

APPENDIX E

2023 Deputy Guild Medical Plans Comparison

This comparison is a general overview of the plan features and does not constitute an official document for the health plans. The carrier Summary Plan Description (Booklet) serves as the official document and provides additional information to help you make an informed decision about your health care coverage. Any conflict with this comparison and the Summary Plan Description (SPD), the SPD governs. For up to date medical plan information please go to: <https://clark.wa.gov/human-resources/employee-benefits>

CLARK COUNTY- DSG 2023 MEDICAL PLANS COMPARISON

Coverage	Regence PPO		Regence HSA Plan	
Deductibles and Maximums	Category 1 Preferred Providers	Category 2 Participating Category (Non-Participating Providers)	Category 1 Preferred Providers	Category 2 Participating Category 3 (Non-Participating Providers)
Per Person/Family Deductible	\$300 single / \$600 Family		\$1,500 single/\$3,000 Family	
Out-of-Pocket Maximum	\$2,800 single/ \$5,600 Family		\$3,050 single/\$6,100 Family	
Lifetime Maximum	Unlimited		Unlimited	
Health Savings Account				
Monthly Employer Contribution	N/A	N/A	Single \$ 41.67, Family \$83.33	
Preventive and Wellness Care				
Routine Visits including well-baby & well child care, screenings for women and routine physical exams	No Charge	No Charge	No Charge	Category 2 no charge, Category 3 pay 40% of billed charges
Immunizations	No Charge	No Charge	No Charge	Category 2 no charge, Category 3 pay 40% of billed charges
Routine Mammogram	No Charge	No Charge	No Charge	Category 2 no charge, Category 3 pay 40% of billed charges

Coverage	Regence PPO		Regence HSA Plan	
Office Visits				
Physician Visits	\$20 co-pay	50% after deductible	20% after deductible	40% after deductible
Maternity	15% after deductible	50% after deductible	20% after deductible	40% after deductible
Lab/X-Rays	No Charge	50% after deductible	20% after deductible	40% after deductible
Outpatient Rehabilitation (speech, physical, and occupational therapies)	15%, deductible waived	50% after deductible	20% after deductible	40% after deductible
Hospital Services				
Inpatient	15% after deductible	50% after deductible	20% after deductible	40% after deductible
Physician, Surgeon, Anesthesiology	15% after deductible	50% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	15% after deductible	50% after deductible	20% after deductible	40% after deductible
Other Services				
Hearing Exam	15%, deductible waived, one exam per year	50% after deductible	20% after deductible	
Hearing Aids	No charge, deductible waived	No charge, deductible waived	20% after deductible	
Emergency Services	\$100 co-pay, then 15% after deductible. Emergency Room co-pay waived if admitted. Inpatient hospital coverage applies.		20% after deductible	
Ambulance	15% after deductible	15% after deductible	20% after deductible	
Chiropractic Care or Acupuncture	15%, deductible waived	50% after deductible	20% after deductible	
Naturopath Office Visit	\$20 co-pay	50% after deductible	20% after deductible	

Coverage	Regence PPO		Regence HSA Plan	
Mental Health and Chemical Dependency Services				
Outpatient Visits	No charge	50%, deductible waived	20% after deductible	40% after deductible
Inpatient/Residential Treatment	15% after deductible	50% after deductible	20% after deductible	40% after deductible
Prescription Drugs				
Retail	\$10 co-pay for generic drugs, \$20 co-pay preferred brand name drugs on formulary, \$30 co-pay for non-formulary brand name drugs. Up to a 34-day supply		20% after deductible generic retail/mail order 20% after deductible preferred brand retail/mail order 20% after deductible non-preferred retail/mail order	
Mail Order	\$20 co-pay for generic drugs, \$40 co-pay preferred brand name drugs on formulary, \$60 co-pay for non-preferred brand name drugs. Up to a 90-day supply		20% after deductible generic retail/mail order 20% after deductible preferred brand retail/mail order 20% after deductible non-preferred retail/mail order	
Vision Services	Vision Service Plan (VSP)	Out-of Network Providers		
Exam	VSP: \$15 co-pay with VSP Provider.	Reimbursement up to \$45	Same	
Lenses/Frames/Contacts	\$300 allowance for frames or contacts. Standard lenses covered in full every 12 months	Reimbursement schedule for frames, lenses, contacts. Visit vsp.com for details	Same	

Coverage	Kaiser Permanente HMO Traditional	Kaiser Permanente HSA Plan
Deductibles and Maximums	Kaiser Facility	Kaiser Facility
Per Person / Family Deductible	n/a	\$1,500 single/\$3,000 Family
Out-of-Pocket Maximum	\$600 single/\$1,200 Family	\$3,050 single/\$6,100 Family
Lifetime Maximum	Unlimited	Unlimited
Health Savings Account		
Monthly Employer Contribution	N/A	Single \$ 41.67, Family \$83.33
Preventive and Wellness Care		
Routine Visits including well-baby & well-child care, screenings for women and routine physical exams	No Charge	No Charge
Immunizations	No Charge	No Charge
Routine Mammogram	No Charge	No Charge
Office Visits		
Physician Visits	\$20 co-pay	20% after deductible
Maternity	No Charge for scheduled prenatal and first post-delivery visit	No Charge scheduled prenatal and first post-delivery visit
Lab/X-Rays	No Charge	20% after deductible
Outpatient Rehabilitation (speech, physical, occupational therapies and massage)	\$20 co-pay, 20 visits per therapy per calendar year	20% after deductible, 20 visits per therapy per calendar year
Home Health Care	No charge up to 130 visits per year	20% after deductible, up to 130 visits per year

Coverage	Kaiser Permanente HMO Traditional	Kaiser Permanente HSA Plan
Hospital Services		
Inpatient hospital Services	\$100 per day up to \$500 maximum per admission	20% after deductible
Physician, Surgeon, Anesthesiology	No Charge	20% after deductible
Outpatient Surgery	\$20 co-pay	20% after deductible
Other Services		
Hearing Exam	\$20 co-pay	20% after deductible
Hearing Aids	Allowance of up to \$1,500 per ear every 3 years	20% after deductible
Emergency Services	\$75 co-pay waived if admitted inpatient	20% after deductible
Ambulance	\$50 co-pay per transport	20% after deductible per transport
Durable Medical Equipment	20% coinsurance	20% after deductible
Infertility	50% coinsurance for diagnosis and treatment	50% after deductible for diagnosis and treatment
Chiropractic Care	\$20 co-pay, 50 visits per year	20% after deductible (50 visits per year)
Acupuncture	\$20 co-pay, 12 visits per year	20% after deductible, 12 visits per year
Naturopath Office Visit	\$20 co-pay	20% after deductible

Coverage	Kaiser Permanente HMO Traditional	Kaiser Permanente HSA Plan
Mental Health & Chemical Dependency Services		
Outpatient Visits	\$20 co-pay	20% after deductible
Inpatient/Residential Treatment	\$100 per day up to \$500 per admission	20% after deductible
Prescription Drugs		
Retail	\$15 co-pay generic drugs, \$30 co-pay brand name drugs for up to a 34-day supply	Benefit after deductible \$15 generic drugs, \$30 preferred brand drugs, \$50 non-preferred brand drugs for up to a 34-day supply
Mail Order	\$30 co-pay generic drugs, \$60 co-pay brand name for a 31-to 90-day supply of maintenance medication	Benefit after deductible \$30 generic drugs, \$60 preferred brand name drugs, \$90 non-preferred brand drugs for a 31-to 90 day supply of maintenance medication
Vision Services	Kaiser	
Exam	\$20 co-pay	20% after deductible
Lenses/Frames/Contacts	\$300 allowance for frames or contacts, and lenses once every 24 months	\$300 allowance for glasses or contacts once every 24 months

APPENDIX F

**MEMORANDUM OF AGREEMENT
BETWEEN
CLARK COUNTY WASHINGTON
AND CLARK COUNTY DEPUTY SHERIFF’S GUILD**

This Memorandum of Agreement is entered into between Clark County Washington (“County”) and Clark County Deputy Sheriff’s Guild (“Guild”).

Purpose: Sign-on bonus for newly hired Enforcement Deputies

The parties mutually recognize the importance of having a competitive stance in the current law enforcement labor market in order to attract new Deputy applicants. To assist in achieving this objective, the County will implement a Deputy Sign-on Bonus Program for lateral and entry level applicants that will be comprised of two components:

1. The County will pay a newly hired Deputy who has current experience working as an Enforcement Officer a one-time sign-on bonus of \$25,000 to be paid in three installments as follows:
 - \$8,000 on first paycheck following the Deputy’s hire
 - \$8,500 following successful completion of probationary period
 - \$8,500 following three years of employment

2. The County will pay a newly hired Deputy who does not have any current experience working as an Enforcement Officer a one-time sign-on bonus of \$10,000 to be paid in two installments as follows:
 - \$2,000 on first paycheck following the Deputy’s hire
 - \$8,000 on paycheck immediately following successful completion of the FTO process and probationary period

If the Employee voluntarily leaves employment or is terminated for cause before working three full years for the County, the Employee will repay the sign-on bonus pursuant to the following schedule:

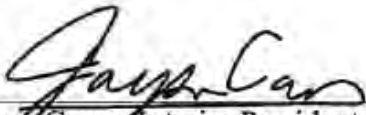
Date of Separation	Repayment Amount
Less than 1 year from date of hire	100% of any hiring bonus awarded
1 year to less than 2 years from date of hire	67% of any hiring bonus awarded
2 years to less than 3 years from date of hire	33% of any hiring bonus awarded
3 years or more from date of hire	0% of any hiring bonus awarded

The County reserves the right to discontinue/or continue the Deputy Sign-on Bonus program on or after December 31, 2022.

A lateral hire who has been previously employed by the Clark County Sheriff's Office, as an Enforcement Deputy, is not eligible for the sign-on bonus under the terms of this Agreement unless they have a minimum of two years (24 months) of separation from the Clark County Sheriff's Office from the date that this MOU was executed.

The parties agree that nothing contained in this MOU creates a past practice and that the MOU is not precedent setting in any way, except for the terms set forth in this MOU.

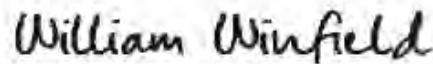
This MOU went into effect on June 1, 2022, and will be applied retroactively to qualified lateral hires effective June 1, 2022, and the parties acknowledge and agree to the terms and conditions set forth in this MOU as evidenced by the signatures of the applicable parties below.



Jayson Camp, Interim President &
Vice President
Deputy Sheriff's Guild



Anil Karia
Guild Attorney



William Winfield, Human Resources
Director Clark County

APPENDIX G

**MEMORANDUM OF AGREEMENT
BETWEEN
CLARK COUNTY WASHINGTON
AND CLARK COUNTY DEPUTY SHERIFF'S GUILD**

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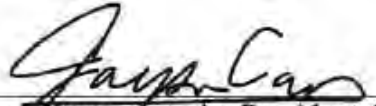
Clark County considers the continued service and dedication of their employees to be the essential component to meeting their mission of enhancing the quality of life in our diverse community. To recognize our employees' outstanding work and to encourage retention, the County is pleased to offer a one-time non-precedent setting retention incentive to the Guild membership.

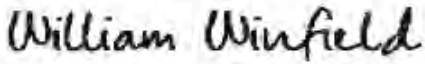
It is mutually agreed by all parties that in conjunction with this negotiated agreement, that bargaining unit employees, hired before June 1, 2022, shall be eligible to receive a two-thousand-dollar (\$2,000.00) retention incentive. Details for receiving the retention incentive are below:


Retention Incentive

- Two-thousand dollars (\$2,000.00) shall be applied on the next full pay period in the month following ratification of the 2023-2025 Collective Bargaining Agreement.

Be it further agreed that this Memorandum of Agreement shall be pursuant to the terms of Article 18 Grievance Procedure within the Collective Bargaining Agreement should there be any dispute regarding the interpretation and/or application of this memorandum.


Jayson Camp, Interim President &
Vice President
Deputy Sheriff's Guild


William Winfield, Human Resources
Director Clark County


Anil Karia
Guild Attorney