

OLYMPIC REGION CLEAN AIR AGENCY
2940 LIMITED LANE NW
OLYMPIA WA 98502

Finance Committee Meeting

January 8, 2020
9:00 am

Be courteous – Please silence all cell phones

1. **CALL TO ORDER**

2. **APPROVAL OF AGENDA**
(Ask for any corrections, additions/omissions)

3. **APPROVAL OF MINUTES**

Minutes of October 9, 2019

4. **FINANCE REPORT**
 1. Fiscal Year 2020 – Second Quarter Report
 2. Maintenance Plan
 3. PEBB vs AWC Benefits

5. **ADJOURN**

OLYMPIC REGION CLEAN AIR AGENCY
2940 Limited Lane NW
Olympia, Washington 98502

Finance Committee Meeting

October 9, 2019

Members present: Cynthia Pratt, City of Lacey (Chair)
Randy Neatherlin, Mason County
Jim Cooper, City of Olympia

Members absent: Wes Cormier, Grays Harbor County

Staff Present: Fran McNair, Executive Director and Debbie Moody, Recorder

The meeting was called to order at 9:05 am.

Pratt asked for approval of the Agenda. Neatherlin moved approval, the motion was seconded and carried unanimously.

Neatherlin moved approval of the Minutes, the motion was seconded and carried unanimously.

FINANCE REPORT

Fiscal Year 2019 Year End Report

McNair explained Harding was in training so she would give the finance report.

McNair began by pointing out the box on the right side of the page that shows the percentage of income by type (fees, grants, etc.). McNair went over several line items. McNair noted our Notice of Construction permits did quite well this past year. Neatherlin did ask why the Assessments were not identical. D. Moody explained she had made a typographical error on an invoice.

McNair reminded the committee that our woodstove buyback program has been extended to all of Thurston County, Shelton, Port Angeles and Sequim. She also stated the state held back a portion of the funds this year. Those funds can be allocated to the different agencies once they use up their allotted portion.

McNair noted we did put \$66,000 back into our reserves at the end of the year. McNair briefly went over the fund balance sheet, noting the set-aside funds for Title V, monitoring, office building fund and the database.

McNair went into detail about some of the work we will be doing on the building in the future, including replacing duct work, the roof and carpet.

Cooper asked if staff should put together a 5-year plan for the building. The committee could then decide if the reserve is at the right balance, Cooper noted. Cooper suggested we take a look at this during the next budget cycle.

Fiscal Year 2020 First Quarter Report

McNair pointed out the new sheet shows Fiscal Year 2019 in the left column, so you can see where we were compared to now, Fiscal Year 2020. The new sheet shows final for FY19, as well as budgeted and current for FY20.

McNair went over several revenue line items. Cooper noted he felt like the 'reserves' should be

called contingency funds, as that is how they are to be used. The committee agreed. Cooper asked if it could be changed in the next budget session. McNair said we will check with the auditors.

McNair briefly went over the expenditures. Cooper asked why the insurance payment was higher than budgeted. McNair noted she would ask Harding for an explanation.

McNair stated our medical insurance looks great. Regence had no increase and Kaiser was 1-3%. Dental and Vision had no increase as well. Cooper asked when the last time was that we compared AWC to PEBB? McNair thought it had been last year. Cooper felt the Uniform Medical Plan on PEBB is the best package out there. Pratt noted AWC has the wellness discount, as well as a new Naturally Slim program. Pratt added AWC also included hearing aids and hearing exams in their new plans. McNair noted the hearing aids coverage won't cover the entire cost, but we had nothing previously.

Neatherlin noted he understands that staff likes the coverage, but what is the cost difference between AWC and the PEBB. Neatherlin requested staff look at the cost difference and report back. Cooper thought it would be good to do that comparison every couple of years. McNair did say she would bring the comparison during the budget process.

McNair continued with expenditures and the fund balance sheet.

McNair noted she also had a 2013-2019 sheet, available for review, that shows the 7-year average for our revenues. She also had a spreadsheet showing the previous 7 years of fines. McNair explained she likes to budget the \$55,000 each year, knowing it could be higher or lower.

There was nothing further of the committee.

The meeting adjourned at 9:47 am.

CERTIFICATION

I hereby certify this is a true and correct copy of the minutes of the meeting of the ORCAA Finance Committee held on October 9, 2019, in Olympia, Washington.

ATTEST:

 Francea L. McNair, Executive Director
 Olympic Region Clean Air Agency

 Cynthia Pratt, Chair
 ORCAA Finance Committee

DATED: _____

Olympic Region Clean Air Agency

Comparative Summary of Agency Budget, Revenues, & Expenditures

For the Period Ending December 2019

Revenue	Fiscal Year 2019	Fiscal Year 2020	7/1/19-12/31/2019	Difference	6-mos = 50% % of Budget
	Fiscal Year Actuals	Approved Annual Budget	Year To Date Actual		
AOP (Title V)	\$ 390,871.13	\$ 378,086.00	\$ 290,942.08	\$ (87,143.92)	77%
NOC - Major/Minor	139,635.63	110,000.00	55,822.53	(54,177.47)	51%
NOI - Major/Minor	4,364.00	2,000.00	5,846.00	3,846.00	292%
Annual Registration	375,065.71	380,000.00	392,255.50	12,255.50	103%
Assessments	426,528.90	445,380.00	0.00	(445,380.00)	0%
ECY Oversight	10,936.97	15,000.00	12,326.05	(2,673.95)	82%
Asbestos	157,106.00	135,000.00	62,783.00	(72,217.00)	47%
Land Clearing	28,218.00	15,000.00	11,606.50	(3,393.50)	77%
Woodstove Educ Grant	11,017.00	11,017.00	2,323.75	(8,693.25)	21%
Woodstove Bounty Grant	66,271.34	125,000.00	55,683.69	(69,316.31)	45%
Ecology Monitoring (PM2.5)	13,889.34	13,500.00	10,867.02	(2,632.98)	80%
EPA - Cheeka Peak Grant	96,608.93	86,077.00	39,276.91	(46,800.09)	46%
Community Scale Air Toxics	144,083.03	90,400.00	91,084.82	684.82	101%
CORE-Federal	188,374.00	187,774.00	53,667.00	(134,107.00)	29%
CORE-State	134,737.50	134,737.50	38,864.00	(95,873.50)	29%
EFSEC	63,677.95	35,532.00	15,160.00	(20,372.00)	43%
Fines (Public Education)	62,327.08	55,000.00	37,354.00	(17,646.00)	68%
Investment Income	33,128.02	20,000.00	15,925.99	(4,074.01)	80%
Miscellaneous Revenue	6,244.00	2,000.00	245.70	(1,754.30)	12%
Building/Rental Income	53,518.00	60,708.00	30,752.00	(29,956.00)	51%
General Contingency Fund	0.00	200,290.23	0.00	(200,290.23)	0%
Contingency-Reserve-Title V	0.00	(32,181.00)	0.00	32,181.00	0%
Total Revenue	\$ 2,406,602.53	\$ 2,470,320.73	\$ 1,222,786.54	\$ (1,247,534.19)	49%

	YTD FY2020 Revenue
71% Fees	\$ 868,935.66
25% Grants*	306,927.19
0% Assessments	0.00
4% Other	46,923.69
0% Reserves	0.00
100%	\$ 1,222,786.54
* Grants-Fed	194,895.75
* Grants-State	112,031.44

Expenditures	Fiscal Year 2019	Fiscal Year 2020	7/1/19-12/31/2019	Difference	6-mos = 50% % of Budget
	Fiscal Year Actuals	Approved Annual Budget	Year To Date Actual		
Salaries	\$ 1,368,666.47	\$ 1,474,673.00	\$ 745,531.84	\$ (729,141.16)	51%
Personnel Benefits	461,128.01	553,909.73	251,581.71	(302,328.02)	45%
Total Payroll	1,829,794.48	2,028,582.73	997,113.55	(1,031,469.18)	49%
Office Supplies/Sm Equip.	\$ 4,802.97	\$ 6,300.00	\$ 2,433.47	\$ (3,866.53)	39%
Gasoline Vehicles	4,319.38	5,600.00	2,756.32	(2,843.68)	49%
Computer Hard/Soft.	11,741.71	13,098.00	3,976.19	(9,121.81)	30%
Bd. Prof. Ser. & Travel Reimb.	1,218.36	3,600.00	622.34	(2,977.66)	17%
Training & Conferences	15,228.66	11,155.00	7,000.87	(4,154.13)	63%
Professional Srs.	40,866.94	43,800.00	14,265.31	(29,534.69)	33%
Telephone	11,362.74	14,000.00	5,631.80	(8,368.20)	40%
Postage	3,968.36	4,600.00	2,876.85	(1,723.15)	63%
Insurance (Bldg, Veh, Staff)	28,427.00	29,000.00	30,138.00	1,138.00	104%
Wellness Program	488.64	400.00	30.10	(369.90)	8%
Public Education	9,840.49	10,360.00	5,020.06	(5,339.94)	48%
Miscellaneous	1,759.59	900.00	0.00	(900.00)	0%
Dues & Subscriptions	1,502.79	3,500.00	2,200.81	(1,299.19)	63%
Audit/Acctg	20,929.08	7,500.00	3,295.50	(4,204.50)	44%
Printing	0.00	300.00	0.00	(300.00)	0%
Rent-Satellite Office	2,400.00	2,400.00	1,400.00	(1,000.00)	58%
Maintenance - Copier	1,398.89	1,800.00	776.97	(1,023.03)	43%
Vehicle Purchase	28,500.00	0.00	0.00	0.00	0%
Maintenance - Vehicles	921.01	3,500.00	1,179.73	(2,320.27)	34%
Total Non-P/R	189,676.61	161,813.00	83,604.32	(78,208.68)	52%
Principal/Interest - Office Bldg	\$ 44,483.31	\$ 45,500.00	\$ 42,969.78	\$ (2,530.22)	94%
Alarm Monitoring/Security	1,189.48	2,000.00	776.88	(1,223.12)	39%
Utilities	14,111.44	14,000.00	6,412.81	(7,587.19)	46%
Janitorial & Supplies	604.99	600.00	2,785.71	2,185.71	464%
Maintenance - Office Bldg.	5,804.66	6,000.00	4,216.49	(1,783.51)	70%
Leasehold Improvements	5,222.85	14,000.00	0.00	(14,000.00)	0%
Total Bldg./Capital	71,416.73	82,100.00	57,161.67	(24,938.33)	70%
WoodSmoke Reduction/Bounty	\$ 76,400.00	\$ 100,000.00	\$ 58,600.00	\$ (41,400.00)	59%
ECY Oversight Fees	10,937.00	15,000.00	0.00	(15,000.00)	0%
Monitor. Equip./CPO	38,765.14	33,400.00	16,544.10	(16,855.90)	50%
Community Scale Air Toxics	96,884.14	44,400.00	43,709.54	(690.46)	98%
Monitoring-General	4,483.35	5,025.00	628.46	(4,396.54)	13%
Security Deposit Refunds	0.00	0.00	584.13	584.13	0%
Total Operational	227,469.63	197,825.00	120,066.23	(73,946.36)	61%
Grand Total Expenditures	\$ 2,318,357.45	\$ 2,470,320.73	\$ 1,257,945.77	\$ (1,208,562.55)	51%
Net Income (Deficit)	\$ 88,245.08		(\$ 35,159.23)		

	YTD FY2020 Expenditures
85% Payroll	997,113.55
9% Non Payroll	83,604.32
1% Bldg/Capital	57,161.67
5% Operating	120,066.23
100% Total	\$ 589,101.26

OLYMPIC REGION CLEAN AIR AGENCY

FUND BALANCE - Actual - Fiscal Year 2020

For The Period Ending December 31, 2019

	General Fund
BEGINNING Fund Balance 07/01/2019	\$ 1,658,408
Plus: Revenue Fiscal Year	\$ 1,222,787
Less: Expenditures Fiscal Year	\$ (1,257,946)
ENDING Fund Balance 12/31/2019	\$ 1,623,249
General Fund Balance applied to FY Budget	\$ -
Title V Funds applied to FY Budget	\$ -
Fund Balance ALLOCATIONS-	
Contingency Funds	
Less: Expense Contingency (20% FY Budget less Title V)	\$ (389,790)
Less: Title V	\$ (41,140)
Less: Tenants Security Deposits	\$ (5,500)
Capital & Contingency Funds	
Less for Office Building	\$ (30,000)
Less for Monitoring Equipment	\$ (20,000)
Less for Database	\$ (110,000)
Less for Vacation/Sick Leave	\$ (155,715)
Less for General Fund Contingency	\$ (871,104)

"Operating Contingency Funds" defined..... An amount established by board direction and placed in reserve

Revised Res #269 dated May 2016 with 20% reserve less Title V. (Formerly: Resolution #178 dated August 1999 refers to board direction to maintain a 25% reserve level annually.)

"Capital & Contingency Funds" defined..... An amount established by board direction to save for long-term capital expenditures (bldg, equipment, database). Res. #251 dated 06/13/12; Res. #260 dated 11/12/14

"Fund Balance" defined..... *Funds that are held in our bank account with Thurston County Treasurer's Office. ORCAA has one fund with Thurston County and is referred to as the "General Fund".

***The total Fund Balance includes all funds on deposit.**

ORCAA

Office Building Maintenance

Within # Year(s)

Exterior

replace roof	5
replace gutters and downspouts at same time of roof replacement	5
gravel north parking lot	4
re-stripe parking lot	3
paint exterior (3 of 4 walls, south wall completed in Sept 2019)	3
replace siding on west wall near entrance to Ste B	2
new man door to warehouse	3
weather stripping doors, windows, and vapor barrier in crawl (check for moisture)	2
landscape maintenance & clean up (and secure annual landscape contract)	1
replace windows as needed	5
Ste A entry; concrete work to prevent/eliminate water puddling at entrance	2

Interior


repair/replace front entry door Suite A	1
replace front entry floor Suite A south side of building with tile flooring	1
replace carpet in Ste A "great" room, 2nd floor PIO, ASM offices - replace flooring with carpet, vinyl, or laminate wood	5
replace carpet in : Ste B common area	5
each office suite #101, 102, 104, 105, 106, 200, 201-large room	5
replace baseboard trim when flooring is replaced	5
replace window blind in Ste #101	1
replace vinyl flooring in all restrooms	5
interior painting of building (including restroom, kitchens, hallways, etc. as needed)	5
insulation of walls, attic, crawl spaces to reduce noise and weatherization needs	5

Electrical

install surge protector on both electrical panels	1
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HVAC

replace HVAC systems as follows:	
combine units #3-Ste B Lobby (2004 gas) and #4 services #101 & #102 (1987 model); change duct work to size for one unit	2
replace Unit #5 located in conference room (1987 unit)	3

FYI: #6 Lennox gas unit services 2nd floor and partial 1st floor Ste A (installed in June 2015)
 #2 Carrier gas unit services great room (2012 unit)
 #1 gas unit services Suite #103 (2002 unit)
 #7 gas furnace services Warehouse (March 2019)

install secondary thermostat sensor(s) for Offices #200 and #201 for improved temperature control	2
install ceiling fan or air turbine fan (air pear fan) in great room (located on Ste A side)	1

Other

purchase new conference room chairs
 new street sign on Limited Lane (including improved access to change out tenant names)
 consider **card key** entry lock system or keyless system (move away from traditional key lock system)
Pros: keyless, code access, virtual keys, monitoring access **Cons:** Hackers, forgetting code, install costs, power failure

Notes:

12/26/2019 received bid from electrician for installing surge protectors at both main panels
 12/16/2019 conducted walk-thru with HVAC company to research options on HVAC
 12/16/2019 structural engineer site visit to evaluate roof/beam

12/26/2019 /Building/5-year schedule

AWC Employee Benefit Trust Premiums 2017 - 2020

	2020 PEBB Comparison	2020	2019	2018	2017
Regence HealthFirst 250					
HealthFirst - \$250 Deductible					
Employee	754.34	743.23	743.23	719.48	671.04
Spouse	686.65	749.46	749.46	725.51	676.68
First dependent	515.00	369.21	369.21	357.41	333.34
Second dependent <i>no additional charge for 3 or more dependents</i>	NC for Addtl Dependents	305.23	305.23	295.47	275.58
Kaiser Permanente					
Co-pay plan \$20 co-pay, \$200 Deductible					
Employee	750.33	619.34	607.80	566.44	526.41
Spouse	682.65	609.01	597.66	556.99	517.63
First dependent	511.99	310.76	304.98	284.22	264.13
Second dependent <i>no additional charge for 3 or more dependents</i>	NC for Addtl Dependents	310.76	304.98	284.22	264.13
Kaiser Permanente					
PPO Co-pay plan, \$250 Deductible					
Employee	826.77	660.58	611.07	569.50	529.26
Spouse	759.09	649.98	601.27	560.36	520.77
First dependent	569.32	331.53	306.70	285.83	265.64
Second dependent <i>no additional charge for 3 or more dependents</i>	NC for Addtl Dependents	331.53	306.70	285.83	265.64
Washington Dental Service (WDS)					
Dental plan J					
Employee		56.65	56.65	56.65	56.65
Employee + 1 dependent		107.15	107.15	107.15	107.15
Employee + 2 or more dependents		167.73	167.73	167.73	167.73
Orthodontia plans (WDS)					
Plan V (New Plan 1997)					
Employee		2.44	2.44	2.44	2.44
Employee + 1 dependent		5.69	5.69	5.69	5.69
Employee + 2 or more dependents		39.03	39.03	39.03	39.03
Vision Service plan (VSP)					
\$10 copay, plus-Second pair rider					
Employee		10.60	10.58	10.91	10.91
Employee + 1 dependent		21.18	21.16	21.82	21.82
Employee + 2 or more dependents		31.76	31.74	32.73	32.73
Long Term Disability Rates					
Option 2: 60%, 180-day elimination Paid by ORCAA		0.28%	0.28%	0.28%	0.28%
Standard Insurance Life Insurance					
Basic Life \$15,000 (paid by ORCAA)		2.25	2.25	2.25	2.25
Dependent Life \$2,000 (paid by ORCAA)		0.64	0.64	0.64	0.64
Employee Assistance Program- CompPsych					
1-3 session included with medical plans at no additional costs.		Included with medical	Included with medical	Included with medical	Included with medical

Rates reflect 2% WellCity Reduction

10-29-19 lmh

Association of Washington Cities vs PEBB 2020 Medical Plan Comparison

Kaiser Permanente			
Benefits	AWC Kaiser 200	AWC Kaiser Access PPO 250	PEBB Kaiser WA Classic
	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)	Health Maintenance Organization (HMO)
	KP & KP contracted providers/facilities only KP provider network (CORE)	In Network Providers (Non-Network copay then 70%)	KP & KP contracted providers/facilities only KP provider network (CORE)

Copay, Deductible & Out-of-Pocket - Per Calendar Year

Typical Patient Responsibility	\$20 copay then 10% coinsurance	\$10 copay - primary care \$20 copay - specialist	\$15 copay - primary care \$30 copay - specialist
Annual Per Person Deductible	\$200 4th Quarter carryover not subject to deductible: ~ preventive care ~ prescriptions ~ 1st 4 office visits/person ~ Lab & x-ray paid in full up to first \$500/person	\$250 not subject to deductible: ~office visits	\$175 tier 2 and 3 medications have a separate \$100 deductible
Maximum deductible per family/year	\$400	\$750	\$525 tier 2 and 3 medications have a separate \$300 deductible
Out-of-Pocket Maximum	\$2,500/person \$5,000/family	\$2,500/person \$5,000/family	\$2,000 person - \$4,000 family (does not include Rx) separate Rx maximum \$2,000 person - \$4,000 family

Kaiser Permanente			
Benefits	AWC Kaiser 200	AWC Kaiser Access PPO 250	PEBB Kaiser WA Classic
	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)	Health Maintenance Organization (HMO)
	KP & KP contracted providers/facilities only KP provider network (CORE)	In Network Providers (Non-Network copay then 70%)	KP & KP contracted providers/facilities only KP provider network (CORE)

In Your Doctor's Office

Office visit	\$20 copay, then 90%	\$10 - primary care \$20 - specialist	\$15 copay - primary care \$30 copay - specialist
Urgent Care	\$20 copay - network providers only Contact Consulting Nurse for nearest provider: 800-297-6877		\$15 copay
Lab, x-ray & diagnostic	100% up to \$500/calendar year, then pays at 90% after deductible	90%	\$0 copay for most \$30 copay for MRI/CT/PET
Preventative Care Services (not subject to copay or deductible)	100%		100%

In the Hospital

Emergency room facility charges (copay waived if admitted)	KP & Non-KP Facility - \$75 copay then 90%	\$150 copay then 90%	\$250
Inpatient services	90%	90%	\$150/day up to \$750 per admission
Physician, surgeons & anesthesiologists			
Outpatient services (x-ray, same day surgery, etc.)	\$20 copay then 90%		\$150 copay

Ambulance (Air or Land)

80%	90%	80%
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Kaiser Permanente			
Benefits	AWC Kaiser 200	AWC Kaiser Access PPO 250	PEBB Kaiser WA Classic
	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)	Health Maintenance Organization (HMO)
	KP & KP contracted providers/facilities only KP provider network (CORE)	In Network Providers (Non-Network copay then 70%)	KP & KP contracted providers/facilities only KP provider network (CORE)

Outpatient Rehabilitative Therapy

~ Physical Therapy ~ Massage Therapy ~ Occupational Therapy ~ Speech Therapy	\$20 copay then 90% 60 visits per calendar year	\$20 copay 60 visits per calendar year	\$30 copay 60 visits per calendar year does not include massage
Prescription required for Massage and Physical Therapy			

Prosthetics/Home Medical Equipment

100%	90%	80%
Orthotics only covered for diabetic complications		Orthotics coverage unknown

Prescription Drugs

Pharmacy (30-day supply)	\$10 preferred generic \$20 preferred brand \$40 non-preferred	\$10 preferred generic \$35 preferred brand \$70 non preferred	value tier: \$5 copay tier 1: \$20 copay tier 2: \$40 copay tier 3: 50% coinsurance up to \$250
Mail Order - Available for most medications (90-day supply)	2 copays for 3 month supply	\$20 generic formulary \$60 brand formulary \$130 non-formulary	value tier: \$10 copay tier 1: \$40 copay tier 2: \$80 copay tier 3: 50% coinsurance up to \$750

Kaiser Permanente			
Benefits	AWC Kaiser 200	AWC Kaiser Access PPO 250	PEBB Kaiser WA Classic
	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)	Health Maintenance Organization (HMO)
	KP & KP contracted providers/facilities only KP provider network (CORE)	In Network Providers (Non-Network copay then 70%)	KP & KP contracted providers/facilities only KP provider network (CORE)

Alternative Care

Naturopathic Doctor	\$20 copay then 90% 3 self-referred visits per diagnosis per calendar year (additional visits if approved by KP)	\$10 copay	unknown
Massage Therapist	Prescription required then pays under the Rehabilitative Therapy Benefit		not covered
Acupuncture	\$20 copay 90% 8 self-referred visits per diagnosis per calendar year (additional visits if approved by KP)	\$10 copay 8 self-referred visits per diagnosis per calendar year (additional visits if approved by KP)	unknown
Spinal Manipulations	\$20 copay 90% 10 self-referred visits per calendar year	\$10 copay 8 self-referred visits per calendar year (additional visits if approved by KP)	\$15 copay 10 visits per calendar year

Specialty Care

Routine hearing exam	\$20 copay then 90%	\$10 copay	\$10 copay - primary care \$30 copay - specialist
Hearing Aids (hardware)	Up to \$1,500 every 36 months	Up to \$1,500 every 36 months	\$800 benefit every 36 months for hearing aid and rental/repair combined
Routine vision exam	\$20 copay 1 exam per 12 months	1 exam per 12 months	\$15 copay
Vision hardware	not covered	not covered	\$150 benefit every 2 years for frames, lenses, and contacts combined

Kaiser Permanente			
Benefits	AWC Kaiser 200	AWC Kaiser Access PPO 250	PEBB Kaiser WA Classic
	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)	Health Maintenance Organization (HMO)
	KP & KP contracted providers/facilities only KP provider network (CORE)	In Network Providers (Non-Network copay then 70%)	KP & KP contracted providers/facilities only KP provider network (CORE)

Health & Well-Being

Personal Assistance	Trust staff are available to answer benefit questions and assist with resolving insurance claims. Call 800-562-8981 or email benefitinfo@awcnet.org .	unknown
Wellness	Health Central and the Castlight app provide wellness information, programs, tools, trackers, and resources. Use Castlight to earn points and receive a gift card or enter to win other prizes. Access health professionals for guidance and encouragement in reaching your personal health goals.	unknown
Employee Assistance Program	Call 800-570-9315 for confidential assistance with parenting, relationships, finances, stress, grief, substance abuse, counseling, and legal issues or visit www.guidanceresources.com for more resources	unknown

CAUTION:

Do not use this "Medical Plan Comparison" as a complete description of benefit plans. The information is presented in summary form and should be used for general comparison purposes only. Consult the plan booklet for complete and accurate information on the conditions, exclusions, limitations and coverage of benefits.

Association of Washington Cities vs PEBB 2020 Medical Plan Comparison

	AWC Regence/Asuris	PEBB Uniform Medical
Benefits	HealthFirst 250	UMP Classic
	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)
	Benefits for Preferred Providers (Non-preferred/Non-contracted 70%)	Benefits for Preferred Providers (Non-preferred/Non-contracted 60%)

Copay, Deductible & Out-of-Pocket - Per Calendar Year

Typical Patient Responsibility	10%	15%
Annual Per Person Deductible	\$250 4th Quarter carryover not subject to deductible: ~ preventive care ~ prescriptions ~ 1st 4 office visits/person	\$250 not subject to deductible: ~preventative care ~value tier and tier 1 prescriptions tier 2 medications have a separate \$100 deductible
Maximum deductible per family/year	\$750	\$750 \$300 for tier 2 medications
Out-of-Pocket Maximum	\$3,000/person \$6,000/family	\$2,000/person - \$4,000 family (does not include Rx) separate Rx maximum \$2,000/person - \$4,000 family

In Your Doctor's Office

Office visit		
Urgent Care		
Lab, x-ray & diagnostic		
Preventative Care Services (not subject to copay or deductible)	100% (not covered outside of network)	100%

In the Hospital

Emergency room facility charges (copay waived if admitted)	\$75 copay then 90%	\$75 copay then 85%
Inpatient services	90%	\$200/day up to \$600 copay per year per person
Physician, surgeons & anesthesiologists	90%	85%
Outpatient services (x-ray, same day surgery, etc.)	90%	85%

	AWC Regence/Asuris	PEBB Uniform Medical
Benefits	HealthFirst 250	UMP Classic
	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)
	Benefits for Preferred Providers (Non-preferred/Non-contracted 70%)	Benefits for Preferred Providers (Non-preferred/Non-contracted 60%)

Ambulance (Air or Land)

	80%	80%
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Outpatient Rehabilitative Therapy

<ul style="list-style-type: none"> ~ Physical Therapy ~ Massage Therapy ~ Occupational Therapy ~ Speech Therapy 	<p>90%</p> <p>99 visits per calendar year</p>	<p>85%</p> <p>60 visits combined - does not include massage</p>
	Prescription required for Massage and Physical Therapy	

Prosthetics/Home Medical Equipment

	90%	85%
	Orthotics are covered	Orthotics benefit unknown

Prescription Drugs

Pharmacy (30-day supply)	<p>\$5 generic</p> <p>\$25 name brand formulary</p> <p>\$50 name brand non-formulary</p> <p>\$100 Specialty Medications</p>	<p>value tier: 5% up to \$10</p> <p>tier 1: 10% up to \$25</p> <p>tier 2: 30% up to \$75 after Rx deductible</p>
Mail Order - Available for most medications (90-day supply)	2 copays for 3 month supply	<p>value tier: 5% up to \$30</p> <p>tier 1: 10% up to \$75</p> <p>tier 2: 30% up to \$225 after Rx deductible</p>

Alternative Care

Naturopathic Doctor	<p>90%</p> <p>unlimited visits</p>	unknown
Massage Therapist	Prescription required then pays under the Rehabilitative Therapy Benefit	not covered
Acupuncture	<p>90%</p> <p>12 visits per calendar year</p>	unknown
Spinal Manipulations	<p>90%</p> <p>15 manipulations per calendar year</p>	<p>85%</p> <p>10 manipulations per calendar year</p>

	AWC Regence/Asuris	PEBB Uniform Medical
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	Benefits for Preferred Providers (Non-preferred/Non-contracted 70%)	Benefits for Preferred Providers (Non-preferred/Non-contracted 60%)

Specialty Care

Routine hearing exam	100%	100%
Hearing Aids (hardware)	Up to \$1,500 every 3 years	\$800 benefit every 3 years for hearing aid and rental/repair combined
Routine vision exam	not covered	100%
Vision hardware	not covered	\$150 benefit every 2 years for frames, lenses, and contacts combined

Health & Well-Being

Personal Assistance	Trust staff are available to answer benefit questions and assist with resolving insurance claims. Call 800-562-8981 or email benefitinfo@awcnet.org.	unknown
Wellness	Health Central and the Castlight app provide wellness information, programs, tools, trackers, and resources. Use Castlight to earn points and receive a gift card or enter to win other prizes. Access health professionals for guidance and encouragement in reaching your personal health goals.	unknown
Employee Assistance Program	Call 800-570-9315 for confidential assistance with parenting, relationships, finances, stress, grief, substance abuse, counseling, and legal issues or visit www.guidanceresources.com for more resources	unknown

CAUTION:

Do not use this "Medical Plan Comparison" as a complete description of benefit plans. The information is presented in summary form and should be used for general comparison purposes only. Consult the plan booklet for complete and accurate information on the conditions, exclusions, limitations and coverage of benefits.