Lake Washington School District

Employee Benefit Guide

2018-2019 School Year

This guide, benefits forms and additional information about benefits and open enrollment are available on the Lake Washington School District portal:

http://portalnew.lwsd.org/pay-benefits-wellness/benefits/Pages/Medical.aspx

Important Open Enrollment Information

Open Enrollment Period: August 27th - September 28th, 2018

- All enrollment changes must be completed no later than September 28th at 4:00 PM to be effective by the beginning of the plan year on November 1.
- WEA Select Plans (Delta Dental and Willamette Dental) can be previewed beginning August 27, 2018 at http://digital.alight.com/wea/

MEDICAL

- If you are currently enrolled in any Kaiser Permanente, Premera, or WEA Select Dental and do not wish to make any changes, you will automatically stay in your current plan.
- If you are a new hire or wish to make changes for the Kaiser Permanente plans, complete a paper Kaiser Permanente Enrollment and Change form available on the staff portal or in Payroll and return it to the Payroll office. For Premera new enrollment or changes, complete a paper Premera enrollment form on the staff portal or in payroll, and return it to the payroll office.
- Forms and additional information are available on the Lake Washington School District staff portal: http://portalnew.lwsd.org/pay-benefits-wellness. Find the link to Open Enrollment.

DENTAL

- If you wish to enroll or change your dental plan choice (Delta Dental or Willamette Dental) or change which dependent(s) you are covering, you must use the WEA online system or call the WEA Select Benefits Center at 1-855-668-5039.

Benefits and Wellness Fair

Date: Wednesday, August 29th 2018

Time: 1:00 PM - 6:00 PM

Location: LE Scarr Resource Center

16750 NE 74th St

Redmond, WA 98052

You can find this guide on the Lake Washington School District Benefit website:

http://portalnew.lwsd.org/pay-benefits-wellness/. This Employee Benefits Guide is in the Medical/General Information folder.

A Summary of Benefits and Coverage (SBC) for each plan is available on the staff portal under Benefits. This document is in a standard format mandated by the Affordable Care Act and uses a simple design and clear language to present information in a fair, clear, side-by-side analysis of benefits and coverage from one provider to the next.

A paper copy is available free of charge by contacting:

Kaiser Permanente	1-888-901-4636
Premera Blue Cross	1-800-932-9221

Welcome to Your Benefits!

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

This Benefits Guide will help you learn more about your benefits, review highlights of the available plans and make selections that best fit your lifestyle and budgetary needs. This information is also available on your District's website. In addition, you can contact the Payroll/Benefits 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 change your enrollment:

- 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
- If you are removing a dependent due to a qualifying event, you must inform payroll within 30 days of the qualifying event date. The effective date for the removal of coverage will be the first of the month following the qualifying event date.

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 contact the Payroll/Benefits office for more information if you have questions on dependent eligibility.

Benefit Changes for the 2018-2019 School Year

Washington State Allocation

- State allocation for employee benefits is $843.97. The Retiree Medical Carve out amount is changing from $64.07 to $71.08.

Kaiser Permanente Access PPO (PPO 1, PPO 2, PPO 3, PPO 4, and QHDHP)

- No benefit changes.
- 7.7% to 8.7% rate increase.

Kaiser Permanente Cooperative (Core/HMO A and Core/HMO B)

- No benefit changes.
- 6.5% rate increase.

Premera Blue Cross Plan 3

- No benefit changes.
- 4.6% rate increase.

WEA-Delta Dental

- The annual maximum will increase to $2,300 when a Delta Dental PPO dentist is used and to $2,000 when a Delta Dental Premier Dentist is used.
- The annual maximum will be effective 11/1/2018 through 12/31/2019.
- Member cost shares for pediatric dental need for children aged 14 and under will be eliminated when a Delta Dental PPO or Premier provider is used.
- 1.8% rate decrease.

WEA – Willamette Dental

- No benefit changes.
- 5.8% rate increase.

NBN Vision

- Eyeglass Frames will be covered once every 365 days (formerly once every 730 days).
- No rate increase.

Cigna LTD

- No benefit changes.
- 2% rate increase.

Cigna Voluntary STD

- No benefit changes.
- No rate increase.

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 plans contact 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 choose 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 Kaiser Permanente Access PPO and Premera Blue Cross.

To find a preferred provider through Kaiser Permanente Access PPO, visit www.kp.org/wa or on the staff portal under Medical/ Kaiser Permanente/Kaiser Permanente Access PPO Provider List. Kaiser Permanente Access PPO also uses the First Choice Health Network. To find a First Choice Health Network provider, visit www.fchn.com.

To find a preferred provider through Premera, visit www.premera.com. For Plan 3, search under the Heritage network.

Qualified High Deductible Health Plan (QHDHP)

These type 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 most 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 Kaiser Permanente Access PPO.

To find a preferred provider through Kaiser Permanente Access PPO, visit www.kp.org/wa or on the staff portal under Medical /Kaiser Permanente**/**Kaiser Permanente Access PPO Provider List. Kaiser Permanente Access PPO also uses the First Choice Health Network. To find a First Choice Health Network provider, visit www.fchn.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 options are available through Kaiser Permanente HMO/Core.

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

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	Kaiser Permanente Core HMO A	Kaiser Permanente Core HMO B	Kaiser Permanente Access PPO 1	
Network	**At a Kaiser Facility/Provider Only**	**At a Kaiser Facility/Provider Only**	**Preferred Provider Network**	**Out of Network**
Medical Deductible	$100 person / $200 family	$350 person / $1,050 family	$100 person / $300 family	
Rx Deductible	None	None	None	
4th Qtr. Carry Over	Applies	Applies	Applies	
Coinsurance	100%	80%	90%	70%
Medical Out of Pocket Max	$2,000 person / $4,000 family	$3,000 person / $9,000 family	$2,000 person / $6,000 family	
Rx Out of Pocket Max	Included in Medical	Included in Medical	Included in Medical	
		Primary/Specialist		
Office Visit	$25 copay + deductible	$20/$40 (dw)	$25 copay* (dw)	$25 copay + Ded & Coins
Preventive Care**	100% (dw)	100% (dw)	100% (dw)	Ded & Coins
Diagnostic Lab & X-Ray	100% + deductible	Deductible & Coinsurance	Deductible & Coinsurance	
Advanced Diagnostic Imaging	100% + deductible	Deductible & Coinsurance	Deductible & Coinsurance	
Emergency Care***	$150 copay + deductible	$150 copay + deductible	$100 copay + Ded & Coins	
Ambulance	80% (dw)	80% (dw)	Deductible & Coinsurance	
Hospital (Inpatient)	$100 copay per day up to 3 days per admit + deductible	$200 copay per day up to 3 days per admit + deductible	$100 copay per day, up to 3 days per admit + ded & coins	
Hospital (Outpatient)	$25 copay + deductible	$75 copay + Ded & coins	Deductible & Coinsurance	
Spinal Manipulations	10 manipulations PCY	10 manipulations PCY	Unlimited manipulations	
Vision Care	1 visit every 12 months	1 visit every 12 months	1 visit every 12 months	
Rehab - Outpatient (Speech, Massage, OT,PT)	60 visits PCY	60 visits PCY	60 visits PCY	
	See Office Visit	See Office Visits	See Office Visit	See Office Visit
Rehab - Inpatient (Speech, Massage, OT,PT)	60 days PCY	60 days PCY	60 days PCY	
	See Inpatient Hospital	See Inpatient Hospital	See Inpatient Hospital	
Prescriptions	**Generic / Preferred**		**Generic / Preferred / Non - Preferred (At Participating Pharmacies)**	
Retail Cost Share (30 day supply)	$10 / $30 at Kaiser Pharmacies Only	$20 / $40 at Kaiser Pharmacies Only	$15 / $25 / $45 $10 / $20 / $40 (at a Kaiser Pharmacy)	
Mail Order Cost Share (90 day supply)	$20 / $60	$40 / $80	$20 / $40 / $80	
Specialty Cost Share (30 day supply)	Subject to applicable retail copay through Kaiser Specialty Medication Pharmacy Only	Subject to applicable retail copay through Kaiser Specialty Medication Pharmacy Only	Subject to applicable retail copay through Kaiser Specialty Medication Pharmacy Only	
Life/AD&D Insurance	None			

*Your office visit copay is $10 less if you receive care at a Kaiser facility.
**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 Medicine

To locate a Kaiser Permanente Access PPO provider, visit www.kp.org/wa

Medical Plan Options

Plan	Kaiser Permanente Access PPO 2		Kaiser Permanente Access PPO 3		Kaiser Permanente Access PPO 4	
Network	**Preferred Provider Network**	**Out of Network**	**Preferred Provider Network**	**Out of Network**	**Preferred Provider Network**	**Out of Network**
Medical Deductible	$200 person / $600 family		$350 person / $1,050 family		$1,000 person / $2,000 family	
Rx Deductible	None		None		None	
4th Qtr. Carry Over	Applies		Applies		Applies	
Coinsurance	80%	60%	80%	60%	70%	50%
Medical Out of Pocket	$2,000 person / $6,000 family		$2,500 person / $7,500 family		$6,000 person / $12,000 family	
Rx Out of Pocket Max	Included in Medical		Included in Medical		Included in Medical	
Office Visit*	$30 copay* (dw)	$30 copay + Ded & Coins	$30 copay* 1st six visits are (dw)	$30 copay + Ded & Coins	$30 copay* 1st six visits are (dw)	$30 copay + ded & coins
Preventive Care**	100% (dw)	Ded & Coins	100% (dw)	Ded & Coins	100% (dw)	Ded & Coins
Diagnostic Lab & X-Ray	Deductible & Coinsurance		Covered in full up to $800 per year then ded & coins		Covered in full up to $800 per year then ded & coins	
Advanced Diagnostic Imaging	Deductible & Coinsurance					
Emergency Care***	$100 copay + ded & coins		$100 copay + ded & coins		$100 copay + ded & coin	
Ambulance	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Hospital (Inpatient)	$200 copay per day, up to 3 days per admit + ded & coins		$200 copay per day, up to 3 days per admit + ded & coins		$200 copay per day, up to 3 days per admit + ded & coins	
Hospital (Outpatient)	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Spinal Manipulations	Unlimited manipulations		See office visit Unlimited manipulations		See office visit Unlimited manipulations	
Vision Care	1 visit every 12 months		1 visit every 12 months		1 visit every 12 months	
Rehab - Outpatient (Speech, Massage, OT,PT)	60 visits PCY		60 visits PCY		60 visits PCY	
	See Office Visit	See Office Visit	See Office Visit	See Office Visit	See Office Visit	See Office Visit
Rehab - Inpatient (Speech, Massage, OT,PT)	60 days PCY		60 days PCY		60 days PCY	
	See Inpatient Hospital		See Inpatient Hospital		See Inpatient Hospital	
Prescriptions	**Generic / Preferred / Non - Preferred (At Participating Pharmacies)**					
Retail Cost Share (30 day supply)	$15 / $25 / $45 $10 / $20 / $40 (at a KP Pharmacy)		$15 / $25 / $45 $10 / $20 / $40 (at a KP Pharmacy)		$15 / $25 / $45 $10 / $20 / $40 (at a KP Pharmacy)	
Mail Order Cost Share (90 day supply)	$20 / $40 / $80		$20 / $40 / $80		$20 / $40 / $80	
Specialty Cost Share (30 day supply)	Subject to applicable retail copay through KP Specialty Medication Pharmacy Only		Subject to applicable retail copay through KP Specialty Medication Pharmacy Only		Subject to applicable retail copay through KP Specialty Medication Pharmacy Only	
Life/AD&D Insurance	None					

*Your office visit copay is $10 less if you receive care at a Kaiser facility
**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 Medicine

To locate a Kaiser Permanente Access PPO provider, visit www.kp.org/wa

Medical Plan Options

Plan	Premera PPO 3 (Heritage Network)		Kaiser Permanente Access PPO QHDHP	
Network	**In Network**	**Out of Network**	**Preferred Provider Network**	**Out of Network**
Medical Deductible	$500 person / $1,500 family		$1,500 person / $3,000 familyŧ	
Rx Deductible	None		Subject to Medical Deductible	
4th Qtr. Carry Over	Nov & Dec Only		Does NOT Apply	
Coinsurance	80%	60%	80%	60%
Medical Out of Pocket	$3,000 person / $9,000 family		$5,100 person / $7,150 family	
Rx Out of Pocket Max	Included in Medical		Included in Medical	
	Primary/ Specialist			
Office Visit	$30/$40 copay (dw)		80%	60%
Preventive Care*	Covered in full	Coinsurance only	100% (dw)	60%
Diagnostic Lab & X-Rays	Deductible & Coinsurance		80%	60%
Advanced Diagnostic Imaging	Deductible & Coinsurance		80%	60%
Emergency Care**	$100 copay + ded & coins		$100 copay + ded & coins	
Ambulance	Deductible & Coinsurance		Deductible & Coinsurance	
Hospital (Inpatient)	$300 copay per day / $900 max PCY then ded & coin		80%	60%
Hospital (Outpatient)	Surgery- $150 copay then ded & coin All other services- Ded & coin		80%	60%
Spinal Manipulations	$30 copay (dw) Unlimited manipulations		Unlimited manipulations	
Vision Care	Not Covered		1 visit every 12 months	
Rehab - Outpatient (Speech, Massage, OT,PT)	45 visits Unlimited visits for PT		60 visits PCY	
	$40 copay (dw) PT: ded & coin	$50 copay (dw) PT: ded & coin	80%	60%
Rehab - Inpatient (Speech, Massage, OT,PT)	30 days PCY		60 days PCY	
	See Hospital Inpatient		80%	60%
Prescriptions	**Generic / Preferred / Non- Preferred At Participating Pharmacies**			
Retail Cost Share (30 day supply)	$15 / $25 / $40 (34 day supply)		$10 / $35 / $70 $5 / $35 / $65 (at a Kaiser Pharmacy)	
Mail Order Cost Share (90 day supply)	$30 / $50 / $70 (100 day supply)		$20 / $70 / $140	
Specialty Cost Share (30 day supply)	$60 copay through Accredo or Walgreens Specialty Pharmacy Only (30 day supply)		Subject to applicable retail copay through Kaiser Specialty Medication Pharmacy Only	
Life/AD&D Insurance	$25,000 Term Life/AD&D for Employee Only		None	

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

ŧQHDHP: If more than one person is enrolled, the family must be satisfied before benefits are payable for ANY enrolled person. If more than one person is enrolled, the family out of pocket limit must be satisfied by any combination of members before the plan will cover 100% of covered services.
To locate a Premera provider on PPO 3, visit www.premera.com

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

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. However, 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 can contribute up to the Federal Annual Limit. The total contributions allowed for 2018 are $3,450 (individual) or $6,900 (family). For 2019, the limits increase to $3,500 (individual) and $7,000 (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 $6,900 ($7,000 for 2019) 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.

Important Information Regarding 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 11/1/2018 and your dentist performed a crown on 9/5/2018, you cannot use HSA funds on this service.
- Unlike an FSA, you can only use the funds that have already been deposited in your HSA. If you receive a bill for $400 for services but only have $200 in your HSA available, you can only use $200.
- You can use your HSA funds for qualified medical expenses for any tax dependent even if they are not covered by your HDHP. You cannot, however, use your HSA funds for qualified medical expenses for someone who is not a tax dependent (e.g. a child over the age of 26.)
- All deductibles on your HDHP reset January 1st of each calendar year. There is no carry forward of deductibles met in the prior year. If you enroll in an HDHP on November 1, your medical expenses will be subject to the entire annual deductible for the remainder of the calendar year and will reset on January 1.

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

Saving Money on Your Medical Costs

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

Use The Emergency Room for Emergencies Only

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

Select Generic Prescription Drugs When Available

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

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 Optional 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.

Kaiser Permanente Options:

Kaiser Permanente

Use an online solution to address common medical issues that can be safely and accurately diagnosed without a physical exam. Connect any time at www.kp.org/wa. Service includes $10 online interview, diagnosis by a clinician, response often within one hour and prescription sent instantly.

Bartell Drug CareClinics

Walk-in care at one of the fifteen (15) Bartell Drug CareClinics for a quick stop solution for minor illnesses or injuries.

Mandatory Dental Benefits

All benefit eligible employees must choose to enroll in one of the dental plans below. These plans cover you and your entire family (spouse, domestic partner and children up to age 26). You must enroll your dependents on your dental plan to activate eligibility.

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 DeltaDental provider go to www.deltadentalwa.com/wea.

Delta Dental of WA Incentive Plan A	Group #00186
Plan Year Maximum (Nov 1, 2018 - Dec 31, 2019)	$2,300 per person (Delta PPO providers) $2,000 per person (Delta Premier providers) $1,700 per person (Non-network 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 (Children only) - Plan I	50% to a $2,000 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 subscriber and their dependent(s) 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. 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 1	Group #WW414
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%
Orthodontics (Plan 4 - Adults & Children)	Covered in full after a $15 per visit copay and a $1,500 orthodontia copay.

Mandatory Vision Benefits

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

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

	Frequency	Panel Provider
Copayment for lenses/frames		$0.00
Exams	Once each 365 days	Paid in full*
Lenses (pair)	Once each 365 days	Paid in full**
Frames	Once each 365 days	Paid in full***
Contacts -subnormal in lieu of glasses (frames/lenses), requires approval from NBN Claims	Once each 365 days	Paid in full*
Contacts - elective in lieu of glasses (frames/lenses)	Once each 365 days	$300 allowance towards the cost of fitting fee and lenses at an NBN provider

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

*When services are provided by a Northwest Benefit Network Provider.

**Paid in full means the cost of basic lenses are covered in full when service is provided by a panel provider.

***Paid in full means the for the cost of frames covered by your Plan when provided by a panel provider. Your panel provider will inform you of which frames are covered and which frames will require out-of-pocket costs for you.

Obtaining services from a Panel Provider:

Please go to www.nwadmin.com to locate a panel provider. You can also register and get access to your account and other information.

The panel provider will go over what services are covered by your plan. They will submit the claim form to NBN for reimbursement. Any costs not covered by the plan will be your responsibility at time of service.

Obtaining reimbursement for services at a Non-Panel Provider:

Send in your itemized statement and NBN claim form to the NBN claims office. NBN will process your claim and reimburse you directly in accordance with the non-panel schedule of benefits.

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

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

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

Mandatory Long Term Disability Insurance

All benefit eligible employees *except SEIU members* 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. Brief Plan benefits are below.

Benefits begin paying at:	After the 90th day of disability
Benefit Amount	60% of your gross monthly income up to $8,000/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/AD&D Insurance

All benefit eligible employees will be covered by our District's Life/AD&D Policy provided by Cigna. Plan benefits are below.

Benefit Amount	Your base salary ($10,000 minimum up to $50,000 maximum rounded to nearest $1,000)
Benefit Reductions	Benefits begin reducing at age 70

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

Employee Assistance Programs

Bellevue Community Services - paid for by the District for all employees.

The employee assistance program is a voluntary and confidential, professional assessment and referral program for benefited (.5 FTE or greater) employees and their immediate families (spouse and dependent children) who are having problems which may affect job performance. The employee assistance program offers up to 6 face-to-face assessment and referral sessions, short term counseling and 24-hour telephone line consultation services. It is staffed by licensed professionals who provide three specific services: 1) Assessment to help employees identify problems; 2) Education to improve employee health; 3) Referral to services for continued help with specific problems (i.e. stress, alcohol/drug abuse, eating disorders, death/loss/grief, sexual abuse, domestic violence). For more information please contact Dr. Bill Lennon at 425-454-0616 ext. 103.

CIGNA's Life Assistance℠ - included with Cigna Long Term Disability

CIGNA's Life Assistance℠ 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)

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

Optional Benefits

Our District offers a variety of optional benefits to eligible employees on the following pages. *Please be aware that these benefits cannot be paid for from monies from your state allocation* but can be paid by the employee through payroll deductions.

Optional Short Term Disability/Salary Insurance

Our district offers its benefit eligible employees Short Term Disability/Salary insurance through Cigna. This policy is designed to provide you with a cash benefit in the event you suffer a qualified short 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.

Benefit Amount	Up to 66 2/3rd% of your monthly income to a maximum of $1,500 per week
Waiting Period	7 days for accident or injury / 7 days for sickness (benefits begin on 8th day for sickness)
Benefit Period	13 weeks
Premium	$.85 for every $10 of weekly benefit

*The above information does not constitute a contract. It only highlights general information regarding the optional short-term disability plans. Please be sure to consult the Cigna Short-Term Disability summary of benefits for plan rates, specific benefits, limitation, exclusion information and pre-existing condition waiting periods before making your selection. The summary of benefits and enrollment form are available in the payroll/benefits department. You may also contact Cigna directly at 1-800-997-1654.

Optional Life Insurance

Optional group term life insurance is available for you and your family from Unum. All permanent employees working a minimum of .5 FTE. are eligible. Your spouse may also be covered. Your dependent children from birth through 19 years, 23 if a full-time student may be covered. Newly hired employees will have 30 days to elect Optional Life/AD&D coverage for themselves and dependents without any evidence of insurability form (see limits below).

	Employee	**Spouse**	**Dependent Children***
Coverage options (until age 70)	Maximum of $300,000 in $10,000 increments. Guaranteed issue of $150,000 not to exceed 5x annual salary	Lesser of 50% of employee amount up to $150,000 in $5,000 increments. Guaranteed issue of $25,000	6 months to age 19 (23 if full time student) $5,000 or $10,000 (lesser of 50% of EE amount in $5,000 increments) (Children from live birth to 6 months is limited to $1,000)

	Age	**Rate per $1,000**	**Age**	**Rate per $1,000**
Monthly Cost	Under 30	$.062	50-54	$.365
	30-34	$.069	55-59	$.553
	35-39	$.100	60-64	$.781
	40-44	$.146	65-69	$1.323
	45-49	$.233	70-74	$2.355
	Children	$5,000 -$1.26 $10,000 - $2.51	75+	$4.774

Any elected amounts over the Guaranteed issue amounts will require evidence of insurability, which may include a medical exam. You are only eligible for the guaranteed issue amount if you elect to enroll during the first 30 days of eligiblity.

Existing enrollees can increase their coverage during open enrollment.

*Employee is responsible for canceling child coverage when the child attains age 19 (or 23 if a full-time student).

Section 125 Plan / Flexible Spending Account

Lake Washington School District's Section 125 Plan enables benefit eligible participating employees to reduce their income tax liability by setting aside pre-tax dollars from their earning to pay for out-of-pocket premiums, health care, and dependent care costs.

American Fidelity Assurance Company:

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 Flexible Spending Account (Dependent Day Care FSA), and by participating in the Health Flexible Spending Account (Health FSA). Consider the following reasons to participate:

- **Tax Advantages** – Participating in the Section 125 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 Flexible Spending Accounts.
- **Out-of-Pocket Medical / Dental Expenses** –You can pre-tax eligible medical and dental expenses, such as orthodontia, copayments, and deductibles. You must have a medical practitioner's prescription on file in order to be reimbursed for over-the-counter drugs and medicines. .
- **Dependent Care Expenses** – The Dependent Day Care FSA reimburses for certain eligible dependent care costs (e.g., daycare) with pre-tax dollars and thus reduces your taxable income.

Pre Taxing Eligible Insurance Premiums

The eligible insurance plans available under Section 125 include dental, health, and vision insurance. These benefits can be deducted from employee paychecks on a pre-taxed basis under the plan. If an employee wants to participate in this plan, they must sign and return a "Pre-Tax Medical Premiums Election Form" to Payroll by September 28th, 2018. 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).

Health FSA/ Dependent Daycare FSA

To take advantage of the savings on Health or Dependent care expenses, you must meet with an American Fidelity Representative. New hires may enroll within the first 30 days of eligibility. The plan year is 11/1/18 to 10/31/19; an employee cannot change or revoke their Health FSA election during the contract year. Cancellation or changes for this account are allowed only during the next annual open enrollment period.

Carryover: The Health FSA allows up to $500 of unused contributions to be carried over to the next plan year. This amount will be added to any contributions you elect for the next plan year.

Claims Runoff Period: The plan allows for a 90 day runoff period after the end of the plan year during which the participant can submit eligible Health FSA or Dependent Day Care FSA claims incurred during the preceding plan year for reimbursement. For the Health FSA any amount over $500 remaining at the end of the runoff period will be forfeited.

To take advantage of the Flexible Spending Accounts, you must complete the appropriate election form with the American Fidelity Representative. All employees participating in the plan need to submit an application for 2018-2019. All employees will need to see the American Fidelity Representative as no manual forms will be accepted.

UNUM Long Term Care Insurance

Over 40% of people needing long term care are of working age. Your current medical plans provide little to no coverage for home health care, assisted living or nursing home care. The District offers you the opportunity to purchase permanent long term care insurance through UNUM Insurance Company at low group rates. Long term care insurance provides you with benefits to pay for care when you cannot take care of yourself and need services either in your own home , an assisted living facility or a convalescent care facility. This can include short or long term rehabilitative care, which is very expensive. The coverage is available to all benefit eligible employees and their families. **If you enroll within 30 days of your start date, you are guaranteed acceptance regardless of medical conditions.*** You may also enroll at any other time of the year with full medical underwriting for acceptance. All family members require medical underwriting. This is a very flexible and fully portable plan, which allows you to purchase the amount and type of coverage that makes sense for you and your family. Monthly premium depends on your age and the amount purchased.

* Certain benefit limits apply

Applications and coverage information are available in the Benefits Dept at the Resource Center. You may also call or e-mail Lehmann Wood Johnson, Inc. at 425-861-8700 or Terry@lehmannwood.com or David@lehmannwood.com.

Cancer, Life Insurance & Accident Insurance

For more detailed information and/or questions regarding these types of coverage, contact American Fidelity home office at (206) 575-8400.

AFLAC: Cancer, Accident Insurance & Intensive Care Insurance

Contact Kim Moger, AFLAC representative, @ 425-793-9583, kimberly.moger@us.aflac.com

- Cancer coverage designed with the American Cancer Society
- Personal Accident plan provides you and your family a source of revenue when an accident occurs
- Hospital Intensive Care plan is designed to help pay for costs associated with stays in the Intensive Care and Sub-Acute Care Units. Also includes benefits for ambulance and organ transplants.

Tax-Sheltered Annuity (TSA) 403(b)

Lake Washington School District offers 403(b) Plans to eligible employees in order to help save for retirement. Participation is voluntary, allowing you to make pre-tax salary deferral contributions via payroll deduction. One of the benefits of participating in the Plan is the ability to defer from taxation salary that would otherwise be currently taxable and also defer income taxes on the earnings credited to your account.

Generally, you can contribute up to 100% of your income up to the maximum allowable contribution limits as adjusted annually by the Internal Revenue Service. You may be eligible to contribute an additional amount if you will be age 50 or older by the end of the year.

If you wish to learn more about participating in the plan please visit www.envoyplanservices.com, click on "Client Center", then select state and then district. Here you can find education materials, forms, a listing of approved investment company providers, and much more.

If you wish to start, stop or change a 403(b) plan, please log on to your account online or contact: Envoy Plan Services, C/O MidAmerica, 402 S Kentucky Ave, Ste. 500, Lakeland, FL 33801. Fax: 1-877-513-2272 Customer Service contact: 1-800-248-8858 or info@EnvoyPlanServices.com

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 $18,500 if you are under age 50 and $24,500 if you are over age 50 for 2018.

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

Inspirus

Advantages of joining a Credit Union include paying lower interest rates on loans (Consumer, Real Estate, etc.), Classic Money Market Accounts, Savings Plans, Check Overdraft Protection along with specific accounts just for children. For more information on these Credit Union options, please contact the Payroll/Benefits Department or the Credit Union at 1.888.628.4010 or online at www.inspiruscu.org.

Advantage Home Plus

Through a partnership with Advantage Home Plus, they provide employees and their families with unlimited access to homeownership assistance and secures employees pre-negotiated discounts with a network of pre-screened, authorized real estate, title, escrow and home mortgage providers. Contact customer service at 1-844-613-HOME or use their secure website Advantagehomeplus.com.

Relationship Manager - Nicole Manley

Nmanly@advantagehomeplus.com

Phone: 503-267-3395

Legal Shield

Legal Shield is a pre-paid legal service. Both you and your covered family members can receive these benefits. Covered family members include your spouse or domestic partner, your never-married dependent children up to age 21 living at home, never-married dependent children who are full-time college students regardless of age, any child living in your home for whom you are the legal guardian up to age 18, and your physically or mentally challenged children living at home who are chiefly dependent on you for support, regardless of age.

The Legal Shield Plan provides protection from identity theft for you and your spouse (or domestic partner).

For more information, including plan options and cost, please contact Vicky Methven at 425-890-0441 or you may pick up an enrollment packet located in the payroll/benefits office.

Helpful Information

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

Family Medical Leave Act of 1993 (FMLA)

The Lake Washington School District provides eligible employees the opportunity to request up to 12 weeks of paid (use of earned sick leave) or unpaid leave each year subject to qualifying situations (see District Policy GCBF). To be eligible, employees must have worked for the District for at least 12 months. In addition, employees must have worked a minimum of 1,250 hours in the 12-month period immediately prior to the request for FMLA leave. Employees found eligible for this leave will have their group health insurance coverage continued for the qualifying period.

Employees interested can find further information for this leave on the District's website. For specific questions or to request forms please email Lori Redeker at lredeker@lwsd.org.

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:

Lori Redeker/Payroll Office

Lake Washington School District

(425) 936-1311

For COBRA payment questions please contact:

Judy Chadrow/Accounting Office

Lake Washington School District

(425) 936-1472

Department of 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

or visit www.parenthelp123.org

Benefit Advisory Committee

The Benefit Advisory Committee provides representation for all employees on health benefit issues. The district insurance broker provides information on available plans and the Committee reviews, evaluates and recommends changes for consideration.

Barbara Posthumus - Chairperson	Lori Redeker - Prof. Tech/Payroll & Benefits
Lucy Davies - Admin	TBD - SEIU
Alyce Bredehoeft - Admin/Payroll & Benefits	Keli Hoek - Trades/Bus Drivers
Howard Mawhinney - LWEA	TBD - Trades/Custodians
Marilyn Hargraves - LWEA	Charlene Luttge - Trades/ Para Educators
Brianna Edwards - LWESP/Payroll & Benefits	Christine Pearson - The Partners Group
Carolina Borrego - LWESP	Gus Kiss - The Partners Group
Tom Spellman - Prof Tech.	

Insurance Contact Information

Carrier Name	Coverage	Group/ Policy #	Phone Number	Website
Kaiser Permanente	Medical	See Table Below	888-901-4636	www.kp.org/wa
Premera	Medical	4012418	855-756-0798	www.premera.com
Delta Dental	Dental	186	800-554-1907	www.deltadentalwa.com
Willamette Dental	Dental	WW414	855-433-6825	www.willamettedental.com
Northwest Administrators	Vision	LA	866-737-7572	www.nwadmin.com
Cigna	Group Life/Long Term Disability	N/A	800-362-4462	www.cigna.com
Bellevue Community Services	Employee Assistance Program	N/A	425-454-0616 x 103	
Cigna	Employee Assistance Program	N/A	800-538-3543	www.cignabehavioral.com
American Fidelity	Flexible Spending Account	N/A	866-576-0201	www.afadvantage.com
Lehmann Wood	Long Term Care	N/A	425-861-8700	Terry@lehmannwood.com David@lehmannwood.co
Legal Shield	Pre Paid Legal Services	N/A	425-890-0441	
AFLAC	Supplemental Insurance	N/A	206-713-1265	www.aflac.com
Cigna	Optional Short Term Disability	N/A	800-997-1654	www.cigna.com

Kaiser Permanente Plan	Group #
Kaiser HMO A	0038500
Kaiser HMO B	1664100
Kaiser Access PPO 1	6449800
Kaiser Access PPO 2	6449700
Kaiser Access PPO 3	6449600
Kaiser Access PPO 4	6449500
Kaiser Access PPO QHDHP	6449900/6450000

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 booklet. 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.

For questions regarding specific health plans, please contact Premera at 1-800-932-9221 or Kaiser Permanente at 1-888-901-4636. Other questions may be directed to **Payroll/Benefits Office or The Partners Group at 1-877-455-5640.** This summary was printed on **August 7, 2018 .** Any further information not provided by that time or revisions by bargaining units or by insurers after this date could change or modify the information contained herein.

Glossary of Terms

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%.

Summary prepared by: The Partners Group
for
Lake Washington School District
P.O. Box 97039
Redmond, WA 98073

Monthly Insurance Rates for 2018-2019

MEDICAL	Kaiser HMO A/Core	Kaiser HMO B/Core	Kaiser Access PPO 1	Kaiser Access PPO 2	Kaiser Access PPO 3	Kaiser Access PPO 4
Employee Only	$760.68	$677.56	$1,054.87	$840.45	$818.02	$600.84
Employee & Spouse	$1,392.08	$1,239.96	$1,930.47	$1,538.06	$1,497.02	$1,099.56
Employee & Child(ren)	$1,015.51	$904.55	$1,408.26	$1,122.00	$1,092.07	$802.12
Family	$1,668.95	$1,486.59	$2,314.43	$1,843.97	$1,794.77	$1,318.25

MEDICAL	Premera PPO 3	Kaiser Access PPO QHDHP
Employee Only	$1,231.31	$483.91
Employee & Spouse	$2,258.56	$885.58
Employee & Child(ren)	$1,646.16	$646.02
Family	$2,708.73	$1,061.71

Dependent Children are eligible for all medical, dental and vision plans up to age 26.

COBRA is available beyond age 26

Contact the Benefits Department for details

DENTAL	Delta Dental Incentive Plan with Ortho Plan I	Willamette Dental Plan 1 with Ortho Plan 4
Composite/Family Rate	$113.30	$94.00

Dental 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.

VISION	NBN Vision
Composite/Family Rate	$22.00

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
Employee Only Rate	$16.41

*Not available to SEIU Members

GROUP LIFE INSURANCE	Cigna $10,000 - $50,000 (depends on salary)
Employee Only Rate	$.95-$4.75

2018– 2019 State Allocation (for all covered benefits) = $843.97 full time employees.
From the State Allocation come the following premiums: Dental, Disability, Life, & Vision (shown above).
The amount remaining, depending on the pooling outcome, goes toward medical premiums.

It is recommended that all employees read this rate sheet. Because of rate changes 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 and clarification see the individual plan booklets. This comparison is not a contract.

Lake Washington School District Portal Site: http://portalnew.lwsd.org/pay-benefits-wellness/Pages/default.aspx