

School Employees Benefits Board (SEBB) Program benefits: A high-level overview

This is a summary, and is not inclusive of all covered services. Figures, plans, and carriers shown are subject to legislative funding and final decisions by the SEB Board.

Medical benefits

| | Kaiser NW | | | Kaiser WA | | | | Kaiser WA Options | | |
|------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|--------------------|--------------------|
| Previous Name | Plan 1 | Plan 2 | Plan 3 | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 1 | Plan 2 | Plan 3 |
| Annual Costs/Benefits | KPNW 1 | KPNW 2 | KPNW 3 | KPWA Core 1 | KPWA Core 2 | KPWA Core 3 | KPWA Sound Choice | KPWAO Access PPO 1 | KPWAO Access PPO 2 | KPWAO Access PPO 3 |
| Deductible (single / family) | \$1,250 / \$2,500 | \$750 / \$1,500 | \$125 / \$250 | \$1,250 / \$3,750 | \$750 / \$2,250 | \$250 / \$750 | \$125 / \$375 | \$1,250 / \$3,750 | \$750 / \$2,250 | \$250 / \$750 |
| Out-of-pocket max | \$4,000 / \$8,000 | \$3,500 / \$7,000 | \$2,000 / \$4,000 | \$4,000 / \$8,000 | \$3,000 / \$6,000 | \$2,000 / \$4,000 | \$2,000 / \$4,000 | \$4,500 / \$9,000 | \$3,500 / \$7,000 | \$2,500 / \$5,000 |
| Coinsurance | 20% | 20% | 20% | 20% | 20% | 20% | 15% | 20% | 20% | 20% |
| Rx deductible | None | None | None | None | None | None | None | None | None | None |
| Rx out-of-pocket limit | Applies to max | Applies to max | Applies to max | Applies to max | Applies to max | Applies to max | Applies to max | Applies to max | Applies to max | Applies to max |

| | Premera | | | Uniform Medical Plan (UMP) | | | |
|------------------------------|-------------------|---------------|--------------------|---|---|-------------------------------------|---|
| Previous Name | Plan 2 | | Plan 3 | UMP Achieve 1 | UMP Achieve 2 | UMP High Deductible | UMP Plus |
| Annual Costs/Benefits | High PPO | Peak Care EPO | Standard PPO | | | | |
| Deductible (single / family) | \$750 / \$1,875 | | \$1,250 / \$3,125 | \$750 / \$2,250 | \$250 / \$750 | \$1,400 / \$2,800 (Combined Med/Rx) | \$125 / \$375 |
| Out-of-pocket max | \$3,500 / \$7,000 | | \$5,000 / \$10,000 | \$3,500 / \$7,000 | \$2,000 / \$4,000 | \$4,200 / \$8,400** | \$2,000 / \$4,000 |
| Coinsurance | 25% | | 20% | 20% | 15% | 15% | 15% |
| Rx deductible | \$125/\$312* | | \$250 / \$750* | Tier 2 and specialty; \$250 / \$750 | Tier 2 and specialty; \$100 / \$300 | Applied to medical deductible | None |
| Rx out-of-pocket limit | Applies to max | | Applies to max | \$2,000 per member with a family maximum of \$4,000 | \$2,000 per member with a family maximum of \$4,000 | Applies to max | \$2,000 per member with a family maximum of \$4,000 |

*Waived for preferred generic prescription drugs.

**Out of pocket expenses for a single member under a family account are not to exceed \$6,850.

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Medical benefits (continued)

| | Kaiser NW | | | Kaiser WA | | | | Kaiser WA Options | | |
|-----------------------|-----------|--------|--------|-------------|-------------|-------------|-------------------|--------------------|--------------------|--------------------|
| Previous Name | Plan 1 | Plan 2 | Plan 3 | Plan 2 | Plan 2 | Plan 3 | Plan 4 | Plan 1 | Plan 2 | Plan 3 |
| Annual Costs/Benefits | KPNW 1 | KPNW 2 | KPNW 3 | KPWA Core 1 | KPWA Core 2 | KPWA Core 3 | KPWA Sound Choice | KPWAO Access PPO 1 | KPWAO Access PPO 2 | KPWAO Access PPO 3 |
| Ambulance | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% |
| Emergency room | 20% | 20% | 20% | \$150 + 20% | \$150 + 20% | \$150 + 20% | \$150 + 15% | \$150 + 20% | \$150 + 20% | \$150 + 20% |
| Inpatient services | 20% | 20% | 20% | 20% | 20% | 20% | 15% | 20% | 20% | 20% |
| Outpatient services | 20% | 20% | 20% | 20% | 20% | 20% | 15% | 20% | 20% | 20% |
| Primary care | \$30 | \$25 | \$20 | \$30 | \$25 | \$20 | \$0 | \$30 | \$25 | \$20 |
| Specialist | \$40 | \$35 | \$30 | \$40 | \$35 | \$30 | \$30 | \$40 | \$35 | \$30 |
| Urgent care | \$50 | \$45 | \$40 | \$30 | \$25 | \$20 | \$0 | \$30 | \$25 | \$20 |

| | Premera | | | Uniform Medical Plan (UMP) | | | |
|-----------------------|-------------|---------------|--------------|------------------------------|------------------------------|---------------------|------------------------------|
| Previous Name | Plan 2 | | Plan 3 | UMP Achieve 1 | UMP Achieve 2 | UMP High Deductible | UMP Plus |
| Annual Costs/Benefits | High PPO | Peak Care EPO | Standard PPO | | | | |
| Ambulance | 25% | | 20% | 20% | 20% | 20% | 20% |
| Emergency room | \$150 + 25% | | \$150 + 20% | \$75 + 20% | \$75 + 15% | 15% | \$75 + 15% |
| Inpatient services | 25% | | 20% | \$200/day, up to \$600 + 20% | \$200/day, up to \$600 + 15% | 15% | \$200/day, up to \$600 + 15% |
| Outpatient services | 25% | | 20% | 20% | 15% | 15% | 15% |
| Primary care | \$20 | | \$20 | 20% | 15% | 15% | \$0 |
| Specialist | \$40 | | \$40 | 20% | 15% | 15% | 15% |
| Urgent care | 25% | | 20% | 20% | 15% | 15% | 15% |

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Dental benefits

| | DeltaCare | Uniform Dental Plan (UDP) | Willamette |
|--|------------------|---|------------------|
| What you pay: | Managed care | PPO | Managed care |
| Annual maximum | No max | \$1,750 | No max |
| Deductible | \$0 | \$50 (individual) / \$150 (family) | \$0 |
| General office visit (after deductible) | \$0 | \$0 | \$0 |
| Routine/emergency exams | \$0 | \$0 | \$0 |
| Fillings | \$10 – \$50 | 20% | \$10 – \$50 |
| Crowns | \$100 – \$175 | 50% | \$100 – \$175 |
| Root canal | \$100 – \$150 | 20% | \$100 – \$150 |
| Orthodontia | \$1,500 per case | 50% until plan has paid \$1,750; then any amount over \$1,750 | \$1,500 per case |

Vision Benefits

| What you pay: | Davis Vision | EyeMed | MetLife |
|--|---|----------------------------|----------------------------|
| Routine exam (renews January 1) | \$0 | \$0 | \$0 |
| Frames (renews January 1 in even years) | \$0 up to \$150, then 80% | \$0 up to \$150, then 80% | \$0 up to \$150, then 80% |
| Lenses | \$0 | \$0 | \$10 |
| Progressive lenses | \$50 – \$140 | \$55 – \$175 | \$0 – \$175 |
| Conventional* contact lenses | \$0 up to \$150, then 85% (or 4 boxes from collection lenses) | \$0 up to \$150, then 85% | \$0 up to \$150, then 100% |
| Disposable* contact lenses | | \$0 up to \$150, then 100% | |

*Disposable contact lenses are single-use lenses and are removed and discarded after a determined period of time, typically at the end of each day or week. Conventional lenses, with proper care and cleaning, can be used for longer periods of time, from one month to up to one year.

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Life and accidental death & dismemberment (AD&D) insurance

| Employer paid | |
|---|--|
| Insurance type | Basic |
| Employee basic life | \$35,000 |
| Employee basic (AD&D) | \$5,000 |
| Employee paid | |
| Insurance type | Supplemental |
| Employee supplemental life | <ul style="list-style-type: none"> Guaranteed issue (GI)* up to \$500,000 in \$10,000 increments, up to a maximum of \$1,000,000 Evidence of insurability (EOI)* required for amounts over \$500,000 |
| Supplemental spousal term life (tied to employee coverage amount) | <ul style="list-style-type: none"> Up to 50% of employee's supplemental GI up to \$100,000 in \$5,000 increments EOI required over \$100,000 |
| Supplemental dependent child term life | <ul style="list-style-type: none"> GI up to \$20,000 in \$5,000 increments For dependents age 2 weeks to 26 years |
| Supplemental employee, spousal, and child AD&D | <ul style="list-style-type: none"> Employee: GI up to \$250,000 in \$10,000 increments Spouse: GI up to \$250,000 in \$10,000 increments Child: GI up to \$25,000 in \$5,000 increments |

*Guaranteed issue benefits are available to any eligible employee, with no evidence of insurability. Evidence of insurability (or proof of good health), for these plans, is provided through an online questionnaire. Eligibility is approved or denied upon completion of the questionnaire.

| Supplemental employee and spouse life insurance monthly premiums (per \$1,000 of coverage) | | |
|--|------------|---------|
| Age | Non-smoker | Smoker |
| <25 | \$0.038 | \$0.050 |
| 25-29 | \$0.042 | \$0.060 |
| 30-34 | \$0.046 | \$0.080 |
| 35-39 | \$0.058 | \$0.090 |
| 40-44 | \$0.088 | \$0.100 |
| 45-49 | \$0.128 | \$0.150 |
| 50-54 | \$0.188 | \$0.230 |
| 55-59 | \$0.346 | \$0.400 |
| 60-64 | \$0.534 | \$0.630 |
| 65-69 | \$0.962 | \$1.220 |
| 70+ | \$1.438 | \$1.988 |

Supplemental insurance: Premium examples

35-year-old smoker

- \$200,000 supplemental life for employee: \$18/month
- \$100,000 supplemental life for spouse: \$9/month

50-year-old non-smoker

- \$150,000 supplemental life for employee: \$28.50/month
- \$75,000 supplemental life for spouse: \$14.25/month

Any eligible employee (guaranteed issue)

- \$20,000 supplemental life for child: \$2.48/month
- \$250,000 supplemental AD&D for employee or spouse: \$4.75/month
- \$25,000 supplemental AD&D for child: \$0.40/month

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Long term disability (LTD) insurance

| Employer-paid basic LTD plan design | |
|-------------------------------------|--|
| Insurance type | Basic |
| Benefit waiting period* | 90 days or the end of family / medical paid leave, whichever is longer |
| Pension | Choice (The member can choose to be paid from their pension; if they do, it is deducted from their disability benefit.) |
| Sick leave | No choice (The benefit will not begin paying until the end of the member's existing sick leave, whether or not the employee uses and receives payment for the sick leave.) |
| Maximum monthly benefit | \$400 |

| Employee-paid supplemental LTD plan design | |
|--|---|
| Insurance type | Supplemental |
| Benefit waiting period* | 90 days or the end of family / medical paid leave, whichever is longer |
| Enrollment type | Opt in (The member must actively enroll in this benefit.) |
| Pension | Choice (The member can choose to be paid from their pension; if they do, it is deducted from their disability benefit.) |
| Sick leave | No choice (The benefit will not begin paying until the end of the member's sick leave, whether or not the employee uses and receives payment for the sick leave.) |
| Maximum monthly benefit | \$10,000 |

*Benefit waiting period: The length of time between the beginning of a member's disability claim and the first payment the member would receive.

| Supplemental LTD cost examples | | |
|--------------------------------|----------------------------|--|
| Annual income | Estimated monthly premiums | Estimated monthly benefit (includes basic benefit) |
| \$30,000 | \$9 – \$15 | \$1,500 |
| \$50,000 | \$15 – \$25 | \$2,500 |
| \$80,000 | \$25 – \$40 | \$4,000 |
| \$100,000 | \$31 – \$51 | \$5,000 |

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Additional benefits

| Additional benefit maximum contributions | |
|---|--|
| Medical flexible spending arrangement (FSA) | |
| Maximum contribution | \$2,700 (anticipated amount for 2020) |
| Dependent care assistance program (DCAP) | |
| Maximum contribution | \$5,000 for a joint income tax return / \$2,500 each for separate income tax returns |