



Welcome to
New Employee
Benefit
Orientation

To print/ review the materials for today's orientation go to:
<http://hrs.wsu.edu/new-employee-information>





2017 Employee Benefits Orientation

An overview and highlights of the Public Employee Benefits Board (PEBB) plans available to WSU benefits-eligible employees.

Presented by Human Resource Services
<http://hrs.wsu.edu/new-employee-information>

Updated April 2017



Agenda

Introduction and Common Questions

Medical Plans

- How the plans work
- Classic & Value Managed Care Options
- Classic Preferred Provider Organization (PPO)
- Accountable Care Plans (PPO)
- CDHP with HSA


Pre-tax Spending Arrangements


Dental Plans

Life Insurance


Long Term Disability Insurance (LTD)

Additional Benefits and Resources






Public Employees Benefits Package




Know These Names:

The **Public Employees Benefits Board (PEBB)** provides the Washington State employee benefits package, which is administered by the **Health Care Authority (HCA)**.



HCA will send periodic mailings in regards to Open Enrollment periods, dependent eligibility and various other topics.

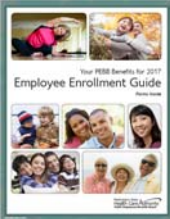
You can find detailed plan information and resources at : www.hca.wa.gov/pebb





PEBB Employee Enrollment Guide & Resources

PEBB Employee Enrollment Guide
 Contact Information for Providers (pg. 2-3)
 Selecting a PEBB Medical Plan (pgs. 25-28)


Information
hrs.wsu.edu/benefits
hca.wa.gov/pebb
 WSU Announcements
 WSU News
 Email Forwarding
 HRS Office: (509) 335-4521 – Monday – Friday 8-5








Common Questions




When does coverage begin?



If forms are submitted after your effective date, you are still covered, but may not yet be reflected as covered when you seek services.

Once all forms are processed, coverage will retroactively go into effect. Retroactive premiums will also be deducted from the effective date.



Who can I cover?


ELIGIBLE DEPENDENTS

Spouse/State Registered Domestic Partner

- Lawful spouses
- Registered domestic partners from other states/countries
- Registered domestic partners in Washington
 - One partner must be at least age 62

Children

- Biological, step, adopted, and children under legal obligation
- Up to age 26, regardless of student or IRS dependent status
- Disabled children, incapable of self-support, may be able to be carried beyond age 26




When will I get my ID cards?

Medical ID cards are sent out about 2-3 weeks after enrollment forms have been submitted.

- Employee ID cards are sent first
- Dependent ID cards are sent in a separate mailing

Please note: You will not receive a dental ID card from Uniform Dental



How do I enroll or waive coverage?

Benefit Acknowledgement Form (BAF)

- Includes due dates for submitting enrollment forms


Enrollment forms are in the back section of your Employee Enrollment Guide.

Option to waive coverage (pg. 17)

- Employees must submit their enrollment form to HRS to waive coverage
- Employee must have other employer-based medical coverage
- Medical coverage can be waived, while dental coverage cannot

You must provide Dependent Verification to enroll dependents

Please Note: Employees who do not submit their enrollment form within 31 calendar days of hire, will be defaulted to Uniform Medical Plan Classic and Uniform Dental Plan, employee only coverage.




What If I Am Already Enrolled in PEBB Medical/Dental Coverage?

PEBB does not allow dual enrollment within the Washington State PEBB network.

If you are already enrolled in PEBB coverage as a dependent under your spouse's, state-registered domestic partner's, or parent's plan, you may either choose to:

- **Waive** PEBB medical coverage, and stay enrolled under your spouse's, partner's, or parent's medical plan. You must then be removed from your spouse, partner's or parent's dental coverage.
- **Enroll** in PEBB medical coverage under your own account, and have your spouse, partner or parent remove you from their medical coverage. You must also then be removed from your spouse, partner's or parent's dental coverage.




When Can I Make Changes to Coverage?

During the Annual Open Enrollment

- Occurs each November
- Changes Effective January 1 of the following year

During Special Open Enrollments


- Defined as a Special Open Enrollment Event (see pgs 14-16)
- Must request change within 60 calendar days of the event
- Delay in submission will result in delay in coverage or the ability to make the change




How Does the Affordable Care Act (ACA) Affect Me?


- Effective January 1, 2014, most individuals are required to have health insurance coverage.
- Health insurance offered to benefit-eligible WSU Faculty, Staff and non-student hourly employees has been determined to meet and/or exceed the coverage standards identified by the ACA .
- If you are currently enrolled in a Marketplace Plan you may no longer be eligible for that plan. Contact the Administrator as soon as possible.

Webpage Resources
hrs.wsu.edu/aca
 *Healthcare.gov





Medical Plan Details



All Plans Provide

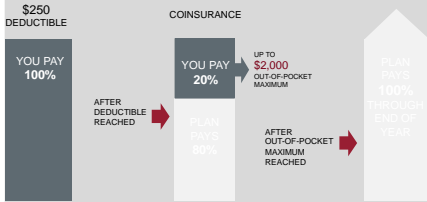
- No lifetime maximum
- No pre-existing condition restrictions or waiting periods
- Vision benefits
- Preventative health benefits
- Emergency or Urgent Care, outside of provider network

Please Note: Today we will be talking about our employee benefit plans, and while we try and be as accurate as possible in our presentation the plans are ruled by the certificates of coverage (COCs). If the descriptions presented differ from the COCs, the COCs will govern.



How our plans work

Medical Expenses through a Calendar Year
Plan: Deductible: \$250 Co-insurance/Co-pay: 20% Out-Pocket Limit: \$2,000



Plans Available by County
(pgs. 29-30)

Plans Available are Limited by the County Where You Live




Medical Plans

Multiple Plan Options

- Managed Care plans
- Preferred Provider plans
- Varying levels of deductibles
- Varying networks

Managed Care Plans (aka HMO)	Preferred Provider Organizations (PPO)	Accountable Care Plans	Consumer Directed Health Plans
Kaiser WA Classic (formerly Group Health)	Uniform Medical Plan Classic	Uniform Medical Plan Plus (PPO)	Uniform CDHP (PPO)
Kaiser WA Value		Kaiser WA SoundChoice (HMO)	Kaiser WA CDHP (PPO)
Kaiser NW Classic			Kaiser NW CDHP (HMO)




2017 Monthly Medical Premiums

(pg. 22)

PEBB Medical Plan	Employee	Employee + Spouse	Employee + Child(ren)	Full Family
Kaiser WA Classic	\$ 147	\$ 304	\$ 257	\$ 414
Kaiser WA Value	\$ 69	\$ 148	\$ 121	\$ 200
Kaiser WA SoundChoice	\$ 46	\$ 102	\$ 81	\$ 137
Kaiser WA CDHP	\$ 25	\$ 60	\$ 44	\$ 79
Kaiser NW Classic	\$ 131	\$ 272	\$ 229	\$ 370
Kaiser NW CDHP	\$ 26	\$ 62	\$ 46	\$ 82
UMP Classic	\$ 94	\$ 198	\$ 165	\$ 269
UMP CDHP	\$ 25	\$ 60	\$ 44	\$ 79
UMP Plus	\$ 66	\$ 142	\$ 116	\$ 192

• Premiums are deducted pre-tax
• Amount split per paycheck (paid twice per month)
• Does not increase with additional children
• Retroactive premiums are deducted for past coverage




Monthly Medical Premium Surcharges

(pg. 23)

The following surcharges will be added to the medical plan premiums:

- A monthly \$25-per-account surcharge will apply if the subscriber or any medically covered family members use tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner, and the spouse or partner has waived enrollment in other employer-sponsored coverage that is comparable to UMP Classic coverage.*

**Surcharge does not apply if the spouse or partner is waiving PEBB coverage or is enrolled with their employer's plan and enrolled on PEBB coverage.*



Managed Care Plans
(aka HMO)
 (pages 31-36)

Managed Care Highlights

- Must seek services within the Network – no out of network coverage (except for emergency services)
- Designate a Primary Care Provider (PCP)
- Referral is needed for specialty services
- Network is limited to the Northwest

*NOTE: Kaiser Permanente recently purchased Group Health, for 2017 there will be NO Changes to the benefits offered through Group Health Plans only the name of the insurance provider has changed

Medical Plans
Managed Care Options
 (pages 31-36)

Feature	Kaiser WA Value <small>(formerly Group Health)</small>	Kaiser WA Classic <small>(formerly Group Health)</small>	Kaiser NW Classic
Deductible	\$250 /Person \$750 /Family	\$250 /Person \$750 /Family	\$300 /Person \$900 /Family
Out of Pocket Maximum	\$3,000 /Person \$6,000 /Family	\$2,000 /Person \$4,000 /Family	\$2,000 /Person \$4,000 /Family
Office Visits	\$30 Primary \$50 Specialist	\$15 Primary \$30 Specialist	\$25 Primary \$35 Specialist
Inpatient Hospital	\$250 / day - \$1,250 maximum /admission	\$150 / day - \$750 maximum /admission	15%
Tests/Lab/X-ray	\$0 ; MRI/CT/PET scan \$40	\$0 ; MRI/CT/PET scan \$30	\$10
Rx Coverage	Retail 30 day Supply/ Mail Order 90 day Supply		
Value	\$5 / \$10	\$5 / \$10	N/A
Tier 1	\$25 / \$50	\$20 / \$40	\$15 / \$30
Tier 2	\$50 / \$100	\$40 / \$80	\$40 / \$80
Tier 3	50% / 50%	50% to \$250 / 50% to \$750	\$75 / \$150
Tier 4	\$150 / N/A	N/A	50% up to \$150 / 50% up to \$150
Tier 5	\$50% to \$400 N/A	N/A	N/A


Preferred Provider Option (PPO)
(pages 31-36)

PPO Plan Highlights

- Administered by Regence Blue Shield
- In and Out of Network Services – Uses the Blue Cross / Blue Shield Association network
- World Wide network coverage
- No referral necessary for Specialty Care

Feature		Uniform Medical Plan Classic – In-Network Summary	
Deductible	Medical:	\$250 / Person \$750 / Family	Rx: \$100 / Person \$300 / Family Tier 2 & 3 only
	Out of Pocket Maximum	Medical: \$2,000 / Person \$4,000 / Family	Rx: \$2,000 / Person
Office Visits		15%	
Inpatient Hospital		\$200 / day - \$600 maximum /year /person + 15% professional fees	
Lab/X-ray		15%	
Rx Coverage		Retail 30 day Supply & Mail Order 3x Retail	
Value		5% up to \$10	
Tier 1		10% up to \$25	
Tier 2		30% up to \$75	
Tier 3		50% non-specialty / 50% up to \$150 specialty drugs	
Tier 4		N/A	
Tier 5		N/A	

Medical Plans
 PPO Options
 (pages 31-36)

Accountable Care Plan Highlights	
<ul style="list-style-type: none"> Limited Availability – Select Counties ONLY <ul style="list-style-type: none"> UMP + Puget Sound: Grays Harbor, King, Kitsap, Pierce, Snohomish, Spokane, Thurston, Yakima UMP + UW: Grays Harbor, King, Kitsap, Pierce, Skagit, Snohomish, Thurston Kaiser WA Sound Choice: King, Pierce, Snohomish, Thurston HMO or PPO Options PPO: In and Out of Network – Network is VERY LIMITED and Out of Network coverage is minimal HMO: In Network Services ONLY Choose the network 	

Medical Plans
 Accountable Care
 (pages 31-36)

Feature	Kaiser WA Sound Choice (HMO)	UMP Plus – Puget Sound (PPO)	UMP Plus – UW Medicine (PPO)
Deductible	\$250 / Person \$750 / Family	\$125 / Person \$375 / Family	\$125 / Person \$375 / Family
Out of Pocket Maximum	\$3,000 / Person \$6,000 / Family	\$2,000 / Person \$4,000 / Family Rx: \$2,000 / Person	\$2,000 / Person \$4,000 / Family Rx: \$2,000 / Person
Office Visits	PCP: 1 st visit free, 20% Specialist: 20%	PCP: \$0 Specialist: 15%	PCP: \$0 Specialist: 15%
Inpatient Hospital	\$200 / day - \$1,000 maximum / admission	\$200 / day - \$600 maximum /year /person – 15% professional fees	\$200 / day - \$600 maximum /year /person – 15% professional fees
Lab/X-ray	20%	15%	15%
Rx Coverage		Retail 30 day Supply (mail order – up to 90 day)	
Value	\$5 / \$10	5% up to \$10	5% up to \$10
Tier 1	\$15 / \$30	10% up to \$25	10% up to \$25
Tier 2	\$60 / \$120	30% up to \$75	30% up to \$75
Tier 3	50% / 50%	50% (up to \$150-specialty only)	50% (up to \$150-specialty only)
Tier 4	\$150 / NA	N/A	N/A
Tier 5	\$500 to \$400 / NA	N/A	N/A


Medical Plans
 Accountable Care Plans
 (pages 31-36)

Medical Plans

Consumer Directed Health Plans (CDHP) with HSA (pages 31-36)

Consumer Directed Health Plan (CDHP) Highlights

- CDHP is a high-deductible health plan **paired** with a Health Savings Account (HSA)
- HMO or PPO Options
- PPO: In and Out of Network
- HMO: In Network Services **ONLY** (except Emergency and Urgent Care Services)
- Preventive Services covered at 100% in network
- **All other services** apply to the deductible (including Rx)



Medical Plans


CDHP (pages 31-36)

Feature	Kaiser WA CDHP (PPO)	Uniform Medical Plan CDHP (PPO)	Kaiser NW CDHP (HMO)
Deductible	\$1,400 Individual \$2,800 Family	\$1,400 Individual \$2,800 Family	\$1,400 Individual \$2,800 Family
Out of Pocket Maximum	\$5,100 /Person \$10,200 /Family	\$4,200 /Person \$8,400 /Family (\$6,850/person in a family)	\$5,100 /Person \$10,200 /Family
Office Visits	10%	15%	Primary: \$20 Specialist: \$30
Inpatient Hospital	10%	15%	15%
Lab/X-ray	10%	15%	15%
Rx Coverage	Retail 30 day Supply / Mail order -- up to 90 day		
Value	\$5 (CH facility only) / \$10	15%	N/A
Tier 1	\$20 / \$40	15%	\$15 / 30
Tier 2	\$40 / \$80	15%	\$40 / 80
Tier 3	50% to \$250 / 50% to \$750	15%	\$75 / \$150
Tier 4	N/A	N/A	50% to \$150
Tier 5	N/A	N/A	N/A


Medical Plans

Consumer Directed Health Plans (CDHP) with HSA (pgs 26-27)

What is a Health Savings Account?



- Automatically established for you when you elect a CDHP
- Tax-exempt account
- Use HSA Funds to pay for IRS qualified out-of-pocket medical expenses
- Pay for your own expenses or the expenses of any tax dependents, even if they aren't on the plan
- Balance grows year over year
- After age 65 funds can be withdrawn as taxable income with **NO** penalties



Medical Plans

Consumer Directed Health Plans (CDHP) with HSA (pgs 26-27)

Additional Notes On the HSA HealthEquity

- Money is easy to use:
 - Debit Card
 - Online Bill Pay
 - Reimburse Yourself
- You are the owner of the account
- You must declare that you have an HSA when you file your taxes
- Keep your receipts

Medical Plans

Consumer Directed Health Plans (CDHP) with HSA (pgs 26-27)

HealthEquity

You **CANNOT** enroll in a CDHP with an HSA if:

- You are enrolled in Medicare, Part A or B, or Medicaid
- You are enrolled in another medical plan that is NOT a qualified High Deductible Plan (spouse, partners, parent's plan)
- You or your spouse/partner are enrolled in a VEBA Medical Expense Plan – unless is a limited use plan
- You have TRICARE coverage
- You or your spouse contribute to a Medical FSA or HRA, unless it is a limited purpose plan
- You are claimed as a dependent on someone else's tax return

*Other exclusions may apply. Check IRS Publication 969 – Health Savings Accounts and Other Tax-Favored Health Plans at www.irs.gov, contact your tax advisor, or call HealthEquity

Medical Plans

Consumer Directed Health Plans (CDHP) with HSA (pgs 26-27)

Health Savings Account Contributions HealthEquity

- Established for you when you elect a CDHP
- WSU contributes to your HSA Account tax-free

Plan	Per Month	Annual Max
Employee Only	\$58.34	\$700.08
Family Coverage	\$116.67	\$1,400.04

- You can also contribute to this account Pre-Tax (not required)

Plan	2017 Annual Maximum Contribution (includes WSU's contribution & Wellness Incentive)
Employee Only	\$3,400
Family Coverage	\$6,750

*Age 55+ can contribute an additional \$1,000 per year

Feature	Exam (annual)	Hardware	Subject to Deductible?	
			Exam	Hardware
Kaiser WA Classic	\$15	You pay any amount over \$150 every 24 months for frames, lenses, and contacts combined.	Yes	No
Kaiser WA Value	\$30		Yes	No
Kaiser WA Sound Choice	20%		No	No
Kaiser WA CDHP	10%	You pay any amount over \$150 every 24 months for frames, lenses, and contacts combined.	Yes	No
Kaiser NW Classic	\$25		No	No
Kaiser NW CDHP	\$20		Yes	No
UMP Classic	\$0 You pay any amount over \$65 for contact lens fitting fees.	You pay any amount over \$150 every two calendar years for frames, lenses, and contacts combined.	No	No
UMP CDHP			No	No
UMP Plus			No	No

Vision Coverage
 Part of Medical Plan
 *Coverage listed here is for those age 19 and older

Wellness Incentive
(pg. 44)

What is the incentive?


- Classic, Value and Accountable Care plan enrollees will receive a \$125 reduction on their medical deductible
- CDHP plan enrollees will receive an additional contribution of \$125 in to your Health Savings Account

Who's eligible?

- You, the employee, are eligible when you enroll in a PEBB medical plan

How do I earn the incentive?

- To participate log on to www.smarthealth.hca.wa.gov, track your wellness activities and earn 2000 points by September 30, 2017.







Pre-Tax Spending Arrangements

Medical Flexible Spending Arrangement (FSA)
(pg 43)

Set aside money from your paycheck on a pre-tax basis to pay for out-of-pocket health care costs like deductibles, copays, coinsurance, dental, vision, Rx, and more.



- Administered by Navia Benefit Solutions
- Election Limits:
 - Minimum Annual Election: \$240
 - Maximum Annual Election: \$2,500
- Account is front loaded
- Use it or lose it account – be conservative
- Grace Period: incur expenses through March 15 for prior year
- Submit Claims by March 31 for prior year
- Not compatible with HSA Accounts
- Debit Card Available





Dependent Care Assistance Program (DCAP)
(pg 43)


Set aside money from your paycheck on a pre-tax basis to pay for qualifying child care or elder care expenses while you (and your spouse or partner), work, look for work, or attend school full-time.

- Administered by Navia Benefit Solutions
- Election Limits:
 - Maximum Annual Election (single or married filing jointly): \$5,000
 - Maximum Annual Election (married filing separate): \$2,500 each
- Money must be in the account to be reimbursed
- Use it or Lose It Account – be conservative
- No Grace Period but submit claims by March 31st for prior year
- Submit Claims online or via paper
- Not eligible for dependent care tax credit



Dental Plans




Dental Plans
Basics
(pg. 37)

No premium for employee or dependents

WSU pays the full dental premium for employees and enrolled dependents


You cannot waive your dental coverage.

All plans offer preventative services at no cost, in network.




Dental Plans
PPO
Uniform Dental Plan
(pg. 37)

Feature	PPO Dentist – in WA State	Out-of-State	Non-PPO Dentist – in WA State
Annual Maximum	\$1,750		
Deductible	\$50 /Person \$150 /Family		
Class I Preventive <small>Not subject to deductible</small>	100%	90%	80%
Class II Basic Services <small>fillings, perio/endo</small>	80%	80%	70%
Class III Major Services <small>crowns, dentures</small>	50%	50%	40%
Orthodontia	50% to lifetime maximum of \$1,750		
Non-surgical TMJ	70% to lifetime maximum of \$500		



Dental Plans
Managed Care
Willamette Dental & DeltaCare (Group 3100)
(pg. 37)

Feature	DeltaCare (Group 3100)	Willamette
	You Pay	
Annual Maximum	None	
Deductible	None	
Fillings	\$10 - \$50	
Root Canals (Endodontics)	\$100 - \$150	
Periodontic Services	\$10 \$100	
Crowns	\$100 to \$175	
Dentures	\$140 for complete upper or lower	
Orthodontia	Up to \$1,500 per case	
Non-surgical TMJ	30%, \$1,000 benefit max/year; \$5,000 lifetime max	\$0, \$1,000 benefit max/year; \$5,000 lifetime max





Forms
-Medical/Dental
-FSA & DCAP
-HSA



Forms

- Medical/Dental Enrollment Form:**
Due 31 days from date of hire, required whether you enroll or waive medical coverage

Washington State Health Care Authority
Public Employees Benefits Board

2017 Employee Enrollment/Change

• Type or print clearly in black ink. Inaccurate, incomplete, or illegible information may delay coverage.
• List eligible family members you wish to cover or remove from coverage. This form replaces all Employee Enrollment/Change forms previously submitted.


Subscriber's last name	First name	Middle initial	Social Security number
------------------------	------------	----------------	------------------------

Are you making changes to an existing account?

Yes - If yes, what changes? (Check all that apply in the sections below)

No - (Go on to Section 1.)

- Dependent Verification Handout:**
Dependent verification required to enroll dependents



Forms

- Flexible Spending Arrangement & Dependent Care Enrollment Form:**
Due 31 days from date of hire/eligibility


State of Washington
Medical Flexible Spending Arrangement (FSA)
& Dependent Care Assistance Program (DCAP) Open Enrollment Form
Plan Year: 1/1/2017-12/31/2017 with Medical FSA Grace Period through 3/31/2018
(Only use this form from November 1-30, 2016)


Instructions
1. Complete Section I - Employee information.
2. Complete Section II - Elections. Check YES for benefits you want to enroll in and give the per plan year and per paycheck deduction.

- Health Savings Account Payroll Deduction Form:**
Can start, stop, and change at anytime


Health Savings Account Employee Authorization Form for Payroll Deduction

Use this form to start, change or stop payroll deductions for contributions to your Health Savings Account (HSA). You must be enrolled in a consumer-directed health plan (CDHP) with an HSA before you can start a payroll deduction. Money you elect to withhold from your paycheck will be forwarded to the trustee, HealthEquity, for deposit into your account. (Go to www.healthequity.com/ask) or call 1-877-873-8823 for other information and to access your account).






Life Insurance



Life Insurance
Employee Basic
(pgs. 39-40)



Basic Life & Accidental Death and Dismemberment (AD&D):


\$35,000 plus \$5,000 (AD&D)

Employees are provided this policy at no cost.


Term life insurance which means the policy is contingent upon an employer/employee relationship.

*Employees are given options to part/convert their WSU coverage to individual policies with the insurance company upon employment separation

You have the option of purchasing supplemental policies which will have a premium associated with them.




2017 Life Insurance
Employee Supplemental



Up to \$1,000,000 in \$10,000 increments

- Within 31-calendar days of your date of hire employees can enroll in \$500,000 of coverage without providing a *Statement of Health*.
- If after 31 days, or desired coverage exceeds the guaranteed amounts, a *Statement of Health* must be completed.



2017 Life Insurance

Spouse/Dependent Coverage


MetLife

Spouse Life Insurance
Up to half the amount you obtain for yourself in Employee Supplemental in \$5,000 increments.

- Up to \$100,000 of coverage without providing a *Statement of Health*.
- Coverage over \$100,000, requires a *Statement of Health*

Dependent Life Insurance
\$20,000, in \$5,000 increments, with no *Statement of Health*

- Premium covers all dependent children listed – whether you have one child or many




Life Insurance

Underwriting

Additional coverage can be requested at anytime

- To **request** the additional life insurance coverage outside your initial 31-day election window, you can do so at MetLife's MyBenefits Portal or by completing a new *Enrollment* and *Statement of Health* form and submitting it to MetLife or HRS.
- Requests are reviewed by MetLife, and employees are contacted by MetLife for additional information and with the final decision of approval or denial.





2017 Life Insurance

Accidental Death and Dismemberment (AD&D)

Coverage up to \$250,000 on Employees and Spouses in \$10,000 increments.


Coverage up to \$25,000 on Children in \$5000 increments.

This coverage does not require a Statement of Health



How Much Does It Cost in 2017
 (page 40)


Employee and Spouse Optional Coverage (per \$1000 worth of coverage)			Child Life
Age	Non-tobacco User	Tobacco Use	
Under 25	0.028	0.037	\$0.124 per \$1000 worth of coverage
25 - 29	0.031	0.043	
30 - 34	0.034	0.057	
35 - 39	0.043	0.066	
40 - 44	0.064	0.073	AD&D Life
45 - 49	0.092	0.111	\$0.019 per \$1000 worth of coverage for employees and spouses
50 - 54	0.143	0.170	\$0.016 per \$1000 worth of coverage for children
55 - 59	0.268	0.317	
60 - 64	0.411	0.482	
65 - 69	0.758	0.929	
70+	1.131	1.51	



Life Insurance 2017 Premium Example

* Non-Smoker * Age 37 (4.3 cents per \$1000)

Plan	Amount	Cost
Employee Basic	\$35,000 + \$5,000	No cost
Employee Optional	\$500,000	500 x .043 = \$21.50
Spouse Optional	\$100,000	100 x .043 = \$4.30
Dependent Optional	\$10,000	10 x .124 = \$1.24
Employee AD&D	\$250,000	250 x .019 = \$4.75
Spouse AD&D	\$250,000	250 x .019 = \$4.75
Child AD&D	\$25,000	25 x .016 = \$.40



Life Insurance Enrollment Forms

Life Insurance Enrollment Forms: Due 31 days from date of hire

MetLife
MetLife Insurance Company, Northbrook, IL


ENROLLMENT - CHANGE FORM
 ENROLLMENT PERIOD FROM NOVEMBER 1, 2016 - NOVEMBER 30, 2016


GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)

Name of Group Customer/Employee	Group Customer #	Report #	Sal Code	Branch
Washington State Health Care Authority	94666			


YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)

Name (First, Middle, Last)	Social Security #	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, City, State, Zip Code)	Date of Birth (MM/DD/YYYY)	





Long Term Disability




Long Term Disability

Basics
(Pgs. 41-42)

A Long Term Disability (LTD) insurance policy will provide wage replacement should you become medically unable to work due to illness or injury.

“It is a wage insurance policy.”

By providing a steady stream of income while you are unable to work, LTD can help you meet your financial obligations.



Long Term Disability


As a New Employee

WSU provides basic coverage at no cost:

- 90 day waiting period
- \$50 - \$240 a month benefit (taxable)

Additional coverage available within first 31 days:

- A 60% non-taxed benefit, with a \$6,000 monthly maximum
- Choice of waiting period ranging from 30 – 360 days



Long Term Disability
As a New Employee


Additional coverage available within first 31 days.

- Premium calculation shown on pg. 42,

Benefit Waiting Period	WSURP	TRS, PERS, other plans
30 days	2.60%	2.06%
60 days	1.32%	1.09%
90 days	0.72%	0.60%
120 days	0.42%	0.36%
180 days	0.32%	0.28%
240 days	0.30%	0.27%
300 days	0.28%	0.25%
360 days	0.27%	0.24%

Example:
If a WSURP participant chose a 60-day waiting period and makes \$1,000 per month, it would cost \$13.20 per month.


Earnings: \$ 1000 per month
60-day waiting period: $\times 0.0132 (1.32\%)$
\$ 13.20



Long Term Disability
Basics
(Pgs. 41-42)

When considering this coverage, ask yourself:

- How long could you live without your salary if you were medically unable to work?
- Do you have other sources to rely upon, and if so, for how long?
- What is my family history? Are their chronic or terminal medical conditions in my family history?
- Medical Condition could be:
 - Temporary
 - Permanent
 - Partially Permanent




Long Term Disability
After Initial 31 Days

Changes can be requested at any time.

Employees must **request** to enroll in optional coverage.

Request includes participating in medical underwriting and submitting an *Evidence of Insurability* form.

- Requests are submitted to the insurance company for review and employees are contacted with the final decision of approval or denial
- Extremely low percentage of employees approved for optional coverage outside initial 31 days



Long Term Disability Questionnaire Example

- 1. Have you had any physical, mental, or emotional condition, injury, sickness, or surgery in the past 5 years?
2. Have you consulted or been attended by a physician or practitioner for any cause in the past 5 years?
3. Are you now unable to work full-time because of any physical, mental, or emotional condition, injury, or sickness?
4. Has a medical professional ever treated you for, diagnosed you as having, or prescribed medication for you for any of the following:
a. High blood pressure, cardiovascular disease, heart ailment, arteriosclerosis, or stroke?
b. Mental condition, depression, epilepsy, or nervous system disorder?
c. Cancer, diabetes, or nephritis?
d. Arthritis, strained or injured back, slipped disc, or any bone, joint, or muscle disorder?
e. Lung, kidney, stomach, genital, urinary, liver, pancreas, or intestinal ailment?
f. Blindness or deafness?
g. An immune system disorder not related to Human Immunodeficiency Virus (HIV)?
5. Has a medical professional ever diagnosed you as having or prescribed medication for you for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or HIV infection?
6. Have you sought or received advice or treatment for the use of alcohol or drugs in the past 10 years?
7. In the past 10 years have you had a persistent cough, unintentional weight loss of 10 pounds or more, persistent fatigue, persistent lymph node enlargement, prolonged night sweats, pneumonia, lesions or growth?
8. Do you take medication for any physical, mental or emotional condition, injury, or sickness?
9. Do you plan any operation or visit to the doctor or practitioner for an existing physical, mental or emotional condition, injury, or sickness?
10. Have you ever been declined for insurance or offered a rated or restricted policy, either as a new policy or reinstatement?
11. Are you now pregnant?
Height:
Weight:



Horizontal lines for handwritten input.

Long Term Disability Additional Information

Only the first \$120,000 of annual salary is insured. (\$6,000 per month max benefit)

Benefits begin at the end of your selected waiting period, or when the accrued sick leave balance would be depleted, whichever is longer.

- Note: Once waiting period is extended, going back to a shorter waiting period requires underwriting.

Benefits continue to be paid until you are no longer disabled or normal retirement age whichever is first.

Review the "Certificate of Coverage" for your policies for additional details.



Horizontal lines for handwritten input.


Long Term Disability Enrollment Form

- Long Term Disability Enrollment Form: Due 31 days from date of hire


Public Employees Benefits Board (PEBB) Program Underwritten by Standard Insurance Company Long Term Disability (LTD) Enrollment/Change Form. Includes fields for Employee Information and Personal, payroll, or benefits office staff.



Horizontal lines for handwritten input.



Additional Benefits



Additional Benefits

SitterCity and Years Ahead
A self-service solution which grants access to local and nationwide caregivers through Bright Horizons. The membership for service is fully paid for by WSU.

 www.careadvantage.com/wsuv


Auto and Home Insurance
A group discount on auto and homeowners insurance with Liberty Mutual, one of the largest property and casualty insurance providers in the country. - pg. 45

 hrs.wsu.edu/AutoandHomeownersInsurance

Guaranteed Education Tuition (GET) Program
A program to help families save for college. Your account is guaranteed to keep pace with rising tuition costs, pay for room and board, books, and other qualified expenses.

 www.get.wa.gov






MyWSU




MyWSU


www.my.wsu.edu

EMPLOYEE BENEFITS	
<p>Learn more and see employee health plans which you are currently enrolled in. Contact Human Resource Services at 509-335-4722 or email hr@my.wsu.edu with any questions.</p>	
Retirement Plan	401(k)
Medical Plan	Group Health Plan
Dental Plan	Washington State of Washington
Long Term Disability Plan	State of Washington Plan
Washington State Paid Family Leave Fund	\$1
Life Insurance Plan for PEBB/Non-Facult	View more information www.my.wsu.edu/pebb/pebb_public_employee_benefits
Extended Health and Life Insurance Plan	Contact HRB for coverage information: (509) 335-4722






PEBB
My Account



PEBB
My Account




Comprehensive information can be found on the HCA/Public Employee benefits website, www.hca.wa.gov/public-employee-benefits.

Create a Login to: MyAccount


Public employee benefits My Account

- Review current enrollment
- Change your tobacco attestation
- Print a Statement of Insurance




Statement of Insurance

hca.wa.gov/pebb and click "My Account"



- Statement of Insurance can be printed at any time
- Statements include employees' and covered dependents information





Thank You!

- Benefit Acknowledgement Form: 31 Days
- Medical/Dental Enrollment Form: 31 Days
- Life Insurance Enrollment Form: 31 Days
- LTD Enrollment Form: 31 Days
- FSA/DCAP Enrollment Form: 31 Days

Retirement Orientations to Follow:
 1:30 - 2:30pm - Administrative Professional & Faculty
 3:00-4:00pm - Civil Service, Bargaining Unit, & Eligible Hourly