



2019 Employee Benefits Orientation

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

<http://hrs.wsu.edu/new-employee-information>

Provided by:

WASHINGTON STATE UNIVERSITY Human Resource Services

Updated January 2019

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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

Long Term Disability Insurance (LTD)

Life Insurance

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.

Detailed plan information and resources can be found at www.hca.wa.gov/pebb

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PEBB Employee Enrollment Guide & Resources

PEBB Employee Enrollment Guide

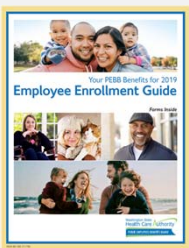
- Contact Information for Providers (pg. 2-3)
- Selecting a PEBB Medical Plan (pgs. 27-30)
- Information on Language Access (pgs. 71-73)

Resources

- hrs.wsu.edu/benefits
- hca.wa.gov/pebb
- WSU Insider
- Email Forwarding

Contact Information

- HRS Office: (509) 335-4521
- Monday-Friday, 8-5
- hrs@wsu.edu



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Common Questions

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When does basic coverage begin?



Coverage will retroactively go into effect once all forms are processed. Retroactive premiums will be deducted back to the effective date.

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

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Who can I cover?

Eligible dependents are identified as:

Spouses/State Registered Domestic Partners

- 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

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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?

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

- **Benefit Acknowledgement Form (BAF)**- Includes due dates for submitting enrollment forms
- **Medical/Dental Enrollment Form**- Must be completed to enroll or waive coverage
 - Must have other employer-based coverage to waive
 - Dental coverage cannot be waived

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 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 sponsor's medical plan. You must then be removed from your sponsor's dental coverage.
- **Enroll** in PEBB medical coverage under your own account, and have your sponsor remove you from their medical coverage. You must also then be removed from your sponsor's dental coverage.

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When can I make changes to my coverage?

During Annual Open Enrollment (pg. 15)

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

During Special Open Enrollments (pgs. 16-18)

- Defined as a Special Open Enrollment Event
- Must request change within 60 calendar days of the event
- Delay in submission will result in delay in coverage or the inability 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
[*Healthcare.gov](http://Healthcare.gov)



Medical Plans

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Plan Features

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 to be as accurate as possible in our presentation, the plans are ultimately ruled by the Certificates of Coverage (COC). If the descriptions presented differ from the COC, the COC will govern.

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How our plans work

Medical Expenses through a Calendar Year

Plan: Deductible: \$250 Co-Insurance/Co-pay: 20% Out-Of-Pocket Limit: \$2,000

\$250 DEDUCTIBLE

YOU PAY 100%

AFTER DEDUCTIBLE REACHED

COINSURANCE

YOU PAY 20%

PLAN PAYS 80%

UP TO \$2,000 OUT-OF-POCKET MAXIMUM

AFTER OUT-OF-POCKET MAXIMUM REACHED

PLAN PAYS 100% THROUGH END OF YEAR

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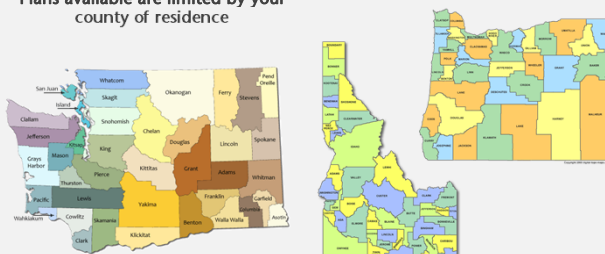
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Plans available by county

Pgs. 31-32

Plans available are limited by your county of residence



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Medical Plans

Multiple plan options:

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

Managed Care Plans (HMO)	Preferred Provider Organizations (PPO)	Accountable Care Plans	Consumer Directed Health Plans
Kaiser WA Classic	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)

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2019 Monthly Premiums
Pg. 24

Medical Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Full Family
Kaiser WA Classic	\$165	\$340	\$289	\$464
Kaiser WA Value	\$88	\$186	\$154	\$252
Kaiser WA SoundChoice	\$35	\$80	\$61	\$106
Kaiser WA CDHP	\$25	\$60	\$44	\$79
Kaiser NW Classic	\$143	\$296	\$250	\$403
Kaiser NW CDHP	\$28	\$66	\$49	\$87
UMP Classic	\$107	\$224	\$187	\$304
UMP CDHP	\$25	\$60	\$44	\$79
UMP Plus	\$50	\$110	\$88	\$148

- 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

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Monthly Medical Premium Surcharges
Pgs. 25-26

Subscribers may be subject to these monthly premium surcharges:

- A monthly \$25-per-account surcharge will apply if the subscriber or any medically covered family member uses 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.*

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Managed Care Plans
(HMO)

Managed Care Highlights - Kaiser WA & NW

- 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

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Managed Care Plans (HMO)

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Feature	Kaiser WA Value		Kaiser WA Classic		Kaiser NW Classic
	Medical	Rx	Medical	Rx	
Deductible	\$250/Person \$750/Family	\$100/Person \$300/Family	\$175/Person \$525/Family	\$100/Person \$300/Family	\$300/Person \$900/Family
Out of Pocket Maximum	\$1,000/Person \$6,000/Family	\$2,000/Person	\$2,000/Person \$4,000/Family	\$2,000/Person	\$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 per admission		\$150/day - \$750 maximum per 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- Common	\$5/\$10		\$5/\$10		N/A
Tier 1- Generic	\$25/\$50		\$20/\$40		\$15/\$30
Tier 2- Brand	\$50/\$100		\$40/\$80		\$40/\$80
Tier 3- Non-preferred	50%/50%		50% up to \$250/50% up to \$750		\$75/\$150
Tier 4- Specialty	\$150/N/A		N/A		50% up to \$150/50% up to \$150
Tier 5- Specialty	\$400 to \$400/N/A		N/A		N/A

Preferred Provider Option (PPO)

PPO Plan Highlights- Uniform Medical Plan

- Administered by Regence Blue Shield
- In and out of network services
- Worldwide network coverage
- No referral necessary for Specialty Care

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Preferred Provider Option Plans (PPO)

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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 90 day supply			
Value- Common	5% up to \$10			
Tier 1- Generic	10% up to \$25			
Tier 2- Brand	30% up to \$75			
Tier 3- Non-preferred	50% non-specialty, 50% up to \$150 specialty			
Tier 4	N/A			
Tier 5	N/A			

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Accountable Care Plans

Accountable Care Plan Highlights

- Limited Availability – Select Counties ONLY
 - UMP Plus- Puget Sound: King, Kitsap, Pierce, Snohomish, Spokane, Thurston, Yakima
 - UMP Plus- UW: King, Kitsap, Pierce, Skagit, Snohomish, Thurston
 - Kaiser WA Sound Choice: King, Kitsap, Pierce, Snohomish, Spokane, 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	Kaiser WA 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 Re: \$2,000/Person	\$2,000/Person \$4,000/Family Re: \$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 per 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 90 day supply	
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/N/A	N/A	N/A
Tier 5	\$500 to \$400/N/A	N/A	N/A

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Consumer Directed Health Plans w/ HSA

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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- Uniform, Kaiser WA
- HMO: In network services ONLY (except Emergency and Urgent Care Services)- Kaiser NW
- Preventive Services covered at 100% in network
- All other services apply to the deductible (including Rx)

***SPECIAL NOTE: If you are in the US on a J1 Visa, you cannot sign up for these plans because the deductible is over \$500.

Consumer Directed Health Plans (CDHP)

Feature	Kaiser WA CDHP (PPO)	Uniform Medical Plan CDHP (PPO)	Kaiser NW CDHP (HMO)
Deductible	\$1,400/Person \$2,800/Family	\$1,400/Person \$2,800/Family	\$1,400/Person \$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 90 day supply		
Value	\$5/\$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

Health Savings Accounts (HSA) Paired w/ CDHP

What is a Health Savings Account (HSA)?

- Tax-exempt medical savings account that is automatically established for you when you select an eligible plan
- Funds can be used to pay for IRS qualified out-of-pocket medical expenses
 - Must be declared on taxes
 - Keep receipts in event of an audit
- 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, investment options may be available past a certain balance
- After age 65 funds can be withdrawn as taxable income with no penalties
- Multiple use options- debit card, online Bill Pay, reimbursement

Health Savings Accounts (HSA) Continued

2019 Annual Contribution Limits

Plan	Automatic Employer Contribution	Maximum Contribution Limit
Employee Only	\$58.34/month	\$3,500/year
Family Coverage	\$116.67/month	\$7,000/year

Notes:

- Those ages 55 and over can contribute an additional \$1000 per year
- Annual limits are per household, and include both employee and employer contributions, as well as the SmartHealth Wellness Incentive
- Employer contributions are deposited at the end of each month

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CDHP vs. Traditional Plan Comparison

	CDHP	Traditional
Annual EE Premium	\$300	\$1284
Annual Deductible	\$1400	\$250
ER Contribution to Savings Account	\$700	\$0
Savings in EE Premiums with a CDHP	\$1284 - \$300 = \$984 EE could contribute this amount to HSA, and have the same out-of-pocket outlay as they would have had in a low deductible plan. PLUS, the HSA is something they can utilize now and in the future.	
FSA vs. HSA	- Both allow for tax-free contributions for medical expenses - HSA funds roll forward, and can be used as retirement funds in the future. FSA are an annual benefit only - FSA is available for full use as of January 1; HSA must be contributed to before it can be used	

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Health Savings Accounts (HSA) Exclusions

You cannot enroll in a CDHP + 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, partner, or parent's plan)
- You or your spouse/partner are enrolled in a VEBA Medical Expense Plan – unless it 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 for more information.

HealthEquity

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Vision Coverage

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*Coverage listed here is for those ages 19 and up; ages 18 and under are covered at 100%

Plan	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 SoundChoice	20%		No	No
Kaiser WA CDHP	10%		Yes	No
Kaiser NW Classic	\$25	You pay any amount over \$150 every 24 months for frames, lenses, and contacts combined.	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

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Pre-Tax Spending Arrangements

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Medical Flexible Spending Arrangement (FSA)

Medical FSA Features:

- Pre-tax account compatible with low-deductible plans (Classic, Value, Plus) that can help diffuse the impact of out-of-pocket medical expenses
- Administered by Navia Benefit Solutions
- Deductibles, copayments, dental, vision, Rx, and more
- Annual election limits:
 - Minimum annual election: \$240
 - Maximum annual election: \$2,650
- Account is front loaded
- Use-it-or-lose-it account – be conservative
- Grace period: incur expenses through March 15 and submit claims by March 31 for prior year
- Debit Card available
- Not compatible with HSA



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Dependent Care Assistance Program (DCAP)

DCAP Features:

- Pre-tax account that can help you pay for qualifying child or elder care expenses while you (and spouse/partner) work, look for work, or attend school full time
- Maximum annual election limits:
 - Single or married filing jointly: \$5,000
 - Married filing separate: \$2,500 each
- Money must be in the account to be reimbursed; account is not front-loaded
- Use-it-or-lose-it account – be conservative
- No grace period to incur expenses, but claims can be submitted by March 31st for prior year
- Submit claims online or via paper
- Administered by Navia Benefit Solutions

** Note: DCAP enrollees are not eligible for dependent care tax credit*



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Dental Plans

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Dental Plans

Uniform Dental (PPO)

Annual Maximum	You pay any amount over \$1,750		
Annual Deductible	\$50/person or \$150/family		
Feature	PPO Dentist in WA State	PPO Dentist Out-of-State	Non-PPO Dentist in WA
Preventive Not subject to deductible	You pay:		
	0%	10%	20%
Basic Services fillings, perio/endo	20%	20%	30%
Major Services crowns, dentures	50%	50%	60%
Orthodontia	50% to lifetime maximum of \$1,750		
Non-surgical TMJ	70% to lifetime maximum of \$500		

- No premium associated
– WSU pays the full dental premium for employees and enrolled dependents
- You cannot waive dental
- All plans offer preventative services at no cost, in network

Dental Plans

Willamette Dental & DeltaCare (HMO)

Annual Maximum	None	
Annual Deductible	None	
Feature	You Pay	
Fillings	\$10 - \$50	
Root Canals (Endodontics)	\$100 - \$150	
Periodontic Services	\$10 - \$100	
Crowns	\$100 - \$175	
Dentures	\$140 for complete upper or lower	
Orthodontia	Up to \$1,500 per case	
Non-surgical TMJ	Willamette: Any amount over \$1000/year, \$5,000 lifetime max	DeltaCare: 30%, then any amount over \$1,000/year

- No premium associated
– WSU pays the full dental premium for employees and enrolled dependents
- You cannot waive dental
- All plans offer preventative services at no cost, in network



Life and AD&D Insurance

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Basic Life and AD&D Insurance

Life and AD&D are financial protection policies for you and your dependents in the event of a life-ending medical condition or accident.

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance:
WSU provides a \$35,000 life plus \$5,000 AD&D policy at no cost to employee

WSU offers Term Life Insurance, which means that it is contingent upon the employer/employee relationship.

- Employees are given options to port/convert their WSU coverage to individual policies with MetLife upon employment separation.

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Supplemental Life Insurance

Supplemental Life Insurance may be purchased in increments of \$10,000 up to for employees, and \$5,000 for spouses/partners and children.

- Within first 31 days of hire you can purchase up to \$500,000 without providing Statement of Health. Anything over \$500,000 or outside of 31-day window requires a Statement of Health.
- For Spouse you may purchase up to half the amount that you purchase for yourself in optional coverage. Anything over \$100,000 or outside of 31-day window requires a Statement of Health.

	Coverage Amounts
Employee	Up to \$1,000,000
Spouse/Partner	Up to \$500,000 or half of EE coverage
Child	Up to \$20,000

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Supplemental AD&D Insurance

Supplemental AD&D Insurance may be purchased in increments of \$10,000 for employees and spouses/partners, and \$5,000 for children.

- No Statement of Health is required as this is coverage for death or dismemberment that is accidental in nature.

	Coverage Amounts
Employee	Up to \$250,000
Spouse/Partner	Up to \$250,000
Child	Up to \$25,000

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Life & Accidental Death and Dismemberment (AD&D) Insurance

Additional coverage can be requested at any time.

- If you'd like to request additional life insurance coverage outside of 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.

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Life & Accidental Death and Dismemberment (AD&D) Insurance

Monthly rates- per \$1000 of coverage

Optional Life- Employee and Spouse		
Age	Non-tobacco user	Tobacco User
< 25	\$0.028	\$0.037
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	\$1.510

Optional Life- Child	
\$0.124	

Optional AD&D	
Employee/Spouse	\$0.124
Child	\$0.016

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Life & Accidental Death and
Dismemberment (AD&D)

Insurance

Cost/Benefit Breakdown

Non-smoker, age 37

Plan	Benefit Amount	Monthly Premium
Employee Basic Life	\$35,000	\$0
Employee Optional Life	\$500,000	$500 \times 0.043 = \$21.50$
Spouse Optional Life	\$100,000	$100 \times 0.043 = \$4.30$
Child Optional Life	\$10,000	$10 \times 0.124 = \$1.24$
Employee Basic AD&D	\$5,000	\$0
Employee Optional AD&D	\$250,000	$250 \times 0.019 = \$4.75$
Spouse AD&D	\$250,000	$250 \times 0.019 = \$4.75$
Child AD&D	\$25,000	$25 \times 0.016 = \$0.40$
Total Coverage	\$1,175,000	\$36.94

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Long Term
Disability

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Long Term Disability

Long Term Disability (LTD) insurance is designed to help protect you from the financial risk of lost earnings due to serious illness or injury. It pays a percentage of your monthly earnings if you become disabled.

How it works:

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

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

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Long Term Disability

Basic coverage (no cost to you):

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

Supplemental coverage (associated premium):

- A 60% non-taxed benefit, with a \$6,000 monthly maximum
- Choice of waiting period ranging from 90-360 days
- Available without Evidence of Insurability (EOI) during your first 31 days of employment

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Long Term Disability

How to determine premium example:

If a WSURP participant chose a 90-day waiting period and makes \$1,000 per month, this employee would pay \$7.20 in monthly premiums.

$\$1000 \text{ (monthly income)} \times 0.0072 \text{ (premium rate)} = \7.20

In the event of a qualifying injury or disability, this employee would receive a payout of \$600 per month after the 90-day waiting period passes.

Benefit Waiting Period	WSURP	TRS, PERS, other plans
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%

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Long Term Disability

Considerations:

- How long could you live without your salary if you were medically unable to work?
- Do you have other income to rely upon, and if so, for how long?
- What is your family history? Are there chronic or terminal medical conditions in your family history?
- Medical conditions could be temporary, permanent, or partially permanent
- Changes to your coverage can be requested at any time, however:
 - Requests outside of initial 31 days require medical underwriting with Evidence of Insurability
 - 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 are approved for optional coverage outside initial 31 days

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Long Term Disability

Sample Questionnaire:

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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When does additional coverage begin?

Additional coverage becomes effective the first of the month following the date the form was submitted, provided it was submitted within the enrollment deadline period.

This includes:

- Optional life insurance (or after underwriting approval)
- Optional long term disability insurance
- Flexible Spending Arrangement (FSA)
- Dependent Care Assistance Program (DCAP)

Exception: If forms are submitted on the first working day of a month, coverage will be effective as of that date.

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WASHINGTON STATE UNIVERSITY Human Resource Services

Forms

Due 31 days from your date of hire:

- **Benefit Acknowledgement Form (BAF)**
- **Medical/Dental Enrollment Form**
 - Required whether you enroll or waive medical coverage
- **Dependent Verification**
 - Required to enroll dependents
- **FSA/DCAP Enrollment Form (optional)**
- **LTD Enrollment Form**
- **Life Enrollment Form**

No due date:

- **HSA Payroll deduction form**
 - Can start, stop, or change deductions at any time

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Additional Benefits & Resources

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Wellness Incentive

Pg. 47

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 into your Health Savings Account.
- Complete the Wellbeing Assessment and receive a \$25 Amazon gift card (taxable income).

Who is eligible?

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

How do I earn the incentive?

- Set up an account at www.smarthealth.hca.wa.gov, track your wellness activities, and earn 2000 points by September 30th to earn your incentive for the next plan year.



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Other Benefits



SitterCity and Years Ahead
This self-service solution grants access to local and nationwide caregivers through Bright Horizons. The membership for service is fully paid for by WSU.
www.careadvantage.com/WSU



Auto and Home Insurance (Pg. 48)
WSU offers a group discount on auto and homeowners insurance with Liberty Mutual, one of the largest property and casualty insurance providers in the country.
hrs.wsu.edu/AutoandHomeownersInsurance



Guaranteed Education Tuition (GET) Program
This program helps 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

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Resources

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WASHINGTON STATE UNIVERSITY Human Resource Services

MyWSU

www.my.wsu.edu

EMPLOYEE BENEFITS

Learn before you enroll in health plans which you are typically enrolled in. Contact Human Resource Services at 509.335.4733 or email at hr@wsu.edu with any questions.

Retirement Plan	PEBB
Medical Plan	Group Health Plan
Dental Plan	Washington State of Washington
Long Term Disability Plan	State of Washington Plan
Voluntary Term Life Insurance Plan	State of Washington Plan
Life Insurance Plan for PEBB (Term Plan)	View more coverage options at health.wa.gov/hca/pebb/pebb-coverage-options.html
Voluntary Term Life Insurance Plan	Contact HR for coverage information (509) 335-4733

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MyAccount (PEBB)

<https://fortress.wa.gov/hca/ecoveragepebb/Account/Register.aspx>

Washington State Health Care Authority

PEBB Home About HCA Contact PEBB Sign Out

My medical/dental coverage My HMO/PO coverage My attestations My login information Subscriber ID lookup

2018 medical and dental coverage information [Statement of Insurance](#)

Use this page to perform the following actions:

- Review your current account information and coverage selections
- View your Statement of Insurance
- Subscribe or unsubscribe from email notifications
- During open enrollment: Review/change your enrollment

Washington State Health Care Authority

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The screenshot shows a 'STATEMENT OF INSURANCE' form from the Washington State Health Care Authority. It includes fields for 'INSURED NAME', 'DATE', 'POLICY NUMBER', 'EFFECTIVE DATE', 'TERMINATION DATE', 'COVERAGE TYPE', 'COVERAGE DESCRIPTION', 'COVERAGE LIMITS', 'COVERAGE EXCLUSIONS', 'COVERAGE CONDITIONS', and 'COVERAGE NOTES'. The form is partially filled out with sample data.

Statement of Insurance (SOI)

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

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Thank You!

Retirement Orientations to follow:

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

[illegible]