

2020 Retiree Information Packet



Retirement Procedures



Personnel Termination Form



Sick Leave Cash Out Application



Insurance Continuation Options



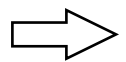
HIGHLINE
PUBLIC SCHOOLS

TABLE OF CONTENTS

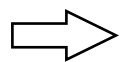
Section 1:	PROCEDURES & FORMS	
	Retirement Procedures	4
	DRS Retirement Qualifications	5
	Personnel Resignation Form	8
	Sick Leave Cash Out & VEBA Enrollment.....	10-12
Section 2:	INSURANCE CONTINUATION OPTIONS	
	Outline	15
	Option A: PEBB Plan	16
	Option B: COBRA Plan	17
	Option C: Individual Plan	18
	Other Insurance.....	19
Section 3:	RATES & SUMMARIES OF BENEFITS	
	SEBB COBRA Rates	20-21
	PEBB Rates	22-25
	Contact Information.....	26

Information contained in this packet is intended to be a summary of the terms and conditions of each plan and not a complete or detailed description. The Highline School District makes every effort to obtain and provide the most accurate information possible, both written and verbal, as of the time of its distribution. However, due to constant legislative and other changes which may affect K-12 retiree insurance coverage options, enrollment deadlines or any other procedures or requirements, the Highline School District cannot ensure the future accuracy of this information. Please consult with your medical insurance carrier or the Health Care Authority (1-800-200-1004) if you have information which may differ from that contained in this packet.

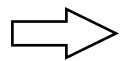
Section 1: Procedures & Forms



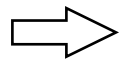
Retirement Procedures



Personnel Resignation Form



Sick Leave Cash Out Application



VEBA Membership Enrollment Form

RETIREMENT PROCEDURES

Congratulations on your decision to retire! The checklist below can help you successfully transition into retirement.

1. Complete the Personnel Resignation Form and submit it to your supervisor for signature. Forward the Resignation Form to Human Resources as early as possible. Advance notice to the District does not reduce your final pay or your health benefits.
2. Notify the Department of Retirement Systems (**DRS**) at least 90 days prior to your retirement date to avoid delays in the processing of your retirement benefits. Request an official benefit estimate and complete a pension application through your online account at www.drs.wa.gov, or by calling DRS at 1-800-547-6657.
3. Complete the Sick Leave Cash Out Application and return it to the Payroll Department. **Completion of the Sick Leave Cash Out Application is required in order to receive sick leave cash out.** This form must also be accompanied by a VEBA Enrollment Form, if you don't already have a VEBA account. Sick leave cash out will be issued one month following your final pay and deposited to your VEBA account.
4. Determine your health care coverage during retirement. Insurance continuation information is contained in this packet. Contact Bianca Castaneda, Benefits Specialist (206) 631-3138, if you would like additional information.
5. If you qualify for social security, contact the Social Security Office three months prior to your eligibility date for social security. **1-800-772-1213** or their TTY number, 1-800-325-0778, if you are deaf or hard of hearing.

It is imperative you inform the Human Resources Department in writing of any future **address changes** so that your **W-2 Form** and other important information will reach you in a timely manner.

RETIREMENT QUALIFICATIONS

SERVICE RETIREMENT

When to Apply

Approximately six months in advance of the anticipated retirement date, an estimate of benefits should be requested online or by phone to the **Department of Retirement Systems at 1-800-547-6657** by the prospective retiree.

An estimate of benefits, together with forms for applying for retirement, will be sent to the member. An application for retirement should be submitted to DRS at least 90 days before expected payment date. No benefits will be lost if application is delayed (the payment will be retroactive to eligibility date.)

Who May Apply

Plan I

1. Any member with 30 years of service credit regardless of age.
2. Any member age 60 with at least five years (60 creditable months) of service.
3. Any member age 55 or more with at least 25 years of service credit.

Plan II

1. Any member age 65 or more with at least five years (60 creditable months) of service credit.
2. Any member age 55 or more with at least 20 years of creditable service.
The benefit will be actuarially reduced.

Plan III

Members are eligible for the defined benefit component at age 65 if they have:

1. Ten service credit years; or
2. Five service credit years, including 12 service credit months after attaining age 44; or
3. Five service credit years by September 1, 2000, under Plan 2 and transferred to Plan 3.

Plan III SERS members are also eligible for the defined benefit component at or after age 55 if they have at least ten service credit years. Retirement benefits for members who retire before age 65 are actuarially reduced.

SEBB Benefit Eligibility

C-4 Worksheet: *School Employee Retiring*

Employee Name: _____

Employee ID _____

SEBB Organization: _____

Worksheet Reminders

- This worksheet is for employees leaving employment due to retirement who may be eligible for PEBB retiree insurance coverage.
- See WAC 182-12-171 for procedural and eligibility requirements for PEBB Retiree coverage.
- If the employee is applying for disability retirement, see the C-1 worksheet

1. Last Day Worked	Date
Enter the last day you will work.	
2. When Employee Coverage Ends	
<p>Medical, dental and vision will end on the last day of the month in which the employee is eligible for the employer contribution</p> <p>Life and Accidental Death & Dismemberment (AD&D) Insurance: Basic life and AD&D insurance will end on the last day of the month in which the employee is eligible for the employer contribution for benefits.(See #2)</p> <p>Supplemental life and AD&D insurance generally ends the end of the period for which the last premium has been paid.</p> <p>Long-term disability (LTD): Basic LTD will end on the last day of the month in which the employee is eligible for the employer contribution for benefits. Supplemental LTD generally ends the date the last period ends for which you made a premium</p> <p>Participation in the Medical Flexible Spending Arrangement (FSA) or Dependent Care Assistance Program (DCAP) ends the last day of the month Navia Benefit Solutions received the employee's contribution through payroll deduction.</p> <p>Reimbursement requests, up to the amount of available funds, may be submitted through March 31 of the following year for expenses incurred on or before the termination date.</p>	
3. Retiree Options for Continuation Coverage	
<p><input type="checkbox"/> A SEBB Continuation of Coverage Election Notice will be mailed to the employee no later than 14 days after benefits are terminated in the SEBB My Account (SMA) insurance system. NOTE: This notice does not contain the PEBB Retiree insurance enrollment forms.</p> <p><input type="checkbox"/> To receive a PEBB Retiree Enrollment Guide, call PEBB Customer Service at 1-800-200-1004 or download the Guide on the PEBB website at hca.wa.gov/employee-retiree-benefits. NOTE: The PEBB Retiree enrollment guide is not automatically sent to members.</p>	
4. Eligibility Requirements for PEBB Retiree Insurance Coverage (WAC 182-12-171)	
<p>If you are vested in a Washington State retirement plan, contact the Department of Retirement Systems (DRS) at 1-800-547-6657 or visit the DRS website at www.drs.wa.gov to request an estimate of your benefit and/or register for a DRS retirement seminar.</p>	
All Retirees	
<ul style="list-style-type: none">• If you and any enrolled dependents are entitled to Medicare, you must enroll in and maintain enrollment in Medicare Parts A and B to be eligible to enroll in and maintain PEBB retiree insurance coverage.	
Retiring under Plan 1 or 2: TRS, SERS or PERS	
<ul style="list-style-type: none">• You must be vested in a Washington State-sponsored retirement plan.• You must be eligible to retire according to DRS requirements when your employer-paid coverage, COBRA coverage, or continuation coverage ends.• You must immediately receive a monthly retirement plan payment. If you choose to receive a lump-sum payment instead of a monthly retirement plan payment, you are only eligible if DRS offered you the choice between a lump-sum actuarially equivalent payment and the monthly payment, as allowed by the plan.• You must meet the procedural requirements outlined in Section 5 below.	
Retiring/Separating under Plan 3: TRS or SERS	

- You must be vested in a Washington State-sponsored retirement plan.
- You must meet the plan's eligibility criteria to retire according to DRS requirements when your employer-paid, COBRA coverage, or continuation coverage ends.
- You must meet the procedural requirements outlined in Section 5 below.
- Plan 3 members are not required to receive a retirement plan or lump sum payment.

5. Procedural Requirements for Enrolling or Deferring Enrollment in PEBB Retiree insurance coverage:

- If you meet the appropriate eligibility requirement in Section 4 above, you may enroll or defer enrollment in PEBB retiree insurance coverage. The *Retiree Coverage Election form* must be received by the PEBB program no later than 60 days after employer-paid coverage, COBRA coverage, or continuation coverage ends. You must respond, even if you choose to defer retiree insurance coverage. If you do not respond, you will forfeit your right to enroll in PEBB retiree insurance coverage in the future.

(There are tax consequences if you participate in a Medical Flexible Spending Arrangement (FSA) and enroll in a HDHP with an HSA plan within the same tax year. Speak with a tax advisor about the consequences.)

- If you enroll in PEBB retiree insurance coverage, your first premium payment and applicable premium surcharge is due to the Health Care Authority (HCA) no later than 45 days after your Retiree Coverage Election/Change form is received by the HCA, unless you choose to have your premiums and any surcharges deducted from your monthly DRS pension.

- If you meet the eligibility requirements in Section 4 above, you may defer enrollment in a PEBB health plan at or after retirement you must be if continuously enrolled in: (WAC 182-12-200 & WAC 182-12-205)
 - * Employer-based group medical as an employee or the dependent of an employee, or
 - * Such medical insurance continued under COBRA or continuation coverage, or
 - * A federal retiree medical plan as a retiree or dependent of a retiree, or
 - * Medicare Parts A and B and a Medicaid program that provides creditable coverage, or
 - * Qualified health plan coverage through a Health Benefit Exchange established under the Affordable Care Act. coverage, if you are not eligible for Medicare Parts A and B, or
 - * The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

Life insurance

- You may **transfer** some or all of your life insurance, up to plan maximums, to a spouse or
- You may be eligible to continue some or all of your life insurance by applying for the **Portability** or **Conversion** option no later than 60 days after employer-based group medical insurance coverage ends.
- You may be elect to enroll in PEBB **retiree term** life insurance.

Medical Flexible Spending Arrangement

- Options may be available to continue your medical FSA through the end of the plan year. Contact Navia Benefit Solutions (800-669-3539) for more information.

Contact PEBB Customer Service at 1-800-200-1004

6. Signature and Date: To be reviewed and signed by the employee and employer

I (the employee):

- Have reviewed the above information and understand the impact of my retirement date.
- Understand I can access SEBB rules and guidance on the above information through the SEBB website, specifically WAC 182-31-050 and WAC 182-31-090.
- Will return this signed notice to the Human Resources/Benefits department by my last day of work.

Return by Mail: Attn Human Resources/Benefits; 15675 Ambaum Blvd SW, Burien, WA 98166

Return by Email (you will receive a confirmation of receipt): benefits@highlineschools.org

Employee Signature

Date

Human Resource Signature

Date



HIGHLINE SCHOOL DISTRICT PERSONNEL RESIGNATION FORM

Employee's Name: _____ Today's Date _____

Social Security Number: _____

Position: _____ Location: _____

Effective Date of Resignation: _____
(Last Day Worked)

Certificated Personnel: All requests for release before the end of a contracted period are approved only upon finding a suitable replacement.

Forwarding Address: _____

Reason for Termination: ☐ Retirement ☐ Resignation

Number of years employed with Highline School District _____

I am interested in substituting: ☐ Yes ☐ No

If Resignation, Employee's Reason:

- ☐ New Job _____
- ☐ Personal _____
- ☐ Work Related _____
- ☐ Spouse Transferred _____
- ☐ Illness or Disability _____
- ☐ Return to School _____
- ☐ Other (Be Specific) _____

Exit Interview with Human Resources requested: ☐ Yes ☐ No

Employee's Signature: _____ Date: _____

Supervisor's Remarks: _____

Recommended for Rehire: ☐ Yes ☐ No

Signature of Supervisor/Principal: _____ Date: _____

Department/School: _____

For Department Use Only

Signature of Human Resources Director/Supervisor: _____ Date: _____

Approved by Board: Yes _____ No / Reason: _____
(Date)

SICK LEAVE CASH OUT APPLICATION

WAC 392-136-020

1. Complete this application form if: a) you intend to retire from the Highline School District and elect to receive payment for your accumulated sick leave; or b) you are the executor or personal representative of the estate of a former employee eligible for Cash Out. In the event of an employee's death, a certified copy of the death certificate must be forwarded to Human Resources.
2. In accordance with the provisions of WAC 392-136-020, the undersigned hereby elects to convert all eligible accumulated unused sick leave days to monetary compensation as provided by law.
3. Furthermore, the undersigned understands that this remuneration shall not be considered includible compensation in any state retirement system.
4. Sick leave Cash Out pay warrants will be issued one month following your final pay and mailed to the address provided on this form.

**RETURN COMPLETED FORM ALONG WITH COMPLETED VEBA MEMBERSHIP ENROLLMENT FORM
30 DAYS PRIOR TO YOUR RETIREMENT DATE TO:**

**HIGHLINE PUBLIC SCHOOLS DISTRICT #401
Payroll Services
15675 Ambaum Blvd SW
Burien, WA 98166**

If you have any questions, please contact Brenda Mattson at (206) 631-3211.

PLEASE TYPE OR PRINT

Employee Name

Social Security No.

Date of Retirement or Death

Mailing Address (for pay warrant)

City

State

Zip

School/Department

Job Title

Employee or Executor Signature

Today's Date

Enrollment

EMPLOYEE

1. Please complete all sections on pages 1 and 2 of this form.
2. Choose your investment allocation (Section 4)
3. Choose your e-services (Section 5).
4. Keep a copy of this completed form for your records.
5. Return completed form to your employer.

We will send you a welcome packet after we receive your Enrollment information and a contribution from your employer. Your welcome packet will contain:

- Confirmation of your employer's contribution;
- Your participant account number;
- Information on how to confirm, make, or change your investment allocation(s);
- A Plan Summary (please read carefully for important information);
- Instructions for online account access;
- Confirmation regarding which VEBA Plan your employer has directed its contribution for you; and
- Whether you are claims-eligible.

EMPLOYER USE ONLY

Employer ID Number: _____
(as assigned by the Plan)

Employer Name: _____

Authorized Employer Signature: _____

Submit completed form to:

enroll@veba.org
VEBA Plan, PO Box 80587, Seattle, WA 98108

Enrolling employee is:

☐ Active or ☐ Separating/retiring on: _____

Specified Claims Eligibility Date (Standard HRA Plan only):

You may specify the enrolling employee's Participant effective date. This date cannot be prior to the employee's hire date (or eligibility date). If no date is specified, the employee shall become a Participant as of the date we receive both a completed and signed VEBA Plan Enrollment form and a contribution.

Claims Eligibility Date: _____

1

PARTICIPANT INFORMATION

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH mm / dd / yyyy _____

LAST NAME _____ FIRST NAME _____ M.I. _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

AREA CODE and PHONE NUMBER _____ EMAIL ADDRESS (use home or personal email address) _____

2

SPOUSE INFORMATION AND AUTHORIZATION

Your spouse and qualified dependents are eligible for coverage under this Plan. Please provide your spouse's information below. You can provide us with your dependent information later. Just follow the instructions in your welcome packet, or provide the information when you file a claim.

SPOUSE LAST NAME _____ FIRST NAME _____ M.I. _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH mm / dd / yyyy _____

☐ I authorize my spouse listed above to be an authorized contact who may discuss my account and account activity and submit claims and certain account changes on my behalf, including changes to my contact and direct deposit information. Authorized contacts may be changed or revoked by me at any time.

3

CERTIFICATIONS: READ BEFORE SUBMITTING

By enrolling in the VEBA Plan, you agree to the following Terms & Conditions. You agree that the Plan and the parties involved in this Plan (including, but not limited to, the employer, your bargaining representative, the Trustees, Plan service providers, and the agents of each, collectively referred to as the "Plan and its agents") cannot guarantee any federal or state tax results or investment results. Any benefits to which you may become entitled are subject to the terms and conditions of the governing Plan documents and applicable law. The Plan and its agents may withhold from such benefits (and may transmit to the government if required by law) any tax, charge, penalty, assessment, or other amount that is determined to be attributable to or allocable to such benefits or on account of the operations of the Plan. You agree to hold the Plan and its agents harmless with respect to such withholding or any failure to withhold or pay such amounts and any other actions taken in good faith for the operation of the Plan. You understand that for proper administration of the Plan and compliance with applicable law, you must regularly confirm and update your enrollment information, including name, address, phone number, dependents, and Social Security numbers for yourself and eligible dependents. You also understand that it is your responsibility to review each statement to confirm that there are no investment or financial errors reflected on your account. Any errors must be reported by you to the Plan within ninety (90) days after the error is first viewed by you online or first reflected in a statement or other written information delivered to you by the Plan and its agents.

Investment selection, e-communication, My Care CardSM, and direct deposit elections on reverse ►►

QUESTIONS? 1-888-828-4953 | customer@veba.org | veba.org

Enter Participant Name from Section 1: _____

4 INVESTMENT ALLOCATION SELECTION

Select and complete **OPTION A** or **OPTION B**, but not both. If you make no selection, your entire account will be allocated to the Stable Value fund. You should carefully read the **Investment Fund Information** brochure available online at **veba.org**. If you are already enrolled or have more than one participant account, any investment allocation you choose on this form will update your most current allocation already on file and will be applied uniformly to all of your accounts, unless your investment allocation includes reference to a specific account number(s).

☐ **OPTION A: Choose a pre-mix**

Select and complete this option if you want your asset allocation portfolio designed and managed by professionals. **Choose only one pre-mix.** If you select multiple funds your entire account will be invested in the most conservative fund selected. Read the **Investment Fund Information** brochure available online at **veba.org** for more information.

The pre-mixed asset allocation portfolios are managed to stay on their respective target allocations. Each fund maintains its growth- or income-oriented asset mix; you never have to rebalance to keep your selected strategy on track.

Fund Name	Risk	Target Allocation
<input type="checkbox"/> Vanguard LifeStrategy® Income	Low-to-moderate	80% bonds; 20% stocks
<input type="checkbox"/> Vanguard LifeStrategy® Conservative Growth	Moderate	60% bonds, 40% stocks
<input type="checkbox"/> Vanguard LifeStrategy® Moderate Growth	Moderate-to-high	40% bonds, 60% stocks
<input type="checkbox"/> Vanguard LifeStrategy® Growth	High	20% bonds, 80% stocks

☐ **OPTION B: Do-it-yourself**

Select and complete this option if you want to build your own portfolio. **Enter only whole numbers—no fractions. Your allocation must equal 100%.** Allocations that are not whole numbers will be rounded to the nearest whole number. Generally, if your allocation exceeds 100%, the excess will be subtracted from your least conservative fund choice. If your allocation is less than 100%, the shortage will be added to your most conservative fund choice.

Rebalance my allocation percentages:

☐ **Quarterly** ☐ **Annually** (end of each calendar quarter/year)

Rebalancing is an important feature that will redistribute your entire account balance according to your most recent allocation percentages on file. If selected, this option will continue until revoked online or via written notice to the Plan.

Asset Class / Fund Name	Allocation %
Stable Value / VEBA Stable Value	_____ %
Total Return Bond / Metropolitan West Total Return Bond	_____ %
Large Cap Equity / Vanguard Institutional Index (S&P 500)	_____ %
Mid Cap Equity / Scout Mid Cap	_____ %
Small Cap Equity / Champlain Small Company	_____ %
International Equity / American Funds EuroPacific Growth	_____ %
Total Must Equal 100% ▶	_____ %

Your **Welcome Letter** will contain confirmation of your investment elections. After receiving your Welcome Letter, please log in to your account at **veba.org** and click **Investments** on the menu bar to check that your elections have been applied to your balance and future contributions as you intended. If you find an error or problem, you must contact us at the mailing address, email address, or phone number shown on this form within 90 days after you first view an error or problem online or receive the first statement on which an error or problem appeared, whichever occurs first. If we do not hear from you within 90 days, the account will be considered correct.

5 E-SERVICE ELECTIONS

E-COMMUNICATION: GO GREEN! Sign up for **e-communication** and avoid the paper clutter: Make your election online. After getting your welcome packet in the mail, log in at **veba.org** and click **My Profile** to update your **Account Preferences**.

MY CARE CARDSM:

- ☐ **Yes, I want to elect a My Care Card.** Swipe your My Care Card as you would a traditional credit or debit card to pay for qualified medical care items and services directly from your participant account. **You may still need to submit supporting documentation for certain purchases**, per IRS rules. **Be sure to provide your email address in section 1 of this form.** Your My Care Card will be automatically mailed to you after you have a claims-eligible account balance of \$50 or more and we have on file for you a valid email address and U.S. mailing address. To learn more, log in at **veba.org**, and click **My Care Card** on the menu bar.

DIRECT DEPOSIT (for claims-eligible participants):

- ☐ **Yes, I want to elect direct deposit for my medical care expense and premium reimbursements.** Direct deposit is faster and more convenient than waiting to receive paper check reimbursements in the mail. A voided check is not required.

Account type: ☐ CHECKING ☐ SAVINGS

NAME OF BANK or CREDIT UNION _____

9-DIGIT ROUTING/TRANSIT NUMBER _____

ACCOUNT NUMBER (do not include check number) _____

Sample check

Memo		
: 123456789 :	9876543210 -	1001
9-digit routing/transit number	Account number	Check number

Section 2

Insurance

Options



Option A: PEBB Plan



Option B: COBRA Plan



Option C: Individual Plan



Other Insurance

K-12 Retiree Health Insurance

CONTINUATION OPTIONS OUTLINE

A. **PEBB** (Public Employees Benefits Board)

1. medical, dental and vision coverage available
2. monthly premium is state subsidized
3. must return your completed enrollment form no later than **60 days after the date your employment ends to receive coverage or defer coverage** if you have other employer-sponsored or COBRA coverage
4. contact the Health Care Authority at **1-800-200-1004** to request a "K-12 Retiree Packet" or visit their web site at **www.pebb.hca.wa.gov**

B. **COBRA** (Consolidated Omnibus Budget Reconciliation Act)

1. medical, dental and vision coverage available
2. premium receives no state subsidy
3. 18-month maximum continuation period
4. not available for individuals entitled to Medicare
5. contact the Health Care Authority at 1-800-200-1004 for more information.

C. **Individual**

1. premium receives no state subsidy
2. no later opportunity for PEBB plan enrollment
3. contact your insurance company for more information

K-12 Retiree Health Insurance

OPTION A: PEBB Plan

- **SERVICE AREAS**

The state of Washington has been divided into service areas by county or by specific zip codes within parts of counties. The medical plan(s) available to you are determined by the service area in which you live. Service area restrictions do not apply to the Uniform Medical Plan or the Uniform Dental Plan.

- **MEDICAL COVERAGE**

Several medical plans along with a Medicare Supplement Plans are available to K-12 retirees. These plans are offered by the Health Care Authority (HCA) and sponsored by the Public Employees Benefits Board (PEBB). The Uniform Medical Plan provides benefits regardless of where you live; however, the remaining medical plans are managed care plans and coverage is limited to certain service area boundaries and provider participation. The Medicare Supplement Plan is F and available to individuals enrolled in both parts A & B of Medicare.

All medical plans offer the same basic benefits, although benefit limitations, annual deductibles, co-payments, and annual out-of-pocket expense limits may vary slightly from plan to plan. Some plans may also offer extended-network benefits in addition to the basic level of benefits.

Following are some questions to consider when selecting a plan:

- *Do I live within the plan service area?*
- *What are my health care needs?*
- *What benefits are available through the PEBB plans?*
- *What choice of providers will I have?*
- *What are the out-of-pocket costs of the plan(s) I am considering?*

- **DENTAL COVERAGE**

Three dental plans are offered by the HCA. Each dental plan covers like services with varying payment levels. The Uniform Dental Plan, administered by Washington Dental Service (WDS), offers a choice of any licensed dentist, but provides a higher reimbursement if your dentist contracts with WDS. The remaining two managed care dental plans limit the choice of dentists or dental clinics to plan-designated providers.

- **VISION COVERAGE**

Vision coverage is a part of each medical plan and is limited on most plans to 24-month intervals. No separate vision plans are offered by the HCA.

- **PAYMENT METHOD**

Automatic Deduction: PEBB plan premiums will be deducted automatically from your pension check unless you make other arrangements with the HCA. (NOTE: You may wish to establish a systematic payment plan from your VEBA account to reimburse you for your PEBB plan premium deductions.)

Self-Pay: You will need to make special arrangements with the HCA's self-pay department if you do not wish to have premiums automatically deducted from your pension check.

VEBA Systematic Payment Plan: If you choose to self-pay or have automatic deduction, VEBA payment may be sent directly to you or your bank account in order to reimburse your premium payment expenses.

- **ADDITIONAL INFORMATION**

You may contact the **Health Care Authority at 1-800-200-1004 to request a K-12 Retiree packet** or visit their web site at www.pebb.hca.wa.gov.

K-12 Retiree Health Insurance

OPTION B: COBRA Plan

- **ELIGIBILITY**

You and/or your eligible dependents may continue your current medical, dental and/or vision coverage through a COBRA continuation plan. Coverage begins immediately following your district-provided coverage ending date. This method of continued coverage is available for up to 18 months. (Extensions to the basic 18 months may be granted by the Washington State Legislature.) Individuals entitled to Medicare benefits may not continue COBRA coverage. COBRA coverage will terminate immediately upon an individual's Medicare entitlement.

- **ENROLLMENT**

You will receive a COBRA Election Notice from the SEBB Program once you have 60 days to elect COBRA continuation coverage beginning on the latter of: a) the day your district-provided coverage ends; or b) the day you are notified by the SEBB Program of your COBRA continuation rights.

- **COVERAGE**

Coverage under a COBRA continuation plan does not differ from your active coverage provided by SEBB. Refer to your plan benefits booklet for a detailed description of the actual terms and conditions of your medical insurance contract. While continuing coverage through COBRA, any change in district-provided coverage or benefits for active employees will also apply to you as if you were not retired.

- **RATES**

Rates are subject to change effective January 1 each year. You will be notified by the district of any rate changes. Current COBRA rate schedules are contained in this packet (see Section 3).

- **PAYMENT**

Premium payment for coverage under a COBRA continuation plan must be made directly to the Highline School District. ***These payments may not be automatically deducted from your pension check.*** A COBRA enrollment packet containing payment amounts and due dates will be sent directly to you. In addition, if you are a VEBA participant, you may make arrangements for automatic payment reimbursements from your VEBA account.

- **CONVERSION**

When your COBRA coverage expires, you will be eligible to enroll in a Public Employees Benefits Board (PEBB) plan as long as you deferred PEBB coverage within 60 days of retirement.

- **ADDITIONAL INFORMATION**

Please contact the Health Care Authority at 1-800-200-1004 if you have any questions regarding COBRA continuation coverage.

K-12 Retiree Health Insurance

OPTION C: Individual Plan

Contact your medical insurance company for eligibility, enrollment and coverage information. The Highline School District does not have information regarding Individual Plan coverage.

Kaiser Permanente: **1-888-901-4636**

Premiera Blue Cross: **1-800-807-7310**

Health Insurance Marketplace: **1-844-219-3630**

www.HealthCare.gov
or call 1-800-318-2596

OTHER INSURANCE

LIFE and AD&D INSURANCE (MetLife Insurance Company)

Under the Portability Provision of your SEBB Program employee life insurance, you can apply to continue your employee basic life and supplemental life insurance until age 100 if certain conditions are met. You must be actively enrolled (or within 60 days from when your coverage ended) to have the opportunity to continue all or part of your coverage through portability.

You may also apply to continue your dependent child and your spouse or state-registered domestic partner supplemental life insurance at the same time you apply to continue your own life insurance coverage under the Portability Provision. Dependent child and spouse or state-registered domestic partner life insurance may be continued even if you choose not to continue your life insurance.

To continue life insurance under the Portability Provision, you must apply to MetLife within 60 days after the date your SEBB Program employee life insurance ends. Any amount of life insurance not ported may be converted. For more information, contact MetLife at 1-855-638-3931.

Section 3

Rates &

Summaries

Rates

SEBB COBRA Plans

PEBB Plans

Although the Highline School District makes every effort to obtain and distribute accurate information concerning insurance coverage and premiums, it cannot be responsible for the accuracy of the information contained in this packet. If you have questions, you may contact the Health Care Authority directly at 1-800-200-1004.

2020 SEBB Continuation Coverage Monthly Premiums

Medical plan premiums	Subscriber	Subscriber and spouse ¹	Subscriber and child(ren)	Subscriber, spouse ¹ and child(ren)
Kaiser Permanente NW 1	\$588.52	\$1,171.27	\$1,025.58	\$1,754.02
Kaiser Permanente NW 2	\$601.31	\$1,196.85	\$1,047.97	\$1,792.39
Kaiser Permanente NW 3	\$666.54	\$1,327.31	\$1,162.12	\$1,988.08
Kaiser Permanente WA Core 1	\$573.46	\$1,141.15	\$999.23	\$1,708.84
Kaiser Permanente WA Core 2	\$579.50	\$1,153.23	\$1,009.80	\$1,726.96
Kaiser Permanente WA Core 3	\$650.01	\$1,294.25	\$1,133.19	\$1,938.49
Kaiser Permanente WA SoundChoice	\$609.28	\$1,212.79	\$1,061.91	\$1,816.30
Kaiser Permanente WA Options Access PPO 1	\$599.71	\$1,193.65	\$1,045.17	\$1,787.59
Kaiser Permanente WA Options Access PPO 2	\$629.44	\$1,253.11	\$1,097.19	\$1,876.78
Kaiser Permanente WA Options Access PPO 3	\$676.78	\$1,347.79	\$1,180.04	\$2,018.80
Premera High PPO	\$630.34	\$1,254.90	\$1,098.76	\$1,879.47
Premera Peak Care EPO	\$591.39	\$1,177.01	\$1,030.60	\$1,762.63
Premera Standard PPO	\$582.51	\$1,159.24	\$1,015.06	\$1,735.98
Uniform Medical Plan (UMP) Achieve 1 ²	\$593.56	\$1,181.35	\$1,034.40	\$1,769.13
UMP Achieve 2 ²	\$658.42	\$1,311.06	\$1,147.90	\$1,963.71
UMP High Deductible (with a health savings account) ²	\$591.24	\$1,172.88	\$1,035.28	\$1,723.27
UMP Plus–Puget Sound High Value Network ²	\$628.88	\$1,252.00	\$1,096.22	\$1,875.11
UMP Plus–UW Medicine Accountable Care Network ²	\$628.88	\$1,252.00	\$1,096.22	\$1,875.11

¹ Or state-registered domestic partner

² Administered by Regence BlueShield

Monthly medical premium surcharges

You will be charged the following surcharges in addition to your monthly medical premium if they apply to you.

A monthly \$25-per-account tobacco use premium surcharge will apply if the subscriber or any dependent (age 13 and older) enrolled on your SEBB coverage uses a tobacco product.

A monthly \$50 spouse or state-registered domestic partner coverage premium surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner in a SEBB medical plan, and your spouse or state-registered domestic partner has elected not to enroll in another employer-based group medical plan that is comparable to UMP Classic (a Public Employees Benefits Board [PEBB] Program plan).

For more guidance on whether these surcharges apply to you, see the *2020 SEBB Premium Surcharge Attestation Help Sheet* at hca.wa.gov/erb under *Forms & publications*.

Dental plan premiums	Subscriber	Subscriber and spouse ¹	Subscriber and child(ren)	Subscriber, spouse ¹ and child(ren)
DeltaCare	\$41.33	\$82.66	\$82.66	\$123.99
Uniform Dental Plan	\$48.67	\$97.34	\$97.34	\$146.01
Willamette Dental Group	\$49.90	\$99.80	\$99.80	\$149.70

Vision plan premiums	Subscriber	Subscriber and spouse ¹	Subscriber and child(ren)	Subscriber, spouse ¹ and child(ren)
Davis Vision	\$4.36	\$8.72	\$7.63	\$13.08
EyeMed Vision Care	\$5.96	\$11.92	\$10.43	\$17.88
MetLife	\$6.66	\$13.32	\$11.66	\$19.98

¹ Or state-registered domestic partner

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format or language, please call the Health Care Authority at 1-800-200-1004 (TRS: 711).

2020 PEBB Retiree Monthly Premiums

Effective January 1, 2020

Special Requirements

- To qualify for the Medicare premium, at least one member on the account must be enrolled in Medicare Part A and Part B.
- Medicare premiums are reduced by the state-funded contribution, up to the lesser of \$183 or 50 percent of the plan rate per retiree per month.

For more information on these requirements, contact your medical plan's customer service department.

Non-Medicare medical plan premiums				
For members not eligible for Medicare (or enrolled in Part A only)	Subscriber	Subscriber and spouse ²	Subscriber and child(ren)	Subscriber, spouse ² , and child(ren)
Kaiser Permanente NW ¹ Classic	\$715.66	\$1,426.25	\$1,248.60	\$1,959.20
Kaiser Permanente NW ¹ CDHP	\$608.85	\$1,206.99	\$1,072.04	\$1,611.85
Kaiser Permanente WA Classic	\$752.15	\$1,499.24	\$1,312.47	\$2,059.55
Kaiser Permanente WA CDHP	\$610.16	\$1,210.10	\$1,074.70	\$1,616.32
Kaiser Permanente WA SoundChoice	\$618.49	\$1,231.92	\$1,078.57	\$1,692.00
Kaiser Permanente WA Value	\$675.71	\$1,346.36	\$1,178.70	\$1,849.35
UMP Classic	\$679.72	\$1,354.37	\$1,185.71	\$1,860.37
UMP CDHP	\$608.35	\$1,206.48	\$1,071.53	\$1,611.34
UMP Plus—PSHVN	\$644.97	\$1,284.88	\$1,124.91	\$1,764.82
UMP Plus—UW Medicine ACN	\$644.97	\$1,284.88	\$1,124.91	\$1,764.82

¹Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in WA and select counties in OR.

²Or state-registered domestic partner

(continued)

Medicare medical plan premiums								
For members enrolled in Medicare Parts A and B:	Subscriber	Subscriber and spouse ¹		Subscriber and child(ren)		Subscriber, spouse ¹ , and child(ren)		
	1 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	3 Medicare eligible
Kaiser Permanente NW Senior Advantage	\$173.91	\$884.51 ^{††}	\$342.75	\$706.86 ^{††}	\$342.75	\$1,417.45 ^{††}	\$875.70 ^{††}	\$511.60
Kaiser Permanente WA Classic	N/A	\$921.64	N/A [†]	\$734.87	N/A [†]	\$1,481.96	\$904.36	N/A [†]
Kaiser Permanente WA Medicare Plan	\$174.55	N/A [†]	\$344.04	N/A [†]	\$344.04	N/A [†]	N/A [†]	\$513.53
Kaiser Permanente WA SoundChoice	N/A	\$787.98	N/A [†]	\$634.62	N/A [†]	\$1,248.06	\$804.11	N/A [†]
Kaiser Permanente WA Value	N/A	\$845.20	N/A [†]	\$677.54	N/A [†]	\$1,348.19	\$847.03	N/A [†]
UMP Classic	\$320.54	\$995.20	\$636.02	\$826.53	\$636.02	\$1,501.19	\$1,142.01	\$951.50

¹Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in WA and select counties in OR.

²Or state-registered domestic partner

[†]If a Kaiser Permanente WA member is enrolled in Medicare Part A and Part B, and other enrolled members are not eligible for Medicare, the non-Medicare members must enroll in Kaiser Permanente WA Classic, SoundChoice, or Value plan. The subscriber will pay a combined Medicare and non-Medicare premium.

^{††}If a Kaiser Permanente NW member is enrolled in Medicare Part A and Part B and other enrolled members are not eligible for Medicare, the non-Medicare members will be enrolled in Kaiser Permanente NW¹ Classic. The subscriber will pay the combined Medicare and non-Medicare premium shown for Kaiser Permanente NW Senior Advantage.

Premium surcharges (for non-Medicare subscribers only)

Two premium surcharges may apply in addition to your monthly medical premium. They only apply if you, the subscriber, are **not** enrolled in Medicare Part A and Part B. You will be charged for them if the conditions described below apply, or if you do not attest to the surcharges.

- A monthly \$25-per-account premium surcharge will apply if you or any dependent (age 13 and older) enrolled in PEBB medical uses tobacco products.
- A monthly \$50 premium surcharge will apply if you enroll a spouse or state-registered domestic partner, and they have chosen not to enroll in another employer-based group medical plan that is comparable to PEBB's Uniform Medical Plan (UMP) Classic.

For more guidance on whether these premium surcharges apply to you, see the *2020 PEBB Premium Surcharge Attestation Help Sheet* at hca.wa.gov/erb.

Premera Blue Cross Medicare Supplement Plan F and Plan G premiums

	Subscriber	Subscriber and spouse ¹			Subscriber and child(ren)	Subscriber, spouse ¹ , and child(ren)		
	1 Medicare eligible	1 Medicare eligible ²	2 Medicare eligible: 1 retired, 1 disabled	2 Medicare eligible	1 Medicare eligible ²	1 Medicare eligible ²	2 Medicare eligible: 1 retired, 1 disabled ²	2 Medicare eligible ²
Plan F Age 65 or older, eligible by age	\$112.84	\$787.50	\$296.25	\$220.61	\$618.83	\$1,293.49	\$802.99	\$726.60
Plan F Under age 65, eligible by disability	\$188.47	\$863.13	\$296.25	\$371.88	\$694.46	\$1,369.12	\$802.99	\$877.87
Plan G Age 65 or older, eligible by age	\$97.56	\$772.22	\$254.81	\$190.06	\$603.55	\$1,278.21	\$761.55	\$696.05
Plan G Under age 65, eligible by disability	\$162.31	\$836.97	\$254.81	\$319.56	\$668.30	\$1,342.96	\$761.55	\$825.55

Dental plan premiums

You must enroll in medical coverage to enroll in dental. You cannot enroll in ONLY dental coverage. Once enrolled, you must keep dental coverage for at least two years.

	Subscriber	Subscriber and spouse ¹	Subscriber and child(ren)	Subscriber, spouse ¹ , and child(ren)
DeltaCare, administered by Delta Dental of Washington	\$39.53	\$79.06	\$79.06	\$118.59
Uniform Dental Plan, administered by Delta Dental of Washington	\$47.01	\$94.02	\$94.02	\$141.03
Willamette Dental of Washington, Inc.	\$44.45	\$88.90	\$88.90	\$133.35

¹or state-registered domestic partner

²If a Medicare supplement plan is selected, non-Medicare enrollees are enrolled in UMP Classic. The rates shown reflect the total due, including premiums for both plans.

Legacy Retiree Life Insurance Plan Premiums (administered by MetLife)

The Legacy Retiree Life Insurance Plan is only available to retirees enrolled as of December 31, 2016, who didn't elect to increase their retiree term life insurance amount during MetLife's open enrollment (November 1–30, 2016).

Age at death	Amount of insurance	Monthly cost
Under 65	\$3,000	\$7.75
65 through 69	\$2,100	\$7.75
70 and over	\$1,800	\$7.75

Retiree Term Life Insurance Premiums (administered by Metlife)

The table below shows that monthly costs increase as your age increases, but your benefit coverage amount does not change.

Your age	Monthly cost for \$5,000 coverage	Monthly cost for \$10,000 coverage	Monthly cost for \$15,000 coverage	Monthly cost for \$20,000 coverage
45–49	\$0.87	\$1.74	\$2.61	\$3.48
50–54	\$1.34	\$2.67	\$4.01	\$5.34
55–59	\$2.50	\$5.00	\$7.50	\$10.00
60–64	\$3.84	\$7.67	\$11.51	\$15.34
65–69	\$7.38	\$14.76	\$22.14	\$29.52
70–74	\$11.97	\$23.94	\$35.91	\$47.88
75–79	\$19.41	\$38.81	\$58.22	\$77.62
80–84	\$31.43	\$62.86	\$94.29	\$125.72
85–89	\$50.90	\$101.79	\$152.69	\$203.58
90–94	\$82.45	\$164.89	\$247.34	\$329.78
95+	\$133.57	\$267.14	\$400.71	\$534.28

CONTACT INFORMATION

**Department of Retirement Services (DRS)**

1-800-547-6657

www.drs.wa.gov**Internal Revenue Service (IRS)**

1-800-829-1040

www.irs.gov**Health Care Authority (PEBB and SEBB)**

1-800-200-1004

www.hca.wa.gov/pebb-retirees**Social Security & Medicare**

1-800-772-1213

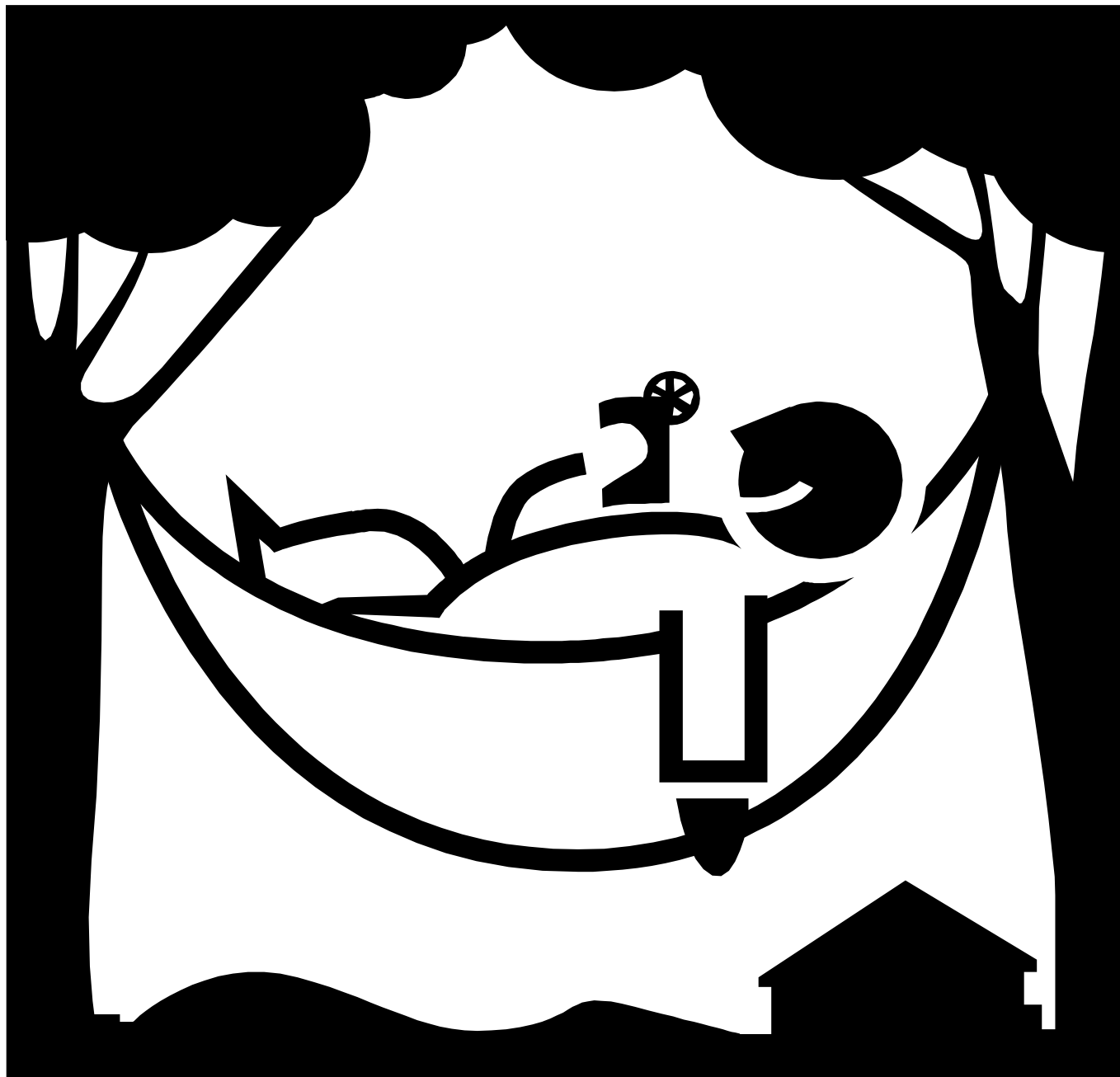
www.socialsecurity.govwww.socialsecurity.gov/pgm/links_medicare.htm**Anna Fitzpatrick, Retirement Specialist**

206-631-3141

email: Anna.Fitzpatrick@highlineschools.org**Bianca Castaneda, Benefits Specialist**

206-631-3138

email: Bianca.Castaneda@highlineschools.org



Happy Retirement!



HIGHLINE PUBLIC SCHOOLS DISTRICT #401
Educational Resources and Administrative Center
15675 Ambaum Boulevard Southwest
Burien, Washington 98166
(206) 631-3008