



Lakewood

School District

No. 306

A SUMMARY OF HEALTH & WELFARE BENEFIT PLANS FOR THE 2009 – 2010 SCHOOL YEAR

Benefit Fair

Thursday, August 27th
7:00 a.m. – 9:00 a.m.
Lakewood High School

Open Enrollment

September 1st, 2009
through
October 10th, 2009

Applications are to be returned to **Valori Smith** in the payroll department. To be effective by October 1st, your application must be received by **Valori** no later than September 10th. To be effective by November 1st, your application must be received no later than October 10th.

The information herein is not a contract. It is a summary of the benefits available. It is not intended to be an all-inclusive description of Plan benefits, limitations or exclusions, and should not be used in lieu of a Plan book. Be sure to consult your Plan booklet, or consult with the insurance company representative before making your selection. If there are any discrepancies between this summary and the official Plan documents and booklets, the official Plan documents and booklets prevail. Please direct any questions to **Valori Smith (360) 652-4501 Ext: 1007 or Baldwin Resource Group at (877) 455-5640**. This summary was printed on **August 18, 2009**. Any further information, revision by bargaining units or by insurers after this date could change or modify the information contained herein.

Please Note:

***All plan and rate changes have been outlined in bold.**

*Available To:
Certificated & Classified Employees
2009 - 2010*

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Committee Members

Lelane Adams, PSE
Dawn Arrington, Non-Rep
Pat McAllister, PSE

Kathy Eisaman, PSE-OP
Mary Custer, Non-Rep.
Patty Dowd, Non-Rep.

Valori Smith, Non-Rep.
Steve Hecimovich, LEA
Karen Anglin, Insurance Rep.
Mark Rose, Insurance Rep

Benefit Support

Payroll Department _____ Valori Smith _____ (360) 652-4501 x 1007
Personnel Officer _____ Dawn Arrington _____ (360) 652-4501 x 1011
Insurance Consultants _____ Baldwin Resource Group _____ (877) 455-5640

Benefit Representatives

Premera Blue Cross
PPO Plans 1 & 2
Washington Education Association
Customer Service - (800) 932-9221
(www.premera.com/wea)

Regence Blue Shield
Engage 80, Mid, Innova \$750, Engage 70
Customer Service - (888) 367-2112
(www.wa.regence.com)

Group Health Cooperative
Traditional HMO Plan
Customer Service – (888) 901-4636
(www.ghc.org)

Washington Dental Service
Washington Education Association
Customer Service - (800) 554-1907
(www.deltadentalwa.com)

Willamette Dental
Washington Education Association
Patient Relations – (800) 360-1909
Appointments – (800) 359-6019
(www.willamettedental.com)

Northwest Administrators
Northwest Benefit Network - Vision
Customer Service - (800) 732-1123
(www.nwadmin.com)

UNUM – Group Life Insurance
Washington Education Association
Customer Service (AON Consulting)
(206) 467-4646

American Fidelity
Flexible Spending Account, Salary & Cancer Ins.
Washington Education Association
Customer Service - (866) 576-0201
(www.afadvantage.com)

CIGNA
Life & Long Term Disability Insurance
Customer Service – (800) 362-4462
(<https://dmswebintake.group.cigna.com>)

Premera Blue Cross – Voluntary Long Term Care
Washington Education Association
Customer Service - (866) 528-1734
(www.premera.com/wea.ltc)

Pre-Paid Legal Services, Inc.
Contact – Jessica Drugge
(206) 755-1830
(www.prepaidlegal.com)

VEBA Service Group, LLC
Health Reimbursement Plan
VEBA III Offered
Customer Service - (800) 422-4023
(www.veba.org)

APS HealthCare
Employee Assistance Program
Sue Covey – (800) 999-1077
(www.apshealthcare.com)

CIGNA Behavioral Health
“Additional” Employee Assistance Program
Customer Service – (800) 538-3543
(www.cignabehavioral.com/cgi)

How to Select a Medical Plan

The Lakewood School District offers **seven** different medical plans to choose from. An explanation of each plan offered, including plan names are listed below: (To become eligible for medical benefits an employee must work a minimum of 17.5 hours per week)

PREFERRED PROVIDER ORGANIZATION 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, the insurance company will pay a lower percentage of the charges.

- ***Preferred Provider Plan Choices:*** *Premera Select Blue Cross - Plan 1 and Plan 2
Regence Blue Shield – Engage 80, Mid,
Innova \$750 & Engage 70*

HEALTH MAINTENANCE ORGANIZATION (HMO) 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).

- ***HMO Plan Choice:*** *Group Health Cooperative Traditional*

E.R. PHYSICIANS & HOSPITALS

NOTICE: 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.

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

**For changes and/or new enrollment, all forms MUST be received by:
September 10, 2009 to be effective on October 1, 2009
or by
October 9, 2009 to be effective on November 1, 2009**

Special Enrollment Rights Description

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Lakewood School District's group insurance plans, provided that you request enrollment within 30 days after your other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Unless the above applies, understand that you may not be able to obtain coverage under the group insurance plan until the next open enrollment period. Obtaining coverage in the future will be subject to administrative rules and laws in force at that time.

Healthy Kids Now!
Healthcare for Washington's Kids

**Do You Know a Child in Washington State Who
Needs Health Insurance?**

Free or Low-Cost Health Insurance for Kids & Teens in Washington State

Thousands of Kids Under 19 Are Eligible!

Infants through teenagers can receive free or low-cost health insurance. Many families in Washington State qualify and don't know it. The programs are flexible and cover kids in many types of households.

- Kids with single parents
- Kids with two parents
- Kids with working parents
- Kids living with grandparents, other family or friends
- Young adults (under 19) living on their own

What Kinds of Services Are Covered?

The health insurance programs cover a full range of services that all children need to stay healthy. Don't wait until someone in your family is sick.

- Doctor and nurse visits
- Hospital and emergency care
- Dental Care
- Prescriptions
- Check-ups and immunizations
- Eyeglasses and hearing aids
- Physical and speech therapy
- Family planning
- Transportation for office visits
- Counseling and more!

Toll-free 1-877-KIDS-NOW (1-877-543-7669)
www.insurekidsnow.gov

BASIC HEALTH OF WASHINGTON

Basic Health is a low cost health insurance program offered through the State of Washington, for residents who qualify. If you qualify for a subsidized rate (depending upon total family monthly income and family size) you could receive health insurance coverage for your children at a low cost through this program (minimum of \$10.00 per month). Parents do not have to enroll in Basic Health in order to enroll their children. Anyone interested should contact Basic Health to get on the waiting list. Basic Health can be reached 1-800-660-9840 or on the Web at <http://www.basichealth.hca.wa.gov/forms.shtml>.

**Number of persons in your family
(Income Table Valid from July 1, 2009 – June 30, 2010)**

	1	2	3	4	5	6	7
Gross monthly income to qualify for Basic Health	\$1,805.09 or under	\$2,428.45 or under	\$3,051.81 or under	\$3,675.18 or under	\$4,298.54 or under	\$4,921.91 or under	\$5,545.27 or under

For more information on Basic Health, please call 1-800-660-9840 or visit www.basichealth.hca.wa.gov.

INDIVIDUAL HEALTH COVERAGE

If you find a family member needs to come off your health plan whether due to age or cost, Meacham Financial can help. You can get affordable, quality health coverage from a variety of plans offering different coverage levels and prices. Meacham Financial represents all of the leading health carriers and short-term medical.

Call Sheri Ferguson at (425) 285-2317 / (800) 822-0822 or email sheri@meachamfi.com for a free quote and assistance in continuing to protect your family's health needs

C.O.B.R.A. and Continuation of Coverage

COBRA Notification, Rights and Responsibilities for Employees and Dependents

COBRA Notices and Further Information. If you or a qualifying family member have any questions about notices provided to you by your employer, or questions about COBRA, please contact your employer representative below.

*Valori Smith, Payroll Department
Lakewood School District
17110 16th Drive N.E.
P.O. Box 220
North Lakewood, WA 98259
(360) 652-4500*

VEBA– Health Reimbursement Plan

Do you know the average school district employee and spouse retiring today will probably spend well over **\$300,000** in post-employment health care costs and premiums? Health care expenses for active employees are increasing as well. Are you doing what is necessary to begin preparing for this growing need?

What is the VEBA Plan?

The VEBA Plan is a pre-retirement and post-retirement health reimbursement account, also referred to as an "HRA". (An HRA is a health reimbursement arrangement, not an HSA, which is a health savings account.) The VEBA Plan enables the Lakewood School District to use funds that would otherwise be paid to you for unused leave cash-outs, to instead be deposited tax-free into a VEBA account on your behalf. This account then provides a source of funds for you to pay for the cost of health care expenses for you, your spouse and your qualified dependents, completely tax-free.

Is the Plan available to me and what types of funding options are available?

Each year the district and each bargaining group must agree in writing to make the Plan available to your group and determine which VEBA funding option(s) will be made available:

1. Annual sick leave buy back
2. Retirement and separation from service sick leave cash-out
3. Vacation cash-out
4. Personal leave cash-out

For more information on the VEBA Plan, please contact:
VEBA Service Group, LLC at (800) 422-4023 or visit them on the web at www.veba.org.

School Employee's Retirement Systems

Questions regarding PERS / SERS / TRS benefit information please contact the
Department of Retirement Systems @ 800-547-6657.
Department of Retirement Systems Internet Site Address: www.drs.wa.gov

*The Lakewood School District does not offer advice regarding retirement plan benefits.
The District provides directions on how to get the information that you may need to make an informed decision.*

Washington State Deferred Compensation Program (DCP)

What is the Deferred Compensation Program?

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

With DCP, you decide how much money you want deducted from each paycheck. That can be as little as \$360 per year or as much as the annual legal maximum of \$16,500 if you are under age 50 and \$22,000 if you are over age 50 for 2009.

How does Deferred Compensation Work?

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

Should you have questions or would like more information on the Washington State Deferred Compensation Program call the DCP information line at 1-888-327-5596. Representatives are available Monday through Friday, 8:00 am – 5:00 pm.

Contact DCP by email: dcpinfo@drs.wa.gov

You can also write them at the following address:

Department of Retirement Systems
Deferred Compensation Program
PO Box 40931
Olympia, WA 98504-0931

Employee Assistance Program
(Provided and paid for by the Lakewood School District)

APS HealthCare:

The EAP is a voluntary and confidential program providing free professional counseling, legal and financial consultation for all eligible employees, their dependents, wherever they reside and anyone living in the employee's household (related or unrelated).

*On the counseling side, the EAP offers up to four (4) face-to-face sessions per incident and a 24 hour crisis hotline, staffed by master level counselors. The EAP services are provided by staff and contracted licensed/certified professionals who provide: 1) **Assessment** to help clients identify the core issues; 2) **Education** to improve employee/client's health and lifestyle; 3) **Brief Counseling** regarding the primary and secondary presenting issues/problems; and 4) **Referral** as needed, to services for longer term treatment (e.g., depression; chemical dependence; eating disorders; etc.) EAP professionals carefully follow federal laws and regulations regarding confidentiality. Information regarding your contact with the EAP cannot be released without your written consent, except in the following situations: by imminent threat of harm to self or others; court order; or in situations of abuse (such as child or elder abuse).*

Legal services are also on a per issue basis and consist of up to 30 minutes of telephone or in person consultation with an attorney, for employees, dependents and anyone living in the employee's household. (*Employment law issues and second opinions are excluded.) If the client decides to retain the attorney for further services the lawyer will charge you at a special 25% reduced rate from their regular fees, because you were referred through APS. If for any reason you would like to use another lawyer, APS will provide another referral resource.

Clients with financial concerns also call the same toll free number and ***can be connected to a Certified Financial Planner or CPA – approximately 30 minutes, per issue – who is able to discuss these concerns and provide suggestions regarding a course of action. This telephonic consultation is on a per issue basis, and is provided free of charge to the employee, their dependents or household members.***

Administrators and supervisors also have consultative services available with a senior staff regarding performance issues or any other work-related concerns; services are unlimited and can be over the phone or face-to-face. Program level services (trainings; orientations and brown bag sessions) are included, as well as critical incident intervention subsequent to a critical incident. All promotional materials (brochures, wallet cards, posters, monthly electronic tip Sheets and electronic newsletters) are all included.

The EAP does not provide health or medical treatment, nor is it meant to provide long-term continuing services. It is designed for short-term relief and assistance.

To access the EAP you may call APS Healthcare 24/7 and one of the APS clinicians will answer the phone directly: at
(800)-999-1077.

The 24-Hour Crisis Line is staffed 24-7 by Masters level clinicians and is the same number – (800) 999-1077

“Additional” Employee Assistance Program
(Provided and paid for by the Lakewood School District.)

CIGNA’s Life AssistanceSM Program helps all covered employees 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:

Life Events Information, Research, and Referral Topics

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

- | | | |
|---|--|--------------------------------|
| ➤ Prenatal Care | ➤ Summer Care | ➤ Special Needs |
| ➤ Parenting
<i>(includes online resources)</i> | ➤ Senior Care
<i>(includes online resources)</i> | ➤ Legal Services |
| ➤ Child Care
<i>(includes online resources)</i> | ➤ Pet Care
<i>(includes online resources)</i> | ➤ Financial Information |
| ➤ Adoption
<i>(includes online resources)</i> | ➤ Education
<i>(includes online resources)</i> | |

This program’s unique advantages include:

Proactive Outreach - Important outreach features in the claims process promote usage of CIGNA’s Life AssistanceSM program when employees need it most. Outreach includes reminders at the time of claim.

Emphasis on Personal Interaction - CIGNA’s Life AssistanceSM offers 24- hour, live, telephonic access to CIGNA’s licensed behavioral clinicians, and up to three, free face-to-face behavioral counseling sessions with independent specialists when needed.

Most Extensive Network of Behavioral Health Resources Available – Proximity and quick response are key during critical times. CIGNA Behavioral Health’s network of more than 54,000 contracted licensed behavioral health clinicians provides prompt, local access to support.

Comprehensive Life Events Services – The program offers information and referrals on a wide variety of topics, such as finding qualified child care, summer care, and 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 Healthy Rewards® Program - CIGNA’s Life AssistanceSM includes Healthy Rewards®, which offers discounts (up to 60%) on a range of health and wellness-related services and products, including discounts on Weight Watchers and smoking cessation programs, chiropractic care, fitness club memberships, hearing and vision care, massage therapy, acupuncture, pharmacy, vitamins, and more. A User ID and Password are required to use this benefit; User ID: LAP, Password: member.

Assessment and Counseling - Up to three (3) in-person counseling sessions for employees and family members for assessment, problem solving, and referral to resources.

For further information visit:
www.cignabehavioral.com/cgi
or call
1-800-538-3543

Lakewood School District
Benefit Changes for 2009 – 2010

WEA - Premera Blue Cross Plan 1 & Plan 2

Benefit changes include:

- The chemical dependency benefit has increased FROM \$14,000 TO \$14,500 in accordance with the Washington State mandate.
- The plan will no longer require that a dependent be partially or totally dependent on the subscriber for financial support to be eligible for coverage. Additionally, financial and tax dependency tests are no longer permitted. The dependent must still be unmarried and under age 25 to be eligible for coverage.
- **7.4% rate increase Plans 1 and 2**

Group Health Cooperative

Benefit changes include:

- The chemical dependency benefit has increased FROM \$14,000 TO \$14,500 in accordance with the Washington State mandate.
- The plan will no longer require that a dependent be partially or totally dependent on the subscriber for financial support to be eligible for coverage. Additionally, financial and tax dependency tests are no longer permitted. The dependent must still be unmarried and under age 25 to be eligible for coverage.
- **1.79% rate increase**

Regence Blue Shield – High PPO, Mid PPO, Fourfront PPO

Benefit changes include:

- The chemical dependency benefit has increased FROM \$14,000 TO \$14,500 in accordance with the Washington State mandate.
- The plan will no longer require that a dependent be partially or totally dependent on the subscriber for financial support to be eligible for coverage. Additionally, financial and tax dependency tests are no longer permitted. The dependent must still be unmarried and under age 25 to be eligible for coverage.
- Coordination of benefits for prescription drugs will apply.
- Neurodevelopmental therapy and outpatient rehab benefits will now apply to the coinsurance out of pocket maximum (stop-loss).
- Diabetic supplies will now be processed under the prescription benefit with no benefit limits.
- Growth hormone will now be processed under the prescription benefit with no benefit limits.
- No coverage for repair of teeth due to injury.
- All Regence Blue Shield Plans will include \$10,000 of life insurance
- **High Option PPO Plan** is being replaced with the new **Engage 80 Plan**
- **FourFront PPO Plan** will now be called the **Innova \$750 Plan**
- **NEW Engage 70** low premium plan will now be offered.
- **2.3% average rate increase.**

Engage 80 PPO Plan (Replacing the High Option Plan)

- Office visits covered at 80% with no copay. (Previously paid at 90% Preferred Network / 70% Participating Network % after \$20 copay)
- There will be no deductible at all Providers (was a \$200 Individual/\$600 Family deductible)
- Out of Pocket Maximum will be increased from \$1,000 to \$2,000.
- Non-Contracted Providers will now be covered at 80% (previously Non-contracted were not covered.)
- Coinsurance payment level for all providers will be 80% (was 90% Preferred Network / 70% Participating Network)
- Inpatient Mental Health limited to 8 days (previously was 14 days)
- Outpatient Mental Health limited to 12 visits (previously was 20 visits)

***Lakewood School District
Benefit Changes for 2009 – 2010, Continued***

Mid Option PPO Plan

- Out of Pocket Maximum for Mid-Option Plan will be reduced from \$2,500 to \$2,000.
- Coinsurance payment level for Participating providers will be increased from 50% to 60%.

FourFront PPO Plan (Now the Innova \$750 Plan)

- 1st four office visits at Preferred Providers covered at 100% after \$20 copay. (Previously \$25 copay)
- 1st four office visits at Participating Providers covered at 100% after \$35 copay. (Previously paid at 50%)
- 5th and subsequent office visits will be covered with deductible and coinsurance. (\$25 copay is eliminated.)
- Outpatient Lab & X-Ray at Participating Providers covered at 100% of first \$500. (Previously paid at 50%)
- Coinsurance payment level for Participating providers will be increased from 50% to 60%.

WEA – Washington Dental Service

- No Benefit Changes
- **5.6% Rate Increase**

WEA - Willamette Dental

- No Benefit Changes
- **1.8% rate increase.**

WEA-Select Group Term Life Plan – UNUM

Benefit changes include:

- Portability added effective 6/15/2009.
- **No rate increase.**

CIGNA Long Term Disability

- **No rate increase.**

Lakewood School District No. 306
Monthly Insurance Premium 2009 – 2010

<i>Medical Insurance</i>	<i>WEA / Premera Blue Cross PPO Plan 1</i>	<i>WEA / Premera Blue Cross PPO Plan 2</i>	<i>Group Health Traditional HMO</i>
<i>Eligible to: Administrators, Certificated, Classified and Non-Represented Employees</i>			
<i>Subscriber</i>	\$702.95	\$614.75	\$568.49
<i>Subscriber/Spouse</i>	\$1,337.20	\$1,193.45	\$1,095.13
<i>Subscriber/Child(ren)</i>	\$984.95	\$859.75	\$791.79
<i>Subscriber/Family</i>	\$1,650.15	\$1,438.45	\$1,318.47
	<i>7.4% Increase</i>	<i>7.4% Increase</i>	<i>1.79% Increase</i>

<i>Medical Insurance</i>	<i>Regence Blue Shield Engage 80 (Formerly High Option)</i>	<i>Regence Blue Shield Mid Option PPO</i>	<i>Regence Blue Shield Innova \$750 PPO</i>	<i>**NEW PLAN** Regence Blue Shield Engage 70</i>
<i>Eligible to: Administrators, Certificated, Classified and Non-Represented Employees</i>				
<i>Subscriber</i>	\$536.05	\$451.60	\$446.53	\$345.04
<i>Subscriber/Spouse</i>	\$1,038.88	\$874.86	\$865.01	\$667.89
<i>Subscriber/Child(ren)</i>	\$748.95	\$630.81	\$623.71	\$481.73
<i>Subscriber/Family</i>	\$1,251.78	\$1,054.07	\$1,042.19	\$804.58
	<i>1.15% Increase</i>	<i>(1.6% DECREASE)</i>	<i>6.09% Increase</i>	

<i>Dental Insurance</i>	<i>WDS Incentive Plan I</i>	<i>WDS Plan I w/Ortho Plan A</i>	<i>WDS Plan I w/Ortho Plan G</i>	<i>Willamette Dental Plan I w/Ortho Plan 4</i>
<i>Eligible to:</i>	<i>Certificated</i>	<i>Classified (Except Secretaries)</i>	<i>Admin., Non-Rep. & Secretaries</i>	<i>Admin., Class., Cert., Non-Rep. & Sec.</i>
<i>Entire Family</i>	\$117.45 (no orthodontia)	\$133.05 (adult & child ortho.)	\$130.05 (child orthodontia)	\$83.95 (adult & child ortho.)
	<i>5.6% Increase</i>	<i>5.6% Increase</i>	<i>5.6% Increase</i>	<i>1.8% Increase</i>

<i>Vision Insurance</i>	
	<i>All Employees</i>
<i>Entire Family</i>	\$19.00
	<i>Rate Pass</i>

<i>Life Insurance</i>	<i>CIGNA Flat \$10,000</i>	<i>WEA UNUM Flat \$50,000</i>
	<i>Certificated</i>	<i>Admin., Classified, Non-Rep. & Secretaries</i>
<i>Subscriber Dependent</i>	\$2.66 \$1.66 (\$4.32 Total)	\$6.50 N/A
	<i>Rate Pass</i>	<i>Rate Pass</i>

<i>Disability Insurance</i>	<i>CIGNA</i>	<i>CIGNA</i>
	<i>Admin., Cert., Non-Rep.,</i>	<i>PSE & PSE-OP</i>
<i>Employee</i>	\$14.35	\$13.28
	<i>Rate Pass</i>	<i>Rate Pass</i>

WEA SELECT-PRENERA BLUE CROSS PLAN 1 (Group #8000109)

Eligible Health Care Providers	Any licensed provider worldwide (except as stated). Only In-Network Providers agree not to bill for amounts over the allowable charges. Enrollees receive greater benefits using Heritage Network Providers.	
Definition of a Dependent Child	Unmarried child(ren) from birth to their 25 th birthday.	
Annual Deductible	\$50 (Individual) / \$150 (Family) – Combined In & Out of Network	
	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Coinsurance (Benefit) Level	90%	70%
Out of Pocket Maximum	Once Premera has paid \$4,000 in plan payments (In & Out-of-Network combined), benefits will be covered at 100% of allowable charges for the remainder of the calendar year.	
Physician Office Calls	\$20 Co-pay then covered at 100% of allowable charges; Deductible waived.	\$25 Co-pay then covered at 100% of allowable charges; Deductible waived.
Preventive Care Services (PCY = Per Calendar Year)	Covered at 100% of allowable charges up to a maximum of \$300 per person ages 4 and older PCY. Well baby exams have a maximum of \$600 per person PCY from birth through age 3; Maximum includes related lab/x-ray/diagnostic tests. Deductible waived.	Covered at a 80% of allowable charges up to a maximum of \$300 per person ages 4 and older PCY. Well baby exams have a maximum of \$600 per person PCY from birth through age 3; Maximum includes related lab/x-ray/diagnostic tests. Deductible waived.
Chiropractic Services	<u>Unlimited Visits</u> \$20 Co-pay then covered at 100% of allowable charges; Deductible waived.	<u>Unlimited Visits</u> \$25 Co-pay then covered at 100% of allowable charges; Deductible waived.
Prescription Drug Co-payment	<u>At Participating Retail Pharmacies:</u> Deductible waived	<u>At Non-Participating Retail Pharmacies:</u> <u>Deductible waived</u>
Retail (34 day supply)	\$10 – generic \$15 – preferred brand \$30 – non-preferred brand	Paid at 60% of allowable charges <u>AFTER</u> \$10 – generic \$15 – preferred brand \$30 – non-preferred brand
Mail Order (100 day supply)	Same copay as Retail.	Same copay as Retail.
Ambulance Services	Subject to deductible, then covered at 90% of allowable charges.	Subject to deductible, then covered at 70% of allowable charges.
Emergency Room Co-payment	\$75 co-payment per ER visit; Co-pay waived if admitted.	
Hospital Inpatient Services (PCY = Per Calendar Year)	Subject to deductible & \$100 co-pay per day to a maximum of \$300 per person PCY; Covered at 90% of allowable charges thereafter.	Subject to deductible & \$100 co-pay per day to a maximum of \$300 per person PCY; Covered at 70% of allowable charges thereafter.
Inpatient Surgery	See <i>Hospital Inpatient Services</i> above.	See <i>Hospital Inpatient Services</i> above.
Outpatient Surgery	Subject to deductible & \$50 co-pay; Covered at 90% of allowable charges thereafter.	Subject to deductible & \$50 co-pay; Covered at 70% of allowable charges thereafter.
Lab & X-Ray Services	Subject to deductible, then covered at 90% of allowable charges thereafter.	Subject to deductible, then covered at 70% of allowable charges thereafter.
Mental Health Inpatient Services	Subject to inpatient co-pay & deductible, then covered at 90% of allowable charges thereafter.	Subject to inpatient co-pay & deductible, then covered at 70% of allowable charges thereafter.
Mental Health Outpatient Services (PCY = Per Calendar Year)	Limited to 50 one-hour visits PCY. \$20 Co-pay then covered at 100% of allowable charges; Deductible waived.	Limited to 50 one-hour visits PCY. \$25 Co-pay then covered at 100% of allowable charges; Deductible waived.
Routine Vision Care	Not Covered.	
Maximum Lifetime Benefit	\$5,000,000 revolving each 5 years.	
Life / AD&D Insurance	\$20,000 decreasing term Life & Accidental Death & Dismemberment for employee only.	

WEA SELECT-PREmera BLUE CROSS PLAN 2 (Group #8000109)

Eligible Health Care Providers	Any licensed provider worldwide (except as stated). Only Network Providers agree not to bill for amounts over the allowable charges. Enrollees receive greater benefits using Heritage Network Providers.	
Definition of a Dependent Child	Unmarried child(ren) from birth to their 25 th birthday.	
Annual Deductible	\$100 (Individual) / \$300 (Family) – Combined In & Out of Network	
	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Coinsurance (Benefit) Level	80%	60%
Out of Pocket Maximum	Once Premera has paid \$5,500 in plan payments (In & Out-of-Network combined), benefits will be covered at 100% of allowable charges for the remainder of the calendar year..	
Physician Office Calls	\$25 Co-pay then covered at 100% of allowable charges; Deductible waived.	\$30 Co-pay then covered at 100% of allowable charges; Deductible waived.
Preventive Care Services (PCY = Per Calendar Year)	Covered at 100% of allowable charges up to a maximum of \$300 per person ages 4 and older PCY. Well baby exams have a maximum of \$600 per person PCY from birth through age 3; Maximum includes related lab/x-ray/diagnostic tests. Deductible waived.	Covered at a 80% of allowable charges up to a maximum of \$300 per person ages 4 and older PCY. Well baby exams have a maximum of \$600 per person PCY from birth through age 3; Maximum includes related lab/x-ray/diagnostic tests. Deductible waived.
Chiropractic Services	<u>Unlimited Visits</u> \$25 Co-pay then covered at 100% of allowable charges; Deductible waived.	<u>Unlimited Visits</u> \$30 Co-pay then covered at 100% of allowable charges; Deductible waived.
Prescription Drug Co-payment	<u>At Participating Retail Pharmacies;</u> <u>Deductible waived.</u>	<u>At Non-Participating Retail Pharmacies;</u> <u>Deductible waived.</u>
Retail (34 day supply)	\$10 – generic \$20 – preferred brand \$35 – non-preferred brand	Paid at 60% of allowable charges <u>AFTER</u> \$10 – generic \$20 – preferred brand \$35 – non-preferred brand
Mail Order (100 day supply)	Same copay as Retail.	Same copay as Retail.
Ambulance Services	Subject to deductible, then covered at 80% of allowable charges.	Subject to deductible, then covered at 60% of allowable charges.
Emergency Room Co-payment	\$75 co-payment per ER visit; Co-pay waived if admitted.	
Hospital Inpatient Services (PCY = Per Calendar Year)	Subject to deductible & \$150 co-pay per day to a maximum of \$450 per person PCY; Covered at 80% of allowable charges thereafter.	Subject to deductible & \$150 co-pay per day to a maximum of \$450 per person PCY; Covered at 60% of allowable charges thereafter.
Inpatient Surgery	See <i>Hospital Inpatient Services</i> above.	See <i>Hospital Inpatient Services</i> above.
Outpatient Surgery	Subject to deductible & \$100 co-pay; Covered at 80% of allowable charges thereafter.	Subject to deductible & \$100 co-pay; Covered at 60% of allowable charges thereafter.
Lab & X-Ray Services	Subject to deductible, then covered at 80% of allowable charges thereafter.	Subject to deductible, then covered at 60% of allowable charges thereafter.
Mental Health Inpatient Services	Subject to inpatient co-pay & deductible, then covered at 80% of allowable charges thereafter.	Subject to inpatient co-pay & deductible, then covered at 60% of allowable charges thereafter.
Mental Health Outpatient Services (PCY = Per Calendar Year)	Limited to 50 one-hour visits PCY. \$25 Co-pay then covered at 100% of allowable charges; Deductible waived.	Limited to 50 one-hour visits PCY. \$30 Co-pay then covered at 100% of allowable charges; Deductible waived.
Routine Vision Care	Not Covered.	
Maximum Lifetime Benefit	\$5,000,000 revolving each 5 years.	
Life / AD&D Insurance	\$20,000 decreasing term Life & Accidental Death & Dismemberment for employee only.	

K-12 REGENCE BLUESHIELD ENGAGE 80 OPTION PREFERRED (Group # *tbd*)

Eligible Health Care Providers	Members may utilize Category 1 (Preferred) or Category 2 (Participating) providers from the Regence BlueShield Provider Network. Category 1 and 2 Providers agree to accept Regence's allowance as payment in full. Regence BlueShield contracts with providers nationwide. Most services from Category 3 (Non-Contracted) providers are subject to deductible and coinsurance and these providers may balance bill members for services.	
Dependent Child Definition	Unmarried child(ren) from birth to their 25 th birthday.	
Annual Deductible (PCY = Per Calendar Year)	\$0 (Individual) / \$0 (Family) PCY –Combined between Preferred Network & Participating/Recognized Providers	
	Category 1 – Preferred Providers	Category 2 – Participating Providers
Coinsurance (Benefit) Level	80%	80%
Out of Pocket Maximum (PCY = Per Calendar Year)	Once you have paid \$2,000 (Individual) / \$6,000 (Family) PCY, benefits will be covered at 100% of allowable charges thereafter. (Does not include deductible or co-payments)	
Physician Office Calls	Covered at 80%; No co-pay.	Covered at 80%; No co-pay.
Preventive Care Services	Covered at 80%; (no dollar limit); No co-pay.	Covered at 80%; (no dollar limit); No co-pay.
Chiropractic Services	Covered at 80%.	Covered at 80%.
Prescription Drug Co-payment	<u>At Participating Pharmacies</u>	<u>At Participating Pharmacies</u>
Retail (30 day supply)	\$5 – formulary generic \$20 – formulary brand \$40 – non-formulary	\$5 – formulary generic \$20 – formulary brand \$40 – non-formulary
Mail Order (90 day supply)	\$10 – formulary generic \$40 – formulary brand \$80 – non-formulary	\$10 – formulary generic \$40 – formulary brand \$80 – non-formulary
Ambulance Services	Covered at 80%.	Covered at 80%.
Emergency Room Co-payment	\$75 Co-pay per ER visit then covered at 80%. Co-pay waived if admitted.	
Hospital Inpatient Services	Covered at 80%.	Covered at 80%.
Inpatient Surgery	Covered at 80%.	Covered at 80%.
Outpatient Surgery	Covered at 80%.	Covered at 80%.
Diagnostic Lab & X-Ray	Covered at 80%.	Covered at 80%.
Mental Health Inpatient Services	<u>Limited to 8 days per calendar year.</u> Covered at 80%.	<u>Limited to 8 days per calendar year.</u> Covered at 80%.
Mental Health Outpatient Services	<u>Limited to 12 visits per calendar year.</u> Covered at 80%.	<u>Limited to 12 visits per calendar year.</u> Covered at 80%.
Vision Care	Not Covered.	
Maximum Lifetime Benefit	\$2,000,000	
Life / AD&D Insurance	\$10,000 decreasing term Life & Accidental Death & Dismemberment for employee only.	

K-12 REGENCE BLUESHIELD MID OPTION PREFERRED (Group # *tb*d)

Eligible Health Care Providers	Members may utilize Category 1 (Preferred) or Category 2 (Participating) providers from the Regence BlueShield Provider Network. Category 1 and 2 Providers agree to accept Regence's allowance as payment in full. Regence BlueShield contracts with providers nationwide. Most services from Category 3 (Non-Contracted) providers are subject to deductible and coinsurance and these providers may balance bill members for services.	
Dependent Child Definition	Unmarried child(ren) from birth to their 25 th birthday.	
Annual Deductible (PCY = Per Calendar Year)	\$500 (Individual) / \$1,500 (Family) PCY –Combined between Preferred Network & Participating/Recognized Providers	
	Category 1 – Preferred Providers	Category 2 – Participating Providers
Coinsurance (Benefit) Level	80%	60%
Out of Pocket Maximum (PCY = Per Calendar Year)	Once you have paid \$2,000 (Individual) / \$6,000 (Family) PCY, benefits will be covered at 100% of allowable charges thereafter. (Does not include deductible or co-payments)	
Physician Office Calls	Covered at 80% of allowable charges; Deductible waived; No co-pay.	Covered at 60% of allowable charges; Deductible waived; No co-pay.
Preventive Care Services	Covered at 80% (no dollar limit); Deductible waived; No co-pay.	Covered at 60% (no dollar limit); Deductible waived; No co-pay.
Chiropractic Services	Subject to deductible then covered at 80%. No co-pay.	Subject to deductible then covered at 60%. No co-pay.
Prescription Drug Co-payment Retail (30 day supply)	<u>At Participating Pharmacies</u> \$5 – formulary generic \$20 – formulary brand \$40 – non-formulary	<u>At Participating Pharmacies</u> \$5 – formulary generic \$20 – formulary brand \$40 – non-formulary
Mail Order (90 day supply)	\$10 – formulary generic \$40 – formulary brand \$80 – non-formulary	\$10 – formulary generic \$40 – formulary brand \$80 – non-formulary
Ambulance Services	Subject to deductible, then covered at 80%.	Subject to deductible, then covered at 80%.
Emergency Room Co-payment	\$75 Co-pay per ER visit then subject to deductible and covered at 80%. Co-pay waived if admitted.	
Hospital Inpatient Services	Subject to deductible then covered at 80%	Subject to deductible then covered at 60%
Inpatient Surgery	Subject to deductible then covered at 80%	Subject to deductible then covered at 60%
Outpatient Surgery	Subject to deductible then covered at 80%	Subject to deductible then covered at 60%
Diagnostic Lab & X-Ray	Covered at 80% for outpatient. Deductible Waived.	Covered at 60% for outpatient. Deductible Waived.
Mental Health Inpatient Services	<u>Limited to 8 days per calendar year.</u> Subject to deductible, then covered at 80%	<u>Limited to 8 days per calendar year.</u> Subject to deductible, then covered at 60%
Mental Health Outpatient Services	<u>Limited to 12 visits per calendar year.</u> Subject to deductible, then covered at 80%	<u>Limited to 12 visits per calendar year.</u> Subject to deductible, then covered at 60%
Vision Care	Not Covered.	
Maximum Lifetime Benefit	\$2,000,000	
Life / AD&D Insurance	\$10,000 decreasing term Life & Accidental Death & Dismemberment for employee only.	

K-12 REGENCE BLUESHIELD INNOVA \$750 OPTION PREFERRED (Group # *tbd*)

Eligible Health Care Providers	Members may utilize Preferred and/or Participating providers from the Regence BlueShield Provider Network. Preferred Providers agree to accept Regence's allowance as payment in full. Regence BlueShield contracts with providers nationwide.	
Definition of a Dependent Child	Unmarried child(ren) from birth to their 25 th birthday.	
Annual Deductible (PCY = Per Calendar Year)	\$750 (Individual) / \$2,250 (Family) PCY –Combined between Preferred & Participating Network	
	PREFERRED PROVIDERS	PARTICIPATING PROVIDERS
Coinsurance (Benefit) Level	80%	50%
Out of Pocket Maximum (PCY = Per Calendar Year)	Once you have paid \$2,500 (Individual) / \$7,500 (Family) PCY, benefits will be covered at 100% of allowable charges thereafter.	
Physician Office Calls	<u>First Four Visits</u> \$25 co-pay then covered at 100% of allowable charges; Deductible waived. <u>Fifth and Subsequent Visits</u> Subject to deductible & \$25 co-pay then covered at 80% of allowable charges;	<u>First Four Visits</u> \$25 co-pay then covered at 50% of allowable charges; Deductible waived. <u>Fifth and Subsequent Visits</u> Subject to deductible & \$25 co-pay then covered at 50% of allowable charges;
Preventive Care Services	\$25 co-pay then covered at 100% of allowable charges. (No dollar limit)	\$25 co-pay then covered at 50% of allowable charges. (No dollar limit)
Chiropractic Services	<u>Maximum of 10 visits per calendar year.</u> Subject to deductible, then covered at 80% of allowable charges thereafter.	<u>Maximum of 10 visits per calendar year.</u> Subject to deductible, then covered at 50% of allowable charges thereafter.
Prescription Drug Co-payment (PCY = Per Calendar Year)	<u>At Participating Pharmacies</u>	
Retail (34 day supply)	\$5 – formulary generic \$20 – formulary brand \$40 – non-formulary	\$5 – formulary generic \$20 – formulary brand \$40 – non-formulary
Mail Order (90 day supply)	\$10 – formulary generic \$40 – formulary brand \$80 – non-formulary	\$10 – formulary generic \$40 – formulary brand \$80 – non-formulary
Ambulance Services	Subject to deductible, then covered at 80%.	Subject to deductible, then covered at 80%.
Emergency Room Co-payment	\$75 co-payment per ER visit;	Co-pay waived if admitted.
Hospital Inpatient Services	Subject to deductible then covered at 80% of allowable charges thereafter.	Subject to deductible then covered at 50% of allowable charges thereafter.
Inpatient Surgery	Same as <i>Hospital Inpatient Services</i> above.	Same as <i>Hospital Inpatient Services</i> above.
Outpatient Surgery	Subject to deductible then covered at 80% of allowable charges thereafter.	Subject to deductible then covered at 50% of allowable charges thereafter.
Diagnostic Lab & X-Ray (PCY = Per Calendar Year)	First \$500/year PCY is covered at 100% of allowable charges. (Deductible waived for Professional.) Above \$500/year benefits are subject to deductible then covered at 80% of allowable charges thereafter.	First \$500/year PCY is covered at 50% of allowable charges. (Deductible waived for Professional.) Above \$500/year benefits are subject to deductible then covered at 50% of allowable charges thereafter.
Mental Health Inpatient Services	<u>Limited to 8 days per calendar year.</u> Subject to deductible, then covered at 80% of allowable charges thereafter.	<u>Limited to 8 days per calendar year.</u> Subject to deductible, then covered at 50% of allowable charges thereafter.
Mental Health Outpatient Services	<u>Limited to 12 visits per calendar year.</u> Subject to deductible, then covered at 80% of allowable charges thereafter.	<u>Limited to 12 visits per calendar year.</u> Subject to deductible, then covered at 50% of allowable charges thereafter.
Vision Care	Not Covered.	
Maximum Lifetime Benefit	\$2,000,000	
Life / AD&D Insurance	\$10,000 decreasing term Life & Accidental Death & Dismemberment for employee only.	

K-12 REGENCE BLUESHIELD ENGAGE 70 OPTION PREFERRED (Group # *td*)

Eligible Health Care Providers	Members may utilize Category 1 (Preferred) or Category 2 (Participating) providers from the Regence BlueShield Provider Network. Category 1 and 2 Providers agree to accept Regence's allowance as payment in full. Regence BlueShield contracts with providers nationwide. Most services from Category 3 (Non-Contracted) providers are subject to deductible and coinsurance and these providers may balance bill members for services.	
Dependent Child Definition	Unmarried child(ren) from birth to their 25 th birthday.	
Annual Deductible (PCY = Per Calendar Year)	\$750 (Individual) / \$2,250 (Family) PCY –Combined between Preferred Network & Participating/Recognized Providers	
	Category 1 – Preferred Providers	Category 2 – Participating Providers
Coinsurance (Benefit) Level	70%	70%
Out of Pocket Maximum (PCY = Per Calendar Year)	Once you have paid \$5,000 (Individual) / \$15,000 (Family) PCY, benefits will be covered at 100% of allowable charges thereafter. (Does not include deductible or co-payments)	
Physician Office Calls	Subject to Deductible, then covered at 70%; No co-pay.	Subject to Deductible, then covered at 70%; No co-pay.
Preventive Care Services	Covered at 70%; (no dollar limit); No co-pay, Deductible Waived.	Covered at 70%; (no dollar limit); No co-pay, Deductible Waived..
Chiropractic Services	<u>Limited to 10 visits per calendar year.</u> Subject to Deductible, then covered at 70%;	<u>Limited to 10 visits per calendar year.</u> Subject to Deductible, then covered at 70%;
Prescription Drug Co-payment Retail (30 day supply)	<u>At Participating Pharmacies</u> \$5 – formulary generic \$20 – formulary brand \$40 – non-formulary	<u>At Participating Pharmacies</u> \$5 – formulary generic \$20 – formulary brand \$40 – non-formulary
Mail Order (90 day supply)	\$10 – formulary generic \$40 – formulary brand \$80 – non-formulary	\$10 – formulary generic \$40 – formulary brand \$80 – non-formulary
Ambulance Services	Subject to Deductible, then covered at 70%;	Subject to Deductible, then covered at 70%;
Emergency Room Co-payment	\$75 Co-pay per ER visit; Subject to Deductible, then covered at 70%; Co-pay waived if admitted.	
Hospital Inpatient Services	Subject to Deductible, then covered at 70%;	Subject to Deductible, then covered at 70%;
Inpatient Surgery	Subject to Deductible, then covered at 70%;	Subject to Deductible, then covered at 70%;
Outpatient Surgery	Subject to Deductible, then covered at 70%;	Subject to Deductible, then covered at 70%;
Diagnostic Lab & X-Ray	Subject to Deductible, then covered at 70%;	Subject to Deductible, then covered at 70%;
Mental Health Inpatient Services	<u>Limited to 8 days per calendar year.</u> Subject to Deductible, then covered at 70%;	<u>Limited to 8 days per calendar year.</u> Subject to Deductible, then covered at 70%;
Mental Health Outpatient Services	<u>Limited to 12 visits per calendar year.</u> Subject to Deductible, then covered at 70%;	<u>Limited to 12 visits per calendar year.</u> Subject to Deductible, then covered at 70%;
Vision Care	Not Covered.	
Maximum Lifetime Benefit	\$2,000,000	
Life / AD&D Insurance	\$10,000 decreasing term Life & Accidental Death & Dismemberment for employee only.	

GROUP HEALTH COOPERATIVE

Group #0039500

Eligible Health Care Providers	Must use Group Health Cooperative or Group Health Cooperative designated providers.
Definition of Dependent Child	Unmarried child(ren) from birth to their 25 th birthday.
Annual Deductible	None
Coinsurance (Benefit) Level	100% for most services.
Out of Pocket Maximum	Once you have satisfied \$2,000 (Individual) / \$4,000 (Family), benefits will be covered at 100% of allowable charges thereafter. Included are inpatient services, outpatient services, ambulance and emergency care at a GHC or non-GHC facility
Physician Office Calls	\$20 co-payment per office visit.
Preventive Care Services	\$20 co-payment then covered at 100% of allowable charges; (Includes well baby care & well adult visits-following child/adult schedules.)
Chiropractic Services	<u>Self-referral to 10 visits per member per calendar year by GHC contracted providers.</u> \$20 co-payment then covered at 100% of allowable charges
Prescription Drug Co-payment	Most drugs, including contraceptives obtained from GHC:
Retail (30 day supply)	\$15 – generic \$30 - brand
Mail Order (90 day supply)	\$30 Copay for each 90 day supply of a generic, \$60 for brand name.
Ambulance Services	Covered at 80%. No per incident coverage maximum. GHC initiated hospital to hospital ground transfers are covered in full.
GHC Emergency Room	\$75 co-payment per ER visit. Waived if admitted.
Non-GHC Emergency Room	\$125 deductible per ER visit, waived if admitted. Members must notify GHC within 24 hours if admitted.
Hospital Inpatient Services	\$200 co-payment per day to a maximum of 3 days per admission per Member Covered in full thereafter.
Inpatient Surgery	\$200 co-payment per day to a maximum of 3 days per admission per Member Covered in full thereafter.
Outpatient Surgery	\$20 co-payment then covered in full.
Diagnostic Lab & X-Ray	Covered at 100% for all covered services.
Mental Health Inpatient (PCY = Per Calendar Year)	<u>Limited to 12 days per Member PCY at a GHC approved mental health care facility.</u> \$200 co-payment per day to a maximum of 3 days per admission per Member Covered in full thereafter. .
Mental Health Outpatient	<u>Limited to 20 visits per Member per calendar year.</u> \$20 co-payment then covered at 100% of allowable charges;
Vision Care	<u>One routine eye exam covered once every 12 months.</u> \$20 co-payment then covered at 100% of allowable charges.
Maximum Lifetime Benefit	\$2,000,000
Life / AD&D Insurance	N/A

*Under the Devices, Equipment & Supplies benefit, external insulin pumps, glucose monitors and orthopedic appliances are covered @ 80%

MANDATORY BENEFITS

Dental Plans

WEA – Washington Dental Service (Group #0186)

WEA – WASHINGTON DENTAL SERVICE

Eligible Class: Available to all dental eligible employees.

Brief Description of Incentive Dental Plan I:

Preventive (Exams, X-rays, Cleaning, Fluoride, Sealants)	70% - 100% Incentive*
Restorative (Fillings, Oral Surgery, Endo & Perio)	70% - 100% Incentive*
Onlays, Crowns	70% - 100% Incentive*
Major (Dentures, Bridges, Partials and Implants)	50%
Temporomandibular Joint Disorder (TMJ)	50% up to \$1,000 Annual Maximum Benefit
	\$5,000 Lifetime Maximum Benefit
Annual Maximum Benefit	\$1,750 per person per Benefit Year (September 1 – August 31)

***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% 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 50% payment level for the cost of allowable prosthetics (dentures, bridges, and implants) and orthodontics.

You may select a licensed dentist. Tell your dentist you are covered by WDS program **Group #0186**.

If your dentist is a member dentist, your claims will be submitted directly to Washington Dental Service and no more than the filed fee can be charged. Washington Dental Service member dentists are reimbursed based on negotiated, pre-approved fees. Employees are not held responsible for amounts charged in excess of the member dentists' approved fees. This translates to lower out-of-pocket costs – and no surprises.

If you choose to see a dentist who is not a member of Washington Dental Service, you are responsible for submitting claims to Washington Dental Service. Claim payments will be based upon actual charges or the Washington Dental Service allowable fee for nonmember dentists, whichever is less. You are responsible for making payment to your dentist. Payment for enrollees seeing nonmember dentists will be issued on a co-payee basis to the subscriber and dentist.

Orthodontia is not included in the Certificated employee's plan.

WEA – Willamette Dental (Group No.: #W306)

Eligible Classes: Available to all dental eligible employees.

Brief Description of Managed Dental Care Plan I:

Annual Maximum Benefit (Oct. 1, 2008 – Sept. 30, 2009)	No annual maximum
Preventive (Exams, X-rays, Cleaning, etc.)	Covered in full after a \$15 copay (per visit)
Restorative (Fillings, Extractions, etc.)	Covered in full after a \$15 copay (per visit)
Major Care (Crowns, Dentures, Partials, Bridges, etc.)	Covered in full after a \$50 copay, plus \$15 copay (per visit)
Temporomandibular Joint Disorder (TMJ)	\$1,000 Annual Maximum Benefit
	\$5,000 Lifetime Maximum Benefit
Nightguards	Covered in full after a \$15 copay (per visit)

Services must be provided by network providers in order to receive coverage

MANDATORY BENEFITS CONTINUED

Vision Plan

Northwest Benefit Network: Plan # LW

Family coverage: Spouse and unmarried dependents to age 25 (provided they depend on the employee for support) for all eligible employees. No card needed; prior to your appointment, get an NBN form from your building secretary or payroll office.

Frequency of Service:

Exams	Once each 365 days*
Lenses (pair)	Once each 365 days*
Frames	Once each 365 days*
Contact Lenses-subnormal (in lieu of all other services)	Once each 365 days*
Contact Lenses-elective (in lieu of all other services)	Once each 365 days*

Coverage:

Exams	Paid in Full†
Lenses	Paid in Full**†
Frames	Paid in Full***†
Contact Lenses-Subnormal (<i>in lieu of all other services</i>)	Paid in Full†
<i>(Subnormal vision contacts requires prior approval from NBN claims office)</i>	
Contact Lenses-Selective (<i>in lieu of all other services</i>)	\$250.00 allowance toward the cost of exam, fitting fee and lenses†

To receive this allowance, you must be eligible for examination and lenses (glasses) at the time services for contact lenses begin

Co-payment for Lenses/Frames: \$0.00

- * *These time frames are strictly enforced (i.e., to the day). There is no grace period.*
- ** *Paid in full means the cost of basic lenses are covered in full. See below for covered extras.*
- *** *Paid in full means for the frames selection covered by your Plan, not all frames.*
- † *When services are rendered by a Northwest Benefit Network Provider. See benefit booklet for Non-Network benefits.*

Lens Extras:

Hi-Index (<i>Extra thin, light weight lenses</i>)	<i>Covered Only When Necessary</i>
Generic Flat Top Multi-focal (<i>Basic lined bifocal or trifocal</i>)	<i>Covered by NBN Plan</i>
Blended (<i>Blended together so you don't see a hard line</i>)	<i>Covered by NBN Plan</i>
Progressive (Standard grades covered)	<i>Covered by NBN Plan</i>
<i>(Blended together so you don't see a hard line)</i>	
Oversize Blanks (<i>Oversized lenses</i>)	<i>Covered by NBN Plan</i>
Prism Segs (<i>Specific cut to the lenses</i>)	<i>Covered by NBN Plan</i>
Slab Off (<i>Specific cut to the lenses, thinning out the edges</i>)	<i>Covered by NBN Plan</i>
Laminated	<i>Patient Responsibility</i>
Double Segs (<i>bifocal on top and bottom</i>)	<i>Covered by NBN Plan</i>
Pink 1 & 2 Tints	<i>Covered by NBN Plan</i>
Sun Tints	<i>Covered by NBN Plan</i>
Glass Photochromatic Lite Shades (<i>e.g., Photogrey Extra</i>)	<i>Covered by NBN Plan</i>
Glass Photochromatic Dark Shades (<i>e.g., Photosun</i>)	<i>Covered by NBN Plan</i>
Plastic Photochromatic (<i>e.g., Transitions</i>)	<i>Patient Responsibility</i>
Other Tints (<i>Solid, Gradient, Mirror, U.V., Polaroid</i>)	<i>Covered by NBN Plan</i>
Anti-Reflective Multi Layer	<i>Covered by NBN Plan</i>
Color Coat	<i>Covered by NBN Plan</i>
Edge Coat	<i>Patient Responsibility</i>
Scratch Coat	<i>Covered by NBN Plan</i>
Special Lens Edge Treatments	<i>Patient Responsibility</i>

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 allowable is ordered, a small dispensing fee will apply. You are also responsible for items ordered that are not covered by your plan. Non-panel claims must be submitted within one(1) year from the date of service to be considered for payment. There will be an additional charge if a Premium version of a covered item is ordered, the plan covers Standard styles of lens extras.

Please note: 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 summary. Please contact NBN at (800) 732-1123 if you have any questions about the plan benefits and/or your eligibility status. Access your information on the web at www.nwadmin.com: NBN Provider search, Claims History, Eligibility Status and Plan Brochure.

MANDATORY BENEFITS CONTINUED

Long Term Disability Insurance

CIGNA: Group #LK 961182

Eligible Classes: Administrative, Certificated, Non-Represented Employees

Description: Mandatory long-term disability plan paid by district from state funds.
Benefit Amount: 60% of your monthly income to a maximum of \$5,000 monthly.
Elimination Period: 60 days from the onset of disability.
Benefit Period: To age 65, own occupation period for 5 years, mental/nervous related disabilities have a 24-month limitation.
Cost of Living Adjustments (C.O.L.A.) included.

Eligible Classes: PSE and PSE-OP Employees

Description: Mandatory long-term disability plan paid by district from state funds.
Benefit Amount: 60% of your monthly income to a maximum of \$3,000 monthly.
Elimination Period: 90 days from the onset of disability.
Benefit Period: To age 65, own occupation period for 2 years, mental/nervous related disabilities have a 24-month limitation.
Cost of Living Adjustments (C.O.L.A.) included.

Group Life Insurance

CIGNA: Group #FLX 961492 and #OK 961583

Eligible Class: Active Certificated Employees

Description: Mandatory life insurance plan paid by district from state funds.
Benefit: \$10,000* flat. AD&D included.
Dependent life available. Spouse = \$5,000; Child(ren) under 6 months = \$100; Child(ren) 6 months and above = \$1,000.
**Note: Benefits reduce beginning at age 70*

WEA Select – UNUM / Group No.: W-138 / Plan No. 13

Eligible Classes: Administrative, Non-Represented, Classified PSE & PSEOP Employees

Description: Age 64 or under - \$50,000 flat. (At age 65, benefit amounts are reduced per ADEA compliance.)
The life insurance only includes the following benefits: a living benefit, waiver-of-premium due to total disability prior to age 65, portability and conversion.
The AD&D benefits include additional accidental benefits that may be payable for: seat belt, exposure and disappearance, education, speech and hearing, paralysis, and felonious assault.

VOLUNTARY BENEFITS

(The following voluntary products are not endorsed by the Lakewood School District, but are offered as benefit enhancements)

Optional Life Insurance

CIGNA:

Description:

Optional inexpensive group term life insurance for you & your family.

Eligibility:

All permanent employees working a minimum of .5 FTE under the age of 70. Your spouse if under the age of 70. Your dependent children if between the ages live birth to under age 19 years, 25 if a full-time student and you are covered.

Benefits:

Employee coverage – you may apply for insurance in \$10,000 increments (minimum \$10,000) to a maximum of \$300,000, or five times your annual base salary whichever is the lesser amount.

Spouse Coverage – your spouse may apply for insurance in \$10,000 increments (minimum of \$10,000), to a maximum of \$300,000 or the amount of your coverage, whichever is less.

Dependent child(ren) – live birth to under age 19 years (25 if full-time student) may be insured for \$5,000 or \$10,000 (the benefit for children from live birth 6 months is limited to \$100).

Monthly Cost:

<u>Age</u>	<u>Rate per \$1,000</u>	<u>Age</u>	<u>Rate per \$1,000</u>
Under 30	\$.06	50 – 54	\$.42
30 – 34	\$.07	55 – 59	\$.65
35 – 39	\$.10	60 – 64	\$.88
40 – 44	\$.17	65 – 69	\$1.46
45 – 49	\$.28		

Children: \$1.50 per month for \$5,000 or \$3.00 per month for \$10,000, regardless of the number of children covered. The above rates are subject to change each November.

WEA Select – Salary Insurance

American Fidelity:

1. Eligible Classes:

Administrative, Certificated, Clerical Classified-PSEOP, Educational Assistants & Non-Represented Employees

Description:

Voluntary short-term disability

Benefit Amount:

Up to 66 2/3% of your monthly income to a maximum of \$6,000/month.

Waiting Period:

0 days for accident/3 days for sickness (benefits begin on the 4th day for sickness)

Benefit Period:

60 days

2. Eligible Class:

Non-Clerical Classified-PSE Employees

Description:

Voluntary short-term disability

Benefit Amount:

Up to 66 2/3% of your monthly income to a maximum of \$6,000/month.

Waiting Period:

0 days for accident/3 days for sickness (benefits begin on the 4th day of sickness)

Benefit Period:

90 days

Workers' Compensation offset is included.

** The above information does not constitute a contract. It only highlights general information regarding the voluntary short-term disability plans. Please be sure to consult the appropriate WEA Select American Fidelity Short-Term Disability brochure for a summary of the plan's rates, specific benefits, limitations, and exclusion information before making your selection. The brochure is available in the human resource department and/or through an American Fidelity Assurance Company's representative at 1-866-576-0201 between 8:00 AM and 5:00 PM or, via the Internet at www.AFAdvantage.com.*

VOLUNTARY BENEFITS CONTINUED

Flexible Benefit Spending Account / Section 125

(Open enrollment period from November 1 – December 4, 2009, for an effective date of January 1, 2010)

American Fidelity:

Three Flexible Spending Accounts (FSAs) are offered in your benefit package – premium only program, dependent care expenses and un-reimbursed health care expenses. These benefits enable participating employees to reduce their income tax liability by setting aside pre-tax dollars from their earnings to pay for out-of-pocket premiums, health care and dependent care costs. Consider the following reasons to participate:

- **Tax Advantages** – This program helps you lower your taxes and thereby, increase your take-home pay.
- **Control** – You decide how much to put into the program.
- **Reduce the Cost of Insurance Premiums** – Employees may pay certain out-of-pocket insurance premium expenses on a before tax basis, thereby reducing employee expenses. This program should be a **FLEXIBLE** financial benefit to almost all employees that have out-of-pocket premium, health and/or dependent care expenses.
- **Out of Pocket Medical/Dental Expenses** – i.e. orthodontia, copayments, deductibles, etc.
- **Dependent Care Expenses** – This Flexible Benefit Spending Account pays for certain dependent care costs (e.g., daycare) with pre-tax dollars and thus reduces your taxable income.

The premium only program is limited to dental, health and vision insurance premiums. **The premium only plan 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 Plan Refusal” form to **Valori Smith by December 4, 2009**. An employee cannot change or revoke this election (except for qualifying events) during the contract year. Cancellation or changes are allowed only during the next annual open enrollment period.

To take advantage of either or both of these health or dependent care programs, you must complete an application(s) and return it/them to the payroll office prior to December 4, 2009. Employees currently participating in the Flex Spending Account program, needs to submit a new application for 2010 to the payroll office.

New IRS law allowing for a 2 ½ month grace period: The law permits a grace period immediately following the end of each plan year during which unused benefits or contributions remaining may be paid or reimbursed to plan participants for qualified benefit expenses **incurred** during the grace period. The grace period must **not** extend beyond the fifteenth day of the third calendar month after the end of the immediately preceding plan year to which it relates (i.e., “the 2 and ½ month rule”). As under current practice, employers may continue to provide a “run-out” period after the end of the **grace period**, during which expenses for qualified benefits incurred **during** the plan year and the grace period may be paid or reimbursed.

WEA Select – Voluntary Cancer & Intensive Care Insurance

American Fidelity:

The District offers cancer insurance through American Fidelity. Premiums are paid through payroll deduction. The rates you pay for this benefit is considerably less than the rates you would pay for an identical individual plan that is not tied to the District. If you should leave the District, you can maintain your same plan at the same rate. All benefits received from this policy are paid in addition to your medical insurance benefits. For more information on Voluntary Cancer Insurance, please contact the payroll office.

VOLUNTARY BENEFITS CONTINUED

Credit Union Options

Educational Community Credit Union
800.247.7072 / www.edcomcu.org

School Employees Credit Union of Washington
888.628.4010 / www.secuwa.org

Active school employees, working in Washington State or retired school employees who live in Washington State, are eligible to become members of the above named Credit Unions. 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 these Credit Union options, please contact the Payroll Department or the Credit Unions above.

Pre-Paid Legal Services

A legal expense plan takes care of your legal needs the way your health insurance takes care of your medical needs. For just pennies a day, the plan will provide you and your family with comprehensive legal protection.

Additionally, Pre-Paid Legal is a portable policy. You may carry this with you, at the same low group rate, as an individual policy should you terminate employment with the Lakewood School District. For information on the group rate for the employee and family, please contact Valori Smith in the Payroll Department.

For more information please contact Jessica Drugge at 206.755.1830 or you may pick up an enrollment packet located in the payroll office.

HELPFUL INFORMATION CONTINUED

Shared Sick Leave

Who may share their sick leave?

- Employees who have 22 days of sick leave accrued.

What qualifications are required to receive shared sick leave?

- Employees who are requesting shared sick leave must have (and/or a member of their immediate family) a condition(s) that is “extreme and/or extraordinary” and will cause the employee to take leave without pay or terminate their employment with the district. An “extreme and/or extraordinary” condition(s) would include a medical condition(s), which, if not treated, may result in severe consequences (i.e. death, permanent disability, etc). An employee can not request shared leave until all their leave has been or will shortly be exhausted.

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

- cancer (treatment of cancer)
- certain mental disorders
- major life threatening surgery
- medically necessary leaves due to injury and/or illness

Examples of conditions, which, do not qualify for shared sick leave include some of the following:

- flu
- maternity leave
- broken bones
- surgery that is not 100% medically necessary

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

**Please refer to your individual Bargaining Unit contract.*

Workers’ Compensation, Occupational Safety & Accident Prevention Program

The Lakewood School District is an insured employer through the Washington State Department of Labor & Industries. Our occupational safety and accident prevention program applies to any work-related injury or illness. If you sustain a work-related injury, the following steps are to be followed:

- Immediately report any injury (treated or untreated) to your supervisor and complete the Accident Report Form.
- When injury requires medical care take the Medical Provider Instructions & Forms packet with you to the doctor.
- The Return to Work Release Form is to be completed the doctor and returned to the district Claims Manager prior to returning to work.
- If time loss is required or transitional work is possible a Physical Capacities Evaluation is to be completed by the doctor and returned to the district Claims Manager prior to returning to work.
- Obtain the Washington State Fund Report of Industrial Injury or Occupations Disease form from the doctor and mail it to the State. The employer portion is mailed to the district for completion of Employer Information.

HELPFUL INFORMATION

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.

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

Gramm-Leach Bliley Act of 1999 (Privacy Act)

The Gramm-Leach Bliley Act of 1999 was implemented on July 1, 2001 by all financial institutions to safe guard the privacy of individuals. By now you have probably received some information from your bank or credit card company outlining their policy on this issue. This act is also applicable to insurance companies and how they conduct business with regards to applications, claims, customer service inquiries, etc....

What does this mean to the Lakewood School District? In order for our agent, Baldwin Resource Group and/or school district personnel, to act on behalf of a Lakewood School District employee, a signed authorization is required. The authorization (i.e. carriers are still working on the authorization application) must be specific to the particular issue and must be submitted to the insurance company before the company can provide Baldwin Resource Group or any school district personnel with any information. This authorization has a 3 – 12 month limitation depending upon the carrier. More than likely all carriers will require their own authorizations. **Keep in mind that this will be applicable to any individual (i.e., payroll or personnel) trying to conduct business on an employee's behalf.**

As you can see, the act is well intentioned, however, it will require additional requirements on everyone in order to be able to conduct everyday claim inquiries, customer complaint issues, etc. Baldwin Resource Group will work closely with the insurance carriers that the Lakewood School District contracts with in order to try and facilitate this change as painlessly as possible.

Please do not hesitate to contact our agent, Baldwin Resource Group @ (877) 455-5640 if you have questions or need assistance regarding this matter.

*Benefit summary prepared by:
Baldwin Resource Group, Inc.
for the
Lakewood School District
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