



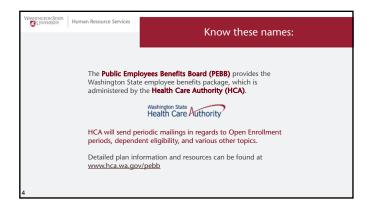
Introduction and Common Questions
Medical Plans
Pre-tax Spending Arrangements
Dental Plans
Life and Accidental Death & Dismemberment Insurance
Long Term Disability Insurance (LTD)
Additional Benefits and Resources

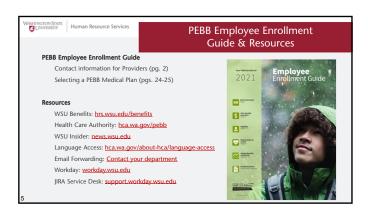


Public Employees Benefits Package

| <br> |
|------|
|      |
|      |
| <br> |
|      |
|      |
| <br> |
|      |
|      |
|      |

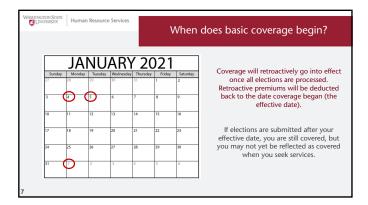


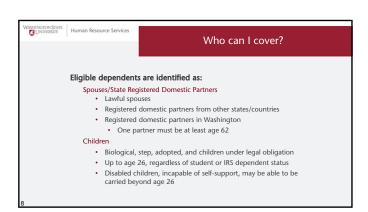


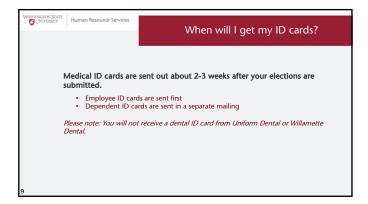




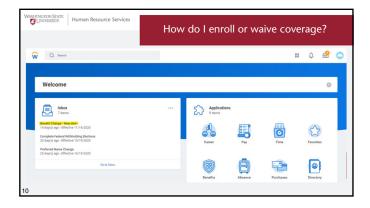


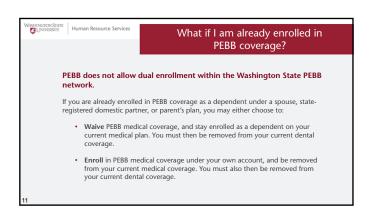












| WASHINGTON STATE UNIVERSITY Human Resource Services                             | When can I make changes to<br>my coverage?   |
|---|--|
| _   | ,g   |
| During Annual Op  | pen Enrollment (pg. 55)  |
| Occurs each   | November   |
| <ul> <li>Changes effect</li> </ul>  | tive January 1 of the following year   |
| <ul> <li>Defined as a S</li> <li>Must request</li> <li>Delay in subm</li> </ul> | pen Enrollments (pgs. 56-58) Especial Open Enrollment Event change within 60 calendar days of the event hission will result in delay in coverage or the ake the change |



Human Resource Services

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

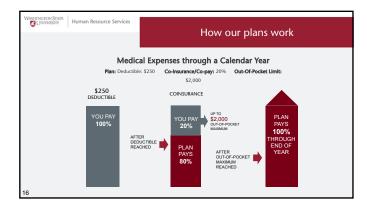
\*Healthcare.gov



# **Medical Plans**

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.







| Ç                             | Human Resource Services   | Medical Plans                                |                                    |                                   |  |
|-------------------------------|---|--|------------------------------------|-----------------------------------|--|
| Manag     Preferr     Varying | an options:<br>ged Care plans<br>ed Provider plans<br>g deductibles<br>g networks |  |                                    |                                   |  |
|                               | Managed Care<br>Plans (HMO)   | Preferred Provider<br>Organizations<br>(PPO) | Accountable Care<br>Plans          | Consumer Directed<br>Health Plans |  |
|                               | Kaiser WA Classic   | Uniform Medical Plan<br>Classic              | Uniform Medical Plan<br>Plus (PPO) | Uniform CDHP (PPO)                |  |
|                               | Kaiser WA Value   | Uniform Medical Plan<br>Select               | Kaiser WA<br>SoundChoice (HMO)     | Kaiser WA CDHP (PPO)              |  |
|                               | Kaiser NW Classic   |  |                                    | Kaiser NW CDHP<br>(HMO)           |  |



| Washi | Human Resource Services  2021 Monthly Premiums (Pg. 30) |                  |                      |                          |             |   |
|-------|---|------------------|----------------------|--------------------------|-------------|---|
|       | Medical Plan  | Employee<br>Only | Employee +<br>Spouse | Employee +<br>Child(ren) | Full Family |   |
|       | Kaiser WA Classic                                       | \$189            | \$388                | \$331                    | \$530       | Premiums are  |
|       | Kaiser WA Value   | \$112            | \$234                | \$196                    | \$318       | deducted pre-tax  |
|       | Kaiser WA SoundChoice                                   | \$55             | \$120                | \$96                     | \$161       | Amount split per  |
|       | Kaiser WA CDHP  | \$26             | \$62                 | \$46                     | \$82        | paycheck (paid twice<br>per month)                        |
|       | Kaiser NW Classic                                       | \$159            | \$328                | \$278                    | \$447       | Does not increase     with additional                     |
|       | Kaiser NW CDHP  | \$25             | \$60                 | \$44                     | \$79        | children  |
|       | UMP Classic   | \$105            | \$220                | \$184                    | \$299       | Retroactive premiums<br>are deducted for past<br>coverage |
|       | UMP Select  | \$37             | \$84                 | \$65                     | \$112       |   |
|       | UMP CDHP  | \$25             | \$60                 | \$44                     | \$79        |   |
| 19    | UMP Plus  | \$72             | \$154                | \$126                    | \$208       |   |

| WASHINGTON STATE<br>UNIVERSITY | Monthly Medical Premium Surcharges Pg. 21   |
|--------------------------------|---|
|                                | Subscribers may be subject to these monthly premium surcharges:   |
|                                | <ul> <li>A monthly \$25-per-account surcharge will apply if the subscriber or any<br/>medically covered family member uses tobacco products.</li> </ul>   |
|                                | <ul> <li>A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or<br/>state-registered domestic partner, and that spouse or partner has waived<br/>other employer-sponsored coverage that is comparable to UMP Classic.</li> </ul> |
| 20                             | *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.  |

| WASHINGTON STATE UNIVERSITY Human Resource Services | Managed Care Plans<br><i>(HMO)</i>   |
|---|--|
| Managed Car   | e Highlights - Kaiser WA & NW  |
| coverage (exc                                       | ices within the Network – no out of network<br>ept for emergency services) |
| *   | imary Care Provider (PCP)<br>ded for specialty services                    |
| Network is lim                                      | ited to the Northwest  |
|   |  |
|   |  |
| 21  |  |



|              | Feature  | Kaiser V                                     | /A Value                           | Kaiser W                                   | 'A Classic                         | Kaiser NW Classic                  |
|--------------|--|--|------------------------------------|--|------------------------------------|------------------------------------|
|              | Deductible   | Medical<br>\$250/Person<br>\$750/Family      | Rx<br>\$100/Person<br>\$300/Family | Medical<br>\$175/Person<br>\$525/Family    | Rx<br>\$100/Person<br>\$300/Family | \$300/Person<br>\$900/Family       |
|              | Out of Pocket<br>Maximum                                   | \$3,000/Person<br>\$6,000/Family             | \$2,000/Person<br>\$8,000/Family   | \$2,000/Person<br>\$4,000/Family           | \$2,000/Person<br>\$8,000/Family   | \$2,000/Person<br>\$4,000/Family   |
| Managed Care | Office Visits  | \$30 Primary<br>\$50 Specialist              |                                    | \$15 Primary<br>\$30 Specialist            |                                    | \$25 Primary<br>\$35 Specialist    |
| Plans        | Inpatient Hospital   | \$250/day - \$1,250 maximum<br>per admission |                                    | \$150/day - \$750 maximum per<br>admission |                                    | 15%                                |
| (HMO)        | 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-<br>preferred                                  | 50%  | /50%                               | 50% up to \$250/50% up to<br>\$750         |                                    | \$75/\$150                         |
|              | Tier 4- Specialty  | ialty \$150/N/A                              |                                    | N/A  |                                    | 50% up to \$150/50% up to<br>\$150 |
| 22           | Tier 5- Specialty  | \$50% to                                     | \$400/N/A                          | N  | /A                                 | N/A                                |

|                    | Preferred Provider Option<br>(PPO)         |
|--------------------|--|
|                    |  |
| PPO Plan Highlight | s- Uniform Medical Plan Classic and Select |
| Administered by    | Regence Blue Shield                        |
| In and out of net  | work services                              |
| Worldwide netwo    | ork coverage                               |
| No referral necess | sary for Specialty Care                    |

|           | Feature                    | UMP  | Classic  | UMP Select   |  |  |
|-----------|----------------------------|--|--|--|--|--|
|           | Deductible                 | Medical:<br>\$250/Person<br>\$750/Family                         | Rx:<br>\$100/Person<br>\$300/Family<br>Tier 2 only | Medical:<br>\$750/person<br>\$2,250/family                       | Rx:<br>\$250/person<br>\$750/family<br>Tier 2 only |  |
|           | Out of Pocket<br>Maximum   | Medical:<br>\$2,000/Person<br>\$4,000/Family                     | Rx:<br>\$2,000/Person<br>\$4,000/family            | Medical:<br>\$3,500/person<br>\$7,000/family                     | Rx:<br>\$2,000/person<br>\$4,000/family            |  |
| Preferred | referred Office Visits 15% |  | 5%   | 20%  |  |  |
| Provider  | Inpatient<br>Hospital      | \$200/day - \$600 maximum/year/person + 15%<br>professional fees |  | \$200/day - \$600 maximum/year/person +<br>20% professional fees |  |  |
| Option    | Lab/X-ray                  | 15%  |  | 20%  |  |  |
| Plans     | Rx Coverage                | Retail 30 day supply / Mail Order 90 day supply                  |  |  |  |  |
| (PPO)     | Value- Common              |  | 5% up to \$10 /                                    | 0 / 5% up to \$30  |  |  |
|           | Tier 1- Generic            |  | 10% up to \$25 /                                   | up to \$25 / 10% up to \$75                                      |  |  |
|           | Tier 2- Brand              |  | 30% up to \$75 / 30% up to \$225                   |  |  |  |
|           | Tier 3                     | N/A  |  |  |  |  |
|           | Tier 4                     |  | N/   | A  |  |  |
| 24        | Tier 5                     |  | N/a  | A  |  |  |



ASHINGTON STATE Human Resource Services

### **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

Acc Care

|                     | Feature                  | Kaiser WA<br>SoundChoice (HMO)                          | UMP Plus – Puget<br>Sound (PPO)                                   | UMP Plus – UW<br>Medicine (PPO)                                   |  |
|---------------------|--------------------------|---|---|---|--|
|                     | Deductible               | \$125/Person<br>\$375/Family                            | \$125/Person<br>\$375/Family                                      | \$125/Person<br>\$375/Family                                      |  |
|                     | Out of Pocket<br>Maximum | \$2,000/Person<br>\$4,000/Family<br>Rx: \$2,000/\$8,000 | \$2,000/Person<br>\$4,000/Family<br>Rx: \$2,000/\$4,000           | \$2,000/Person<br>\$4,000/Family<br>Rx: \$2,000/\$4,000           |  |
|                     | Office Visits            | PCP: \$0<br>Specialist: 15%                             | PCP: \$0<br>Specialist: 15%                                       | PCP: \$0<br>Specialist: 15%                                       |  |
| ountable<br>e Plans | Inpatient Hospital       | \$500 maximum per admission                             | \$200/day - \$600 maximum/year<br>/person = 15% professional fees | \$200/day - \$600 maximum/year<br>/person = 15% professional fees |  |
| e mans              | Lab/X-ray                | 15%   | 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%   | N/A   | N/A   |  |
|                     | Tier 4                   | \$150/N/A   | N/A   | N/A   |  |
|                     | Tier 5                   | \$50% to \$400/N/A                                      | N/A   | N/A   |  |
|                     |                          |   |   |   |  |

| W | HZI | INGTO | ON STA |
|---|-----|-------|--------|
|   |     |       |        |
|   | u   | DISTA | ERSITY |

ATE Human Resource Services

### Consumer Directed Health Plans w/ HSA Pgs. 26-27

### 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.



| UNIVERSITY Human R           | Feature                  | Kaiser WA CDHP<br>(PPO)                       | Uniform Medical Plan<br>CDHP (PPO)                               | Kaiser NW CDHP<br>(HMO)           |  |
|------------------------------|--------------------------|---|--|-----------------------------------|--|
|                              | Deductible               | \$1,400/Person<br>\$2,800/Family              | \$1,400/Person<br>\$2,800/Family                                 | \$1,400/Person<br>\$2,800/Family  |  |
|                              | Out of Pocket<br>Maximum | \$5,100/Person<br>\$10,200/Family             | \$4,200/Person<br>\$8,400/Family<br>(\$7,000/person in a family) | \$5,100/Person<br>\$10,200/Family |  |
| Consumer                     | Office Visits            | 10%   | 15%  | Primary: \$20<br>Specialist: \$30 |  |
| Directed Health Plans (CDHP) | Inpatient Hospital       | 10%   | 15%  | 15%                               |  |
|                              | Lab/X-ray                | 10%   | 15%  | 15%                               |  |
| (CDIII)                      | 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                     | N/A  | \$75/\$150                        |  |
|                              | Tier 4                   | N/A   | N/A  | 50% to \$150                      |  |
| В                            | Tier 5                   | N/A   | N/A  | N/A                               |  |

| WASHIN | Wedington State Human Resource Services 2021 Monthly Premiums (Pg. 30) |                  |                      |                          |             |  |  |  |
|--------|--|------------------|----------------------|--------------------------|-------------|--|--|--|
|        | Medical Plan   | Employee<br>Only | Employee +<br>Spouse | Employee +<br>Child(ren) | Full Family |  |  |  |
|        | Kaiser WA Classic  | \$189            | \$388                | \$331                    | \$530       |  |  |  |
|        | Kaiser WA Value  | \$112            | \$234                | \$196                    | \$318       | Premiums are<br>deducted pre-tax                                   |  |  |
|        | Kaiser WA SoundChoice  | \$55             | \$120                | \$96                     | \$161       | Amount split per   |  |  |
|        | Kaiser WA CDHP   | \$26             | \$62                 | \$46                     | \$82        | paycheck (paid twice<br>per month)                                 |  |  |
|        | Kaiser NW Classic  | \$159            | \$328                | \$278                    | \$447       | Does not increase     with additional                              |  |  |
|        | Kaiser NW CDHP   | \$25             | \$60                 | \$44                     | \$79        | children   |  |  |
|        | UMP Classic  | \$105            | \$220                | \$184                    | \$299       | <ul> <li>Retroactive premiums<br/>are deducted for past</li> </ul> |  |  |
|        | UMP Select   | \$37             | \$84                 | \$65                     | \$112       | coverage   |  |  |
|        | UMP CDHP   | \$25             | \$60                 | \$44                     | \$79        |  |  |  |
| 29     | UMP Plus   | \$72             | \$154                | \$126                    | \$208       |  |  |  |

| <b>G</b> UNIVE | Health Savings Accounts<br>(HSA) Paired w/ CDHP   |
|----------------|---|
| Wha            | t 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  |
| 30             | Health <b>Equity</b>  |



Human Resource Services

Health Savings Accounts (HSA) Continued

2021 Annual Contribution Limits

Plan Automatic Employer Contribution Maximum Contribution Limit

Employee Only \$58.34/month, \$700.08/year \$3,600/year

Family Coverage \$116.67/month, \$1,400.04/year \$7,200/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

| GTON STATE Human Resource Services    | CDHP vs. Traditional<br>Plan Comparison   |             |  |
|---------------------------------------|---|-------------|--|
|                                       | CDHP  | Traditional |  |
| Annual EE Premium                     | \$300   | \$1260      |  |
| Annual Deductible                     | \$1400  | \$250       |  |
| ER Contribution to Savings<br>Account | \$700   | \$0         |  |
| Savings in EE Premiums with a CDHP    | \$1260 - \$300 = \$960  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.  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 |             |  |
| FSA vs. HSA                           |   |             |  |

# 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 Tax-Favored Health Plans at www.irs.gov. contact your tax advisor, or call Health Equity for more information.



| erage listed here is for those ages and up; ages 18 and under are tred at 100% |  | Vision (  | Covera<br>g. 40    | ge                      |
|--|--|---|--------------------|-------------------------|
| Plan   | Exam (annual)  | Hardware  | Subject to<br>Exam | Deductible?<br>Hardware |
| Kaiser WA Classic  | \$15   |   | Yes                | No                      |
| Kaiser WA Value  | \$30   | You pay any amount over<br>\$150 every 24 months for                                    | Yes                | No                      |
| Kaiser WA SoundChoice  | 15%  | frames, lenses, and contacts<br>combined.   | No                 | No                      |
| Kaiser WA CDHP   | 10%  | Yes   | No                 |                         |
| Kaiser NW Classic  | \$25   | You pay any amount over<br>\$150 every 24 months for                                    | No                 | No                      |
| Kaiser NW CDHP   | Kalser NW CDHP \$20 frames, lenses, and contacts combined. |   | Yes                | No                      |
| UMP Classic  |  | UMP will cover one pair of  | No                 | No                      |
| UMP Select   | \$0; \$30 copay for  | lenses and up to \$80-150 for<br>frames every two calendar<br>years, or up to \$150 for | No                 | No                      |
| UMP CDHP   | contact lens exam and<br>fitting fee                       |   | No                 | No                      |
| UMP Plus<br>(VSP Choice Network)   | many ree   | contact lenses in lieu of<br>glasses.   | No                 | No                      |



WASHINGTON STATE UNIVERSITY Human Resource Services

Medical FSA Features:

### Medical Flexible Spending Arrangement (FSA)

- 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







ASHINGTON STATE Human Resource Services

## **DCAP Features:**

### Dependent Care Assistance Program (DCAP)

- 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)
- $\bullet \;\;$  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  $31^{\rm st}$  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.





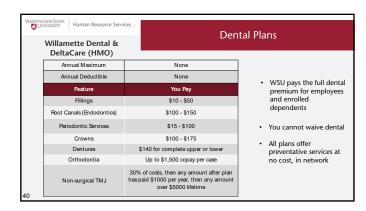
# Dental **Plans**

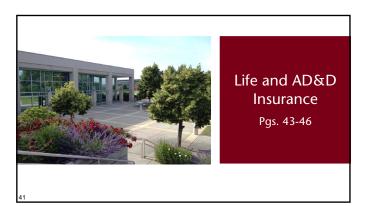
Pgs. 41-42

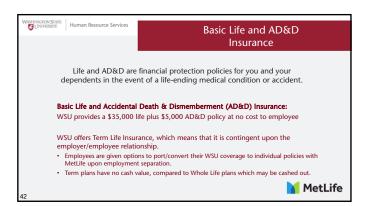
| Washingt | ON STATE Human Resour  Uniform Dental (I |   |   | Dental                   | Plans                            |  |
|----------|--|---|---|--------------------------|----------------------------------|--|
|          | Annual Maximum                           | You pay   | any amount over \$                      | 31,750                   |                                  |  |
|          | Annual Deductible                        | \$50/person or \$150/family   |   |                          | WSU pays the                     |  |
|          | Feature                                  | PPO Dentist in<br>WA State  | PPO Dentist<br>Out-of-State             | Non-PPO<br>Dentist in WA | premium for<br>and enrolled      |  |
|          | Preventive                               | You pay:  |   |                          | dependents                       |  |
|          | Not subject to deductible                | 0%  | 10%                                     | 20%                      | You cannot w                     |  |
|          | Basic Services<br>fillings, perio/endo   | 20%   | 20%                                     | 30%                      | All plans offer                  |  |
|          | Major Services<br>crowns, dentures       | 50%   | 50%                                     | 60%                      | preventative s<br>no cost, in ne |  |
|          | Orthodontia                              | 50% until plan pays \$1,750, then any remaining amount in member's lifetime |   |                          |                                  |  |
| 39       | Non-surgical TMJ                         | 30% until plan pay:<br>in   | \$500, then any re<br>member's lifetime | emaining amount          |                                  |  |

- WSU pays the full dental premium for employees and enrolled
- You cannot waive dental
- preventative services at no cost, in network



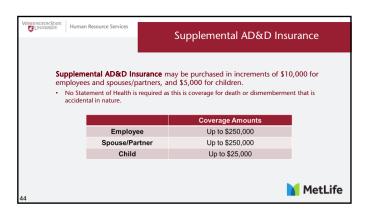


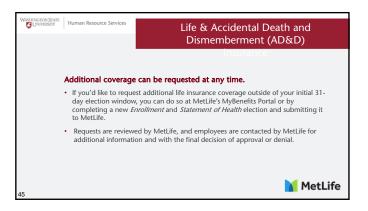




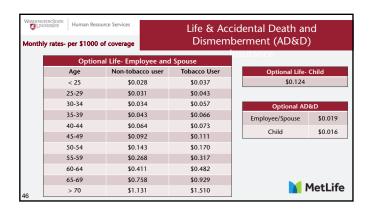


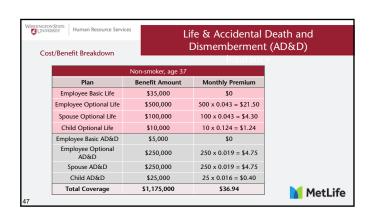
















Long Term Disability

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, 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

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.

### ASHINGTON STATE | Human Resource Services Long Term Disability 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 TRS, PERS, WSURP monthly premiums. 90 days 0.72% 0.60% \$2,500 (monthly income) x 0.0072 (premium rate) = \$18.00 120 days 0.42% 0.36% 180 days 0.32% 0.28% In the event of a qualifying injury or 240 days 0.30% 0.27% disability, this employee would receive a payout of \$1,500 per month after the 90-day waiting period passes. 300 days 0.28% 0.25% 360 days 0.27% 0.24%



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

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.

ASHINGTON STATE Human Resource Services How to Enrollments are completed through Due 31 days from your date of hire or eligibility: Workday!\* Log in and check your inbox · Benefit Acknowledgement Form (BAF) for your enrollment items, which will Medical/Dental Enrollment include step by step instructions. Required whether you enroll or waive medical coverage Knowledge Base Articles in the JIRA Dependent Verification Service Center may also be of Required to enroll dependents · Life Enrollment assistance. · LTD Enrollment \*Initial MetLife enrollment is completed · FSA/DCAP Enrollment (optional) by paper form; after enrollment you may No due date: manage your life insurance through the HSA Payroll deduction MyBenefits portal. Can start, stop, or change deductions at any time





# Additional Benefits & Resources

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!

Smart (CHealth

| Nave fun Earn records | BE YOUR BEST!
| Page fun Earn records | BE YOUR BEST!
| Name fun Earn records | Page fun Earn r

