

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 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 17) 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 “Deputy Sheriff: Your King County Benefits,” the collection of plan booklets available at www.metrokc.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 “Deputy Sheriff: 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.

Table of Contents

Seven Key Points.....	3
Benefits That Need No Decisions	4
▶ You automatically receive dental coverage.....	4
▶ You automatically receive basic life insurance for yourself	4
▶ You automatically receive basic life insurance for your family	5
▶ You automatically receive basic AD&D insurance for yourself	5
Benefits That Need Your Decisions	5
▶ What medical/vision plan is best for you?	5
▶ Do you want supplemental life insurance for yourself?	10
▶ Who are your life and AD&D insurance beneficiaries?	10
▶ Who are the eligible family members you want to cover?	11
▶ Tax implications for domestic partner health coverage.....	12
▶ Do you want to participate in a Flexible Spending Account?	12
If You Leave Employment	13
HIPAA Notice of Privacy Practices	13
▶ Our Obligations	13
▶ How We May Use and Disclose Protected Health Information	13
▶ Your Rights	14
▶ Changes to Our Privacy Practices	14
▶ Complaints	14
Resource Directory	15
Deputy Sheriff Enrollment Form	17
Family Member Enrollment Form	19
Affidavit of Marriage/ Domestic Partnership	21

Seven Key Points

1. King County pays for medical/vision, dental and basic life insurance for you and the eligible family members you enroll, plus basic accidental death and dismemberment (AD&D) insurance for you. You may purchase additional/supplemental life insurance for yourself.
2. You need to return your enrollment forms within a week after you begin work to:
 - Choose your medical/vision plan
 - Elect or decline supplemental life insurance for yourself
 - Designate your beneficiaries for life and accidental death and dismemberment (AD&D) insurance
 - Enroll your benefit eligible family members 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/vision card (no cards are issued for dental). If you don't receive your medical/vision card within 30 days, contact your medical/vision 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/vision plans
 - Add supplemental life for yourself (evidence of insurability is required)
 - Add eligible family members 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.metrokc.gov/employees/benefits and provide more details. Between open enrollments you may:
 - Drop family members from coverage
 - Drop supplemental life for yourself
 - Add eligible family members for coverage if you have a qualifying 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's/domestic partner's employer-sponsored coverage
 - 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.
7. Questions? Please contact the resources listed in the Resource Directory section of this guide or refer to "Deputy Sheriff: Your King County Benefits," the collection of plan booklets available at www.metrokc.gov/employees/benefits or from the Sheriff's Office Personnel Unit.

Benefits That Need No Decisions

You and the eligible family members you enroll automatically receive dental 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 the plan booklets in “Deputy Sheriff: 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 and restorative 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%).

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	
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 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 10.)

► **You automatically receive basic life insurance for your family**

The eligible family members 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 10), you may pay to continue coverage for a spouse/domestic partner until he/she is 65 and a child until he/she is 19 (23 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 family members.)

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 "Deputy Sheriff: Your King County Benefits."

Benefits That Need Your Decisions

You must submit your enrollment forms (beginning on page 17) to the Sheriff's Office Personnel Unit *within a week after you begin work* to:

- Choose your medical/vision 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 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 "Deputy Sheriff: Your King County Benefits," the collection of plan booklets available at www.metrokc.gov/finance/benefits or from the Sheriff's Office Personnel Unit.

► **What medical/vision plan is best for you?**

King County pays for medical/vision coverage for you and the family members you enroll. You may choose from three plan options. The option you select is the option your enrolled family members receive.

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Provider choice	You must use Regence BlueShield and recognized providers for all covered services received within the service area (except emergency care) and may use any approved provider for covered services outside the service area	You choose a PacifiCare primary care physician (PCP) who provides and coordinates services through the PacifiCare network; no non-network coverage unless indicated	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

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Annual deductible	\$100 per person/\$300 per family	None (unless you live outside the PacifiCare service area)	None
Copay/office visit	None	\$5	\$7
After the deductible/copays, the plans pay most covered services at these levels until you reach the annual out-of-pocket maximum	80%-100% of the allowed amount	100% network	100% network
Annual out-of-pocket maximum	\$375/person (excluding deductible and copays)	\$500/person, \$1,500/family for network care and limited emergency/out-of-area care	\$1,000/person, \$2,000/family for network care and limited emergency/out-of-area care
After you reach the out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level	100%	100%	100%
Lifetime maximum	\$1,000,000	No limit	No limit
Alternative care	100% up to 12 visits/year to approved provider for acupuncture	100% after \$5 copay/visit when referred by PCP	Self-referrals to a network provider are covered up to 8 visits/medical diagnosis/calendar year for acupuncture and up to 3 visits/medical diagnosis/calendar year for naturopathy; except for chiropractic services, all other alternative care may require PCP referral \$20 copay/visit
Ambulance services	80%	100%	80% (except hospital-to-hospital ground transfers covered 100% when initiated by Group Health)
Chemical dependency treatment	100% inpatient/outpatient Up to \$13,500 maximum/2 years (maximum subject to annual adjustment)	100% for inpatient/outpatient \$15,000 maximum/24 consecutive calendar months (maximum subject to annual adjustment)	100% for inpatient 100% after \$7 copay/visit for outpatient \$13,500 maximum/24 consecutive months (maximum subject to annual adjustment)
Chiropractic care	100%	100% after \$5 copay when referred by PCP 100% after \$10 copay/visit up to 33 visits/year when self-referred (must see a network provider)	100% after \$7 copay/visit
Diabetes care training	80%	100%	100% after \$7 copay/visit

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Durable medical equipment and diabetic equipment	80%	100%	80%
Emergency care (in an emergency room)	80% after \$25 copay/visit (waived if admitted)	100% after \$50 copay/visit (waived if admitted)	100% after \$75 copay/visit to network facility (copay waived if admitted) 100% after \$125 copay/visit to non-network facility (copay waived if admitted)
Family planning	Covered at various levels; call plan for details	100%	Covered at various levels; call plan for details
Home health	90% up to 130 visits/year	100% up to 130 visits/year	100%
Hospice care	90% (6-month maximum with up to 14 days inpatient care)	100% (6-month lifetime maximum)	100% (limits apply; call plan for details)
Hospital care	80%	100%	100%
Injury to teeth	80% dentist/denturist services up to \$1,000/injury	100%	Not covered
Lab, x-rays and other diagnostic testing	100% professional services; 80% hospital/facility services	100%	100%
Maternity care - delivery and related hospital care	100% professional services; 80% hospital/facility services	100%	100%
Maternity care - prenatal and postpartum care	100% professional services; 80% hospital/facility services	100% after \$10 copay/pregnancy	100% after \$7 copay/visit
Mental health care	100% professional services and 80% hospital/facility services for inpatient up to 8 days/year 100% for outpatient up to 12 visits/year	100% for inpatient up to 30 days/year; 100% residential and day treatment (also subject to inpatient maximum; each day of care counts as half an inpatient day) 100% after \$5 copay/visit up to 30 visits/year	100% for inpatient up to 12 days/year 100% after \$7 copay/individual, family or couple/visit or \$7 copay/group session for outpatient up to 20 visits/year
Neurodevelopmental therapy for covered family members age 6 and under	80% up to \$2,000 annual benefit maximum	100% for inpatient 100% after \$10 copay/visit for outpatient up to 60 visits/year when referred by PCP and preauthorized	100% for inpatient up to 60 days/year (combined with rehabilitative services) 100% after \$7 copay/visit for outpatient up to 60 visits/year (combined with rehabilitative services)
Newborn care (up to at least 3 weeks as mandated by state law)	100% professional services; 80% hospital/facility services	Covered at various levels; call plan for details	Covered at various levels; call plan for details

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Physician and other medical and surgical services	100% in an office, home, hospital or skilled nursing facility and for surgery	100% for inpatient 100% for outpatient after \$5 copay/visit	100% for inpatient 100% after \$7 copay/visit for outpatient
Phenylketonuria (PKU) formula	100%	100%	100%
Prescription drugs - network pharmacies (including insulin and diabetic supplies)	Up to 34-day supply 100% after \$7 copay for generic 100% after \$12 copay for brand-name 100% after \$27 for non-formulary	Up to 30-day supply 100% after \$5 copay for generic (brand-name drugs are covered only when generic not available)	Up to 30-day supply 100% after \$5 copay
Prescription drugs - mail order (including insulin and diabetic supplies)	Up to 90-day supply 100% after \$14 copay for generic 100% after \$24 copay for brand-name 100% after \$54 copay for non-formulary	Up to 90-day supply 100% after \$10 copay for generic (brand-name drugs are covered only when generic not available)	Up to 30-day supply 100% after \$5 copay
Preventive care (such as routine exams and immunizations)	100%	100% after \$5 copay/visit	100% after \$7 copay/visit (according to well-child/adult preventive care schedule)
Radiation therapy and chemotherapy	100% professional services; 80% hospital/facility services	100%	100% after \$7 copay/visit
Reconstructive services (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)	100% professional services; 80% hospital/facility services	100% depending on services provided; copays may apply	100% for inpatient 100% after \$7 copay/visit for outpatient
Rehabilitative services	100% professional and hospital/facility services for inpatient up to \$50,000/condition 80% for outpatient up to \$2,000/year	100% for inpatient 100% after \$10 copay/visit for outpatient up to 60 visits/year when referred by PCP and preauthorized	100% for inpatient up to 60 days/year (combined with neurodevelopmental therapy) 100% after \$7 copay/visit for outpatient up to 60 visits/year (combined with neurodevelopmental therapy)

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Skilled nursing facility	80% up to 90 days/year when preauthorized	100% up to 150 days lifetime maximum/condition (must be instead of a hospital stay) when referred by PCP and preauthorized	100% up to 60 days/condition at Group Health-approved nursing facility
Smoking cessation	75% up to \$500 lifetime maximum for approved program	100% after \$20 copay/network program 100% after \$20 copay for each 4-week supply of nicotine replacement if prescribed by PCP (90-day treatment maximum)	100% network provider program 1 course of nicotine replacement/year (prescription copay applies) when prescribed by network provider
Sterilization procedures	100% professional services; 80% hospital/facility services	100%	100% after \$7 copay/visit for outpatient
Temporomandibular joint (TMJ) disorders	Not covered	Not covered	100% for inpatient 100% after \$7 copay/visit for outpatient Up to \$1,000/year and \$5,000 lifetime maximum
Transplants (certain transplants/services only)	100% professional; 80% hospital/facility services and travel expenses Donor organ procurement costs up to \$50,000/transplant; travel expenses up to \$2,500/transplant \$250,000 lifetime maximum	100% up to \$500,000 lifetime maximum Medical coverage must have been continuous for more than 12 months under this plan – whether preexisting or emergency	Covered subject to applicable copay; limits and exclusions apply; call plan for details Medical coverage must have been continuous for more than 12 months under this plan – whether preexisting or emergency
Urgent care	Covered at various levels; call plan for details	100% after \$5 copay/visit	100% after \$7 copay/visit at network facility
Vision care – routine exams	100% for 1 exam/calendar year Deductible doesn't apply	100% for 1 exam every 12 months from network provider (Cole Vision Service) 100% up to \$40 for 1 exam every 12 months from non-network provider	100% after \$7 copay for 1 exam in 12 consecutive months (must use Group Health providers)
Vision care - lenses	Up to 2 lenses/calendar year \$20/single vision lens \$30/bifocal lens \$40/trifocal lens \$65/lenticular or aphakic lens (external lens requiring a frame)	100% for 1 pair of lenses every 12 months from network provider (Cole Vision Service) 100% up to \$100 for 1 pair of lenses every 12 months from non-network provider	Not covered

Plan Feature	Regence BlueShield	PacifiCare	Group Health
Vision care - frames	\$30 for 1 pair of frames/2 calendar years beginning with the initial date of service Deductible doesn't apply	100% up to \$150 retail value for 1 pair of frames every 24 months from network provider (Cole Vision Service) 100% up to \$100 for 1 pair of frames every 24 months from non-network provider	Not covered
Vision care - contact lenses (instead of glasses)	If medically necessary, up to \$100/lens for aphakia or for vision correctable to 20/70 or better only by use of contact lenses If cosmetic/elected, up to \$20/lens Deductible doesn't apply	100% up to \$150 retail value for 1 pair of contacts every 24 months from network provider (Cole Vision Service) 100% up to \$100 for 1 pair of contacts every 24 months from non-network provider	Not covered

► Do you want supplemental life insurance for yourself?

You automatically receive county-paid basic \$6,000 life insurance (page 4), but may purchase additional/ 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 lower in 2007 than it was in 2006. 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 drop or reduce it later (you may drop 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 (see the Important Facts booklet in “Deputy Sheriff: Your King County Benefits” for more details).

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?

Whether you elect supplemental coverage or not, you receive county-paid basic life and AD&D insurance. 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 **Error! Bookmark not defined.**). If you submit one form, your beneficiaries receive both your life and AD&D 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 or AD&D).

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: your 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.

► **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 19). 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 21)
- 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:
 - 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 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 "Deputy Sheriff: 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/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.

If you want to add a domestic partner and his/her children for only the county-paid basic \$1,000 life insurance (and not health benefits), check the “Add this family member for basic life 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	
	2007	2006	2007	2006	2007	2006
Regence BlueShield + Dental	\$ 511.15	\$ 464.00	\$ 440.67	\$ 399.13	\$ 951.82	\$ 863.13
PacifiCare + Dental	\$ 454.52	\$ 439.82	\$ 368.53	\$ 356.50	\$ 823.05	\$ 796.32
Group Health + Dental	\$ 541.21	\$ 561.40	\$ 490.72	\$ 508.43	\$1,031.93	\$1,069.83

► **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.

Please refer to the Flexible Spending Accounts booklet in “Deputy Sheriff: 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/employees/benefits/flexible_spending_accounts/default.aspx 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 “Deputy Sheriff: Your King County Benefits” and the Exit Guide available at www.metrokc.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 2006 and 2005.

Health Plan	You	Spouse/Domestic Partner	Dependent Child(ren)
Regence BlueShield	2007 ► \$ 459.61	2007 ► \$ 459.61	2007 ► \$ 400.07
	2006 ► \$ 404.13	2006 ► \$ 404.13	2006 ► \$ 351.79
PacifiCare	2007 ► \$ 502.27	2007 ► \$ 401.85	2007 ► \$ 326.49
	2006 ► \$ 474.28	2006 ► \$ 379.47	2006 ► \$ 308.31
Group Health	2007 ► \$ 431.42	2007 ► \$ 490.27	2007 ► \$ 451.13
	2006 ► \$ 443.04	2006 ► \$ 503.48	2006 ► \$ 463.27
Washington Dental Service	2007 ► \$ 61.76	2007 ► \$ 61.76	2007 ► \$ 49.41
	2006 ► \$ 69.15	2006 ► \$ 69.15	2006 ► \$ 55.32

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.

► **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.

Resource Directory

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

For Questions About ...	Contact ...
Accidental Death and Dismemberment (AD&D) Insurance <ul style="list-style-type: none"> ● Conversion option ● Secure travel services ● For claims, contact Benefits and Retirement Operations 	CIGNA Phone 1-800-441-1832 (conversion) ■ 1-800-552-5744 (TTY) Worldwide Assistance Services Inc. (secure travel benefits) Phone 1-888-226-4567 (US/Canada) ■ Call collect 202-331-7635 (all other locations) Fax 202-331-1528 E-mail cigna@worldwideassistance.com
Benefits – Eligibility and New Hire Enrollment	Sheriff’s Office Personnel Unit KC Courthouse KCC-SO-0100, 516 Third Ave., Seattle WA 98104-1598 Phone 206-205-7601/2/4 Fax 206-205-7608
Benefits – General <ul style="list-style-type: none"> ● Open enrollment and making changes ● Flexible Spending Account enrollment ● Life and AD&D insurance details ● Alternate formats 	Benefits and Retirement Operations 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 kc.benefits@metrokc.gov Web www.metrokc.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 206-522-2300 ■ 1-800-554-1907 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 1-800-342-8017 (Monday-Friday, 4 a.m.-7 p.m. Pacific) Fax 1-850-425-4608 Web www.myFBMC.com
Life Insurance <ul style="list-style-type: none"> ● Conversion or portability option ● Evidence of insurability (EOI) ● For claims, contact Benefits and Retirement Operations 	Aetna Phone 1-800-826-7448 (conversion/portability) ■ 1-800-523-5065 (EOI)

For Questions About ...	Contact ...
<p>Medical/Vision – General</p> <ul style="list-style-type: none"> ● Providers (doctors, hospitals, pharmacies, etc.) ● Claims and appeals ● Drug formulary (covered drugs) ● Identification cards ● Preauthorization/preadmission ● Other plan details (covered expenses, limits, exclusions) 	<p>Regence BlueShield PO Box 21267, 1800 Ninth Ave., Seattle WA 98111-3267 Phone 1-800-458-3523 Web www.wa.regence.com (e-mail through Web site)</p> <p>PacifiCare PO Box 6092, Cypress CA 90630-0092 ■ PO Box 31053, Laguna Hills CA 92654-1053 (mental health and chemical dependency claims) Phone 1-800-932-3004 (weekdays 7 a.m.-9 p.m. Pacific) ■ 1-800-577-7244 (Behavioral Health) ■ 1-800-292-2336 (Free & Clear® StopSmokingSM) ■ 1-800-762-8456 (emergency care follow-up authorization) ■ 711 TTY Relay Service Web www.pacificare.com (e-mail through Web site)</p> <p>Cole Vision (for PacifiCare participant vision benefits) PO Box 8056 Twinsburg OH 44087-8967 Phone 1-800-334-7591</p> <p>Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 1-800-245-7979 (mail order prescriptions) E-mail info@ghc.org Web www.ghc.org</p>
<p>Medical – Mail Order Prescriptions</p>	<p>Postal Prescription Services (Regence BlueShield participants) Postal Prescription Services PO Box 2718, Portland OR 97208-2718 Phone 1-800-552-6694 Web www.ppsrx.com (e-mail through Web site)</p> <p>Walgreens Healthcare Plus (Regence BlueShield participants) PO Box 188, Beaverton OR 97075 Phone 1-800-797-3345 Web www.walgreenshealth.com/whc/mpharm/jsp/mpharm_cob_home.jsp (e-mail through Web site)</p> <p>Prescription Solutions (PacifiCare participants) PO Box 6037, Cypress CA 90630-0037 Phone 1-800-562-6223 ■ 711 TTY Relay Service Web www.pacificare.com (e-mail through Web)</p> <p>(Group Health participants use Group Health)</p>



King County

Benefits and Retirement
Operations

Deputy Sheriff Enrollment Form

- Check one box for each benefit listed. Benefits that need no decisions – dental, basic life/AD&D for you and basic life for your family – 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 5.

- (K) RegenceBlueShield
 (L) PacifiCare
 (M) Group Health

Supplemental life for you

See page 10.

- Decline
 (1) 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
--------------------	----------	----------	--------------	---------	-----------



Family Member Enrollment Form

- List eligible family members (as described on page 11) 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 21).
- 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 12), check the "Add this family member 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 _____
 Add this family member for life only (no health coverage)

2. Name _____ Relationship _____
 Soc Sec No _____ Gender M F Birth date _____
 Add this family member for life only (no health coverage)

3. Name _____ Relationship _____
 Soc Sec No _____ Gender M F Birth date _____
 Add this family member for life only (no health coverage)

4. Name _____ Relationship _____
 Soc Sec No _____ Gender M F Birth date _____
 Add this family member for life only (no health coverage)

5. Name _____ Relationship _____
 Soc Sec No _____ Gender M F Birth date _____
 Add this family member for life only (no health coverage)

6. Name _____ Relationship _____
 Soc Sec No _____ Gender M F Birth date _____
 Add this family member for life only (no health coverage)

7. Name _____ Relationship _____
 Soc Sec No _____ Gender M F Birth date _____
 Add this family member for life 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 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 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 (_____) _____

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

Spouse/DP signature _____ Date signed _____

Printed name _____

