ▪ 1-800-654-7714 (preauthorization)            E-mail <a href="mailto:kingcare@aetna.com">kingcare@aetna.com</a>            Web <a href="http://www.kingcare.com">www.kingcare.com</a></p> <p><b>Medical Claims – Aetna Inc., Attn: National Accounts CRT</b>            PO Box 14463, Lexington KY 40512            Fax 1-817-417-2026</p> <p><b>Group Health Cooperative</b>            PO Box 34585, Seattle WA 98124-1585            Phone 206-901-4636 ▪ 1-888-901-4636 ▪ 1-888-287-2680 (out-of-area authorization)            E-mail <a href="mailto:info@ghc.org">info@ghc.org</a>            Web <a href="http://www.ghc.org">www.ghc.org</a></p>

For Questions About ...	Contact ...
<p><b>Medical – Prescriptions</b></p> <ul style="list-style-type: none"> <li>● Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand)</li> <li>● Pharmacies</li> <li>● Mail order service</li> <li>● Filing claims and appeals</li> <li>● Identification cards (KingCare members only; Group Health members use medical plan card for prescriptions)</li> </ul>	<p><b>KingCare – Caremark (formerly AdvancePCS)</b>            PO Box 853901, Richardson TX 75085-3901            Phone 1-800-552-8159            Web <a href="http://kingcounty.advancex.com">http://kingcounty.advancex.com</a> (e-mail by selecting Contact Us)</p> <p><b>Rx Claims Appeals – Caremark, Attn: Prescription Claim Appeals MC 109</b>            PO Box 52084, Phoenix AZ 85072-2084</p> <p><b>Group Health Cooperative</b>            PO Box 34585, Seattle WA 98124-1585            Phone 1-800-245-7979 (mail order prescriptions)            E-mail <a href="mailto:info@ghc.org">info@ghc.org</a>            Web <a href="http://www.ghc.org">www.ghc.org</a></p>
<p><b>Vision</b></p> <ul style="list-style-type: none"> <li>● Providers</li> <li>● Claims and appeals</li> <li>● Other plan details</li> </ul>	<p><b>Vision Service Plan</b>            PO Box 997100, Sacramento CA 95899-7100            Phone 1-800-877-7195 ■ 1-888-354-4434 (discounted laser surgery)            1-800-428-4838 (TTY)            Web <a href="http://www.vsp.com">www.vsp.com</a> (e-mail through the site)</p>



# Regular Employee Enrollment Form



Check one box for each benefit listed. Benefits that need no decisions – dental, vision, basic life/AD&D/LTD – aren't listed. Return *within 30 days of your hire date* to Benefits and Retirement Operations, Exchange Bldg. EXC-ES-0300, 821 Second Ave., Seattle 98104-1598.

Last name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Gender  M  F  
 Soc Sec No \_\_\_\_\_ Birth date \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_  
 Mailing address \_\_\_\_\_ Apt No \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP \_\_\_\_\_ Home e-mail \_\_\_\_\_  
 Work unit \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_  
 Pay ID No \_\_\_\_\_ Work start date \_\_\_\_\_ Paid  5<sup>th</sup> and 20<sup>th</sup>  Every other Thursday  
 King County employment  Never worked for the county  Worked for the county, ending employment (date) \_\_\_\_\_  
 Washington State Retirement System  Never enrolled  Previously enrolled and retired from (plan and date) \_\_\_\_\_  
 Previously enrolled in (plan) \_\_\_\_\_

**Medical** *See page 6. You must attach proof of other medical coverage if you opt out!*  
 KingCare Basic  KingCare Preferred  Group Health  Opt Out (no medical, but covered for dental and vision)

**Enhanced life for you** *See page 11. BAS = base annual salary.*  
 Decline  1 x BAS  2 x BAS  3 x BAS  4 x BAS

**Enhanced life for family** *See page 11. DP = domestic partner.*  
 Decline  Spouse/DP only at 50% of your enhanced amount  
 Children only at \$10,000 each  Spouse/DP at 50% of your amount + children at \$10,000 each

**Enhanced AD&D for you** *See page 12.*  
 Decline  \$100,000  \$200,000  \$300,000  \$400,000  \$500,000  
 \$50,000  \$150,000  \$250,000  \$350,000  \$450,000

**Enhanced AD&D for family** *See page 13. DP = domestic partner.*  
 Decline  Child(ren) only at 10% of your enhanced amount  
 Spouse/DP only at 50% of your enhanced amount  Spouse/DP at 50% + children at 10% of your enhanced amount  
 Spouse/DP only at 100% of your enhanced amount  Spouse/DP at 100% + children at 10% of your enhanced amount

**Enhanced LTD for you** *See page 13.*  
 Decline  Accept (increases monthly benefit maximum and reduces waiting period)

## 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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# Beneficiary Designation Form



- Use this form and additional copies as needed to designate or update beneficiaries for your county insurance death benefits, as described on page 14. Provide complete information. You may list only the last 4 digits of Social Security numbers, but complete numbers facilitate benefit payment.
- If you submit one form, your beneficiaries receive all county life, AD&D and LTD survivor insurance benefits for which you are eligible. If you want to designate different beneficiaries for each benefit, submit separate forms and identify each form with the benefit to which it applies (life, AD&D or LTD).
- Mail the signed original of this form to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle WA 98104-1598 and keep a copy for your records.

## List beneficiaries with complete information to facilitate benefit payment

	Name	Relationship	Birth Date	Soc Sec No	Primary - %	Contingent - %
1.	_____	_____	_____	_____	<input checked="" type="checkbox"/> _____	<input type="checkbox"/> _____
	Address _____		Phone _____			
2.	_____	_____	_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Address _____		Phone _____			
3.	_____	_____	_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Address _____		Phone _____			
4.	_____	_____	_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Address _____		Phone _____			
5.	_____	_____	_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Address _____		Phone _____			
6.	_____	_____	_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Address _____		Phone _____			
7.	_____	_____	_____	_____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	Address _____		Phone _____			
					All must total 100%	All must total 100%

### If your spouse isn't designated primary with at least 50%, have him/her sign this section

*I'm the employee's spouse and have reviewed the above beneficiary designation; I understand by signing below I hereby consent to the beneficiaries as designated and waive any rights I may have under applicable community property laws to a greater share of the survivor benefits.*

Spouse signature \_\_\_\_\_ Date signed \_\_\_\_\_  
 Printed name \_\_\_\_\_

### Authorize your designations

*By signing and dating this form, I designate the above as my beneficiaries. I understand that if a minor (person not of legal age) or my estate is the beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefits can be paid. This may mean legal expenses for my beneficiaries and a possible delay in payment to them.*

Employee signature \_\_\_\_\_ Date signed \_\_\_\_\_  
 Printed name \_\_\_\_\_ Contact phone (\_\_\_\_\_) \_\_\_\_\_  
 Paid  5<sup>th</sup> and 20<sup>th</sup> ea month  Every other Thursday PeopleSoft ID or Soc Sec No \_\_\_\_\_

# Family Member Enrollment Form



List eligible family members (as described on page 14) you want to cover and provide all information for each family member. Please print. Copy and attach additional forms if needed. If you're covering a spouse/domestic partner, complete the Affidavit of Marriage/Domestic Partnership (page 24). If you want a domestic partner (DP) or DP's children covered only for enhanced life/AD&D and no health coverage (the value of DP health coverage is taxed, see page 15), check the "Add this family member for life/AD&D 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 \_\_\_\_\_  
 Add this family member for life/AD&D only (no health coverage)
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Soc Sec No \_\_\_\_\_ Gender  M  F Birth Date \_\_\_\_\_  
 Add this family member for life/AD&D only (no health coverage)
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Soc Sec No \_\_\_\_\_ Gender  M  F Birth Date \_\_\_\_\_  
 Add this family member for life/AD&D only (no health coverage)
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Soc Sec No \_\_\_\_\_ Gender  M  F Birth Date \_\_\_\_\_  
 Add this family member for life/AD&D only (no health coverage)
5. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Soc Sec No \_\_\_\_\_ Gender  M  F Birth Date \_\_\_\_\_  
 Add this family member for life/AD&D only (no health coverage)
6. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Soc Sec No \_\_\_\_\_ Gender  M  F Birth Date \_\_\_\_\_  
 Add this family member for life/AD&D only (no health coverage)
7. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Soc Sec No \_\_\_\_\_ Gender  M  F Birth Date \_\_\_\_\_  
 Add this family member for life/AD&D only (no health coverage)

### Authorize your family member 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  5<sup>th</sup> and 20<sup>th</sup> ea month  Every other Thursday PeopleSoft ID or Soc Sec No \_\_\_\_\_

# 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 Family Member 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 (\_\_\_\_\_) \_\_\_\_\_

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Spouse/DP signature \_\_\_\_\_ Date signed \_\_\_\_\_

Printed name \_\_\_\_\_

# Year-End New Hire Open Enrollment Form



Your enrollment forms elect your coverage through December 31 and, though you're just making those elections, you must be given the opportunity to change the coverage effective January 1. During open enrollment you may change medical plans, add/increase enhanced accidental death and dismemberment (AD&D) insurance and add eligible family members for coverage.

Please complete this form and return it with your other enrollment forms *within 30 days of your hire date* to Benefits and Retirement Operations, Exchange Bldg. EXC-ES-0300, 821 Second Ave., Seattle 98104-1598.

## No change

*If you check this box, check no others.*

I want to keep the same coverage in 2005 that I've elected through my other benefit enrollment forms.

## Change medical

Effective January 1, 2005, make my election:

KingCare Basic     KingCare Preferred     Group Health     Opt Out (no medical, but covered for dental and vision)

## Change enhanced AD&D for you

Effective January 1, 2005, make my election:

Decline     \$100,000     \$200,000     \$300,000     \$400,000     \$500,000  
 \$50,000     \$150,000     \$250,000     \$350,000     \$450,000

## Change enhanced AD&D for family

Effective January 1, 2005, make my election:

Decline     Child(ren) only at 10% of my enhanced amount  
 Spouse/DP only at 50% of my enhanced amount     Spouse/DP at 50% + children at 10% of my enhanced amount  
 Spouse/DP only at 100% of my enhanced amount     Spouse/DP at 100% + children at 10% of my enhanced amount

## Add family members

*Provide documentation as described on page 14 of this guide.*

Effective January 1, 2005, add these eligible family members for coverage:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Soc Sec No \_\_\_\_\_ Gender  M  F Birth Date \_\_\_\_\_  
 Add this family member for life/AD&D only (no health coverage)
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Soc Sec No \_\_\_\_\_ Gender  M  F Birth Date \_\_\_\_\_  
 Add this family member for life/AD&D only (no health coverage)
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Soc Sec No \_\_\_\_\_ Gender  M  F Birth Date \_\_\_\_\_  
 Add this family member for life/AD&D only (no health coverage)

## Authorize your open enrollment changes for 2005

*I've read and understand this form. The information I've provided is true, correct and complete. 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  5<sup>th</sup> and 20<sup>th</sup> ea month     Every other Thursday    PeopleSoft ID or Soc Sec No \_\_\_\_\_

