



2026 BENEFIT GUIDE

Administrative & ATU Employees





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YOUR BENEFITS

Welcome to Community Transit! In this booklet, you will learn of the many benefits Community Transit offers to employees and their dependents. Community Transit provides medical, dental, vision, basic life insurance, short term and long term disability policies, as well as a number of other benefits for our employees. To reach a benefit provider, phone numbers and websites are provided at the end of this guide. Benefits are subject to change without notice.

New employees, or employees making changes, must submit all paperwork within 31 days of hire or status change event or you will be enrolled into default coverage, or your existing coverage.

If you have any questions about your benefit options, contact the Benefit & Leave Team or the plan directly.

COMMUNITY TRANSIT'S STRATEGIC FRAMEWORK

VISION

Travel made easy for all

MISSION

We help people get from where they are to where they want to be

CORE VALUES

Accountability

We hold ourselves and each other accountable and we encourage and support each other when needed.

Diversity, Equity & Inclusion

We align our policies, practices and resources so everyone has genuine opportunities to fully participate and thrive.

Initiative

We consistently look for opportunities to go beyond the status quo and are committed to ongoing learning and development.

Integrity

We believe in always doing the right thing for the right reasons and being honest with each other so that we may continue to build and maintain trust.

Mutual Respect

We respect, value and celebrate each other and our customers as unique individuals with equal worth.

Service-Focused

All that we do is in service to our community, our customers and each other.

Teamwork

We believe in the power of collaboration to harness the true potential of our collective team.



ELIGIBILITY

WHEN DO BENEFITS START?

ADMINISTRATIVE AND ATU REPRESENTED EMPLOYEES

Administrative and ATU Represented Employees are covered by the plans offered by the Public Employees Benefit Board (PEBB) for medical and Washington County Insurance Fund (WCIF) for dental and vision.

Coverage typically begins on the first of the month following hire or status change. However, if you start work on the first working day of the month you are eligible that month. In some instances, benefit start dates are dependent on a variety of factors. Please contact the Benefit & Leave Team for details.

WHO IS ELIGIBLE FOR BENEFITS?

As an employee, you and your dependents are eligible for benefits at Community Transit. Part time employees are eligible for all benefits.

DEPENDENTS

Dependent Verification

The first time you enroll in a medical plan with the PEBB, or when you have a change in status, dental or vision plan, or when the service provider deems it necessary, you will be required to submit verification of dependent status. Contact the Benefit & Leave Team to find out what information is required for dependent verification

Termination or Denial of Dependent Coverage

The medical carrier can deny enrollment or terminate coverage for dependents if you fail to enroll your eligible dependents or provide proof of your dependent's eligibility within given timelines. Enrollment paperwork must be submitted to the Benefit & Leave Team no later than 31 days after hire. You will be enrolled in default medical UMP Classic, dental with Willamette and vision with VSP plans, at employee only coverage if completed paperwork is not received. Additionally, employees will be defaulted to pay the tobacco monthly surcharge. The opportunity of enrolling in other benefits will also be affected.

The following are considered dependents:

- Your lawful spouse.
- Your Washington state-registered domestic partner when one of the couple is age 62 or older.
- Your children, defined as your biological children, stepchildren, legally adopted children, children for whom you have assumed a legal obligation for total or partial support in anticipation of adoption, children of your state-registered domestic partner, or children specified in a court order or divorce decree. Once a child turns 26, coverage ends. There are certain conditions where coverage can continue. Contact Benefit & Leave Team to see if your dependent may qualify.

DOMESTIC PARTNERS

Coverage is only available where at least one person is age 62 or older and registered with the Secretary of State. If you determine that your domestic partner and their children do not qualify as tax dependents under IRS Section 152, then you will be taxed on the fair market value of the domestic partner benefit as taxable income. You will need to contact the Benefits and Leave Team to discuss specific values you will be taxed on.



ELIGIBILITY

WHEN CAN YOU MAKE CHANGES?

Once you choose your benefits, you cannot change your elections during the year outside of open enrollment, unless you experience a qualifying status change event, such as:

- You get married or divorced
- You add a dependent child through birth or adoption
- An enrolled family member dies
- You waived medical coverage for yourself or your family members because of other health care coverage and you lose the other coverage due to certain job or family status changes
- Your spouse gains other coverage

Coverage changes begin the first day of the month following the date you submit signed forms. For birth or adoption, coverage begins at the date of birth or adoption. Your other opportunity to make changes to your benefit elections is during the annual open enrollment period typically held in November for employees covered by the PEBB and WCIF.

**Trainees are not eligible for Life and AD&D, Flexible Spending Accounts, the Wellness Incentive, or Retirement until after graduation.*

NOTIFY THE BENEFIT & LEAVE TEAM OF CHANGES – IMPORTANT!

- You can add eligible dependents within 31 days of eligibility, during an annual open enrollment, or if one of the qualifying life status events listed above occurs.
- To remove a dependent, you must submit the completed information no later than 31 days after the date the dependent no longer meets the dependent eligibility criteria.

It is very important that you keep the Benefit & Leave Team informed of any qualified life status events when you need to remove dependents from coverage within 31 days of the event. Failure to do so could result in disciplinary action, up to and including termination. The State also considers this a serious offense and they may impose fines and file charges of fraud against you.





MEDICAL PLANS

UNIFORM MEDICAL PLAN (UMP) - ADMINISTRATIVE & ATU REPRESENTED EMPLOYEE MEDICAL PLANS

UMP Classic Plan	UMP Consumer Directed Health Plan (CDHP)	UMP Select Plan
Uniform Medical Plan (UMP) is a Preferred Provider Option (PPO). UMP has a large network of physicians, hospitals and other health care providers with whom fees have been negotiated. When you choose your physician or treatment center, you may choose a PPO or go out of the UMP network. If you use a PPO provider, the plan pays a higher level of benefits. If you seek treatment from outside of the network, you are still covered, but usually at a lower level. Most services are subject to an annual deductible and coinsurance/copay.	Uniform Medical Consumer Directed Health Plan (U-CDHP) is a high-deductible and high out-of-pocket maximum PPO. The plan includes a Health Savings Account. The plan utilizes the same UMP network of physicians, hospitals and other health care providers with whom fees have been negotiated. When you choose your physician or treatment center, you may choose a PPO or go out of the UMP network. If you use a PPO provider, the plan pays a higher level of benefits. If you seek treatment from outside of the network, you are still covered, but usually at a lower level. Most services are subject to an annual deductible and coinsurance/copay. Unlike the classic plans, copays, coinsurances and the annual deductible all count towards the annual out-of-pocket maximum.	Uniform Medical Plan Select (UMP Select) is a self-insured Preferred Provider Organization (PPO) health plan. UMP Select uses the largest provider network and does not require referrals for specialists. When you use a network provider, preventative care services, such as annual checkups are zero-dollars to you. The premium cost is slightly lower than UMP Classic and UMP Plus plans, however annual deductibles are higher. See the plan comparison or certificate of coverage for full details.



MEDICAL PLANS

KAISER PERMANENTE WA - ADMINISTRATIVE & ATU REPRESENTED EMPLOYEE MEDICAL PLANS

Kaiser Permanente WA Classic Plan	Kaiser Permanente WA Consumer Directed Health Plan (CDHP)	Kaiser Permanente WA SoundChoice Plan	Kaiser Permanente WA Value Plan
Kaiser Permanente Classic (KPC) is considered a standard managed care plan. In this type of plan, you usually must see providers in your plan's network. Most services you receive are provided through, or referred by your PCP of choice within the plan's network. Some plans allow self-referral for certain types of specialty care within the network. Non-emergency services not provided or authorized by your PCP are not covered. Urgent care is provided worldwide at a higher copay. Most services are subject to an annual deductible and enrollee coinsurance/copay.	Kaiser Permanente WA Consumer Directed Health Plan (KP-CDHP) is a high-deductible and high out-of-pocket maximum managed care plan. As with KPC, you must normally see providers in the plan's network. Services received are provided through or referred by your PCP of choice within the plan's network. Some plans allow self-referral for certain types of specialty care. Non-emergency services not provided or authorized by your PCP are not covered. Urgent care is provided worldwide at a higher copay. Most services are subject to an annual deductible and enrollee coinsurance/copay.	As with the UMP Network Plans, only providers that are Kaiser Permanente WA providers may be used. Providers that contract with Kaiser Permanente WA to provide services are not covered. Also, if you or any of your dependents are enrolled in Medicare currently or enroll anytime in the following year, you may not enroll in this plan. See the plan comparison chart for coverage differences. Available in the following counties: Snohomish, King, Pierce, Thurston, Kitsap, and Spokane. Kaiser Permanente WA will allow you to use services in the county in which you live or work.	Kaiser Permanente Value (KPV) has higher out of pocket expenses. This is a managed care plan like KPC. However, KPV members usually pay more when they use health services. Some services are not covered. Most services are subject to an annual deductible and enrollee coinsurance/copay.



UNDERSTANDING THE CDHP

UNDERSTANDING CONSUMER DIRECTED HEALTH PLANS

Uniform Medical Consumer Directed Health Plan (CDHP)

PEBB offers two Consumer Directed Health Plan (CDHP) options:

Uniform CDHP and Kaiser Permanente WA CDHP. Employees are responsible to ensure that they meet the IRS eligibility requirements to enroll in a CDHP with a Health Savings Account (HSA). There are distinct advantages and disadvantages to CDHPs and we recommend that you consult your tax advisor prior to enrolling into a CDHP to avoid an liability for taxes or tax penalties.

When you enroll into a CDHP, you will automatically be enrolled into an HSA. Community Transit contributes to your HSA each month and you also have the option to contribute into the account with a pre-tax deduction through your paycheck. The funds in the HSA are yours to use for any qualified medical expense, even expenses not covered by your medical plan. The HSA funds roll over from year to year, which allows you to save for future medical expenses. If you separate from Community Transit or leave a CDHP, the funds in your HSA remain yours.

Unlike the Classic or Value plans, all medical coinsurances and copays count towards the out-of-pocket maximum and CDHPs have only one deductible to meet.

Employees with one or more dependents enrolled in a CDHP must:

- Meet the family deductible of \$3,400 before the plan begins to pay.
- Meet the family out-of-pocket maximum before the plan pays 100% for covered expenses.

Any HSA funds used should be well-documented in order to protect yourself in the event of an IRS audit. IRS rules prohibit being enrolled in an HSA and Health Care Flexible Spending Account at the same time.

CDHP and Medicare or Other Comprehensive Coverage

- Employees and any dependents who are enrolled in Medicare Part A or B or TRICARE or another health plan that is not an IRS-qualified high deductible plan in the covered plan year are not eligible to enroll in a CDHP.
- If you change plans mid-year when you become eligible for Medicare accumulators (e.g. deductibles, out-of-pocket maximums) will start over.
- Some people are automatically enrolled in Medicare at age 65 and may not be aware that they have been enrolled until after it has occurred.
- If you have received any health benefits, including prescription drugs, from the Veterans' Administration or one of its facilities in the three months before applying to enroll in a CDHP, you are not eligible to enroll in a CDHP with an HSA.
- If you have TRICARE coverage you are not eligible to enroll in a CDHP.

Kaiser Permanente WA Consumer Directed Health Plan (CDHP)



UNDERSTANDING THE CDHP

UNDERSTANDING HEALTH SAVINGS ACCOUNTS (HSA)

When you enroll into a CDHP you will automatically be enrolled in an HSA which Community Transit pays into each month through PEBB. The funds are managed by HealthEquity, Inc. You may also elect to contribute additional earnings to your HSA. These funds can be used to pay for out-of-pocket medical expenses tax-free. Your HSA funds can be used to pay for any service that the IRS considers qualified medical expenses, even if they are not covered by your plan (such as LASIK surgery or fertility treatments). Contact HealthEquity directly to find out if an expense is considered a qualified medical expense.

The amount in your HSA rolls over from one year to the next and never expires, allowing you to use it for future medical expenses. The contributed funds earn interest and belong to you even after you leave Community Transit or are no longer enrolled in a CDHP. As long as you are enrolled in a CDHP, the PEBB will pay any administrative fees for your HSA. If you leave the CDHP, you will be subject to monthly fees for HSA balances below an amount specified by HealthEquity. Employee HSA pre-tax contributions may be made from the beginning of the plan year until April 15 of the following year.

	Monthly Pre-Tax Drops – CT Paid	Annual Total of Pre-Tax Drop	Maximum Annual Contribution *(CT and Employee)
Individual Subscriber	\$58.34	\$700.08	\$4,400*
Subscriber with one or more dependents	\$116.67	\$1,400.04	\$8,750*

If you are interested in adding additional funds to your HSA on a pre-tax basis, please consult that section of this guide. Post-tax contributions may be made by contacting HealthEquity, Inc. for information.

** If you are 55 or older, you have the option to increase your annual maximum contribution by \$1,000.*

DECIDING ON A CLASSIC OR CDHP

CDHP

The Consumer Directed Health Plan (CHDP) is a high-deductible medical plan that allows you to contribute pre-tax dollars to a Health Savings Account (HSA) that you use to pay for health care expenses directly. Community Transit makes tax-free contributions to your HSA for an annual total of \$700.08 for employee only coverage and \$1400.04 for family coverage to help offset the CDHP's higher deductible.

It's called a "consumer-directed" plan because you actively manage the cost of your health care and prescriptions. You'll benefit from premium savings throughout the year. The CDHP offers lower monthly premiums, but it has a higher annual deductible.

In short:

- Pay less in monthly premiums
- Take charge of my health care costs and services
- Save for future health care expenses

Classic

The Classic health plan option is more traditional, offering the predictability of co-pays or co-insurance for routine health care expenses such as physician office visits, urgent care visits, and prescription drug services. Some services, such as hospitalizations, surgery, and extensive lab and diagnostic tests are subject to the annual deductible. The Classic plan typically has a higher monthly premium than the CDHP.

Like the CDHP, the Classic plan allows you to see any in-network provider you choose, without a referral. When you reach your out-of-pocket maximum, the plan pays 100% of qualified expenses for the remainder of the plan year.

In short:

- Pay more in monthly premiums
- Pay as little as possible when I need care
- Keep things as simple as possible



MEDICAL BENEFITS COMPARISON

UNIFORM MEDICAL PLANS

	CLASSIC Member Pays	CDHP Member Pays	UMP SELECT Member Pays
Annual Medical Deductible	\$250/person \$750/family	\$1,700/person \$3,400/family	\$750/person \$2,250/family
Annual Out-of-Pocket Limit	\$2,000/person \$4,000/family Your deductible, copays, and coinsurance for most covered services apply.	\$4,200/person \$8,400/family (\$7,000/embedded)** Your deductible and coinsurance for most covered services apply.	\$3,500/person \$7,000/family Your deductible, copays, and coinsurance for most covered services apply.
Lifetime Max	None	None	None
Office Visit Primary Provider Specialist	15% 15%	15% 15%	20% 20%
Preventive Services	\$0	\$0	\$0
Chiropractic Care (up to 24 visits per cal. year)	\$15 per visit	\$15 per visit after the deductible	\$15 per visit
Lab and X-ray	15%	15%	20%
Inpatient Hospitalization	\$200 copay/day up to \$600 maximum/year per person + 15% professional fees.	15%	\$200/day up to \$600 maximum/year per person + 20% professional fees.
Outpatient Surgery	15%	15%	20%
Urgent Care	15%	15%	20%
Outpatient Rehab (PT, OT, ST, MT: 60 visit maximum combined per cal. year)	15%	15%	20%
Emergency Room	\$75 + 15%	15%	\$75 + 20%

**Embedded: Employees with one or more dependents enrolled are considered a family and any individual is subject to the \$7,000 out-of-pocket per the ACA.



MEDICAL BENEFITS COMPARISON

UNIFORM MEDICAL PLANS

	CLASSIC Member Pays	CDHP Member Pays	UMP SELECT Member Pays
Hearing Routine Annual Exam Hardware	\$0 You pay \$0 every 36 months for hearing aid and rental/repair combined.	15% You pay \$0 every 36 months for hearing aid and rental/repair combined.	\$0 You pay \$0 every 36 months for hearing aid and rental/repair combined.
Durable Medical Equipment, Supplies, and Prostheses	15%	15%	20%
Home Health	15%	15%	20%
Prescription Drugs	Member Pays	Member Pays	Member Pays
Annual Deductible	\$100/person \$300/family (For tier 2 drugs and specialty except insulin)	Prescription drug costs apply toward medical deductible	\$250/person \$750/family (For tier 2 drugs and specialty except insulin)
Annual Out-of-Pocket Limit	\$2,000/person \$4,000/family Your prescription drug deductible and coinsurance for all covered prescription drugs apply	Combined with medical limit; not to exceed \$7,000/member	\$2,000/person \$4,000/family Your coinsurance for all covered prescription drugs applies
Retail Pharmacy (Up to 30-day supply) Value Tier Tier 1* Tier 2*	5% up to \$10 10% up to \$25 30% up to \$75	15%; Insulins 5% up to \$10 15%; Insulins 10% up to \$25 15%; Insulins 30% up to \$35	5% up to \$10 10% up to \$25 30% up to \$75
Mail Order (Up to 90-day supply) Value Tier Tier 1 Tier 2	5% up to \$30** 10% up to \$75** 30% up to \$225	15%; Insulins 5% up to \$30** 15%; Insulins 10% up to \$75** 15%; Insulins 30% up to \$105	5% up to \$30** 10% up to \$75** 30% up to \$225

*Specialty Drugs covered under tier 1 and tier 2. Coverage is limited to up to a 30-day supply per prescription or refill from the plan's specialty pharmacy, Ardon Health. Preauthorization is required.

** Deductible is waived



MEDICAL BENEFITS COMPARISON

KAISER PERMANENTE WA PLANS

	CLASSIC Member Pays	CDHP Member Pays	SOUNDCHOICE Member Pays	VALUE Member Pays
Annual Deductible	\$175/person \$525/family	\$1,700/person \$3,400/family	\$125/person \$375/family	\$250/person \$750/family
Annual Out-of-Pocket Limit	\$2,000/person \$4,000/family	\$5,100/person \$10,200/family	\$2,000/person \$4,000/family	\$3,000/person \$6,000/family
Lifetime Max	None	None	None	None
Office Visit Primary Provider Specialist	\$15 \$30	10% 10%	\$20 15%	\$30 \$50
Preventive Services	\$0	\$0	\$0	\$0
Chiropractic Care (up to 24 visits per cal. year)	\$15	10%	\$20	\$30
Lab and X-ray	\$0; MRI/CT/PET scan \$30	10%	15%	\$0; MRI/CT/PET scan \$50
Inpatient Hospitalization	\$150/day up to \$750 maximum/admission	10%	\$500 per admission	\$250/day up to \$1,250 maximum/admission
Outpatient Surgery	\$150	10%	15%	\$200
Urgent Care (Primary Care)	\$15	10%	15%	\$30
Outpatient Rehab (PT, OT, ST, MT: 60 visit maximum combined per cal. year)	\$30	10%	15%**	\$50
Emergency Room	\$250	10%	\$75 + 15%	\$300

**SoundChoice plan massage limit is 16 visits per calendar year. Pre-Authorization may be required for certain services listed above, contact your carrier for specific details.



MEDICAL BENEFITS COMPARISON

KAISER PERMANENTE WA PLANS

	CLASSIC Member Pays	CDHP Member Pays	SOUNDCHOICE Member Pays	VALUE Member Pays
Hearing Routine Annual Exam Primary Specialist Hardware	\$15 100% \$3,000 every 36 months	10% 100% \$3,000 every 36 months	\$0 15% 100% \$3,000 every 36 months	\$30 \$50 100% \$3,000 every 36 months
Durable Medical Equipment, Supplies, and Prostheses	20%	10%	15%	20%
Home Health	\$0	10%	15%	\$0
Prescription Drugs	Member Pays	Member Pays	Member Pays	Member Pays
Annual Deductible	\$100/person \$300/family (Tier 2 and 3 drugs only)	Prescription drug costs apply toward medical deductible	\$100/person \$300/family (Does not apply to value and Tier 1 drugs)	\$100/person \$300/family (Does not apply to value and Tier 1 drugs)
Annual Out-of- Pocket Limit	\$2000/person \$8000/ family Your prescription drug deductible and co-insurance for all covered prescription drugs apply.	Prescription drug co-pays and co-insurance apply to the medical out-of- pocket limit.	\$2000/person \$8000/ family Your prescription drug deductible and co-insurance for all covered prescription drugs apply.	\$2000/person \$8000/ family Your prescription drug deductible and co-insurance for all covered prescription drugs apply.
Retail Pharmacy (Up to 30-day supply)				
Value Tier	\$5	Does not apply	\$5	\$5
Tier 1	\$20	\$20	\$15	\$25
Tier 2	\$40	\$40**	\$60	\$50
Tier 3	50% up to \$250	50% up to \$250	50%	50%
Tier 4	Does not apply	Does not apply	\$150	\$150
Tier 5	Does not apply	Does not apply	50% up to \$400	50% up to \$400
Mail Order (Up to 90-day supply)				
Value Tier	\$10	Does not apply	\$10	\$10
Tier 1	\$40	\$40	\$30	\$50
Tier 2	\$80	\$80	\$120	\$100
Tier 3	50% up to \$750	50% up to \$750	50%	50%

*CDHP Retail Pharmacy Value Tier: Only at Kaiser Permanente facilities.

**CDHP Retail Pharmacy Tier 2: \$400 at Kaiser Permanente facilities



EMPLOYEE CONTRIBUTIONS

CONTRIBUTIONS TO MEDICAL PREMIUMS

ELECTING A PRE-TAX CONTRIBUTION DEDUCTION

You may elect to have your contributions to your medical premium made on a pre-tax basis. To do this, you must indicate pre-tax election on your Personal Enrollment Form at time of enrollment. If you do not submit a completed form at time of enrollment, your premium deduction will be made on a post-tax basis. If you are not making a change, you will default to your last selection.

2026 MONTHLY MEDICAL PREMIUM CONTRIBUTION RATES

Administrative employees who enroll in one of the consumer-directed health plans (CDHP) will not contribute to medical premiums. Premium deductions will be taken out of the second paycheck of the month.

Uniform Medical Plans Monthly Premium	CLASSIC		CDHP		UMP SELECT	
	Admin	ATU	Admin	ATU	Admin	ATU
Employee	\$53.00		\$0	\$49.00	\$50.00	
Employee + Spouse	\$102.00		\$0	\$93.00	\$95.00	
Employee + Child(ren)	\$89.00		\$0	\$83.00	\$84.00	
Full Family	\$138.00		\$0	\$125.00	\$130.00	

Kaiser Permanente WA Monthly Premium	CLASSIC		CDHP		SOUNDCHOICE		VALUE	
	Admin	ATU	Admin	ATU	Admin	ATU	Admin	ATU
Employee	\$53.00		\$0	\$47.00	\$51.00		\$53.00	
Employee + Spouse	\$101.00		\$0	\$99.00	\$97.00		\$102.00	
Employee + Child(ren)	\$89.00		\$0	\$80.00	\$86.00		\$90.00	
Full Family	\$138.00		\$0	\$120.00	\$132.00		\$139.00	
Employee + Domestic Partner*	\$94.00		\$0	\$84.00	\$88.00		\$93.00	
Employee + DP Child(ren)*	\$83.00		\$0	\$75.00	\$78.00		\$82.00	
Employee + DP + Family*	\$128.00		\$0	\$112.00	\$120.00		\$126.00	

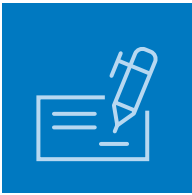
*Employee + State Registered Domestic Partnership rates have tax considerations since they plus their children do not qualify as tax dependents under IRC Section 152. See After Tax Table on page 20

ADDITIONAL CONSIDERATIONS FOR ATU AND ADMINISTRATIVE EMPLOYEES

For PEBB-covered employees, legislative changes require some members to pay a premium surcharge.

- **Tobacco use surcharge:** This is a flat \$25 per month fee, regardless of the number of tobacco users in the family.
- **Spousal/Domestic Partner surcharge:** If you enroll a spouse or state-registered domestic partner who has chosen not to enroll in their employer-sponsored coverage that is comparable to PEBB coverage, you will pay a surcharge of \$50 per month. Employees will receive a letter from the PEBB if they need to re-attest annually at Open Enrollment.

For ATU employees, the same surcharge still applies for certain employees, however, per union contract, Community Transit will reimburse a portion of the surcharges.



THE WAIVER INCENTIVE

WAIVING PEBB MEDICAL COVERAGE — THE WAIVER INCENTIVE

Administrative and ATU Represented employees who have provided proof of other group medical coverage and want to waive Community Transit medical benefits may waive the tier of coverage they are eligible to enroll in and receive an incentive payment. The amount of the waiver incentive you would be eligible to receive is listed on the waiver chart and is subject to PEBB rules that do not permit dual coverage enrollment under PEBB plans. If you are covered by medicare, you may waive, but you are not eligible to receive the waiver incentive.

Employees who waive insurance coverage will be charged a \$70.26 monthly waiver fee, as implemented by the Health Care Authority.

Please Note: Coverage that is from the Health Care Exchange (Apple Care) and Medicare can be waived but will not be paid the Waiver Incentive as they are not group coverage under an employer’s medical plan.

Waiver incentive payments are paid in the first two paychecks of every month over (24 paychecks).

2026 MONTHLY MEDICAL WAIVER INCENTIVE AMOUNTS

Coverage Level Waived	ADM EMPLOYEES - MONTHLY	ATU EMPLOYEES - MONTHLY
Subscriber	\$483.50	\$486.50
Subscriber + Spouse	\$946.00	\$932.50
Subscriber + Child(ren)	\$823.00	\$811.00
Subscriber + Family	\$1,264.00	\$1,246.50

If your spouse or registered domestic partner is also covered through Washington Healthcare Authority PEBB for medical through another employer or is a Community Transit employee, you may receive the waiver incentive for:

Employee plus child(ren) tier of coverage, if your spouse or registered domestic partner is enrolled at the full family level.

Or

Employee Only tier of coverage, if your spouse or registered domestic partner enrolls at the employee plus spouse level.

Important! All waiver participants need to re-enroll annually, complete a waiver of medical coverage form and provide proof of alternate coverage during every open enrollment period. If you elect to waive medical coverage but fail to provide proof of alternate coverage, your medical coverage will be waived but you will not receive the waiver incentive.

Please consider your option to waive coverage carefully, since you generally won’t be able to change this election until the following calendar year unless you have certain qualifying status changes.



DENTAL BENEFITS COMPARISON

Delta Dental of Washington (DDWA)

DDWA covers diagnostic and preventive care (such as exams, cleanings and x-rays) as well as basic and major services (such as fillings, crowns and dentures). You can see any dentist you wish; the plan pays benefits if you see a participating or non-participating dentist. Participating dentists file claims for you automatically and are guaranteed payment for eligible services based on their pre-approved fees. Premier and out-of-network providers cover lower amounts for some services. Contact DDWA directly for a list of participating providers.

Willamette Dental (WD)

This plan covers similar benefits to the DDWA plan, but at a higher level. To receive benefits, you must use Willamette participating dentists. Contact Willamette Dental for a list of participating dentists.

ADMINISTRATIVE AND ATU EMPLOYEE PLANS

Dental coverage is required for all employees. You may not waive dental.

	DELTA DENTAL OF WA	WILLAMETTE DENTAL
Deductible	\$0	\$0
Annual Maximum	\$3,000 per person	No Annual Maximum
Copays	None	Services are subject to \$10 office copay per visit. Specialty office visits are a \$30 copay.
Preventive Care	100% of allowed amount	100% after copay
Fillings, Extractions, Periodontal Treatments, Root Canals, Crowns	PPO Dentist: 90% of allowed amount Premier Dentist: 80% of allowed amount	100% after copay
Dentures, Bridges, Implants	50% of allowed amount	100% after copay
Emergency Treatment	For out-of-state treatment, payment will be based upon actual charges or DDWA's allowable fees for out-of state Dentists, whichever is less.	\$10 copay when after hours at a WD location or up to a \$100 reimbursement for out-of area emergency treatment.
Orthodontia	50% up to \$3,000 lifetime maximum per person	\$150 copay for pre-ortho treatment. \$1,800 copay for comprehensive Ortho, then covered in full

DDWA provides an ID card at initial enrollment; thereafter, upon request. Willamette Dental does not provide ID cards.

Confirmation of Treatment and Cost (Formerly called Predeterminations)

If you are considering extensive treatments such as crowns, oral surgery, periodontics, or prosthodontics, we recommend you ask your dentist to request a predetermination from DDWA. DDWA will process the request and provide you and your dentist with a Confirmation of Treatment and Cost (Confirmation). The Confirmation will show you what procedures are covered, an estimate of what DDWA will pay and your expected financial responsibility. Confirmations are based on the treatment plan submitted by your dentist and the covered dental benefits available to you at the time the Confirmation is issued. Confirmations are estimates, not guarantees of payment.



VISION BENEFITS COMPARISON

Vision Services Plan (VSP)

VSP covers a portion of the costs for WellVision Exams, contact lenses, prescription lenses, frames and laser vision care. You will be eligible for additional discounts if a VSP doctor provides the service. For a list of VSP providers in your area, contact VSP directly. Vision coverage is required for all employees. Waivers are not permitted.

EXTRA SAVINGS

Glasses and Sunglasses: Extra 20% savings on additional glasses and sunglasses. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

Retinal Screening: No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.

Laser Vision Correction: Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

This plan does not issue cards.

ADMINISTRATIVE AND ATU EMPLOYEE PLAN—VISION SERVICES PLAN (VSP)

	VISION SERVICES PLAN (VSP)	
	VSP Network Provider	Any Other Provider
WellVision Exam (Once every 12 months)	\$0 copay	up to \$45
Diabetic Eye care Plus Program	\$20 copay	—
Prescription Glasses	\$15 copay	—
Frames (Once every 24 months)	Included in Prescription Glasses: \$175 allowance for a wide selection of frames/\$95 allowance Costco. \$195 allowance for featured frame brands. 20% savings on the amount over your allowance	
Lenses (per pair) (Once every 12 months)	Included in Prescription Glasses: Single vision, lined bifocal, lined trifocal, and progressive lenses. Polycarbonate lenses for dependent children	Single vision up to \$30 Lined bifocal up to \$50 Lined trifocal up to \$65 Progressive up to \$50
Lens Enhancements (Once every 12 months)	Anti-reflective coating: \$0 copay Scratch-resistant coating: \$0 copay UV Protection: \$0 copay Standard progressive: \$0 copay Premium progressive: \$95-\$105 copay Custom progressive: \$150-\$175 copay Average 20-25% off other lens options	Lens Options up to \$5.00
Contacts (instead of glasses) (Once every 12 months)	\$155 allowance for contacts; copay does not apply. Contact lens exam (fitting and evaluation)	Up to \$105

If you plan to see a provider other than a VSP network provider, visit vsp.com for details.



KNOW WHERE TO GO

WHERE DO YOU GO WHEN YOU GET SICK OR INJURED?

Because of high cost and long wait times, it's usually best to save Emergency Room (ER) trips for true emergencies. When you need non-emergency care, try to visit your doctor who can treat you based on a better understanding of your medical history. If your doctor isn't available, you may be able to get the care you need at another facility with shorter wait times and for a lower cost than an ER trip.

	HOW TO RECOGNIZE IT	WHAT IT CAN HELP WITH...	
TRADITIONAL EMERGENCY ROOM	Emergency Room (ER) attached to a hospital	All life-threatening or disabling conditions, trauma care and major injuries	\$\$\$\$
URGENT CARE CENTER	A stand-alone facility that typically has "urgent care" in the name	Problems that need immediate attention but aren't life-threatening, like stitches, sprains, animal bites and X-rays	\$\$
PRIMARY CARE PHYSICIAN	Physician with traditional or virtual office hours	Ongoing and more personalized care based on understanding of your medical history; annual check-ups; routine care such as an infection, minor allergic reaction, fever, rash, etc.	\$
RETAIL CLINIC	Walk-in clinics found in some grocery stores and pharmacies	Routine care, such as an infection, minor allergic reaction, fever, rash, etc.	\$
24-HOUR NURSELINE	Nurses available 24 hours a day via the number on your ID card	If you're unsure about the care you need, this service may be able to help manage illness or injury, recognize urgent symptoms, locate a doctor or hospital, and recognize medication interactions	FREE



FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) are tax advantaged financial accounts that enable you to set aside money to pay for qualified out-of-pocket health and dependent care expenses before it is taxed. Electing participation in this pre-tax benefit decreases your taxable income, reduces your Federal Income and Social Security taxes, and increases your take home pay!

There are two types of FSA accounts to participate in, Health Care FSA and/or Dependent Care FSA. Each year the IRS determines the maximum annual amount an employee is allowed to contribute into their FSA. If you do not claim the funds in your FSA, the unclaimed portion will be lost. However, the full amount of your pledge is available the first day you become eligible.

You must re-enroll into a flexible spending account each year. Your participation does not automatically continue from the prior year. Always retain your receipts in the event of an IRS audit.

HEALTH CARE FSA

The Health Care FSA allows you to set aside up to \$3,400 to cover eligible health care expenses for yourself and eligible dependents. Your pre-tax contributions can be used to pay for certain uninsured medical, dental and vision expenses with pre-tax dollars. This FSA is pre-funded so you will have access to your full election amount on the first day of eligibility.

You can carryover up to from \$100 to \$680 of your account from one year to the next. The carryover does not affect the \$3,400 sign up limit. The amount carried over will be available to you on January 25th of the following plan year. Amounts over \$680 and below \$100 will be lost.

If you enroll in any of the Consumer Directed Health Plans for your medical coverage, you and your dependents are ineligible to enroll in a Health Care FSA. In other words, you may not enroll in a Health Care FSA if you are enrolled in a Health Savings Account.

DEPENDENT CARE FSA

You may set aside up to \$7,500 per household per calendar year (\$3,750 if you file taxes individually) to cover eligible dependent care expenses such as in-home or licensed day care, or elder care. If you are married, your spouse must be working, a full-time student or physically or mentally disabled in order to qualify. In order for your dependent's expenses to be eligible, he or she must be:

- A child younger than age 13,
- Living with you as a claimed dependent on your federal tax return, and/or
- A claimed dependent on your federal tax return, such as your spouse, an elderly parent or a child of any age who needs care due to a physical or mental disability.

Unlike the Health Care FSA, this account is not pre-funded so the funds available at any given time are the sum of your unused contributions year to date to the FSA.



FLEXIBLE SPENDING ACCOUNTS

HOW MUCH COULD YOU SAVE?

When you use an FSA, you set aside money before it is taxed for use toward qualified health and dependent care expenses. You realize savings in three ways, by paying less in taxes, increasing your take home pay, and spending 100% of your earned income on your health and day care expenses.

Scenario: Employee A and Employee B both earn \$50,000 per year and have annual out of pocket health care expenses of \$2,500. The federal government will take an average of 25% of each dollar earned in FICA and federal income taxes leaving the remaining 75% to cover living expenses. These employees have the same earnings and tax bracket however Employee A does not have a Health Care FSA but Employee B does.

Using the details described in the scenario, the charts at the right illustrate how the use of an FSA account reduces your gross income, decreases your taxes, and increases your take home pay.

EMPLOYEE A (DOES NOT HAVE FSA)

Annual gross income	\$50,000
Estimated taxes (25%)	- \$12,500
Annual net income	\$37,500
Out-of-pocket health	- \$2,500
Care expenses	
Actual take home pay	\$35,000

EMPLOYEE B (HAS FSA)

Annual gross income	\$50,000
Out-of-pocket health	- \$2,500
Care expenses	
Adjusted gross income	\$47,500
Estimated taxes (25%)	- \$11,875
Actual take home pay	\$35,625





FLEXIBLE SPENDING ACCOUNTS

2026 FSA MAXIMUM CONTRIBUTIONS

FSA TYPE	MAXIMUM ENROLLMENT	MAXIMUM CARRYOVER
Health Care	\$3,400	\$680
Dependent Care	\$7,500 (\$3,750 if married filing separately)	\$0

OPEN ENROLLMENT SCENARIOS FOR 2026

Example 1:

- Currently have a Health Care FSA for 2025
- During open enrollment you elect maximum for 2026
- December, 31 2026 – \$680 balance remains
- January, 1 2027 - maximum annual election is available for spending
- January 25, 2027 - \$680 of your 2026 carryover is deposited to your Health Care FSA fund and is available for spending. December, 31 2026 – balances of \$100 to \$680 will roll over

Example 2:

- Currently have a Health Care FSA for 2026.
- During open enrollment you elect to **NOT** enroll in a Health Care FSA for 2027
- December, 31 2026 – \$680 balance remains from 2026
- January, 1 2026 – No FSA so no spending available
- January 25 – \$680 of your 2026 carryover is deposited to your Health Care FSA fund and is available for spending
- December, 31 2026 – balances of \$100 to \$680 will roll over

FSA AT A GLANCE

	HEALTH CARE FSA	DEPENDENT CARE FSA
What do I use it for?	Eligible medical, dental and vision expenses you pay for out-of-pocket.	Dependent care expenses such as in-home or licensed daycare or elder care.
What are some examples of ineligible expenses?	Life insurance premiums, cosmetic surgery, dental bleaching, marriage and family counseling.	Education expenses for kindergarten or higher, and transportation expense to and from daycare.
When can I enroll?	You must enroll each year during the open enrollment period. If you are a new hire, you must enroll during your eligibility period or 30 days following a qualifying event, such as marriage or divorce.	
How does it work?	Pre-tax “deposits” are automatically deducted from each paycheck and placed into your FSA account. You then pay for eligible health care or dependent care expenses as they are incurred and submit a claim with a receipt for your eligible expenses. You are reimbursed directly with the tax-free dollars that you “deposited”.	
How much can I contribute?	\$3,400	\$7,500
What happens to the money left in my Health Care FSA account at the end of the year?	The IRS requires that you lose any unclaimed money left in the HealthCare FSA account at the end of the year over \$680 – “use it or lose it!” You still must submit all claims within 90 days after plan year ends. Amounts between \$100 and \$680 left in your account will carryover and be available January 25th. There is no carryover for the Dependent Care FSA.	



RETIREMENT AND SAVINGS

PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)

Community Transit is a Washington State PERS employer. What this means is that all employees working in a PERS eligible position are required to participate in this retirement plan. The date you were first hired into a PERS eligible position determines which plan(s) you are eligible for – Plan 2 or 3. Some employees may be excluded from membership based on previous employment with other PERS covered employers.

See the Benefit & Leave Team Representative or contact The Department of Retirement Systems directly for more information.

To be eligible for:	You Must Have Been Hired Into A PERS Eligible Position By:
PERS 2	October 1, 1977 (on or after)
PERS 3	March 1, 2002 (on or after)

NEW EMPLOYEES WHO ARE NEW TO THE PERS SYSTEM

You have 90 days from your date of hire into a PERS eligible position to decide if you want to participate in PERS plan 2 or 3. Community Transit will report you in PERS Plan 2 until you make a choice. If you don't choose, you default to PERS Plan 2. Once enrolled, you will not be able to change your retirement plan.

New Employees who have previously been enrolled into the PERS system will be enrolled into whichever plan choice they previously had. If you have been a member of any Washington State Retirement System plan, be sure and let the Benefit & Leave Team know when you are completing your enrollment forms.

PERS 2: is a defined benefit (pension) plan. When you meet the plan requirements and retire, you are guaranteed a monthly benefit for the rest of your life. Both employee and employer contribute to the plan	PERS 3: has a defined benefit (pension) component as well as a defined contribution component (401a). Community Transit contributes to the defined benefit portion and you contribute to the defined contribution, based on the plan option you elect at hire.
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One-Time Duty-Related Death Benefit - You can designate a beneficiary(ies) to receive a One-Time Duty-Related Death Benefit. If you die in the course of, or as a result of your employment; your beneficiary(ies) may be entitled to this benefit.

When you have earned five or more years of service credit in PERS, you have a vested right to your retirement benefit. In January of every year, employees who became a member of PERS Plan 2 before March 1, 2002 have the option of transferring to Plan 3. The change cannot be reversed.

Complete information on the PERS plans can be found online at the Department of Retirement Systems website. Once you elect your plan you can register online to monitor your benefit service credits, change beneficiaries, and estimate your retirement income.

ELIGIBILITY

- In order to be eligible for enrollment in PERS, the position you hold requires:**
- At least 70 hours of compensated employment in a month's time.
 - At least 5 months of 70 or more hours compensated employment per month during a 12-month period for PERS.
 - And, if the position is a new position with Community Transit, require at least 5 months of at least 70 hours for two consecutive years.



RETIREMENT AND SAVINGS

ANNUITIES

WHAT IS AN ANNUITY?

When it is time to retire, you have some additional options - options that can change your finite savings into a monthly, lifetime income called an annuity.

An annuity is a guaranteed income plan you purchase with funds from an eligible governmental plan, such as a Deferred Compensation Program (457). You choose the amount and immediately or later begin receiving money, which usually lasts your lifetime depending on the annuity you select.

Annuities can provide guaranteed income for your life and they offer security through a set monthly income. However, flexibility is not a feature of annuities. Once you set it up, an annuity doesn't allow you to change the income amount. You take money out of market risk and annuities will also affect your taxes. You may want to consult your tax advisor before you purchase annuity.

Visit www.drs.wa.gov/annuity for more details on annuities.



GETTING STARTED WITH RETIREMENT PLANNING

The most important takeaway in retirement planning is to get started. Saving for your future doesn't have to be difficult and there are benefits for you to get the most of being a Community Transit employee. It's never too early to start. Plus, if you wait until it is too late and you have not saved enough for the retirement you want, you may find that some financial decisions are out of your control.



RETIREMENT PLANNING

UNDERSTANDING YOUR COMMUNITY TRANSIT BENEFITS

Community Transit has two retirement savings programs available:

PERS

All eligible positions are mandated to enroll in this benefit under the Public Employees Retirement System (PERS) with a combination of company and employee contributions. The PERS plans are open for selection for the first 90 days of employment and after that cannot be changed without legislative direction. Your first step after you start is to pick your retirement plan wisely. Here we'll refer you to the Retirement and Savings portion of this guide and the DRS website for help in picking your PERS plan.

After 5 years of being enrolled in a WA Department of Retirement Systems' plan, at any employer, your funds will become vested, and they will be yours when you're ready to retire.

THE 457 DEFERRED COMPENSATION PLAN

The second retirement savings option is a 457(b) plan. This is similar to a 401K plan, but designed specifically for the public sector. A 457 plan is completely optional, and it is where you can really build your retirement wealth.

As you near retirement you have the ability to increase your contributions and essentially top it off. You can meet with our 457 partner to set up your savings plan and adjust it as needed to make sure you stay on track while meeting other financial needs. We strongly recommend that you start an account and contribute the bare minimum to it right away. Just continue to do that and at least once a year review your contributions. Timing the review to your future pay increases is a good idea.

- You can self-direct your investment choices, set goals and have those automatically adjusted to meet milestones, or have an individual investor monitor your funds against your specific retirement goals. You can choose and change your plan to fit your changing needs.
- The 457 also allows you to change your contributions with any pay-period. This is handy for when you need the extra income for an unexpected expense, or if you have worked a lot of overtime and want to invest it.
- You can borrow from your 457 plans, too. IRS rules do apply.
- Age 50 Catch-Up Contributions are available for those 50 years or older and you are able to save above the normal contribution maximums set for that year.
- Three years prior to reaching normal retirement age (65) you may enroll in a Pre-Retirement catch-up provision if you did not contribute to the maximum annual contributions while employed with Community Transit.
- Contribution maximums are set each year by the IRS.

The 457 is a flexible way to invest in yourself and your future. Since payments into the plan can be stopped and restarted, it's a great idea to start one right away. The point is that it's never a bad idea to save for retirement and you'll be pleasantly surprised to see how quickly it adds up to provide you with a financially secure future. You can get more details about this plan in this guide and from our 457 partners.



RETIREMENT AND SAVINGS

SOME BASICS OF RETIREMENT SAVING

STICKING TO YOUR PLAN

The message is to make sure that you are committed to saving for your future. The operative word in that is YOUR future. Many people feel that they just don't have enough money to save and that it won't make a difference. In the long run, it probably will make quite a difference. The other thing that could happen is that life comes along, and all of a sudden, the money you had set aside for savings needs to be spent on something else. You may need to occasionally deviate from your plan but just get back to it the next month.

DESIGN YOUR GOALS

You get to design the future life you think you want. This is the fun part! Things may change as time goes on, but this step can inspire you and get you excited about what it might take to reach your goals.

Ask yourself:

- Where do you want to live; do you plan to be alone or with a partner; Do you plan to travel?
- What do you want from that time in your life?

YOUR RETIREMENT BUDGET

Each one of the goals on your list will carry a cost. Figure them out on an annual basis. A home, for instance, may continue to have costs whether you have a mortgage or not; for example, you may plan to have the mortgage paid off by the time you retire, so only things like routine appliance replacements, taxes, insurance and repairs or maintenance will have to be considered.

EMERGENCY FUND

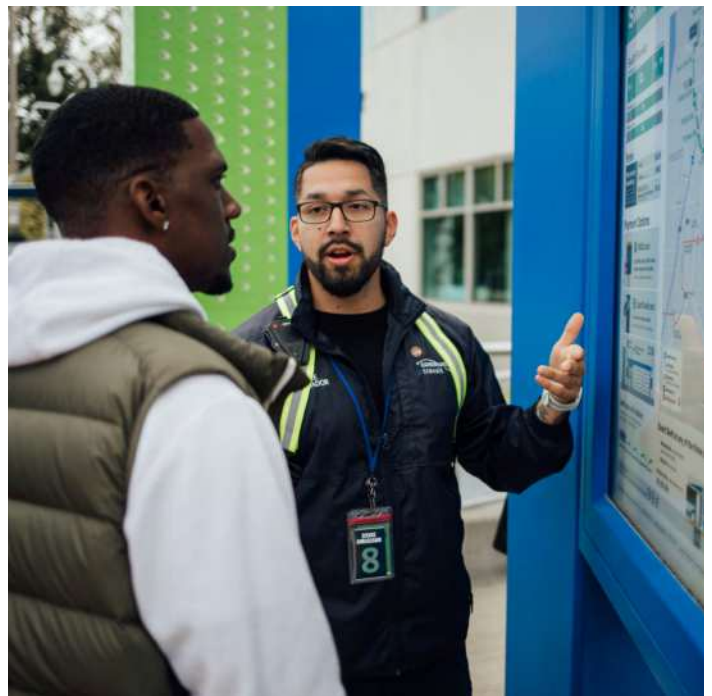
We know that life can throw us curveballs, so make sure that you build some extra money in for those surprises. An emergency fund can help you stick to your retirement plan because you can use that first before tapping into other money.

SOCIAL SECURITY

Your paycheck deductions generally include Social Security savings. Social Security can be a great supplement but is often not a great source of total retirement income. You can get an estimate of your benefit amount at ssa.gov/benefits/retirement/estimator.html.

KEEP GOING

You may have trouble meeting your savings goals each month. That is okay, because you probably have short- and medium-term goals to cover, as well. The biggest takeaway is for you to be consistent and consider building your retirement savings as part of your overall budgeting and savings plan. If you still have questions, talk to a financial planning expert.





LIFE AND AD&D INSURANCE

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Community Transit provides Basic Life and AD&D Insurance at no cost to all employees.

LIFE INSURANCE BENEFIT:

1 times Your annual Earnings, subject to a maximum of \$250,000 rounded to the next higher \$1,000 if not already a multiple of \$1,000.

AD&D INSURANCE BENEFIT:

1 times Your annual Earnings, subject to a maximum of \$250,000 rounded to the next higher \$1,000 if not already a multiple of \$1,000.

If you die in an accident, your beneficiary(ies) will receive a benefit equal to the sum of your company paid life insurance and company paid AD&D insurance. Your life and AD&D insurance will reduce in coverage due to age. At age 70 your original amount of coverage will be reduced by 30%. At age 75 your original amount of coverage will be reduced by 55%.

In addition to basic life and AD&D insurance, Community Transit purchases \$1,000 of coverage for your spouse and each of your children at no cost to you. Child coverage ends the month the child turns age 26.

FELONIOUS ASSAULT

All positions at Community Transit are covered with Felonious Assault Coverage of up to \$100,000. Contact the Benefit & Leave Team for more information.





LIFE AND AD&D INSURANCE

VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Voluntary Life and AD&D Insurance allows you to purchase additional (optional) coverage to protect your family's financial security. Community Transit offers these plans with the convenience of payroll deductions to all full-time employees and their dependents. Your child must be under age 26 to be enrolled. Employees are eligible the first of the month following the date of employment. For employees applying after their initial hire date or adding dependents, the insurance company will determine who is eligible for coverage based on the information provided on the evidence of insurability form you complete with your enrollment.

VOLUNTARY TERM LIFE INSURANCE

You may elect up to \$500,000 of Voluntary Life Insurance in \$10,000 increments. You may elect up to \$500,000 for Spouse Life Insurance. Spouse insurance cannot exceed 100% of your amount of Life Insurance. The amount allowed for dependent child insurance is set at \$10,000. Infants between the ages of 14 days to 6 months are covered at \$500.

AGE	EMPLOYEE Monthly Rate Per \$10,000	SPOUSE Monthly Rate Per \$10,000
Under 25	\$ 0.50	\$ 0.70
25-29	\$ 0.60	\$ 0.75
30-34	\$ 0.71	\$ 0.90
35-39	\$ 0.83	\$ 1.05
40-44	\$ 0.99	\$ 1.55
45-49	\$ 1.46	\$ 2.46
50-54	\$ 2.30	\$ 4.11
55-59	\$ 3.93	\$ 5.90
60-64	\$ 5.84	\$ 9.61
65-69	\$ 8.78	\$ 13.59
70-74	\$ 12.70	\$ 20.60
75+	\$ 12.70	\$ 20.60

Child(ren) Monthly Rate for \$10,000 is \$0.56
One rate regardless of the number of children you have.

SIGNIFICANT AGE CHANGES: If your or your spouse's age increased in 2026 to an age ending in a zero or a five, your VTL rates will increase January 1, 2027.

GUARANTEED ISSUE AMOUNT

The guaranteed issue (GI) amount is the amount of Voluntary Life Insurance available to you without medical underwriting. For an employee, the GI amount is \$100,000 and for a spouse the GI amount is \$20,000. Coverage for children is all guaranteed issue. To be eligible for the guaranteed issue you must enroll within the first 31 days of hire.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

This plan allows you to purchase additional AD&D insurance that pays a benefit if you die or suffer certain injuries as the result of an accident. You may elect up to \$300,000 in coverage for yourself in \$5,000 increments. For your spouse, coverage equals 40% of employee amount. For your eligible children, coverage equals 10% of employee amount.

	PER \$1,000 OF COVERAGE PER MONTH
Employee	\$0.03
Employee + Family	\$0.05



DISABILITY INSURANCE

If you are out for a continuous illness, hospitalization or accident, you may be eligible for short and long term disability insurance. You are eligible for disability insurance on the first day of the month following your date of employment or status change, so long as you are actively working.

SHORT TERM DISABILITY INSURANCE

Community Transit provides Short Term Disability Insurance (STDi) to eligible employees at no cost to you. STDi benefits help to replace your lost income due to hospitalization, illness or accident for up to 26 weeks. The benefits are as follows:

	ADMINISTRATIVE	ATU REPRESENTED
Benefit <i>(based on base weekly earnings)</i>	66 2/3% up to \$2,500/week	50% up to \$1,400/week
Your benefits begins on:		
Accident (injury)	1st day (within 72 hours)	1st day (within 72 hours)
Hospitalization (Inpatient)	1st day	8th day if due to illness
Illness	8th day (includes outpatient surgery)	8th day (includes outpatient surgery)

LONG TERM DISABILITY INSURANCE

Community Transit also provides Long Term Disability Insurance (LTDi) to eligible employees at no cost to you. LTDi benefits help to replace your lost income if you are unable to work due to a disabling condition after 180 days. The LTDi benefit pays a percentage of your basic monthly earnings, up to a maximum monthly benefit of \$10,000 (minus any other applicable income benefits you may receive) as long as you remain totally disabled, subject to the maximum duration specified by the plan.

LEAVE OF ABSENCE

Depending on circumstances employees may be eligible to take a leave of absence due to their own needs or that of a family member. If you need to request a leave of absence you can email the Benefits and Leave team at leaves@commtrans.org or call 425.521.5300.





SAFETY & WELLNESS

Safe. It's what we want our employees to feel. At Community Transit, we provide many ways to ensure you have a safe work environment and support for physical, mental, financial and overall well-being. Here are just a few ways we make Community Transit a safe and fun place to work.

INJURY PREVENTION CENTER

Unlimited on-site physical therapy at no cost. Convenient and effective way to prevent injuries and help you heal quickly from those that do occur – even if not related to work!

WELLNESS PROGRAMS

You can work one-on-one with a registered dietitian or personal trainer at no cost. And take part in activities that support a healthy lifestyle, including group challenges, classes and 5Ks, and many other offerings that promote individual health.

FITNESS CENTERS

Employees have access to multiple on-site fitness centers. Signing up for fitness center access is easy. Ask any Briotix Staff member for information or visit one of the Fitness Centers and scan the posted QR Code.

SAFETY PROTOCOLS

Community Transit meets or exceeds all state and federally mandated safety requirements. We have a zero-tolerance drug and alcohol policy and a strong safety program that includes audiology and respiratory screenings. All employees receive a safety orientation on their first day at work, followed by additional training and guidance in safety programs.

HEALTH BENEFITS

Your health, and the health of your dependents, are taken

care of through a comprehensive benefit package.

PAID TIME OFF SUPPORT

In addition to generous paid-time-off accruals, all employees receive WA Paid Sick Leave (WPSL), access to all state and federal leaves, and short and long-term disability plans. For WPSL balances over 40 hours at the end of the every calendar year, the time becomes usable as Major Sick Leave (MSL)

VOLUNTARY SELF-REFERRAL OPTIONS

Help is always available to those who ask. Community Transit confidentially supports employees in treatment for drugs and alcohol and recovery support. Contact the Drug and Alcohol Program Manager for more information.

ERGONOMIC ASSESSMENTS

Your workspace is important. We ensure that it is physically set up to be supportive of your individual needs and comfort.

WORKSITE SECURITY

Employees should be safe whether on base or in the community. We ensure secure access to buildings, well-lighted areas, security cameras and access to Transit Police when needed.

CYBER SECURITY

Employee information is protected by many cyber security measures. Employees who experience identity theft, even not work-related, receive help through the EAP.

We operate with the belief that employees who feel safe in their work and personal environments are more likely to be happy and productive, and more committed to successfully serving our community. It does more than just prevent workplace injuries and illnesses; it makes Community Transit an excellent transit provider and a great place to work.



OTHER BENEFITS

EMPLOYEE ASSISTANCE PLAN

Employees and their household members are eligible for free and confidential financial, legal, mental and family support. A strong emphasis on mental health support provides employees and their family members with a variety of options to explore, including:

- Mental health care and counseling
- Financial & Legal assistance
- Identity theft recovery services
- Daily living services resources
- Funeral Planning Advocacy
- Elder care and childcare resource assistance

Many options are available to suit your needs. Up to five clinical consultations, per incident, per year. For legal services, the first 30 minutes of consultation are free of charge.

VIRTUAL/REMOTE WORK OPTIONS

Office staff and non-essential workers may have access to their virtual desktops from home. You are encouraged to maintain a balance of work at home and in the office. Discuss options with your manager.

TUITION REIMBURSEMENT

- **Tier 1 - Associate Degrees and Professional Certification courses:** tuition and fees up to \$2,000 annually
(note- this is 100% up to \$2,000)
- **Tier 2 - Bachelor's Degree:** 50% of tuition and fees up to \$6,500 annually
- **Tier 3 - Master's Degree:** 50% of tuition and fees up to \$14,500 annually
- Must be an employee in good standing as evidenced by your Manager supporting your attendance.
- Must have successfully completed probation.

WELLNESS PROGRAM

The Wellness program offers you a wide variety of services and activities throughout the year. The goal is for the program to be fun and educational while being an effective health management program. The program is focused on improvement of personal health and education about being healthy. Components of the Wellness Program include:

- On-site health coach and personal trainer.
- Access to on-site fitness centers complete with treadmills, recumbent bikes, weights, and elliptical machines.
- Wellness workshops on topics including nutrition, cholesterol reduction, stress management, and diabetes education.
- On-site wellness screenings.
- On-site flu shots.
- Interactive wellness events and activities.

WELLNESS INCENTIVE ACCOUNTS

Community Transit offers a personalized way of affording Wellness. Every employee has up to \$300 a year in spending for authorized expenses that promote employee's wellness. For example, if you love to hike and need a new pair of hiking boots – you can get reimbursed for up to \$300.

Navia Benefits is the administrator. Employees making qualified purchases should save any receipts. Submit receipts to Navia Benefits, you'll be able to apply for reimbursement.

The \$300 does not roll over from year to year. Any leftover unspent money will be lost.



OTHER BENEFITS

ORCA CARD – RIDE TRANSIT FREE!

All Community Transit employees receive an employee ORCA card, which serves as a transit pass for employees on all Community Transit, Everett Transit, King County Metro, Sound Transit (including the Sounder train and Link Light Rail), Pierce Transit and Kitsap Transit routes. The card is for your use only and is not transferable.

TRANSPORTATION INCENTIVE PROGRAM (TIP)

The TIP program is open to all Community Transit employees who commute to work using any form of transportation other than a single occupancy vehicle. If you meet the criteria, you may be eligible for a quarterly cash incentive. To participate in the program, you must complete a TIP registration form and return it to the Benefit & Leave Team. TIP forms are available in the Benefit & Leave Team or on the company intranet. This benefit is not subject to open enrollment rules; therefore, you may enroll at any time throughout the year.

SMARTHEALTH DEDUCTIBLE INCENTIVE

By participating in the Washington State SmartHealth initiative, administered through the PEBB, you may qualify to receive a \$125 wellness incentive. You must be enrolled in a PEBB medical plan and you may not be enrolled in Medicare Part A and Part B as your primary coverage. When you earn 2,000 points by established deadlines, you will reduce your PEBB medical plan deductible by \$125 for the following year or have \$125 deposited into your Health Savings Account!

Go to hca.wa.gov/employee-retiree-benefits/smarthealth-wellness and register. Participate in daily life activities and track your progress.

GUARANTEED RIDE HOME

Employees who are registered in the TIP program are eligible for the Guaranteed Ride Home program. This program is designed to provide an alternative ride home from work on a day that they Ride Share and have an unexpected or emergent need to get home from work. For more information, please see the Benefit & Leave Team Representative.

SAFETY AND SECURITY

Community Transit believes in the safety and security of the community, passengers, and our employees. Everything we do is viewed through the lens of safety and security. We have a number of programs in place to keep the workplace safe and secure in many ways.

- First report process of slips, falls, near misses and injuries/illnesses
- Safety Committee (jointly run by employees and managers) to identify hazards and recommend and monitor mitigations
- Agency Safety Plan that incorporates a Safety Management System process to mitigate hazards throughout the system
- Driver monitoring
- Drug and alcohol testing program
- Ergonomic assessments for all employees with personalized solutions
- On-site injury prevention and physical therapy for employees
- Occupational Medical Services, including exams, flu shots, hearing tests, respiratory safety, and more
- Partnership with the Snohomish County Sheriff's Office for Transit Police services



INJURY PREVENTION CENTER

Community Transit provides on-site occupational health and injury prevention services to assess, treat and prevent musculoskeletal injuries and help employees live and work pain free. We provide this service as a benefit for our team members. There is no insurance company to deal with and there are no copays or insurance deductibles to worry about. We offer confidential on-site and virtual services to help keep employees healthy and moving.

PREVENTION CENTER SERVICES

Some of our services are available with in-person or telehealth options. Contact us to learn more.

- **Early Intervention** – Get help for tight muscles, achy joints, or other pain to prevent injuries from becoming worse.
- **Physical Therapy** – Treatment for aches and pains that are not getting better.
- **Personal Training**– Improve fitness and prevent injury with one-on-one movement support and personal training.
- **Yoga & Stretching** – Online beginner and intermediate group classes, or private sessions.
- **Nutrition** – Get support with healthy eating, weight, meal planning, or managing health conditions.
- **Wellness** – Individual coaching & resources for stress management, sleep, hydration, physical activity, and more.
- **CDL Excel** – Get ready for your upcoming DOT physical with a biometric screen to see where you stand and individualized support to help you improve your important numbers.

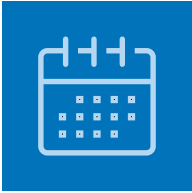
ONLINE RESOURCES

- **Facebook: CT Briotix**
 - Join our Facebook Group for Briotix updates, workout videos, wellness tips, and more. Plus, stay connected by sharing your own photos, stories, or questions with the group!
- **YouTube: CT Briotix**
 - Subscribe to our YouTube channel to watch wellness, cooking, yoga, and workout [videos](#)
- **Contact Briotix**
 - For all inquiries, email CommunityTransit@briotix.com

CONTACT AND HOURS

- **Physical Therapy Services**
 - Call or Text [425-551-8862](tel:425-551-8862) – Drop Ins are Welcome!
- **Health Resource Center (HRC) at Cascade**
Monday-Friday (hours vary and by appointment)
- **Health Resource Center (HRC) at HCSO**
Monday-Friday 7am to 7pm
- **Briotix Staff Phone**
 - Call or Text [425-551-8862](tel:425-551-8862)





PAID TIME OFF

PAID TIME OFF ACCRUALS

Employees earn paid time off from their date of hire and may use it as outlined under the personnel policy or collective bargaining agreement. Employees may accumulate up to 150% of their PTO earnings at any time, but accrual will stop once the cap has been reached. Accrual will resume once the PTO balance falls below the cap.

ATU Employees		
<i>Beginning After</i>	<i>Accrual Rate per Pay Period</i>	<i>Annual Accumulation</i>
Date of Hire	5.848 hrs	152 hrs
1st year of service*	6.462 hrs	168 hrs
4th year of service	7.386 hrs	192 hrs
7th year of service*	7.694 hrs	200 hrs
9th year of service	8.924 hrs	232 hrs
14th year of service	10.462 hrs	272 hrs
25th year of service	10.769 hrs	280 hrs
26th year of service	11.077 hrs	288 hrs
27th year of service	11.385 hrs	296 hrs
28th year of service	11.692 hrs	304 hrs
29th year of service	12 hrs	312 hrs

*The additional accruals were effective 01/01/2025

Admin Nonexempt Employees		
<i>Beginning After</i>	<i>Accrual Rate per Pay Period</i>	<i>Annual Accumulation</i>
Date of Hire	5.848 hours	152 hours
1st year of service	6.462 hours	168 hours
4th year of service	7.386 hours	192 hours
7th year of service	7.694 hours	200 hours
9th year of service	8.924 hours	232 hours
14th year of service	10.462 hours	272 hours

Admin Exempt Employees		
<i>Beginning After</i>	<i>Accrual Rate per Pay Period</i>	<i>Annual Accumulation</i>
Date of Hire	7.386 hours	192 hours
1 st year of service	8.000 hours	208 hours
4 th year of service	8.924 hours	232 hours
7 th year of service	9.232 hours	240 hours
9 th year of service	10.462 hours	272 hours
14 th year of service	12.000 hours	312 hours

COMPANY HOLIDAYS

Community Transit's offices will be closed on certain days during the year, called "company holidays," although the company may continue to provide service to the public and, in some circumstances, may schedule certain administrative employees to work on those days. When a holiday falls on a Saturday, the company will observe it on the previous Friday. When such a holiday falls on a Sunday, the company will observe it the following Monday.

Company holidays

INCLUDE	HOLIDAY OBSERVED
New Year's Day	January 1st
Martin Luther King Day	Third Monday in January
Presidents' Day	Third Monday in February
Juneteenth	Last Monday in May
Juneteenth	June 19th
Independence Day	Independence Day July 4th
Labor Day	Second Monday in September
Thanksgiving Day	Fourth Thursday in November
Day after Thanksgiving	Fourth Friday in November
Christmas Day	December 25th



RESOURCE LIBRARY

Click the links below to view more detailed benefit information or view all materials [here](#).

UNIFORM MEDICAL PLANS:

[Classic Plan](#)

[Consumer Directed Health Plan \(CDHP\)](#)

[UMP Select Plan](#)

KAISER PERMANENTE OF WA MEDICAL PLANS:

[Classic Plan](#)

[Consumer Directed Health Plan \(CDHP\)](#)

[SoundChoice Plan](#)

[Value Plan](#)

DENTAL AND VISION:

[Delta Dental of WA](#)

[Willamette Dental](#)

[VSP Vision](#)

LIFE AND DISABILITY:

[Basic Life and AD&D](#)

[Voluntary Life and AD&D](#)

[Short Term Disability Admin](#)

[Short Term Disability ATU](#)

[Long Term Disability](#)

ADDITIONAL BENEFITS:

[Flexible Spending Account \(FSA\)](#)

[Employee Assistance Program \(EAP\)](#)

Group name: communitytransit

[Secure Access WA](#)





IMPORTANT NOTICES

IMPORTANT INFORMATION REGARDING THE AFFORDABLE CARE ACT

Community Transit offers all employees health insurance coverage that meets the requirements of the Affordable Care Act. Therefore, Community Transit employees do not qualify for premium tax credits or other financial assistance through the Health Insurance Marketplace. While you are still eligible to participate through the Marketplace, it is not advisable as you would have to bear all the cost of medical coverage yourself.

IMPORTANT NOTICES

PEBB Summary of Benefits and Coverage may be obtained by going to www.hca.wa.gov/pebb. (Look under Benefits at a Glance). For IAM plans, contact the Trust directly.

Contact the Benefit & Leave Team for information regarding CHIP (Children's Medicaid), the Newborns' and Mothers' Health Protection Act, the Women's Health and Cancer Rights Act, the Medicare Part D notice, and the Nondiscrimination and Accessibility Requirements notice.

COBRA COVERAGE

In compliance with the Consolidated Omnibus Budget Reconciliation Act or COBRA, Community Transit offers the employee the opportunity to self-pay premiums for continued health care coverage for themselves and their dependents following termination for reasons other than gross misconduct or for a reduction in hours below the benefit-required threshold. Continuation of coverage through COBRA is identical to the coverage offered to full-time employees. In the event of the employee's termination or reduction in hours which would precludes employer-paid benefits, the coverage may last up to 18 months or until coverage under another employer-sponsored group health plan is obtained, whichever occurs first. If Social Security has determined that the employee was disabled at the time of termination, this period may be extended to 21 months. In the event the employee dies, divorces, becomes legally separated, becomes eligible for Medicare, or in the event a dependent loses eligibility, the former spouse and/or dependent may continue their own coverage for up to 36 months by paying the monthly premium. In order to continue coverage for a spouse or dependent after a divorce, legal separation, Medicare eligibility of the employee, or when a child is no longer a dependent child under the terms of the plan, the employee must immediately notify Human Resources.

THIS GUIDE TO BENEFITS

We hope that this guide has helped you understand the full scope of benefits available to Community Transit employees. If you have any questions, do not hesitate to ask the Benefit & Leave Team Representative or contact the service provider directly. Many of the vendor websites have plan booklets that can answer detailed questions. All the numbers and websites can be found on the last page of this guide.

HEALTH INSURANCE MARKETPLACE COVERAGES OPTIONS AND YOUR HEALTH COVERAGE

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for the Marketplace may begin as early as October 1st for coverage starting as early as January 1st of the following year. However, please keep in mind that this can vary. Open enrollment in 2025 began November 1st for coverage starting in 2026.

If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Community Transit then you lose the employer contribution to your health plan coverage. All Community Transit plan offerings currently meet the "minimum value standard" set by the Affordable Care Act.

Please visit www.healthplanfinder.org or healthcare.gov for more information.



CONTACT INFORMATION

	CARRIER	PHONE	WEBSITE
PEBB Plans	Kaiser Permanente WA Plans	888.901.4636	wa.kaiserpermanente.org
	Uniform Medical Plans (UMP)	888.849.3681	hca.wa.gov/employee-retiree-benefits/pebb-virtual-benefits-fair/uniform-medical-plan
	Kaiser Permanente WA Sound Choice	866.648.1928	hca.wa.gov/employee-retiree-benefits/pebb-virtual-benefits-fair/kaiser-permanente-washington
PEBB Programs	HealthEquity (HSA Manager)	UMP: 844.351.6853	healthequity.com/pebb
	SmartHealth Wellness Program	Other: 877.873.8823	smarthealth.hca.wa.gov
	WA State Rx Services	888.361.1611	
Dental Plans	WA Counties Insurance Fund	800.344.8570	wcif.net
	Delta Dental of Washington	800.554.1907	deltadentalwa.com
	Willamette Dental of Washington	855.433.6825	willamettedental.com
Vision Plans	VSP (Vision Services Plan)	800.877.7195	vsp.com
Life and AD&D Insurance	The Standard Insurance	NA	NA
	The Hartford	800.331.7234	thehartford.com
Short & Long Term Disability Insurance	The Hartford	800.549.6514	NA
Flexible Spending Accounts and Wellness Incentive	Navia Benefit Solutions	800.669.3539	naviabenefits.com
Retirement Programs	PERS (Dept. of Retirement Systems)	800.547.6657	drs.wa.gov
	457 Deferred Comp Plans	800.338.4015	participant.empower-retirement.com/participant/#/login
Employee Assistance Program	SupportLinc	800.553.7798	supportlinc.com (group: communitytransit)



CONTACT INFORMATION

	CARRIER	PHONE	WEBSITE
Credit Unions	Mountain Crest Credit Union	877.601.0000	mountaincrestcu.com
	SnoCope Credit Union	425.405.9973	snocope.org
Community Transit	Reception/Main Number	425.348.7100	communitytransit.org
	General HR Line	425.348.2315	Employee.engagement@commtrans.org
	myHR	NA	myhr.commtrans.org
	Benefits	425.521.5300	benefits@commtrans.org
	Accommodations	425.521.5300	accommodations@commtrans.org
	Leaves of Absence	425.521.5300	leaves@commtrans.org
	Payroll	NA	payroll@commtrans.org
	Wellness Reimbursement	NA	wellness@commtrans.org
	Interact	NA	communitytransit.app.simpplr.com/home



