2021 Employee Benefits Orientation
An overview and highlights of the Public Employee Benefits Board (PEBB) plans available to WSU benefit-eligible employees
hrs.wsu.edu/new-employee-information

Updated December 2020

Agenda

- Introduction and Common Questions
- Medical Plans
- Pre-tax Spending Arrangements
- Dental Plans
- Life and Accidental Death & Dismemberment Insurance
- Long Term Disability Insurance (LTD)
- Additional Benefits and Resources

Public Employees Benefits Package
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](http://www.hca.wa.gov/pebb).

PEBB Employee Enrollment Guide & Resources

- Contact information for Providers (pg. 2)
- Selecting a PEBB Medical Plan (pgs. 24-31)

Resources

- WSU Benefits: hrs.wsu.edu/benefits
- Health Care Authority: hca.wa.gov/pebb
- WSU Insider: news.wsu.edu
- Language Access: hca.wa.gov/about-hca/language-access
- Email Forwarding: Contact your department
- Workday: workday.wsu.edu
- JIRA Service Desk: support.workday.wsu.edu

Common Questions
When does basic coverage begin?

Coverage will retroactively go into effect once all elections are processed. Retroactive premiums will be deducted back to the date coverage began (the effective date).

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

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

When will I get my ID cards?

Medical ID cards are sent out about 2-3 weeks after your elections are 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 or Willamette Dental.
How do I enroll or waive coverage?

Management of your benefits is done through Workday.

- Medical/Dental Enrollment: 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 complete their enrollment within 31 calendar days of hire or benefits eligibility will be defaulted to Uniform Medical Plan Classic and Uniform Dental Plan, employee only coverage, as well as the tobacco surcharge.

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 a spouse, state-registered domestic partner, or parent’s plan, you may either choose to:

- Waive PEBB medical coverage, and stay enrolled as a dependent on your current medical plan. You must then be removed from your current dental coverage.
- Enroll in PEBB medical coverage under your own account, and be removed from your current medical coverage. You must also then be removed from your current dental coverage.

When can I make changes to my coverage?

During Annual Open Enrollment (pg. 55)
- Occurs each November
- Changes effective January 1 of the following year

During Special Open Enrollments (pgs. 56-58)
- 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
How does the Affordable Care Act (ACA) affect me?

As of 2014, 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 subsidized Marketplace Plan, you may no longer be eligible to receive the subsidy or plan. Contact the Administrator as soon as possible.

Webpage Resources
- hrs.wsu.edu/aca
- healthcare.gov

Medical Plans

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.
How our plans work

Medical Expenses through a Calendar Year

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

DEDUCTIBLE
YOU PAY
100% AFTERTHE DEDUCTIBLE IS REACHED

COINSURANCE

YOU PAY
20% AFTERTHE OUT-OF-POCKET MAXIMUM IS REACHED

PLAN
100% AFTERTHE END OF YEAR

Medical Plans

Multiple plan options:
- Managed Care plans
- Preferred Provider plans
- Varying deductibles
- Varying networks

Plans available by county

Plans available are limited by your county of residence

Managed Care Plans (HMO)
Kaiser WA Classic
Kaiser NW Classic

Preferred Provider Organizations (PPO)
Kaiser WA Classic
Kaiser WA Value
Kaiser NW Classic

Accountable Care Plans
Kaiser WA Classic
Kaiser WA Value
Kaiser NW Classic

Consumer Directed Health Plans
CareWA CDHP (HMO)
CareNW CDHP (HMO)
## 2021 Monthly Premiums (Pg. 30)

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Full Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser WA Classic</td>
<td>$189</td>
<td>$368</td>
<td>$311</td>
<td>$530</td>
</tr>
<tr>
<td>Kaiser WA Value</td>
<td>$112</td>
<td>$234</td>
<td>$196</td>
<td>$318</td>
</tr>
<tr>
<td>Kaiser WA SoundChoice</td>
<td>$55</td>
<td>$120</td>
<td>$96</td>
<td>$161</td>
</tr>
<tr>
<td>Kaiser WA CDHP</td>
<td>$26</td>
<td>$62</td>
<td>$46</td>
<td>$82</td>
</tr>
<tr>
<td>Kaiser NW Classic</td>
<td>$159</td>
<td>$328</td>
<td>$278</td>
<td>$447</td>
</tr>
<tr>
<td>Kaiser NW CDHP</td>
<td>$25</td>
<td>$60</td>
<td>$44</td>
<td>$79</td>
</tr>
<tr>
<td>UMP Classic</td>
<td>$105</td>
<td>$200</td>
<td>$164</td>
<td>$299</td>
</tr>
<tr>
<td>UMP Select</td>
<td>$37</td>
<td>$84</td>
<td>$65</td>
<td>$112</td>
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<td>UMP CDHP</td>
<td>$25</td>
<td>$60</td>
<td>$44</td>
<td>$79</td>
</tr>
<tr>
<td>UMP Plus</td>
<td>$72</td>
<td>$154</td>
<td>$126</td>
<td>$208</td>
</tr>
</tbody>
</table>

- 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

### 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

### Monthly Medical Premium Surcharges

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 that spouse or partner has waived other employer-sponsored coverage that is comparable to UMP Classic.

*Surcharge does not apply if the spouse or partner is waiving PEBB coverage or is enrolled on PEBB coverage.*
### Managed Care Plans (HMO)

<table>
<thead>
<tr>
<th>Feature</th>
<th>Kaiser WA Value</th>
<th>Kaiser WA Classic</th>
<th>Kaiser NW Classic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Re: $200/Person</td>
<td>Re: $100/Person</td>
<td>Re: $100/Person</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>$2,000/Person</td>
<td>$2,000/Person</td>
<td>$2,000/Person</td>
</tr>
<tr>
<td>Office Visits</td>
<td>Re: $100/Visit</td>
<td>Re: $50/Visit</td>
<td>Re: $50/Visit</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>Re: $500/day</td>
<td>Re: $500/day</td>
<td>Re: $500/day</td>
</tr>
<tr>
<td>Tests/Lab/X-ray</td>
<td>Re: $100/kit</td>
<td>Re: $100/kit</td>
<td>Re: $100/kit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Medical</th>
<th>Rx</th>
<th>Medical</th>
<th>Rx</th>
<th>Medical</th>
<th>Rx</th>
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<tbody>
<tr>
<td>$300/Person</td>
<td>$900/Family</td>
<td>$250/Person</td>
<td>$750/Family</td>
<td>$100/Person</td>
<td>$300/Family</td>
<td></td>
</tr>
</tbody>
</table>

### Preferred Provider Option (PPO)

**PPO Plan Highlights - Uniform Medical Plan Classic and Select**

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

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

### Preferred Provider Option Plans (PPO)

<table>
<thead>
<tr>
<th>Feature</th>
<th>UMP Classic</th>
<th>UMP Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Re: $200/Person</td>
<td>Re: $200/Person</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>Re: $2,000/Person</td>
<td>Re: $2,000/Person</td>
</tr>
<tr>
<td>Office Visits</td>
<td>Re: $100/Visit</td>
<td>Re: $100/Visit</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>Re: $500/day</td>
<td>Re: $500/day</td>
</tr>
<tr>
<td>Tests/Lab/X-ray</td>
<td>Re: $100/kit</td>
<td>Re: $100/kit</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Medical</th>
<th>Rx</th>
<th>Medical</th>
<th>Rx</th>
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<tr>
<td>$300/Person</td>
<td>$100/Person</td>
<td>$300/Person</td>
<td>$100/Person</td>
<td>$300/Person</td>
<td>$100/Person</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Medical</th>
<th>Rx</th>
<th>Medical</th>
<th>Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000/Person</td>
<td>$4,000/Family</td>
<td>$2,000/Person</td>
<td>$4,000/Family</td>
<td></td>
</tr>
</tbody>
</table>

**Rx Coverage**

- Retail 30 day supply / Mail Order 90 day supply
- 15% up to $30 / 15% up to $40
- 10% up to $75 / 10% up to $100
- 5% up to $150 / 5% up to $200
- 0% up to 40% / 40% up to $750

- Tier 1 - Generic
- Tier 2 - Brand
- Tier 3 - Non-preferred
- Tier 4 - Specialty
- Tier 5 - Specialty

**Preferred Provider Option Plans (PPO)**

**Preferred Provider Option Plans (PPO)**

**Preferred Provider Option Plans (PPO)**
### Accountable Care Plans

#### Accountable Care Plan Highlights
- **Limited Availability** – Select Counties ONLY
  - UMP Plus - Puget Sound: King, Kitsap, Pierce, Snohomish, Yakima
  - UMP Plus - UW: King, Kitsap, Pierce, Skagit, Snohomish, Spokane, 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**

#### Feature Comparison Table

<table>
<thead>
<tr>
<th>Feature</th>
<th>Kaiser WA SoundChoice (HMO)</th>
<th>UMP Plus - Puget Sound (PPO)</th>
<th>UMP Plus - UW Medicine (PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$100/Person, $300/Family</td>
<td>$100/Person, $300/Family</td>
<td>$100/Person, $300/Family</td>
</tr>
<tr>
<td>Out of Pocket</td>
<td>$5,000/Person, $12,000/Family</td>
<td>$5,000/Person, $12,000/Family</td>
<td>$5,000/Person, $12,000/Family</td>
</tr>
<tr>
<td>Doctor Visits</td>
<td>Tier 1: 40%, Tier 2: 80%</td>
<td>Tier 1: 40%, Tier 2: 80%</td>
<td>Tier 1: 40%, Tier 2: 80%</td>
</tr>
<tr>
<td>Hospital Inpatient</td>
<td>$500 maximum per admission</td>
<td>$500 maximum per admission</td>
<td>$500 maximum per admission</td>
</tr>
<tr>
<td>Lab/Other</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Rx Coverage</td>
<td>Best 30 day supply/Order 90 day supply</td>
<td>Best 30 day supply/Order 90 day supply</td>
<td>Best 30 day supply/Order 90 day supply</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Tier 1: 40%</td>
<td>Tier 1: 40%</td>
<td>Tier 1: 40%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Tier 2: 80%</td>
<td>Tier 2: 80%</td>
<td>Tier 2: 80%</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Tier 3: 10%</td>
<td>Tier 3: 10%</td>
<td>Tier 3: 10%</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Tier 4: 5%</td>
<td>Tier 4: 5%</td>
<td>Tier 4: 5%</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Tier 5: 0%</td>
<td>Tier 5: 0%</td>
<td>Tier 5: 0%</td>
</tr>
</tbody>
</table>

### Consumer Directed Health Plans w/ 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 - 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 CDHP plans because the deductibles are over $500.
Consumer Directed Health Plans (CDHP)

- Deductible: $1,400/Person, $2,800/Family
- Out of Pocket Maximum: $1,400/Person, $2,800/Family
- Office Visits: 10% 15% 15%
- Lab/Imag: 10% 15% 15%
- Inpatient Hospital: 10% 15% 15%
- Rx Coverage:
  - 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 N/A
  - Tier 4: N/A N/A 50% to $150
  - Tier 5: N/A N/A N/A

2021 Monthly Premiums (Pg. 30)

- Kaiser WA Classic: $189 $388 $331 $530
- Kaiser WA Value: $112 $234 $196 $318
- Kaiser WA SoundChoice: $55 $120 $96 $161
- Kaiser WA CDHP: $26 $62 $46 $82
- Kaiser NW Classic: $159 $328 $278 $447
- Kaiser NW CDHP: $25 $60 $44 $79
- UMP Classic: $105 $220 $184 $299
- UMP Select: $37 $84 $65 $112
- UMP CDHP: $25 $60 $44 $79
- UMP Plus: $75 $154 $136 $208

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

2021 Annual Contribution Limits

<table>
<thead>
<tr>
<th>Plan</th>
<th>Automatic Employer Contribution</th>
<th>Maximum Contribution Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$58.34/month, $700.08/year</td>
<td>$3,600/year</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$116.67/month, $1,400.04/year</td>
<td>$7,200/year</td>
</tr>
</tbody>
</table>

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

CDHP vs. Traditional Plan Comparison

<table>
<thead>
<tr>
<th></th>
<th>CDHP</th>
<th>Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual EE Premium</td>
<td>$300</td>
<td>$1260</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$1400</td>
<td>$250</td>
</tr>
<tr>
<td>ER Contribution to Savings Account</td>
<td>$700</td>
<td>$0</td>
</tr>
<tr>
<td>Savings in EE Premiums with a CDHP</td>
<td>$1200 - $1900 = $700</td>
<td>$0</td>
</tr>
</tbody>
</table>

FSA vs. HSA:
- Both allow 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
- HSA is available for full use as of January 1; HSA must be contributed to before it can be used

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 502 – Health Savings Accounts and Other Tax-Favored Health Plans at www.irs.gov, contact your tax advisor, or call HealthEquity for more information.
Vision Coverage

**Plan Exam (annual) Hardware**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Exam (annual)</th>
<th>Hardware</th>
<th>Subject to Deductible?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser WA Classic</td>
<td>$15</td>
<td>You pay any amount over $150 every 24 months for frames, lenses, and contacts combined.</td>
<td>Yes</td>
</tr>
<tr>
<td>Kaiser WA Value</td>
<td>$30</td>
<td>You pay any amount over $150 every 24 months for frames, lenses, and contacts combined.</td>
<td>No</td>
</tr>
<tr>
<td>Kaiser WA SoundChoice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser WA CDHP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser NW Classic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser NW Value</td>
<td>$30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser NW CDHP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UMP Classic</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>UMP Select</td>
<td></td>
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<td></td>
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<tr>
<td>UMP Plus (VSP Choice Network)</td>
<td></td>
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</tr>
<tr>
<td>UMP</td>
<td>$0; $30 copay for contact lens exam and fitting fee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical FSA Features:**

- Pre-tax account compatible with low-deductible plans (Classic, Value, Accountable Care, Select, and waiving coverage) that can help diffuse the impact of out-of-pocket medical expenses
- Deductibles, copayments, dental, vision, Rx, and more
- Annual election limits:
  - Minimum annual election: $240
  - Maximum annual election: $2,750
- Account is front loaded
- Must re-enroll each year during Open Enrollment (November)
- 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 CDHP/HSA*
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: $10,500
  - Married filing separate: $5,250 each
- Must re-enroll each year during Open Enrollment (November)
- 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.*

Dental Plans
Pgs. 41-42

Uniform Dental (PPO)

<table>
<thead>
<tr>
<th>Feature</th>
<th>PPO Dentist in WA State</th>
<th>PPO Dentist Out-of-State</th>
<th>Non-PPO Dentist in WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive</td>
<td>0%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Basic Services</td>
<td>20%</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Major Services</td>
<td>50%</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>50% until plan pays $1,750, then any remaining amount in member’s lifetime</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-surgical TMJ</td>
<td>30% until plan pays $1,750, then any remaining amount in member’s lifetime</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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

You pay any amount over $1,750
Annual Deductible: $150/person or $150/family
Annual Maximum: $1,750

You pay:
- 0% Preventive
- 10% Basic Services
- 20% Major Services
- 50% Orthodontia
- 30% Non-surgical TMJ
- 20% Basic Services
- 50% Major Services
- 60% Orthodontia
- 10% Non-surgical TMJ
### Dental Plans

**Willamette Dental & DeltaCare (HMO)**

<table>
<thead>
<tr>
<th>Feature</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings</td>
<td>$10 - $50</td>
</tr>
<tr>
<td>Root Canals (Endodontics)</td>
<td>$100 - $150</td>
</tr>
<tr>
<td>Periodontic Services</td>
<td>$15 - $100</td>
</tr>
<tr>
<td>Crowns</td>
<td>$100 - $175</td>
</tr>
<tr>
<td>Dentures</td>
<td>$140 for complete upper or lower</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Up to $1,500 per case</td>
</tr>
<tr>
<td>Non-surgical TMJ</td>
<td>20% of costs, than any amount after plan has paid $1,000 per year, then any amount over $5,000 lifetime</td>
</tr>
</tbody>
</table>

- 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

**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.
- Term plans have no cash value, compared to Whole Life plans which may be cashed out.
Supplemental Life Insurance may be purchased in increments of $10,000 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.

<table>
<thead>
<tr>
<th>Coverage Amounts</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Up to $1,000,000</td>
</tr>
<tr>
<td>Spouse/Partner</td>
<td>Up to $500,000 or half of EE coverage</td>
</tr>
<tr>
<td>Child</td>
<td>Up to $20,000</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Coverage Amounts</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>Up to $250,000</td>
</tr>
<tr>
<td>Spouse/Partner</td>
<td>Up to $250,000</td>
</tr>
<tr>
<td>Child</td>
<td>Up to $25,000</td>
</tr>
</tbody>
</table>

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 election and submitting it to MetLife.
- Requests are reviewed by MetLife, and employees are contacted by MetLife for additional information and with the final decision of approval or denial.
Life & Accidental Death and Dismemberment (AD&D) Insurance

Monthly rates - per $1000 of coverage

<table>
<thead>
<tr>
<th>Age</th>
<th>Non-tobacco user</th>
<th>Tobacco User</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 25</td>
<td>$0.028</td>
<td>$0.037</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.031</td>
<td>$0.043</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.034</td>
<td>$0.057</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.043</td>
<td>$0.066</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.064</td>
<td>$0.073</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.092</td>
<td>$0.111</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.143</td>
<td>$0.170</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.268</td>
<td>$0.317</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.411</td>
<td>$0.482</td>
</tr>
<tr>
<td>65-69</td>
<td>$0.758</td>
<td>$0.929</td>
</tr>
<tr>
<td>&gt; 70</td>
<td>$1.131</td>
<td>$1.510</td>
</tr>
</tbody>
</table>

Optional Life - Employee and Spouse
- Non-smoker, age 37:
  - Employee Basic Life: $35,000, Monthly Premium: $0
  - Employee Optional Life: $500,000, Monthly Premium: $21.50
  - Spouse Optional Life: $100,000, Monthly Premium: $4.30
  - Child Optional Life: $10,000, Monthly Premium: $1.24
- Employee Basic AD&D: $5,000, Monthly Premium: $0
- Employee Optional AD&D: $250,000, Monthly Premium: $4.75
- Spouse AD&D: $250,000, Monthly Premium: $4.75
- Child AD&D: $25,000, Monthly Premium: $0.40
- Total Coverage: $1,175,000, Monthly Premium: $36.94

Long Term Disability
Pgs. 47-48
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, reach the maximum benefit period, or reach normal retirement age, whichever is first.

**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
- Additional retirement contributions and/or benefit payment based on retirement plan and length of disability
- Choice of waiting period ranging from 90-360 days
- Available without Evidence of Insurability (EOI) during your first 31 days of employment

**Benefit Waiting Period**

<table>
<thead>
<tr>
<th>Benefit Waiting Period</th>
<th>WSURP</th>
<th>TRS, PERS, other plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 days</td>
<td>0.72%</td>
<td>0.60%</td>
</tr>
<tr>
<td>120 days</td>
<td>0.42%</td>
<td>0.36%</td>
</tr>
<tr>
<td>180 days</td>
<td>0.32%</td>
<td>0.28%</td>
</tr>
<tr>
<td>240 days</td>
<td>0.30%</td>
<td>0.27%</td>
</tr>
<tr>
<td>300 days</td>
<td>0.28%</td>
<td>0.25%</td>
</tr>
<tr>
<td>360 days</td>
<td>0.27%</td>
<td>0.24%</td>
</tr>
</tbody>
</table>

How to determine premium example:
If a WSURP participant chose a 90-day waiting period and makes $2,500 per month, this employee would pay $18.00 in monthly premiums.

$2,500 (monthly income) x 0.0072 (premium rate) = $18.00

In the event of a qualifying injury or disability, this employee would receive a payout of $1,500 per month after the 90-day waiting period passes.

Please note: As of January 1, 2020, Washington State Paid Family and Medical Leave (PFML) is available to cover the first 90 days of most disabilities. For more information, visit paidleave.wa.gov or contact WSU Disability Services.
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

When does additional coverage begin?

Additional coverage becomes effective the first of the month following the date the election 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 elections are submitted on the first working day of a month, coverage will be effective as of that date.

How to Enroll

Due 31 days from your date of hire or eligibility:

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

No due date:

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

Enrollments are completed through Workday!* Log in and check your inbox for your enrollment items, which will include step by step instructions.

Knowledge Base Articles in the JIRA Service Center may also be of assistance.

*Initial MetLife enrollment is completed by paper form; after enrollment you may manage your life insurance through the MyBenefits portal.
What is SmartHealth?
• Online wellbeing program offered by the State of Washington and HCA
• Available for all PEBB plan subscribers
• Take Wellbeing Assessment, then choose activities to challenge yourself with
• Earn 2,000 points throughout the year to become eligible for your Wellness Incentive
• Completely free, voluntary, and confidential!

Incentive is applied as a reduction in your annual deductible or deposit in your HSA for the coming year, depending on which health plan you have.

Amazon gift card is available immediately upon completion of Wellbeing Assessment.

The deadline to earn points for the following plan year’s incentive is November 30.
Those hired on or after October 1 have until December 31 to earn points.
Benefit eligible employees who waive their PEBB coverage may use the SmartHealth platform. They will remain ineligible for the incentives.
Diabetes Prevention Program

What is DPP?
- A digital lifestyle program designed to help people living with prediabetes
- Professional health coach, wireless smart scale, peer support
- Short 1-minute screener to determine eligibility
- Open to subscribers and adult dependents (18+)

Other Benefits

Auto and Home Insurance (Pg. 52)
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 and DreamAhead
These programs help families save for college. GET guarantees to keep pace with rising college costs, and DreamAhead is a traditional college investment plan.
get.wa.gov dreamahead.wa.gov

Commuter Benefit
Save money on a pre-tax commuter account for public transit and parking. Eligible expenses include transit passes, non-WSU parking, and vanpool.
hrs.wsu.edu/Commuter-Benefit
Benefits in Workday

Thank You!
Retirement Orientations to follow:
1:30-2:30pm – Administrative Professional & Faculty
3:00-4:00pm – Civil Service, Bargaining Unit, Eligible Hourly