Washougal School District #112-6

Employee Benefit Guide

2017-2018 School Year

Important Open Enrollment Information

Open Enrollment Period: August 16th to September 15th, 2017.

- Applications are to be returned to Cyndi Barbur in the Payroll Department. To be effective by October 1st, your application must be received by Cyndi no later than September 15th at the District Office.

Benefits Fair

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

Date: Thursday, August 31st

Time: 2:30-4:00 pm

Location: Washougal High School, Commons Area

1201 39th St

Washougal, WA 98671

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 Cyndi Barbur (360) 954-3007 or The Partners Group at (877) 455-5640. This summary was printed on August 1, 2017. Any further information, revision by bargaining units or by insurers after this date could change or modify the information contained herein.

Welcome to Your Benefits!

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

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

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Enrolling or Making Changes to your Benefits

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

You have the following time periods to enroll:

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

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

Types of Qualifying Events

- You get married or divorced
- You enter into a state registered domestic partnership
- You have a child or adopt one
- An enrolled family member dies
- You (or your spouse) go on a leave of absence
- You waived coverage for yourself or your family member because of other coverage and that coverage is lost for qualified reasons

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

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

Dependents

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

Benefit Changes for the 2017-2018 School Year

Washington State Allocation

- State allocation for employee benefits will increase to $820.00. The Retiree Medical Carve out amount will decrease from $64.39 to $64.07.

Medical Plans

Regence BlueCross BlueShield of Oregon

- No benefit changes
- 9.5% increase

Kaiser Permanente

- No benefit changes
- 5.9% increase

Dental Plans

WEA – Delta Dental of Washington

- No benefit changes
- 2% decrease

WEA - Willamette

- No benefit changes
- No rate changes

Vision (Metlife)

- No benefit changes
- 10.6% increase

Long Term Disability (CIGNA)

- No benefit changes
- No rate changes

Life and AD&D LifeMap (All eligible employees)

- No benefit changes
- No rate changes

Medical Insurance

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

Preferred Provider Organization (PPO)

These type of 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 higher percentage of the charges. If you chose to receive your care through a non-preferred provider, then the insurance company will pay a lower percentage of the charges.

Your PPO plan options are available through Regence of Oregon.

To find a preferred provider through Regence of Oregon, visit www.regence.com.

Qualified High Deductible Health Plan (QHDHP)

These type of plans operate almost like the PPO plans. If you choose to receive care through a preferred provider, the insurance company will pay a higher percentage of the charges than if you receive care from a non-preferred provider. ***Unlike a PPO plan, the deductible must be satisfied before the QHDHP plan will pay for any care (except preventive care), including prescriptions. Also, unlike a PPO plan, if there is more than one person enrolled on your plan, the family deductible must be satisfied before the plan will pay benefits (except for preventive care) for any enrolled member.***

If you choose to elect the QHDHP, you may be eligible for a Health Savings Account (HSA). An HSA is a bank account that allows you to deposit funds, on a pre-tax basis, that can be used to pay for qualified medical expenses. If you choose the QHDHP, you may be eligible for an HSA however if you do not choose the QHDHP, you are not eligible to participate in an HSA. Further information on QHDHP's and HSA's are located further in this guide.

Your QHDHP plan option is available through Regence of Oregon.

To find a preferred provider through Regence of Oregon, visit www.regence.com.

Health Maintenance Organization (HMO)

These 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).

Your HMO plan option is available through Kaiser Permanente.

To find a Kaiser Permanente provider, visit www.kaiserpermanente.org

Special Note about Hospitals and Emergency Rooms

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

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

Medical Plan Options

Plan	Regence of Oregon Plan 2		Regence of Oregon Plan 3		Regence of Oregon Plan 5	
Network	**In Network**	**Out of Network**	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Medical Deductible	$100 person / $300 family		$200 person / $600 family		$100 person/ $300 family	$250 per person
Rx Deductible	None		None		None	
4th Qtr. Carry Over	Applies		Applies		Applies	
Carrier Coinsurance	80%	60%	80%	60%	100%	70%
Medical Out of Pocket Max	$1,500 person / $4,500 family		$2,750 person / $8,250 family		$6,350 person / $12,700 family	Unlimited
Rx Out of Pocket Max	Included in Medical		Included in Medical		Included in Medical	
Office Visit	$25 copay (dw)	$30 copay (dw)	$30 copay (dw)	$40 copay (dw)	$15 copay (dw)	Ded & coin
Preventive Care*	Covered in full	20% + ded	Covered in full	20% + ded	Covered in full	Ded & coin
Diagnostic Lab & X-Ray	Deductible & Coinsurance		Deductible & Coinsurance		Ded & coin	Ded & coin
Advanced Diagnostic Imaging	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & coinsurance	
Emergency Care**	$75 copay + ded & coin		$100 copay + ded & coin		$50 copay + ded & coin	
Ambulance	20% after deductible		20% after deductible		Covered in full after deductible	
Hospital (Inpatient)	Ded & coin	Ded & coin	Ded & coin	Ded & coin	Ded & coin	Ded & coin
Hospital (Outpatient)	Ded & coin	Ded & coin	Ded & coin	Ded & coin	Ded & coin	Ded & coin
Spinal Manipulations	Unlimited 10% (dw)		Unlimited 10% (dw)		Unlimited manipulations	
					10% (dw)	Ded & coin
Vision Care	Not Covered		Not Covered		Not Covered	
Rehab - Outpatient (Speech, Massage, OT, PT)	45 visits PCY 10% (dw)		45 visits PCY 10% (dw)		45 visits PCY	
					10% (dw)	Ded and coin
Rehab - Inpatient (Speech, Massage, OT, PT)	120 days PCY		30 days PCY		30 days PCY	
	Ded & coin	Ded & coin	Ded & coin	Ded & coin	Ded & coin	Ded & coin
Prescription	**Generic / Preferred / Non – Preferred At Participating Pharmacies**					
Retail Cost Share (30 Day Supply)	$10 / $20 / $35		$15 / $25 / $40		$10 / $15 / $30	
Mail Order Cost Share (90 Day Supply)	$10 / $40 / $70		$15 / $50 / $80		$10 / $30 / $60	
Specialty Cost Share (30 Day Supply)	Subject to applicable retail copay		Subject to applicable retail copay		Subject to applicable retail copay	
Life/AD&D Insurance	**None**					

*Preventive Services as defined by the Affordable Care Act
**Copay waived if admitted to hospital

(dw)= Deductible Waived
(PCY) = Per Calendar Year
Ded & coin = Deductible & Coinsurance Apply
OT = Occupational Therapy
PT = Physical Therapy
Rx = Prescription Medication

To locate a Regence of Oregon provider, visit www.regence.com.

Medical Plan Options

Plan	Regence of Oregon EasyChoice		Regence of Oregon Engage		Regence of Oregon HSA 2.0 (QHDHP)	
Network	**In Network**	**Out of Network**	**Preferred**	**Out of Network**	**Preferred**	**Out of Network**
Medical Deductible	$1,000 person/ $3,000 family	$2,000 person/ $6,000 family	$1,250 person / $3,750 family		$1,500 person / $3,000 family†	
Rx Deductible	$500		$500		None	
4th Qtr. Carry Over	Does NOT apply		Does NOT apply		Does NOT apply	
Carrier Coinsurance	80%	50%	70%		80%	60%
Medical Out of Pocket Max	$6,000 person/ $12,000 family	Unlimited	$5,750 person / $11,500 family		$4,000 person / $8,000 family	
Rx Out of Pocket Max	Included in Medical		Included in Medical		Included in Medical	
Office Visit	$15 copay (dw)	Ded & coin	Ded & coin		Ded & coin	Ded & coin
Preventive Care*	Covered in full	Ded & coin	Covered in full	Ded & coin	Covered in full	40% (dw)
Diagnostic Lab & X-Ray	20% (dw)	Ded & coin	Deductible & coinsurance		Ded & coin	Ded & coin
Advanced Diagnostic Imaging	20% (dw)	Ded & coin	Deductible & coinsurance		Deductible and coinsurance	
Emergency Care**	$100 copay + ded & coin		$100 copay + Ded & coin		20% after deductible	
Ambulance	20% + ded	80% + ded	Deductible & coinsurance		20% after deductible	
Hospital (Inpatient)	Ded & coin	Ded & coin	Deductible & coinsurance		Ded & coin	Ded & coin
Hospital (Outpatient)	Ded & coin	Ded & coin	Deductible & coinsurance		Ded & coin	Ded & coin
Spinal Manipulations	12 manipulations PCY		10 manipulations PCY Deductible & coinsurance		10 manipulations PCY	
	10% (dw)	Ded & coin			Ded & coin	Ded & coin
Vision Care	Not Covered		Not Covered		Not Covered	
Rehab - Outpatient (Speech, Massage, OT, PT)	45 visits PCY		25 visits PCY Deductible & coinsurance		25 visits PCY	
	10% (dw)	Ded & coin			Ded & coin	Ded & coin
Rehab - Inpatient (Speech, Massage, OT, PT)	30 days PCY		30 days PCY Deductible & coinsurance		30 days PCY	
	Ded & coin	Ded & coin			Ded & coin	Ded & coin
Prescriptions	**Generic / Preferred / Non - Preferred At Participating Pharmacies**					
Retail Cost Share (30 Day Supply)	$0 / 30% / 30%		$0 / 30% / 30%		20% + deductible	
Mail Order Cost Share (90 Day Supply)	$0 / 30% / 30%		$0 / 30% / 30%		20% + deductible	
Specialty Cost Share (30 Day Supply)	Subject to applicable retail copay		Subject to applicable retail copay		20% + deductible	
Life/AD&D Insurance	None					

*Preventive Services as defined by the Affordable Care Act

**Copay waived if admitted to hospital

†Regence HSA (QHDHP): If more than one person is enrolled, the family deductible must be satisfied before benefits are payable for any enrolled person. An individual member on family coverage will have a $6,850 out of pocket maximum.

To locate a Regence of Oregon provider, visit www.regence.com.

(dw)= Deductible Waived
(PCY) = Per Calendar Year
Ded & coin = Deductible & Coinsurance Apply
OT = Occupational Therapy
PT = Physical Therapy
Rx = Prescription Medication

Medical Plan Options

Plan	Kaiser Permanente
Network	**At a Kaiser Facility/Provider only**
Medical Deductible	None
Rx Deductible	None
4th Qtr. Carry Over	N/A
Carrier Coinsurance	100%
Medical Out of Pocket Max	$1,000 person / $2,000 family
Rx Out of Pocket Max	Included in Medical
Office Visit	$20 copay
Preventive Care*	Covered in full
Diagnostic Lab & X-Ray	$20 copay $50 per test for advanced imaging
Advanced Diagnostic Imaging	$20 copay $50 per test for advanced imaging
Emergency Care**	$200 copay
Ambulance	$75 copay
Hospital (Inpatient)	$100 copay per day, $500 max per admit
Hospital (Outpatient)	$50 copay
Spinal Manipulations	12 manipulations PCY
	$30 copay
Vision Care	$20 copay per exam
Rehab - Outpatient (Speech, Massage, OT, PT)	20 visits per therapy PCY
	$30 copay
Rehab - Inpatient (Speech, Massage, OT, PT)	20 days per therapy PCY
	See Hospital (Inpatient)
Prescriptions	
Retail Cost Share (30 Day Supply)	$15 / $30 / $50
Mail Order Cost Share (90 Day Supply)	$30 / $60 / $100
Specialty Cost Share (30 Day Supply)	Subject to applicable retail copay
Life/AD&D Insurance	None

Benefits listed are based on the members perspective on out of pocket payments towards covered services. All payments from the member accrue towards the out of pocket maximums on each listed plan.

*Preventive Services as defined by the Affordable Care Act
**Copay waived if admitted to hospital

(dw)= Deductible Waived
(PCY) = Per Calendar Year
PCY= Per Calendar Year
Ded & coin = Deductible & coinsurance apply
OT = Occupational Therapy
PT = Physical Therapy
Rx = Prescription Medication

To locate a Kaiser Permanente provider, visit www.kaiserpermanente.org
To locate a Regence of Oregon provider, visit www.regence.com.

High Deductible Health Plan and HSA Questions and Answers

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

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

What is a Health Savings Account (HSA)?

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

Who is eligible to participate in an HSA?

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

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

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

How much can I contribute to my HSA?

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

How do I use my HSA?

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

To open an HSA Bank Account, please contact American Fidelity

High Deductible Health Plan and HSA Questions and Answers continued

Important Things to Be Aware of About your HDHP and HSA

- The HSA is a bank account, in your name, that belongs to you. If you leave your employer, the account goes with you and you can continue to use it for qualified medical expenses. Any monthly banking fees for the HSA are your responsibility and will be deducted directly from your HSA.
- Over-the-Counter medications are not a qualified medical expense under an HSA.
- Any use of HSA funds for a non-qualified medical expense are subject to a 20% tax penalty and applicable income taxes. You should keep all your receipts for purchases made with your HSA in case you are audited by the IRS.
- You cannot use HSA funds for any item or service provided prior to your effective date on your HDHP. For example, if your HDHP was effective 11/1/2017 and your dentist performed a crown on 9/5/2017, you cannot use HSA funds on this service.
- Unlike an FSA, you can only use the funds that have already been deposited in your HSA. If you receive a bill for $400 for services but only have $200 in your HSA available, you can only use $200.
- You can use your HSA funds for qualified medical expenses for any tax dependent even if they are not covered by your HDHP. You cannot, however, use your HSA funds for qualified medical expenses for someone who is not a tax dependent (e.g. a child over the age of 26.)
- All deductibles on your HDHP reset January 1st of each calendar year. There is no carry forward of deductibles met in the prior year. If you enroll in an HDHP on November 1, your medical expenses will be subject to the entire annual deductible for the remainder of the calendar year and will reset on January 1.

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

Saving Money on Your Medical Costs

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

Use The Emergency Room for Emergencies Only

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

Select Generic Prescription Drugs When Available

If a generic drug is available and will work for you, select the generic. Generic drugs are considerably less expensive for you and our insurance plan.

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

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

Participate in the Flexible Spending Account

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

Mandatory Dental Benefits

Available to all employees working an average of 15 hours per week.

Under the Delta Dental of Washington Incentive Plan, you may receive care from any dentist. However, if you receive care from a preferred provider dentist, your out-of-pocket expenses will be lower and your maximum plan year benefit will be higher.

To find a Delta Dental of WA provider go to www.deltadentalwa.com/wea.

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

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

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

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

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

Willamette Dental	
Plan Year Maximum(Nov 1 - Oct 31)	No annual max
Preventive (Exams, X-Rays, Cleaning etc.)	$15 copay then covered at 100%
Restorative Services (Fillings, Extractions, etc.)	$15 copay then covered at 100%
Major Care (Crowns, Dentures, Partials Bridges, etc.)	$50 copay plus a $15 copay per visit, then covered at 100%
Temporomandibular Joint Disorder	$1,000 Annual Max Benefit $5,000 Lifetime Max Benefit
Nightguards	$15 copay then covered at 100%
Orthodontia Plan #3 (Children Only)	$150 Per Ortho Service Copay then Covered in full after a $15 copay (per visit) and a $2,000 orthodontia copay

Mandatory Vision Benefits

Available to all employees working an average of 15 hours per week.

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

To find a MetLife Vision provider or to find out of network benefits visit https://www.metlife.com.

	Frequency	In-Network Provider
Copayment for services		$15.00 exams $15.00 materials
Exams	Once per calendar year	Paid at 100%
Lenses (pair)	Once per calendar year	Paid at 100%
Frames	Once per calendar year	$200.00 max allowance Costco $110 max allowance
Contacts - elective (in lieu of lenses and frames)	Once per calendar year	$200.00 max allowance

Mandatory Long Term Disability Insurance

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

Administrative Employees:

Benefits begin paying at:	After the 90th day of disability
Benefit Amount:	60% of your gross monthly income up to $4,500/month
Minimum Benefit Amount:	10% of your maximum benefit or $100, whichever is greater.
Benefits stop paying at:	Your Social Security Normal Retirement Age (if disabled before age 65) If disabled after age 65, benefits end based on age when disabled. See plan documents for schedule.
Restrictions	Mental Illness/Drug & Alcoholism is covered only for 24 months

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

Certificated Employees:

Benefits begin paying at:	After the 90th day of disability
Benefit Amount:	60% of your gross monthly income up to $3,000/month
Minimum Benefit Amount:	10% of your maximum benefit or $100, whichever is greater.
Benefits stop paying at:	Your Social Security Normal Retirement Age (if disabled before age 65) If disabled after age 65, benefits end based on age when disabled. See plan documents for schedule.
Restrictions:	Mental Illness/Drug & Alcoholism is covered only for 24 months

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

Mandatory Life and AD&D Insurance

All benefits eligible employees will be covered by the Basic Life/AD&D provided through LifeMap.

The Plan benefits are below:

Benefit Amount:	**Employee Only:** Life/AD&D insurance $10,000
Life Insurance Benefits:	Living Benefit, Waiver of Premium due to total disability prior to age 65. Policy is portable and convertible
AD&D Benefits:	Seat belts, airbag, exposure and disappearance, repatriation, education, speech and hearing, paralysis and felonious assault.

The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage, please refer to your plan certificate available from your plan administrator.

Employee Assistance Program

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

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

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

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

This program's unique advantages include:

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

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

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

Voluntary Benefits

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

Voluntary Short and Long Term Disability/Salary Insurance

Our district offers its eligible employees Short and Long Term Disability/Salary insurance through American Fidelity. This policy is designed to provide you with a cash benefit in the event you suffer a qualified disability. These plan includes offsets that will subtract any other sources of income, such as Social Security. These plans will not offset income received from sick for the first 30 days (Short Term Disability) or 60 days (Long Term Disability). Injury or sickness arising out of or in the course of any occupation for wage or profit for which you are entitled to Worker's Compensation will not be covered under the benefits listed below.

Voluntary Short Term Disability

Eligible Class	**All Employees**
AmFi Brochure #	SB-25660
Benefit Amount	Up to 66 2/3rd% of your monthly income to a maximum of $7,500 per month
Waiting Period	0 days for injury / 7 days for sickness (benefits begin on 8th day for sickness)
Benefit Period	90 days

Voluntary Long Term Disability

Eligible Class	**All Employees**
AmFi Brochure #	SB-25661
Benefit Amount	Up to 66 2/3rd% of your monthly income to a maximum of $7,500 per month
Benefit Period	To Social Security Normal Retirement Age

Eligible Class	**All Employees**
AmFi Brochure #	SB-25658
Benefit Amount	Up to 66 2/3rd% of your monthly income to a maximum of $7,500 per month
Benefit Period	To Social Security Normal Retirement Age
Waiting Period	15 days for injury / 15 days for sickness

Please contact American Fidelity to enroll in the above plans.

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

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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.

* This product may contain limitations, exclusions and waiting periods.

+ This product is inappropriate for people who are eligible for Medicaid coverage.

Voluntary Life and AD&D Insurance

This coverage is provided by LifeMap to all Benefit Eligible Employees.

Benefit Amount:	**Employee:** Life/AD&D insurance up to $300,000 (in $10,000 increments) **Spouse:** Life/AD&D insurance up to $300,000 (in $10,000 increments) **Dependent Children:** Life/AD&D insurance up to $10,000 (in $2,000 increments)
Life Insurance Benefits:	Living Benefit, Waiver of Premium due to total disability prior to age 65. Policy is portable and convertible.
AD&D Benefits:	Adaptive Home/Vehicle and Rehabilitative Benefit, Air Bag and Seat Belt, Spouse and Child Education, Coma, Day Care, Exposure and Disappearance, Felonious Assault and Repatriation..

The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage, please refer to your plan certificate available from your plan administrator.

Supplemental Insurance

This coverage is provided by Aflac to all Benefit Eligible Employees supplemental insurance pays in addition to other insurance. The benefits are paid directly to you; therefore, you may spend them as you see fit. Supplemental benefits are voluntary and are also payroll deducted plans. For more information on Supplemental Insurance, please contact the payroll office or Aflac representative.

AFLAC pays cash benefits that you direct to help you and your family with unexpected expenses. The benefits are pre-determined and paid regardless of any other insurance you have.

The types of insurance available are as follows:

* Accident/Sickness * Short-Term Disability * Cancer * Critical Illness * Hospital/Intensive Care Protection

* Vision * Supplemental Dental *Lump Sum Critical Illness

Flexible Spending Accounts

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

You must complete a new election form with American Fidelity during the FSA open enrollment period (October 1 - October 31) for each plan year (November 1 - October 31) to take advantage of the tax savings offered by this plan.

How the Flexible Spending Account Works?

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

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

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

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

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

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

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

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

Examples of Qualified Health Care Expenses

- Copays for doctors visits
- Deductibles and coinsurance for your medical/dental plans
- Copays for your prescription drugs
- Dental expenses like crowns, dentures, orthodontia
- Vision expenses like frames, lenses, contacts

Over-the-counter drugs are NOT eligible expenses unless you have a written prescription from a physician.

Premium Conversion Program

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 Cyndi Barbur by September 15, 2017. 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.

Helpful Information

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

Family Medical Leave Act of 1993 (FMLA)

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

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

COBRA and Continuation of Coverage

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

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

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

School Employees Retirement Systems

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

Department of Retirement Systems

800-547-6657

www.drs.wa.gov

Healthy Kids Now through Apple Health

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

Apple Health Hotline

1-877-KIDS-NOW

www.insurekidsnow.gov

Washington State Deferred Compensation Program (DCP)

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

With DCP, you decide how much money you want deducted from each paycheck. That can be as little as $360 per year or as much as the annual legal maximum of $18,000 if you are under age 50 and $24,000 if you are over age 50 for 2015.

How does Deferred Compensation Work?

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

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

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

Email: dcpinfo@drs.wa.gov

Mail: PO BOX 40931 Olympia, WA 98504-0931

Individual Health Coverage

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

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

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

Voluntary Retirement Savings Account

Voluntary 403B pre-tax or post tax retirement savings account deductions are available. If you choose to start one of these accounts, please contact The OMNI Group Customer Care Team by calling 877-544-OMNI for a list of approved investment companies. The website is omni403b.com for more information.

Insurance Contact Information

Carrier Name	Coverage	Group/ Policy #	Phone Number	Website
Regence of Oregon	Medical	10012673	888-367-2116	www.regence.com
Kaiser Permanente	Medical	01194-001	800-813-2000	www.kaiserpermanente.org
Delta Dental	Dental	186	800-554-1907	www.deltadentalwa.com
Willamette Dental	Dental	WA507	855-433-6825	www.willamettedental.com
MetLife	Vision	5929570	855-638-3931	www.metlife.com
LifeMap	Life and AD&D	LM0198443	800-794-5390	www.LifeMapCo.com
Cigna	Long Term Disability	SGD600138	800-362-4462	www.cigna.com
American Fidelity	Voluntary Short/Long Term Disabilty, Life and AD&D, Flexible Spending Account, Cancer, Intensive Care	N/A	866-576-0201	www.afadvantage.com
Cigna	Employee Assistance Program	N/A	800-538-3543	www.cignavehavioral.com

District Contact Information

Marian Young	HR Director	360-954-3050	marian.young@washougalsd.org
Rhonda Sherman	Classified Staff Specialist	360-954-3051	rhonda.sherman@washougalsd.org
Cindie Persons	Certified Staff Specialist	360-954-3004	cindie.persons@washougalsd.org
Cyndi Barbur	Payroll Technician	360-954-3007	cyndi.barbur@washougalsd.org
Becky Friedrich	AESOP Specialist/HR Assistant	360-954-3041	becky.friedrich@washougalsd.org

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

The Partners Group
Bill Stremel, Account Manager
877-455-5640; bstremel@tpgrp.com

The information herein is not a contract. It is a brief summary of the benefits available. It is not intended to be an all-inclusive description of Plan benefits, limitations or exclusions, and should not be used in lieu of a Plan book. Be sure to consult your Plan booklet, or consult with the insurance company representative before making your selection. If there are any discrepancies between this summary and the official Plan documents and booklets, the official Plan documents and booklets prevail. Please direct any questions to **Human Resources** or **The Partners Group at (877) 455-5640.** This summary was printed on July 20, 2017 . Any further information, revision by bargaining units or by insurers after this date could change or modify the information contained herein.

Glossary of Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

Monthly Insurance Rates for 2017-2018

MEDICAL	Regence of Oregon Plan 2	Regence of Oregon Plan 3	Regence of Oregon Easychoice	Regence of Oregon Plan 5
Employee Only	$1,068.80	$956.40	$708.05	$1,258.45
Employee & Spouse	$2,015.70	$1,804.10	$1,283.35	$2,501.70
Employee & Child(ren)	$1,469.95	$1,315.65	$938.45	$1,771.95
Family	$2,416.90	$2,163.55	$1,536.90	$3,015.25

MEDICAL	Regence of Oregon Engage	Regence of Oregon QHDHP	Kaiser Permanente
Employee Only	$645.05	$562.30	$745.10
Employee & Spouse	$1,170.00	$1,022.20	$1,520.00
Employee & Child(ren)	$855.50	$747.50	$1,311.37
Family	$1,401.15	$1,207.55	$2,034.11

DENTAL	Delta Dental Incentive Plan A w/ Ortho Plan B	Willamette Plan 1/Ortho Plan 3
Composite/Family Rate	$111.30	$82.25

VISION	MetLife
Composite/Family Rate	$24.77

Dental and vision plan rates are composite rated. The rate is the same if it's just a single employee enrolled or an employee and his/her family.

LONG TERM DISABILITY	Cigna Administrators	Cigna Certificated
Employee Only	$18.95	$8.81

LIFE AND AD&D	LifeMap
Employee Only	$1.25

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