

BENEFITS PACKAGE SUMMARY-2024



HEALTH INSURANCE

The Port of Sunnyside offers medical, dental, vision, basic life regular full-time employees:

-Medical/Dental/Vision/Basic Life Insurance/Basic Disability Insurance through Healthcare Authority Uniform Medical Classic. Coverage starts the 1st day of the month following the date of hire.

The Port will pay the medical/dental/vision insurance premium for the employee, spouse and eligible dependents. The employee benefits package includes basic life and basic AD&D insurance (for the employee only) through MetLife. These benefits provide: \$35,000 for basic life insurance and \$5,000 for basic AD&D insurance.

You can also enroll in supplemental life and supplemental AD&D insurance for yourself and your eligible dependents. To enroll your eligible dependents in supplemental coverage, you must elect employee supplemental life insurance for yourself.

UMP CLASSIC

You pay \$0 for covered preventative care when you see a network provider.

UMP Classic also covers the full cost of certain programs to quit smoking or manage diabetes.

- ✓ Uses largest provider network
- ✓ Doesn't require a referral for specialists
- ✓ You pay \$0 for covered preventative care services when you see a network provider
- ✓ Provides two mail-order pharmacy options

Annual medical deductible:	Individual	Family
	\$250	\$750

Annual medical out-of-pocket limit:	Individual	Family
	\$2,000	\$4,000

Annual prescription drug deductible:	Individual	Family
	\$100	\$300

Medical Coinsurance:	15% for most covered medical services	
-----------------------------	--	--

BENEFITS PACKAGE SUMMARY-2024



VISION (VSP)

The below VSP coverage table applies to adults and dependents ages 19 and over.

Benefit	Frequency	Your cost with a VSP Choice network provider	Your cost with an out-of-network provider
Professional comprehensive routine eye exams	One per calendar year.	You pay \$0 of the allowed amount and the plan pays 100% of the allowed amount.	You pay 100% of billed charges. VSP will reimburse you up to \$45 when you submit a claim for a covered exam.
Frames	One every two calendar years.	You pay \$0 up to a \$150 frame allowance; or You pay \$0 up to an \$80 frame allowance for Walmart®, Sam's Club®, or Costco® providers.	You pay 100% of billed charges. VSP will reimburse you up to \$70 when you submit a claim for covered frames.
Lenses and enhancements	One set every two calendar years.	You pay \$0 for the following covered lenses and the plan pays 100% of the allowed amount: <ul style="list-style-type: none"> • Single vision lenses • Lined bifocal lenses • Standard progressive lenses • Lined trifocal lenses • Lenticular lenses Note: Lens enhancement is not covered except for impact-resistant coating for dependent children ages 19 and over.	You pay 100% of billed charges. VSP will reimburse you up to the following amounts when you submit a claim for covered lenses: <ul style="list-style-type: none"> • \$30 single vision lenses • \$50 lined bifocal lenses • \$50 standard progressive lenses • \$65 lined trifocal lenses • \$100 lenticular lenses
Contacts	One set of contact lenses or disposable contact lenses up to the maximum allowance instead of frames and lenses every two calendar years.	You pay a \$30 copay for contact lens evaluation and fitting exam. You pay \$0 up to a \$150 contact allowance for elective contact lenses. You pay \$0 for necessary contact lenses. Note: You are still responsible for paying a \$30 copay for the contact lens evaluation and fitting exam.	You pay 100% of billed charges. VSP will reimburse you up to the following amounts when you submit a claim for contact lenses: <ul style="list-style-type: none"> • \$105 for elective contact lenses • \$210 for necessary contact lenses

BENEFITS PACKAGE SUMMARY-2024



The below VSP coverage table applies to children under the age of 19.
Out-of-network providers are not covered for any routine vision services.

Benefit	Frequency	Your cost with a VSP Choice network provider	Your cost with an out-of-network provider
Professional comprehensive routine eye exams	One per calendar year.	You pay \$0 of the allowed amount and the plan pays 100% of the allowed amount.	You pay 100% of billed charges.
Frames	One per calendar year.	You pay \$0 of the allowed amount and the plan pays 100% of the allowed amount.	You pay 100% of billed charges.
Lenses and enhancements	One set per calendar year.	<p>You pay \$0 for the following covered lenses and the plan pays 100% of the allowed amount:</p> <ul style="list-style-type: none"> • Single vision lenses • Lined bifocal lenses • Standard progressive lenses • Lined trifocal lenses • Lenticular lenses <p>You pay \$0 for the following lens enhancements and the plan pays 100% of the allowed amount:</p> <ul style="list-style-type: none"> • Scratch-resistant coating • Ultraviolet (UV) protected lenses • Impact-resistant coating 	You pay 100% of billed charges.
Contacts	One set of contact lenses or disposable contact lenses up to the maximum allowance instead of frames and lenses every calendar year.	<p>You pay \$0 of the allowed amount for elective or necessary contact lenses and the plan pays 100% of the allowed amount.</p> <p>You pay \$0 of the allowed amount for contact lens evaluation and fitting exam and the plan pays 100% of the allowed amount.</p>	You pay 100% of billed charges.

DENTAL – DELTA DENTAL

SERVICES	PPO DENTISTS IN WA STATE	OUT OF STATE	NON-PPO DENTIST IN WA STATE
Diagnostic/Preventative	100%	90%	80%
Restorative fillings	80%	80%	70%
Oral Surgery	80%	80%	70%
Periodontic services	80%	80%	70%
Restorative crowns	50%	50%	40%
Orthodontic (to lifetime max plan payment of \$1,7500)	50%	50%	50%

BENEFITS PACKAGE SUMMARY-2024



RETIREMENT PLAN

Enrollment in the WA State Department of Retirement Systems program under the Public Employee's Retirement System (PERS).

Optional enrollment in the Deferred Compensation Program with a pretax or Roth option is also available.

VACATION TIME

The following applies to regular full-time employees:

<u>Years in Service</u> <u>Inclusive</u>	<u>Vacation Hours</u> <u>Accrued per Month</u>	<u>Total Vacation Days</u> <u>Earned per Year</u>
0-5	6.66 hours	10 days
6-10	10.00 hours	15 days
11 & over	13.34 hours	20 days

SICK TIME

Regular Port employees shall be eligible for sick leave after their first full calendar month of continuous employment with the Port. Sick leave shall be credited to each full time employee at the rate of 8 hours per month.

HOLIDAYS

Legal paid holidays to be observed by the Port are:

1. January 1, New Year's Day
2. Third Monday in January, Martin Luther King Jr. Day
3. Third Monday in February, Presidents Day
4. Last Monday of May, Memorial Day
5. June 19, Juneteenth
6. July 4, Independence Day
7. First Monday of September, Labor Day
8. November 11, Veteran's Day
9. Fourth Thursday of November, Thanksgiving Day
10. The Day after Thanksgiving
11. December 24th, ½ day Christmas Eve
12. December 25, Christmas Day
13. December 31, ½ Day New Year's Eve
14. Floating Holiday