



Sequim School District #323

Employee Benefit Guide

2017-2018 School Year

Important Open Enrollment Information

Open Enrollment Period: August 21st to September 29th, 2017

- Online enrollment is required for Dental through the WEA/Aon UPoint. <http://resources.hewitt.com/wea> for WEA Plans. MetLife Vision Enrollment forms are due September 29, 2017.
- If you are a new hire or wish to make changes, you will need to enroll using the online system or by calling the WEA Select Benefits Center at 1-855-668-5039, Monday through Friday, 7:00 am -12:00 pm & 1:00 pm - 6:00 pm PST.

Benefits Fair

Please plan on attending this one time event as this will be your only chance to meet with our insurance representatives to answer your questions or to get further information and details.

Date: Thursday, August 24th

Time: 7:00-8:30 am

Location: Sequim High School Cafeteria

601 N Sequim Ave

Sequim, WA 98382

The information herein is not a contract. It is a summary of the benefits available. It is not intended to be an all-inclusive description of Plan benefits, limitations or exclusions, and should not be used in lieu of a Plan book. Be sure to consult your Plan booklet, or consult with the insurance company representative before making your selection. If there are any discrepancies between this summary and the official Plan documents and booklets, the official Plan documents and booklets prevail. Please direct any questions to **The Partners Group at (877) 455-5640**. This summary was created on September 27, 2017. Any further information, revision by bargaining units or by insurers after this date could change or modify the information contained herein.

Welcome to Your Benefits!

Our District is proud to offer a comprehensive benefits package to its valued employees and their eligible family members. This package is designed to provide you with choice, flexibility and value.

This Benefits Guide will help you learn more about your benefits, review highlights of the available plans and make selections that best fit your lifestyle and budgetary needs. In addition, you can contact the Payroll/Benefits Department or our Insurance Broker, The Partners Group for help in understanding your benefits. After enrollment, you will have access to insurance plan booklets that provide more detailed information on each of the programs you have selected.

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Insurance Committee

Your insurance committee is made up of elected representatives from our district. The Committee reviews all the plans available to us from our Insurance Broker and advises District leadership on the benefits offered to employees.

If you are interested in participating on this committee, please contact Human Resources.

Your committee members are:

Shawn Langston - Administrators

Elizabeth Joers - Para Educators

John O'Rourke - Teamsters

Caity Karapostoles- PSE

Michael McCann - Para Educators

Currin Brummett - The Partners Group

Kenny Strong - The Partners Group

Carol Harms - SEA

Heidi Hietpas- Exec. Dir. of Finance and Operations

Sonja Brown - Payroll/Benefits + Human Resources Specialist

Kathy Wright - Payroll/Benefits + Human Resources Specialist

Paul Wieneke - Exec. Director of Human Resources

Valorie Knieper - Human Resources Specialist

Mark Rose - The Partners Group

Insurance Contact Information

Carrier Name	Coverage	Group/Policy #	Phone Number	Website
Premera (All staff except Paraeducators)	Medical	4012583	855-756-0798	www.premera.com
Aetna (Paraeducators)	Medical	TBD	855-878-4101	www.weaselect.com
United Healthcare (Paraeducators)	Medical	TBD	844-219-3630	www.weaselect.com
UPoint	Enrollment/ Changes	N/A	855-668-5039	http://resources.hewitt.com/wea
Sound Health & Wellness Trust (Custodians/Maintenance)	Medical		800-225-7620	
Delta Dental	Dental	186	800-554-1907	www.deltadentalwa.com
Sound Health & Wellness Trust (Custodians/Maintenance)	Dental/Vision		800-225-7620	
Delta Dental (Transportation)	Dental	TBD	800-554-1907	www.deltadentalwa.com
MetLife	Vision	05912268	855-638-3931	www.metlife.com
Washington Teamsters Welfare Trust (Transportation)	Vision	TBD	800-732-1123	www.nwadmin.com
American Fidelity	WEA Short Term Disability / Flexible Spending Account	N/A	866-576-0201	www.afadvantage.com
TSA Consulting Group	403(b)	N/A	800-695-1471	
AFLAC	Supplemental Insurance	N/A	360-797-1675	

District Contact Information

Payroll/Benefits + Human Resources	Sonja Brown	360-582-3267
Payroll/Benefits + Human Resources	Kathy Wright	360-582-3247
Human Resources	Paul Wieneke	360-582-3261
Business Office	Heidi Hietpas	360-582-3266

Enrolling or Making Changes to your Benefits

You may make changes to your benefit choices once a year during the open enrollment period. Outside of this period, you can add or drop dependents if there has been a qualifying event. Coverage will be effective for newborns on their actual date of birth. If you have been recently married, coverage becomes effective the 1st of the month after date of marriage.

You have the following time periods to enroll:

- 60 days from birth/adoption to add a child
- 60 days from date of marriage to add a spouse and stepchildren
- 60 days to add a spouse or children if there has been a loss of other group coverage

Many of your benefits are on a pre-tax basis so the IRS requires you to have a qualified change in status in order to make changes to your benefits.

Employees must enroll by September 29th and must provide a confirmation print out of their “Submitted Successfully” enrollment, by September 29th to the Payroll/Benefits department in the Business Office.

Types of Qualifying Events

- Marriage or Divorce
- Enter into a state registered domestic partnership
- Birth or adoption
- Death of an enrolled family member
- Leave of absence
- Waived coverage for yourself or your family member because of other coverage and that coverage is lost for qualified reasons

If you are declining enrollment for yourself or your dependents because of other health insurance coverage, you may be able to enroll yourself or your dependents in our plans provided that you request enrollment within 30-60 days (depending on carrier) after your other coverage ends.

Unless one of the above Qualifying Events apply, you may not be able to obtain coverage under our insurance plans until the next open enrollment period.

Dependents

Your legal spouse or state registered domestic partner is eligible for coverage as well any as of your children (biological or step) up to age 26. Coverage is also available for beyond age 26 for incapacitated children. Please see Payroll/Benefits staff for more information if you have questions on dependent eligibility.

If you need assistance or have questions on any of your benefits, you can always contact Payroll/Benefits or our Insurance Broker.

The Partners Group

Phone: 1-877-455-5640

Benefit Changes for the 2017-2018 School Year

Washington State Allocation

- State allocation for employee benefits will increase to \$820.00. The 2017-2018 Retiree Carveout amount is \$64.07.

Premera Blue Cross (Plan 2, Plan 3, EasyChoice, Plan 5, Basic and QHDHP) - ALL GROUPS EXCEPT PARAEDUCATORS

All plans

- WEA will no longer be the plan sponsor for Premera Blue Cross. The Premera Blue Cross plans are being offered from Premera directly.
- EviCore Prior Authorization for outpatient rehabilitation, including massage, has been removed from all plan options.
- The Employee Term Life insurance will increase from \$12,500 to \$25,000.

Plan 2

- The separate prescription drug out-of-pocket maximum has been eliminated. The total Individual Out of Pocket Limit has been reduced from \$4,000 to \$2,000. The total Family Out of Pocket Limit has been reduced from \$10,000 to \$6,000.
- 5% rate increase

Plan 3

- The separate prescription drug out-of-pocket maximum has been eliminated. The total Individual Out of Pocket Limit has been reduced from \$5,000 to \$3,000. The total Family Out of Pocket Limit has been reduced from \$13,000 to \$9,000.
- 5% rate increase

EasyChoice Plan A

- The separate prescription drug out-of-pocket maximum has been eliminated. The total Individual Out of Pocket Limit has been reduced from \$6,500 to \$4,000. The total Family Out of Pocket Limit has been reduced from \$13,000 to \$8,000.
- The first \$1,000 of Laboratory/X-ray will be covered at 100%, with deductible waived.
- 5% rate increase

EasyChoice Plan B

- The separate prescription drug out-of-pocket maximum has been eliminated. The total Individual Out of Pocket Limit has been reduced from \$6,000 to \$3,500. The total Family Out of Pocket Limit has been reduced from \$12,000 to \$7,000.
- The Heritage Prime Network will be replaced with the Heritage Plus 1 Network.
- 5% rate increase

Plan 5

- The separate prescription drug out-of-pocket maximum has been eliminated. The total Individual Out of Pocket Limit has been reduced from \$3,000 to \$1,000. The total Family Out of Pocket Limit has been reduced from \$7,000 to \$3,000.
- The Foundation Network will be replaced with the Heritage Plus 1 Network.
- 5% rate increase

Basic Plan

- No benefit changes.
- The Heritage Prime Network will be replaced with the Heritage Plus 1 Network.
- 5% rate increase.

QHDHP

- No benefit changes.
- The Heritage Prime Network will be replaced with the Heritage Plus 1 Network.
- 5% rate increase.

Benefit Changes for the 2017-2018 School Year (Continued)

Medical - Paraeducators Only

- WEA has changed carriers from Premera Blue Cross, to Aetna and United Healthcare
- Each Plan offered will have 2 carrier choices, and 2 network choices, PPO Network and High Performing Network.
- Benefits vary by plan, and by Network choice.
- The Deductible and Out of Pocket Limits will reset on November 1 of each year.
- EasyChoice A and B will have different monthly premiums.
- Prior Authorization will not be required for Massage Therapy, however, treatment must be medically necessary.

WEA Aetna plans

- The Aetna network for PPO plan choices is the “Open Access” network. The Aetna network for the High Performance Network plan choices is the “Whole Health in Puget Sound” network in King, Snohomish and Pierce counties and is the “Washington Value Network” in all other counties.
- Prior Authorization is not required for Physical Therapy, Speech Therapy or Occupational Therapy, however, treatment must be medically necessary.
- Aetna High Performance Network plan choices:
 - Emphasize coordination of care within a system of providers
 - Participants can self-refer to specialists and other healthcare providers within the network.
 - A referral is required if care cannot be provided within the network. (KING, SNOHO, PIERCE ONLY)
 - Out-of-network benefits are included, with a separate deductible, coinsurance levels, and no out-of-pocket maximum.
 - Certain physician groups have been excluded from this network.
 - Except in King, Snohomish or Pierce Counties, there are no benefits for Out-of-Network services, except for Emergency Services. This includes dependents residing in other states.

WEA United Healthcare (UHC) plans

- The UHC network for PPO plan choices is the “Choice Plus” network. The UHC network for the High Performance Network plan choices is the “Navigate Balanced” network.
- UHC High Performance Network plan choices:
- Participants pay lower copayments when referred to a specialist by their Primary Care Physician
- Participants can self-refer for specialty services within the network and pay a higher copayment at the time of service.
- Certain physician groups have been excluded from this network.
- There are no benefits for Out-of-Network services, except for Emergency Services. This includes dependents residing in other states.
- All UHC plans will require Prior Authorization for Physical Therapy, Speech Therapy and Occupational Therapy.

Dental - Delta Dental of Washington (Classified, UnRep, Admin, Para Educators only)

- No Benefit Changes
- 2% rate decrease

Dental - Ameritas Dental (Certificated Staff only)

- A \$150 vision benefit is now included in the annual maximum benefit.
- \$3.00 rate increase.

Vision – Metlife (Classified, UnRep, Admin, ParaEducators only)

- No Benefit Changes
- 4.4% rate decrease

Medical Plan Options (Certificated Staff Only)

Plan (Network)	Premera Blue Cross EasyChoice A (Heritage)		Premera Blue Cross EasyChoice B (Heritage)	
	In Network	Out of Network	In Network	Out of Network
Medical Deductible	\$1,250 person/ \$3,750 family	\$2,000 person/ \$6,000 family	\$750 person/ \$2,250 family	\$1,500 person/ \$4,500 family
Rx Deductible	\$500		\$250	
4th Qtr. Carry Over	Nov & Dec Only		Nov & Dec Only	
Carrier Coinsurance	80%	50%	75%	50%
Medical Out of Pocket Max	\$4,000 person/ \$8,000 family	None	\$3,500 person/ \$7,000 family	None
Rx Out of Pocket Max	Shared with Medical		Shared with Medical	
Office Visit <i>Primary/Specialist</i>	\$25/\$35 copay (dw)	Ded & coin	\$30/\$40 copay (dw)	Ded & coin
Preventive Care*	Covered in full	Not covered except Screenings-ded & coin	Covered in full	Not covered except Screenings-ded & coin
Diagnostic Lab & X-Ray	Paid in Full to \$1,000 then Ded & Coin		Deductible & Coinsurance	
Advanced Diagnostic Imaging			Deductible & Coinsurance	
Emergency Care**	\$100 copay + ded & coin		\$150 copay + ded & coin	
Ambulance	Deductible & Coinsurance		Deductible & Coinsurance	
Hospital (Inpatient)	Deductible & Coinsurance		Deductible & Coinsurance	
Hospital (Outpatient)	Deductible & Coinsurance		Deductible & Coinsurance	
Spinal Manipulations	\$25 copay (dw)	Ded & coin	\$30 copay (dw)	Ded & coin
	12 manipulations PCY		12 manipulations PCY	
Vision Care	Not Covered		Not Covered	
Rehab - Outpatient (Speech, Massage, OT, PT)	30 visits		45 visits	
	\$35 copay (dw)	Ded & coin	\$40 copay (dw)	Ded & coin
Rehab - Inpatient (Speech, Massage, OT, PT)	30 days PCY		45 days PCY	
	Ded & coin		Ded & coin	
Prescriptions	Generic / Preferred / Non - Preferred - At Participating Pharmacies			
Retail Cost Share	\$10 (dw) / 30% / 30% (30 day supply)		\$5 (dw) / \$30 / \$45 (30 day supply)	
Mail Order Cost Share	\$20 (dw) / 30% / 30% (90 day supply)		\$10 (dw) / \$75 / \$112 (90 day supply)	
Specialty Cost Share	30% through Accredo or Walgreens Specialty Pharmacy only (30 day supply)		30% through Accredo or Walgreens Specialty Pharmacy only (30 day supply)	
Life/AD&D Insurance	\$25,000 Life and AD&D for Employee Only			

*Preventive Services as defined by the Affordable Care Act

**Copay waived if admitted to hospital

(dw)= Deductible Waived

(PCY) = Per Calendar Year

Ded & coin = Deductible & Coinsurance Apply

OT = Occupational Therapy

PT = Physical Therapy

Rx = Prescription Medication

To locate a Premera provider, visit www.premera.com

Medical Plan Options (Certificated Staff Only)

Plan (Network)	Premera Blue Cross QHDHP (Heritage)	
	In Network	Out of Network
Medical Deductible	\$1,750 person/ \$3,500 family†	\$3,000 person/ \$6,000 family†
Rx Deductible	Subject to Medical Deductible	
4th Qtr. Carry Over	Does NOT Apply	
Carrier Coinsurance	80%	50%
Medical Out of Pocket Max	\$5,000 person/ \$10,000 family	Unlimited
Rx Out of Pocket Max	Shared with Medical	
Office Visit <i>Primary/Specialist</i>	Ded & coin	Ded & coin
Preventive Care*	Covered in full	Not covered except Screenings-ded & coin
Diagnostic Lab & X-Ray	Ded & coin	Ded & coin
Advanced Diagnostic Imaging	Ded & coin	Ded & coin
Emergency Care**	Ded & coin	
Ambulance	Ded & coin	
Hospital (Inpatient)	Ded & coin	Ded & coin
Hospital (Outpatient)	Ded & coin	Ded & coin
Spinal Manipulations	Deductible & Coinsurance	
	12 manipulations PCY	
Vision Care	Not Covered	
Rehab - Outpatient (Speech, Massage, OT, PT)	15 visits PCY	
	Ded & coin	Ded & coin
Rehab - Inpatient (Speech, Massage, OT, PT)	30 days PCY	
	Ded & coin	Ded & coin
Prescriptions		
Retail Cost Share	Ded & coin (30 day supply)	
Mail Order Cost Share	Ded & coin (90 day supply)	
Specialty Cost Share	20% through Accredo or Walgreens Specialty Pharmacy Only (30 day supply)	
Life/AD&D Insurance		

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†Premera QHDHP, the deductible must be satisfied before benefits are payable. If more than one person is enrolled, the family deductible must be satisfied before benefits are payable for ANY enrolled person.

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Medical Plan Options (Classified, Admin, and Unrepresented staff only)

Plan (Network)	Premera Blue Cross PPO 2 (Heritage)		Premera Blue Cross PPO 3 (Heritage)		Premera Blue Cross PPO 5 (Heritage)	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Medical Deductible	\$300 person / \$900 family		\$500 person / \$1,500 family		\$200 person/ \$600 family	\$350 per person
Rx Deductible	None		None		None	
4th Qtr. Carry Over	Nov & Dec Only		Nov & Dec Only		Nov & Dec Only	
Carrier Coinsurance	80%	60%	80%	60%	90%	70%
Medical Out of Pocket Max	\$2,000 person / \$6,000 family	\$3,400 person / \$10,200 family	\$3,000 person / \$9,000 family	\$5,900 person / \$17,700 family	\$1,000 person/ \$3,000 family	Unlimited
Rx Out of Pocket Max	Shared with Medical		Shared with Medical		Shared with Medical	
Office Visit <i>Primary/Specialist</i>	\$25/\$35 copay (dw)	\$30/\$40 copay (dw)	\$30/\$40 copay (dw)	\$40/\$50 copay (dw)	\$20/\$30 copay (dw)	Ded & coin
Preventive Care*	Covered in full	Coinsurance only	Covered in full	Coinsurance only	Covered in full	Not covered
Diagnostic Lab & X-Ray	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Advanced Diagnostic Imaging	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Emergency Care**	\$75 copay + ded & coin		\$100 copay + ded & coins		\$50 copay + ded & coin	
Ambulance	Deductible & Coinsurance		Deductible & Coinsurance		\$50 copay + deductible	
Hospital (Inpatient)	\$150 copay per day / \$450 max PCY then ded & coin		\$300 copay per day / \$900 max PCY then ded & coin		\$150 copay per day / \$450 max PCY then ded & coin	
Hospital (Outpatient)	Surgery- \$100 copay then ded & coin All other services- Ded & coin		Surgery- \$150 copay then ded & coin All other services- Ded & coin		Deductible & Coinsurance	
Spinal Manipulations	\$25 copay (dw)	\$30 copay (dw)	\$30 copay (dw)	\$40 copay (dw)	\$20 copay (dw)	Ded and Coin
	Unlimited Manipulations		Unlimited Manipulations		Unlimited Manipulations	
Vision Care	Not Covered		Not Covered		Not Covered	
Rehab - Outpatient (Speech, Massage, OT, PT)	45 visits Unlimited visits for PT		45 visits Unlimited visits for PT		45 visits	
	\$35 copay (dw) PT: ded & coin	\$40 copay (dw) PT: ded & coin	\$40 copay (dw) PT: ded & coin	\$50 copay (dw) PT: ded & coin	\$30 copay (dw)	Ded & Coin
Rehab - Inpatient (Speech, Massage, OT, PT)	120 days PCY		30 days PCY		30 days PCY	
	See Hospital Inpatient		See Hospital Inpatient		See Hospital Inpatient	
Prescriptions	Generic / Preferred / Non - Preferred - At Participating Pharmacies					
Retail Cost Share	\$10 / \$20 / \$35 (34 day supply)		\$15 / \$25 / \$40 (34 day supply)		\$10 / \$15 / \$30 (30 day supply)	
Mail Order Cost Share	\$20 / \$40 / \$65 (100 day supply)		\$30 / \$50 / \$70 (100 day supply)		\$20 / \$30 / \$60 (90 day supply)	
Specialty Cost Share	\$50 copay through Accredo or Walgreens Specialty Pharmacy Only (30 day supply)		\$60 copay through Accredo or Walgreens Specialty Pharmacy Only (30 day supply)		\$50 copay through Accredo or Walgreens Specialty Pharmacy Only (30 day supply)	
Life/AD&D Insurance	\$25,000 Term Life and AD&D for Employee Only					

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Medical Plan Options (Classified, Admin, and Unrepresented staff only)

Plan (Network)	Premera Blue Cross EasyChoice A (Heritage)		Premera Blue Cross EasyChoice B (Heritage)	
	In Network	Out of Network	In Network	Out of Network
Medical Deductible	\$1,250 person/ \$3,750 family	\$2,000 person/ \$6,000 family	\$750 person/ \$2,250 family	\$1,500 person/ \$4,500 family
Rx Deductible	\$500		\$250	
4th Qtr. Carry Over	Nov & Dec Only		Nov & Dec Only	
Carrier Coinsurance	80%	50%	75%	50%
Medical Out of Pocket Max	\$4,000 person/ \$8,000 family	None	\$3,500 person/ \$7,000 family	None
Rx Out of Pocket Max	Shared with Medical		Shared with Medical	
Office Visit Primary/Specialist	\$25/\$35 copay (dw)	Ded & coin	\$30/\$40 copay (dw)	Ded & coin
Preventive Care*	Covered in full	Not covered except Screenings-ded & coin	Covered in full	Not covered except Screenings-ded & coin
Diagnostic Lab & X-Ray	Paid in Full to \$1,000 then Ded & Coin		Deductible & Coinsurance	
Advanced Diagnostic Imaging			Deductible & Coinsurance	
Emergency Care**	\$100 copay + ded & coin		\$150 copay + ded & coin	
Ambulance	Deductible & Coinsurance		Deductible & Coinsurance	
Hospital (Inpatient)	Deductible & Coinsurance		Deductible & Coinsurance	
Hospital (Outpatient)	Deductible & Coinsurance		Deductible & Coinsurance	
Spinal Manipulations	\$25 copay (dw)	Ded & coin	\$30 copay (dw)	Ded & coin
	12 manipulations PCY		12 manipulations PCY	
Vision Care	Not Covered		Not Covered	
Rehab - Outpatient (Speech, Massage, OT, PT)	30 visits		45 visits	
	\$35 copay (dw)	Ded & coin	\$40 copay (dw)	Ded & coin
Rehab - Inpatient (Speech, Massage, OT, PT)	30 days PCY		45 days PCY	
	Ded & coin		Ded & coin	
Prescriptions	Generic / Preferred / Non - Preferred - At Participating Pharmacies			
Retail Cost Share	\$10 (dw) / 30% / 30% (30 day supply)		\$5 (dw) / \$30 / \$45 (30 day supply)	
Mail Order Cost Share	\$20 (dw) / 30% / 30% (90 day supply)		\$10 (dw) / \$75 / \$112 (90 day supply)	
Specialty Cost Share	30% through Accredo or Walgreens Specialty Pharmacy only (30 day supply)		30% through Accredo or Walgreens Specialty Pharmacy only (30 day supply)	
Life/AD&D Insurance	\$25,000 Life and AD&D for Employee Only			

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To locate a Premera provider, visit www.premera.com

Medical Plan Options (Classified, Admin, and Unrepresented staff only)

Plan (Network)	Premera Blue Cross Basic (Heritage)		Premera Blue Cross QHDHP (Heritage)	
	In Network	Out of Network	In Network	Out of Network
Medical Deductible	\$2,100 person/ \$4,200 family	\$2,500 person/ \$5,000 family	\$1,750 person/ \$3,500 family†	\$3,000 person/ \$6,000 family†
Rx Deductible	\$750 person/ \$1,500 family	Not covered	Subject to Medical Deductible	
4th Qtr. Carry Over	Nov & Dec Only		Does NOT Apply	
Carrier Coinsurance	70%	50%	80%	50%
Medical Out of Pocket Max	\$6,600 person/ \$13,200 family	Not Applicable	\$5,000 person/ \$10,000 family	Unlimited
Rx Out of Pocket Max	Shared with Medical	Not covered	Shared with Medical	
Office Visit <i>Primary/Specialist</i>	\$35/\$50 copay (dw)	Ded & coin	Ded & coin	Ded & coin
Preventive Care*	Covered in full	Not covered except Screenings-ded & coin	Covered in full	Not covered except Screenings-ded & coin
Diagnostic Lab & X-Ray	Ded & coin	Ded & coin	Ded & coin	Ded & coin
Advanced Diagnostic Imaging	Ded & coin	Ded & coin	Ded & coin	Ded & coin
Emergency Care**	\$200 copay + Ded & coin		Ded & coin	
Ambulance	Deductible & coinsurance		Ded & coin	
Hospital (Inpatient)	Ded & coin	Ded & coin	Ded & coin	Ded & coin
Hospital (Outpatient)	Ded & coin	Ded & coin	Ded & coin	Ded & coin
Spinal Manipulations	\$35 copay (dw)	Ded & coin	Deductible & Coinsurance	
	12 manipulations PCY		12 manipulations PCY	
Vision Care	Not Covered		Not Covered	
Rehab - Outpatient (Speech, Massage, OT, PT)	30 visits		15 visits PCY	
	\$50 copay (dw)	Ded & coin	Ded & coin	Ded & coin
Rehab - Inpatient (Speech, Massage, OT, PT)	30 days PCY		30 days PCY	
	Ded & coin	Ded & coin	Ded & coin	Ded & coin
Prescriptions	Generic / Preferred / Non- Preferred - At Participating Pharmacies			
Retail Cost Share	\$15 / \$30 / \$50 (30 day supply)	Not covered	Ded & coin (30 day supply)	
Mail Order Cost Share	\$30 / \$60 / \$100 (90 day supply)	Not covered	Ded & coin (90 day supply)	
Specialty Cost Share	30% through Accredo or Walgreens Specialty Pharmacy Only (30 day supply)	Not covered	20% through Accredo or Walgreens Specialty Pharmacy Only (30 day supply)	
Life/AD&D Insurance	\$25,000 Term Life and AD&D for Employee Only			

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Rx = Prescription Medication

†Premera QHDHP, the deductible must be satisfied before benefits are payable. If more than one person is enrolled, the family deductible must be satisfied before benefits are payable for ANY enrolled person.

To locate a Premera provider, visit www.premera.com

Medical Plan Options - (Paraeducators Only)

Plan (Network)	WEA Plan 2			
	Aetna/UHC PPO		Aetna High Performance	UHC High Performance
	In Network	Out of Network	In Network Coverage Only*	In Network Coverage Only*
Medical Deductible	\$300 (3x family)		\$300 (3x family)	\$300 (3x family)
Rx Deductible	None		None	None
Carrier Coinsurance	80%	60%	80%	80%
Medical OOP Max	\$2,000 individual (3x family)	\$3,400 individual (3x family)	\$2,000 individual (3x family)	\$2,000 individual (3x family)
Office Visit <i>Primary/Specialist</i>	\$25/\$35 (dw)	\$30/\$40 (dw)	\$25/\$35 (dw)	\$25/\$50 (dw)
Rx OOP	\$2,000 individual (2x family)		\$2,000 individual (2x family)	\$2,000 individual (2x family)
Prescriptions	Generic/Preferred/Non-Preferred At Participating Pharmacies			
Retail Cost Share Copay	\$10/\$20/\$35		\$10/\$20/\$35	\$10/\$20/\$35

Plan (Network)	WEA Plan 3			
	Aetna/UHC PPO		Aetna High Performance	UHC High Performance
	In Network	Out of Network	In Network Coverage Only*	In Network Coverage Only*
Medical Deductible	\$500 (3x family)		\$500 (3x family)	\$500 (3x family)
Rx Deductible	None		None	None
Carrier Coinsurance	80%	60%	80%	80%
Medical OOP Max	\$3,000 individual (3x family)	\$5,900 individual (3x family)	\$3,000 individual (3x family)	\$3,000 individual (3x family)
Office Visit <i>Primary/Specialist</i>	\$30/\$40 (dw)	\$40/\$50 (dw)	\$30/\$40 (dw)	\$30/\$60 (dw)
Rx OOP	\$2,000 individual (2x family)		\$2,000 individual (2x family)	\$2,000 individual (2x family)
Prescriptions	Generic/Preferred/Non-Preferred At Participating Pharmacies			
Retail Cost Share Copay	\$15/\$25/\$40		\$15/\$25/\$40	\$15/\$25/\$40

This is a consolidated view of your Aetna and United Healthcare health insurance benefits. To access your full benefits, for additional information, or to find a provider, please visit www.weaselect.com.

* No out-of-network benefits for Aetna or UHC High Performance plans.

Medical Plan Options (Paraeducators Only)

Plan (Network)	WEA Plan 5			
	Aetna/UHC PPO		Aetna High Performance	UHC High Performance
	In Network	Out of Network	In Network Coverage Only*	In-Network Coverage Only*
Medical Deductible	\$200 individual (3x family)	\$350 per person	\$200 (3x family)	\$200 (3x family)
Rx Deductible	None		None	None
Carrier Coinsurance	90%	70%	90%	90%
Medical OOP Max	\$1,000 individual (3x family)	Unlimited	\$1,000 individual (3x family)	\$1,000 individual (3x family)
Office Visit Primary/Specialist	\$20/\$30 (dw)	70%/70%	\$20/\$30 (dw)	\$20/\$50 (dw)
Rx OOP	\$2,000 individual (2x family)		\$2,000 individual (2x family)	\$2,000 individual (2x family)
Prescriptions	Generic/Preferred/Non-Preferred At Participating Pharmacies			
Retail Cost Share Copay	\$10/\$15/\$30		\$10/\$15/\$30	\$10/\$15/\$30

This is a consolidated view of your Aetna and United Healthcare health insurance benefits. To access your full benefits, for additional information, or to find a provider, please visit www.weaselect.com.

* No out-of-network benefits for UHC High Performance plans.

Medical Plan Options (Paraeducators Only)

Plan (Network)	EasyChoice A			
	Aetna/UHC PPO		Aetna High Performance	UHC High Performance
	In Network	Out of Network	In Network Coverage Only*	In-Network Coverage Only*
Medical Deductible	\$1,250 individual (3x family)	\$2,000 individual (3x family)	\$1,250 (3x family)	\$1,250 (3x family)
Rx Deductible	\$500 (waived for generics)		\$500 (waived for generics)	\$500 (waived for generics)
Carrier Coinsurance	80%	50%	80%	80%
Medical OOP Max	\$4,000 individual (2x family)	Unlimited	\$4,000 individual (2x family)	\$4,000 individual (2x family)
Office Visit <i>Primary/ Specialist</i>	\$25/\$35 (dw)	50%/50%	\$25/\$35 (dw)	\$25/\$50 (dw)
Rx OOP	\$2,500 individual (2x family)		\$2,500 individual (2x family)	\$2,500 individual (2x family)
Prescriptions	Generic/Preferred/Non-Preferred At Participating Pharmacies			
Retail Cost Share Copay	\$10/30%/30%		\$10/30%/30%	\$10/30%/30%

Plan (Network)	EasyChoice B			
	Aetna/UHC PPO		Aetna High Performance	UHC High Performance
	In Network	Out of Network	In Network Coverage Only*	In-Network Coverage Only*
Medical Deductible	\$750 individual (3x family)	\$1,500 individual (3x family)	\$750 (3x family)	\$750 (3x family)
Rx Deductible	\$250 (waived for generics)		\$250 (waived for generics)	\$250 (waived for generics)
Carrier Coinsurance	75%	50%	75%	75%
Medical OOP Max	\$3,500 individual (2x family)	Unlimited	\$3,500 individual (2x family)	\$3,500 individual (2x family)
Office Visit <i>Primary/ Specialist</i>	\$30/\$40 (dw)	\$50%/50%	\$30/\$40 (dw)	\$30/\$60 (dw)
Rx OOP	\$2,500 individual (2x family)		\$2,500 individual (2x family)	\$2,500 individual (2x family)
Prescriptions	Generic/Preferred/Non-Preferred At Participating Pharmacies			
Retail Cost Share Copay	\$5/\$30/\$45		\$5/\$30/\$45	\$5/\$30/\$45

Medical Plan Options (Paraeducators Only)

Plan (Network)	WEA Plan Basic			
	Aetna/UHC PPO		Aetna High Performance	UHC High Performance
	In Network	Out of Network	In Network Coverage Only*	In-Network Coverage Only*
Medical Deductible	\$2,100 individual (2x family)	\$2,500 individual (2x family)	\$2,100 (2x family)	\$2,100 (2x family)
Rx Deductible	\$750 individual (2x family)	Not Covered	\$750 individual (2x family)	\$750 individual (2x family)
Carrier Coinsurance	70%	50%	70%	70%
Medical OOP Max	\$6,600 individual (2x family)	Unlimited	\$6,600 individual (2x family)	\$6,600 individual (2x family)
Office Visit <i>Primary/Specialist</i>	\$35/\$50 (dw)	50%	\$35/\$50 (dw)	\$35 (dw)
Rx OOP	Included in Medical		Included in Medical	Included in Medical
Prescriptions	Generic/Preferred/Non-Preferred At Participating Pharmacies			
Retail Cost Share Copay	\$15/\$30/\$50		\$15/\$30/\$50	\$15/\$30/\$50

Plan (Network)	QHDHP			
	Aetna/UHC PPO		Aetna High Performance	UHC High Performance
	In Network	Out of Network	In-Network Coverage Only*	In-Network Coverage Only*
Medical Deductible	\$1,750 individual (2x family)	\$3,000 individual (2x family)	\$1,750 (2x family)	\$1,750 (2x family)
Rx Deductible	None		None	None
Carrier Coinsurance	80%	50%	80%	80%
Medical OOP Max	\$5,000 individual (2x family)	Unlimited	\$5,000 individual (2x family)	\$5,000 individual (2x family)
Office Visit <i>Primary/Specialist</i>	80%	50%	80%	80%
Rx OOP	Included in Medical		Included in Medical	Included in Medical
Prescriptions	Generic/Preferred/Non-Preferred At Participating Pharmacies			
Retail Cost Share Copay	80%		80%	80%

High Deductible Health Plan and HSA Questions and Answers

How does the High Deductible Health Plan (HDHP) work?

- Unlike your other health plans that have co-pays for certain services that do not apply toward the deductible, on an HDHP, your deductible **must be met before** payments are provided for any services (except for Preventive Care) including prescriptions. If there is more than one person covered by your HDHP (spouse and/or child) the family deductible **must be met before** payments are provided for ANY person enrolled.

What is a Health Savings Account (HSA)?

- A Health Savings Account is a special bank account tied to your HDHP where you can put in money, on a pre-tax basis, to pay for “qualified medical expenses” such as prescriptions, services provided by your HDHP, dental plan and vision plan.

Who is eligible to participate in an HSA?

- Anyone covered by an HDHP, however, you or your enrolled spouse cannot be covered under another medical plan unless that plan is also an HDHP.
- If you are no longer covered by an HDHP, or you enroll in Medicare, you can no longer contribute funds to an HSA but you can use the remaining funds toward eligible expenses.
- You cannot participate in an HSA if you can be claimed as a dependent on another person’s tax return.
- As this is a bank account, you must be eligible to open a bank account. This process may include a credit check.

Can I have an HSA and a Flexible Spending Account (FSA) or a Health Reimbursement Account (HRA)?

- Any person covered by an HDHP **cannot** have an FSA or HRA **including VEBA** unless it is a **non-medical** FSA or HRA such as a daycare reimbursement FSA or a “limited purpose” non-medical FSA.
- If your spouse has an FSA that could cover your medical expenses, you **cannot** participate in an HSA.

How much can I contribute to my HSA?

- Your current premium dollars includes a monthly contribution (based on your bargaining unit) towards your HSA
- You (and/or your employer) can contribute up to the Federal Annual Limit. For 2017, including employer contributions, it is \$3,400 (individual) or \$6,750 (family). For 2018, the limit increases to \$3,450 (individual) and to \$6,900 (family).
- If you are over age 55, contributions may include an additional \$1,000 per calendar year.
- Married couples with two separate HSAs are limited to a total of \$6,750 between the two accounts if one has an HDHP with employee & dependents enrolled.
- Contributions to your HSA are deducted from your paycheck on a pre-tax basis and deposited by your employer.

How do I use my HSA?

- Most HSAs come with a debit card attached to the account. Use or provide this card at time of service/purchase to use the funds in your HSA.
- You may also provide receipts for eligible expenses to your HSA administrator for reimbursement if you do not use your HSA debit card.

High Deductible Health Plan and HSA Questions and Answers continued

Important Things to Be Aware of About your HDHP and HSA

- The HSA is a bank account, in your name, that belongs to you. If you leave your employer, the account goes with you and you can continue to use it for qualified medical expenses. Any monthly banking fees for the HSA are your responsibility and will be deducted directly from your HSA.
- Over-the-Counter medications are not a qualified medical expense under an HSA.
- Any use of HSA funds for a non-qualified medical expense is subject to a 20% tax penalty and applicable income taxes. You should keep all your receipts for purchases made with your HSA in case you are audited by the IRS.
- You cannot use HSA funds for any item or service provided prior to your effective date on your HDHP. For example, if your HDHP was effective 11/1/2016 and your dentist performed a crown on 9/5/2016, you cannot use HSA funds on this service.
- Unlike an FSA, you can only use the funds that have already been deposited in your HSA. If you receive a bill for \$400 for services but only have \$200 in your HSA available, you can only use \$200.
- You can use your HSA funds for qualified medical expenses for any tax dependent even if they are not covered by your HDHP. You cannot, however, use your HSA funds for qualified medical expenses for someone who is not a tax dependent (e.g. a child over the age of 26.)
- All deductibles on your HDHP reset January 1st of each calendar year. There is no carry forward of deductibles met in the prior year. If you enroll in an HDHP on November 1, your medical expenses will be subject to the entire annual deductible for the remainder of the calendar year and will reset on January 1.

This is just a brief overview of HSAs and HDHPs and is not inclusive of all tax laws. More information can be found at www.treasury.gov, and on IRS Publication 969 and 502 or by consulting your tax professional

Saving Money on Your Medical Costs

Health care costs can be expensive. You can help keep your costs down for yourself and for everyone enrolled under our plans by making wise choices.

Use The Emergency Room for Emergencies Only

If you have a life threatening emergency, contact 911 or go to an emergency room but if your condition is not life threatening or a medical emergency, use an urgent care facility or see your doctor. Urgent Care facilities are significantly cheaper than emergency rooms and generally only require a small co-pay for their use.

Select Generic Prescription Drugs When Available

If a generic drug is available and will work for you, select the generic. Generic drugs are considerably less expensive for you and our insurance plan. Some plans, like the Premera EasyChoice plans, include a separate deductible for prescriptions that is waived if you select generic drugs.

Choose to Receive Care from a Preferred (In-Network) Provider on Your PPO Plan.

To make sure you are receiving the maximum coverage possible, ask if the physician or the medical facility whose services you want to use is in your plan's "preferred provider" network. Always be sure to ask, if you are being referred for any services, that you are being referred to a preferred provider. While your hospital or physician may be a preferred provider, the lab they use or refer you to for tests may not be and you will be responsible for a greater percentage of the charges as a result.

Participate in the Flexible Spending Account

Our Flexible Spending Account (FSA), described under the Voluntary Benefits section of this guide, allows you to pay many of your out-of-pocket expenses such as deductibles, co-pays, co-insurance, non-covered health care costs and dependent care with before-tax dollars. The FSA allows you to spread these costs over the year as just a portion of your annual election is deducted from each paycheck.

Mandatory Dental & Vision Benefits (Certificated)

Certificated staff members dental coverage is provided by Ameritas. Ameritas member dentists are reimbursed based on negotiated, pre-approved fees. Employees are not held responsible for amounts charged in excess of the member dentists' approved fees. This translates to lower out-of-pocket costs – and no surprises.

If you choose to see a dentist who is not a member of Ameritas, claim payments will be based upon actual charges or the allowable fee for nonmember dentists, whichever is less.

Ameritas Dental	In-Network	Out-of-Network
Plan Year Maximum (November 1 - October 31)	\$2,000 per person	
Annual Deductible (waived for Preventive Services)	\$50 person / \$150 family	
Preventive Services (Exams, X-rays, Cleanings)	100%	100%
Basic Restorative Services (Fillings, Endo, Perio, Crowns)	100%	100%
Major Restorative Services (Crown Repair, Bridges, Dentures, Implants)	60%	60%
Vision	Members can use up to \$150 of the plan year maximum benefit towards any covered eye care expense	
Hearing - Annual Exam	Covered in full up to \$75	
Hearing Aid - per ear per year	Year One - Covered at 100% up to \$350 Year Two - Covered at 100% up to \$350 Year Three - Covered at 100% up to \$350	

Ameritas members get access to Ameritas iHear hearing aids. They are more affordable than most other hearing aids and so small it's practically invisible. You don't need to visit an audiologist. Simply order your iHearTest kit online for \$69*, and once you've taken the test from the convenience of your home, order your hearing aid online. Please note that you will also order a Programming Kit for \$129* to adjust settings on your device. To order an iHear device or get more information go to www.ameritas.com/listen.

*Prices subject to change

To find an In-Network dentist, visit ameritas.com and select FIND A PROVIDER. Enter your criteria to search by location, or for a specific dentist or practice. If your dentist is Out-of-Network, you are still covered for services at the benefits indicated. Ameritas reimburses Out-of-Network dentists at the 90th percentile of usual and customary charges.

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time), Monday through Thursday 7 a.m. to 6.:30 p.m on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to www.ameritas.com.

Mandatory Dental Benefits (excluding UFCW Members & Transportation Staff)

Our district provides dental coverage through Delta Dental of Washington. Under the Delta Dental of WA Incentive Plan, you may receive care from any dentist.

However, if you receive care from a preferred provider dentist, your out-of-pocket expenses will be lower and your maximum plan year benefit will be higher.

To locate a preferred provider, visit www.deltadentalwa.com/wea.

Delta Dental of WA Incentive Plan A (Group #186)	
Plan Year Maximum (Nov 1 - Oct 31)	\$1,750 per person (Non-PPO providers) \$2,000 per person (PPO providers)
Preventive Services (Exams, X-Rays, Cleanings, Fluoride, Sealants)	70% - 100% Incentive
Restorative Services (Fillings, Oral Surgery, Endo, Perio)	70% - 100% Incentive
Onlays, Crowns	70% - 100% Incentive
Major (Dentures, Bridges, Partials & Implants)	50%
Temporomandibular Joint Disorder	50% up to \$1,000 Annual Maximum \$5,000 Lifetime Maximum
Administrators Only	
Orthodontics - Plan I (Children Only)	50% to \$2,000 (lifetime maximum benefit)

During your 1st benefit year on this plan, 70% of covered benefits are paid. This advances by 10% annually (on November 1) **providing you use the program at least once each benefit year to a maximum of 100%. Failure to use the program once each benefit year causes your benefit level to drop by 10% but never lower than 70%. Each eligible employee creates their own percentage level. Percentage levels do not affect the 50% level on allowable prosthetics (dentures and bridges) and orthodontics.

Mandatory Vision Benefits (excluding UFCW Members & Transportation)

Our District provides vision coverage through MetLife. The below is a summary of in-network benefits provided by MetLife contracted providers.

For out of network benefits, a benefit summary is available from payroll, or by creating an account at www.metlife.com.

	Frequency	In-Network MetLife Provider
Copayments		\$25.00 exams \$25.00 materials
Exams	Once every 12 months	Paid at 100%
Lenses (pair)	Once every 12 months	Paid at 100%
Progressive Lenses Standard (pair)	Once every 12 months	Paid at 100% after \$55.00 copay*
Frames	Once every 24 months	\$180.00 max allowance (\$100.00 at Costco)
Contacts - elective (in lieu of lenses and frames)	Once every 12 months	\$180.00 max allowance

*Please see your Plan Summary for additional options and copayments for Progressive Lens Enhancements.

Mandatory Dental Benefits – Transportation Staff

Transportation staff member’s dental coverage is provided by Washington Teamsters Welfare Trust, and administrated by Delta Dental of WA. The information below is a summary, please refer to your Dental Plan B Summary Plan Description for full details. You may receive services from any licensed dentist, but costs may be lower if you receive service from a Delta Dental provider. Dentists are reimbursed according to the Schedule of Dental Allowances, up to the annual plan maximum. You are responsible for the difference between the dental allowance and the fee charged by the dentist.

To find a member dentist, visit www.deltadentalwa.com.

Washington Teamsters Welfare Trust Dental Plan B	Plan Payments*
Covered Services	Scheduled allowance covered service schedule
Annual Maximum	\$1,800 per person
Orthodontia for children through the age of 18 <i>Only dependent children through the age of 18 are eligible. If orthodontia work began before the dependent’s 19th birthday and the child is a full time student, coverage for the work already begun may continue through age 25.</i>	70% up to a \$1,800 lifetime maximum
Dental Accident	100% of the Delta Dental of WA member dentists’ pre-approved fee or the amount allowed by the schedule of allowance (up to the unused annual maximum)

*Certain exclusions and limitations apply. See Covered Services in your Summary Plan Description for specific dental benefits under this plan.

Mandatory Vision Benefits – Transportation Staff

Transportation staff member’s vision coverage is provided through the Washington Teamsters Welfare Trust and administrated by NW Administrators. The information below is a summary, please refer to your Vision Plan EXT Summary Plan Description for full details.

To find a member provider, visit www.nwadmin.com.

	NBN Network Provider	Non-Network Provider (reimbursement)
Exams	Paid in full	\$35
Lenses (pair)		
Single Vision	Paid in full*	\$30
Bifocal	Paid in full*	\$40
Trifocal	Paid in full*	\$45
Lenticular	Paid in full*	\$90
Contact Lenses (subnormal)	Paid in full**	\$200
Contact Lenses (elective) in lieu of glasses	\$150	\$90

** Limited to frames selection covered by the Trust Plan

***Plan pays for standard or basic styles. Patient pays for any extra cost of “Premium” progressives, photo chromatic, scratch coating or anti-reflective + scratch coat lens extras.

*Paid in full includes:

Basic lenses	Solid color coating & tinting (e.g. sun tints)	Gradient tinting
Mirror coating	UV protection	Polarized lenses or laminated lenses
Photochromatic Light sensitive glass lenses (light and dark shades, e.g. PhotoSun)	Photochromatic Light sensitive plastic lenses (such as Transitions); standard grades***	Progressive lesnes (no-line bifocal); standard grades***
Polycarbonate lenses	Special lens edge treatments (e.g. drilling, notching, grooving, beveling, polishing or coating edges)	Anti-reflective coating
Anti-reflective coating + scratch coating; standard grades***	Scratch coating; standard grades***	Oversize lenses
Prism and double segments	Slab off	

Voluntary Benefits

Our District offers a variety of voluntary benefits to eligible employees on the following pages. *Please be aware that these benefits cannot be paid for from monies from your state allocation.*

Voluntary Short Term Disability/Salary Insurance

Our district offers its eligible employees Short Term Disability/Salary insurance through American Fidelity. This policy is designed to provide you with a cash benefit in the event you suffer a qualified short term disability. This plan includes offsets that will subtract any other sources of income, such as Social Security. This plan does not offset income received from sick pay for the first 30 days. Injury or sickness arising out of or in the course of any occupation for wage or profit for which you are entitled to Worker's Compensation will not be covered under the benefits listed below.

Eligible Class	All Employees
AmFi Brochure #	SB-25071-0717
Benefit Amount	Up to 66 2/3 rd % of your monthly income to a maximum of \$7,500 per month
Waiting Period	0 days for injury / 7 days for sickness (benefits begin on 8th day for sickness)
Benefit Period	60 days

These plans include a limitation to offset with other sources of income. Participants will be eligible to receive up to 70% of their monthly earnings, which includes other income received, such as sick pay (after 30 days) or unemployment compensation. Injury or Sickness arising out of or in the course of any occupation for wage or profit for which you are entitled to Worker's Compensation will not be covered under this plan.

The above information does not constitute a contract. It only highlights some general information. These products contain limitations, exclusions, and waiting periods. Please be sure to consult the appropriate WEA Select American Short-Term brochure for a summary of the plan's rates, specific benefits, limitations, exclusions, and elimination period information before making your selection. The brochure is available in the human resource department and/or through an American Fidelity Assurance Company representative at 1-866-576-0201 between 8:00 AM and 5:00 PM or via the Internet at www.americanfidelity.com.

American Fidelity: Voluntary Accident, Cancer and Critical Illness

For more detailed information and/or questions regarding these types of coverage, contact:

American Fidelity's home office at (206) 575-8400

AFLAC Supplemental Insurance

AFLAC is supplemental insurance that pays in addition to other insurance. The benefits paid are paid directly to you, therefore you may spend them as you see fit. The types of insurance available are; Accident/Disability, Short Term Disability, Cancer, Personal Recovery Plus and Dental.

AFLAC benefits are voluntary, payroll deducted benefits.

If you are interested in any of the above coverages, contact:

Mike Phillips at 360-531-0300

Section 125 Plan / Flexible Spending Account

Section 125 Plan enables participating employees to reduce their income tax liability by setting aside pre-tax dollars from their earnings to pay for out-of-pocket premiums, health care, and dependent care costs.

American Fidelity Assurance Company:

There are three ways to save by participating in the Section 125 Plan – by pre-taxing eligible insurance premiums, by participating in the Dependent Day Care Flexible Spending Account (Dependent Day Care FSA), and by participating in the Health Flexible Spending Account (Health FSA). Consider the following reasons to participate:

- Tax Advantages – Participating in the Section 125 plan helps you lower the amount you pay in taxes and thereby, increase your take-home pay.
- Control – You decide how much to put into the Flexible Spending Accounts.
- Out-of-Pocket Medical / Dental Expenses –You can pre-tax eligible medical and dental expenses, such as orthodontia, copayments, and deductibles. You must have a medical practitioner’s prescription on file in order to be reimbursed for over-the-counter drugs and medicines.
- Dependent Care Expenses – The Dependent Day Care FSA reimburses for certain eligible dependent care costs (e.g., daycare) with pre-tax dollars and thus reduces your taxable income.

The eligible insurance plans available under Section 125 include dental, health, and vision insurance. These benefits will automatically be pre-taxed under the plan. If an employee does not want to participate in this plan, they must sign and return a “Premium Payment Plan Refusal” form to [Payroll/Benefits by 09/29/17](#). Elections made under the Section 125 plan must remain in place for the length of the plan year unless the employee experiences an allowable election change event mid-plan year (consult your employer for more details). An employee cannot change or revoke their Health FSA election during the contract year. Cancellation or changes for this account are allowed only during the next annual open enrollment period.

To take advantage of either or both of the Flexible Spending Accounts, you must complete an election form and return it to the Payroll/Benefits office prior to [12/10/2017](#). Employees currently participating in either of the Flexible Spending Accounts also need to submit a new election form for [2018](#) to the Payroll/Benefits office.

Carryover: The Health FSA allows up to \$500 of unused contributions to be carried over to the next plan year. This amount will be added to any contributions you elect for the next plan year. The plan allows for a 90 day runoff period after the end of the plan year during which the participant can submit eligible Health FSA or Dependent Day Care FSA claims incurred during the preceding plan year for reimbursement. Any amount over \$500 remaining at the end of the runoff period will be forfeited.

To take advantage of the Flexible Spending Accounts, you must complete the appropriate election form with the American Fidelity Representative. All employees participating in the plan need to submit an application for 2017. All employees will need to see the American Fidelity Representative as no manual forms will be accepted.

Credit Union Options

Inspirus Credit Union
(formerly School Employees Credit Union)
888-628-4010
www.inspiruscu.org

Active school employees, working in Washington State or retired school employees who live in Washington State, are eligible to become members of the above named Credit Unions. The advantages of joining a Credit Union include paying lower interest rates on loans, Classic Money Market Accounts, Savings Plans, Check Overdraft Protection along with specific accounts just for children. If you’d like more information please contact the Business Office or the Credit Unions above.

Tax-Sheltered Annuity (TSA, 403(b))

For information on a TSA (also known as a Tax-Deferred Account or 403(b)) contact:

Payroll/Benefits Department at 360-582-3267 or 360-582-3247

Helpful Information

The information on the following pages is presented for your information. If you have any questions on this information, please contact Payroll/Benefits Staff.

Family Medical Leave Act of 1993 (FMLA)

The Federal Family Medical Leave Act (FMLA) was signed into law in February 1993. The law guarantees up to 12 weeks of unpaid leave each year to workers who need time off for the birth or adoption of a child, to care for a spouse or immediate family member with a serious illness, or who are unable to work because of a serious health condition. Employees are eligible if they worked for a covered employer for at least one year and for 1,250 hours over the previous 12 months.

The FMLA is an employer law; it covers employers with 50 or more employees and affects many job-related rights of employees. Among other things, this law also affects the health benefit plans maintained by employers who are required to comply. Employers are required by FMLA to continue to provide group health benefits at the same level and under the same conditions as if the employee had continued to be actively at work. A person who fails to return from an FMLA leave may be entitled to continuation of coverage under COBRA.

COBRA and Continuation of Coverage

If you or a qualifying family member have any questions about notices provided to you by your employer or questions about COBRA please contact:

Payroll/Benefits
Sequim School District
503 N. Sequim Ave
Sequim, WA 98382
360-582-3267 or 360-582-3247

It is very important that you notify your employer regarding any change in your status such as; change in address, becoming eligible for Medicare, divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child. For changes in address or becoming eligible for Medicare, you must notify your employer **immediately**. For divorce, separation, and over-age dependent children, you must notify your employer within **60 days** of the change in status. Please contact Payroll/Benefits staff at the above information for the form(s) that may need to be filled out.

School Employees Retirement Systems

If you have questions regarding your retirement information under PERS/SERS/TRS, please contact:

Department of Retirement Systems
800-547-6657
www.drs.wa.gov

Healthy Kids Now through Apple Health

Infants through teenagers may be eligible to receive free or low cost health insurance in Washington State. Many families qualify and don't know it. These programs are flexible and cover kids in many types of households. This program covers a full range of services that all children need to stay healthy. For more information, please contact or visit:

Apple Health Hotline
1-877-KIDS-NOW
www.insurekidsnow.gov

Washington State Deferred Compensation Program (DCP)

The Deferred Compensation Program (DCP) helps you save for retirement on a pre-tax basis, offering the options you need to develop a personal investment strategy. With DCP, you authorize your employer to postpone or defer a part of your income, before taxes are calculated, and have that money invested in your DCP account. Both the income you save and the earnings on your investments grow tax-deferred to add to your future retirement and Social Security benefits.

With DCP, you decide how much money you want deducted from each paycheck. That can be as little as \$360 per year or as much as the annual legal maximum of \$18,000 if you are under age 50 and \$24,000 if you are over age 50 for 2017.

How does Deferred Compensation Work?

With DCP, you may elect to defer a portion of your salary until retirement or separation from service. Automatic payroll deduction makes savings easy as the amount you choose to defer is taken from your gross income before taxes. For example, if you are in the 15% tax bracket, for every \$100 you earn, you keep only \$85 because \$15 is withheld for federal income taxes. If you elect to defer \$100 into a DCP, your take home pay is only reduced by \$85 because the \$100 is deferred before taxes are calculated. When deciding how much to save, consider adding that extra income to your deferral amount. It can have a significant impact at the time you retire.

Should you have any questions or would like more information on the Washington State Deferred Compensation Program, contact the DCP at:

Phone: 1-888-327-5596 (Mon-Fri 8:00-5:00pm)

Email: dcpinfo@drs.wa.gov

Mail: PO BOX 40931 Olympia, WA 98504-0931

Turn in completed forms to Payroll by the 10th of the month

Individual Health Coverage

If you find a family member needs to come off your health plan whether due to age or cost, The Partners Group can help. You can get affordable, quality health coverage from a variety of plans offering different coverage levels and prices.

- Personalized consultations with health insurance professionals in all 50 states
- Free tax subsidy eligibility review
- Streamlined, paperless, application process
- A variety of other plans available including dental, vision, and life

Call the Partners Individual Marketplace at (888) 465-9404 or visit www.partnersimarketplace.com for a free quote and assistance in continuing to protect your family's health needs.

Workers' Compensation Self-Insurance Program

The Sequim School District belongs to a group self-insured trust through the Olympic ESD. Our self-insured program applies to any work-related injury or illness. The industrial insurance laws of Washington allow employers to insure workers' compensation obligations through the State Fund or through self-insurance. The benefits and rights for injured workers are exactly the same under either system. By being self-insured, the Sequim School District assumes the cost of the actual medical charges and compensation expenses, and pays, from district funds, all benefits prescribed by workers' compensation laws associated with an on-the-job injury or illness. Under our self-insurance program, you will no longer pay the medical-aid premium; however, the Supplemental Pension and Asbestos premium deduction will appear on your payroll check at each pay period. The deduction amount is determined by the Department of Labor and Industries and is subject to change annually.

If you sustain a work-related injury, the following steps are to be followed:

- Immediately report any injury to your supervisor (whether or not medical attention is required)
- Contact the Director of Human Resources at 360-582-3261, who will log the accident and provide you with the appropriate forms.

In case of an emergency, your supervisor will make sure that the treating physician or emergency facility is informed that the Sequim School District is self-insured so that your claim can be processed properly. The method by which the Sequim School District determines Time Loss Certification, includes, but is not limited to:

- Certificate of Disability
- Medical Reports
- Release for Work Slip
- Medical Progress Report

(This information will be obtained by the ESD 114 Workers' Compensation Trust)

If you have any questions, please contact Human Resources at 360-582-3261.

Shared Sick Leave Qualifications

Who may share their sick leave?

- Employees who have 22+ days of sick leave accrued after donation

Can employees from one bargaining group share their sick leave with an employee from another bargaining group?

- Yes, as long as the employee who is sharing their sick leave has 22+ days after their donation

What qualifications are required to receive shared sick leave?

- Employees who are requesting shared sick leave must have (and/or a member of their immediate family) a condition(s) that is "extreme and/or extraordinary". An "extreme and/or extraordinary" condition(s) would include a medical condition(s), which if not treated, may result in severe consequences (i.e. death, permanent disability, etc.)

Examples of "extreme and/or extraordinary" conditions include some of the following:

- **Cancer/Treatment of Cancer**
- **Some mental disorders**
- **Major life threatening surgery**
- **Medically necessary leaves due to injury and/or illness**

Examples of conditions which DO NOT qualify for shared sick leave include some of the following:

- **Broken bones**
- **Flu**
- **Maternity Leave**
- **Some mental disorders**
- **Surgery that is not 100% medically necessary**

Each request for shared sick leave is determined on an individual basis. As stated above, your condition (and/or a member of your immediate family) must have an "extreme and/or extraordinary" condition, which if not treated, may result in severe consequences (i.e. death, permanent disability etc.). Please refer to your bargaining unit language and board policy for details.

Glossary of Terms

Advanced Diagnostic Imaging – Diagnostic services such as CAT scans, MRIs, and PET scans.

Allowed charges – Services rendered or supplies furnished by a health provider that qualify as covered expenses and for which insurance coverage will pay in whole or in part, subject to any deductible, coinsurance or table of allowances included within the plan design.

Benefit Period – The period designated for application of deductibles or specific types of benefits, after which, the deductible must be satisfied again before the benefits are again available.

Coinsurance – A provision under which the enrollee and the carrier each share a percentage of the cost of a covered service. A typical coinsurance arrangement is 80% / 20%. This means the carrier will pay 80% of the eligible charges and the enrollee will pay 20%.

Copayment - Generally used to refer to a fixed dollar amount the enrollee pays to the provider at time of service.

Deductible – The amount of out-of-pocket expenses that must be paid for services by the covered person before the carrier will begin to pay benefits. Please note that your medical deductible is run on a calendar year basis.

Explanation of Benefits (EOB) – A description sent to you by your carrier that describes what benefits were paid for a particular claim.

Family Deductible – A deductible that is satisfied by the combined expenses of all family members. For example, a program with a \$200 deductible may limit its application of the deductible to a maximum of three deductibles (\$600) for the family regardless of the number of family members enrolled. Under a High Deductible Health plan, the full family deductible must be satisfied before benefits are payable under anyone enrolled if there is more than one person enrolled.

Maximum Benefit – The largest dollar amount or number of visits a plan will pay towards the cost of a specific benefit or overall care.

Open Enrollment – A period in which you have an opportunity to make changes in your benefit selections or a period when uninsured individuals can obtain coverage without presenting evidence of insurability (health statements).

Out-of-Pocket Expenses - Those health care expenses for which the enrollee is responsible. These include deductible, coinsurance, copayments and any costs above the amount the insurer considers usual and customary or reasonable (unless the provider has agreed not to charge the enrollee for those amounts).

Out-of-Pocket Maximum – The amount that the enrollee must pay for deductibles, coinsurance and copayments in a defined period (usually a calendar year) before the insurer covers all remaining eligible expenses at 100%.

Specialty Medication – Medications that treat serious health condition such as cancer and rheumatoid arthritis. They are complex and expensive, and may require intensive monitoring.

Monthly Insurance Rates for 2017-2018 - Certificated Staff Only

MEDICAL	Premera EasyChoice A & B	Premera QHDHP*
Employee Only	\$692.70	\$682.65
Employee & Spouse	\$1258.65	\$1124.95
Employee & Child(ren)	\$919.05	\$859.55
Family	\$1508.15	\$1303.80

*Your Premera QHDHP plan premiums include a \$140 monthly contribution to your HSA.

Dental - Certificated Staff	Ameritas
Employee Only	\$62.04
Employee & Spouse	\$147.21
Employee & Child(ren)	\$144.10
Family	\$229.26

Monthly Insurance Rates for 2017-2018 (Paraeducators Only)

MEDICAL WEA Plan 2	Aetna		United HealthCare	
	PPO	High Performance	PPO	High Performance
Employee Only	\$972.29	\$933.72	\$1,023.14	\$923.67
Employee & Spouse	\$1,783.32	\$1,712.17	\$1,877.25	\$1,693.79
Employee & Child(ren)	\$1,303.25	\$1,251.38	\$1,371.77	\$1,238.02
Family	\$2,137.89	\$2,052.50	\$2,250.17	\$2,030.04

MEDICAL WEA Plan 3	Aetna		United HealthCare	
	PPO	High Performance	PPO	High Performance
Employee Only	\$883.50	\$848.49	\$929.71	\$839.35
Employee & Spouse	\$1,620.77	\$1,556.14	\$1,706.19	\$1,539.39
Employee & Child(ren)	\$1,183.91	\$1,136.83	\$1,245.83	\$1,124.35
Family	\$1,941.52	\$1,864.02	\$2,043.66	\$1,843.65

MEDICAL WEA EasyChoice A	Aetna		United HealthCare	
	PPO	High Performance	PPO	High Performance
Employee Only	\$658.33	\$632.36	\$692.61	\$625.61
Employee & Spouse	\$1,199.78	\$1,152.07	\$1,262.77	\$1,139.67
Employee & Child(ren)	\$879.09	\$844.25	\$925.08	\$835.20
Family	\$1,432.16	\$1,375.11	\$1,507.46	\$1,360.28

MEDICAL WEA EasyChoice B	Aetna		United HealthCare	
	PPO	High Performance	PPO	High Performance
Employee Only	\$684.23	\$657.23	\$719.89	\$650.20
Employee & Spouse	\$1,250.40	\$1,200.66	\$1,315.79	\$1,187.46
Employee & Child(ren)	\$913.85	\$877.62	\$961.41	\$867.95
Family	\$1,492.46	\$1,432.99	\$1,571.09	\$1,417.64

MEDICAL WEA Plan 5	Aetna		United HealthCare	
	PPO	High Performance	PPO	High Performance
Employee Only	\$1,135.00	\$1,089.88	\$1,194.42	\$1,078.14
Employee & Spouse	\$2,185.31	\$2,098.02	\$2,300.00	\$2,075.03
Employee & Child(ren)	\$1,544.89	\$1,483.32	\$1,625.68	\$1,467.01
Family	\$2,633.37	\$2,528.09	\$2,771.99	\$2,500.62

MEDICAL WEA Basic Plan	Aetna		United HealthCare	
	PPO	High Performance	PPO	High Performance
Employee Only	\$551.20	\$529.54	\$579.82	\$523.90
Employee & Spouse	\$1,013.88	\$973.63	\$1,067.11	\$963.22
Employee & Child(ren)	\$734.88	\$705.83	\$772.96	\$698.03
Family	\$1,206.52	\$1,158.54	\$1,269.64	\$1,145.80

Monthly Insurance Rates for 2017-2018 (Paraeducators Only)

MEDICAL WEA QHDHP	Aetna		United HealthCare	
	PPO	High Performance	PPO	High Performance
Employee Only	\$630.70	\$610.86	\$656.95	\$605.71
Employee & Spouse	\$1,051.58	\$1,014.84	\$1,100.19	\$1,005.30
Employee & Child(ren)	\$799.14	\$772.54	\$834.00	\$765.33
Family	\$1,225.05	\$1,181.34	\$1,283.05	\$1,170.15

*Your Premera QHDHP plan premiums include a \$125 monthly contribution to your HSA.

Monthly Insurance Rates for 2017-2018 - Classified Staff & Administrators

MEDICAL	Premera Plan 2	Premera Plan 3	Premera Plan 5	Premera EasyChoice A & B	Premera Basic Plan	Premera QHDHP*
Employee Only	\$1028.90	\$940.65	\$1190.10	\$692.70	\$559.20	\$667.65
Employee & Spouse	\$1883.45	\$1722.10	\$2287.25	\$1258.65	\$1015.15	\$1109.95
Employee & Child(ren)	\$1373.80	\$1256.10	\$1623.95	\$919.05	\$741.55	\$844.55
Family	\$2258.10	\$2064.85	\$2755.45	\$1508.15	\$1216.10	\$1288.80

*Your Premera QHDHP plan premiums include a \$125 monthly contribution to your HSA.

MEDICAL	Premera QHDHP (Unrep)**
Employee Only	\$688.65
Employee & Spouse	\$1130.95
Employee & Child(ren)	\$865.55
Family	\$1309.80

**Your Premera QHDHP plan premiums included a \$146 monthly contribution to your HSA.

DENTAL - Classified, Administrators and Unrepresented (Excluding UFCW Members)	Delta Dental Incentive Plan A (Classified and Unrep Staff)	Delta Dental Incentive Plan A with Ortho Plan I (Administrators)
Composite/Family Rate	\$101.70	\$114.80

DENTAL - Transportation Staff	Teamsters Dental
Composite/Family Rate	\$87.50

VISION - Classified, Administrators and Unrepresented (Excluding UFCW Members)	MetLife
Composite/Family Rate	\$16.68

VISION- Transportation Employees	Teamsters Vision
Composite/Family Rate	\$14.90*

*Teamsters Dental and Vision rates typically change on the December payroll.

2017-2018 State Allocation = **\$820.00** for full time employees. From the above state allocation, Dental & Vision are deducted. The amount remaining, depending on pooling outcome, may be applied towards your medical premiums. **Please Note:** For Exclusions, Limitations and Clarifications, see the individual plan booklets. This comparison is not a contract.