

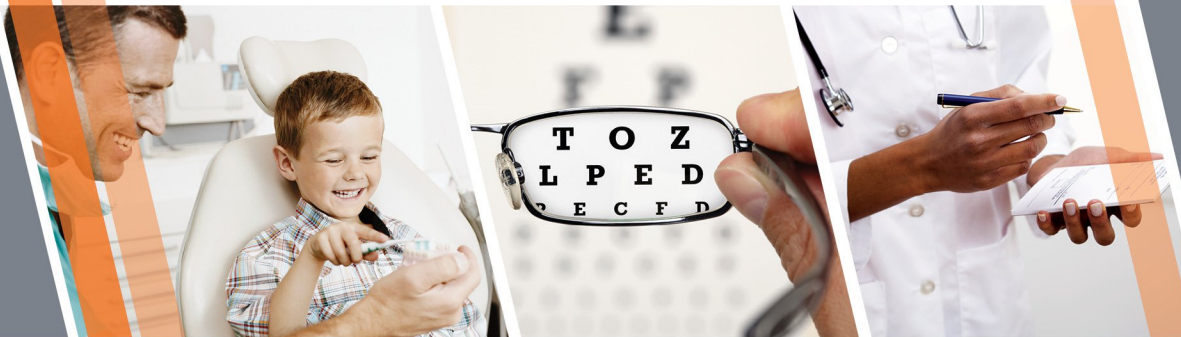
V A S H O N
FIRE

2022



EMPLOYEE BENEFITS ENROLLMENT GUIDE

AND SUMMARY OF MATERIAL MODIFICATIONS



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please read the Individual Creditable Coverage Disclosure notice for more information. If you have questions about your options, please, contact Human Resources, or our Benefits Consultant, Parker, Smith & Feek.

OPEN ENROLLMENT

AND SUMMARY OF MATERIAL MODIFICATIONS

Effective January 1, 2022

OPEN ENROLLMENT

Our employer sponsored health and welfare benefits renew on January 1st every year. At this time we review our benefit plan offerings, and the cost to both you and the company.

This is the time of year to add or delete coverage for any eligible family members. If you do not enroll an eligible spouse or child now because they have coverage through another employer, you may only add that person on our plan during next year's Open Enrollment Period, unless you experience a qualified family status change. Please refer to the Special Enrollment section later in this document.

WHAT'S CHANGING?

The following information lists the material changes to the plans. For more benefit detail, refer to the benefit summaries later in this document or the Plan Booklets you will receive later.

MEDICAL – SELF-FUNDED/TPSC / FIRST CHOICE HEALTH

WFCA – PPO \$100 Plan

- Specialty Drugs offers a PrudentRx Copay Program with \$0 pay to members. As part of the prescription plan with CVS/Caremark, the program allows members to get covered specialty medications that are on the plan's Exclusive Specialty Drug list for \$0 out-of-pocket when filled at CVS Specialty. You must be enrolled in the program to participate. If you opt out of the program, you will be responsible for 30% of the cost of the specialty medication.
- Formulary Drug List. The Advanced Control Formulary is a guide within select therapeutic categories. Generics will be considered the first line of prescribing. If there is not generic available, there may be more than one brand-name to treat a condition. Preferred brand-name medicines are on the formulary to identify products that are clinically appropriate and cost-effective. Non-preferred brand-name medicine will be subject to a higher copay. See plan summaries for non-preferred brand-name copays.

DENTAL – SELF-FUNDED / DELTA DENTAL OF WASHINGTON

WFCA – PPO Incentive Plan

There are no plan changes this year.

OPEN ENROLLMENT

AND SUMMARY OF MATERIAL MODIFICATIONS

Effective January 1, 2022

VISION – VISION SERVICE PLAN (VSP)

WFCA – Select Plan

You receive this benefit when enrolled on the medical.

- LightCare is added to your vision plan. You may use your frame and lens benefit toward non-prescription sunglasses or non-prescription blue-light filter glasses.
- Walmart is added as an in-network retail chain. See VSP summary for frame allowance at Walmart.

LIFE AND AD&D – STANDARD

WFCA - Core \$2,000 Plan

VIFR – Basic 1x Annual Earnings Plan

There are no changes to these plans.

Voluntary Life

While there are no plan changes, if you have purchased additional coverage you may see an increase in premium as a result of moving into a new age bracket.

DISABILITY – STANDARD

Short and Long-Term Disability

There are no plan changes this year.

2022

OPEN ENROLLMENT

AND SUMMARY OF MATERIAL MODIFICATIONS

Effective January 1, 2022

THIS IS A GOOD
TIME TO REVIEW
AND UPDATE YOUR
BENEFICIARY
DESIGNATION IF
YOU HAVE HAD
ANY FAMILY
CHANGES.

IF NOT MAKING
ENROLLMENT
CHANGES PLEASE
SIGN HERE.

WHAT DO I HAVE TO DO?

- ☐ If you are not making any changes, you do not have to complete new enrollment forms.
- ☐ If waiving cover, you need to complete a waiver form and send to Raechel.
- ☐ All newly eligible or newly enrolling employees must complete enrollment or waiver forms.
- ☐ If previously enrolled and making changes, such as adding or dropping coverage for yourself or your dependents, or making a plan election change, you must complete applicable enrollment/change forms and send to Raechel.

All forms must be completed and returned to Raechel Ehlers.

I confirm I am not making any enrollment changes this year:

Employee Signature

Date

HR Receipt/Signature

Date

ENROLLMENT GUIDE

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Effective January 1, 2022

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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. For specific tax or legal advice, please consult with your own tax or legal advisor for assistance. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

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EMPLOYEE BENEFIT SUMMARY

Effective January 1, 2022

WELCOME TO VASHON ISLAND FIRE AND RESCUE

We offer the following benefits to you as eligible employees:

- **Medical, Dental, Vision and Life** benefits are offered through the Washington Fire Commissioners Association (WFCA).
- **Medical** benefits are self-funded by WFCA and administered by TPSC.
- **Dental** is offered through Delta Dental of Washington as part of the trust.
- **Vision** is included with medical through Vision Service Plan (VSP) as part of the trust.
- **Life/AD&D** and is provided by Standard through the trust.
- Additionally you have another **Life/AD&D** benefit with **Voluntary Life**, as well as **Short-Term** and **Long-Term Disability** provided through Standard.
- You have access to two **Employee Assistance Programs (EAP)** through Standard and serviced by Moreau Shapell, as well as Public Safety EAP (ESI ESP).

ELIGIBILITY REQUIREMENTS

Employee	WFCA: Regular, full-time employees working at least 30 hours per week Standard: Active Firefighters of Vashon Island Fire and Rescue (VIFR) who regularly work at least 2,532 hours per year OR an active non-firefighter employee of VIFR who works at least 2,080 hours per year.
Dependents	Your legal spouse or domestic partner* Dependent children may be covered until age 26
Waiting Period	1st of the month if hire date is on the first or prior to the 15 th , or the 1 st of the following month if hire date is on the 16 th or later.

** Domestic Partner must meet all requirements included in the "Affidavit of Qualifying Domestic Partnership". Eligible partner is extended the same rights and benefits as a spouse. Coverage also includes eligible children of partner.*

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NEW EMPLOYEES

For new employees, this is your chance to enroll in the Vashon Island Fire and Rescue Employee Benefits Plan through the WFCA program. You must enroll yourself and your dependents within 30 days of becoming eligible for benefits. You can enroll eligible dependents at the same time you enroll yourself. If you do not enroll, or you waive coverage, you'll receive the default benefits shown below:

- Basic Life Insurance and AD&D
- Short Term Disability
- Long Term Disability
- Employee Assistance Plan

WHEN CAN I MAKE ENROLLMENT CHANGES?

Once you're enrolled in benefits, you generally are not allowed to make changes until the next annual Open Enrollment. Open Enrollment is your one chance each year to review your coverage and make changes to your benefits. It's also your chance to enroll if you declined coverage when you first became eligible. Open Enrollment changes take effect on January 1st each year.

Other than during Open Enrollment, you can make changes to your benefits during the year only if you experience a qualifying status change. Please refer to the Special Enrollment section later in this document.

WHERE TO GO FOR HELP

Vashon Island Fire and Rescue partners with Parker, Smith & Feek to provide you and your family with individualized assistance with insurance problems you are unable to resolve directly with the carrier. This includes claims issues, eligibility questions, network problems and general healthcare or insurance questions.

Benefits Advocacy	PS&F Sharon Kliegl	425.709.3630 or 800.457.0220	skliegl@psfinc.com
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CONTACT INFORMATION

REFER TO THIS LIST WHEN YOU NEED TO CONTACT A BENEFITS VENDOR. FOR GENERAL INFORMATION, CONTACT HUMAN RESOURCES.

Medical	WFCA / TPSC	800.426.9786	www.trustedplans.com/members
Prescriptions	CVS Caremark	866.818.6911	www.caremark.com
Telephonic/Virtual Care	Teladoc	800.362.2667	www.MyDrConsult.com mobile app: teladoc.com/mobile
Dental	Delta Dental of Washington	800.554.1907	www.deltadentalwa.com
Vision	Vision Service Plan (VSP)	800.877.7195	www.vsp.com
Life Insurance and Disability	The Standard	800.368.1135	www.standard.com
Employee Assistance Program (EAP)	Public Safety (ESI)	888.327.1060	www.publicsafetyeap.com
Employee Assistance Program (EAP)	Standard / Morneau Shapell	888.293.6948	www.workhealthlife.com/standard3
Travel Assistance	Standard / Generali Global Assistance	866.455.9188	www.standard.com/travel
WA Fire Commissioners	Additional Assistance	800.426.9786 x.210 800.491.9322	www.wfca.wa.gov
VIFR	Raechel Ehlers	206.463.2405	rehlers@vifr.org

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EMPLOYEE BENEFIT SUMMARY

Effective January 1, 2022

HOW MUCH DO I HAVE TO PAY?

VIFR pays 100% of the cost of your employee coverage. VIFR also pays 85% for your dependents on medical/vision and 100% for your dependents on dental. You are responsible for the remaining cost for your enrolled dependents (spouse & children). You pay for any voluntary life coverage you may elect to purchase. The following contributions are effective January 1, 2021.

Monthly Costs	MEDICAL / VISION / DENTAL			
	You Pay Medical/Vision Dental	The Company Pays Dental	The Company Pays Medical/Vision	Total Cost
Employee	\$0	\$53.54	\$623.68	\$677.22
Employee & Spouse	\$112.47	\$92.83	\$1,261.04	\$1,466.34
Employee & 1 Child	\$64.62	\$92.83	\$989.85	\$1,147.30
Employee & Children	\$115.28	\$170.86	\$1,276.92	\$1,563.06
Employee, Spouse & 1 Child	\$117.09	\$170.86	\$1,627.21	\$1,975.16
Employee, Spouse & Children	\$227.75	\$170.86	\$1,914.28	\$2,312.89

Benefits include coverage for domestic partners. Due to IRS regulations, contributions for domestic partners are made on a post-tax basis. In addition, any premiums paid by Vashon Island Fire and Rescue will be considered taxable income.

Please note that your contributions may be taken out of your paycheck on a pre-tax basis, as allowed by Section 125 of the Internal Revenue Code. IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status. This means you may not drop coverage for a dependent during the year unless there is a qualified change in family status.

ENROLLMENT GUIDE

EMPLOYEE BENEFIT SUMMARY

Effective January 1, 2022

WHAT ARE MY BENEFITS?

MEDICAL – SELF-FUNDED / TPSC / FIRST CHOICE HEALTH WFCA PPO \$100 Plan

The plan encourages you to use in-network providers by charging you lower co-pays and co-insurance amounts. In-network providers agree to bill directly and to accept a negotiated fee as payment in full. Out-of-Network providers have not and you may have to pay amounts above the plan's allowable charge (also called balance billing). To find a list of in-network providers, go to www.fchn.com and search for First Choice Health providers in the Preferred Provider Network.

Prescription medications are administered through CVS Caremark, including Mail Order and Specialty Pharmacy services. We advise you to check the formulary to ensure your medications will be covered. If your medications are not included in the formulary, please talk to your physician about alternatives. To find a drug on the formulary go to www.caremark.com.

Benefits are subject to the deductible except where indicated with an asterisk (*).

IN NETWORK MEDICAL	PPO \$100
Network	First Choice Health
Annual ¹ Deductible <i>Individual / Family</i>	\$100 / \$300
Out-of-Pocket Maximum <i>Individual / Family</i>	\$1,100 / \$3,300
Preventive Care	Covered in full*
Physician Office Visits <i>Primary / Specialist</i>	\$10 copay*
Outpatient X-Ray and Laboratory Services	You pay 10%
Emergency Services	You pay 10% after a \$75 copay
Urgent Care	\$10 copay*
Hospital Services <i>Inpatient and Outpatient</i>	You pay 10%
Outpatient Rehabilitation <i>40 visits per calendar year</i>	You pay 10%
Mental Health Outpatient	\$10 copay*
Spinal Manipulations <i>30 visits per calendar year</i>	\$10 copay*

¹ The deductible and out-of-pocket maximum are on a calendar year basis and reset every January 1.

ENROLLMENT GUIDE

EMPLOYEE BENEFIT SUMMARY

Effective January 1, 2022

OUT OF NETWORK (OON)	
OON Deductible <i>Individual / Family</i>	Combined with in-network
OON Out-of-Pocket Max <i>Individual / Family</i>	\$20,000 / Unlimited
OON Benefits	You pay 30%
IN NETWORK PHARMACY	
Out of Pocket Maximum	\$2,000 / \$4,000
Generics	\$14 copay*
Preferred Brand	\$28 copay*
Non-Preferred Brand	\$28 copay*
Specialty Drug	Same as above
Mail Order	\$14* / \$50* / \$50*

Retail prescriptions from an out-of-network pharmacy are covered at 50% after the applicable copay. There is no coverage for specialty drugs after first fill or mail order from a pharmacy not in the network.

PrudentRx Copay Program

As part of the prescription plan with CVS/Caremark, the PrudentRx Copay Program allows members to get covered specialty medications that are on the plan's Exclusive Specialty Drug List for \$0 out-of-pocket when filled at CVS Specialty. Members must be enrolled in the PrudentRx Copay Program. Anyone who opts out of the program will be responsible for 30% of the cost for the specialty medication.

Advanced Control Formulary

The Advanced Control Formulary is a guide within select therapeutic categories. Generics will be considered the first line of prescribing. If there is no generic available, there may be more than one brand-name medicine to treat a condition. Preferred brand-name medicines are on the formulary to identify products that are clinically appropriate and cost-effective. Non-preferred brand-name medicine will be subject to a higher copay.

Notice Regarding Medicare Part D

Our medical plan(s) offer what is called "creditable coverage", which means a Medicare-eligible person will not have to buy a Medicare Part D supplement for prescription drugs, and will not be subject to the 1% per month late enrollment charge assessed by Medicare for purchasing Part D at a later date. If you have questions about your options, please contact Human Resources.

Effective January 1, 2022

VIRTUAL AND TELEPHONIC CARE – TELADOC

Telehealth services provides 24/7 access to a board certified, licensed family practice doctor, pediatrician or nurse practitioner via phone, video or text for coverage at the in-network level. Telehealth services can be used for many of your medical issues and replace expensive visits and long wait times at the ER or urgent care clinic to diagnose and treat those acute, non-emergent medical issues that may arise such as:

- Cold and flu
- Sore throat
- Rashes
- Bronchitis
- UTI
- Fever
- Allergies
- Asthma
- Headaches, and much more

Teladoc doctors can also write short term prescriptions and will send the script electronically to the pharmacy of your choice. After the visit, at your request, the doctor will send electronic chart notes to your primary care doctor. Teladoc is not a substitute for a primary care doctor.

How does it work?

Go online to www.MyDrConsult.com, to set up your account, or through the mobile app teladoc.com/mobile. You will be asked some questions, collect your payment information and you are ready to request a doctor. You can have your visit via smart phone, regular phone, tablet or computer.

What does it cost?

A Teladoc visit is covered free of charge to those enrolled under the medical plan.

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DENTAL – SELF-FUNDED DELTA DENTAL OF WASHINGTON WFCA – PPO Incentive

To learn more about Delta Dental, visit www.deltadentalwa.com.

Your plan gives you access to the Delta Dental PPO network. A higher level of coverage is available when using PPO dentists. Coverage levels are reduced when using a Participating dentist. Both PPO and Participating dentists will submit claims directly to Delta Dental and payment will be sent directly to the dentist. You can find an in-network dentist by visiting www.deltadentalwa.com and using the Find a Dentist tool.

	DENTAL	
	Delta Dental PPO	Premier and All Others
Network		
Annual ² Deductible	\$0	
Preventive Care (Exams, X-rays, etc.)	Services do not accrue toward annual maximum	
	You pay 30% to 0%	
Basic Services (Fillings Extractions, etc.)	You pay 30% to 0%	
Major Services (Crowns) (Bridges, Dentures, etc.)	You pay 30%	You pay 50%
	You pay 50%	You pay 50%
Annual Maximum	\$2,200	\$2,000
Orthodontia (Full Family)	You pay 50% \$1,750 Lifetime Maximum per member	
Annual Incentive	Annual incentive period advanced 10% each year when member sees a dentist at least once during the plan year, otherwise the benefit will reduce 10%.	

² The deductible and annual maximum are on a calendar year basis and reset every January 1.

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EMPLOYEE BENEFIT SUMMARY

Effective January 1, 2022

VISION – VISION SERVICE PLAN (VSP)

WFCA – PPO \$100 Plan

When enrolled on the medical you also receive this vision benefit. To learn more about VSP, visit www.vsp.com.

Contracted providers agree to bill VSP directly and to accept a negotiated fee as payment in full. If you use a non-VSP provider, you will need to submit a claim to VSP and you will be reimbursed up to the scheduled amounts.

You will receive the best care from a network doctor, however the decision is yours---choose a network doctor, a participating retail chain, or any out-of-network provider. To find an eye doctor who's right for you, visit www.vsp.com.

Network	VISION	
	VSP Provider	All Other Providers
Vision Exam <i>Every calendar year</i>	Covered in full	\$45 allowance
Lenses <i>Every calendar year</i>	Covered in full	Allowances vary based on the type of lens
Frames <i>19+: Every 2 calendar years</i> <i>Under 19: Every calendar year</i>	Age 19+: Up to \$175 allowance Under Age 19: \$200 allowance	Up to \$70 allowance
Contact Lenses <i>Every calendar year, in lieu of glasses</i>	Up to \$60 exam & fitting copay Age 19+: Up to \$175 allowance Under Age 19: \$200 allowance	Up to \$160 allowance

LightCare

Members may use the frame and lens benefit toward non-prescription sunglasses or non-prescription blue-light filter glasses.

ENROLLMENT GUIDE

EMPLOYEE BENEFIT SUMMARY

Effective January 1, 2022

LIFE AND AD&D INSURANCE – STANDARD

WFCA – Core \$2,000 Plan

Standard – Basic 1x Annual Earnings Plan

VIFR purchases life and accidental death and dismemberment (AD&D) insurance for all eligible employees, and you also receive a benefit when enrolled on the medical.

	LIFE / AD&D
Standard	\$2,000
Standard	1 x annual earning to a maximum of \$100,000

Voluntary Life

If you want additional group life insurance, you may purchase additional amounts through payroll deductions. Please see the brochure from Standard for benefit information and rates.

Premiums are based on your age, when you go from one age bracket to the next, monthly deductions will increase to reflect the new age bracket.

DISABILITY - STANDARD

Did you know that one in eight workers will be disabled for five or more years during their working careers? If this happens to you, can you afford to be out of work and without pay for an extended period – on top of the medical bills that come with a serious illness or injury?

Vashon Island Fire and Rescue's disability coverage is essentially "paycheck insurance" and offers you financial stability and peace of mind. If you are unable to perform the material duties of your job due to sickness, pregnancy or injury, you will receive the following benefits:

	SHORT TERM DISABILITY	LONG TERM DISABILITY
Benefits Begin	On the 8 th day for accident and the 8 th day for illness, contingent upon satisfying the definition of disability as stated in your policy.	On the 181 st day, contingent upon satisfying the definition of disability as stated in your policy.
Percentage of Income Replaced	60% of basic weekly earnings.	60% of basic monthly earnings.
Maximum Benefit available	Up to \$1,667 per week.	Up to \$10,000 per month.
Benefit Duration	Up to 180 days.	Up to Social Security Normal Retirement Age.

Any disability benefits you may receive are taxable income and need to be reported to the IRS.

Effective January 1, 2022

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Provided by Public Safety EAP (ESI)

Provided by Standard/Morneau Shepell

You have access to two EAP programs. An EAP is a completely free and confidential counseling program that helps you and/or your family members address life issues, big or small. Benefits are offered to all employees and immediate family members, and can help with:

- Marital and family concerns
- Difficult relationships
- Depression
- Substance abuse
- Grief and loss
- Financial entanglements
- Other personal stressors
- Many other issues

You may visit the websites www.workhealthlife.com/Standard3 and www.publicsafetyeap.com to:

- Find information about parenting, retirement, finances, and more
- Locate schools, camps, eldercare/childcare providers
- Use financial calculators and retirement planners
- Read books, articles, and guides
- Watch videos or listen to audio files

TRAVEL ASSISTANCE - STANDARD

Provided by Generali Global Assistance

You and your family have access to worldwide medical emergency assistance whenever you travel 100+ miles from home. Travel assistance does NOT replace your medical insurance – it is there to help you access health care, such as:

- Prescription replacement assistance
- Medical referrals to Western-trained, English-speaking medical providers
- Hospital admission guarantee
- Emergency medical evacuation
- Critical care monitoring
- Care and transport of unattended minor children
- Emergency message service
- Transportation for friend/family member to join the hospitalized patient
- Legal and interpreter referrals

Prescription & medical services will be paid by your medical insurance; the services provided by Generali Global simply help with the arrangements for access to health care. Ask the Human Resources department for a brochure if you would like more information about this service.

Effective January 1, 2022

WASHINGTON PAID FAMILY AND MEDICAL LEAVE

Washington workers are able to use Paid Family and Medical Leave benefits that started in January 2020. These benefits generally allow up to 12 weeks of paid leave per year to care for yourself or a family member. You can get up to 16 weeks if you have both family and medical events in a year or up to 18 weeks if your serious health condition is the result of pregnancy.

You are able to apply for paid leave benefits through an online process. You will need to create an account, complete an application and provide medical documentation of your need for a leave, either due to your own serious illness or for care of your family member (or bonding with a baby).

You are required to provide 30 days written notice to your employer of your intent to take leave if the need is due to a foreseeable event like the birth of a child, a planned surgery, etc. Written notice can be emails, text messages, printed or handwritten notes. If you are unable to provide notice you need to tell your employer as soon as it is possible and practical for you to do so. If you are unable to provide notice yourself, someone else can do it on your behalf.

Your short term disability benefits will offset the medical leave benefit you receive from the State. We recommend that you file your short term disability and your paid medical leave benefit requests at the same time. Your STD carrier will require a copy of the State's approval and benefit calculation prior to payment of your STD claim. For some of you, the PFML may provide more benefits than your STD plan. In that case, the STD plan will provide no benefit.

If you have questions or need more information about the Washington PFML, please visit www.paidleave.wa.gov, email paidleave@esd.wa.gov, or call 833-717-2273.

Effective January 1, 2022

HEALTHCARE REFORM

The healthcare reform law, or Affordable Care Act (ACA), is complicated and you may have questions about how it impacts you, your family and your benefits. There are three items you should know.

First, the individual mandate (the requirement that all individuals have health insurance) remains in place. What has changed is the penalty associated with it. As of January 1, 2019, the ACA tax penalty is repealed and you do not have to pay anything if you do not enroll.

Second, the Health Insurance Marketplace still exists. You can shop for and enroll in insurance plans through the exchange and still apply for income based subsidies.

Third, for most people the plans we offer are considered affordable and neither you nor any family members are eligible for the federal subsidies available in the Health Insurance Marketplace, even if you choose not to enroll in Vashon Island Fire and Rescue's plan.

Please refer to your Notice of Health Insurance Marketplace Coverage for general information. For additional information on Marketplace options in your area and subsidy calculators, go to www.healthcare.gov or call 1-800-318-2596.

ANNUAL REMINDERS

SPECIAL ENROLLMENT

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), allows a Special Enrollment period in addition to the regular Open Enrollment period. Only the following individuals may enroll outside the Open Enrollment period:

- Individuals who previously waived coverage under this program because they had other coverage and then involuntarily lost the other coverage. Enrollment must occur within 30 days of the loss of other coverage;
- New dependents due to marriage, birth, adoption or placement for adoption. The eligible employee and other dependents who previously did not elect to be covered under the employer's health care plan may also enroll at the time the new dependent is enrolled. Enrollment must occur within 60 days of date of marriage, or 60 days of a birth, adoption or placement for adoption;
- A court has ordered coverage be provided for a spouse or minor child under this plan and request for enrollment is made within 60 days after issuance of such court order;
- If employee and/or dependent(s) become ineligible for Medicaid or the Children's Health Insurance program and request coverage under our plan within 60 days of termination

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(Please read the Medicaid and the Children's Health Insurance Program notice for more information); or

- If employee and/or dependent(s) become eligible for the state premium assistance program and request coverage under our plan within 60 days after eligibility is determined.

NOTICE REGARDING THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter. Contact Human Resources for more information.

HIPAA PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes your rights with regard to your personal health information. You received a copy of the Vashon Island Fire and Rescue Group Health Plan Privacy Notice when you were hired. This notice describes how medical information about you may be used and disclosed, and how you can access that information.

If you have any questions regarding the HIPAA Privacy Notice, or would like another copy, please contact Human Resources.

COBRA

Administered by TPSC

COBRA continuation coverage is a temporary continuation of coverage under our employee benefit plan. Please contact our HR Department for a copy of the General Notice of COBRA Continuation Rights. This notice explains your rights and obligations to receive COBRA benefits.

We are not always aware when a COBRA event takes place, unless notified by you. The most common examples are divorce, or when a child exceeds the maximum age. When such an event occurs, the Notice of Qualifying Event must be postmarked within 60 days of the qualifying event for the affected person to be eligible for COBRA continuation. If you have questions about COBRA please contact Human Resources.



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EMPLOYEE BENEFIT SUMMARY

Effective January 1, 2022

ANNUAL NOTICES AND CARRIER SUMMARIES

See following pages

IMPORTANT NOTICE FROM VASHON ISLAND FIRE AND RESCUE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Vashon Island Fire and Rescue and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Vashon Island Fire and Rescue has determined that the prescription drug coverage offered by the Vashon Island Fire and Rescue Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Vashon Island Fire and Rescue coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you or your eligible dependents elects Medicare Part D, can keep this coverage and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Vashon Island Fire and Rescue coverage, be aware that you and your dependents will not be able to get this coverage back until the next Open Enrollment period.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Vashon Island Fire and Rescue and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Vashon Island Fire and Rescue changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2022
Name of Entity/Sender:	Vashon Island Fire and Rescue
Contact--Position/Office:	Raechel Ehlers / HR
Address:	10020 SW Bank Rd Vashon, WA 98070
Phone Number:	(206) 463.2405

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

Introduction

You are receiving this notice because you have recently become covered under the VIFR Employee Benefit Plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:

- Your Spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

- the parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been timely notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (**divorce or legal separation** of the employee and spouse or a **dependent child's losing eligibility for coverage** as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Plan Administrator.

Notice Procedures: Any notice that you provide must be in writing. Oral notice, including notice by telephone, is not acceptable. You must mail or deliver your notice to Raechel Ehlers.

If mailed, your notice must be postmarked no later than the last day of the required notice period. Any notice you provide must state the name of the Plan, the name and address of the employee covered under the Plan, and the name(s) and address(es) of the qualified beneficiary(ies). Your notice must also name the qualifying event and the date it happened. If the qualifying event is a divorce, your notice must include a copy of the divorce decree. (At the end of this notice, we have attached a form of Notice of Qualifying Event to use to notify the Plan Administrator of a qualifying event. A copy of this form can also be obtained from the Plan Administrator.)

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. This notice should be sent to Raechel Ehlers. The Plan requires you to follow the procedures specified in the box above, entitled "Notice Procedures." **IN** addition, your notice must include the name of the disabled qualified beneficiary, the date that the qualified beneficiary became disabled, and the date that the Social Security Administration made its determination. Your notice must also include a copy of the Social Security Administration's determination. **If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator within the required period, then there will be no disability extension of COBRA continuation coverage.**

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have any questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the address of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

The Plan Administrator is VIFR, 10020 SW Bank Rd, Vashon, WA 98070, 206.463.2405. The party responsible for administering COBRA continuation coverage, or that party's address and telephone number, may change from time to time. For the most recent information, check the Plan's most recent Summary Plan Description (if you do not have a copy, you may request one from the Plan Administrator).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you would not be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCOnt.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	PENNSYLVANIA – Medicaid Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlite Share Line)

SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhpp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved

OMB No. 1210-0149

(expires 6-30-2023))

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

Raechel Ehlers at rehlers@vifr.org

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Vashon Island Fire & Rescue	4. Employer Identification Number (EIN)	
5. Employer Address 10020 SW Bank Rd	6. Employer Phone Number (206) 463-2405	
7. City Vashon Island	8. State WA	9. ZIP Code 98070
10. Who can we contact about employee health coverage at this job? Raechel Ehlers		
11. Phone Number (if different from above)	12. Email address rehlers@vifr.org	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

☒

All employees. Eligible employees are:

WFCA: Regular, full-time employees working at least 30 hours per week

Standard: Active Firefighters of Vashon Island Fire and Rescue (VIFR) who regularly work at least 2,532 hours per week OR an active non-firefighter employee of VIFR who works at least 2,080 hours per week.

☐

Some employees. Eligible employees are:

* With respect to dependents:

☒

We do offer coverage. Eligible dependents are:

Legal spouse or domestic partner and dependent children up to the age of 26

☐

We do not offer coverage.

☒

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Washington Fire Commissioners Association

2022 MEDICAL PLAN SUMMARY: PPO-100 PLAN

PPO-100 Plan		
	Preferred Providers	Non-Preferred Providers
Network Description For a list of Preferred Providers : see http://www.fchn.com or call (800) 231-6935. If residing out of WA or for emergencies when traveling, see http://www.myfirsthealth.com or call (800) 226-5116.	<i>Most benefits pay at a higher level when using a Preferred Provider. However, you may choose to see any licensed Non-Preferred Provider.</i> Charges from Preferred Providers are paid at the Preferred Provider benefit level. Choose acupuncture, massage therapy, or naturopathic providers from the First Choice Complementary Care directory.	
	Charges from Non-Preferred Providers are paid at the Non-Preferred Provider benefit level. Benefits are paid the same as a Preferred Provider for Emergency Room and Ambulance services or if there is no Preferred Provider in your service area.	
	Preferred Providers	Non-Preferred Providers
Deductible (per Calendar Year) Per Person Per Family Deductible is waived for: Deductible Carryover? Common Accident Deductible?	<i>Unless "waived," the Deductible must be satisfied before Copays or Coinsurance applies.</i> <div> <div>\$100 per Person</div> <div>\$300 per Family</div> <div>Preventive Care Services and Outpatient Prescription Drug Benefits</div> <div>Yes</div> <div>Yes</div> </div>	
Medical Out-of-Pocket Maximum (per Calendar Year) Per Person Per Family Chemical Dependency & Mental Health Inpatient Facility Maximum Out-of-Pocket ("NPO Inpatient ChemDep/MH") Does the Medical Out-of-Pocket include the Deductible? Does the Medical Out-of-Pocket include Copays and Coinsurance? <i>Expenses for Prescription Drugs and NPO Inpatient ChemDep/MH treatment are excluded.</i> Is there a separate Medical Out-of-Pocket for Preferred and Non-Preferred Providers?	<div> <div>\$1,100 per Person (\$1,000 + \$100 Deductible)</div> <div>\$3,300 per Family (\$3,000 + \$300 Deductible)</div> <div>Included in Medical Out-of-Pocket</div> <div>\$20,000</div> <div>Yes.</div> </div> <div> Yes. Copays and Coinsurance for covered medical services and supplies apply to the Medical Out-of-Pocket Maximum. </div> <div> No. Allowable Charges³ for services received from Preferred and Non-Preferred Providers are included in the Medical Out-of-Pocket Maximum, except for NPO Inpatient ChemDep/MH treatment. </div>	
Are all expenses applied to the Medical Out-of-Pocket Maximum? <i>Non-covered expenses and amounts that exceed the Allowable Charge are not included in an Out-of-Pocket.</i>	No. Copays or Coinsurance for Prescription Drugs and Coinsurance for NPO Inpatient ChemDep/MH treatment are not included in the Medical Out-of-Pocket Maximum.	

³ "Allowable Charge" means the amount that the Plan will pay for a covered service based on a charge specified in the Plan; a negotiated rate with a provider; or actual billed charges. Usual & Customary and Reasonable applies to Non-Preferred Provider charges.

Washington Fire Commissioners Association

PPO-100 Plan		
	Preferred Providers	Non-Preferred Providers
Outpatient Prescription Drug (Rx) Out-of-Pocket Maximum (per Calendar Year) Per Person Per Family Does the Rx Out-of-Pocket include the Deductible? Does Rx Out-of-Pocket include Copays and Coinsurance? <i>Expenses for all medical services are excluded.</i> Is there a separate Rx Out-of-Pocket for Preferred and Non-Preferred Providers?	 \$2,000 per Person \$4,000 per Family No. The Deductible is waived for Prescription Drugs. Yes. Copays and Coinsurance for covered Prescription Drugs apply to the Rx Out-of-Pocket Maximum. No. Allowed Charges for services received from Preferred or Non-Preferred Providers are included in the Rx Out-of-Pocket Maximum.	
Lifetime Maximum Benefit	Unlimited	
Physician Services*		
Inpatient	90%	70%
Outpatient		
Office Visit—Illness/Injury	\$10 Copay, then 90%	\$10 Copay, then 70%
Office Surgery	\$10 Copay, then 90%	\$10 Copay, then 70%
Outpatient Surgery—Other Facility	90%	70%
X-ray and Lab—Illness/Injury	90%	70%
<i>*Includes Naturopathic physicians.</i>		
Hospital Services		
Inpatient	90%	70%
Outpatient Department	90%	70%
Emergency Room	\$75 Copay, then 90% (Copay waived if admitted)	
Preventive Care Services <i>For a list of preventive care services, see http://tpsbenefits.com/preventive-care-services</i>		
Pediatric Preventive Care Services	100% (Deductible Waived)	70% (Deductible Waived)
Pediatric Immunizations	100% (Deductible Waived)	70% (Deductible Waived)
Adult Preventive Care Services	100% (Deductible Waived)	70% (Deductible Waived)
Adult Immunizations	100% (Deductible Waived)	70% (Deductible Waived)
All Other Preventive Care Services	100% (Deductible Waived)	70% (Deductible Waived)
Prostate Cancer Screening	100% (Deductible Waived)	70% (Deductible Waived)
Acupuncture	\$10 Copay, then 90%	\$10 Copay, then 70%
<i>Covered when used as an anesthetic or to reduce pain.</i>	Limited to 16 visits per Calendar Year.	
Ambulance (Medically Necessary)		
Ground	80%	
Air	80%	

Washington Fire Commissioners Association

PPO-100 Plan		
	Preferred Providers	Non-Preferred Providers
Chemical Dependency & Mental Health Care <i>Autism spectrum disorder benefits include Applied Behavioral Analysis (ABA) therapy. See Employee Booklet for criteria for ABA therapy.</i>		
Inpatient Facility/Physician Services	90%	70% up to \$20,000 MOOP
Outpatient Facility	90%	70%
Outpatient Physician Services	\$10 Copay, then 90%	\$10 Copay, then 70%
Chiropractic Care	\$10 Copay, then 90%	\$10 Copay, then 70%
	Limited to 30 visits per Calendar Year.	
Durable Medical Equipment	90%	70%
Habilitative Services <i>Includes Neurodevelopmental, Occupational, Physical & Speech Therapies.</i>		
Inpatient	90%	70%
	Limited to 15 days per Calendar Year.	
Outpatient	90%	70%
	Limited to 40 visits per Calendar Year all modalities combined. No visit limits for children through age 6.	
Hearing Exam / Hearing Aid Benefit		
Exam	100% Limited to 1 exam per 24 months.	
Hardware	100% Limited to \$700 per 24 months.	
Home Health Care	90%	70%
	Limited to 130 visits per Calendar Year.	
Hospice	90%	
	Limited to 6 months per Calendar Year.	
Home Infusion Therapy	90%	70%
Massage Therapy	\$10 Copay, then 90%	\$10 Copay, then 70%
<i>Covered when Medically Necessary to improve or restore function. Must have physician's written prescription and treatment plan.</i>	Limited to 16 visits per Calendar Year. One (1) hour massage equals one (1) visit.	
Maternity	Covered the same as any other condition.	
<i>If eligible, Domestic Partners are included.</i>	Limited to Employee and Spouse only.	
Medical Supplies	80%	
Newborn	Covered the same as any other condition.	
Rehabilitation <i>Includes Cardiac & Pulmonary Rehab; Physical, Occupational, & Speech Therapies.</i>		
Inpatient	90%	70%
	Limited to 15 days per Calendar Year.	
Outpatient	90%	70%
	Limited to 40 visits per Calendar Year all modalities combined.	

Washington Fire Commissioners Association

PPO-100 Plan		
	Preferred Providers	Non-Preferred Providers
Skilled Nursing Facility	90%	70%
	Limited to 90 days per Calendar Year.	
Teladoc Telehealth Services	100%	Not Covered
Temporomandibular Joint Dysfunction (TMJ)	90%	70%
	Limited to \$1,000 per Calendar Year and \$5,000 per Lifetime.	
Transplants	Covered the same as any other condition for certain transplants.	
Includes certain donor, transportation and lodging expenses.		
Vision	See VSP Vision summary on page 61 for coverage details	
Prescription Drugs	CVS Caremark Pharmacy	Any Other Retail Pharmacy
Retail (at Pharmacy)	Limited to 34-day supply.	
Generic	\$14 Copay, then 100%	50%
Brand Name (Preferred/Formulary)	\$28 Copay, then 100%	50%
Brand Name (Non-Preferred/Non-Formulary)	\$43 Copay, then 100%	50%
	CVS Caremark Mail Service	Any Other Mail Order Pharmacy
Mail Order	Limited to 90-day supply.	
Generic	\$24 Copay, then 100%	Not Covered
Brand Name (Preferred/Formulary)	\$50 Copay, then 100%	Not Covered
Brand Name (Non-Preferred/Non-Formulary)	\$75 Copay, then 100%	Not Covered
	CVS Specialty Pharmacy	Any Other Pharmacy
Specialty Drugs	Limited to a 34-day supply.	
PrudentRx Copay Program Participants Members receiving specialty drugs must enroll with PrudentRx to be eligible for this benefit.	No charge	Not Covered
Non-Participating Members Members who fail to enroll or opt-out must pay 30% coinsurance.	70%	Not Covered

Note: This is only a summary of the benefits. Refer to your booklet / certificate for complete details.

Washington Fire Commissioners Association

2022 DENTAL PLAN SUMMARY: PPO INCENTIVE PLAN

	PPO Incentive Plan	
	<u>PPO Network</u>	<u>Premier Network; and Non-PPO Network</u>
Network Description	Delta Dental PPO Dentist PPO Dentists agree to accept DDWA's allowable charge & will submit claim directly to DDWA.	Delta Dental Participating Dentists All other dentists Can choose any licensed provider. However, Delta Dental Participating Dentists agree to accept DDWA's allowable charge & will submit claim directly to DDWA.
Deductible (per Calendar Year) Per Person Per Family Deductible is Waived for:	\$0 (no deductible required) \$0 (no deductible required) N/A	\$0 (no deductible required) \$0 (no deductible required) N/A
Annual Maximum Benefits Paid (per Calendar Year)	\$2,200 per person	\$2,000 per person
Percentage Payment (Reimbursement Level) Class I Expenses (Preventive/Diagnostic) <i>Does not apply to Annual Maximum Benefits Paid</i> Class II Expenses (Basic Services) Class III Crowns Class III Expenses (Major)	70% / 80% / 90% / 100% (Incentive*) 70% / 80% / 90% / 100% (Incentive*) 70% 50%	70% / 80% / 90% / 100% (Incentive*) 70% / 80% / 90% / 100% (Incentive*) 50% 50%
Orthodontia Percentage Payment (Reimbursement Level) Lifetime Maximum Benefit Paid Is Orthodontia Available to both Children & Adults?	Orthodontia coverage is available to Organizations as an option. If the Organization elects orthodontia, it will apply to all enrollees covered on dental. Each organization can choose to add this rider as of the Organization's initial enrollment under the WFCFA Dental Plan or on January 1st of each year. 50% \$1,750 lifetime maximum per person Yes	
TMJ	Reimbursed at 50% up to a \$1,000 calendar year maximum and limited to a \$5,000 lifetime maximum.	

*Incentive Plan: Beginning the first calendar month that the person receives dental services, reimbursement is at 70% for the next 12 calendar months (the "Incentive Period").

With each 12-month Incentive Period that follows, the reimbursement level increases 10% (up to a maximum of 100%) as long as the person has visited the Dentist during that Incentive Period.

The level decreases 10% (but not below 70%) for any Incentive Period in which the Person did not see a Dentist.

Note: This is only a summary of the benefits. Refer to your booklet / certificate for complete details.



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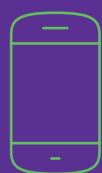


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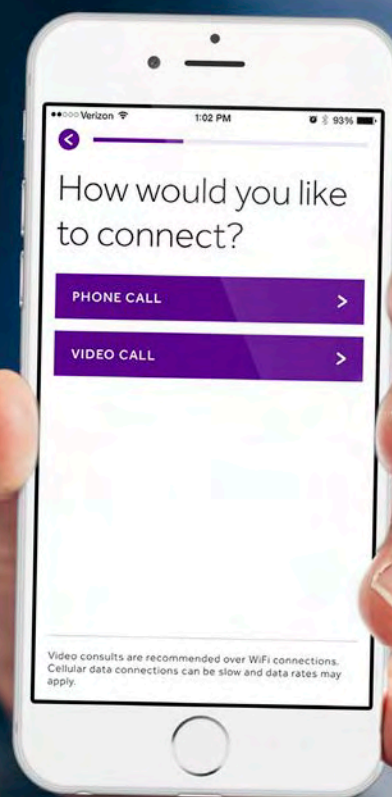
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Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's, or his or her dependent's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Vashon Island Fire & Rescue.

Eligibility

Definition of a Member	You are a member if you are an active Firefighter of Vashon Island Fire & Rescue and regularly working at least 2,532 hours each year OR an active employee of Vashon Island Fire & Rescue (other than a Firefighter) and regularly working at least 2,080 hours each year. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows the date you become a member.

Benefits

Basic Life Coverage Amount	1 times your annual earnings to a maximum of \$100,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Life Age Reductions	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 65, to 45 percent at age 70, to 30 percent at age 75, to 20 percent at age 80 and to percent at age 85.

Basic Dependents Life Coverage Amount

The Basic Dependents Life coverage amount for your eligible spouse is \$10,000. Your spouse is the person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable.

The Basic Dependents Life coverage amount for each of your eligible children is \$2,000. Child means your child from live birth through age 20 (through age 24 if a registered student in full-time attendance at an accredited educational institution).

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life/AD&D and Basic Dependents Life insurance policy sponsored by Vashon Island Fire & Rescue. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Vashon Island Fire & Rescue may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

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Group Additional Life Insurance

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die

? About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

How Much Can I Apply For? The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.	For You:	\$10,000 – \$300,000 in increments of \$10,000
	For Your Spouse:	\$10,000 – \$300,000 in increments of \$10,000
	For Your Child(ren):	\$5,000
What is the Guarantee Issue Maximum? Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For You:	Up to \$50,000
	For Your Spouse:	Up to \$10,000

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

☰ Additional Feature

Accelerated Benefit

If you become terminally ill, you may be eligible to receive up to 75 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at **www.standard.com/life/needs**.

\$How Much Your Coverage Costs

Your Basic Life insurance is paid for by Vashon Island Fire & Rescue. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

÷ 1000 =

Enter your rate from the rate table.

x

=

This amount is an estimate of how much you would pay each month.

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is \$1.00 for \$5,000, no matter how many children you're covering.

Age (as of last January 1)	Your Rate (Per \$1,000 of Total Coverage)	Your Spouse's Rate (Per \$1,000 of Total Coverage)
<30	\$0.082	\$0.053
30–34	\$0.084	\$0.055
35–39	\$0.111	\$0.072
40–44	\$0.155	\$0.101
45–49	\$0.232	\$0.155
50–54	\$0.353	\$0.235
55–59	\$0.555	\$0.385
60–64	\$0.737	\$0.511
65–69	\$1.224	\$0.877
70+	\$6.021	\$4.807

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- An active Firefighter of Vashon Island Fire & Rescue and regularly working at least 2,532 hours per year **OR** an active employee of Vashon Island Fire & Rescue (other than a Firefighter) and regularly working at least 2,080 hours per year
- Insured for Basic Life insurance through The Standard to qualify for Additional Life insurance

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life insurance for yourself, you may also buy additional coverage for your eligible children and/or spouse. This is called Dependents Life insurance. You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law. Child means your child from live birth through age 20 (through age 24 if a registered student in full-time attendance at an accredited educational institution). Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Eligible but not insured under the prior life insurance plan

Visit www.standard.com/mhs to submit a medical history statement online.

Coverage Effective Date

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and

- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage.

*Defined as first of the month that follows the date you become a member

Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 65, to 45 percent at age 70, to 30 percent at age 75, to 20 percent at age 80, and to 15 percent at age 85. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 65, to 45 percent at age 70, to 30 percent at age 75, to 20 percent at age 80, and to 15 percent at age 85. If you are age 65 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Waiver of Premium

Your premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until age 65, provided you give us satisfactory proof that you remain totally disabled.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependents Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

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6391594-521823

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP190-LIFE/S399, GP399-LIFE/TRUST, GP899-LIFE,
GP190-LIFE/A997/S399, GP411-LIFE



Group Short Term Disability Insurance

Group Short Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a weekly benefit in the event of a covered disability.

The cost of this insurance is paid by Vashon Island Fire & Rescue.

Eligibility

Definition of a Member	You are a member if you are a regular Firefighter of Vashon Island Fire & Rescue, actively working at least 2,532 hours per year, and a citizen or resident of the United States or Canada OR a regular employee of Vashon Island Fire & Rescue (other than a Firefighter), actively working at least 2,080 hours per year, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows the date you become a member.

Benefits

Weekly Benefit	60 percent of the first \$1,667 of weekly predisability earnings as of the date of disability, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Weekly Benefit	\$1,000
Minimum Weekly Benefit	\$15
Benefit Waiting Period	Your weekly benefit becomes payable after you have been continuously disabled for 7 days for disability caused by accidental injury and after 7 days for disability caused by physical disease, pregnancy or mental disorder.

Definition of Disability

For the benefit waiting period and while the Short Term Disability benefits are payable, you are considered disabled if you:

- Are unable – as a result of physical disease, injury, pregnancy or mental disorder – to perform with reasonable continuity the material duties of your own occupation, and
- Suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

You will no longer be considered disabled when your earnings from any occupation meet or exceed 80 percent of your predisability earnings.

Maximum Benefit Period

180 days

Other Features and Services

- Reasonable Accommodation Expense Benefit
- Return to Work Incentive
- Temporary Recovery Provision

This information is only a brief description of the group Short Term Disability insurance policy sponsored by Vashon Island Fire & Rescue. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and Vashon Island Fire & Rescue may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

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1100 SW Sixth Avenue
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5825359-283782



Group Long Term Disability Insurance

Group Long Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The cost of this insurance is paid by Vashon Island Fire & Rescue.

Eligibility

Definition of a Member	You are a member if you are a regular Firefighter of Vashon Island Fire & Rescue, actively working at least 2,532 hours per year, and a citizen or resident of the United States or Canada OR a regular employee of Vashon Island Fire & Rescue (other than a Firefighter), actively working at least 2,080 hours per year, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows the date you become a member.

Benefits

Monthly Benefit	60 percent of the first \$10,000 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Monthly Benefit	\$6,000
Minimum Monthly Benefit	\$100
Benefit Waiting Period	180 days

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Other Features and Services

- 24 hour coverage, including coverage for work-related disabilities
- Conversion of Insurance Provision
- Cost of Living Adjustment Benefit
- Employee Assistance Program
- Reasonable Accommodation Expense Benefit
- Rehabilitation Plan Provision
- Return to Work Incentive
- Survivors Benefit
- Waiver of Premium while Long Term Disability benefits are payable

This information is only a brief description of the group Long Term Disability insurance policy sponsored by Vashon Island Fire & Rescue. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and Vashon Island Fire & Rescue may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

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Washington Fire Commissioners Association

WFCA LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT SUMMARY

The Washington Fire Commissioners Association offers six Basic Life and Accidental Death & Dismemberment plan options for organizations to choose from. In addition, a Core Life/AD&D benefit is provided to those active employees and active commissioners who are enrolled in one of the self-funded medical plans. Active employees who are enrolled in either the Core Life/AD&D and/or Basic Life/AD&D can apply for Supplemental Life (100% paid by the employee).

Insured by: Standard Insurance Company

The Core Life and AD&D Plan is automatically provided to all employees and commissioners enrolled in a self-funded medical plan. Each employee is covered for \$2,000 life and accidental death & dismemberment insurance. This coverage is provided at no cost to the organization or to the employees and is paid for by the Washington Fire Commissioners Association. (Retirees, volunteers who are not enrolled in a self-funded plan on a self-pay basis, and employees covered under either of the Kaiser medical plans are not eligible for the Core Life/AD&D plan.)

The Basic Life and AD&D Plan is available as an option to each fire service organization to provide employees life and accidental death & dismemberment insurance. To offer this plan, the organization must be offering either a medical plan and/or dental plan. The organization chooses the amount of coverage, must pay 100% of the employee premium, and must enroll all eligible employees. When provided for employees, the same basic life benefit amount must be offered to commissioners; however, the commissioner must pay 100% of the premium (or they can waive coverage on the enrollment form). The organization may elect to cover volunteers for either the \$5,000 or the \$10,000 amount, must pay 100% of the volunteer's premium, and must enroll all eligible volunteers. (Retirees are not eligible for the Basic Life/AD&D plan.) You must note on your Employer Application if your organization wishes to provide basic life coverage to employees/commissioners and/or to volunteers.

The Supplemental Life Plan (Additional Life Insurance) is an optional life insurance plan that gives each paid employee the opportunity to purchase additional amounts of coverage to supplement the core life coverage or the organization-provided basic life coverage. Only those who are covered under the Core Life plan or the Basic Life plan may choose Supplemental Life coverage. (Commissioners, retirees, and volunteers are not eligible for the Supplemental Life plan.) All amounts for employees and spouses (and children who are not enrolled in a timely manner) are subject to evidence of insurability and coverage is effective upon approval by the insurance carrier. Application forms can be obtained from TPSC. The employee must pay 100% of the supplemental life premium on a payroll deduction basis through the organization.

Conversion of Life Coverage: Life insurance coverage can be converted to an individual permanent policy if application is made within 31 days of termination of employment or loss of eligibility. Life coverage also has a limited portability provision.

Waiver of Premium: If the insured becomes totally disabled (as defined in the policy) before reaching age 60 and remains totally disabled without interruption for at least 180 days, an application for waiver of premium should be submitted to the insurance company. If application for premium waiver is approved, life insurance will be continued without further payment of premiums until the insured is no longer totally disabled or reaches age 70, whichever occurs first. Note: Waiver of Premium is not available to commissioners or volunteers.

Beneficiary Designation: Each insured should designate a beneficiary for their life insurance coverage. Employees and commissioners covered under core life and employees covered under the basic life will use the TPSC's individual application form to designate a beneficiary. Commissioners and volunteers covered under the basic life will use

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Standard Insurance Company's enrollment form to enroll and to designate a beneficiary. All forms are to be submitted to TPSC.

2022 WFCA LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT SUMMARY

Plan Features	Life Insurance	AD&D Principal Sum
Core Life Plan <i>(Excludes: retirees, volunteers and part-time employees on self-pay basis)</i>		
Automatic for employees and commissioners covered under a self-funded medical plan	\$2,000	\$2,000*
Basic Life Plan: <i>Optional - Employer Paid (member fire service organizations may elect to provide this coverage if they are offering medical and/or dental)</i>		
Employees and commissioners, at Organization's Election: <i>Only one amount can be chosen for all employees/commissioners</i>	\$ 5,000	\$ 5,000*
	\$10,000	\$10,000*
	\$25,000	\$25,000*
	\$50,000	\$50,000*
	\$75,000	\$75,000*
	\$100,000	\$100,000*
Volunteers, at Organization's Election: <i>Only one amount can be chosen for all volunteers</i>	\$ 5,000	\$ 5,000*
	\$10,000	\$10,000*
Part-time employees, at Organization's Election: <i>Only one amount can be chosen for all part-time employees on a self-pay basis</i>	\$ 5,000	\$ 5,000*
	\$10,000	\$10,000*
Benefit Reduction Schedule	Benefit reduces 50% at Age 70	Benefit reduces 50% at Age 70
Waiver of Premium <i>(Does not apply to commissioners, volunteers and part-time employees on a self-pay basis)</i>	Available after 180 days of total disability, if under age 60 on date of disability. Ends earlier of age 70 or when no longer disabled. Insurer must approve.	N/A
Accelerated Benefit <i>(Does not apply to commissioners, volunteers and part-time employees on a self-pay basis)</i>	75% of benefit. Minimum amount is the greater of 10% or \$5,000.	N/A
Seat Belt Benefit	N/A	Up to the lesser of AD&D benefit or \$10,000
Airbag Benefit	N/A	Up to the lesser of AD&D benefit or \$5,000
Dependent Spouse and/or Child Coverage	No. Only available under Supplemental Life	N/A

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Plan Features	Life Insurance	AD&D Principal Sum
Supplemental Life - <i>Employee-Paid Supplemental Coverage. Employee must be covered under the Core Life or Basic Life benefit</i>		
Employee Coverage Options	From \$10,000 to \$300,000 in \$10,000 Increments	N/A
Dependent Spouse Options	Up to 50% of the employee-approved amount in \$5,000 increments. Employee must be covered.	N/A
Employee & Spouse Guarantee Issue Amount	None. Health evidence of insurability is required.	N/A
Employee & Spouse Benefit Reduction	Benefits reduce 50% at Age 70	N/A
Dependent Child Coverage (Birth to Age 25)	\$2,000. Employee must be covered.	N/A
Dependent Child Guarantee Issue Amount	\$2,000 if apply timely; otherwise, evidence of insurability is required	N/A

Note: This is only a summary of the benefits. Refer to your booklet/certificate for complete details.

*Partial benefit for dismemberment