

# **TOWN OF WOODWAY**

## **ORDINANCE 2020-614**

AN ORDINANCE OF THE TOWN OF WOODWAY AMENDING BENEFITS OFFERED TO EMPLOYEES AND RATIFYING AND CONFIRMING PREVIOUSLY PROVIDED BENEFITS; PROVIDING FOR SEVERABILITY; ESTABLISHING AN EFFECTIVE DATE AND AUTHORIZING SUMMARY PUBLICATION BY ORDINANCE TITLE ONLY.

WHEREAS, the Town Council previously authorized changes to the benefits package offered to employees through motions at Council meetings and would like to ratify and confirm said changes; and

WHEREAS, the Town Council would like to amend its policies on Paid Family and Medical leave to comply with State law; and

WHEREAS, the Town Council would like to authorize the Mayor to execute changes to the Town's Master Participation Agreement with the Association of Washington Cities to provide long-term care coverage to eligible employees; and

WHEREAS, the Town Council desires to adopt a new form of leave not attached to other paid leave, such as sick leave or vacation leave, in the interest of maintaining the morale of Town employees and retaining highly trained long-term employees, and where employees will have a responsibility to be available to the Town to perform duties as the Town may require in times of a natural disaster, inclement weather, public health emergency, or such situations where the Mayor or Mayor's designee determines such leave would be in the best interests of the Town.

NOW, THEREFORE, the Town Council of the Town of Woodway does hereby ordain as follows:

Section 1. The Town Council hereby ratifies and confirms employee benefits, previously adopted by motion, as shown in Exhibit A.

Section 2. The Town Council hereby amends its policies on Paid Family and Medical leave to comply with State law, as shown in Exhibit B.

Section 3. The Mayor is hereby authorized to execute changes to the Town's Master Participation Agreement and Standard Participation Agreement with the Association of Washington Cities, as shown in Exhibit C, to provide long-term care coverage to eligible employees.

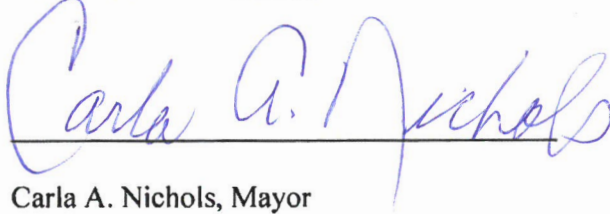
Section 4. The Town Council hereby creates a new benefit in the form of "Mandatory Leave," as shown in Exhibit D.

Section 5. If any part or portion of this Ordinance is declared invalid for any such reason, such declaration of invalidity shall not affect any remaining portion.

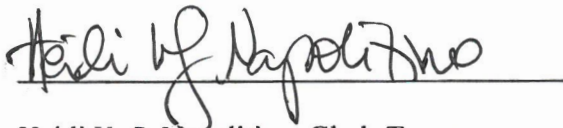
Section 6. This Ordinance shall take effect 5 days after date of publication by ordinance title only.

PASSED this 16<sup>th</sup> day of March 2020 by the Town Council of the Town of Woodway.

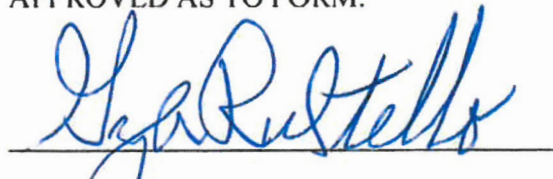
TOWN OF WOODWAY

  
Carla A. Nichols, Mayor

ATTEST:

  
Heidi K. S. Napolitano, Clerk-Treasurer

APPROVED AS TO FORM:

  
Greg Rubstello, Town Attorney

Date Passed by the Town Council: 16 March 2020

Date Published: 19 March 2020

Effective Date: 24 March 2020

**TOWN OF WOODWAY**  
**ORDINANCE 2020-614 | EXHIBIT A**

**AUGUST 24, 2010**

Added: Domestic Violence Leave

**DECEMBER 31, 2012**

Amended: Continuation of Insurance Coverage

Amended: Benefits for Part-time and Temporary Employees

**JUNE 16, 2014**

Added: Religious Holidays

**APRIL 6, 2015**

Added: Parental Leave

Added: Maternity/Paternity Leave

Added: Lactation Breaks for Nursing Mothers

**JUNE 1, 2015**

Added: Use of Town Hall

**FEBRUARY 6, 2017**

Amended: Benefits for Part-Time and Temporary Employees

**JANUARY 16, 2018**

Added: Provisions related to the Washington State Sick Leave laws

Amended: Housekeeping changes in several sections to ensure consistency with the new sick leave law language.

Deleted: Employee Recognition

# TOWN OF WOODWAY

## ORDINANCE 2020-614 | EXHIBIT B

### PAID FAMILY AND MEDICAL LEAVE

Paid Family and Medical Leave is a mandatory statewide insurance program that will provide paid time off to give or receive care. If you qualify, this program will allow you to take up to 12 weeks, as needed, if you:

- Welcome a child into your family (through birth, adoption, or foster placement)
- Experience a serious illness or injury
- Need to care for a seriously ill or injured relative
- Need time to prepare for a family member's pre- and post-deployment activities, as well as time for childcare issues related to a family member's military deployment.

For specifics on military-connected paid leave, visit [www.dol.gov/whd/regs/compliance/whdfs28mc.pdf](http://www.dol.gov/whd/regs/compliance/whdfs28mc.pdf).

If you face multiple events in a year, you might be eligible to receive up to 16 weeks, and up to 18 weeks if you experience a serious health condition during pregnancy that results in incapacity.

Payment of premiums. The program is funded by premiums paid by both employees and employers. It will be administered by the Employment Security Department (ESD). Premium collection starts on Jan. 1, 2019. In 2019, the premium is 0.4% of wages, split between the employer (37%) and employee (63%). Premium collection (paycheck withholding) will begin Jan. 1, 2019.

Taking leave. Starting Jan. 1, 2020, employees who have worked 820 hours in the qualifying period (equal to 16 hours a week for a year) will be able to apply to take paid medical leave or paid family leave. The 820 hours are cumulative, regardless of the number of employers or jobs someone has during a year. All paid work over the course of the year counts toward the 820 hours, including part-time, seasonal, and temporary work.

While on leave, you are entitled to partial wage replacement. The benefit is generally up to 90 percent of your weekly wage, with a minimum of \$100 per week and a maximum of \$1,000 per week. You will be paid by the State of Washington rather than the Town.

You can keep your health insurance while on leave. If you contribute to the cost of your health insurance, you must continue to pay your portion of the premium cost while on leave.

There will be no discrimination or retaliation against an employee for requesting or taking paid leave.





# AWC Employee Benefit Trust Employer Master Participation Agreement

awcnet.org

The AWC Employee Benefit Trust is a plan sponsor for health coverage through the following insurance carriers:

Medical			Dental		Vision	EAP	Life & LTD
<b>Regence</b>	<b>ASURIS</b>	<b>KAISER PERMANENTE</b>	<b>DELTA DENTAL</b>	<b>Willamette Dental Group</b>	<b>vsp</b>	<b>COMPSYCH</b>	<b>The Standard</b>
1800 Ninth Ave Seattle, WA 98101	528 E Spokane Falls Blvd, Suite 301 Spokane, WA 99202	Kaiser Permanente 601 Union Street, Suite 3100 Seattle, WA 98101	Delta Dental of Washington 9706 Fourth Ave NE Seattle, WA 98115	Willamette Dental of Washington, Inc. 6950 NE Campus Way Hillsboro, OR 97124	3333 Quality Drive Rancho Cordova, CA 95670	NBC Tower 455 N. Cityfront Plaza Drive Chicago, IL 60611-5322	Standard Insurance Company 1100 SW 6th Ave Portland, OR 97204

Employer: Town of Woodway Date form completed: 3/17/2020

☐ Initial *Employer Master Participation Agreement* Effective date: \_\_\_\_\_  
☒ Change to existing *Employer Master Participation Agreement* The effective date of the change is: 3/24/2020

The change to the existing *Employer Master Participation Agreement* is: Adding Long-Term Disability Insurance

Form completed by: (name, title) Heidi K. S. Napolitano, Clerk-Treasurer

Total number of full-time employees eligible for ANY employer sponsored health coverage: 4

Total number of full-time employees:	Eligible	Enrolled
AWC sponsored medical plans	<u>4</u>	<u>3</u>
AWC sponsored dental plans	<u>4</u>	<u>3</u>
AWC sponsored vision plans	<u>4</u>	<u>4</u>

Total number of LEOFF I actives: Fire dept: 0 Police dept: 0

Total number of LEOFF I retirees: Fire dept: 0 Police dept: 0

Do you provide health coverage for your elected officials? ☐ Yes ☒ No

Total number of elected officials:	Eligible	Enrolled
AWC sponsored medical plans	_____	_____
AWC sponsored dental plans	_____	_____
AWC sponsored vision plans	_____	_____

Do you provide health coverage for your part-time employees? ☒ Yes ☐ No

If yes, provide your definition of minimum hours worked per week in order for part-time employees to be eligible for benefits. (Cannot be less than 20 hours/week.) 20

Total number of part-time employees:	Eligible	Enrolled
AWC sponsored medical plans	<u>2</u>	<u>0</u>
AWC sponsored dental plans	<u>2</u>	<u>1</u>
AWC sponsored vision plans	<u>2</u>	<u>1</u>

#### Eligibility criteria:

#### EMPLOYEES:

1. Employees are covered the first day of the month after date of hire. ☒ Yes ☐ No
2. Employees have a \_\_\_\_\_ probationary period and then are covered the first of the month following the date probationary period is completed. Waiting period and enrollment cannot be longer than 90 days. (Written employer policy must be submitted to AWC.)
3. If an employee's hire date is the first day or first working day of the month - is your policy to (check one):  
☒ A. Start the employee's insurance on the first of that month or  
☐ B. Start the employee's insurance on the first of the month *following date of hire*
4. Employee's insurance coverage terminates the first of the month following the date of termination/date of retirement.  
☒ Yes ☐ No  
If no, please explain employer policy below. (Written employer policy must be submitted to AWC.)

#### DEPENDENTS:

1. Spouse/Domestic partners are eligible to be covered on the employer's plan. ☒ Yes ☐ No
2. Domestic partner health care coverage is required by state law. If you have a more generous domestic partner policy than required by Washington state law (RCW 48.44.900), attach the policy.

#### Joining the Trust:

1. Newly enrolling cities/groups commit to a minimum of three years participation in the Trust.

#### Plan additions OR plan changes:

1. Written notification of change and/or addition of plan(s) should be sent to the AWC Trust office 30-days prior to the change and/or addition. This will be accomplished by completing a new Master Participation Agreement.

#### Coverage termination:

1. Written notification of total city coverage termination must be sent to the AWC Trust office as outlined in the Trust Agreement.
2. Cities of any size terminating a group or line of coverage must notify the Trust a minimum of 60 days prior to termination in order to facilitate a smooth transition. Terminations are allowed the first of any month following the 60 day notification period.

Employers should refer to the Trust Agreement which governs the AWC Employee Benefit Trust and is the legal document that guides the Trust. It contains information and requirements on joining and participating in the Trust. A copy is provided upon joining the Trust and re-issued when the agreement is amended and restated.

I have provided these answers as part of the procedure required by the AWC Employee Benefit Trust to provide or change any AWC Trust-sponsored insurance coverage for our employees. I certify that all information completed on this form is true, correct, and complete. I understand that the AWC Trust will rely on each answer to ensure underwriting rule compliance. It is a crime to knowingly provide false, incomplete, or misleading information to the Board of Trustees for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. In addition, the Board of Trustees will have the right to collect any claims payments or other damages.

Signed

Date

Title

# Plan offerings

Complete **one sheet for each work group or bargaining unit** (i.e. public works, police guild, finance, etc.) If all employees are on the same plans - write "all employees."

Name of work/bargaining unit All employees # employees eligible 6

## AWC plan offerings

### Medical

# enrolled



3

1800 Ninth Ave  
Seattle, WA 98101

#### ☒ Regence BlueShield

- ☒ AWC HealthFirst® 250
- ☐ AWC HealthFirst® 500
- ☐ High Deductible Health Plan
- ☐ Accountable Health Network Plan
- ☐ Plan A - LEOFF I only
- ☐ Medicare Advantage - LEOFF I retiree only



528 E Spokane Falls Blvd, Suite 301  
Spokane, WA 99202

#### ☐ Asuris Northwest Health

- ☐ AWC HealthFirst® 250
- ☐ AWC HealthFirst® 500
- ☐ High Deductible Health Plan
- ☐ Plan A - LEOFF I only
- ☐ Medicare Advantage - LEOFF I retiree only



601 Union Street, Suite 3100  
Seattle, WA 98101

#### ☒ Kaiser Permanente

- ☒ \$200 deductible plan
- ☐ \$500 deductible plan
- ☐ High Deductible Health Plan
- ☐ No copay - LEOFF I only

#### ☐ Kaiser Foundation Health Plan of Washington Options, Inc.

- ☐ Access PPO

### Dental

# enrolled

4



Delta Dental of Washington  
9706 Fourth Ave NE  
Seattle, WA 98115

#### Delta Dental of Washington Basic (0177)

- ☒ Plan A
- ☐ Plan B
- ☐ Plan C
- ☐ Plan D
- ☐ Plan E
- ☐ Plan F
- ☐ Plan G
- ☐ Plan J

#### Orthodontia

- ☐ Option I
- ☐ Option II
- ☐ Option III
- ☐ Option IV
- ☐ Option V



Willamette

Dental Group

6950 NE Campus Way  
Hillsboro, OR 97124

#### Willamette Dental of Washington, Inc.

- ☐ \$10 copay
- ☐ \$15 copay

### Vision

# enrolled

5



3333 Quality Drive  
Rancho Cordova, CA 95670  
Vision Service Plan

- ☐ No deductible (0001)
- ☐ \$10 deductible (0002)
- ☒ \$25 deductible (0005)
- ☐ Low option plan
- ☐ Second pair rider

### Employee Assistance Program

# enrolled 6



NBC Tower  
455 N. Cityfront Plaza Drive  
Chicago, IL 60611-5322

#### ComPysch

- ☒ 1-3 sessions - Included when enrolled on any AWC Trust plan.
- ☐ 1-5 sessions
- ☐ 1-8 sessions

#### Include coverage for:

- ☐ Not covered by AWC Trust plan, describe:

\_\_\_\_\_

\_\_\_\_\_

### Life

# enrolled

6



The Standard

1100 SW 6th Ave  
Portland, OR 97204  
Standard Insurance Company

- ☒ Basic life
- ☐ Accidental Death & Dismemberment
- ☐ Dependent life
  - ☐ Plan option 1
  - ☐ Plan option 2
  - ☐ Plan option 3
  - ☐ Plan option 4

#### ☒ Employee additional life

#### ☒ Spouse additional life

### Long-term Disability

# enrolled 6



The Standard

1100 SW 6th Ave  
Portland, OR 97204  
Standard Insurance Company

- ☐ 90-day: 60% benefit
- ☒ 90-day: 67% benefit
- ☐ 180-day: 60% benefit
- ☐ 180-day: 67% benefit

## Other (non-AWC) plan offerings

	Name of plan/sponsor	# employees eligible	# employees enrolled
Medical			
Dental			
Vision			
EAP			
Life			
LTD			





## AWC Employee Benefit Trust/ Standard Insurance Company Participation Agreement



We hereby: (1) elect to participate in the group Life and/or Disability Insurance coverage under the Association of Washington Cities Employee Benefit Trust (Trust) group life and disability insurance policies issued by Standard Insurance Company; (2) agree to remit premiums on or before the Premium Due Date; (3) agree to be bound by the terms and provisions of the group insurance policies issued to the Trust; and (4) agree to make the elected coverages available to all present and future eligible employees.

We understand that the group insurance policies contain limitations and exclusions not described in this Participation Agreement. We understand that Certificates of insurance giving a complete description of the insurance coverage(s) will be provided. We agree to distribute those certificates to insured participants. We agree not to distribute any other description of the terms of insurance coverage(s) without the prior written approval of Standard Insurance Company.

We understand that no insurance coverage for any participant will be in effect prior to the latest of (a) requested effective date; (b) approval by Standard Insurance Company; and (c) approval of evidence of insurability, if required.

<b>Employer – Please complete the entire following section</b>				
<b>Legal name of employer:</b> Town of Woodway				
<b>Address:</b> 23920 113th Place W., Woodway, WA 98020				
<b>Name of subsidiaries, divisions or affiliates to be covered</b> (if applicable):				
<b>Name of contact:</b> Heidi K. S. Napolitano, Clerk-Treasurer				
<b>Phone:</b> 206.542.4443		<b>Fax:</b>		
<b>Email:</b> heidi@townofwoodway.com		<b>Proposed effective date:</b> 3/24/2020		
<b>Eligibility:</b> All regular full-time employees working a minimum of 20 hours per week.		<b>Number of employees:</b>		
		<b>Life</b>	<b>LTD</b>	
Is an active mayor, city councilmember or other elected official to be covered? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Eligible	6	6
		Enrolled	6	6
		(100%)	(varies)	
Is any bargaining unit/group of employees excluded from coverage? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, please define:				
Will any of the following be covered for LTD: Safety employees, transit drivers or electrical workers? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no				
Are non-registered domestic partners and their children to be covered: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no				
<b>Eligibility waiting period for new employees</b>				
<b>LEOFF 1 employees:</b>		<b>All other employees:</b>		
The date you meet eligibility requirements.		<input checked="" type="checkbox"/> The first of the calendar month following the date you meet eligibility requirements. <input type="checkbox"/> Other, please define:		
<b>Does this coverage replace or change any existing group coverage?</b>				
Life: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		LTD: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
If yes, name of prior carrier:			Date of termination:	
Please describe the change:				
<b>Active work requirement:</b> Is any employee disabled at this time? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no				
If yes, please provide names & details:				

**Employer – Please complete the following section if you are enrolling on or making changes to Life Insurance.**

**Basic life:**

☒ Flat amount for all employees

(minimum \$5,000; maximum \$500,000) \$ 10,000

☐ Benefit amount by classification (minimum \$5,000; maximum \$500,000)

Bargaining unit/group I definition: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Bargaining unit/group II definition: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Bargaining unit/group III definition: \_\_\_\_\_ Amount \$ \_\_\_\_\_

☐ Benefit amount as multiple of annual salary (minimum \$10,000; maximum \$500,000)

☐ .5 x salary

☐ 1 x salary

☐ 1.5 x salary

☐ 2 x salary

**Accidental Death & Dismemberment:** ☐ yes ☒ no

**Dependent life insurance:** ☐ yes ☒ no If yes, select one plan below:

☐ Plan I: Spouse and child, birth to age 26: \$1,000

☐ Plan III: Spouse and child, birth to age 26: \$5,000

☐ Plan II: Spouse and child, birth to age 26: \$2,000

☐ Plan IV: Spouse and child, birth to age 26: \$10,000

**Additional life insurance:** ☒ yes ☐ no

**Spouse additional life insurance:** ☒ yes ☐ no

**Employer – Please complete the entire following section if you are enrolling on or making changes to Long Term Disability.**

**Long term disability:**

Benefit waiting period: ☒ 90 day ☐ 180 day

Benefit level %: ☐ 60% ☒ 67%

**Premium contributions:** Do employees pay toward their LTD coverage? ☐ yes ☒ no

If yes, amount employer pays: \_\_\_\_\_ %

amount employee pays: \_\_\_\_\_ %

**Comments**

I warrant that I am the authorized representative of the employer and have the legal authority to bind the employer with respect to this participation agreement. All statements made herein are true and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_

Date: 3/17/2020

Please return this completed form with the AWC Master Participation Agreement and Combined Insurance Enrollment forms to:  
AWC Employee Benefit Trust  
1076 Franklin Street SE  
Olympia, WA 98501-1346

# **TOWN OF WOODWAY**

## **ORDINANCE 2020-614 | EXHIBIT D**

### **MANDATORY LEAVE**

The Mayor or Mayor's designee may place an employee on mandatory leave with pay for an indefinite period of time under the following circumstances:

- Public health emergency or warning that may involve the employee or the Town; or
- Inclement weather or natural disaster that the Mayor or Mayor's designee determines would make it unsafe for an employee to report to work; or
- Other situations that are in the best interests of the Town, as determined by the Mayor or Mayor's designee.

All employees on mandatory leave shall be on standby to return to the workplace. Employees on mandatory leave may be required to perform certain work tasks from home or other localities depending upon the nature of their work and other circumstances. The Mayor or Mayor's designee shall have the discretion to attach such conditions to the granting of mandatory leave as is determined to be appropriate and/or necessary under the circumstances at the time.