



ISSAQUAH
SCHOOL DISTRICT 411

A Summary of Employee Benefit Plans Enrollment Guide for the 2011-12 Plan Year

Available to:
Issaquah School District Employees
Plan Year October 2011 - September 2012

This guide is only a brief description of insurance coverage under the Issaquah School District's benefits program.
The provisions of the actual plan documents and contracts will govern in the case of any discrepancy.

Enrollment

Benefit Fair

September 29, 2011
3:15 p.m. - 5:30 p.m.
Administration Building
Board Rooms A, B & C

Open Enrollment

September 1, 2011
through
October 3, 2011

Open Enrollment Deadlines

September 1, 2011 for October 1, 2011 Coverage

October 3, 2011 for November 1, 2011 Coverage

Employees making changes must complete and submit a new enrollment form to the Payroll Department before the deadlines set forth. To be effective October 1, the Payroll Department must receive enrollment forms no later than September 1, 2011. To be effective November 1, enrollment forms must be received no later than October 3, 2011.

The information herein is not a contract—it is a summary of benefits. Each plan described herein excludes certain conditions and types of treatment from coverage or payment. Detailed information regarding the contractual benefits, limitations and exclusions are available through the Payroll Department. Please direct any questions to Carol Berkley, Benefits Coordinator **(425) 837-7065**.

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

No action is required if you are not making any changes to your current coverage.

New Employee Deadlines

Employees hired by the fifteenth of any month during the school year will have benefits effective the first of the following month. Enrollment forms must be submitted to the Payroll Department within five (5) days of orientation in order to receive benefits.

Employees hired after the fifteenth of any month during the school year will have until five (5) days after orientation to submit forms to the Payroll Department. Benefits will be effective the first of the month following 30 days of employment.

Employees who do not enroll during the initial enrollment period may not be able to enroll until the next open enrollment period unless there has been a qualifying event. Evidence of insurability may be required for some types of coverage.

Customer Service Representatives

Benefit Advisory Committee Members

Carol Berkley, Benefits Coordinator
 Shanna Drake, Educational Assistant
 Jane Kimble, District Office
 Sharon Klein, Transportation
 Phyllis Runyon, IEA
 Sue McPeak, Principal

Amy Wiggins, Secretary
 Dan Smith, Maintenance
 Pam Iovino, Un-Represented
 Becky Newgard, Food Service
 Karl Mosbrucker, Mechanics
 Dave Holbrook, Custodians

Committee Support

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Jane Kimble, Director of Payroll / Budget Services (425) 837-7019
 kimblej@issaquah.wednet.edu

Propel Insurance (800) 499-0933
 www.propelinsurcnce.com

Plan Contacts	Website	Customer Service
Premera Blue Cross Plans / WEA	www.premera.com/wea	1-800-932-9221
Group Health Cooperative	www.ghc.org	1-888-901-4636
Washington Dental Service / WEA	www.deltadentalwa.com	1-800-554-1907
Willamette Dental / WEA	www.willamettedental.com	1-800-360-1909
NW Administrators, Inc. (NBN) - Vision	www.nwadmin.com	1-800-732-1123
Standard Insurance Company		
Life and AD&D	www.standard.com	1-800-628-8600
Short Term Disability (Bus Drivers Only)	www.standard.com	1-800-368-2859
Long Term Disability	www.standard.com	1-800-368-1135
Unum Life/AD&D	www.unum.com	1-800-421-0344
First Choice EAP	www.firstchoiceeap.com	1-800-777-4114
Flex-Plan Services, Inc.	www.flex-plan.com	1-800-669-3539
Propel Insurance	www.propelinsurance.com	1-800-499-0933

Explanation of Payroll Benefits

Fall 2011

Issaquah School District Employee:

Whether it's open enrollment for you again, or you're new to the Issaquah School District, it's time to consider your benefits options and the coverage that's best for you and your family. This guide will help you think about coverage issues and give you details for making informed health benefits decisions.

This guide also covers what's new in benefits for 2011-2012. We are pleased to announce that we are able to offer all the same carriers and plan offerings. Only a few modest plan changes are being made. You will find the changes listed on the "Updates" pages of the booklet.

Please take time to review this guide, evaluate your benefits choices, consider your family's needs and choose the coverage that best fits your situation. If you have any questions, consider attending the Benefit Fair where you can talk with representatives from the various companies involved with your benefits. If you're unable to attend the Benefit Fair or have more questions, please refer to the directory on Page 2 for website and contact information.

Disclaimer

This guide is a brief description of your coverage under the Issaquah School District benefit program. It is not intended as a complete description of benefits. Although we've made every effort to ensure 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.

Recipients should note that said publication is objective and impartial in content unless clearly noted otherwise.

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Benefit Dollars & Pooling

The state allocation for 2011-2012 is \$768.00 per month. **NOTE:** The specific amount available to each employee varies by bargaining group and FTE status.

The allocation is first used to pay for negotiated required benefits such as group life, long term disability, dental and vision coverage. The balance of the allocation dollars are then available for employees to spend toward the purchase of medical benefits. Any allocation dollars remaining are "pooled" within bargaining units and divided among employees with payroll deductions to help defray the cost of medical premiums.

No portion of the state allocation or pooling dollars can be applied to the purchase of other voluntary insurance programs.

Administrators, Principals & Un-Represented	Plan	Premium
Dental - Full Family	WDS / WEA Plan A with Ortho D	\$128.65
	Willamette / WEA Plan 1 with Ortho 4	\$88.10
Vision - Full Family	Northwest Administrators, Inc. (NBN)	\$18.00
Employee Term Life and AD&D \$50,000	Standard	\$10.44
Employee Long Term Disability	Standard	\$11.53

Bus Drivers	Plan	Premium
Dental - Full Family	WDS / WEA Plan A with Ortho D	\$128.65
	Willamette / WEA Plan 1 with Ortho 4	\$88.10
Vision - Full Family	Northwest Administrators, Inc. (NBN)	\$18.00
Employee Term Life and AD&D \$25,000	Standard	\$5.22
Employee Long Term Disability	Standard	\$11.53
Employee Short Term Disability (Employee paid)	Standard - Class 1-2 (hours 4.0 - 4.99)	\$5.06
	Standard - Class 3-4 (hours 5.0 - 6.99)	\$7.59
	Standard - Class 5-6 (hours 7.0 - 8.0)	\$10.12

Educational Assistants	Plan	Premium
Dental - Full Family	WDS / WEA Plan A with Ortho D	\$128.65
	Willamette / WEA Plan A with Ortho 4	\$88.10
Vision - Full Family	Northwest Administrators, Inc. (NBN)	\$18.00
Employee Term Life and AD&D \$25,000	Standard	\$5.22

Benefit Dollars & Pooling

Food Service	Plan	Premium
Dental - Full Family	WDS / WEA Plan A with Ortho D	\$128.65
	Willamette / WEA Plan 1 with Ortho 4	\$88.10
Vision - Full Family	Northwest Administrators, Inc. (NBN)	\$18.00
Employee Term Life and AD&D \$10,000	Standard	\$2.09

Custodians & Maintenance	Plan	Premium
Dental - Full Family	WDS / WEA Plan A with Ortho D	\$128.65
	Willamette / WEA Plan 1 with Ortho 4	\$88.10
Vision - Full Family	Northwest Administrators, Inc. (NBN)	\$18.00
Employee Term Life and AD&D \$15,000	Standard	\$3.13

Secretaries & Teachers	Plan	Premium
Dental - Full Family	WDS / WEA Plan A with Ortho D	\$128.65
	Willamette / WEA Plan 1 with Ortho 4	\$88.10
Vision - Full Family	Northwest Administrators, Inc. (NBN)	\$18.00
Employee Term Life and AD&D \$10,000	Standard	\$2.09
Employee Long Term Disability	Standard	\$11.53

Mechanics	Plan	Premium
Dental - Full Family	WDS / WEA Plan A with Ortho D	\$128.65
	Willamette / WEA Plan 1 with Ortho 4	\$88.10
Vision - Full Family	Northwest Administrators, Inc. (NBN)	\$18.00
Employee Long Term Disability	Standard	\$11.53

Medical Rates

All job classifications are eligible for medical benefits.

Medical	Group Health Cooperative	Plan 1 Premera Blue Cross	Plan 2 Premera Blue Cross	Plan 3 Premera Blue Cross	Plan 5 Premera Blue Cross	Easy Choice Plans A, B, & C Premera Blue Cross
Subscriber	\$621.63	\$806.15	\$617.95	\$552.80	\$723.15	\$421.55
Subscriber & Spouse	\$1,157.36	\$1,531.15	\$1,166.15	\$1,043.45	\$1,432.70	\$793.85
Subscriber & Family	\$1,349.46	\$1,838.10	\$1,398.40	\$1,251.40	\$1,726.30	\$951.55
Subscriber & Children	\$866.94	\$1,113.10	\$850.20	\$760.75	\$1,016.75	\$579.25

Enrollment Information

Eligibility

Employees

Contracted employees are eligible for the plans described in this booklet according to the employees' group participation. In order to be eligible for medical benefits, an employee must work the minimum number of hours per week as per bargaining unit.

Dependents

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

- Your lawful spouse or state registered 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 a domestic partner for medical only), or children specified in a court order or divorce decree.

How to Enroll or Change Plans

Generally, the choices made 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 change.
 3. If no changes are being made, no action is required. File this booklet for informational purposes. Do not fill out a new enrollment form.
 4. If changes are being made, complete a new enrollment form and return it to the Payroll Department by:
 - **September 1 for October 1 coverage.**
 - **October 3 for November 1 coverage.**
1. 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
- Enrolled family member dies
- Employee or spouse go on an unpaid leave of absence
- Employee or spouse have a significant change in employment status (part-time to full-time or visa versa)
- 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)

NOTE: Employees must stay on the same plan although there may be a change in family status. Plan changes are not allowed until the next open enrollment period.

2011-12 Updates

Medical

WEA Premera Blue Cross—All Plans

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. It includes Northern Tacoma on the south, Marysville on the north, the Puget Sound on the west and North Bend as its eastern border. It does not include Bainbridge Island or the Kitsap Peninsula.

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, depending on tier
- Maximum Out of Pocket from \$444 to flat \$500

WEA Premera Blue Cross Plan Two

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

2011-12 Updates

WEA Premera Blue Cross Plan Five

- 8.9% to 12% Increase, depending on tier

WEA Premera Blue Cross Plan EasyChoice A, B and C

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

Group Health Cooperative

- 3.1% Increase

Dental

WEA Select WDS Delta Dental

- -3% 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 1 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

Vision

Northwest Administrators, Inc. / NBN Vision

- 0% Increase
- Increased Frame Allowance

Required Benefits

Dental

Option 1:

Washington Dental Service / WEA (WDS)

Group #0186

Deductible	None
Preventive (Exams, X-rays, Cleanings, etc.)	70% - 100% Incentive*
Restorative (Fillings, Extractions, Crowns, etc.)	70% - 100% Incentive*
Major Care (Dentures, Partials, Bridges, etc.)	50%
Implants (pre-authorization required)	50%
Orthodontia, Plan D (adults & dependent children)	50% to \$1,250 lifetime maximum benefit
Plan Year Maximum Benefit	\$1,750 per person per plan year (October 1—September 30) (\$2,000 if you use a Delta Dental PPO dentist)

Member dentists will submit claims directly to Washington Dental Service for the subscriber, non-member dentists will not submit claims. Subscribers using non-member dentists are required to submit claims using the claim form available on the WDS website. Dental fees may be higher for non-member dentists.

***How the Incentive Plan Works:**

WDS encourages regular dental care. WDS pays 70% of covered services for Preventive and Restorative care during the first plan year of coverage. This advances by 10% annually (effective October 1) - **providing the plan is used at least once per benefit year for applicable services** to a maximum of 100%. Failure to use the plan once each benefit year causes the level to drop by 10% below the last level of payment, but never below the original 70%. Each eligible employee and dependent creates his or her own percentage point level. The incentive plan does not apply to the 50% allowance for the cost of Major Care, Implants or Orthodontia.

Option 1:

Willamette Dental / WEA, a Managed Dental Plan**

Group #W411

Office Visit	Covered in full after \$15 copay (per visit)
Preventive (Exams, X-rays, Cleanings, etc.)	Covered in full after \$15 copay (per visit)
Restorative (Fillings, Extractions, etc.)	Covered in full after \$15 copay (per visit)
Major Care (Crowns, Dentures, Partials, Bridges, etc.)	Covered in full after \$50 copay (per item)
Implants	Services Provided at Discounted Fees
Orthodontia, Plan 4 (adults & dependent children)	Covered in full after a \$15 copay (per visit) & a \$1,500 orthodontia copay
Temporomandibular Joint Disorder (TMJ)	\$1,000 Annual Maximum Benefit \$5,000 Lifetime Maximum Benefit
Night Guards	Covered in full after a \$15 copay (per visit)
Plan Year Maximum Benefit	No Plan Year Maximum

Required Benefits

Vision

Northwest Administrators, Inc. (NBN)

Frequency of Services

Exams	Once Each 365 Days*
Lenses (pair)	Once Each 365 Days*
Frames	Once Each 730 Days*
Contact Lenses - subnormal (in lieu of all other services)	Once Each 365 Days*
Contact Lenses - elective (in lieu of all other services)	Once Each 365 Days*

Coverage

Exams	Paid in Full**+
Lenses (pair)	Paid in Full**+
Frames	Paid in Full***+
Contact Lenses - subnormal (in lieu of all other services) (Subnormal vision contacts requires prior approval from NW Administrators' claims office)	Paid in Full**+
Contact Lenses - elective (in lieu of all other services)	\$300 allowance toward the cost of the exam, fitting fee and lenses+

*These time frames are strictly enforced (i.e., to the day)

**Paid in full means the cost of basic lenses are covered in full

***Paid in full means for the frames selection covered by your Plan, not all frames

+When services are rendered by a Northwest Benefit Network Provider

Contacts: Patient must be eligible for both the examination and lenses (glasses) at the time services for contact lenses begin. The elective contacts benefit allowance can be used only once per benefit period.

A member must be eligible in order to receive benefits. The member is responsible for services and hardware not covered under the plan contract.

PLEASE NOTE: This is a summary of benefits only. Actual benefits are based on the plan contract, which may contain details not specified in this summary. Please contact NW Administrators, Inc. at (800) 732-1123 or visit their website at www.nwadmin.com regarding questions concerning the benefits and/or eligibility status. Please click on the Visitors section to access provider directory.

The Northwest Administrators, Inc. self-funded vision plan contracts with a panel of eye care professionals through Northwest Benefit Network (NBN). They provide vision care for employees and their dependents covered under this plan. Going to a panel provider assures the highest level of reimbursement for claims.

Required Benefits

Group Life

Standard Insurance

Group #399979-D

Eligible Class: All Eligible Employees (See Below)

Description: Class 1 - \$50,000 flat. (Principals, Administrators & Un-Represented)
Class 2 - \$25,000 flat. (Bus Drivers & Educational Assistants)
Class 3 - \$15,000 flat. (Custodians & Maintenance)
Class 4 - \$10,000 flat. (Food Service, Secretaries & Teachers)

Unum

Group #W-138

Eligible Classes: Only employees with Premera Blue Cross Plans 1, 2, 3, 5 & Easy Choice

Description: Flat \$12,500 employee only life insurance included with the medical plan. Benefits will reduce to \$8,125 for ages 65-69; and \$6,250 for ages 70 and older.

Group Long Term Disability

Standard Insurance

Group #399979-C

Class Definition: Class 1 - Bus Drivers & Mechanics
Class 2 - Administrators, Certificated, Principals, Vice Principals, Secretaries, Teachers & Un-Represented

LTD Benefit: Class 1 - 60% of first \$4,167 of Base Pay; maximum monthly pay \$2,500
Class 2 - 60% of the first \$16,667 of Base Pay; maximum monthly pay \$10,000

Benefit Waiting Period: Class 1 - 90 days
Class 2 - 60 days

Required Benefits

Group Short Term Disability (Bus Drivers Only)

Standard Insurance

Group #399979-E

Eligible Classes: Bus Drivers

Description: Mandatory short-term disability plan paid by employee
60% of your weekly income to a maximum of:

Benefit Amount: Class 1 & 2 - \$100/week for package hours 4.0-4.99 per day
Class 3 & 4 - \$150/week for package hours 5.0-6.99 per day
Class 5 & 6 - \$200/week for package hours 7.0+ per day

Waiting Period: Benefits begin on the 15th day of an accident or illness

Benefit Duration: 13 weeks

See certificate of coverage for specific limitations and exclusions. Benefits cease once you return to work or any occupation. No STD benefits will be paid for any period of disability when you are able to work in your own occupation and able to earn at least 20% of your pre-disability earnings.

How to Select a Medical Plan

Health Maintenance Organization (HMO) / Managed Care Plan Choice:

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 health care 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.

Preferred Provider Organization (PPO) Plan Choice:

Your WEA Select Plan is called a “Heritage” or “Foundation” plan. The plan 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 plans also feature 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 (higher out-of-network costs). Details of covered benefits, limitations and exclusions are provided in the carrier benefit booklets.

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 directory.
- Remember, if choosing an HMO plan, services most likely are not 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 if you do so.
- 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, and 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 wellbeing, and address any conditions you have with quality, cost-effective treatments.

Benefits at a Glance

Note: Benefits outlined are based on use of an In-Network Provider

Medical Plan Options	Managed Care Plan (Referrals Required)
	Group Health Cooperative
Plan / Network	HMO
Website	www.ghc.org
Dependent Age Limit	to age 26
Deductible Per Calendar Year	no deductible
Office Visit	100% after \$20 copay
Lab & X-Ray	100%
Preventive Care	100% unlimited
Hospital	
Inpatient	100% after \$200 copay per member per admission
Outpatient	same as office visit
Emergency Room (copay waived if admitted)	100% after \$100 copay
Prescription Drugs Separate deductible	up to 30 day supply n/a
Generic	\$15 copay
Brand	\$30 copay
Non Formulary	n/a
Mail Order Maintenance	up to 90 day supply 3 copays
Spinal Manipulation	same as office visit 10 visits pcy
Vision Exam	same as office visit every 12 months
Out-of-Pocket maximum	\$2,000 per person \$4,000 family
Life Insurance	not covered

This is a brief summary of benefits; it is not a certificate of coverage. For full coverage provisions, including a description of waiting periods, limitations, and exclusions refer to you benefits brochure, online benefits site and the contract on file with your group.

Benefits at a Glance

Note: Benefits outlined are based on use of an In-Network Provider

	Premera Blue Cross - WEA	Premera Blue Cross - WEA
Plan / Network	Plan 1 - Heritage	Plan 2 - Heritage
Website	www.premera.com/wea	www.premera.com/wea
Dependent Age Limit	to age 26	to age 26
Deductible Per Calendar Year	\$50 per person \$150 family	\$100 per person \$300 family
Office Visit	100% after \$20 copay*	100% after \$25 copay*
Lab & X-Ray	90%	80%
Preventive Care	100%* unlimited	100%* unlimited
Hospital		
Inpatient	90% after \$100 copay per day \$300 copay maximum pcy	80% after \$150 copay per day \$450 copay maximum pcy
Outpatient	90% after \$50 outpatient surgery copay	80% after \$100 outpatient surgery copay
Emergency Room (copay waived if admitted)	90% after \$75 copay	80% after \$75 copay
Prescription Drugs Separate deductible	up to 34 day supply n/a	up to 34 day supply n/a
Generic	\$10 copay	\$10 copay
Brand	\$15 copay	\$20 copay
Non Formulary	\$30 copay	\$35 copay
Mail Order Maintenance	up to 100 day supply \$10 / \$15 / \$30	up to 100 day supply \$10 / \$20 / \$35
Spinal Manipulation	same as office visit* unlimited visits pcy	same as office visit* unlimited visits pcy
Vision Exam	not covered	not covered
Out-of-Pocket maximum	\$500 per person \$1,500 per family	\$1,500 per person \$4,500 per family
Life Insurance	\$12,500	\$12,500

*These services do not apply to your calendar year deductible

pcy= per calendar year

Benefits at a Glance

Note: Benefits outlined are based on use of an In-Network Provider

Premera Blue Cross - WEA	Premera Blue Cross - WEA	Premera Blue Cross - WEA
Plan 3 - Heritage	Plan 5 - Foundation	Easy Choice A - Heritage
www.premera.com/wea	www.premera.com/wea	www.premera.com/wea
to age 26	to age 26	to age 26
\$200 per person \$600 family	\$100 per person \$300 family	\$1,000 per person \$3,000 family
100% after \$30 copay*	100% after \$15 copay*	100% after \$15 copay*
80%	100%	paid in full up to first \$1,000 then deductible & coinsurance apply
100%* unlimited	100%* unlimited	100%* unlimited
80% after \$300 copay per day \$900 copay maximum pcy	100% after \$200 copay per admission \$600 per person \$1,000 maximum pcy	80%
80% after \$150 outpatient surgery copay	100%	80%
80% after \$100 copay	100% after \$50 copay	80% after \$100 copay
up to 34 day supply n/a	up to 30 day supply n/a	up to 30 day supply \$500 per person pcy deductible waived for generics
\$15 copay	\$10 copay	no copay
\$25 copay	\$15 copay	70%
\$40 copay	\$30 copay	70%
up to 100 day supply \$15 / \$25 / \$40	up to 90 day supply \$10 / \$30 / \$60	up to 90 days supply \$0 / 75% / 75%
same as office visit* unlimited visits pcy	same as office visit* unlimited visits pcy	same as office visit* 12 visits pcy
not covered	not covered	not covered
\$2,750 per person \$8,250 per family	none	\$5,000 per person \$15,000 family
\$12,500	\$12,500	\$12,500

*These services do not apply to your calendar year deductible

pcy= per calendar year

Benefits at a Glance

Note: Benefits outlined are based on use of an In-Network Provider

	Premera Blue Cross - WEA	Premera Blue Cross - WEA
Plan / Network	Easy Choice B - Heritage	Easy Choice C - Foundation
Website	www.premera.com/wea	www.premera.com/wea
Dependent Age Limit	to age 26	to age 26
Deductible Per Calendar Year	\$750 per person \$2,250 family	\$0 per person \$0 family
Office Visit	100% after \$30 copay*	100% after \$35 copay*
Lab & X-Ray	75%	65%
Preventive Care	100%* unlimited	100%* unlimited
Hospital		
Inpatient	75%	65%
Outpatient	75%	65%
Emergency Room (copay waived if admitted)	75% after \$150 copay	65% after \$200 copay
Prescription Drugs Separate deductible	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
Generic	no copay	no copay
Brand	\$30 copay	\$30 copay
Non Formulary	\$45 copay	\$45 copay
Mail Order Maintenance	up to 90 day supply \$0 / \$75 / \$112	up to 90 day supply \$0 / \$75 / \$112
Spinal Manipulation	same as office visit* 12 visits pcy	same as office visit* 12 visits pcy
Vision Exam	not covered	not covered
Out-of-Pocket maximum	\$4,000 per person \$12,000 family	\$7,500 per person \$22,500 family
Life Insurance	\$12,500	\$12,500

*These services do not apply to your calendar year deductible

pcy= per calendar year

Employee Assistance Program

Issaquah School District provides an EAP program through **First Choice Health EAP**. They have many services available to employees and their family members. These services are available at **no cost** to employees and are **completely confidential**. They are as follows:

- **Counseling Services** - First Choice Health EAP offers counseling services for emotional stress, family stress and many other issues. Call the EAP telephone number listed below and an appointment will be arranged between a local counselor and the employee / family members. Up to 6 visits are allowed per issue.
- **Elder Care Consultation** - Many families experience concerns regarding the care of an elderly parent. Services are available to offer advice or to assist with arranging care.
- **Childcare Consultation** - This service offers families and parents information whenever a childcare need arises. Qualified childcare professionals help identify resources such as: daycares, summer activities, special needs resources, how to become a parent, and school age preparations.
- **Legal Consultation** - With the exception of employment-related issues, employees will receive a thirty-minute legal consultation with an attorney (in person or over the phone) through EAP services. If the attorney is retained, the employee will receive a 25% discount on standard rates.
- **Training and Education** - Employees are encouraged to take advantage of the Training and Education offered through the First Choice EAP on-line services. Log on to the website and click the Training Button on the left, enter the Username issaquahsd and Password 411 to access the training tools available.
- **Identity Theft Resolution** - Many Americans have been victimized by identity theft and consumer fraud. Qualified legal professionals are available to provide step-by-step guidance and consultation about Identity Theft or Fraud.

They are many ways EAP services may be helpful. Employees and their families are encouraged to call.

Confidential Help
Available 24 hours a day, 7 days a week
(800) 777-4114
www.firstchoicееap.com
www.1stchoicееap.com

Voluntary Benefits

Flexible Spending Account (FSA)

Plan Year September 1 - August 31

Open Enrollment is conducted in June

A Flexible Spending Account (FSA) program enables you to set aside money on a pre-tax basis to pay for health and dependent care costs, saving you as much as 25% - 40%. An FSA is the only benefit that actually saves you money on the cost of health and day care expenses.

Dependent Care FSA

Allows up to \$5,000 per year of pre-tax dollars to pay for work-related dependent care costs. This includes private day care, licensed day care or elderly care.

Health Care FSA

Allows up to \$3,000 per year of pre-tax dollars to pay for out-of-pocket medical, dental or vision expenses, as well as prescriptions, incurred by you and your dependents.

Who is eligible?

All employees who are eligible for group benefits.

Must I enroll every year that I want to participate?

Yes. You must sign a new election form each year, or else your participation will automatically stop at the end of the plan year. Once Open Enrollment is over, you cannot make any changes to your enrollment. Estimate your expenses for the Plan Year and enroll in an FSA for that amount.

How does it work?

The money is deducted pre-tax from each paycheck and is deposited into an account. Claims for expenses are submitted to the account and the reimbursement is issued to you accordingly.

What if I don't use all of my contributions?

All money left unclaimed in your account at the end of the plan year will be forfeited to the plan. There will be a grace period of 60 days at the end of the Plan Year, in which you can submit old claims. The date of service of all claims must be within the Plan Year.

How am I saving money?

By participating in the FSA, you will avoid FICA (7.65%) and Federal Income tax (10-35%).

Claims Run-Out Expiration Date?

For the plan year September 1, 2011 - August 31, 2012 claims may be submitted until October 31, 2012.

Voluntary Benefits

Additional Life Insurance

Standard Insurance

Group #399979

Eligible Class	All Bargaining Units covered under the Basic Life Benefits.
Description	Additional Group Term Life Insurance for employees and dependents.
Eligibility	All employees who are eligible for Basic Life Benefits. Spouse and dependent children (ages 15 days to 26 years of age), as long as the employee is enrolled in the plan.
Employee Limits	Employees may apply for insurance in \$10,000 increments to a maximum of \$300,000. The first \$30,000 is a guaranteed issue during the first 31 days of eligibility and during open enrollment.
Spouse Limits	A spouse of an enrolled employee may apply for insurance in \$5,000 increments to a maximum of \$150,000, but no more than 50% of the employee's amount. The first \$10,000 is a guaranteed issue during the first 31 days of eligibility and during open enrollment.
Dependent Child(ren)	Dependent child(ren) of an enrolled employee may apply for insurance in \$2,000 increments to a maximum of \$10,000.

Monthly Cost Employee & Spouse	Age	Rate Per \$10,000	Age	Rate Per \$10,000
	Under 30	\$0.70	60-64	\$9.20
	30-39	\$0.80	65-69	\$14.00
	40-44	\$1.40	70-74	\$22.00
	45-49	\$2.30	75-79	\$34.00
	50-54	\$3.90	80-89	\$65.70
	55-59	\$6.20		

Monthly Cost Dependent Child(ren)	Increments	Rates
	\$2,000	\$0.40
	\$4,000	\$0.80
	\$6,000	\$1.20
	\$8,000	\$1.60
	\$10,000	\$2.00

These rates cover all dependent children regardless of the number of children.



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Voluntary Benefits

American Fidelity Disability Insurance

Description	Voluntary Short-Term Disability (WEA Select)
Eligible Classes	Administrators, Principals, Secretaries, Teachers and Un-Represented
Benefit Amount	Up to 66 2/3% of your monthly income to a maximum of \$6,000 per month
Waiting Period	0 days for accident / 3 days for sickness
Benefit Period	60 days

Description	Voluntary Long-Term Disability (WEA Select)
Eligible Classes	Educational Assistants
Benefit Amount	Up to 66 2/3% of your monthly income to a maximum of \$6,000 per month
Waiting Period	Varies
Benefit Period	To age 65

Description	Voluntary Long-Term Disability (WEA Select)
Eligible Classes	Custodians, Food Service, Maintenance and Operations
Benefit Amount	Up to 80% of your monthly income to a maximum of \$6,000 per month
Waiting Period	14 days for accident / 14 days for sickness
Benefit Period	5 years

AFLAC Cancer Insurance

Issaquah School District offers cancer insurance through AFLAC Insurance Company. Premiums are paid through payroll deductions. If an enrolled employee should leave the district, continuation of coverage is available directly through AFLAC at the same rate. All benefits received from this policy are paid in addition to your medical insurance benefits. For more information on Voluntary Cancer Insurance, please contact Carol Berkley, Benefits Coordinator (425) 837-7065.

UNUM Long-Term Care

Issaquah School District offers four Long-Term Care options through UNUM. The plans are offered to employees and their extended families.

What is Long-Term Care? Long-Term Care is defined as the type of care received either at home or in a facility when someone needs assistance with activities of daily living or suffers severe cognitive impairment, due to an accident, an illness, or advancing age.

More information about Long-Term Care plans designs and rates can be found on the next page.

Facility Monthly Benefit Amount: Minimum of \$2,000 per month up to an overall maximum of \$9,000 per month in \$1,000 increments

Facility Benefit Duration 3 years, 6 years or Lifetime

If your coverage terminates because you are no longer eligible for coverage, you must apply and pay premiums directly to Unum.

Voluntary Benefits

Issaquah School District

Rates Shown are for \$1,000 Facility Monthly Benefit
(You may choose from \$2,000—\$9,000 in Facility Monthly Benefit)

Monthly Rates Long-Term Care Facility	Plan 1 Prof Home-Comm Care 50%			Plan 2 Total Home Care 50%			Plan 3 Prof Home-Comm Care 50% Com- pound Inflation			Plan 4 Total Home Care 50% Compound Inflation		
	Benefit Duration	3 YR	6 YR	Lifetime	3 YR	6 YR	Lifetime	3 YR	6 YR	Lifetime	3 YR	6 YR
Age 18-30	2.80	3.60	5.40	4.50	5.80	8.50	18.90	25.60	33.10	26.20	35.40	45.90
21-31	2.90	3.80	5.50	4.70	6.10	8.70	19.50	26.40	34.20	27.00	36.50	47.30
32	3.10	4.00	5.60	4.90	6.30	9.00	20.10	27.20	35.20	27.90	37.70	48.80
33	3.20	4.20	5.80	5.20	6.60	9.20	20.80	28.10	36.30	28.80	38.80	50.30
34	3.40	4.40	6.00	5.40	7.00	9.50	21.40	29.00	37.50	29.70	40.10	51.90
35	3.60	4.60	6.10	5.70	7.30	9.80	22.20	29.90	38.70	30.70	41.40	53.50
36	3.70	4.80	6.40	6.00	7.70	10.10	22.90	30.80	39.90	31.70	42.70	55.20
37	3.90	5.10	6.60	6.30	8.00	10.50	23.60	31.80	41.20	32.70	44.10	57.00
38	4.20	5.30	6.80	6.60	8.50	10.90	24.40	32.90	42.50	33.80	45.50	58.80
39	4.40	5.60	7.10	7.00	8.90	11.30	25.20	34.00	43.90	34.90	47.00	60.80
40	4.60	5.90	7.40	7.30	9.40	11.70	26.00	35.10	45.30	36.10	48.60	62.70
41	4.80	6.10	7.60	7.60	9.70	12.10	26.70	35.80	46.30	36.90	49.60	64.10
42	5.00	6.30	7.80	7.90	10.10	12.50	27.30	36.60	47.30	37.70	50.60	65.50
43	5.20	6.60	8.10	8.20	10.40	12.90	28.00	37.40	48.40	38.70	51.80	67.10
44	5.40	6.80	8.40	8.60	10.90	13.40	28.70	38.40	49.70	39.80	53.10	68.80
45	5.70	7.10	8.70	9.00	11.30	13.90	29.50	39.30	51.00	40.90	54.50	70.60
46	5.90	7.40	9.00	9.40	11.80	14.40	30.30	40.30	52.20	41.90	55.80	72.30
47	6.20	7.70	9.40	9.80	12.30	14.90	30.80	40.90	53.10	42.70	56.80	73.60
48	6.60	8.20	9.90	10.50	13.10	15.80	32.30	42.90	55.60	44.80	59.40	77.00
49	7.10	8.80	10.60	11.20	14.00	16.80	34.10	45.10	58.40	47.20	62.40	80.90
50	7.60	9.40	11.30	12.00	14.90	17.90	35.90	47.30	61.40	49.70	65.60	85.00
51	8.20	10.20	12.20	13.00	16.20	19.40	38.00	50.10	64.90	52.60	69.40	89.80
52	8.80	11.00	13.20	14.00	17.50	21.00	40.30	53.00	68.50	55.80	73.40	94.80
53	9.30	11.70	14.00	14.90	18.60	22.30	41.70	54.80	70.70	57.80	75.90	97.90
54	9.90	12.40	14.90	15.80	19.70	23.70	43.30	56.70	73.10	59.90	78.60	101.20
55	10.60	13.30	16.00	16.90	21.10	25.50	44.90	58.80	75.80	62.20	81.50	104.90

Voluntary Benefits

Issaquah School District

Rates Shown are for \$1,000 Facility Monthly Benefit
(You may choose from \$2,000—\$9,000 in Facility Monthly Benefit)

Monthly Rates Long-Term Care Facility	Plan 1 Prof Home-Comm Care 50%			Plan 2 Total Home Care 50%			Plan 3 Prof Home-Comm Care 50% Compound Inflation			Plan 4 Total Home Care 50% Compound Inflation		
	3 YR	6 YR	Lifetime	3 YR	6 YR	Lifetime	3 YR	6 YR	Lifetime	3 YR	6 YR	Lifetime
Age 56	11.30	14.10	17.10	18.00	22.50	27.20	46.70	61.00	78.50	64.60	84.50	108.70
57	12.00	15.10	18.20	19.10	24.00	29.00	48.30	63.00	81.10	66.90	87.30	112.20
58	12.90	16.30	19.70	20.60	25.90	31.30	50.80	66.10	84.80	70.30	91.60	117.50
59	14.00	17.60	21.40	22.30	28.00	34.00	53.70	69.80	89.40	74.30	96.70	123.70
60	15.20	19.10	23.20	24.20	30.40	36.90	56.90	73.90	94.50	78.80	102.30	130.80
61	16.60	20.90	25.40	26.40	33.20	40.40	61.10	79.60	101.50	84.60	110.20	140.50
62	18.10	22.70	27.80	28.70	36.10	44.20	65.50	85.60	108.80	90.70	118.50	150.70
63	19.50	24.50	30.10	31.00	39.00	47.90	69.00	90.50	114.80	95.60	125.30	159.00
64	21.00	26.30	32.50	33.30	41.90	51.70	72.70	95.70	121.10	100.70	132.50	167.60
65	23.20	29.10	36.20	36.90	46.20	57.60	75.50	99.60	127.00	104.60	137.90	175.80
66	24.80	31.10	38.90	39.50	49.50	61.80	79.70	105.50	134.10	110.40	146.10	185.70
67	27.60	34.50	43.30	43.90	54.90	68.80	87.30	115.90	146.90	120.90	160.50	203.40
68	29.90	37.40	47.00	47.60	59.40	74.80	93.40	124.40	157.20	129.40	172.30	217.60
69	32.30	40.40	50.90	51.40	64.20	81.00	99.70	133.20	167.60	138.00	184.40	232.00
70	35.10	43.80	55.50	55.90	69.70	88.20	107.10	143.60	179.90	148.20	198.80	249.00
71	38.60	48.10	60.80	61.40	76.50	96.60	114.00	152.70	191.10	157.90	211.50	264.60
72	42.80	53.30	67.20	68.10	84.80	106.90	122.70	164.30	205.20	169.90	227.50	284.10
73	47.30	58.90	74.10	75.20	93.60	117.90	131.60	176.00	219.40	182.20	243.70	303.80
74	52.40	65.10	81.80	83.30	103.50	130.10	141.40	188.90	235.00	195.70	261.50	325.30
75	59.20	73.50	92.80	94.20	116.80	147.60	148.20	197.60	248.10	205.20	273.60	343.60
76	66.20	82.10	103.60	105.30	130.60	164.80	161.20	214.80	269.30	223.20	297.40	372.80
77	74.60	92.40	116.30	118.60	147.00	185.00	176.60	235.10	294.10	244.50	325.60	407.10
78	82.40	102.10	128.20	131.10	162.30	203.90	190.00	252.70	315.30	263.10	350.00	436.50
79	91.20	112.90	141.60	145.10	179.60	225.20	204.50	271.80	338.30	283.10	376.30	468.40
80	100.40	124.20	155.30	159.70	197.50	246.90	219.00	290.80	360.80	303.20	402.70	499.50



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Voluntary Benefits

The Issaquah School District offers a variety of voluntary plans that may be a benefit to employees. Please contact the references listed below for information or forms on any of the following benefits.

Group Legal - Benefits Coordinator (425) 837-7065

School Employees Credit Union - (888) 628-4010
www.secuwa.org

Leave Share Program - WAC.392-126-004
Personnel Services (425) 837-7060

Deferred Compensation Program - (888) 327-5596
www.drs.wa.gov/dcp

Workers' Compensation Program - Building Secretary or Benefits Coordinator
(425) 837-7065

Washington State Department of Retirement Systems

For questions regarding TRS / SERS / PERS benefit information please contact the Department of Retirement Systems @ **(800) 547-6657** or **(360) 664-7337**
www.drs.wa.gov

Basic Health of Washington

Basic Health is a state-sponsored program that provides affordable health care coverage to low-income Washington residents through private health plans.

www.basichealth.hca.wa.gov

Healthy Kids Now / Children's Health Insurance Program (CHIP)

Low-cost or free health insurance is available for kids and teens in Washington State!
<http://hrsa.dshs.wa.gov/CHIP/>

Legislative Resources

Health Insurance Portability and Accountability Act (HIPAA)

In December 2000, the U.S. Department of Health Services released final regulations that place restrictions on how personal identifiable health information may be used and disclosed by certain organizations. These regulations implement the privacy requirements contained within the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). While some states have laws that protect health information, this federal regulation establishes a uniform, minimum level of privacy protections for all health information.

www.hhs.gov/ocr

www.healthprivacy.org

Family Medical Leave Act (FMLA)

On February 5, 1993, President Clinton signed into law the Federal Family and Medical Leave Act of 1993 (FMLA). This law became effective on August 5, 1993. Generally, the Family and Medical Leave Act of 1993 provides that covered employers must comply with certain criteria when an eligible employee requests a leave under the terms of this law. For more information regarding FMLA, please contact Personnel Services at (425) 837-7060.

www.DOL.gov/whd/fmla/index.htm

Medicare Part D Program

Beginning in 2006, Medicare beneficiaries can receive subsidized prescription drug coverage through the new Medicare Part D program.

www.medicare.gov

www.socialsecurity.gov

The Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA requires that employers provide employees and dependents that lose group health benefits with an opportunity to continue group health insurance coverage under certain circumstances. For more information about individual COBRA rights and requirements, please contact the Payroll Department or reference the websites listed below.

www.DOL.gov

www.IRS.gov

Employee Portal

Issaquah School District

Your

Employee Benefit Information

Is Available

Online!

- View and print insurance plan summary of benefits—all from one website
- Locate and contact your medical, dental, vision and pharmacy providers
- Access your insurance plan customer services numbers and websites
- Easily locate and print your insurance plan enrollment and claim forms
- Quarterly newsletter on important Health and Wellness information

From Work:

Log onto: Issaquah School District's intranet website

Go to: The Resources Centers Section

Then click on: Benefits Information Website

Enter password: 411

From the Internet:

Log onto Propel's website: www.propelinsurance.com

Click on: Current Clients

Click on: Online Benefits Site Login

Enter password: 411

Sponsored by:



Prepared by:



Propel Insurance
1201 Pacific Avenue, Suite 1000
Tacoma, WA 98402
(800) 499-0933
www.propelinsurance.com
