



COUNTY OF
CHELAN

Your Benefits

Effective January – December 2026

WELCOME

We're pleased to share your 2026 Benefits Handbook! Each year, we take a close look at our benefits program to ensure it continues to provide quality coverage and meaningful value for our employees and their families.

We know that rising healthcare costs and high plan utilization have made this a challenging year for our benefits program. With that in mind, we've made some thoughtful plan design and rate adjustments for 2026 that we believe will help strengthen and stabilize the program going forward. We extend our appreciation to the Benefits Committee for their insight and commitment in developing this year's plans. Their contributions were instrumental in building a balanced and sustainable program.

Chelan County continues to offer a variety of competitive plan options designed to meet your healthcare and financial needs. We encourage you to review this information carefully, as several plan features have changed for 2026. Choose the plan that best fits you and your family's needs for comprehensive medical and dental coverage.

We truly value the work you do for Chelan County and appreciate your continued commitment to serving our community. Our door is always open—please don't hesitate to share your thoughts or questions about your benefits.

Thank you for being an important part of the Chelan County team!

Sincerely,
Chelan County Board of Commissioners

Important Notes: 1) As a political subdivision, Chelan County is exempt from federal ERISA law. 2) This document (Benefit Handbook) is not a Summary Plan Description (SPD) as defined by ERISA. Please review thoroughly the SPD issued by each carrier for the coverage in which you have enrolled. If this Benefit Handbook and/or the SPD are silent as to a particular matter that is addressed in the Master Group Contract, the Master Group Contract will control. If this Benefit Handbook and/or the SPD are in conflict as to a particular matter that is addressed in the Master Group Contract, the Master Group Contract will control. You may request to review or receive a copy of the Master Group Contract at any time by making this request to the Commissioners or the Human Resources Office. If you have questions or comments regarding this, please call Jessica Carr at OneDigital, 253-691-3327 for assistance. 3) While it is hoped that the plans summarized in this Benefit Booklet will continue indefinitely, your employer reserves the right to change or terminate any plan or plans in the future. 4) You must exhaust all claim appeal procedures outlined in the Master Group Contract before pursuing other legal remedies.

Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working at least 30 hours per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

You may cover your legal spouse or domestic partner.

Your Children

Dependent children are eligible:

- **Medical, dental and vision:** until age 26 regardless of student or marital status
- **Child life insurance:** until age 21.

Enrolling in coverage

Your benefit plans are in effect January 1 – December 31 each year. In general, there are **three times** you can make benefit selections:

1

When you're first eligible

Your benefits begin on the first day of the month following your date of hire; this is your effective date. Be sure to submit your selections within your first 30 days of employment.

Your benefit selections will be in effect through December 31.

2

At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from January – December of the following year unless you have a qualifying life event.

3

If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within 30 days of your life event (60 days for changes involving Medicaid eligibility).

Documentation may be required.



Helpful terms & resources

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an out-of-network medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: balance billing is in addition to – and does not count towards – your out-of-pocket maximum.

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Pre/Prior-authorization

Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include – but are not limited to – surgery, imaging (CT, MRI) and certain prescription medications.

Primary care physician

A primary care physician (PCP) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Chelan County.

You can request a paper copy at no charge from:

Yvonne Mayorga / HR Director
509-667-6311
yvonne.mayorga@co.chelan.wa.us

How to handle medical bills
(2:04)

[Learn more](#)



[Download now](#)

Contact information

OneDigital is here to help you with claims, ID cards, coverage questions, and more!

Jessica Carr - Senior Benefits Consultant
1-253-691-3327
jcarr@onedigital.com

Anissa Keeler - Senior Account Manager
1-206-566-3628
anissa.keeler@onedigital.com

HR Contacts at Chelan County

Yvonne Mayorga - HR Director
1-509-667-6311
Yvonne.mayorga@co.chelan.wa.us

Krystal Salazar - HR Generalist
1-509-667-6397
Krystal.salazar@co.chelan.wa.us

Rosalinda Barragan - HR Generalist / Civil Service Examiner
1-509-667-6804
rosalinda.barragan@co.chelan.wa.us

Medical Insurance	Premera Group: 1018510	800-722-1471 - Customer Service 800-841-8343 - 24 Hour Nurseline 800-344-2227 - Case Management www.premera.com
Flexible Spending Accounts (FSAs)	HealthInvest FSA	1-844-342-5505
Employee Assistance Program (EAP)	ComPsych Guidance Resources Group : ZC3217W	1-800-295-9059 www.guidanceresources.com
Dental Insurance	Delta Dental of Washington Group: 00698	1-800-554-1907 www.deltadentalwa.com
Life and AD&D Insurance	Mutual of Omaha Group: GLUG-6255	1-800-877-5176 www.mutualofomaha.com
Voluntary Long Term Disability	Mutual of Omaha Group: GLUG-6255	1-800-877-5176 www.mutualofomaha.com
Additional Benefit Options - AFLAC Kendra Hinckley	AFLAC Group: OEKR9	www.aflac.com kendra_colter@us.aflac.com
VEBA Richard Dickman Technical Support Account information / claims: AJG		888-659-8828 Rich_Dickman@ajg.com www.hraveba.org

Medical insurance

Mental health support

Select from three medical options through Premera

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you get **care**,
- how **out-of-network** care is covered, and
- your annual **maximum cost for care** (out-of-pocket maximum).

[See your plan details for out-of-network information.](#)



[Find an in-network provider](#)

In-Network Care	Premera Plan 2 Active Employees and Retirees without Medicare	Premera Plan 3	Premera Plan 4
Network Name:	Heritage Network	Heritage Network	Heritage Network
	Summary SBC	Summary SBC	Summary SBC
Annual Deductible (DED) Calendar Year	\$300 per person, up to \$600 family maximum	\$750 single coverage up to \$2,250 with dependents	\$1,500 single coverage up to \$4,500 with dependents
Out-of-Pocket Maximum	\$3,000 per person \$9,000 family maximum	\$4,000 per person \$12,000 family maximum	\$4,000 per person \$12,000 family maximum
Preventive Care	100% covered	100% covered	100% covered
Primary Care visit	\$30 copay	\$40 copay	\$40 copay
Specialist Visit	\$30 copay	\$40 copay	\$40 copay
Virtual Visit (learn more)	\$30 copay	\$40 copay	\$40 copay
Urgent Care			
Emergency Room	\$30 copay	\$40 copay	\$40 copay
Inpatient Hospital Care	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%
Outpatient Surgery	DED then you pay 20%	DED then you pay 20%	DED then you pay 20%
Vision (One per Calendar year)	\$30 copay	\$40 copay	\$40 copay
Prescription Drugs	(30 days 90 days)	(30 days 90 days)	(30 days 90 days)
Prescription Deductible	\$250 (does not apply to generics)	\$250 (does not apply to generics)	\$250 (does not apply to generics)
Generic	\$10 copay \$20 copay	\$10 copay \$20 copay	\$10 copay \$20 copay
Preferred Brand	\$20 copay \$40 copay	\$25 copay \$50 copay	\$25 copay \$50 copay
Non-preferred Brand	\$40 copay \$80 copay	\$50 copay \$100 copay	\$50 copay \$100 copay
Employee (or self only)	\$1,109.02	\$1,109.02	\$1,040.71
Employee + spouse	\$2,346.91	\$2,030.35	\$1,918.69
Employee + child(ren)	\$1,749.23	\$1,513.30	\$1,430.08
Employee + family	\$2,852.93	\$2,468.11	\$2,332.37

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

MEDICARE

ELIGIBLE RETIREES



Plan	Premera Blue Cross Medicare Supplement Plan G
Monthly cost est.	\$215
Deductible	\$240 for doctor services, no deductible for all other covered services
Coverage	After deductible plan pays 100%
Prescriptions	Must purchase a Medicare Part D prescription drug plan – cost ranges between \$13 to \$74 per month
Pharmacy Benefits	Benefits based upon plan elected.

Medicare Part D plans are suited for your specific prescription drug needs. See www.medicare.gov click on "Find health & drug plans/Find Plans Now" enter your home zip code and select "Drug Plan (Part D)".

Contact your local, licensed Medicare agent, or Berg Benefits in-house Medicare Advisor Robin Marcello directly for Premera Blue Cross Supplement Plan G, and Medicare Part D Prescription Drug Plan options.



Robin Marcello
Medicare Specialist & Benefits Advisor
Direct: (253) 987-1004
Office: (877) 466-1999
RMarcello@RedQuote.com

YOU MUST HAVE MEDICARE PART A, AND MEDICARE PART B TO PURCHASE A MEDICARE SUPPLEMENT

EARLY RETIREE INFORMATION

All retirees upon termination of employment qualify for COBRA Continuation Coverage or enrollment on the retiree plans. If an employee retires before Medicare eligibility, the plan benefits for the early retiree plan are the same as Plan 2.

IMPORTANT: If you do not choose to enroll at the time of retirement, there is no future opportunity to enroll.

RETIREE WITHOUT MEDICARE – SAME AS PLAN 2

Your cost for coverage	Monthly
Retiree	\$1,254.06
Retiree + spouse	\$2,654.03
Spouse Only	\$1,399.97
Retiree + child(ren)	\$1,715.76
Retiree + family	\$3,554.88

Additional perks

There's more to love with these extra benefits when you elect medical coverage.



Blue 365

[See plan details](#)

Blue365 offers year-round discounts on gym memberships, fitness gear, hearing aids, prescription glasses, healthy eating options and more.

Premera Member Portal

[See plan details](#)

With the Premera Member Portal, you'll get everything you need to use your plan and save money on healthcare. You'll just need your address and identification number from your Premera ID card.

Nurseline

[See plan details](#)

When you contact the 24-Hour NurseLine, you'll talk to a registered nurse who asks you the right questions and helps you decide what to do. Nurses are available to provide medical advice, quick answers, and guidance on whether you should seek immediate care.

Center of Excellence

[See plan details](#)

With Premera-Designated Centers of Excellence, you get handpicked doctors and hospitals that deliver quality care AND do it a fair price. Besides saving on hospital costs, you can receive travel and care support so you can focus on getting back to feeling better.

Premera Blue Cross Mobile app

[Download now](#)

Access claims information, get your ID card, and find a provider - all in one convenient location!

Working Advantage

[See plan details](#)

Access to exclusive savings on movie tickets, theme parks, hotels, Broadway and Vegas shows, shopping partners & more. Be sure to visit often as new products and discounts are constantly being added!

Health Hub

[See plan details](#)

Our comprehensive Employee Assistance Program (EAP), powered by ComPsych GuidanceResources, provides a robust set of wellness, mental health, organizational support, and resiliency services. The EAP services are available for your employees, their dependents, and household family members.

<https://view.onedigital.com/onedigitalworkingadvantage1ppdf1>

Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using your Flexible Spending Account through vendor.

Health and dependent care expenses can add up. Paying with tax-free funds can help. Enroll in one or more flexible spending accounts (FSAs) depending on your needs.



Health care

Health care FSA

[See plan details](#)

Pay for eligible medical, prescription, dental, and vision expenses. You'll get a debit card to pay for expenses.

2026 maximum contribution \$3,400

Annual rollover amount \$500
(use-it-or-lose-it)

You have until March 15 of the following year to spend any leftover FSA funds.

Dependent care FSA

Pay for eligible child or disabled adult care while you work or attend school.

2026 maximum contribution \$7,500

Married filing separately: contribute up to \$3,750 per person.

Only the amount you've **actually contributed** is available for use at any one time.

Estimate carefully! Unused funds will be forfeited at the end of the year per IRS regulations.

Dental

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simple and costs are lower. **Create a MySmile Account** – it gives you 24/7 access to your ID card, benefits information, out-of-pocket cost estimates, and more! “Find our member ID” took makes registration easy. Visit DeltaDentalWA.com to create your account.



In-network care

[See plan details](#)

Network name:

Delta Dental PPO Dentist

Delta Dental Premier/ Non-Participating Dentists

Annual maximum benefit

\$2,000 per person

Preventive care

100% covered

Plan pays 80%; You pay 20%

Basic care

Plan pays 80%; You pay 20%

Plan pays 70%; You pay 30%

Major care

Plan pays 50% You pay 50%

Plan pays 40% after; You pay 60%

Orthodontia

(Adults/Children)

Plan pays 50%

\$1,500 Lifetime

Your cost for coverage

Employee (or LEOFF II)

Monthly

\$59.08

Employee + spouse

\$122.83

Employee + child(ren)

\$131.26

Employee + family

\$195.00

i Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

[MySmile](#)

MySmile is a fast and easy way to manage your dental health online. Anytime, anywhere access to your benefits, in the palm of your hand. Here's why people are choosing to use MySmile

[How to find a Dentist](#)

Finding the right dentist is essential to prioritizing your oral health. Delta Dental of Washington has several tools to help you find a new dental provider near you!

VEBA – HRA Plan

HRA VEBA is a tax-free health savings account that is employer funded for your current and future out-of-pocket medical and retiree health insurance expenses. Eligible employees will be signed up at the time of hire. If you are a current VEBA member, contact HR for questions.



WHAT IS THE HRA VEBA PLAN?

The HRA VEBA Plan is a pre-retirement and post-retirement health reimbursement plan. The HRA VEBA Plan enables your employer to make tax-free contributions into an HRA VEBA Trust account on your behalf. The Plan is available to employees of counties, cities, towns and special purpose districts in Idaho, Oregon and Washington.

WHAT IS A VEBA AND WHAT ARE THE TAX OBJECTIVES OF THE PLAN?

A VEBA is a tax-exempt trust authorized by Internal Revenue Code Section 501(c)(9). The tax objectives of this type of plan are to enable your employer to make tax-free deposits on your behalf to the Plan, for your account to be credited with tax-free investment earnings, and to enable you to obtain tax-free reimbursements for your medical expenses and insurance premium payments. HRA VEBA contributions are not W-2 reportable earnings.

WHY SHOULD I PARTICIPATE IN THE HRA VEBA PLAN?

An HRA VEBA account provides a tax-free source of funds to pay for the cost of health care expenses for you, your spouse, and your qualified dependents. Your HRA VEBA account may be used to pay any qualified pre or post-retirement medical, dental, or vision out-of-pocket expenses (deductibles, co-payments, co-insurance, etc.), plus post-retirement medical, dental, or vision insurance premiums, Medicare Part B premiums, Medicare supplement plans, and tax qualified long term care insurance premiums.

HOW DO I BECOME A PARTICIPANT IN THE PLAN?

When you are eligible, you will receive an email notifying you of your enrollment following completion of your new hire paperwork. After the first contribution is made you will be eligible to access your account online to complete your enrollment. Contact Human Resources if you have questions about your eligibility, or when you will have access to the HRA VEBA contributions.

NOTE: Employees not participating in a County sponsored medical plans must be enrolled in a qualified medical plan in order to have access the VEBA funds. If not in a qualified medical plan, the VEBA contribution is deposited into an account that would be accessible post-employment with the county

The benefit plan information shown in this guide is illustrative only. This information is not intended to be exhaustive nor should any discussion or opinions be construed as professional advice.

Employee Assistance Program (EAP)

Care for your mind – and your life – with support through ComPsych

Confidential care designed for all that life brings.

[See plan details](#)



Everyone needs support sometimes (even superheroes)

Our Employee Assistance Plan (EAP) is a confidential service with access to guidance and resources **at no cost** for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more.

Essentially, if it's part of your life, our EAP is here for you.

Access support online, through live chat, or over the phone. 24/7/365.

24/7/365 access to care.

1-800-295-9059

guidanceresources.com

EAP features:

- **Confidential.** No one at the County of Chelan will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at no cost.

Life and AD&D insurance

Financial peace of mind through Mutual of Omaha

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.



Basic life and AD&D insurance

Chelan County provides life and AD&D insurance at no cost to you.

	Basic life	Basic AD&D
Sheriff / Jail	\$50,000	\$50,000
All Other County Employees	\$10,000	\$10,000
Dependents (Spouse & Children)	\$2,000	\$2,000

Age Reduction Schedule Reduce to 65% at age 65, to 45% at age 70

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.

What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

[Sheriff / Jail Details](#)

[All others - Detail](#)

Additional life and AD&D insurance

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child(ren)
Coverage increments	\$10,000	\$5,000	\$2,000
Coverage maximum	5x your annual earnings to \$500,000	50% of the employees benefit up to \$100,000	\$10,000
Medical question limit	\$100,000	\$25,000	Does not apply

Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

Disability insurance

Protect your paycheck with disability insurance through Mutual of Omaha

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.



Voluntary Long-term Disability

[See plan details](#)

Long-term disability coverage can provide lasting income protection if you remain unable to work.

Benefits begin	After 120 days of inability to work
Coverage amount	60% of your income up to \$6,000 per month
Payments may continue	Until your <u>Social Security Normal Retirement Age</u> if you remain unable to work.

See your benefit summary to learn more about the definition of "unable to work".

Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how **pre-existing condition limitations** might impact your coverage.



[Learn more](#)

Wish you knew more about finances? Now you can – **at no cost!**

WA Paid Family Medical Leave

This benefit provides paid leave for an employee's serious health condition or for a member of their family.

Coverage is paid by Washington State's Employment Security Department (WA ESD), which is funded through premiums paid by both the employee and Chelan County



Washington Paid Family Medical Leave

Elimination Period	1 week
Maximum Benefit Duration	Up to 12 weeks
Benefit Percentage	Varies based upon income
Maximum Weekly Benefit	Up to \$1,647 per week
Pre-Existing Condition Limitation	None

Eligible employees can take paid family leave for any of the following reasons:

- To participate in providing care, including physical or psychological care, for the employee's family member due to the family member's serious health condition;
- To bond with the employee's child during the first 12 months after the birth (or the first 12 months after the placement of a child under the age of 18 with the employee); and
- For a qualifying exigency as permitted under the federal FMLA

For more information or to file a claim, visit the link below.

paidleave.wa.gov

VOLUNTARY INSURANCE BENEFITS THROUGH AFLAC

The following benefits are available for employees to purchase, at their own expense, through payroll deduction:

Accident Indemnity Insurance

Accident Policy provides benefits to you when you are involved in an accident on OR off the job. The policy provides initial diagnosis, ambulance, hospitalization benefits, a yearly wellness benefit and much more.

Cancer Indemnity Insurance

Maximum Difference Policy provides a first occurrence benefit, initial treatment benefit, hospitalization, surgical benefits, reconstructive surgery, travel expenses, lodging expenses, in- home, hospice and extended care benefits, a yearly wellness benefit and more. This is a catastrophic policy.

Disability Income Protector

AFLAC's Disability Income Protector is short-term disability insurance designed to fill-in-the-gap of your long term disability insurance. Benefit periods of 3, 6, 9 or 12 months are available, depending on your need. This policy will provide maternity benefits. Short-term disability is an asset protector in the event of a disability providing you with funds to help you maintain your lifestyle until you are able to return to work.

Hospital Indemnity Protection

Hospital Indemnity Protection policy provides benefits when you are admitted to the hospital for accidents or illness. It also provides benefits for day surgeries on an outpatient basis, specific surgical benefit, diagnostic exams and rehabilitation benefits.

Dental Insurance

Supplemental Dental Policy enhances your current dental policy with an additional \$1,200 in benefits per year for everyone included on the policy.

For information contact Kendra Hinckley at kendra_colter@us.aflac.com or 509-387-1557.



2026 benefits