



Meeting Agenda

Salary Commission

City Hall
601 4th Avenue E
Olympia, WA 98501

Contact: Jessica Sweet
360.570-3913

Tuesday, July 20, 2021

5:30 PM

Online and Phone Via Zoom

https://us02web.zoom.us/webinar/register/WN_1DX64vEwT0K4xN-1rvci3A

1. CALL TO ORDER

1.A ROLL CALL

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES

3.A [21-0729](#) Approval of July 14, 2021 Salary Commission Meeting Minutes

Attachments: [Minutes](#)

4. PUBLIC COMMENT

During this portion of the meeting, community members may address the Advisory Committee or Commission regarding items related to City business, including items on the Agenda. In order for the Committee or Commission to maintain impartiality and the appearance of fairness in upcoming matters and to comply with Public Disclosure Law for political campaigns, speakers will not be permitted to make public comments before the Committee or Commission in these two areas: (1) on agenda items for which the Committee or Commission either held a Public Hearing in the last 45 days, or will hold a Public Hearing within 45 days, or (2) where the speaker promotes or opposes a candidate for public office or a ballot measure.

5. BUSINESS ITEMS

5.A [21-0730](#) Discuss Salary Compensation Research

Attachments: [Salary Commission and Methodology/COLA](#)
[Council Salaries Other Cities](#)
[Updated City Staff Salaries](#)
[Link to Class Specifications](#)
[Regence Summary of Benefits](#)
[Link to WA Health Plan Finder](#)
[Projected Health Care Premium Increases](#)
[Link to COBRA rates](#)
[Council Assignments](#)

6. ADJOURNMENT

Accommodations

The City of Olympia is committed to the non-discriminatory treatment of all persons in employment and the delivery of services and resources. If you require accommodation for your attendance at the City Advisory Committee meeting, please contact the Advisory Committee staff liaison (contact number in the upper right corner of the agenda) at least 48 hours in advance of the meeting. For hearing impaired, please contact us by dialing the Washington State Relay Service at 7-1-1 or 1.800.833.6384.



City Hall
601 4th Avenue E.
Olympia, WA 98501
360-753-8244

Salary Commission

Approval of July 14, 2021 Salary Commission Meeting Minutes

Agenda Date: 7/20/2021
Agenda Item Number: 3.A
File Number:21-0729

Type: minutes **Version:** 1 **Status:** In Committee

Title

Approval of July 14, 2021 Salary Commission Meeting Minutes



Meeting Minutes - Draft

Salary Commission

City Hall
601 4th Avenue E
Olympia, WA 98501

Contact: Jessica Sweet
360.570-3913

Wednesday, July 14, 2021

5:30 PM

Online and Phone Via Zoom

https://us02web.zoom.us/webinar/register/WN_DmOGdzJ1SXu5t-4jRwaQbQ

1. CALL TO ORDER

Chair Bateman called the meeting to order at 5:30 pm.

1.A ROLL CALL

Present: 5 - Commissioner Jessica Bateman, Commissioner Lela Cross, Commissioner Jim Randall, Commissioner Joyce Turner and Commissioner Tadeu Velloso

2. APPROVAL OF AGENDA

The agenda was approved.

3. APPROVAL OF MINUTES

3.A [21-0704](#) Approval of June 28, 2021 Salary Commission Meeting Minutes

The minutes were approved as amended.

4. PUBLIC COMMENT

Karen Messmer and Kristine Javier spoke.

5. BUSINESS ITEMS

5.A [21-0703](#) Presentation and Discussion Regarding Salary Compensation Research

Staff went over the data that Commissioners requested at their last meeting.

For the July 20, 2021 meeting, Commissioners asked staff to provide:

- Recent COLA amounts
- Council Salaries Other Cities with Annual Salary and Populations
- Updated City Staff Salaries including CRU and Sr Planner
- City Job Class Specifications
- Summary of Benefits Comparable to City Staff Benefits

- WA Health Plan Finder Prices
- Projected Health Care Premium Increases
- Cobra Rates

6. ADJOURNMENT

The meeting adjourned at 6:41 pm.



Salary Commission

Discuss Salary Compensation Research

Agenda Date: 7/20/2021
Agenda Item Number: 5.A
File Number: 21-0730

Type: discussion **Version:** 1 **Status:** In Committee

Title

Discuss Salary Compensation Research

Recommended Action

Discuss the data presented and work toward establishing the compensation adjustment for the City Council.

Report

Issue:

Whether to discuss the data presented and work toward establishing the compensation adjustment for the City Council.

Staff Contact:

Linnaea Jablonski, Human Resources Director, 360.753.8309

Presenter(s):

Linnaea Jablonski, Human Resources Director

Background and Analysis:

The Independent Salary Commission was convened July 2017 to review the Olympia City Council salary and compensation package. The Commission met in 2017 and 2019.

Included in this packet is the data the Salary Commission requested at their June 28 and July 14, 2021 meetings.

Neighborhood/Community Interests (if known):

N/A

Options:

1. Accept the information and do not request additional research. The Salary Commission will use this information to establish the compensation for the City of Olympia Council.
2. Identify additional information needed, ask staff to update the findings and present to the Salary Commission at their next scheduled meeting.

Financial Impact:

Unknown at this time.

Attachments:

Salary Commission and Methodology/COLA

Council Salaries Other Cities

Updated City Staff Salaries

Link to Class Specifications

Regence Summary of Benefits

Link to WA Health Plan Finder

Projected Health Care Premium Increases

Link to Cobra Rates

Council Assignments

SALARY COMMISSION AND METHODOLOGY

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017		2018	2019		2020	2021
Independent Employee COLA	2.97%	4.00%	0.00%	0.00%	1.00%	2.00%	3.00%	3.00%	3.00%	4.00%		3.00%	2.00%		2.07%	1.00%
Effective	1/1/2008	1/1/2009			7/1/2012	7/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017		1/1/2018	1/1/2019		1/1/2020	1/1/2021

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2017 *	2018	2019	2019 **	2020	2021
City Mayor	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 19,968	\$ 25,035	\$ 25,035	\$ 26,302	\$ 26,302	\$ 26,302
City Mayor Pro-Tem	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 18,304	\$ 22,949	\$ 22,949	\$ 24,110	\$ 24,110	\$ 24,110
Council Member	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 16,640	\$ 20,862	\$ 20,862	\$ 21,918	\$ 21,918	\$ 21,918
Effective											10/21/2017			8/1/2019		

2017 Methodolgy

Salary Increase adjustment based on non-represented City employees
Each of the COLA increases from 2008 through 2017

Stipend

Cash Value of Benefits and Comparable Plan

2019 Methodology	
Salary	Increase adjustment based on non-represented City employees 2018 3% 2019 2%
Stipend	Adjust stipend based on increase of employer contribution from 2017 - 2019 2017 Stipend \$275 (\$260 for medical + \$15 for dental) 2019 Adjustment \$42.32 Monthly Stipend \$317.32 Annual Stipend \$3,807.84

52% FTE INDEPENDENT EMPLOYEES									
2017 MONTHLY PREMIUM RATES									
Effective: January 1, 2017									
Covered Individuals	Regence HealthFirst 250 Plan			Group Health Cooperative			Kaiser Foundation - Flex Gold		
	\$20 Co-Pay/\$200 Deductible			\$20 Co-Pay/\$200 Deductible			\$10 Co-Pay/\$850 Deductible		
	City	Employee	Premium	City	Employee	Premium	City	Employee	Premium
Employee	\$ 260.05	\$ 411.00	\$ 671.05	\$ 260.05	\$ 266.37	\$ 526.42	\$ 260.05	\$ 352.70	\$ 612.75
	AWC Current Plan						Comparable Plan		

Calculation Example:

Lowest Plan Premium	\$ 526.42
100% FTE	x 95%
100% FTE City Portion	\$ 500.10
52% FTE	x 52%
52% FTE City Portion	\$ 260.05
Employee Pays the Remaining Balance	\$ 352.70

If spouse and children are added to the plan, the City 100% FTE is 85% of premium.

City	Population (2019)	Mayor Salary	Benefits Stipend
Olympia	51,534	\$2,192/\$26,304	\$317.32/\$3,807.84
Lakewood	60,111	\$1,600/\$19,200	
Puyallup	40,991	\$1,408/\$16,896	
Bothell	45,749	\$1,450/\$17,400	
Shoreline	56,267	\$1,250/\$15,00	\$1081/\$12972
Tumwater	22,974	\$1,700/\$20,400	0
Lacey	49,248	\$1,800/\$21,600	
Burien	51,477	\$750/9,000	600 VEBA
Salem	147,365	\$0	
Boise	226,115	\$12,091 (full time)	

City	Population (2019)	Mayor Pro-Tem Salary	Benefits Stipend
Olympia	51,534	\$2,009/\$24,108	\$317.32/\$3,807.84
Lakewood	60,111		
Puyallup	40,991		
Bothell	45,749		
Shoreline	56,267	\$1,110/\$13,200	\$1081/\$12972
Tumwater	22,974	\$660/\$7920	0
Lacey	49,248		
Burien	51,477		
Salem	147,365	\$0	
Boise	226,115		

City	Population (2019)	Councilmember Salary	Benefits Stipends
Olympia	51,534	\$1,827/\$21,924	317.32/\$3,807.84
Lakewood	60,111	\$1,300/\$15,600	
Puyallup	40,991	\$1,205/\$14,460	
Bothell	45,749	\$1,250/\$15,000	
Shoreline	56,267	\$1,000/\$12,000	\$1081/\$12972
Tumwater	22,974	\$660/\$7,920	0
Lacey	49,248	\$1,575/\$18,900	
Burien	51,477	\$600/\$7,200	600 VEBA
Salem	147,365	\$0	
Boise	226,115	\$2,202/\$26,424	

Job Title	Yearly Salary
City Manager	196,950.00
Assistant City Manager (X2)	176,750.08
Police Chief	184,785.95
Deputy Police Chief (Includes out of class Pay)	184,165.46
Lieutenant (X4)	153,471.14
Sergeant (X13)	120,520.82
Crisis Response Specialist (x5)	69,414.18
Crisis Response Lead	81,484.62
Fire Chief	170,264.02
Deputy Fire Chief (Vacant)	164,882.62
Assistant Fire Chief (X2)	149,100.64
Battalion Chief (X3)	127,057.25
Public Works Director	170,064.34
Deputy Public Works Director	138,317.50
Line of Business Director (X2)	129,148.03
Associate Line of Business Director	123,154.30
City Attorney	170,724.32
Deputy City Attorney (X2)	132,155.92
Olympia Municipal Court Director	129,148.03
Chief Prosecutor	114,151.02
Program Manager	96,131.36
Finance Director	160,400.03
Accounting Manager (X3)	114,151.02
Senior Accountant (X2)	84,476.08
Budget/Financial Analyst	93,119.94
CP&D Director	161,457.30
Deputy Director Community Planning and Development (Vacant)	134,262.75
Associate Line of Business Director	123,154.30
Building Official (Vacant)	123,154.30
Home Fund Manager	108,117.78
Program and Planning Supervisor (X3)	108,117.78
Principal Planner (X2)	105,078.90
Sr Planner	96,131.36
Parks Arts & Recreation Director	157,772.73
Director of Recreation Arts and Facilities	129,148.03
Director of Parks Planning and Maintenance	129,148.03
Parks Operations & Maintenance Manager	114,151.02
Program and Planning Supervisor	108,117.78

Program Manager (X3)	96,131.36
Human Resource Director	154,530.06
Senior Human Resources Analyst (X4)	103,304.24
Human Resources Analyst (X2)	88,648.77
Economic Development Director	123,154.30
Supervisor II (Vacant)	84,929.52
Downtown Ambassadors	62,927.70
Strategic Communications Director	135,602.27
Program Specialist (X2)	75,090.29



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, go to regence.com or call 1 (866) 240-9580. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at healthcare.gov/sbc-glossary or call 1 (866) 240-9580 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u>?	\$250 individual / \$750 family per calendar year.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. Certain <u>preventive care</u> and those services listed below as " <u>deductible</u> does not apply" or as "No charge."	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	\$3,000 individual / \$6,000 family per calendar year.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See https://regence.com/go/WW/Preferred or call 1 (866) 240-9580 for a list of <u>network providers</u> .	You pay the least if you use a <u>provider</u> in the preferred <u>network</u> . You pay more if you use a <u>provider</u> in the participating <u>network</u> . You will pay the most if you use a <u>nonparticipating provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use a <u>nonparticipating provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Provider (You pay the least)	Participating Provider (You pay more)	Nonparticipating Provider (You pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	Coverage includes primary care visits at a retail clinic. <u>Deductible</u> does not apply to the first 4 preferred or participating office/retail clinic visits / year (combined limit includes mental health/substance abuse psychotherapy visits). 20 acupuncture visits / year 20 spinal manipulations / year No charge for childhood immunizations from nonparticipating <u>providers</u> . You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
	<u>Specialist</u> visit	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	
	<u>Preventive care/screening/immunization</u>	No charge	No charge	30% <u>coinsurance</u>	
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at https://regence.com/go/2021/WW/4tier	Generic drugs	\$5 <u>copay</u> / retail prescription \$10 <u>copay</u> / mail order prescription			<u>Deductible</u> does not apply. 30-day supply / retail prescription (for oral contraceptives, a maximum of 3 prepackaged monthly cycles may be purchased at one time for 1 <u>copay</u> per 30-day supply) 90-day supply / mail order prescription <u>Cost shares</u> for insulin will not exceed \$100 / 30-day supply retail prescription or \$300 / 90-day supply mail order prescription. No charge for certain preventive drugs, contraceptives and immunizations at a participating pharmacy, or for self-administrable cancer chemotherapy drugs. The first fill of <u>specialty drugs</u> may be provided by a retail pharmacy; additional refills must be provided by a specialty pharmacy.
	Preferred brand drugs	\$25 <u>copay</u> / retail prescription \$50 <u>copay</u> / mail order prescription			
	Brand drugs	\$50 <u>copay</u> / retail prescription \$100 <u>copay</u> / mail order prescription			
	<u>Specialty drugs</u>	\$100 <u>copay</u> / retail prescription \$200 <u>copay</u> / mail order prescription			

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Provider (You pay the least)	Participating Provider (You pay more)	Nonparticipating Provider (You pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	10% <u>coinsurance</u> after \$75 <u>copay</u> / visit	10% <u>coinsurance</u> after \$75 <u>copay</u> / visit	10% <u>coinsurance</u> after \$75 <u>copay</u> / visit	<u>Copayment</u> applies to facility charge for each visit (waived if admitted), whether or not the <u>deductible</u> has been met.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Urgent care</u>	Covered the same as If you visit a health care provider's office or clinic (Primary care visit or <u>Specialist</u> visit) or If you have a test above.			None
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% <u>coinsurance</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Deductible</u> does not apply to the first 4 preferred or participating mental health/substance abuse psychotherapy visits / year (combined limit includes office/retail clinic visits).
	Inpatient services	10% <u>coinsurance</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you are pregnant	Office visits	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	
	Childbirth/delivery facility services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Provider (You pay the least)	Participating Provider (You pay more)	Nonparticipating Provider (You pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u>	130 visits / year
	<u>Rehabilitation services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	15 inpatient days / year 99 outpatient visits / year Includes physical therapy, occupational therapy and speech therapy.
	<u>Habilitation services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	60 outpatient neurodevelopmental visits / year Includes physical therapy, occupational therapy and speech therapy.
	<u>Skilled nursing care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	90 inpatient days / year
	<u>Durable medical equipment</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	<u>Hospice services</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u>	14 respite inpatient or outpatient days / lifetime
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Bariatric surgery
- Cosmetic surgery, except congenital anomalies
- Dental care (Adult)
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care, except for diabetic patients
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Abortion
- Acupuncture
- Chiropractic care
- Hearing aids
- Non-emergency care when traveling outside the U.S.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or dol.gov/ebsa/healthreform, or the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1 (877) 267-2323 ext. 61565 or cciio.cms.gov or your state insurance department. You may also contact the [plan](#) at 1 (866) 240-9580. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit HealthCare.gov or call 1 (800) 318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the [plan](#) at 1 (866) 240-9580 or visit regence.com or the U.S. Department of Labor, Employee Benefits Security Administration at 1 (866) 444-3272 or dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1 (866) 240-9580.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$250
■ <u>Specialist</u> <u>coinsurance</u>	10%
■ <u>Hospital (facility)</u> <u>coinsurance</u>	10%
■ <u>Other</u> <u>coinsurance</u>	10%

This **EXAMPLE** event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing

<u>Deductibles</u>	\$250
<u>Copayments</u>	\$9
<u>Coinsurance</u>	\$1,197

What isn't covered

Limits or exclusions	\$61
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The total Peg would pay is	\$1,517
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Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$250
■ <u>Specialist</u> <u>coinsurance</u>	10%
■ <u>Hospital (facility)</u> <u>coinsurance</u>	10%
■ <u>Other</u> <u>coinsurance</u>	10%

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing

<u>Deductibles</u>	\$250
<u>Copayments</u>	\$436
<u>Coinsurance</u>	\$131

What isn't covered

Limits or exclusions	\$178
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The total Joe would pay is	\$1,005
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Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$250
■ <u>Specialist</u> <u>coinsurance</u>	10%
■ <u>Hospital (facility)</u> <u>coinsurance</u>	10%
■ <u>Other</u> <u>coinsurance</u>	10%

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing

<u>Deductibles</u>	\$250
<u>Copayments</u>	\$80
<u>Coinsurance</u>	\$316

What isn't covered

Limits or exclusions	\$0
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The total Mia would pay is	\$646
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The plan would be responsible for the other costs of these EXAMPLE covered services.

NONDISCRIMINATION NOTICE

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Regence:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

Medicare Customer Service

1-800-541-8981 (TTY: 711)

Customer Service for all other plans

1-888-344-6347 (TTY: 711)

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator below:

Medicare Customer Service

Civil Rights Coordinator

MS: B32AG, PO Box 1827

Medford, OR 97501

1-866-749-0355, (TTY: 711)

Fax: 1-888-309-8784

medicareappeals@regence.com

Customer Service for all other plans

Civil Rights Coordinator

MS CS B32B, P.O. Box 1271

Portland, OR 97207-1271

1-888-344-6347, (TTY: 711)

CS@regence.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW,
Room 509F HHH Building
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-344-6347 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-344-6347 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-344-6347 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-344-6347 (телетайп: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-344-6347 (ATS : 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-344-6347 (TTY:711) まで、お電話にてご連絡ください。

Díí baa akó nínizin: Díí saad bee yánílti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-888-344-6347 (TTY: 711.)

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 1-888-344-6347 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-344-6347 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-344-6347 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-344-6347 (TTY: 711)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፤ በሚከተለው ቁጥር ይደውሉ 1-888-344-6347 (መስማት ለተሳናቸው:- 711):፡፡

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-344-6347 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-344-6347 (टिटाइप: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-344-6347 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-344-6347 (TTY: 711)

ប្រែសម្រួល: ថ្នាក់ ប្រចាំ ភាសាខ្មែរ, ការបំរើការងារឆ្លើយតបភាសា, ដោយឥតគិតថ្លៃ, ចូលរួមចំណែកក្នុងការងារ។ 1-888-344-6347 (TTY: 711)

Afaan dubbattan Oroomiffaa tiif, tajaajila gargaarsa afaanii tola ni jira. 1-888-344-6347 (TTY: 711) tiin bilbilaa.

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-344-6347 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فاذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-344-6347 (رقم هاتف الصم والبكم 711 TTY)

2022 projected premiums – Active employees & dependents

Projected premium increase

Exact rates will be available on our website later in October

- Regence/Asuris: **4-7% increase**
- Kaiser Permanente HMO: **6-9% increase**
- Delta Dental: **0-4% increase**

OLYMPIA CITY COUNCIL INTERGOVERNMENTAL AND OTHER ASSIGNMENTS

ASSIGNMENT	Delegate/Alternate	STAFF SUPPORT	MEETING SCHEDULE
Animal Services	Lisa Parshley/Yến Huỳnh	Debbie Sullivan	1 st Mon at 5:00 pm
Capitol Lake Future Process	Cheryl Selby/Jim Cooper	Eric Christensen	To be determined
Communications Board (TCCOM911)	Renata Rollins/Jim Cooper	Aaron Jelcick	1 st Wed. 3:30 pm
Economic Development Council	Yến Huỳnh	Mike Reid	4 th Mon. 3:30 pm
EMSC (Medic 1)	Renata Rollins	Mark John (2 nd Alt)	3 rd Wed. 3:30 pm
Intercity Transit Authority Board	Clark Gilman/Dani Madrone	Sophie Stimson	1 st & 3 rd Wed. 5:30 pm
JBLM Rep	Tom Jameson		As Needed
Law & Justice Council	Renata Rollins/Cheryl Selby		3 rd Thurs. 4:30 pm – quarterly – Jan, Apr, July, Oct
LEOFF I Disability Board	Cheryl Selby and Jim Cooper	Debbi Hufana	2 nd Mon. 5:30 pm
LOTT Board of Directors	Lisa Parshley/Dani Madrone	Rich Hoey	2 nd Wed. 5:30 pm
Nisqually River Council	Dani Madrone	Jesse Barham	3 rd Fri. 9:00 am
Olympic Region Clean Air Agency	Jim Cooper/Lisa Parshley		2 nd Wed. 10:00 am
Regional Housing Council	Jim Cooper/Dani Madrone	Keith Stahley	
Regional Transportation Policy Board (Subcommittee of TRPC)	Dani Madrone/Clark Gilman	Sophie Stimson	2 nd Wed. 7:00 am
Sea Level Rise Governance Committee	Dani Madrone/Lisa Parshley	Eric Christensen	
Thurston Climate Mitigation	Lisa Parshley/Yến Huỳnh	Pamela Braff	3 rd Thurs. Noon
Thurston County Solid Waste Advisory Committee (SWAC)	Jim Cooper	Gary Franks (Alt)	2 nd Thurs. 11:30 am
Thurston Regional Planning Council	Clark Gilman/Cheryl Selby	Tim Smith	1 st Fri. 8:30 am
Thurston Thrives Coordinating Council	Clark Gilman/Dani Madrone		3 rd Monday 3 pm
Tribal Relations – Scope TBD	Cheryl Selby, Dani Madrone, Lisa Parshley		
Visitors and Convention Bureau	Mike Reid	Mike Reid	3 rd Tues. 3:30 pm
Coalition of Neighborhood Assns.	Yến Huỳnh/Clark Gilman	Lydia Moorehead	2 nd Mon. 6:15 pm

OLYMPIA CITY COUNCIL INTERGOVERNMENTAL AND OTHER ASSIGNMENTS

ASSIGNMENT	Delegate/Alternate	STAFF SUPPORT	MEETING SCHEDULE
Liaison to The Washington Center	Debbie Sullivan	Mike Reid	3 rd Thurs. 12:00 pm
Lodging Tax Advisory Committee	Cheryl Selby	Mike Reid	June, Sept. /Oct.
Mayors Forum	Cheryl Selby	Susan Grisham	1 st Fri. 12:00 pm
ADVISORY BOARD LIAISONS – Councilmembers to attend one or two per year.			
Arts Commission	General Government Committee	Stephanie Johnson	2 nd Thurs. 6:00 pm
Bicycle & Pedestrian	Land Use & Environment Committee	Michelle Swanson	3 rd Wed. 6:00 pm (Except Mar, Jul, Aug, Dec)
Design Review Board	Land Use & Environment Committee	Catherine McCoy	2 nd & 4 th Thurs. 6:00 pm
Heritage Commission	General Government Committee	Marygrace Goddu	4 th Wed. 6:30 pm (Except Feb, Aug, Dec)
Parks & Recreation	General Government Committee	Laura Keehan	3 rd Thurs. 6:00 pm (Except Feb, Apr, Jul, Nov)
PBIA Liaison Board	Finance Committee	Max DeJarnatt	2 nd Weds. 6:00 pm
Planning Commission	Land Use & Environment Committee	Cari Hornbein	1 st & 3 rd Monday 6:30 pm
Utility Advisory Committee	Finance Committee	Eric Christensen	1 st Thurs. 5:40 pm (Not July, Aug)
COUNCIL COMMITTEE ASSIGNMENTS			
Ad Hoc Public Safety	Lisa Parshley - Chair, Clark Gilman, Cheryl Selby	Debbie Sullivan	2 nd Thursday, 5:30 pm
Finance Committee	Jim Cooper - Chair, Lisa Parshley, Cheryl Selby	Nanci Lien	3 rd Weds, 5:30 pm
General Government Committee	Renata Rollins - Chair, Dani Madrone, Yến Huỳnh	Kellie Braseth	4 th Weds, 5:30 pm
Land Use and Environment Committee	Dani Madrone - Chair, Clark Gilman, Yến Huỳnh	Leonard Bauer	3 rd Thurs, 5:30 pm
MAYOR PRO TEM	Clark Gilman		