

DESCRIPTION OF EMPLOYEE BENEFIT PLAN 2022

Company: **Walla Walla County**

Plan Name or Type: **Medical, Dental, Vision and Life Insurance**

This description of the above plans is provided as required by I.R.S. Section 89(k) to notify employees of the material terms of the plan. It is a general summary, not a complete explanation of the plan, and in case of any conflict, the terms of the plan will control. Further information can be obtained by contacting the Walla Walla County Human Resources Office.

A participant may be eligible to continue coverage for himself/herself and his/her dependents under certain circumstances as required by COBRA.

If you are employed on the *1st working day of the month* and pay ANY portion of your elected benefits or elect dependent coverage, the paycheck you receive on the last working day of the month will reflect two months of the premiums as we are always paying for the next month on insurance coverage.

Below are the websites where you can find more information about each offered plan, as well as find participating providers' information. You can also call your doctor and ask if they are a participating provider for a specific plan.

Washington Counties Insurance Fund
Vision Service Plan
Washington Dental Service
Willamette Dental Service

www.wcif.net
www.vsp.com
www.deltadentalwa.org
www.willamettedental.com