2022 Employee Benefits Orientation

An overview and highlights of the benefits package offered to benefit-eligible WSU employees

Updated December 2021

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
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 hca.wa.gov/pebb.

Resources

- PEBB Employee Enrollment Guide
- WSU Benefits: hrs.wsu.edu/benefits
- HCA PEBB: hca.wa.gov/pebb
  - Language Access
- WSU Insider: news.wsu.edu
- Email Forwarding: Contact your department
- Workday: workday.wsu.edu
- JIRA Service Desk: support.workday.wsu.edu

Common Questions

About Benefits
When does basic coverage begin?

Generally, the first of the month following your date of hire.

*Exception*: if you start on the first working day of a month, your benefits will be effective on that date.

- Coverage will retroactively go into effect once elections are processed. Retroactive premiums will be deducted back to the coverage effective date.
- If elections are submitted after your effective date, you will be covered, but may not yet reflect as covered when you seek services.

Who can I cover on my plans?

- **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 separate vision ID cards, or dental ID cards from Uniform Dental or Willamette Dental.
How do I enroll/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 unless you are covered on SEBB dental.
- You must provide Dependent Verification to enroll dependents.

Please note: Employees who do not complete their enrollment within 31 calendar days of hire or 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 have other 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 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.

*If you are enrolled in PEBB as a dependent currently, please notify our office so we can coordinate as necessary.

What if I have other coverage?

SEBB does not allow dual enrollment with the Washington State PEBB network. If you are already enrolled in SEBB coverage as a dependent under a spouse, state-registered domestic partner, or parent's plan, you may choose to:

- Waive PEBB medical and dental coverage, and stay enrolled as a dependent on your current plans.
- Enroll in PEBB coverage under your own account, and be removed from your current coverages.

*If you are enrolled in SEBB as a dependent currently, please notify our office so we can coordinate as necessary.
What if I have other coverage?

If you are covered through a Marketplace Plan (WA Health Benefit Exchange, Apple Health), you may no longer be eligible to receive the subsidy or plan. Contact the Administrator as soon as possible.

If you are covered through as a dependent through another private employer, you may waive WSU medical (dental cannot only be waived through SEBB coverage) to stay enrolled on your current plan. You may also enroll in WSU medical and be double-covered.

When can I make changes?

During Special Open Enrollments:
- 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

During Annual Open Enrollment:
- Each month of November
- Changes effective January 1 of the following year

Medical Plans For 2022
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

Medical Expenses through a Calendar Year

- Deductible: $250
- Coinsurance/Co-pay: 20%
- Out-Of-Pocket Max: $2,000

YOU PAY 100% AFTER DEDUCTIBLE REACHED
YOU PAY 20% UP TO $2,000 OUT-OF-POCKET MAX
PLAN PAYS 80% AFTER OUT-OF-POCKET MAX REACHED
PLAN PAYS 100% THROUGH END OF YEAR

Medical Plan Options

Varying deductibles – Varying networks

<table>
<thead>
<tr>
<th>Managed Care Plans (HMO)</th>
<th>Preferred Provider Organizations (PPO)</th>
<th>Accountable Care Plans</th>
<th>Consumer Directed Health Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser NW Classic</td>
<td>Uniform Medical Plan Classic</td>
<td>Uniform Medical Plan PPO</td>
<td>Uniform CDHP (PPO)</td>
</tr>
<tr>
<td>Kaiser NW Value</td>
<td>Uniform Medical Plan Select</td>
<td>Kaiser WA Select Health (HMO)</td>
<td>Kaiser WA CDHP (PPO)</td>
</tr>
<tr>
<td>Kaiser NW Classic</td>
<td>Uniform Medical Plan Basic</td>
<td></td>
<td>Kaiser WA CDHP (HMO)</td>
</tr>
</tbody>
</table>
Premiums are deducted pre-tax.

Monthly amount is split per paycheck (paid twice per month).

Rates do not increase with additional children.

Retroactive premiums are deducted back to effective date.

### Medical Premium Surcharges

Subscribers may be subject to the following monthly medical premium surcharges:

- Tobacco Surcharge: $25 per account monthly surcharge if the subscriber or any medically covered family member uses tobacco products.

- Spousal Surcharge: $50 per account monthly surcharge if a subscriber enrolls a spouse/partner who has declined their own comparable employer-based coverage to enroll through WSU.

  - Does not apply if spouse/partner is waiving PEBB coverage, does not have coverage available through their employer, is enrolled through their employer’s plan (WSU coverage as secondary), or if the plans offered by their employer are not minimally comparable to UMP Classic.

### Managed Care Plans (HMO)

Managed Care Highlights - Kaiser WA & NW:

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

<table>
<thead>
<tr>
<th>Feature</th>
<th>Value Kaiser</th>
<th>Classic Kaiser</th>
<th>NW Classic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Medical</td>
<td>Rx</td>
<td>Medical</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>$250/Person</td>
<td>$500/Family</td>
<td>$250/Person</td>
</tr>
<tr>
<td>Others</td>
<td>$0 per visit</td>
<td>$0 per visit</td>
<td>$0 per visit</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$250/day</td>
<td>$750/30 days</td>
<td>$250/day</td>
</tr>
<tr>
<td>Tests/Lab/Imag</td>
<td>$0/visit</td>
<td>$0/visit</td>
<td>$0/visit</td>
</tr>
</tbody>
</table>

### Preferred Provider Organizations (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 as the deductible is over $500.

### PPO Plan Highlights

<table>
<thead>
<tr>
<th>Feature</th>
<th>UMP Classic</th>
<th>UMP Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Medical $250/Person</td>
<td>Rx $100/Prescription / $300/Family for 2 and up</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>Medical $3,500/person</td>
<td>$4,000/Family</td>
</tr>
<tr>
<td>Office Visits</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Rx Coverage</td>
<td>Retail 30 day supply / Mail Order 90 day supply</td>
<td></td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>15%</td>
<td>20%</td>
</tr>
</tbody>
</table>

| Tier 1                      | 10% up to $25 / 18% up to $75 |
| Tier 2: Brand               | 15% up to $75 / 30% up to $225 |
| Tier 3: Specialty           | High        |
Accountable Care Plans

Accountable Care Plan Highlights - UMP Plus and Kaiser WA SoundChoice

- Limited availability - select counties only
- HMO and PPO options
  - PPO: In and Out of network coverage, network is very limited and out of network coverage is minimal
  - HMO: In network services only

### Accountable Care Plan Highlights

<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>$125/Person; $500/Family</td>
<td>$375/Family</td>
<td>$375/Family</td>
</tr>
<tr>
<td>Out-of-Pocket Max</td>
<td>$10,000</td>
<td>$40,000</td>
<td>$40,000</td>
</tr>
<tr>
<td>Office Visits</td>
<td>PCP: $0; Specialist: 20%</td>
<td>PCP: $0; Specialist: 20%</td>
<td>PCP: $0; Specialist: 20%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$500 maximum per admission</td>
<td>$500 maximum per admission</td>
<td>$500 maximum per admission</td>
</tr>
<tr>
<td>Lab/Proc</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Rx Coverage</td>
<td>$2,000/Year (Retail 90 day supply)</td>
<td>$2,000/Year (Retail 90 day supply)</td>
<td>$2,000/Year (Retail 90 day supply)</td>
</tr>
<tr>
<td>Tier 1</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Tier 3</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Tier 4</td>
<td>100% in-network, 80% out-of-network</td>
<td>100% in-network, 80% out-of-network</td>
<td>100% in-network, 80% out-of-network</td>
</tr>
</tbody>
</table>

### Consumer Directed Health Plans (CDHP)

CDHP Plan Highlights - UMP and Kaiser

- High-deductible health plans paired with Health Savings Accounts (HSA)
- HMO and PPO options
  - PPO: In and out of network coverage - Uniform, Kaiser WA
  - HMO: In network services only except emergency and urgent care - Kaiser NW
- Preventative Services covered at 100% in network
- All other services apply to the deductible

**SPECIAL NOTE:** If you are in the US on a J1 Visa, you cannot sign up for a CDHP as the deductibles are over $500.
### CDHP Highlights

<table>
<thead>
<tr>
<th>Feature</th>
<th>Kaiser NW CDHP (HMO)</th>
<th>Uniform Medical Plan CDHP (PPO)</th>
<th>Kaiser NW CDHP (PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$1,400/Person, $2,800/Family</td>
<td>$1,400/Person, $2,800/Family</td>
<td>$1,400/Person, $2,800/Family</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>$5,100/Person, $10,200/Family</td>
<td>$4,200/Person, $8,400/Family</td>
<td>$4,200/Person, $8,400/Family</td>
</tr>
<tr>
<td>Office Visits</td>
<td>10%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>10%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Lab/Exam</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Be Covered</td>
<td>Most of the qualify that make 50% apply</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>Value</td>
<td>$4/$18</td>
<td>10%</td>
<td>N/A</td>
</tr>
<tr>
<td>Test 1</td>
<td>$18</td>
<td>10%</td>
<td>$18</td>
</tr>
<tr>
<td>Test 2</td>
<td>$36</td>
<td>10%</td>
<td>$36</td>
</tr>
<tr>
<td>Test 3</td>
<td>$72</td>
<td>10%</td>
<td>$72</td>
</tr>
<tr>
<td>Test 4</td>
<td>N/A</td>
<td>N/A</td>
<td>10% to 50%</td>
</tr>
<tr>
<td>Test 5</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Health Savings Accounts (HSA)

- Tax-exempt medical savings account that is automatically established for you when you select an eligible plan (CDHP)
- 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 when used for non-healthcare related expenses
- Multiple use options: debit card, online Bill Pay, reimbursement

### Health Savings Accounts (HSA)

#### 2022 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>$18.34/month, $701.08/year</td>
<td>$3,650/year</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$116.67/month, $1,400.04/year</td>
<td>$7,300/year</td>
</tr>
</tbody>
</table>

Notes:
- Those ages 55 and over can contribute an additional $3000 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>$288</td>
<td>$1320</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$1400</td>
<td>$250</td>
</tr>
<tr>
<td>EE Contribution to Savings Account</td>
<td>$700</td>
<td>$0</td>
</tr>
<tr>
<td>Savings in EE Premium with a CDHP</td>
<td>$1120: $288 + $1032</td>
<td></td>
</tr>
</tbody>
</table>

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, with a partial carryover
- FSA is available for full use as of January 1; HSA must be contributed to before it can be used

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 HEBA 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

Vision Coverage

<table>
<thead>
<tr>
<th>Plan</th>
<th>Exam (annual)</th>
<th>Hardware</th>
<th>Subject to Deductible?</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></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser WA Value</td>
<td>$45</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser WA Sound Choices</td>
<td>$95</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser NW Classic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser NW CDHP</td>
<td>$35</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser NW CDHP</td>
<td>$25</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UMP Classic</td>
<td>$125</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UMP Select</td>
<td>$150</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UMP Deaf</td>
<td>$120</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Coverage noted here is for those ages 19 and up, ages 18 and under are covered at 100%
Pre-Tax Spending Arrangements

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: $120
  - Maximum annual election: $2,750
- Account is front loaded
- Must re-enroll each year during Open Enrollment (November)
- *New in 2022* Up to $550 of unused funds can be rolled over to the next year
- Debit Card and online bill pay available
- *Not compatible with CDHP/HSA

Limited Purpose Flexible Spending Arrangement (FSA)

- Pre-tax account compatible with all plans (including CDHPs) that can help diffuse the impact of out-of-pocket dental and vision expenses only
- Annual election limits:
  - Minimum annual election: $120
  - Maximum annual election: $2,750
- Account is front loaded
- Must re-enroll each year during Open Enrollment (November)
- *New in 2022* Up to $550 of unused funds can be rolled over to the next year
- Debit Card and online bill pay available
- *Not compatible with CDHP/HSA
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 limit: $5,000
- Single or married filing jointly: $5,000
- Married filing separate: $2,500 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

Uniform Dental Plan (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 State</th>
<th>Non-PPO Dentist out of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Service</td>
<td>0%</td>
<td>20%</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Basic Services: Fillings, Extractions</td>
<td>20%</td>
<td>30%</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Major Services: Crowns, Bridge</td>
<td>50%</td>
<td>60%</td>
<td>80%</td>
<td>90%</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>50% (up to $1,750, then any remaining amount is member’s liability)</td>
<td>60% (up to $500, then any remaining amount is member’s liability)</td>
<td>70% (up to $500, then any remaining amount is member’s liability)</td>
<td>80% (up to $500, then any remaining amount is member’s liability)</td>
</tr>
<tr>
<td>Non-surgical TMJ</td>
<td>60% (up to $1,750, then any remaining amount is member’s liability)</td>
<td>70% (up to $500, then any remaining amount is member’s liability)</td>
<td>80% (up to $500, then any remaining amount is member’s liability)</td>
<td>90% (up to $500, then any remaining amount is member’s liability)</td>
</tr>
</tbody>
</table>

- WSU pays the full dental premium for employees and enrolled dependents
- You cannot waive dental unless you are covered through SEBB
- All Plans offer preventative services at no cost, in-network
Willamette Dental & DeltaCare (HMO)

- WSU pays the full dental premium for employees and enrolled dependents.
- You cannot waive dental unless you are covered through SEBB.
- All Plans offer preventative services at no cost, in-network.

<table>
<thead>
<tr>
<th>Annual Maximum</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Filing</td>
<td>$10 - $50</td>
</tr>
<tr>
<td>Root Canals (Endodontics)</td>
<td>$100 - $150</td>
</tr>
<tr>
<td>Periodontic Service</td>
<td>$55 - $180</td>
</tr>
<tr>
<td>Crowns</td>
<td>$100 - $175</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>Up to $1,500 per case</td>
</tr>
<tr>
<td>Non-surgical TMJ</td>
<td>100% of costs, then any amount after plan limits paid $150 per year, then any amount over $2,000 lifetime</td>
</tr>
</tbody>
</table>

Life and AD&D Insurance

- WSU provides a $35,000 life plus $5,000 AD&D policy at no cost to employee. This is 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.

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.

- WSU provides a $35,000 life plus $5,000 AD&D policy at no cost to employee. This is 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

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 $200,000 or outside of 31-day window requires a Statement of Health.

- For a spouse/partner 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>Type</th>
<th>Maximum Coverage Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Spouse/Partner</td>
<td>$500,000 or half of EE coverage</td>
</tr>
<tr>
<td>Child</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

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.

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

Life and AD&D Premiums

<table>
<thead>
<tr>
<th>Monthly rates per $1000 of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Optional Life</strong></td>
</tr>
<tr>
<td>Spouse/Partner</td>
</tr>
<tr>
<td>Non-tobacco user</td>
</tr>
<tr>
<td>Tobacco User</td>
</tr>
<tr>
<td>$25-29</td>
</tr>
<tr>
<td>$30-34</td>
</tr>
<tr>
<td>$35-39</td>
</tr>
<tr>
<td>$40-44</td>
</tr>
<tr>
<td>$45-49</td>
</tr>
<tr>
<td>$50-54</td>
</tr>
<tr>
<td>$55-59</td>
</tr>
<tr>
<td>$60-64</td>
</tr>
<tr>
<td>$65-69</td>
</tr>
<tr>
<td>&gt; 70</td>
</tr>
<tr>
<td><strong>Optional AD&amp;D</strong></td>
</tr>
<tr>
<td>Child</td>
</tr>
<tr>
<td><strong>Employee/Spouse</strong></td>
</tr>
<tr>
<td>Non-tobacco user</td>
</tr>
<tr>
<td>Tobacco User</td>
</tr>
</tbody>
</table>
Cost/Benefit Breakdown

<table>
<thead>
<tr>
<th>Non-smoker, age 37</th>
<th>Benefit Amount</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Basic Life</td>
<td>$35,000</td>
<td>$0</td>
</tr>
<tr>
<td>Employee Optional Life</td>
<td>$500,000</td>
<td>$100 x 0.045 = $22.50</td>
</tr>
<tr>
<td>Spouse Optional Life</td>
<td>$100,000</td>
<td>0.045 x 10 = $4.50</td>
</tr>
<tr>
<td>Child Optional Life</td>
<td>$35,000</td>
<td>0.045 x 10 = $1.64</td>
</tr>
<tr>
<td>Employee Basic AD&amp;D</td>
<td>$5,000</td>
<td>$0</td>
</tr>
<tr>
<td>Employee Optional AD&amp;D</td>
<td>$250,000</td>
<td>$250 x 0.019 = $4.75</td>
</tr>
<tr>
<td>Spouse AD&amp;D</td>
<td>$270,000</td>
<td>$270 x 0.019 = $4.75</td>
</tr>
<tr>
<td>Child AD&amp;D</td>
<td>$25,000</td>
<td>0.016 x 25 = $0.40</td>
</tr>
<tr>
<td>Total Coverage</td>
<td>$1,175,000</td>
<td>$37.34</td>
</tr>
</tbody>
</table>

Life and AD&D Considerations

- Is anyone financially dependent on you (or vice versa)?
- What costs would become a burden if you or someone you depend on passed away?
  - Outstanding bills, medical expenses, funeral costs
  - Mortgage, debts
  - College
- Accidents and changes in health can happen to anyone
- MetLife processes are generally separate from the rest of your benefits (not in Workday)
  - MetLife MyBenefits Portal after initial enrollment
  - hrs.wsu.edu/life-insurance

Life and 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.
- Requests are reviewed by MetLife, and employees are contacted by MetLife for additional information and with the final decision of approval or denial.
Long Term Disability Insurance

Long Term Disability (LTD)

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 90-day 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.

Employer Paid/Basic LTD (no cost to you):
- 90-day waiting period
- $50 – $240 a month benefit (taxable)

Employee Paid/Supplemental LTD (associated premium):
- 90-day waiting period
- 50-60% non-taxed benefit, covering the first $16,667 of your pre-disability monthly earnings
- Additional retirement contributions and/or benefit payment based on retirement plan and length of disability
- 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 30 days of most disabilities. For more information, visit paidleave.wa.gov or contact WSU Disability Services.
LTD Premiums

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>WSURP</th>
<th>TRB, PERL, other plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>0.03%</td>
<td>0.07%</td>
</tr>
<tr>
<td>50%</td>
<td>0.05%</td>
<td>0.08%</td>
</tr>
</tbody>
</table>

Example:
If a WSURP participant chose the 60% benefit and earns $2,500 per month, this employee would pay $14.75 in monthly premiums.

$2,500 (monthly income) x 0.0059 (premium rate) = $14.75

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.

LTD 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

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 MetLife MyBenefits portal. Do not email forms to MetLife at this time.

Due 31 days from date of hire/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

No due date:
- HSA Payroll deduction
  - Can start, stop, or change deductions at any time

Additional Benefits & Resources

SmartHealth Wellness Program

- [smarthealth.hca.wa.gov](http://smarthealth.hca.wa.gov)
- Online wellbeing program offered by the State of Washington and HCA
- Available for all PEBB-eligible employees
- Take Wellbeing Assessment, then choose activities to challenge yourself with
- Earn 3,000 points throughout the year to become eligible for your Wellness Incentive (only applicable if enrolled in medical insurance through WSU)
- 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.
SmartHealth Wellness Program

- 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 30 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

- 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

- 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.
- 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.
- Guaranteed Education Tuition (GET) 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.

[Links provided: get.wa.gov dreamahead.wa.gov]
Benefits in Workday

Questions?
hrs.benefits@wsu.edu
(509) 335-4521

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