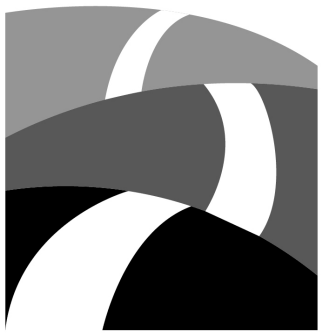

HIGHLINE
PUBLIC SCHOOLS
*A path to success for every student*

# Employee Benefit Guide

# 2017-2018 School Year

# Important Open Enrollment Information

## Open Enrollment Period:  August 24 - September 29, 2017

- Coverage for all open enrollment changes will be effective **November 1, 2017**.  Insurance applications (Premera, Kaiser Permanente, United Concordia Dental and voluntary/optional insurance plans) are to be submitted to the Human Resource Department.  These forms can be found on Highline's website:  http://www.highlineschools.org/benefits.

- All changes to the WEA Select Aetna/United Healthcare medical plans or WEA Select Willamette Dental plan must be requested online only. Visit UPoint at: http://resources.hewitt.com/wea or contact the WEA Select Benefits Center at 1-855-668-5039 Monday - Friday 7:30 am - 5:00 pm Pacific Time.  If you are not currently enrolled on any WEA plan, before making your online enrollment, contact Pam Golden at Pam.Golden@highlineschools.org to authorize release of your name, address, social security number, date of birth and work email address to the WEA Select Benefits Center.

### Benefits Fair

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

**Date: Thursday, August 24, 2017**

**Time: 10:00 am - 4:00 pm**

**Location: ERAC Building**

**15675 Ambaum Blvd SW**

**Burien, WA 98166**

## 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. This information is also available on your District's website. In addition, you can contact the Human Resources 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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## 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
- 30 days from date of marriage to add a spouse and stepchildren
- 30 days to add a spouse or children if there has been a loss of other group coverage
- 30 days to enroll dependents for voluntary benefits

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.

## Types of Qualifying Events

- You get married or divorced
- You enter into a state registered domestic partnership
- You have a child or adopt one
- An enrolled family member dies
- You (or your spouse) go on a leave of absence
- You 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 as any of your children (biological or step) up to age 26. Coverage is also available beyond age 26 for incapacitated children. Please see Human Resources for more information if you have questions on dependent eligibility.

## Benefit Changes for the 2017-2018 School Year

**Washington State Allocation and Mandates**

- State allocation for employee benefits will increase to $820.00. The Retiree Medical Carve out amount will decrease from $64.39 to $64.07. **To comply with SSB 5940, employees electing medical coverage must contribute a minimum of 1% of the employee only allocation available after mandatory benefits are deducted. If your portion of the premium is more than 1% of the employee only rate you will pay the greater amount.**

**Kaiser Permanente - All Staff**

- No benefit changes.
- 5.4% rate decrease.

**WEA Medical Plans (Plan 2, Plan 3, EasyChoice, Plan 5, Basic and QHDHP)** – *HEA Only*

All plans

- WEA has changed carriers from Premera Blue Cross, to Aetna and United Healthcare
- Each Plan offered by the district 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 Net work 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.
- UHC plans include the "Real Appeal Weight Loss Program", each participant that registers for the program receives a kit that includes a scale, blender, exercise bands, DVDs and a food scale. The 52 week program includes personalized support, weekly meetings with a coach, digital tools and other resources to help participants reach and maintain their goals.

## Benefit Changes Cont'd

**Premera Blue Cross (Plan 2, Plan 3, EasyChoice, Plan 5, Basic and QHDHP) –** *Classified, Administrators and Building Principals ONLY*

- Classified, Administrators and Building Principals Staff are changing carriers from Aetna to Premera Blue Cross.
- Classified, Administrators and Building Principals members currently enrolled in Aetna will be enrolled in the most "like" plan under Premera. If you wish to drop coverage or move to a different plan/carrier, you will need to do so during open enrollment.
- Premera Heritage Plus Plan 5 (most comparable to Aetna Open Choice Premier Plan)
- Premera Heritage Plus Plan 2 (most comparable to Aetna Open Choice Engage 80 Plan)
- Premera Heritage Plus Plan 3 (most comparable to Aetna Open Choice Innova 500 Plan)
- Premera Heritage Plus EasyChoice A & B plans (most comparable to Aetna Open Choice Innova 750 Plan)
- Premera Heritage Plus Basic Plan (most comparable to Aetna Open Choice Engage 70 Plan)
- Premera Heritage Plus QHDHP Plan (most comparable to Aetna Open Choice HDHP Plan)
- 7.4% blended rate increase.

**United Concordia - Dental**

- No benefit changes.
- -7.0% rate decrease.

**WEA - Willamette Dental 1 with Ortho 6**

- No benefit changes.
- Rate pass.

**NBN - Vision**

- No benefit changes.
- -7.7% rate decrease.

**CIGNA – LTD**

- No benefit changes.
- Rate pass.

**Voluntary Short Term Disability - Cigna (Excluding Teamsters 2)**

- No benefit changes.
- Rate pass.

**Lincoln Financial Voluntary Short Term Disability/Voluntary Long Term Disability -(Teamsters 2 ONLY)**

- No benefit changes.
- 10.0% blended increase.

**Mutual of Omaha - Life/AD&D**

- No benefit changes.
- Rate pass.

**Standard Voluntary Life/AD&D**

- No benefit changes.
- Rate pass.

## Medical Insurance

Comprehensive and preventive health care coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. Our District offers you a choice of a variety of plans and plan styles. All plans cover most of the same benefits but your out-of-pocket costs and network physicians vary. Please review the types of plans available, listed below, then review the highlights of what each plan covers on the following pages.

**Health Maintenance Organization (HMO) / Managed Care** type plans provide you with managed benefits and usually at a lower cost at the time of service. However, these plans require that you select a primary care provider (PCP) from their list of providers. Your PCP will then either provide or coordinate all of your care (except in the case of medical emergency).

- **ALL STAFF:** HMO / Managed Care Plan Choice: Kaiser Permanente Traditional Plan

To find a Kaiser Permanente Provider, visit www.kp.org/wa.

**Preferred Provider Organization (PPO)** type plans contract with a large number of providers. If you choose to receive your care through a preferred provider, the insurance company will pay a very high percentage of the charges. If you choose to receive care through a non-preferred provider, then the insurance company will pay a lower percentage of the charges.

Preferred Provider Plan Choices:

- **HEA STAFF**: PPO 2, PPO 3, EasyChoice A & B, PPO 5 and Basic Aetna and United HealthCare PPO and High Performance networks.

To find an Aetna or United Healthcare provider, visit www.weaselect.com.

- **CLASSIFIED STAFF, ADMINISTRATORS, BUILDING PRINCIPALS**: Premera Blue Cross Heritage Network PPO 2, PPO 3, EasyChoice A & B, PPO 5 and Basic.

To find a Premera Blue Cross provider, visit www.premera.com.

**High Deductible Health Plans (HDHP)** type plans have a high deductible, and require that the deductible is met prior to the insurance company making payment for any service except for preventive services. These plans are eligible to be paired with a Health Savings Account (HSA) that enables the member to pay for healthcare with pre-tax dollars. These plans are also PPO plans, which contract with a large number of providers. If you choose to receive your care through a preferred provider the insurance company will pay a very high percentage of the charges. If you choose to receive care through a non-preferred provider, then the insurance company will pay a lower percentage of the charges.

HDHP-HSA Plan Choices:

- **HEA STAFF**: WEA Select Aetna and United HealthCare PPO and High Performance networks.

To find an Aetna or United Healthcare provider, visit www.weaselect.com.

- **CLASSIFIED STAFF, ADMINISTRATORS, BUILDING PRINCIPALS**: Premera QHDHP Plan.

To find a Premera Blue Cross provider, visit www.premera.com.

## Special Note about Hospitals and Emergency Rooms

E.R. physicians and the hospitals they practice in are not always participating with the same insurance companies. The physicians and hospitals are *usually* under separate contracts.

To receive the highest benefits your insurance provides it is a good idea to check your nearest ER and physician participation prior to needing these services. You may do this by calling your insurance company or checking their website.

## Medical Plan Options - All Staff (Kaiser Permanente)

| Plan Network | All Staff |
|---|---|
| | Kaiser Permanente HMO |
| **Medical Deductible** | $0 |
| **Rx Deductible** | None |
| **Carrier Coinsurance** | 100% |
| **Medical OOP Max** | $2,000 (2x family) |
| **Office Visit** *Primary/Specialist* | $20 / $20 copay (dw) |
| **Rx Drug OOP** | Included in Medical |
| **Prescriptions** | Generic/Preferred/Non-Preferred At Participating Pharmacies |
| **Retail Cost Share** | $15 / $30 |

**This is a consolidated view of your Kaiser Permanente health insurance benefits. To access your full benefits, for additional information, or to find a provider, please visit** www.kp.org/wa.

## Medical Plan Options - HEA (WEA)

| Plan (Network) | WEA Plan 2 - HEA Staff | | | | |
|---|---|---|---|---|---|
| | Aetna/UHC PPO | | Aetna High Performance | | UHC High Performance |
| | In Network | Out of Network | In Network | Out of Network | In Network Coverage Only* |
| **Medical Deductible** | $300 (3x family) | | $300 individual (3x family) | $800 individual (3x family) | $300 (3x family) |
| **Rx Deductible** | None | | None | | None |
| **Carrier Coinsurance** | 80% | 60% | 80% | 60% | 80% |
| **Medical OOP Max** | $2,000 individual (3x family) | $3,400 individual (3x family) | $2,000 individual (3x family) | Unlimited | $2,000 individual (3x family) |
| **Office Visit** *Primary/ Specialist* | $25/$35 (dw) | $30/$40 (dw) | $25/$35 (dw) | $30/$40 (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 |

**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 - HEA (WEA)

| Plan (Network) | WEA Plan 3 - HEA Staff | | | | |
|---|---|---|---|---|---|
| | Aetna/UHC PPO | | Aetna High Performance | | UHC High Performance |
| | In Network | Out of Network | In Network | Out of Network | In Network Coverage Only* |
| **Medical Deductible** | $500 (3x family) | | $500 individual (3x family) | $1,000 individual (3x family) | $500 (3x family) |
| **Rx Deductible** | None | | None | | None |
| **Carrier Coinsurance** | 80% | 60% | 80% | 60% | 80% |
| **Medical OOP Max** | $3,000 individual (3x family) | $5,900 individual (3x family) | $3,000 individual (3x family) | Unlimited | $3,000 individual (3x family) |
| **Office Visit** *Primary/ Specialist* | $30/$40 (dw) | $40/$50 (dw) | $30/$40 (dw) | $40/$50 (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 |

| Plan (Network) | WEA Plan 5 - HEA Staff | | | | |
|---|---|---|---|---|---|
| | Aetna/UHC PPO | | Aetna High Performance | | UHC High Performance |
| | In Network | Out of Network | In Network | Out of Network | In-Network Coverage Only* |
| **Medical Deductible** | $200 individual (3x family) | $350 per person | $200 individual (3x family) | $700 individual (3x family) | $200 (3x family) |
| **Rx Deductible** | None | | None | | None |
| **Carrier Coinsurance** | 90% | 70% | 90% | 60% | 90% |
| **Medical OOP Max** | $1,000 individual (3x family) | Unlimited | $1,000 individual (3x family) | Unlimited | $1,000 individual (3x family) |
| **Office Visit** *Primary/Specialist* | $20/$30 (dw) | 70%/70% | $20/$30 (dw) | 60% | $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 - HEA (WEA)

| Plan (Network) | WEA EasyChoice A - HEA Staff | | | | |
|---|---|---|---|---|---|
| | Aetna/UHC PPO | | Aetna High Performance | | UHC High Performance |
| | In Network | Out of Network | In Network | Out of Network | In-Network Coverage Only* |
| **Medical Deductible** | $1,250 individual (3x family) | $2,000 individual (3x family) | $1,250 individual (3x family) | $1,750 individual (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% | 60% | 80% |
| **Medical OOP Max** | $4,000 individual (2x family) | Unlimited | $4,000 individual (2x family) | Unlimited | $4,000 individual (2x family) |
| **Office Visit** *Primary/ Specialist* | $25/$35 (dw) | 50%/50% | $25/$35 (dw) | 60% | $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) | WEA EasyChoice B - HEA Staff | | | | |
|---|---|---|---|---|---|
| | Aetna/UHC PPO | | Aetna High Performance | | UHC High Performance |
| | In Network | Out of Network | In Network | Out of Network | In-Network Coverage Only* |
| **Medical Deductible** | $750 individual (3x family) | $1,500 individual (3x family) | $750 individual (3x family) | $1,250 individual (3x family) | $750 (3x family) |
| **Rx Deductible** | $250 (waived for generics) | | $250 (waived for generics) | | $250 (waived for generics) |
| **Carrier Coinsurance** | 75% | 50% | 75% | 60% | 75% |
| **Medical OOP Max** | $3,500 individual (2x family) | Unlimited | $3,500 individual (2x family) | Unlimited | $3,500 individual (2x family) |
| **Office Visit** *Primary/ Specialist* | $30/$40 (dw) | 50%/50% | $30/$40 (dw) | 60% | $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 |

**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 - HEA (WEA)

| Plan (Network) | WEA Plan Basic - HEA Staff | | | | |
|---|---|---|---|---|---|
| | Aetna/UHC PPO | | Aetna High Performance | | UHC High Performance |
| | In Network | Out of Network | In Network | Out of Network | In-Network Coverage Only* |
| **Medical Deductible** | $2,100 individual (2x family) | $2,500 individual (2x family) | $2,100 individual (2x family) | $2,600 individual (2x family) | $2,100 (2x family) |
| **Rx Deductible** | $750 individual (2x family) | Not Covered | $750 individual (2x family) | Not Covered | $750 individual (2x family) |
| **Carrier Coinsurance** | 70% | 50% | 70% | 60% | 70% |
| **Medical OOP Max** | $6,600 individual (2x family) | Unlimited | $6,600 individual (2x family) | Unlimited | $6,600 individual (2x family) |
| **Office Visit** *Primary/Specialist* | $35/$50 (dw) | 50% | $35/$50 (dw) | 60% | $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) | WEA QHDHP - HEA Staff | | | | |
|---|---|---|---|---|---|
| | Aetna/UHC PPO | | Aetna High Performance | | UHC High Performance |
| | In Network | Out of Network | In Network | Out of Network | In-Network Coverage Only* |
| **Medical Deductible** | $1,750 individual (2x family) | $3,000 individual (2x family) | $1,750 individual (2x family) | $2,250 individual (2x family) | $1,750 (2x family) |
| **Rx Deductible** | None | | None | | None |
| **Carrier Coinsurance** | 80% | 50% | 80% | 60% | 80% |
| **Medical OOP Max** | $5,000 individual (2x family) | Unlimited | $5,000 individual (2x family) | Unlimited | $5,000 individual (2x family) |
| **Office Visit** *Primary/Specialist* | 80% | 50% | 80% | 60% | 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% | 60% | 80% |

**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 - Classified Staff, Administrators, Building Principals (Premera)

| Plan Network | Medical Plan Options - Classified Staff, Administrators, Building Principals (Premera) | | | |
|---|---|---|---|---|
| | Premera/Heritage Plan 2 | | Premera/Heritage Plan 3 | |
| | In Network | Out of Network | In Network | Out of Network |
| **Medical Deductible** | $300 Individual (3x Family) | | $500 Individual (3x Family) | |
| **Rx Deductible** | None | | None | |
| **Carrier Coinsurance** | 80% | 60% | 80% | 60% |
| **Medical OOP Max** | $2,000/$3,400 Individual (3x Family) | | $3,000/$5,900 Individual (3x Family) | |
| **Office Visit Copay** *Primary/Specialist* | $25/$35 (dw) | $30/$40 (dw) | $30/$40 (dw) | $40/$50 (dw) |
| **Rx OOP Max** | Included in Medical | | Included in Medical | |
| **Prescriptions** | **Generic/Preferred/Non-Preferred At Participating Pharmacies** | | | |
| **Retail Cost Share Copay** | $10/$20/$35/$50 | | $15/$25/$40/$60 | |

| Plan Network | Medical Plan Options - Classified Staff, Administrators, Building Principals (Premera) | | | |
|---|---|---|---|---|
| | Premera/Heritage EasyChoice A | | Premera/Heritage EasyChoice B | |
| | In Network | Out of Network | In Network | Out of Network |
| **Medical Deductible** | $1,250/$2,000 Individual (3x Family) | | $750/$1,500 Individual (3x Family) | |
| **Rx Deductible** | $500 (waived for generic) | | $250 (waived for generic) | |
| **Carrier Coinsurance** | 80% | 50% | 75% | 50% |
| **Medical OOP Max** | $4,000 Individual (2x Family) | Unlimited | $3,500 Individual (2x Family) | Unlimited |
| **Office Visit Copay** *Primary/Specialist* | $25/$35 (dw) | 50% | $30/$40 (dw) | 50% |
| **Rx OOP Max** | Included in Medical | | Included in Medical | |
| **Prescriptions** | **Generic/Preferred/Non-Preferred At Participating Pharmacies** | | | |
| **Retail Cost Share Copay** | $10/30%/30%/30% | | $5/$30/$45/30% | |

**This is a consolidated view of your Premera health insurance benefits. To access your full benefits, for additional information, or to find a provider, please visit www.premera.com.**

# Medical Plan Options - Classified Staff, Administrators, Building Principals (Premera)

| Plan Network | Medical Plan Options - Classified Staff, Administrators, Building Principals (Premera) | | | | | |
|---|---|---|---|---|---|---|
| | Premera/ Heritage Plan 5 | | Premera/ Heritage Basic Plan | | Premera/Heritage QHDHP | |
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| **Medical Deductible** | $200 Individual (3x Family) | $350 Per Person | $2,100/$2,500 Individual (2x Family) | | $1,750/ $3,000 Individual (2x Family) | |
| **Rx Deductible** | None | | $750 PCY | Not Covered | None | |
| **Carrier Coinsurance** | 90% | 70% | 70% | 50% | 80% | 50% |
| **Medical OOP Max** | $1,000 Individual (3x Family) | Unlimited | $6,600 Individual (2x Family) | Not Applicable | $5,000 Individual (2x Family) | Unlimited |
| **Office Visit Copay** *Primary/Specialist* | $20/$30 (dw) | 30% | $35/$50 (dw) | 50% | 20% | 50% |
| **Rx OOP Max** | Included in Medical | | Included in Medical | Not Covered | Included in Medical | |
| **Prescriptions** | **Generic/Preferred/Non-Preferred At Participating Pharmacies** | | | | | |
| **Retail Cost Share Copay** | $10/$15/$30/$50 | | $15/$30/$50/30% | Not Covered | 20% | |

**This is a consolidated view of your Premera health insurance benefits. To access your full benefits, for additional information, or to find a provider, please visit www.premera.com.**

## 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?

- 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) but remains at $6,850 (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 $6,850 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 are 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 11/1/2017 and your dentist performed a crown on 9/5/2017, 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 Benefits

**Eligible active employees may choose to enroll in either of the dental plans below.**

Under the United Concordia 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 go further.

To find a United Concordia provider go to www.unitedconcordia.com and search the Alliance Network.

| United Concordia Incentive Dental Plan | |
|---|---|
| **Plan Year Maximum (Sept 1 - August 31)** | $2,000 per enrollee per policy year |
| **Policy Year Deductible (Individual / Family)** | $0 / $0 |
| **Preventive Services (Exams, X-Rays, Cleanings etc.)** | 70% - 100% Incentive |
| **Basic Services (Fillings, Extractions, Perio, Endo, etc.)** | 70% - 100% Incentive |
| **Major Services (Dentures, Partials, Bridges, Crowns, Implants, TMJ)** | 60% |
| **Orthodontia (Adults & Children)** | $50 individual deductible<br>80% coverage to a lifetime max benefit of $1,250 |

***HOW THE INCENTIVE PLAN WORKS:**

This plan encourages regular dental care. During the first benefit year on the plan, 70% of covered benefits are paid. This advances by 10% annually (on September 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 level to drop by 10 percentage points below the last level of payment, but never below the original 70%. Each eligible employee and dependent creates his or her own percentage point level. Percentage point levels do not affect the established constant 60% payment level for the cost of allowable prosthetics (dentures and bridges) or the 80% payment level for orthodontics.

The Willamette Dental plan is an Exclusive Provider Organization plan. In order to access benefits provided by these plans you need to see an authorized provider. If you obtain care from a non-authorized provider, you will not receive any benefits provided by these plans.

You must receive services from a Willamette provider in order to receive coverage.

To find a Willamette provider, go to www.willamettedental.com.

| Willamette Dental | |
|---|---|
| **Plan Year Maximum(Nov 1 - Oct 31)** | No annual max |
| **Preventive (Exams, X-Rays, Cleaning etc.)** | $15 copay then covered at 100% |
| **Restorative Services (Fillings, Extractions, etc.)** | $15 copay then covered at 100% |
| **Major Care (Crowns, Dentures, Partials Bridges, etc.)** | $50 copay plus a $15 copay per visit, then covered at 100% |
| **Temporomandibular Joint Disorder** | $1,000 Annual Max Benefit<br>$5,000 Lifetime Max Benefit |
| **Nightguards** | $15 copay then covered at 100% |
| **Orthodontia Plan #6 (Adults & Children)** | $150 Per Ortho Service Copay then<br>Covered in full after a $15 copay (per visit) and a $2,000 orthodontia copay |

## Mandatory Vision Benefits

Our District provides vision care coverage to eligible employees through Northwest Benefit Network (NBN). This plan allows you to use any licensed provider. However, if you use an NBN panel provider, your benefits are greater, your out of pocket costs are less and payment is made directly to the provider. Please refer to the table below to find out how often you are eligible for services and what benefits are provided.

This plan covers you and your entire family (spouse, domestic partner and children up to age 26).

| | Frequency | Panel Provider |
|---|---|---|
| **Copayments** | | $0.00 |
| **Exams** | Once each 365 days | Paid in full* |
| **Lenses (pair)** | Once each 365 days | Paid in full** |
| **Frames** | Once each 365 days | Paid in full** |
| **Contacts -subnormal (in lieu of all other services, requires approval from NBN Claims)** | Once each 365 days | Paid in full* |
| **Contacts - elective (in lieu of all other services)** | Once each 365 days | $300 allowance towards the cost of exam, fitting fee and lenses at an NBN provider |

**PLEASE NOTE: Your benefits are tracked from service date to service date; there is no "grace period."**

*When services are provided by a Northwest Benefit Network Provider.
****Paid in full means the cost of basic lenses are covered in full when service is provided by a panel provider.
*****Paid in full means for the cost of frames covered by your Plan when provided by a panel provider. Your panel provider will inform you of which frames are covered and which frames will require out-of-pocket costs for you.

**Obtaining services from a Panel Provider:**

1. Log on to www.nwadmin.com or NWA's mobile app and use the NBN Vision Provider Locator feature to find an NBN eye care professional. It's also a good idea to verify your eligibility status online prior to receiving services.

2. Present your NBN Vision ID card when you arrive for your appointment. Failure to tell your NBN eye care professional that you have NBN Vision eye care coverage could result in significant out of pocket expenses. Need additional ID cards? You can print extras online at www.nwadmin.com.

3. Complete any paperwork your eye care provider may require.

4. After your services are complete, pay your NBN Vision provider any co-payments (if your plan requires them) and/or charges for any uncovered items you elected to receive. NBN will pay the panel provider directly for professional services and eyewear covered under your NBN Vision Plan.

**Obtaining reimbursement for services at a Non-Panel Provider:**

If you decide to use the services of a vision care provider not in the NBN network, simply pay for your vision services and/or materials and send the itemized bill to NBN with a completed NBN Vision claim form. Claim forms are available online at www.nwadmin.com. You will be reimbursed according to the out-of-network schedule of benefits (see your plan booklet for details). Payment for your claim will typically be made within 10 – 14 business days from receipt of your claim.

**If you obtain services or eyewear before you are eligible, you will be responsible for all charges incurred. If a non-covered lens extra or a frame that exceeds the plan allowance is ordered, you are responsible for the additional costs including any fees. All claims must be submitted within 365 days from the date of service to be considered for payment. There will be additional patient responsibility if a premium version of a covered item is ordered as the plan only covers standard styles of lens extras.**

**This is a summary only of the benefits of the plan. Actual benefits are based upon the plan agreement which may contain plan details not specified in this plan summary.**

**Register at www.nwadmin.com to review your past claims history, eligibility status, plan documents, print a claim form and more.**

## Mandatory Vision Benefits (Continued)

**Lens Extras**

The following lens extras are covered by your NBN Vision Plan when a network provider is used:

| | | |
|---|---|---|
| Generic Flat Top Multi Focal | Blended | Progressive** |
| Oversize blanks | Prism Segs | Slab Off |
| Laminated | Double Segs | Pink 1 & 2 Tints |
| Sun Tints | Glass Photo Chromatic Lite Shades | Glass Photo Chromatic Dark Shades |
| Other Tints | Anti-Reflective Multi Layer | Color Coat |
| Scratch Coat | Anti-Reflective + Scratch Coat** | Polycarbonate hardening |
| Special Lens Edge Treatments | | |

The following lens extras are available but the costs for these are the responsibility of the patient:

| | | |
|---|---|---|
| Plastic Photo Chromatic** | Edge Coat | |

Hi-Index** (extra thin, light weight lenses) are covered by your NBN Vision plan only when necessary under the terms of the plan.

**If covered, plan pays for standard or basic styles. Patient pays the difference in cost of “premium” progressives, “premium” photo chromatic, “premium” anti-reflective + scratch coat and “premium” hi-lens extras.

## Mandatory Life and AD&D Insurance

All eligible employees will be covered by our District’s Life and AD&D Policy through Mutual of Omaha. A Brief description of plan benefits are below:

| | **Benefit Amount** |
|---|---|
| Active Administrators | $100,000 - $300,000 |
| Retired Administrators* | $100,000 |
| Non-Represented / Management - Professional | $50,000 |
| Teamsters 3 - Instructional & Administrative Support | $50,000 |
| Administrative Assistants / Executive Secretaries | $50,000 |
| **Benefit Reduction Schedule**<br>Benefits will be reduced by the following percentage | At Age 65 - 35%<br>At Age 70 - 55%<br>At Age 75 - 70%<br>At Age 80 - 80%<br>At Age 85 - 85%<br>At Age 95 - 90% |
| Dependent Spouse / Child Coverage<br>Available only to Teamsters 3, Admin Asst’s / Exec. Secretaries, Non-Rep, Management & Professional | $2,000 for spouse<br>$2,000 for child |

***For Retired Administrators**: Life Insurance benefits terminate on the last day of the calendar month in which the insured Person attains age 60. This same termination provision also applies if you have attained your 60th birthday prior to the date you become insured under the policy.

There are other benefits and restrictions on these benefits. Please review the Plan Summary for details.

## Mandatory Long Term Disability Insurance

Eligible employees will be covered by our District's Long Term Disability Policy provided by Cigna. This plan provides financial assistance if you are not able to return to work due to a qualified disabling condition. Plan benefits listed below by bargaining unit.

| Bargaining Unit | Benefit Amount |
|---|---|
| **HEA** | 60% of basic monthly income to a maximum of $3,500/month |
| **Teamsters 3 - Instructional & Admin Support** | 60% of basic monthly income to a maximum of $4,800/month |
| **Non-Rep/Mgmt-Professional Teamsters 1 - Security & Safety Admin. Asst/Exec. Secretaries** | 60% of basic monthly income to a maximum of $7,300/month |
| **Administrators & Principals** | 60% of basic monthly income to a maximum of $10,900/month |
| **Superintendents** | 60% of basic monthly income to a maximum of $14,300/month |

The following apply to all bargaining units:

| | |
|---|---|
| **Waiting/Elimination Period** | 90 days from onset of disability |
| **Benefit Period** | Up to your normal Social Security Retirement Age; 36 months for your Own Occupation* and Any Occupation**<br>24 months mental/nervous and alcohol/drug related disabilities |

*Own Occupation: Unable to perform each material duty of your regular occupation.

**Any Occupation: Unable to perform each material duty of any occupation for which you are reasonably fit by education, training and experience.

A variety of other benefits are available with this policy such as Survivor Benefits, Partial and Residual Benefits and Recurrent Disability Benefits. Please review the plan documents for further details on these benefits.

## Employee Assistance Program - Cigna

CIGNA's Life Assistance[SM] Program helps all covered members and their immediate family members (living in their household) to better balance their work and personal lives with access to online tools, in-person behavioral health assistance and live telephonic counseling - 24 hours a day, seven days a week.

This program focuses on providing consultation, information, success planning and referral to resources for a variety of concerns including:

| | | |
|---|---|---|
| **Adoption** (includes online resources) | **Parental Care** | **Summer Care** |
| **Pet Care** (includes online resources) | **Parenting** | **Legal Services** |
| **Child Care** (includes online resources) | **Special Needs** | **Financial Information** |
| **Senior Care** (includes online resources) | **Education** (includes online resources) | |

*Research and up to 3 qualified referrals within 12 business hours (6 for emergencies)*

This program's unique advantages include:

- **Proactive Outreach** – Important outreach features promote usage of Cigna's Life Assistance[SM] program when you need it most. Outreach includes reminders throughout the length of the issue.
- **Emphasis on Personal Interaction** – Cigna's Life Assistance[SM] offers 24 hour live, telephone access to Cigna's licensed behavioral clinicians and up to three, free face to face behavioral counseling sessions with independent specialists when needed.
- **Extensive Network of Behavioral Health Resources** – Cigna Behavioral Health's network of more than 54,000 contracted licensed behavioral health clinicians provide prompt, local access to support.
- **Comprehensive Life Event Services** – Your EAP program offers information and referrals on a wide variety of topics such as finding qualified child care, summer care, senior care facilities, research and information on education programs, adoption, and financial information plus a 30-minute free legal consultation for most legal issues.
- **Unique Health Rewards® Program** – Cigna's Life Assistance[SM] includes Healthy Rewards®, which offers discounts (up to 60%) on a range of health and wellness related services and products including discounts on Jenny Craig, smoking cessation programs, chiropractic care, fitness club memberships, hearing and vision care, massage therapy, acupuncture, pharmacy, vitamins and more.
- **Assessment and Counseling** – Up to three (3) in-person counseling sessions for you and your family members for assessment, problem solving and referral to resources.

**To access online resources visit: www.cignabehavioral.com/cgi**

**To contact a Cigna licensed behavioral clinician call 1-800-538-3543**

## 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

Our district offers Voluntary Short Term Disability through Cigna to members of the bargaining units listed below. 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 sick pay or vacation pay. 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 Classes** | **Certificated, Administrative & Clerical Employees (HEA, Non-Rep/Mgmt-Professional, Administrators, Principals, Admin. Asst's/Exec. Secretaries, Teamsters 3 - Instructional & Admin Support, Teamsters 1- Security and Safety)** |
| **Benefit Amount** | Up to 66 2/3% of your monthly income to a maximum of $1,400/week |
| **Waiting Period** | 0 days for injury / 3 days for sickness |
| **Benefit Period** | 13 weeks |

## Voluntary Short Term/Long Term Disability Teamsters 2

Our district offers Voluntary Short Term/Voluntary Long Term Disability through Lincoln Financial to members of the bargaining units listed below. This policy is designed to provide you with a cash benefit in the event you suffer a qualified disability. This plan includes offsets that will subtract any other sources of income, such as sick pay or vacation pay. 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 Classes** | **Non-Clerical Educational Support Personnel (Teamsters 2 - Transportation, Facilities & Nutrition Services)** |
| **Benefit Amount** | For the first 11 weeks of the disability, you are covered up to 66 2/3% of your salary to a maximum of $1,400 per week, then After 11 weeks of disability, you are covered up to 66 2/3% of your salary to a maximum of $3,000 per month |
| **Waiting Period** | Short-term disability: 14 days for an accident / 14 days for sickness<br>Long-term disability: 90 days (begins when short term disability ends) |
| **Benefit Period** | Short-term disability: Up to 11 weeks<br>Long-term disability: To age 65 or Social Security Normal Retirement Age with reducing benefit duration |

***The above information does not constitute a contract. It only highlights general information regarding the voluntary short-term and long-term disability plans. Please be sure to consult the appropriate Disability brochure for a summary of the plan's rates, specific benefits, limitations, exclusion information and pre-existing condition waiting periods before making your selection. The brochure is available in the human resource department. You may contact Lincoln Financial at 1-800-423-2765.***

## Voluntary Life/AD&D Insurance

We offer Voluntary Life/Accidental Death and Dismemberment Insurance through The Standard. All active employees who are scheduled to work 17.5 hours per week are eligible as well as their spouses and dependent children.

You may select up to $750,000.

## Voluntary Accident, Cancer & Critical Illness Insurance

We offer Voluntary Accident, Cancer & Critical Illness Insurance through Allstate. This provides benefits in the event of a covered accident, illness, or cancer diagnosis. All active employees who are scheduled to work 17.5 hours per week are eligible as well as their spouses and dependent children.

Benefits vary based on plan selected.

## Voluntary Benefits (Continued)

## Voluntary AD&D Insurance

We offer Voluntary Accidental Death and Dismemberment Insurance through Chartis Life. All active employees who are scheduled to work 17.5 hours per week are eligible as well as their spouses and dependent children.

You may select between $10,000 and $300,000 in coverage in increments of $10,000.

## Flexible Spending Accounts

A Flexible Spending Account (FSA) enables you to set aside money on a pre-tax basis to pay for health and day care costs. An FSA is the only benefit that actually saves you money on the cost of health and day care expenses. Our FSA is administered by Navia Benefit Solutions.

**You must complete a new election form each plan year (January 1 - December 31) to take advantage of the tax savings offered by this plan. Open Enrollment for flexible spending account is November 15 to December 15.**

## How the Flexible Spending Account Works?

You can elect to set aside up to $2,600 of your pre-tax earnings into your Flexible Spending Account. This pre-tax money can be used to pay for qualified health care expenses not paid for by your medical, dental, or vision plans.

You can also choose to set aside up to $5,000 of your pre-tax earnings into a Dependent Care Account (if you are married and filing separately, your limit is $2,500.) This pre-tax money can be used to pay for qualified day care expenses for your children or disabled spouse. There are some rules to consider before enrolling in a Dependent Care Account.

- The expense must be allowing you and your spouse to work, actively look for work or be a full-time student
- Your dependent must live with you and must be 12 years old or younger. A dependent age 13 or older can be eligible if you can provide proof that the dependent cannot physically or mentally care for themselves
- The day care provider cannot be a dependent on your tax return or your child under the age of 19
- A Dependent Care Account works like a bank account. The reimbursement cannot exceed the account balance
- Some types of expenses are not eligible. Some of these include tuition for school at the kindergarten level or above, overnight camps, nursing home expenses, meals, activity or supply fees, and transportation costs

Once you elected the amounts you want to set aside into your FSA or Dependent Care Account, you cannot change that amount until the next enrollment period.

Understanding the tax savings behind an FSA can be confusing. With an FSA, you can set aside money from your paycheck BEFORE taxes are deducted. The below examples illustrate how an FSA can save you money.

| **Employee A** | |
|---|---|
| $35,000 | Gross Pay |
| - $7,092.50 | Taxes |
| $27,908.50 | Take Home Pay |
| -$2,400 | Medical Costs |
| $25,507.50 | Net Pay |

Employee B saves $543 a year by contributing to their FSA

| **Employee B** | |
|---|---|
| $35,000 | Gross Pay |
| -$2,400 | Medical Costs |
| $32,600 | Take Home Pay |
| -$6,548.90 | Taxes |
| $26,051.10 | Net Pay |

## Premium Conversion Program

The premium conversion program provides employees to pay certain out-of-pocket insurance premiums on a pre-tax basis thereby reducing your costs. This program is a financial benefit to most employees that have out-of-pocket premiums. This program is limited to dental, health and vision premiums. This program will be automatically given to each employee. If an employee does not want to participate in this program, they must sign and return a "Premium Payment Refusal" form by December 15, 2017. Premiums will then be deducted on an after-tax basis.

Grace Period: Your plan also has the 2 ½ month Grace Period after the end of the plan year. The Grace Period will end on March 15th. This feature gives you an additional 2 ½ months to incur expenses against your Health Care and Day Care FSA. All expenses incurred during the grace period will automatically deduct out of the prior year's benefit, and any remaining balance will then be applied to the current plan year. All claims must be turned in by March 31st.

If you have questions regarding your Flexible Spending Account, contact Human Resources or you can contact:

Navia Benefit Solutions: 800-669-3539 or visit their website at www.naviabenefits.com.

Participants can now log on to view their claim status, account activity and balances for both the current plan year and the prior plan year. There is no charge for this service. Online Statements are an easy way to keep track of exactly how your account is doing. Claim data is updated throughout the day.

Available through our Website (www.naviabenefits.com) select register and register on participant portal for online account access you will be requested to provide the following information:

- Last Name, First Initial
- E-mail Address *(E-mail address is required to access your account on-line, if you have not provided an e-mail address to Flex-Plan you must do so in writing prior to registering for account access.)*
- Company Code HSD
- Choose a User Name
- Date of Birth

Do not forget to review and accept the 'Terms and Conditions'. Shortly after registering for online access you will receive an e-mail confirmation with a temporary password.

## 403(b) Tax Sheltered Annuities

(also known as a Tax-Deferred Account or TDA)

A voluntary tax-deferred investment program established with certain insurance companies or mutual funds, referred to as a service provider, approved by the School District.

For a packet contact Anna Fitzpatrick (206) 631-3141 or National Benefit Services (our third-party administrator) at:

(800) 274-0503 or www.nbsbenefits.com.

## School Employees Retirement Systems

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

Anna Fitzpatrick in Human Resources at 206-631-3141 or

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

## Deferred Compensation Program (DCP) 457

A voluntary tax-deferred invest program is offered through the State of Washington.
For an informational packet, call 1-888-327-5596

## Helpful Information

The information on the following pages is presented for your information. If you have any questions on this information, please contact Human Resources.

## Family Medical Leave Act of 1993 (FMLA)

The Federal Family and Medical Leave Act (FMLA) was signed into law in February 1993. The law took effect on August 5, 1993 and guarantees up to 12 weeks of unpaid leave each year to workers who need time off for 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 does not return from an FMLA leave may be entitled to continuation of coverage under COBRA.

An employee will be required to reimburse Highline Public Schools for employer paid group insurance premiums during unpaid FMLA if they terminate employment less than 30 days after returning to work. This condition applies unless the termination is a result of at least one of the following:

- A continuation, recurrence or onset of a serious health condition.
- Other circumstances as defined by the Family and Medical Leave Act of 1993.

For specific questions, contact Laura Castaneda in the Human Resources Department @ (206) 631-3125 or contact the Department of Labor for a copy of the FMLA law.

## 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:

Pam Golden @ 206-631-3138
Highline Public Schools
15675 Ambaum Blvd. SW
Burien, WA 98166

## 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

## Credit Union Options

Active school employees, working in Washington State or retired school employees who live in Washington State, are eligible to become members of the below named Credit Union. Advantages of joining a Credit Union include paying lower interest rates on loans (Consumer, Real Estate, etc.), Classic Money Market Accounts, Savings Plans, Check Overdraft Protection along with specific accounts just for children. For more information on this Credit Union option, please contact the Human Resources Department or Inspirus Credit Union.

Inspirus Credit Union
1-206-628-4010 or 1-888-628-4010
www.inspirusCU.org

## Workers Compensation, Occupational Safety & Accident Prevention Program

The Highline Public Schools is an approved self-insured employer under the Washington industrial insurance laws and has been approved by the state to cover its own workers' compensation benefits. Self-insured employers must provide all benefits required by the laws. Our self-insured program applies to any work-related injury or illness.

By being self-insured, the Highline Public Schools assumes the cost of the medical charges and compensation expenses, and pays from district funds all benefits prescribed by worker's 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).
- The Office Manager will provide the injured worker an Employee Report of Incident form (if you do not plan on seeing a doctor) and the supervisors will investigate and complete the Supervisors' Investigation Form.
- If you seek medical treatment, the Office Manager will provide an injury packet of information which includes a Self Insurer Accident Form (SIF-2) Form, Employee Report of Incident Form, Supervisor's Investigation Report, and a Physician's Initial Report. When you have completed and signed the claim form, send it to the Workers' Compensation Benefits Specialist (Christine McGarr) at Human Resources. You will keep the pink copy of the (SIF-2) form for your records.

In case of an emergency, your supervisor will make sure that the treating physician or emergency facility is informed that the Highline Public Schools is self-insured so that your claim can be processed properly. Report ALL emergencies to Christine McGarr, Compensation Benefits and Leaves Manager. Christine will process all the necessary paperwork for the injured worker (in emergencies only). The Supervisor will investigate and complete the supervisors' investigation form as soon as possible. If the worker is hospitalized make sure OSHA is notified of the life threatening situation at 1-800-321-6742. Contact Christine and leave a message that OSHA was notified.

Our self-insured program administrator, Cannon Cochran Management Services, Inc. (CCMSI) will obtain this information. CCMSI administer Highline Public Schools' self-insured program, from their Salem office at 750 Front St. Suite 260 Salem, OR 97301.

If you have any questions, please contact Christine McGarr in Human Resources @ (206) 631-3136 or go to: http://www.highlineschools.org/page/409.

## Qualifications for Shared Sick Leave

**Who may share their leave?**

Employees who have accrued more than 22 days of sick leave may share sick leave. An Employee may transfer no more then 6 days of sick leave during any 12-month period, while maintaining a balance of 22 days. Employees may donate any amount of vacation while maintaining a balance of 10 days.

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

Yes.

**What qualifications are required to receive shared leave?**

- A district classified or certificated employee is eligible to receive donated leave if:
  - The employee suffers from, or has a relative or household member suffering from an extraordinary or severe illness, injury, impairment or physical or mental condition (WAC 392-126-065 definition of extraordinary or severe means serious or extreme and/or life threatening) which has caused, or is likely to cause, the employee to:
    a. Go on leave-without-pay status; or
    b. Terminate his/her employment;
  - The employee's absence and the use of shared leave are justified; (the employee is on an approved qualifying leave)
  - The employee has depleted, or will shortly deplete, his/her vacation and/or sick leave reserves;
  - The employee has abided by district rules regarding sick leave use; and
  - The employee has diligently pursued and been found to be ineligible to receive industrial insurance benefits.

Leave Share questions? Laura Castaneda at (206) 631-3125.
To receive Leave Forms go to Highline's web site http://www.highlineschools.org/Page/385.

## 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:

| | |
|---|---|
| Chad Baker-Teamsters Local #763 | Steve Grubb-HR |
| Teresa Barron-Non-Rep/Mgt Prof | Loretta Haid Prewitt-HR |
| Elizabeth Beck-HEA | Janea Marking-Business Services |
| Stephan Derout-Teamsters 1 | Sue McCabe-HEA |
| Barb Enghusen-Executive Assistants | Christine McGarr-Worker's Comp |
| Victoria Fisher-Principal | Anthony Murrietta-Teamsters Local #763 |
| Federico Garcia-Teamsters 2 | Jason Powell-Teamsters Local #763 |
| Pam Golden-Benefits | Anna Fitzpatrick-Retirement |
| Christina Larsen-Human Resources | |

## Insurance Contact Information

| Carrier Name | Coverage | Group/ Policy # | Phone Number | Website |
|---|---|---|---|---|
| Premera Blue Cross (Classified, Admin, Building Principals Only) | Medical | 4012344 | 855-756-0798 | www.premera.com |
| WEA-Select Aetna (HEA Only) | Medical | | 855-878-4101 | www.weaselect.com |
| WEA-Select United Healthcare (HEA Only) | Medical | | 844-219-3630 | www.weaselect.com |
| Kaiser Permanente (All Staff) | Medical | 00754 | 888-901-4636 | www.kp.org/wa |
| United Concordia | Dental | 892924 | 800-332-0366 | www.unitedconcordia.com |
| Willamette Dental | Dental | W300 | 855-433-6825 | www.willamettedental.com |
| Northwest Administrators | Vision | HL | 800-732-1123 | www.nwadmin.com |
| Navia Benefit Solutions | Flexible Spending Account | N/A | 800-669-3539 | www.Naviabenefits.com |
| Mutual of Omaha | Life, AD&D Insurance | GLUG-VE50 | 402-342-7600 | www.mutualofomaha.com |
| Cigna | Long Term Disability | LK 961169 | 800-362-4462 | www.cigna.com |
| Cigna | Voluntary Short Term Disability | N/A | 800-362-4462 | www.cigna.com |
| Cigna | Employee Assistance Program | N/A | 800-538-3543 | www.cignabehavioral.com |
| Lincoln Financial Group | Voluntary Short and Long Term Disability | N/A | 800-423-2765 | clientservices@lfg.com |
| Standard | Voluntary Life Insurance | N/A | 800-284-7858 | www.standard.com |
| Chartis Life | Voluntary Accident Insurance | N/A | 877-638-4244 | |
| Allstate | Voluntary Accident, Cancer, Critical Illness | N/A | 800-521-3535 | www.allstateatwork.com/ mybenefits |

## District Contact Information

| | | |
|---|---|---|
| **Insurance Enrollments/Billing** | **Loretta Haid Prewitt** | **206-631-3139** |
| **Benefits Specialist** | **Pam Golden** | **206-631-3138** |
| **Workers' Compensation** | **Christine McGarr** | **206-631-3136** |
| **Retirement** | **Anna Fitzpatrick** | **206-631-3141** |
| **Leaves** | **Laura Castaneda** | **206-631-3125** |

If you need assistance or have questions on any of your benefits, you can always call Human Resources or contact our Insurance Broker.

## The Partners Group
## Phone: 1-877-455-5640

The information herein is not a contract. It is a brief 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 **Human Resources** or **The Partners Group at (877) 455-5640.** This summary was printed on June 5, 2018 . Any further information, revision by bargaining units or by insurers after this date could change or modify the information contained herein.

## 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.

## Benefit Allocation Calculations with Pooling effective 10/31/2017

## New Pooling to be determined effective 10/31/2018

All calculations are based on a 1.0 FTE. If your FTE is less than 1.0, you will need to multiply the estimated allocation below by your FTE factor.

| | Adm Assistants/ Executive Sec | Building Admins | Central Admins | HEA |
|---|---|---|---|---|
| District Allocation | $820.00 | $820.00 | $820.00 | $820.00 |
| (-) Retiree Contribution | $0.00 | ($64.07) | ($64.07) | $0.00 |
| (+) Pooling | Varies | Varies | Varies | Varies |
| (-) Dental Plan | | | | |
| (pick one of the 3 below) | | | | |
| ***1. UCCI* Employee Only*** | *($54.44)* | *($54.44)* | *($54.44)* | *($54.44)* |
| ***2. UCCI* Family*** | *($96.73)* | *($96.73)* | *($96.73)* | *($96.73)* |
| ***3. Willamette Dental*** | *($82.85)* | *($82.85)* | *($82.85)* | *($82.85)* |
| **(-) Vision** | ($18.00) | ($18.00) | ($18.00) | ($18.00) |
| (-) Long Term Disability | ($9.95) | ($22.74) | ($21.42) | ($13.03) |
| (-) Life Insurance | ($8.10) | ($9.00) | ($9.00) | n/a |
| District Contribution for Monthly Medical Premiums based on your Dental election | | | | |
| w/ UCCI* Employee Only | $729.51 | $651.75 | $653.07 | $734.53 |
| w/ UCCI* Family | $687.22 | $609.46 | $610.78 | $692.24 |
| w/ Willamette Dental | $701.10 | $623.34 | $624.66 | $706.12 |

| | Non - Rep Mgmt/ Professional | Teamsters 1 Security & Safety | Teamsters 2 Transportation, Facilities & Nutrition Services | Teamsters 3 Instructional & Admin Support |
|---|---|---|---|---|
| District Allocation | $820.00 | $820.00 | $820.00 | $820.00 |
| (-) Retiree Contribution | $0.00 | $0.00 | $0.00 | $0.00 |
| (+) Pooling | Varies | Varies | Varies | Varies |
| (-) Dental Plan | | | | |
| (pick one of the 3 below) | | | | |
| ***1. UCCI* Employee Only*** | *($54.44)* | *($54.44)* | *($54.44)* | *($54.44)* |
| ***2. UCCI* Family*** | *($96.73)* | *($96.73)* | *($96.73)* | *($96.73)* |
| ***3. Willamette Dental*** | *($82.85)* | *($82.85)* | *($82.85)* | *($82.85)* |
| (-) Vision | ($18.00) | ($18.00) | ($18.00) | ($18.00) |
| (-) Long Term Disability | ($8.64) | ($8.64) | n/a | ($6.21) |
| (-) Life Insurance | ($9.35) | n/a | n/a | ($8.10) |
| District Contribution for Monthly Medical Premiums based on your Dental election | | | | |
| w/ UCCI* Employee Only | $729.57 | $738.92 | $747.56 | $733.25 |
| w/ UCCI* Family | $687.28 | $696.63 | $705.27 | $690.96 |
| w/ Willamette Dental | $701.16 | $710.51 | $719.15 | $704.84 |

**The above figures are based on a 1.0 FTE. Figures for employees with less than a 1.00 FTE will vary accordingly. The District is required to return $64.07 to the State to subsidize retirees' insurance premiums.**

***United Concordia Dental***

## Notes

# Monthly Insurance Rates for 2017-2018

## Kaiser Permanente - All Staff

| MEDICAL | Kaiser Permanente Traditional |
|---|---|
| Employee Only | $615.43 |
| Employee & Spouse | $1,169.82 |
| Employee & Child(ren) | $852.76 |
| Family | $1,407.63 |

To comply with SSB 5940, employees electing medical coverage must contribute a minimum of 1% of the employee only allocation available after mandatory benefits are deducted. If your portion of the premium is more than 1% of the employee only rate you will pay the greater amount.

## Aetna and United Healthcare- HEA ONLY

| MEDICAL WEA Plan 2 | Aetna | | United Healthcare | |
|---|---|---|---|---|
| | PPO | High Performance | PPO | High Performance |
| Employee Only | $972.29 | $883.57 | $1,023.14 | $923.67 |
| Employee & Spouse | $1,783.32 | $1,619.68 | $1,877.25 | $1,693.79 |
| Employee & Child(ren) | $1,303.25 | $1,183.95 | $1,371.77 | $1,238.02 |
| Family | $2,137.89 | $1,941.49 | $2,250.17 | $2,030.04 |

| MEDICAL WEA Plan 3 | Aetna | | United Healthcare | |
|---|---|---|---|---|
| | PPO | High Performance | PPO | High Performance |
| Employee Only | $883.50 | $802.98 | $929.71 | $839.35 |
| Employee & Spouse | $1,620.77 | $1,472.14 | $1,706.19 | $1,539.39 |
| Employee & Child(ren) | $1,183.91 | $1,075.63 | $1,245.83 | $1,124.35 |
| Family | $1,941.52 | $1,763.27 | $2,043.66 | $1,843.65 |

| MEDICAL WEA EasyChoice A | Aetna | | United Healthcare | |
|---|---|---|---|---|
| | PPO | High Performance | PPO | High Performance |
| Employee Only | $658.33 | $598.60 | $692.61 | $625.61 |
| Employee & Spouse | $1,199.78 | $1,090.04 | $1,262.77 | $1,139.67 |
| Employee & Child(ren) | $879.09 | $798.97 | $925.08 | $835.20 |
| Family | $1,432.16 | $1,300.95 | $1,507.46 | $1,360.28 |

| MEDICAL WEA EasyChoice B | Aetna | | United Healthcare | |
|---|---|---|---|---|
| | PPO | High Performance | PPO | High Performance |
| Employee Only | $684.23 | $622.11 | $719.89 | $650.20 |
| Employee & Spouse | $1,250.40 | $1,135.99 | $1,315.79 | $1,187.46 |
| Employee & Child(ren) | $913.85 | $830.52 | $961.41 | $867.95 |
| Family | $1,492.46 | $1,355.68 | $1,571.09 | $1,417.64 |

| MEDICAL WEA Plan 5 | Aetna | | United Healthcare | |
|---|---|---|---|---|
| | PPO | High Performance | PPO | High Performance |
| Employee Only | $1,135.00 | $1,031.24 | $1,194.42 | $1,078.14 |
| Employee & Spouse | $2,185.31 | $1,984.54 | $2,300.00 | $2,075.03 |
| Employee & Child(ren) | $1,544.89 | $1,403.27 | $1,625.68 | $1,467.01 |
| Family | $2,633.37 | $2,391.21 | $2,771.99 | $2,500.62 |

# Monthly Insurance Rates for 2017-2018

## Aetna and United Healthcare- HEA ONLY

| MEDICAL<br>WEA Basic Plan | Aetna | | United Healthcare | |
|---|---|---|---|---|
| | PPO | High Performance | PPO | High Performance |
| Employee Only | $551.20 | $501.37 | $579.82 | $523.90 |
| Employee & Spouse | $1,013.88 | $921.31 | $1,067.11 | $963.22 |
| Employee & Child(ren) | $734.88 | $668.08 | $772.96 | $698.03 |
| Family | $1,206.52 | $1,096.16 | $1,269.64 | $1,145.80 |

| MEDICAL<br>*WEA QHDHP | Aetna | | United Healthcare | |
|---|---|---|---|---|
| | PPO | High Performance | PPO | High Performance |
| Employee Only | $630.70 | $585.07 | $656.95 | $605.71 |
| Employee & Spouse | $1,051.58 | $967.08 | $1,100.19 | $1,005.30 |
| Employee & Child(ren) | $799.14 | $737.96 | $834.00 | $765.33 |
| Family | $1,225.05 | $1,124.52 | $1,283.05 | $1,170.15 |

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

## Premera Blue Cross – Classified, Administrators and Building Principals ONLY

| MEDICAL | Premera Plan 2 | Premera Plan 3 | Premera Plan 5 | Premera Easychoice | Premera Basic Plan | Premera QHDHP* |
|---|---|---|---|---|---|---|
| Employee Only | $901.50 | $824.20 | $1,042.75 | $606.90 | $489.95 | $600.45 |
| Employee & Spouse | $1,650.25 | $1,508.90 | $2,004.10 | $1,102.80 | $889.45 | $988.00 |
| Employee & Child(ren) | $1,203.75 | $1,100.60 | $1,422.85 | $805.30 | $649.75 | $755.50 |
| Family | $1,978.50 | $1,809.20 | $2,414.30 | $1,321.45 | $1,065.55 | $1,144.75 |

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

| Dental | United Concordia |
|---|---|
| Employee Only | $54.44 |
| Family | $96.73 |

| Dental/Vision | Willamette Dental | NBN Vision |
|---|---|---|
| Composite Rate | $82.85 | $18.00 |

The rates on these plans are the same if it's just the employee enrolling or their entire family.

| Mutual of Omaha Life (except HEA and Teamsters 1 & 2) | Cigna Long Term Disability (except Teamsters 2) |
|---|---|
| $8.10 - $54.00 | $6.21- $22.74 |