



North Thurston Public Schools

A Summary of Employee Benefit Plans Enrollment Guide for the 2011-2012 School Year

This guide is only a brief description of insurance coverage under the North Thurston Public Schools' benefits program. The provisions of the actual plan documents and contracts will govern in the case of any discrepancy.

Welcome

Welcome to the 2011-12 school year!

Enclosed in this guide you will find information regarding your benefits as an employee of North Thurston Public Schools. All employees that work 20 hours per week are eligible for benefits. Please take the time to review this information and return all necessary paperwork to payroll. Human Resources will be inviting you to a mandatory New Employee Orientation. During the orientation you will be given the opportunity to ask questions about your benefits. If you have not already done so, we ask that you choose your providers, fill out enrollment forms, and turn in all mandatory benefit forms at the orientation.

For more details on your benefits, please review this booklet and attend this year's Benefit Fair on August 15th where you can talk with the carriers directly to get your specific questions answered about your benefits.

Again, welcome!

Disclaimer

This enrollment guide is a brief description of your coverage. It is not intended as a complete description of benefits. Although we've made every effort to ensure that this guide is accurate, provisions of the official plan documents and contracts will govern in the case of any discrepancy. This program is subject to review and (according to the provisions of any applicable collective bargaining agreement) may be modified or terminated in whole or in part at any time for any reason. This guide does not create a contract of employment between the district and any employee.

The information included in the communication is provided for informational and demonstration purposes only and is not intended as a contract.

Neither Propel Insurance, bargaining units nor carriers noted in this publication guarantee the accuracy or completeness of the information. Neither Propel Insurance nor carriers shall in any circumstances be liable for economic loss due to your reliance on this information.

Enrollment

NEW EMPLOYEE DEADLINES

If a new employee is eligible for group mandatory and optional benefits, their coverage begins the 1st of the month following the employee working 10 eligible days in a month.

Enrollment forms must be returned to the payroll office by the 10th of the month in order to be effective the 1st of the following month. Forms not returned within 30 days of employment or eligibility will be denied benefits and must wait until the next open enrollment period. Open enrollment typically runs from September 1st through October 10th.

Who is Eligible for Benefits: (See page 11 for details)

All employees who work a minimum of 20 hours per week are eligible for benefits.

Detailed information regarding the contractual benefits, limitations, and exclusions are available through the Payroll Department.

This summary was printed in September of 2011. **Please note** that revisions may be made by bargaining units or insurers at any time after this date. Please refer to the most current contract for up to date coverage limits.

Customer Service Representative

NORTH THURSTON PUBLIC SCHOOLS Payroll Department Contracts

Payroll Staff's Main Number

(360) 412-4432

Donna Swope - Administrative Assistant

Kim Cordova - Payroll Tech

Brenda Richardson - Payroll Tech

Aimee Enroth-Hall - Payroll Tech

Vivian Millon - Payroll Supervisor

Payroll Fax Number

(360) 412-4550

Plan Contacts	Website	Customer Service
Premera Blue Cross / WEA	www.premera.com/wea	(800) 932-9221
Group Health	www.ghc.org	(888) 901-4636
KPS HealthPlans	www.kpshealthplans.com	(800) 552-7114 x111
Washington Dental Service / WEA	www.deltadentalwa.com	(800) 554-1907
Willamette Dental / WEA	www.willamettedental.com	(800) 360-1909
Vision Service Plan / WEA	www.vsp.com	(800) 877-7195
Standard Insurance Company		
Life and AD&D	www.standard.com	(800) 628-8600
Long Term Disability	www.standard.com	(800) 368-1135
American Fidelity Flexible Spending Account & Short Term Disability	www.afadvantage.com	(800) 662-1113
Horizon Health EAP	www.horizoncarelink.com	(888) 293-6948
Propel Insurance	www.propelinsurance.com	(800) 499-0933

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Benefit Dollars and Pooling

The benefit allocation per month for a full-time equivalent employee is based on each unit's collective bargaining agreement. This amount is first used to pay for mandatory benefits subject to collective bargaining. The balance of the benefit dollars are then available for the employee to use towards their elected medical coverage. If the premium exceeds this amount, the remainder will be automatically deducted from the employee's pay check. Unused benefit dollars will be "pooled" according to collective bargaining agreements.

Below is a sample worksheet to help you calculate how far the benefit allocation can go toward the cost of medical coverage

Part time employees see calculation below:

A.	\$____.____	Enter your 2011 - 2012 State Allocation	\$____.____
		Sample amount(s) change after pooling	
		Your Mandatory Benefit Choices	
B.	-\$____.____	Life Insurance	-\$____.____
C.	-\$____.____	Enter your Long Term Disability (please see page 12 for rates)	-\$____.____
D.	-\$____.____	Vision Service Plan	-\$____.____
E.	-\$____.____	↩ WDS Dental / Willamette Dental ↪	-\$____.____
F.	\$____.____	Balance left available toward a medical plan	\$____.____

Calculation for less than 1.000 FTE (Full time employee):

Certificated: FTE percentage (sample .8 FTE would be 80% of allocated money, etc.)

Classified: Hours per day x (times) days per year divided by 1440. This will give you a percentage of the allocated money.

Mandatory Benefits

Mandatory Benefits:

The following is a list of the mandatory benefits for all employees who work four (4) or more hours per day (20 hours per week). You will need to enroll in the life insurance plan, long term disability (except PSE), vision plan, and one of the dental plans. The monthly premiums for these plans are paid by the employer and are deducted from the state allocated money.

Employee Only \$50,000 Term Life and AD&D Insurance	Standard Group Life Insurance Group #644021	
	All Groups	\$7.12
Employee Only (Except PSE group)	Standard Group Long Term Disability Group #644021	
	Administrators	\$22.25
	Teachers	\$17.75
	Para-Educators	\$4.80
	Custodians	\$18.15
	All Others (except PSE)	\$17.35

Employee and Family Vision Insurance	Vision Service Plan Group #07-113507 Plan E	
	Copayment	\$25
	Exams and Lenses (once every calendar year, if performed by a VSP Provider)	subject to copayment
	Frames (once every two calendar years, if performed by a VSP Provider)	subject to copayment
	Contacts (may be purchased in lieu of frames and lenses, once every two calendar years, if performed by a VSP Provider)	subject to copayment

Employee and Family Dental Insurance	Washington Dental Service (WDS) Group #00186	
	Deductible	\$0
	Preventive (exams, x-rays, cleanings, etc.)	70% - 100 Incentive*
	Restorative (fillings, extractions, crowns, etc.)	70% - 100% Incentive*
	Major Care (dentures, partials, bridges, implants, etc.)	50%
	Orthodontia (adults and children)	50% to \$2,000 lifetime maximum
	Annual Maximum Benefits	\$2,000 per person

*Incentive plan encourages regular dental care. The first benefit year will be covered at 70% for preventive and restorative services and advances by 10% each benefit year, providing you use the program at least once each benefit year to a maximum of 100%.

benefits continued on next page

Mandatory Benefits

Employee and Family Dental Insurance	Willamette Dental		Group #WW003
	Deductible		\$0
	Office Visit		\$15 copay
	Preventive (exams, x-rays, cleanings, etc.)		covered in full
	Restorative (fillings, extractions, etc.)		covered in full
	Major Care (crowns, dentures, partials, bridges, implants, etc.)		\$50 copayment
	Orthodontia (adults and children)		\$1,500 copayment
	Annual Maximum Benefits		Unlimited

Employee and Family Dental Insurance	WDS Managed Care Dental		Group #00188
	Deductible		\$0
	Preventive (exams, x-rays, cleanings, etc.)		covered in full
	Restorative (fillings, extractions, etc.)		covered in full
	Major Care (crowns, dentures, partials, bridges, implants, etc.)		based on service
	Orthodontia (adults and children)		50% payable to a lifetime maximum of \$2,000
	Annual Maximum Benefits		Unlimited

Monthly Rates

NORTH THURSTON PUBLIC SCHOOLS TEACHERS –NTEA ONLY

Medical Option	Employee	EE & Spouse	EE/Spouse/ Children	EE & Children		
Premera WEA Plan 1	\$806.15	\$1,531.15	\$1,838.10	\$1,113.10		
Premera WEA Plan 5	\$723.15	\$1,432.70	\$1,726.30	\$1,016.75		
Premera WEA Plan 2	\$617.95	\$1,166.15	\$1,398.40	\$850.20		
Premera WEA Plan 3	\$552.80	\$1,043.45	\$1,251.40	\$760.75		
Premera WEA Easy Choice Plans A, B & C	\$421.55	\$793.85	\$951.55	\$579.25		
Group Health Plan - HMO	\$587.53	\$1,133.69	\$1,364.93	\$818.83		
Mandatory Benefits for Eligible Employees	VSP Vision	Standard Life	Standard LTD	Willamette Dental Plan 1 with Ortho 4	Washington Dental Plan A (1) with Ortho H	Washington Dental Managed Dental with Ortho H
	\$17.90	\$7.12	\$17.75	\$88.10	\$132.80	\$90.60

NOTE: After the open enrollment period, changes cannot be made to your benefit coverage during the year unless there has been a change in family status.

NOTE: All reference to spouse include qualified domestic partners.

Monthly Rates

NORTH THURSTON PUBLIC SCHOOLS (ALL EXCEPT TEACHERS-NTEA)
 OFFICE PROFESSIONALS, CUSTODIANS,
 TRANSPORTATION DRIVERS, MECHANICS, DISPATCHERS, COOKS, WAREHOUSE,
 MAINTENANCE, GROUNDS, COMPUTER TECHNICIANS

Medical Option	Employee	EE & Spouse	EE/Spouse/ Children	EE & Children		
Premera WEA Plan 1	\$892.00	\$1,659.95	\$2,038.85	\$1,233.45		
Premera WEA Plan 5	\$803.70	\$1,591.15	\$1,917.20	\$1,129.75		
Premera WEA Plan 2	\$683.35	\$1,292.70	\$1,550.70	\$941.35		
Premera WEA Plan 3	\$611.80	\$1,156.70	\$1,387.60	\$842.70		
Premera WEA Easy Choice Plans A, B & C	\$466.30	\$879.90	\$1,054.95	\$641.35		
Group Health Plan - HMO	\$587.53	\$1,133.69	\$1,364.93	\$818.83		
Group Health Welcome Deductible Plan	\$516.23	\$996.10	\$1,199.27	\$719.44		
KPS Health Plan 2	\$680.38	\$1,428.76	\$1,632.87	\$884.46		
KPS Health Plan 3	\$578.08	\$1,214.01	\$1,387.45	\$751.56		
KPS Health Plan 4	\$466.30	\$979.21	\$1,119.11	\$606.18		
KPS Health Plan 5	\$375.14	\$787.77	\$900.33	\$487.69		
Mandatory Benefits for Eligible Employees	VSP Vision	Standard Life	Standard LTD	Willamette Dental Plan 1 with Ortho 4	Washington Dental Plan A (1) with Ortho H	Washington Dental Managed Dental with Ortho H
	\$17.90	\$7.12	Varies by class see page 7	\$88.10	\$132.80	\$90.60

NOTE: After the open enrollment period, changes cannot be made to your benefit coverage during the year unless there has been a change in family status.

NOTE: All reference to spouse include qualified domestic partners.

Enrollment Information

Eligibility

Employees

Contracted employees are eligible for the plans described in this booklet according to the employee's group participation. Coverage begins the 1st of the month following the employee working 10 eligible days in the month. All employees who work a minimum of 20 hours per week are eligible for benefits.

Domestic Partners

Domestic Partners may be added to your dental and vision plans at no extra costs. They also may be added to your medical plan at an additional premium cost. If your domestic partner qualifies for coverage, you and your partner will need to fill out a Declaration of Domestic Partnership form. Domestic Partners with NTPS are not gender specific. Premiums for Domestic Partners are not eligible to be pre-taxed.

Dependents

Enrolled employees may enroll eligible dependents in the same plan(s). Eligible dependents are as follows:

- Your lawful spouse or domestic partner
- Your dependent children to age 26 - natural children, stepchildren, legally adopted children, children for whom you assume a legal obligation for support in anticipation of adoption, children of domestic partner, or children specified in a court order or divorce decree.

How to Enroll or Change Plans

Generally, the choices during the open-enrollment period remain in effect for the plan year.

Follow these steps:

1. Read about the benefit choices and review the rates.
2. Decide whether to continue with current benefit coverage or make a change to your coverage.
3. If no changes are being made, no action is required. File this booklet for information purposes. Do not fill out a new enrollment form.
4. If changes are being made, you will need to complete a new enrollment form and return it to Payroll by September 10 for October 1st coverage, or by October 10 for November 1st coverage.
5. Current plan benefits will remain in effect until the next open enrollment period if new enrollment forms are not received by the stated deadline.

Changing Elections After Open Enrollment

Changes cannot be made after open enrollment deadlines unless there is a change in family status, such as:

- Marriage / Divorce
- Birth / Adoption
- Employee or spouse go on an unpaid leave of absence
- Loss of coverage

A new enrollment form must be filled out within 30 days of the change in status (60 days for newborns and adoptions)

How to Select a Medical Plan

Preferred Provider Organization (PPO) Plan Choices

Your WEA Select Plan is called a "Heritage" or "Foundation" plan. It uses a network of contracted providers (known as "Heritage Network" or "Foundation Network") to provide health care services to you. These providers are also called "network providers." The plan makes available to you sufficient numbers and types of providers to give you access to all covered services in compliance with applicable state regulations governing access to providers.

Your plan provides the higher level of benefits (and lower out-of-pocket costs) when you use network providers. The plan also features an out-of-network option. When you use a licensed health care provider who is not part of the network (also called an out-of-network provider) benefits for covered services are provided at a lower level of benefits (and higher out-of-pocket costs).

Health Maintenance Organization (HMO) Plan Choices

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

Choosing a primary care doctor - or any doctor, for that matter - is probably the most important healthcare decision you will make. Primary care doctors have the expertise to provide medical care over a long period of time. They help you stay healthy, manage your care, and will recommend specialists for particular conditions when warranted.

The guidelines below will help you search for and choose a physician that will best suit you and your family's needs:

Make a List of Potential Candidates

- Review provider directories that are available online.
- Remember, if choosing an HMO plan, services may not be covered if seeing a physician outside of the network. If choosing a PPO plan, you can choose a doctor that is not in the network, but you have to be willing to pay extra out-of-pocket.
- Does the doctor have experience with my condition?
- Does the doctor have privileges at the hospital of my choice?

Interview Your Final Choices

- Narrow your list to a few top choices, then set up interviews with each physician.
- Was the doctor receptive to your interview/screening?
- Does the doctor communicate clearly?
- Does the doctor have a proactive approach to wellness and prevention?
- Are the office personnel friendly and appropriate?

Researching and meeting several doctors before making your choice may be time-consuming, but is well worth your effort. Together, you and your doctor can manage your overall health and well being and address any conditions you have with quality, cost-effective treatments.

Updates

Medical

WEA Premera Blue Cross ALL

Life Insurance Included with Medical

The employee only life insurance included with the medical plan will be converted from a decreasing schedule to a flat \$12,500. Benefits will reduce to \$8,125 for ages 65-69; and to \$6,250 for ages 70 and older.

Dependent Eligibility Verification

WEA will be conducting a dependent eligibility verification later this year. These verifications are done to ensure that the plan is only covering dependents that meet the plan's definition of an eligible dependent.

Home Visit Program

The WEA Select Medical Plan will offer a new home visit program to enrollees who reside within the program's service area.

The goal of the program is to reduce unnecessary emergency room usage and provide care in a more cost-effective and convenient setting. When deemed appropriate, a physician will make a "house call" to examine/treat the patient. Enrollees will be responsible for their office visit co-payment. Additional information about the program, how enrollees can access it, etc., will be included in Premera's fall enrollee newsletter.

Nicotine Dependency — Healthcare Reform (All Plans)

- Nicotine dependency (smoking cessation) classes and programs will be covered at 100% when an in-network provider is used. The visit limitation will be removed.
- Services provided by an out-of-network provider will be covered subject to the applicable deductible and coinsurance.
- The prescription drug limitation will be removed.

WEA Premera Blue Cross Plan One

- 8.9% to 12% Increase in premium, depending on tier
- Maximum Out of Pocket from \$444 to flat \$500

WEA Premera Blue Cross Plan Two

- -1.9% to -4.9% Decrease in premium, depending on tier
- Maximum Out of Pocket from \$1,375 to flat \$1,500

WEA Premera Blue Cross Plan Three

- -1.9% to -4.9% Decrease in premium, depending on tier
- Maximum Out of Pocket from \$2,500 to flat \$2,750

WEA Premera Blue Cross Plan Five

- 8.9% to 12% Increase in premium, depending on tier

WEA Premera Blue Cross Plan EasyChoice A, B and C

- -7.9% to -10.9% Decrease in premium, depending on tier

Updates

Group Health

- 0% Increase in premium
- No plan changes

KPS HealthPlans

- 11.4% Increase in premium
- **Smoking Cessation** - To comply with Mental Health Parity, Smoking Cessation professional services will be covered the same as any other professional service.
- **Accidental Injury** - Currently, covered medical expenses incurred as a result of accidental injuries are not subject to deductible. In order to align our benefit more closely with our parent company, Group Health, we will be eliminating this benefit from all benefit contracts effective with the benefit renewal. KPS has calculated your renewal based on this benefit reduction. It is not necessary for you to take any action.

Dental

WEA Select WDS Delta Dental

- -3% Decrease

WEA Select Managed WDS Delta Dental

- -0.7 Decrease

Change in Benefit Year Currently, the Plan Year (when rates and benefit changes become effective) is October 1 – September 30. However, the Benefit Year (when the annual benefit maximum renews) is September 1 – August 31. The Benefit Year will be adjusted to coincide with the Plan Year as follows:

- The current benefit year (2010-11) will be extended one month and all enrollees will receive an additional \$170 for the month of September. Enrollees will then receive their full benefit effective October 1, 2011.
- This “extra” benefit will be available in addition to any remaining balance of an enrollee’s 2010-11 benefit maximum.
- Going forward, the benefit maximum will renew on October 1st of every year.

Alternate Identification Numbers

Effective June 13, 2011, WDS will use randomly selected identification (ID) numbers for plan participants in place of Social Security numbers. All explanation of benefits (“EOB’s”) and other information will reflect the enrollee’s new alternate ID number. Enrollees may use their alternate ID number or continue to use their Social Security number at the dental office, when they contact customer service, or when verifying benefits online at www.deltadentalwa.com/wea.

WEA Willamette Dental

- 4.9% Increase

WEA Select VSP Vision

- -1.2% Decrease

Benefits at a Glance

In Network Benefits	ALL Group Health Cooperative	All except Teachers (NTEA) Group Health Cooperative
Network	HMO	Welcome Plan
Website	www.ghc.org	www.ghc.org
Dependent Age Limit	to age 26	to age 26
Deductible	\$0 per person \$0 per family	\$200 per person \$600 per family
Office Visit	100% after \$20 copay	\$20 copay first 4 visits; thereafter deductible, then copay 90%
Lab & X-Ray	100%	100% up to \$500 then deductible, 90%
Preventive Care	100% unlimited	100%* unlimited
Hospital		
Inpatient	100% after \$200 copay per admit	90%
Outpatient	same as office visit	same as office visit
Emergency Room (copay waived if admitted)	100% after \$100 copay	\$100 copay, deductible, 90%
Prescription Drugs Separate Deductible	up to 30 day supply n/a	up to 30 day supply n/a
Generic	\$10 copay	\$10 copay
Brand	\$30 copay	\$30 copay
Non-Formulary	n/a	n/a
Mail Order Maintenance	up to 90 day supply 3 copays	up to 90 day supply 2 copays
Spinal Manipulation	same as office visit 10 visits pcy	same as office visit 10 visits pcy
Vision Exam Once every 12 months	same as office visit	same as office visit
Out of Pocket Maximum	\$2,000 per person \$4,000 family	\$2,000 per person \$6,000 family
Life Insurance	not covered	not covered

*These services do not apply to your calendar year deductible

pcy = per calendar year

Benefits at a Glance

In Network Benefits	ALL except Teachers (NTEA) KPS	All except Teachers (NTEA) KPS
Network	Plan 2 - First Choice Network	Plan 3 - First Choice Network
Website	www.kpshealthplans.com	www.kpshealthplans.com
Dependent Age Limit	to age 26	to age 26
Deductible	\$100 per person \$300 family	\$200 per person \$600 family
Office Visit	100% after \$20 copay*	100% after \$25 copay*
Lab & X-Ray	80%	80%
Preventive Care	100%* unlimited	100%* unlimited
Hospital		
Inpatient	80% after \$200 copay per day 5 copay maximum per admit	80% after \$300 copay per day 5 copay maximum per admit
Outpatient	80% after \$200 copay	80% after \$300 copay
Emergency Room (copay waived if admitted)	80% after \$100 copay*	80% after \$150 copay*
Prescription Drugs Separate Deductible	up to 30 day supply n/a	up to 30 day supply n/a
Generic	\$5 copay	\$7 copay
Brand	\$30 copay	\$30 copay
Non-Formulary	50% with \$40 minimum	50% with \$50 minimum
Maintenance	up to 90 day supply 1 copay	up to 90 day supply 1 copay
Mail Order	All prescriptions available through Walgreens Mail Order same copays apply	All prescriptions available through Walgreens Mail Order same copays apply
Spinal Manipulation	same as office visit* 24 visits ppy	same as office visit* 24 visits ppy
Vision Exam Once every 12 months	not covered	not covered
Out of Pocket Maximum	\$1,500 per person \$4,500 family	\$3,000 per person \$9,000 family
Life Insurance	not covered	not covered

*These services do not apply to your calendar year deductible

ppy = per plan year

Benefits at a Glance

In Network Benefits	ALL except Teachers (NTEA) KPS	All except Teachers (NTEA) KPS
Network	Plan 4 - First Choice Network	Plan 5 - First Choice Network
Website	www.kpshealthplans.com	www.kpshealthplans.com
Dependent Age Limit	to age 26	to age 26
Deductible	\$500 per person \$1,500 family	\$750 per person \$2,250 family
Office Visit	100% after \$30 copay*	100% after \$35 copay*
Lab & X-Ray	80%	80%
Preventive Care	100%* unlimited	100%* unlimited
Hospital		
Inpatient	80% after \$350 copay per day 5 copay maximum per admit	80% after \$400 copay per day 5 copay maximum per admit
Outpatient	80% after \$350 copay	80% after \$400 copay
Emergency Room (copay waived if admitted)	80% after \$150 copay*	80% after \$150 copay*
Prescription Drugs Separate Deductible	up to 30 day supply \$150 per person	up to 30 day supply \$250 per person
Generic	\$7 copay	\$7 copay
Brand	\$30 copay	\$30 copay
Non Formulary	50% with \$50 minimum	50% with \$50 minimum
Maintenance	up to 90 day supply 1 copay	up to 90 day supply 1 copay
Mail Order	All prescriptions available through Walgreens Mail Order same copays apply	All prescriptions available through Walgreens Mail Order same copays apply
Spinal Manipulation	same as office visit* 24 visits ppy	same as office visit* 12 visits ppy
Vision Exam Once every 12 months	not covered	not covered
Out of Pocket Maximum	\$5,000 per person \$15,000 family	\$5,000 per person \$15,000 family
Life Insurance	not covered	not covered

*These services do not apply to your calendar year deductible

ppy = per plan year

Benefits at a Glance

In Network Benefits	All Premera Blue Cross - WEA	All Premera Blue Cross - WEA
Network	Plan 1 - Heritage	Plan 5 - Foundation
Website	www.premera.com/wea	www.premera.com/wea
Dependent Age Limit	to age 26	to age 26
Deductible	\$50 per person \$150 family	\$100 per person \$300 family
Office Visit	100% after \$20 copay*	100% after \$15 copay*
Lab & X-Ray	90%	100%
Preventive Care	100%* unlimited	100%* unlimited
Hospital		
Inpatient	90% after \$100 copay per day \$300 copay maximum pcy	100% after \$200 copay per admission \$600 p/p \$1,000 family copay maximum pcy
Outpatient	90% after \$50 outpatient surgery copay	100%
Emergency Room (copay waived if admitted)	90% after \$75 copay	100% after \$50 copay
Prescription Drugs Separate Deductible	up to 34 day supply* n/a	up to 30 day supply* n/a
Generic	\$10 copay	\$10 copay
Brand	\$15 copay	\$15 copay
Non Formulary	\$30 copay	\$30 copay
Mail Order Maintenance	up to 100 day supply* \$10 / \$15 / \$30	up to 90 day supply* \$10 / \$30 / \$60
Spinal Manipulation	same as office visit* unlimited	same as office visit* unlimited
Vision Exam Once every 12 months	not covered	not covered
Out of Pocket Maximum	\$500 per person \$1,500 family	none
Life Insurance	\$12,500	\$12,500

*These services do not apply to your calendar year deductible

ppy = per plan year

Benefits at a Glance

In Network Benefits	All Premera Blue Cross - WEA	All Premera Blue Cross - WEA
Network	Plan 2 - Heritage	Plan 3 - Heritage
Website	www.premera.com/wea	www.premera.com/wea
Dependent Age Limit	to age 26	to age 26
Deductible	\$100 per person \$300 family	\$200 per person \$600 family
Office Visit	100% after \$25 copay*	100% after \$30 copay*
Lab & X-Ray	80%	80%
Preventive Care	100%* unlimited	100%* unlimited
Hospital		
Inpatient	80% after \$150 copay per day \$450 copay maximum pcy	80% after \$300 copay per day \$900 copay maximum pcy
Outpatient	80% after \$100 outpatient surgery copay	80% after \$150 outpatient surgery copay
Emergency Room (copay waived if admitted)	80% after \$75 copay	80% after \$100 copay
Prescription Drugs Separate Deductible	up to 34 day supply* n/a	up to 34 day supply* n/a
Generic	\$10 copay	\$15 copay
Brand	\$20 copay	\$25 copay
Non-Formulary	\$35 copay	\$40 copay
Mail Order Maintenance	up to 100 day supply* \$10 / \$20 / \$35	up to 100 day supply* \$15 / \$25 / \$40
Spinal Manipulation	same as office visit* unlimited	same as office visit* unlimited
Vision Exam Once every 12 months	not covered	not covered
Out of Pocket Maximum	\$1,500 per person \$4,500 family	\$2,750 per person \$8,250 family
Life Insurance	\$12,500	\$12,500

*These services do not apply to your calendar year deductible

ppy = per plan year

Benefits at a Glance

All Premera Blue Cross - WEA	All Premera Blue Cross - WEA	All Premera Blue Cross - WEA
Easy Choice A - Heritage	Easy Choice B - Heritage	Easy Choice C - Foundation
www.premera.com/wea	www.premera.com/wea	www.premera.com/wea
to age 26	to age 26	to age 26
\$1,000 per person \$3,000 family	\$750 per person \$2,250 family	\$0 per person \$0 family
100% after \$15 copay*	100% after \$30 copay*	100% after \$35 copay*
paid in full up to first \$1,000 then deductible and coinsurance apply	75%	65%
100%* unlimited	100%* unlimited	100%* unlimited
80%	75%	65%
80%	75%	65%
80% after \$100 copay	75% after \$150 copay	65% after \$200 copay
up to 30 day supply \$500 per person pcy deductible waived for generics	up to 30 day supply \$250 per person pcy deductible waived for generics	up to 30 day supply \$500 per person pcy deductible waived for generics
no copay	no copay	no copay
70%	\$30 copay	\$30 copay
70%	\$45 copay	\$45 copay
up to 90 day supply \$0 / 75% / 75%	up to 90 day supply \$0 / \$75 / \$112	up to 90 day supply \$0 / \$75 / \$112
same as office visit* 12 visits pcy	same as office visit* 12 visits pcy	same as office visit* 12 visits pcy
not covered	not covered	not covered
\$5,000 per person \$15,000 family	\$4,000 per person \$12,000 family	\$7,500 per person \$22,500 family
\$12,500	\$12,500	\$12,500

*These services do not apply to your calendar year deductible

ppy = per plan year

Additional Mandatory Programs

Washington State Department of Retirement System

New SERS/TRS members hired on or after July 1, 2007 with no prior membership have the opportunity to choose between Plan 2 and Plan 3. It is important you consider your decision carefully, but if you do not actively choose Plan 2 or 3 within 90 days of your hire date into an eligible position, you will be defaulted into Plan 3.

Contact the Washington State Department of Retirement Systems at (800) 547-6657 or (360) 664-7337 or <http://drs.wa.gov> for detailed information.

Union Dues

As an employee of the North Thurston Public Schools, you will be contacted directly by your Union Representative regarding your mandatory Union reductions.

Voluntary Benefits

North Thurston Public Schools offer a variety of voluntary plans that may be a benefit to employees. For information or forms on any of the following benefits, visit the online website at www.nthurston.k12.wa.ua.

Additional Life Insurance – Standard Insurance

Add Additional Life Insurance for employees only - no dependent coverage.

Coverage amounts available are \$25,000, \$50,000 or \$100,000. Benefits reduce by 35% at age 65, 50% at age 70, and 65% of original amount at age 75. All amounts are Guaranteed Issue on the effective date. Late applicants and increases in coverage will require medical underwriting.

The rates are as follows:

Employee Age on October 1st	Monthly payroll deduction for:		
	\$25,000	\$50,000	\$100,000
< 30	\$1.50	\$3.00	\$6.00
30 - 34	\$1.75	\$3.50	\$7.00
35 - 39	\$2.00	\$4.00	\$8.00
40 - 44	\$2.75	\$5.50	\$11.00
45 - 49	\$4.25	\$8.50	\$17.00
50 - 54	\$6.25	\$12.50	\$25.00
55 - 59	\$12.25	\$24.50	\$49.00
60 - 64	\$15.50	\$31.00	\$62.00
65 - 69	\$19.66	\$39.32	\$78.64
70 - 74	\$30.00	\$60.00	\$120.00
75+	\$21.61	\$43.22	\$86.44

Flexible Spending Account (FSA) – American Fidelity

FSAs provide employees with an important tax advantage that can help pay for health care and dependent care expenses on a pre-tax basis. Plan year is from January through December. Employees must re-enroll every year during the open enrollment period of November through December.

American Family Life Assurance Company (AFLAC)

AFLAC offers various supplemental policies covering out-of-pocket medical expenses, everyday living expenses, and/or loss of income, and life insurance. Employees must complete an application with the AFLAC agent for this insurance.

- **403B Annuities / 457 Deferred Compensation Plans**

Online Benefit Information

North Thurston Public Schools Employee Benefits Information is available Online!

**Need a copy of your benefit plan summary?
Looking for a network provider?
Need a form?
Information is just a click away!**

It's at your fingertips with Instant Benefits - your Online Benefits Site. Medical, Dental, Vision, Life, Disability, Flexible Spending Account and Retirement information is all available to you - anytime, anywhere.

Log onto North Thurston Public Schools website:
<http://www.nthurston.k12.wa.us>

Click on the following:
Staff Resources
Employee Benefits
Visit Our Employee Benefits Site

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