



Washougal

School District No. 112-6

A SUMMARY OF HEALTH & WELFARE BENEFIT PLANS FOR THE 2010 – 2011 SCHOOL YEAR

Benefit Fair

August 26, 2010
WHS Commons
11:00AM – 1:00PM

Open Enrollment

September 1, 2010
through
September 30, 2010

Applications are to be returned to **Carol Baker** in the Human Resources Department. To be effective by October 1st, your application must be received by **Carol** no later than September 10th. To be effective by November 1st, your application must be received no later than September 30th by 4:00 p.m. at the District Office.

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 **Carol Baker (360) 954-3004** or **Baldwin Resource Group at (877) 455-5640**. This summary was printed on **August 23, 2010**. 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
2010 - 2011*

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WASHOUGAL SCHOOL DISTRICT

INSURANCE SUPPORT

Human Resources Department _____ Carol Baker _____ (360) 954-3004
Insurance Consultants _____ Baldwin Resource Group _____ (877) 455-5640

INSURANCE COMPANY REPRESENTATIVES

Medical

Premera Blue Cross
PPO 1, PPO 2, PPO 3, & PPO5- Foundation
Washington Education Association
Customer Service - (800) 932-9221
(www.premera.com/wea)

Kaiser Permanente
Traditional HMO Plan
Customer Service – (800) 813-2000
(www.kp.org)

Dental

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

Vision

Vision Service Plan
Customer Service - (800) 877-7195
(www.vsp.com)

Disability Insurance

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

Voluntary Products

American Fidelity
Salary, Cancer and Intensive Care
Insurance, Flexible Spending Account
Washington Education Association
Aon Consulting – (206) 467-4646
Customer Service - (866) 576-0201
(www.afadvantage.com)

Employee Assistance Program

CIGNA Behavioral Health
Customer Service – (800) 538-3543
(www.cignabehavioral.com/cgi)

*Should you have any questions, please contact any of the above insurance carriers or our agent,
Baldwin Resource Group at (877) 455-5640.*

How to Select a Medical Plan

The Washougal School District offers five different medical plans to choose from. An explanation of each plan offered, including plan names are listed below.

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:*** ***WEA / Premera Blue Cross
Plans 1, 2, 3 & 5-Foundation***

HEALTH MAINTENANCE ORGANIZATION (HMO) type plans provide you with managed benefits and usually at a lower cost at the time of service. This plan requires 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:*** ***Kaiser Permanente***

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 or new enrollment, all forms MUST be completed by
9-10-10 to be effective on 10-1-10
or 9-30-10 by 4:00 p.m. to be effective on 11-1-10.**

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 Washougal 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.

Washougal School District
Monthly Insurance Premium 2010 – 2011

<i>Medical Insurance</i>	<i>WEA / Plan 1 Premera Blue Cross</i>	<i>WEA / Plan 2 Premera Blue Cross</i>	<i>WEA / Plan 3 Premera Blue Cross</i>	<i>WEA /5- Foundation Premera Blue Cross</i>
<i>Employee</i>	\$719.80	\$629.80	\$563.40	\$645.75
<i>Employee/Spouse</i>	\$1,398.45	\$1,219.85	\$1,091.50	\$1,309.90
<i>Employee/Child(ren)</i>	\$1,007.15	\$879.80	\$787.20	\$920.55
<i>Employee/Family</i>	\$1,685.80	\$1,469.85	\$1,315.30	\$1,584.70
	13.3% Increase	13.3% Increase	13.3% Increase	13.3% Increase

<i>Medical Insurance</i>	<i>Kaiser Permanente</i>	<i>WEA Dental Insurance</i>	<i>WEA Vision Insurance</i>
<i>Employee</i>	\$544.53	Entire Family \$125.40	Entire Family \$24.65
<i>Employee/Spouse</i>	\$1,110.84		
<i>Employee/ Child(ren)</i>	\$958.37		
<i>Employee/Family</i>	\$1,486.57		
	7.9% Increase	2.1% Decrease	1% Decrease

ADMINISTRATORS ONLY

<i>Long Term Disability</i>	<i>CIGNA</i>
<i>Subscriber</i>	\$20.00 (Administrators)
	Rate Pass

CERTIFICATED ONLY

<i>Long Term Disability</i>	<i>CIGNA</i>
<i>Subscriber</i>	\$9.29 (Certificated)
	Rate Pass

2010 – 2011 State Allocation = **\$768.00** for full time employees (varies depending on pooling outcome). From the above state allocation come the following premiums: Retiree Medical (**\$62.48**), Dental, Vision, Long Term Disability (if applicable). The amount remaining, depending on the pooling outcome goes toward medical premiums.

It is recommended that all employees read this sheet. Because of rate increases this year, you may now have payroll deduction costs or your current costs may increase with your present medical plan. **Please Note:** For Exclusions, Limitations, & Clarifications see the individual plan booklets. This comparison is not a contract.

Washougal School District

Benefit changes for 2010 – 2011

ALL Medical, Dental and Vision Plans:

- Children are eligible to be covered on the plan until age 26 regardless of student or marital status or financial dependence.

WEA - Premera Blue Cross Plan 1, Plan 2, Plan 3, and Plan 5 - Foundation

Federally or State-mandated changes:

- In accordance with National Health Care Reform, the lifetime maximum will be eliminated on all WEA medical plans.
- Preventive services will no longer have annual dollar limitations and services will be covered in-network at 100%.
- Mental Health – All outpatient or inpatient visit/day limitations will be removed.
- Chemical Dependency – The \$14,500 dollar limit will be removed.
- In accordance with Washington State mandates, the following changes will be made to the organ/tissue transplant provisions of the plan.
 - The lifetime benefit maximum for transplants will be increased to \$350,000. The accrual of services toward the lifetime maximum will be limited to 100 days after the date of the transplant, and the waiver of copayments will be limited to the same 100 day period.
 - During the first 12 months of coverage, the plan will no longer reduce the amount available for a transplant.
 - The medical plan will no longer waive the waiting period for transplants related to injuries.
- **13.3% rate increase Plans 1, 2, 3 & Plan 5 - Foundation**

Kaiser Permanente

Federally or State-mandated changes:

- Preventive services will be covered at 100% with no copayment.
- Mental Health – all day, visit and dollar limitations will be removed.
- Chemical Dependency — all day, visit and dollar limitations will be removed.

Benefit changes include:

- The urgent care copay has changed from \$15 to \$35
- Injections received in the nurse treatment room has changed from \$5 to \$10
- Prescription drugs will be covered at a \$15 copay for generic and a \$30 for brand (was \$10 for generic and \$20 for brand)
- **7.9% rate increase.**

WEA – Washington Dental Service

- Incentive Plan 1 will be called Plan A
- Annual Maximum will increase from \$1,750 to \$2,000 when a PPO provider is used
- **2.1% Rate Decrease**

WEA - VSP Plan B

- No Benefit Changes
- **1% rate decrease**

CIGNA Insurance (Long Term Disability)

- No Benefit Changes
- **No rate increase**

FSA / Section 125 PLAN

Beginning January 1, 2011, over-the-counter drugs (with the exception of insulin) are not eligible expenses for reimbursement under a Section 125 plan unless you have a written prescription from a physician.

WEA SELECT-PREmera BLUE CROSS PLAN 1 (Group #8000252)

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	Child(ren) from birth to their 26 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 you have paid \$444 benefits will be covered at 100% of allowable charges thereafter. (Does not include deductible or co-payments)	Once you have paid \$1,714 benefits will be covered at 100% of allowable charges thereafter. (Does not include deductible or co-payments)
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; No Annual Limit ; Deductible waived.	Covered at a 80% of allowable charges; No Annual Limit ; 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	<i>See Hospital Inpatient Services above.</i>	<i>See Hospital Inpatient Services above.</i>
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	<u>Unlimited Days</u> Subject to inpatient co-pay & deductible, then covered at 90% of allowable charges thereafter.	<u>Unlimited Days</u> Subject to inpatient co-pay & deductible, then covered at 70% of allowable charges thereafter.
Mental Health Outpatient Services (PCY = Per Calendar Year)	<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.
Routine Vision Care	Not Covered.	
Maximum Lifetime Benefit	Unlimited	
Life / AD&D Insurance	\$20,000 decreasing term Life & Accidental Death & Dismemberment for employee only.	

WEA SELECT-PREmera BLUE CROSS PLAN 2 (Group #8000252)

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	Child(ren) from birth to their 26 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 you have paid \$1,375 benefits will be covered at 100% of allowable charges thereafter. (Does not include deductible or co-payments)	Once you have paid \$3,667 benefits will be covered at 100% of allowable charges thereafter. (Does not include deductible or co-payments)
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; No Annual Limit ; Deductible waived.	Covered at a 80% of allowable charges; No Annual Limit ; 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	<i>See Hospital Inpatient Services above.</i>	<i>See Hospital Inpatient Services above.</i>
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	<u>Unlimited Days</u> Subject to inpatient co-pay & deductible, then covered at 80% of allowable charges thereafter.	<u>Unlimited Days</u> Subject to inpatient co-pay & deductible, then covered at 60% of allowable charges thereafter.
Mental Health Outpatient Services (PCY = Per Calendar Year)	<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.
Routine Vision Care	Not Covered.	
Maximum Lifetime Benefit	Unlimited	
Life / AD&D Insurance	\$20,000 decreasing term Life & Accidental Death & Dismemberment for employee only.	

WEA SELECT-PREmera BLUE CROSS PLAN 3 (Group #8000252)

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	Child(ren) from birth to their 26 th birthday.	
Annual Deductible	\$200 (Individual) / \$600 (Family) – Combined In & Out of Network	
	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Coinsurance (Benefit) Level	80%	60%
Out of Pocket Maximum	Once you have paid \$2,500 benefits will be covered at 100% of allowable charges thereafter. (Does not include deductible or co-payments)	Once you have paid \$6,667 benefits will be covered at 100% of allowable charges thereafter. (Does not include deductible or co-payments)
Physician Office Calls	\$30 Co-pay then covered at 100% of allowable charges; Deductible waived.	\$40 Co-pay then covered at 100% of allowable charges; Deductible waived.
Preventive Care Services (PCY = Per Calendar Year)	Covered at 100% of allowable charges ; No Annual Limit ; Deductible waived.	Covered at a 80% of allowable charges; No Annual Limit ; Deductible waived.
Chiropractic Services	<u>Unlimited Visits</u> \$30 Co-pay then covered at 100% of allowable charges; Deductible waived.	<u>Unlimited Visits</u> \$40 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)	\$15 – generic \$25 – preferred brand \$40 – non-preferred brand	Paid at 60% of allowable charges <u>AFTER</u> \$15 – generic \$25 – preferred brand \$40 – 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	\$100 co-payment per ER visit; Co-pay waived if admitted.	
Hospital Inpatient Services (PCY = Per Calendar Year)	Subject to deductible & \$300 co-pay per day to a maximum of \$900 per person PCY; Covered at 80% of allowable charges thereafter.	Subject to deductible & \$300 co-pay per day to a maximum of \$900 per person PCY; Covered at 60% of allowable charges thereafter.
Inpatient Surgery	<i>See Hospital Inpatient Services above.</i>	<i>See Hospital Inpatient Services above.</i>
Outpatient Surgery	Subject to deductible & \$150 co-pay; Covered at 80% of allowable charges thereafter.	Subject to deductible & \$150 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	<u>Unlimited Days</u> Subject to inpatient copay and deductible, then covered at 80% of allowable charges thereafter.	<u>Unlimited Days</u> Subject to inpatient copay and deductible, then covered at 60% of allowable charges thereafter.
Mental Health Outpatient Services (PCY = Per Calendar Year)	<u>Unlimited Visits</u> \$30 co-pay then covered at 100% of allowable charges; Deductible waived.	<u>Unlimited Visits</u> \$40 co-pay then covered at 100% of allowable charges; Deductible waived.
Routine Vision Care	Not Covered.	
Maximum Lifetime Benefit	Unlimited	
Life / AD&D Insurance	\$20,000 decreasing term Life & Accidental Death & Dismemberment for employee only.	

WEA SELECT-PREMERA BLUE CROSS PLAN 5 – Foundation (Group #8000252)

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 Foundation Network Providers.	
Definition of a Dependent Child	Child(ren) from birth to their 26 th birthday.	
Annual Deductible	\$100 (Individual) / \$300 (Family)	\$250 per enrollee per calendar year.
	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Coinsurance (Benefit) Level	100%	70%
Out of Pocket Maximum	Not Applicable	No Maximum
Physician Office Calls	\$15 Co-pay then covered at 100% of allowable charges; Deductible waived.	Subject to deductible, then covered at 70% of allowable charges; No co-pay.
Preventive Care Services (PCY = Per Calendar Year)	Covered at 100% of allowable charges; No Annual Limit; Deductible waived.	Not Covered
Chiropractic Services	<u>Unlimited Visits</u> \$15 Co-pay then covered at 100% of allowable charges; Deductible waived.	<u>Unlimited Visits</u> Subject to deductible, then covered at 70% of allowable charges; No co-pay.
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 (30 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 (90 day supply)	\$10 – generic / \$30 – preferred brand \$60 – non-preferred brand	\$10 – generic / \$30 – preferred brand \$60 – non-preferred brand
Ambulance Services	Subject to deductible & \$50 Co-pay, then covered at 100% of allowable charges.	Subject to deductible & \$50 Co-pay, then covered at 100% of allowable charges.
Emergency Room Co-payment	\$50 co-payment per ER visit; Co-pay waived if admitted.	
Hospital Inpatient Services (PCY = Per Calendar Year)	Subject to deductible & \$200 co-pay per inpatient admission, then covered at 100% of allowable charges thereafter; (Maximum copay of \$600/person - \$1,000/family PCY)	Subject to deductible & \$200 co-pay per inpatient admission, then covered at 70% of allowable charges thereafter; (Maximum copay of \$600/person - \$1,000/family PCY)
Inpatient Surgery	<i>See Hospital Inpatient Services above.</i>	<i>See Hospital Inpatient Services above.</i>
Outpatient Surgery	Subject to deductible, then covered at 100% of allowable charges thereafter.	Subject to deductible, then covered at 70% of allowable charges thereafter.
Diagnostic Lab & X-Ray	Subject to deductible, then covered at 100% of allowable charges thereafter.	Subject to deductible, then covered at 70% of allowable charges thereafter.
Mental Health Inpatient Services	<u>Unlimited Days</u> Subject to inpatient copay and deductible, then covered at 100% of allowable charges thereafter.	<u>Unlimited Days</u> Subject to deductible, then covered at 70% of allowable charges thereafter.
Mental Health Outpatient Services (PCY = Per Calendar Year)	<u>Unlimited Visits</u> \$15 co-pay then covered at 100% of allowable charges; Deductible waived.	<u>Unlimited Visits</u> Subject to deductible then covered at 70% of allowable charges thereafter; No co-pay.
Routine Vision Care	Not Covered.	
Maximum Lifetime Benefit	Unlimited	
Life / AD&D Insurance	\$20,000 decreasing term Life & Accidental Death & Dismemberment for employee only.	

Kaiser Permanente (HMO Plan) (Group #01194-001)

Eligible Health Care Providers	Must use Kaiser designated providers at designated facilities.
Definition of Dependent Child	Child(ren) from birth to age 26 .
Annual Deductible	None
Coinsurance (Benefit) Level	100% through Kaiser designated providers except for co-payments.
Out of Pocket Maximum	Once you have paid \$600 (Individual) / \$1,200 (Family), benefits will be covered at 100% of allowable charges thereafter. (Does not include Prescription drug copayments)
Physician Office Calls	\$15 co-payment per office visit.
Preventive Care Services	Covered at 100% of allowable charges; (Includes well baby care & well adult visits-following child/adult schedules.)
Chiropractic Services	<u>12 self referral visits per member per calendar year.</u> \$15 co-payment then covered at 100% of allowable charges; Prior authorization required after first 12 visits.
Prescription Drug Co-payment	<u>At Participating pharmacies</u> , most drugs, including contraceptives:
Retail (30 day supply)	\$15 generic formulary / \$30 – brand formulary Non-formulary drugs are not covered.
Mail Order (90 day supply)	90-day supply of maintenance drugs for two copayments.
Ambulance Services	\$75 co-payment (medically necessary transportation only.)
Kaiser & Non-Kaiser Emergency Room Co-payment	\$75 co-payment per ER visit plus any other copayments that normally apply.
Hospital Inpatient Services	Covered in full.
Inpatient Surgery	Covered in full.
Outpatient Surgery	\$15 co-payment then covered in full.
Diagnostic Lab & X-Ray	\$5 copay per lab visit. \$5 per x-ray or special diagnostic test visit.
Mental Health Inpatient/ Residential	Covered in Full.
Mental Health Day Benefit	\$15 co-payment per day then covered in full.
Mental Health Outpatient	\$15 co-payment then covered at 100% of allowable charges;
Vision Care	\$15 co-payment per eye exam then covered at 100%. \$150 allowance to be applied toward one prescription of lenses, frames and/or contact lenses each 24 months.
Maximum Lifetime Benefit	None
Life / AD&D Insurance	N/A

MANDATORY BENEFITS

Dental Insurance

WEA – Washington Dental Service / Group #00186-03280

Eligible Classes: Available to all employees working 3 or more hours per day.

Brief Description of Incentive Dental Plan A:

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 (September 1 – August 31)	\$1,750 per person per Benefit Year if a non-PPO provider is utilized. \$2,000 per person per Benefit Year if a Delta Dental PPO provider is utilized.

***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.

Your benefit dollars will go further if you seek services from a **Delta Dental PPO** dentist. If you visit a Delta Dental PPO dentist, you will be able to take advantage of a higher annual plan maximum. Starting October 1, 2010, your dental benefit plan maximum will increase to \$2,000 if you select a Delta Dental PPO dentist. Delta Dental Premier dentists are members of our traditional fee-for-service plan, but they are not part of the Delta Dental PPO network.

If you choose to see a dentist who is not a member of Washington Dental Service, you are responsible for having the dentist complete and sign claim forms. It will also be up to you to ensure that the claims are sent to Washington Dental Service. Claim payments will be based on actual charges or Washington Dental Service's maximum allowable fees for nonparticipating dentists, whichever is less. You will be responsible for any balance remaining. Please be aware that Washington Dental Service has no control over nonparticipating dentists' charges or billing procedures.

Finding a dentist

You can find a participating dentist in your area by visiting the Washington Dental Service web site at www.DeltaDentalWA.com/findadentist. **Be sure to select the appropriate plan – Delta Dental PPO or Delta Dental Premier – and follow the prompts**

WDS – Orthodontia Benefits

Eligible Class:

All employees who work 3 or more hours per day.

Benefit: Plan B

50% to \$1,000 (lifetime maximum benefit) Dependent Children

WDS will now pay the first half of orthodontia benefits at banding and the second half will be pro-rated & paid monthly over the course of the treatment, up to the benefit maximum.

MANDATORY BENEFITS CONTINUED

Vision Insurance

WEA Select – Vision Care Plan B:

Eligible Class: Available to all employees working 3 or more hours per day.

Brief Description of Vision Plan B:

Frequency of Service:

Exams	Once each calendar year
Lenses	Once each calendar year
Frames	Once each 2 calendar years
Contact Lenses (in lieu of lenses & frames)	Once each 2 calendar years

Copays:

Exams - \$15 Materials - \$15

Coverage:

Exams	Paid at 100% of allowable charges
Lenses (pair)	Paid at 100% of allowable charges
Frames	\$110 maximum Allowance
Cosmetic Contact Lenses*	\$180 maximum allowance

*In lieu of lenses & frames.

This is a summary of In-Network benefits. In-network benefits are provided by VSP contracted providers. For Out-of-Network benefits, please refer to your benefit booklet.

Long Term Disability Insurance

CIGNA:

Eligible Classes:

Description:

Benefit Amount:

Waiting Period:

Benefit Period:

Administrative Employees

Mandatory long-term disability plan paid by district from state funds.

60% of your monthly income to a maximum of \$4,500 monthly.

90 days from the onset of disability.

To age 65, own occupation period for 24 months, mental/nervous related disabilities have a 24-month limitation.

Eligible Classes:

Description:

Benefit Amount:

Waiting Period:

Benefit Period:

Certificated Employees

Mandatory long-term disability plan paid by district from state funds.

60% of your monthly income to a maximum of \$3,000 monthly.

90 days from the onset of disability.

To age 65, own occupation period for 24 months, mental/nervous related disabilities have a 24-month limitation.

MANDATORY BENEFITS CONTINUED

EMPLOYEE ASSISTANCE PROGRAM

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 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.

VOLUNTARY BENEFITS

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

WEA Select – Salary Insurance (Disability Insurance)

American Fidelity:

- 1. Eligible Classes:** **Administrative & Certificated Employees**
Description: **Voluntary short-term disability (Brochure SB-5897-0810)**
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: 90 days

- 2. Eligible Classes:** **Clerical Employees (Brochure SB-5894-0810)**
Description: **Voluntary long-term disability**
Benefit Amount: Up to 66 2/3% of your monthly income to a max of \$6,000 per month.
Waiting Period: Varies
Benefit Period: To age 65 or older.

- 3. Eligible Classes:** **Non-Clerical Education Support Personnel (Classified Employees)**
Description: **Voluntary long-term disability (Brochure SB-5895-0810)**
Benefit Amount: Up to 80% of your monthly income to a max of \$6,000 per month.
Waiting Period: 15 days for accident /15 days for sickness.
Benefit Period: Disabled at Age 64 and under - 10 years; Age 65 through 68 – to age 70; Age 69 or older – 1 year. This plan has limitations and exclusions including, but not limited to Workers' Compensation

*** 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 WEA Select American Fidelity Short-Term or Long-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 payroll 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.AFAAdvantage.com.**

WEA Select – Voluntary Cancer Insurance

American Fidelity Assurance Company:

The District offers Limited Benefit Cancer Insurance through American Fidelity. Premiums are paid through payroll deduction. The rates you pay are marketed through your employer for worksite employees only. If you leave your employer, you can maintain your same plan and the same rate. Benefits are paid directly to you and may be used however you need. For more information on voluntary Cancer Insurance, please contact the payroll office.

Supplemental Insurance

Colonial:

Provides supplemental insurance that pays in addition to other insurance. The benefits are paid directly to you; therefore, you may spend them as you see fit.

The types of insurance available are as follows:

* Accident/Disability * Short-Term Disability * Cancer * Critical Illness * Personal Recovery Plus * Dental

Supplemental benefits are voluntary and are also payroll deducted plans. For more information on Supplemental Insurance, please contact the payroll office or a Colonial Representative.

VOLUNTARY BENEFITS CONTINUED

Flexible Benefit Spending Arrangement / Section 125

(Open enrollment period from September 1, 2010 - October 30, 2010)

FLEXIBLE BENEFIT SPENDING ACCOUNTS / PLAN 125

AMERICAN FIDELITY:

There are three ways to save by participating in the Section 125 Plan – by pre-taxing eligible insurance premiums, by participating in the dependent day care expense reimbursement account, and by participating in the unreimbursed medical expense account. Section 125 enables participating employees to reduce their tax liability by setting aside pre-tax dollars from their earnings to pay for eligible out-of-pocket premiums, health care and dependent care costs. Consider the following reasons to participate:

- **Tax Advantages** – The plan helps you lower the amount you pay in taxes and thereby, increase your take-home pay.
- **Control** – You decide how much to put into the plan.
- **Out-of-Pocket Medical / Dental Expenses** – You can pre-tax eligible medical and dental expenses, such as orthodontia, copayments, deductibles, etc. Beginning January 1, 2011, you must have a medical practitioner's prescription on file in order to be reimbursed for over-the-counter drugs and medicines purchased on or after this date.
- **Dependent Care Expenses** – The dependent day care expense reimbursement account reimburses for certain eligible dependent care costs (e.g., daycare) with pre-tax dollars and thus reduces your taxable income.

The eligible insurance plans include dental, health and vision insurance premiums. **These benefits will automatically be placed under the plan.** If an employee **does not** want to participate in this plan, they must sign and return a "Premium Payment Plan Refusal" form to **Carol Baker BY September 14, 2010.** Elections made under the Section 125 plan must remain in place for the length of the plan year unless the employee experiences an allowable election change event mid-plan year (consult your employer for more details). An employee cannot change or revoke their unreimbursed medical expense account election during the contract year. Cancellation or changes for this account are allowed only during the next annual open enrollment period.

To take advantage of either or both of these health or daycare programs, you must complete an application(s) and return it/them to Carol Baker in the Payroll Department, prior to October 30, 2010. Employees who are currently participating in the Flex Spending Arrangement need to submit a new application for 2010 to the payroll office.

www.flex-plan.com

Health Care Reform Update—Over-the-counter medicines or drugs eligible up until December 31, 2010. As of January 1, 2011, over-the-counter ("OTC") medicines and drugs will no longer be eligible under your Health Care FSA unless you have a prescription from your licensed health care professional. OTC medicines and drugs include items such as Advil, Tylenol, allergy medicine, antacid, etc. Items that are not medicines or drugs (band-aid, gauze, reading glasses, braces etc.) will still be eligible after December 31, 2010, without a prescription. Please consider this when making your election.

Healthy Kids Now!

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

Infants through teenagers can receive free or low-cost health insurance. Many families in Washington State qualify and don't know it. These programs are flexible and cover kids in many types of households. This health insurance program covers a full range of services that all children need to stay healthy. For more information, please call 1-877-543-7669 or visit 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. Parents do not have to enroll in Basic Health in order to enroll their children. 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. It is very important that you notify your employer regarding any change in status such as divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child. Please contact your payroll officer for the form(s) that may need to be filled out.

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 payroll officer below.

Becky Friedrich, Payroll Technician
Washougal School District
4855 Evergreen Way
Washougal, WA 98671
(360) 954-3007

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

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 2010.

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

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 Washougal School District? In order for our agent, Baldwin Resource Group and/or school district personnel, to act on behalf of a Washougal 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 Washougal 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
Washougal School District
4855 Evergreen Way
Washougal, WA 98671***