



## Welcome to New Employee Benefit Orientation

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


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## 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





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## 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**




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## Public Employees Benefits Package

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### 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](http://www.hca.wa.gov/pebb)



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### PEBB Employee Enrollment Guide

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





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## Common Questions

WASHINGTON STATE UNIVERSITY  
World Class. Race to Race.

Health Insurance Services

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## 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.

Health Insurance Services

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## 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

Health Insurance Services

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### 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*



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### 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. 16)

- 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.*



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### 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 parents 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.



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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 14-15)
- 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

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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](http://hrs.wsu.edu/aca)  
\*Healthcare.gov

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Medical Plan Details

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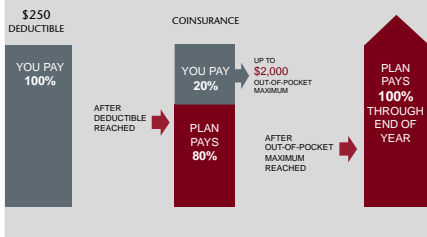


- No lifetime maximum
- No pre-existing condition restrictions or waiting periods
- Vision benefits
- Preventative health benefits
- Emergency or Urgent Care, outside of provider network

*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.*



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



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
Group Health Classic	Uniform Medical Plan Classic	Uniform Medical Plan Plus (PPO)	Uniform CDHP (PPO)
Group Health Value		Group Health SoundChoice (HMO)	Kaiser CDHP (HMO)
Kaiser Classic			Group Health CDHP (PPO)



## 2017 Monthly Medical Premiums (pg. 21)

PEBB Medical Plan	Employee	Employee + Spouse	Employee + Child(ren)	Full Family
GH Classic	\$ 147	\$ 304	\$ 257	\$ 414
GH Value	\$ 69	\$ 148	\$ 121	\$ 200
GH SoundChoice	\$ 46	\$ 102	\$ 81	\$ 137
GH CDHP	\$ 25	\$ 60	\$ 44	\$ 79
Kaiser Classic	\$ 131	\$ 272	\$ 229	\$ 370
Kaiser 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. 22)

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)

### 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
- Full Coordination of Benefits

\*NOTE: Kaiser Permanente recently purchased Group Health, for 2017 there will be NO Changes to the Group Health Plans

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Medical Plans  
*Managed Care Options  
(pages 30-35)*

Feature	Group Health Value	Group Health Classic	Kaiser 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

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Preferred Provider Option (PPO)

### 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
- Non-duplication of Benefits

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*PPO*

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			

### Accountable Care

- **Limited Availability – Select Counties ONLY**
  - **UMP +, Puget Sound:** Grays Harbor, King, Kitsap, Pierce, Snohomish, Spokane, Thurston, Yakima
  - **UMP + UW:** Grays Harbor, King, Kitsap, Pierce, Skagit, Snohomish, Thurston
  - **GH 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



### Accountable Care Plans

Feature	Group Health SoundChoice (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 Rc: \$2,000 / Person	\$2,000 /Person \$4,000 /Family Rc: \$2,000 / Person
Office Visits	PCP: 1st visit free, 20% Specialist: 20%	PCP: 30 Specialist: 15%	PCP: 30 Specialist: 15%
Inpatient Hospital	\$200 / day - \$2,000 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 (maximum – 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	\$50% to \$400 / NA	N/A	N/A



## Medical Plans

Consumer Directed Health Plans (CDHP) with HSA

### 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)

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## Medical Plans

CDHP

Feature	Group Health CDHP (PPO)	Uniform Medical Plan CDHP (PPO)	Kaiser 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 (GH 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

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## Medical Plans

Consumer Directed Health Plans (CDHP) with HSA

### 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

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### Medical Plans

*Consumer Directed Health Plans (CDHP) with HSA*

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](http://www.irs.gov) contact your tax advisor, or call HealthEquity

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### Medical Plans

*Consumer Directed Health Plans (CDHP) with HSA*

HealthEquity

Health Savings Account Contributions

- 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

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### Vision Coverage

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

Feature	Exam (annual)	Hardware	Subject to Deductible?	
			Exam	Hardware
GH Classic	\$15	You pay any amount over \$150 every 24 months for frames, lenses, and contacts combined.	Yes	No
GH Value	\$30		Yes	No
GH Sound Choice	20%		No	No
GH CDHP	10%	You pay any amount over \$150 every 24 months for frames, lenses, and contacts combined.	Yes	No
Kaiser Classic	\$25		No	No
Kaiser 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

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## Additional Details Regarding the Plans

(pgs. 30-35)

Review a Detailed Comparison Chart in the *Employee Enrollment Guide*

- Comparison chart available in the *Employee Enrollment Guide*
- Contact the plans for specific treatment information
- Verify if your general and specialist medical providers are participants
- Look up prescription drugs on the drug formulary
- Read the "Certificate of Coverage" booklets
- Read the "Exclusions" section in the Certificate of Coverage



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## Wellness Incentive

(pg. 43)

**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](http://www.smarthealth.hca.wa.gov), track your wellness activities and earn 2000 points by September 30, 2017.

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## Pre-Tax Spending Arrangements




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### Medical Flexible Spending Arrangement (FSA)

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

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### Dependent Care Assistance Program (DCAP)

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) attend school full-time, work, or look for work.

- 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
- Grace Period: No Grace Period
- Submit Claims by March 31 for prior year
- Submit Claims online or via paper

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## Dental Plans

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### Dental Plans


*Basics*  
(pg. 36)

No premium for employee or dependents

*WSU pays the full dental premium for employees and enrolled dependents*

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

You cannot waive your dental coverage.




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### Dental Plans

*PPO*  
*Uniform Dental Plan*

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 Not subject to deductible	100%	90%	80%
Class II Basic Services fillings, perio/endo	80%	80%	70%
Class III Major Services crowns, dentures	50%	50%	40%
Orthodontia	50% to lifetime maximum of \$1,750		
Non-surgical TMJ	70% to lifetime maximum of \$500		




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### Dental Plans

*Managed Care*  
*Willamette Dental & DeltaCare (Group 3100)*

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




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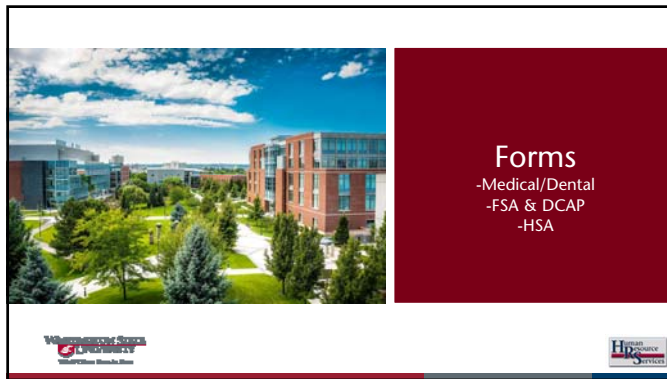
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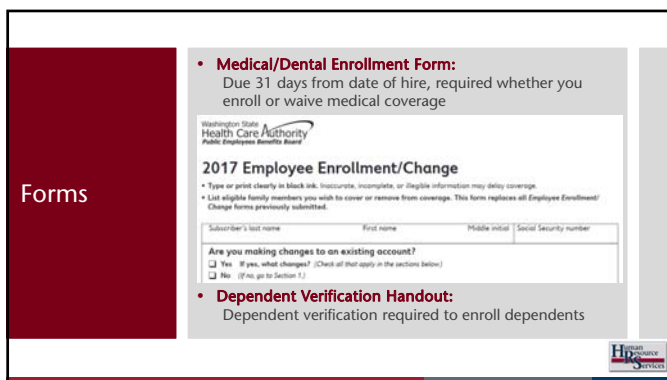
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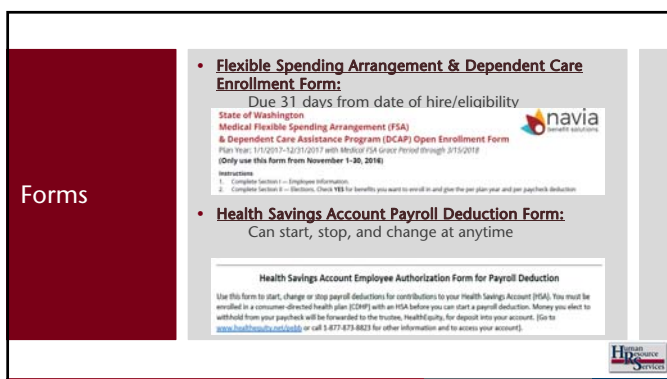
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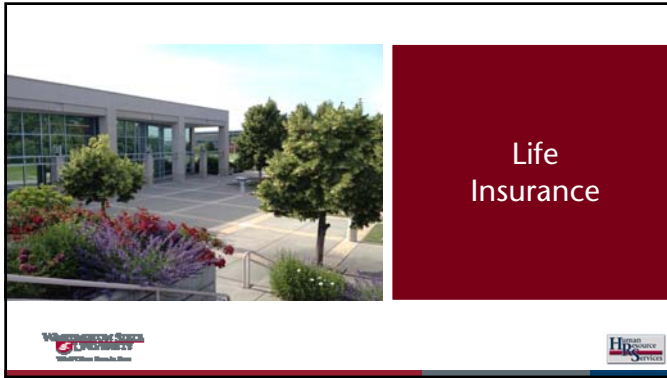
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**Life Insurance**  
*Employee Basic*  
*(pgs. 38-39)*

**MetLife**

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

**2017: \$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 port/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.

**MetLife**

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**2017 Life Insurance**  
*Employee Supplemental*

**MetLife**

**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.

**MetLife**

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**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



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**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.

MetLife



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**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



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### How Much Does It Cost in 2017

(page 39)

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	
45 - 49	0.092	0.111	
50 - 54	0.143	0.170	
55 - 59	0.268	0.317	
60 - 64	0.411	0.482	
65 - 69	0.758	0.929	
70+	1.131	1.51	

### AD&D Life

\$0.019 per \$1000 worth of coverage for employees and spouses

\$0.016 per \$1000 worth of coverage for children

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### Life Insurance

2017 Premium Example

* Non-Smoker * Age 37 (4.3 cents per \$1000)		
Employee Basic	\$35,000+\$5,000	No Cost
Employee Optional	\$500,000	$500 \times .043 = \$21.50$
Spouse Optional	\$100,000	$100 \times .043 = \$4.30$
Dependent Optional	\$10,000	$10 \times .124 = \$1.24$
EE AD&D	\$250,000	$250 \times .019 = \$4.75$
Spouse AD&D	\$250,000	$250 \times .019 = \$4.75$
Child AD&D	\$25,000	$25 \times .016 = \$0.40$

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### 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 #	Sub Code	Branch
Washington State Health Care Authority	00000			

**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)	

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## Long Term Disability

HR  
Insurance  
Services

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## Long Term Disability

*Basics  
(Pgs. 40-41)*

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.

HR  
Insurance  
Services

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## 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
- Premium calculation shown on pg. 41, includes example
  - Takes into account your waiting period, your retirement election and your gross monthly pay
- WSURP contributions also paid during periods of disability
- Possible pension benefit for PERS participants

HR  
Insurance  
Services

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### Long Term Disability

*Basics*  
(Pgs. 40-41)

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

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### 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

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### 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 to 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: \_\_\_\_\_

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## 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.




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## 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**

**Employee:**

- Type or print clearly in ink.
- If you do not wish to enroll in optional LTD coverage, complete Sections 1 & 2.
- If you wish to enroll in or change optional LTD coverage, complete Sections 1 & 3. Your personal, payroll, or benefits office will automatically enroll you in Part A (Basic) LTD coverage.
- Return this form to your personal, payroll, or benefits office.
- If you're requesting optional coverage that requires prior approval, you must also complete the LTD Evidence of Insurability Form and send it to Standard Insurance Company.

**SECTION 1: PERSONAL INFORMATION** **Employee completes this section.**

Health Insurance Number	Employee ID Number	Last Name	First Name	Middle Initial
Street Address	Apartment Number	City	State	ZIP Code 1-4
Mailing Address (if different from above)	Apartment Number	City	State	ZIP Code 1-4
Agency Name	Agency Code	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number - Daytime Phone Number - Evening

**Personal, payroll, or benefits office staff:**

- Review Sections 1 - 3 for completeness and accuracy, and complete Section 4.
- Do not send the form to Standard Insurance Company or the PEBB Program.




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## Additional Benefits




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### 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/wsu](http://www.careadvantage.com/wsu)

**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. 44

 [hrs.wsu.edu/AutoandHomeownersInsurance](http://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](http://www.get.wa.gov)



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## MyWSU

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### MyWSU

[www.my.wsu.edu](http://www.my.wsu.edu)

**EMPLOYEE BENEFITS**

Learn below on the employee benefit plans which you are currently enrolled in. Contact Human Resources Services at 509-337-4722 or email [hr@my.wsu.edu](mailto:hr@my.wsu.edu) with any questions.

Retirement Plan	ERISA
Medical Plan	Self-insured Health Plan
Dental Plan	Washington State of Washington
Long Term Disability Plan	State of Washington Plan
Health Reimbursement Arrangement Plan	ERISA
Life Insurance Plan for FTE/Part-time Faculty	For more information: <a href="https://mybenefits.washington.edu/2016/06/01/employee-benefits/">https://mybenefits.washington.edu/2016/06/01/employee-benefits/</a>
Extended Employee Life Insurance Plan	Contact HRB for coverage information: (509) 337-4722



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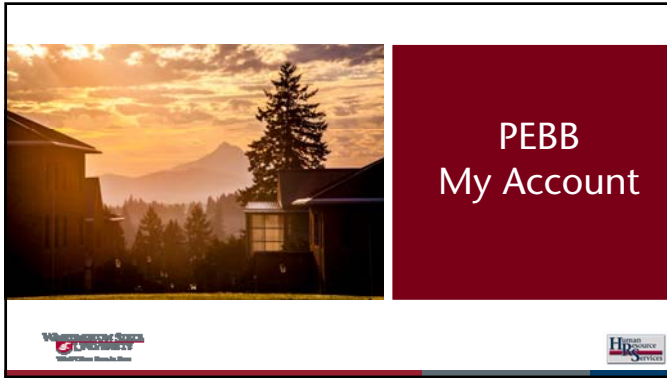
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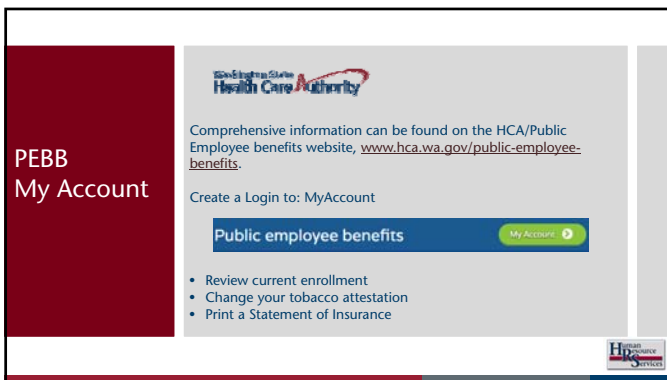
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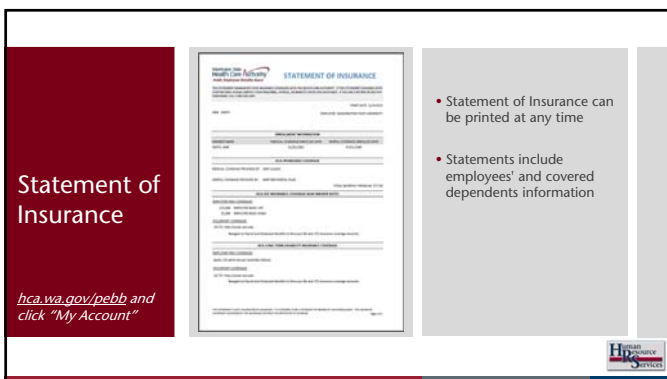
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## Thank You!

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



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