

Starting January 1, 2020, the School Employees Benefits Board (SEBB) Program will administer health insurance and other benefits to all employees in school districts and charter schools, and union-represented employees of educational service districts in Washington.

Upcoming dates

- October 1st November 15th 1st annual open enrollment
- October 2nd SEBB Benefit Fair at CBC 3:00 pm to 8:00 pm
- October 9th RSD's Benefit Fair at Carmichael Middle School Cafeteria 3:00 to 5:30
- October 22nd a Enrollment Assistance night at Richland High School Library 2:30 to 6:30 we'll be at the computers to help you sign up for your benefits
- ➤ SEBB my account will have tools to help you pick the plan that best suits your needs, with ALEX and a virtual benefits fair if you're unable to attend the others
- ▶ January 1, 2020 SEBB Benefits coverage begins

Medical Plans

Below is the amount that will be withheld from your paycheck starting January 31, 2020

Employee Cost	KPWA Core 1	Kaiser WA KPWA Core 2	KPWA Core 3	Prer	nera Standard PPO**	Ur UMP Achieve 1	niform Medic UMP Achieve 2	al UMP High Deductible
Lilipioyee Cost	KPVVA Core 1	KPWA Core Z	KPVVA Core 5	nigii PPO	Standard PPO**	OIVIP ACITIEVE 1	OIVIP ACITIEVE Z	Deductible
Employee	\$13.00	\$19.00	\$89.00	\$70.00	\$22.00	\$33.00	\$98.00	\$25.00
Employee & Spouse	\$26.00	\$38.00	\$178.00	\$140.00	\$44.00	\$66.00	\$196.00	\$50.00
Employee & Child(ren)	\$23.00	\$33.00	\$156.00	\$123.00	\$39.00	\$58.00	\$172.00	\$44.00
Full Family	\$39.00	\$57.00	\$267.00	\$210.00	\$66.00	\$99.00	\$294.00	\$75.00
Surcharges								
Tobacco Surcharge	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
Spousal Surcharge	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00

^{*}Employees may be subject to the above surcharges

Medical Plans

This is a summary, and is not inclusive of all covered services. Figures, plans, and carriers shown are subject to legislation funding and final decisions by the SEB Board.

	Kaiser WA		Premera		Uniform Medical Plan (UMP)			
	KPWA Core 1	KPWA Core 2	KPWA Core 3	High PPO	Standard PPO	UMP Achieve 1	UMP Achieve 2	UMP High Deductible
Deductible (single/family)	\$1,250/\$3,750	\$750/\$2,250	\$250/\$750	\$750/\$1,875	\$1,250/\$3,125	\$750/\$2,250	\$250/\$750	\$1,400/\$2,800 (Combined Med/Rx)
Out-of-pocket max	\$4,000/\$8,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,500/\$7,000	\$5,000/\$10,000	\$3,500/\$7,000	\$2,00/\$4,000	\$4,200/ \$8,400**
Coinsurance	20%	20%	20%	25%	20%	20%	15%	15%
Ambulance	20%	20%	20%	25%	20%	20%	15%	15%
Emergency room	\$150 + 20%	\$150 + 20%	\$150 + 20%	\$150 + 25%	\$150 + 20%	\$75 + 20%	15%	15%
Inpatient services	20%	20%	20%	25%	20%	\$200/day, up to \$600 + 20%	\$200/day, up to \$600 + 15%	15%
Outpantient services	20%	20%	20%	25%	20%	20%	15%	15%
Primary care	\$30	\$25	\$20	\$20	\$20	20%	15%	15%
Specialist	\$40	\$35	\$30	\$40	\$40	20%	15%	15%
Urgent	\$30	\$25	\$20	25%	25%	20%	15%	15%
Diagnostic tests, lab, and x-ray	20% over \$500	20% over \$500	20%	25%	20%	20%	15%	15%
Preventive care	Covered 100%	Covered 100%	Covered 100%	Covered 100%				
Spinal manipulations	\$30	\$25	\$20	25%	20%	20%	15%	15%
Mental health (outpatient)	\$30	\$25	\$20	\$20	\$20	20%	15%	15%
Physical, Speech & occupational therapy	\$40	\$35	\$30	\$40	\$40	20%	15%	15%
Rx deductible	None	None	None	\$125/\$312*	\$250/\$750*	Tier 2 and Specialty: \$250/\$750	Tier 2 and Specialty: \$100/\$300	Apllied to medical deductible
Rx out-of-pocket limit	Applies to max	\$2,000 per member family maximum \$4,000	\$2,000 per member family maximum \$4,000	Applies to max				
Retail: Value tier						5% up to \$10	5% up to \$10	15%**
Retail: Tier 1 (Generics)	\$5	\$10	\$10	\$7	\$7	10% up to \$25	10% up to \$25	15%**
Retail: Tier 2 (Preferred Brand)	\$25	\$25	\$25	\$30	30%	30% up to \$75	30% up to \$75	15%**
Retail: Tier 3 (Non-preferred)	\$50	\$50	\$50	30%	50%			
(Most specialty)	50% up to \$150	50% up to \$150	50% up to \$150	\$50	40%	30% up to \$75	30% up to \$75	15%**

Dental Plans

This is a summary, and is not inclusive of all covered services. Figures shown are subject to legislative funding and final decisions by the SEB Board. Number of available providers within 25 miles

Willamette - 1 location Delta Care - 19 locations UDP - 47 -Covered by Delta Dental (should be covered by most dentist)

Dental Benefits	Delta Care	Uniform Dental Plan (UDP)	Willamette
	Managed care	PPO	Managed care
Annual maximum	No Max	\$1,750	No max
Deductible	\$0	\$50 (individual)/\$150 (family)	\$0
General office visit (after deductible)	\$0	\$0	\$0
Routine/emergency exams	\$0	\$0	\$0
Fillings	\$10 - \$50	20%	\$10 - \$50
Crowns	\$100 - \$175	50%	\$100 - \$175
Root canal	\$100 - \$150	20%	\$100 - \$150
Orthodontia	\$1,500 per case	50% until plan has paid \$1,750; then any amount over \$1,750	\$1,500 per case

Vision Plans

This is a summary, and is not inclusive of all covered services. Figures shown are subject to legislative funding and final decisions by the SEB Board.

Number of available within 25 miles of our zip code
Davis Vision 14 EyeMed 19 MetLife 42

Vision Benefits	Davis Vision	EyeMed	Metlife
Routine exam (renews January 1)	\$0	\$0	\$0
Frames (renews January 1 in even years)	\$0 up to \$150, then 80%	\$0 up to \$150, then 80%	\$0 up to \$150, then 80%
Lensese	\$0	\$0	\$10
Progressive lenses	\$50 - \$140	\$55 - \$175	\$0 -\$175
Conventional* contact lenses	\$0 up to \$150, then 85% (or 4 boxes from collection lenses)	\$0 up to \$150, then 85%	\$0 up to \$150, then 100%
Disposable* contact lenses	\$0 up to \$150, then 85% (or 4 boxes from collection lenses)	\$0 up to \$150, then 100%	\$0 up to \$150, then 100%

^{*}Disposable contact lenses are single-use lenses and are removed and discarded after a determined period of time, typically at the end of each day or week.

Conventional lenses, with proper care and cleaning, can be used for longer periods of time, from one month to up to one year.

Mandatory life & accidental death & dismemberment (AD&D) Insurance

Employer paid			
Insurance type	Basic		
Employee basic life	\$35,000		
Employee basic (AD&D)	\$5,000		
Employ	vee paid		
Insurance type	Supplemental		
Employee supplemental life	* Guaranteed issue (GI)* up to \$500,000 in \$10,000 inrements, up to a maximum of \$1,000,000 * Evidence of insurability (EOI)* required for amounts over \$500,000		
Supplemental spousal term life (tied to employee coverage amount)	 * Up to 50% of employee's supplemental * GI up to \$100,000 in \$5,000 increments * EOI required over \$100,000 		
Supplemental dependent child term life	* GI up to \$20,000 in \$5,000 increments * Fore dependents 2 weeks to 26 years		
Supplemental employee, spousal, and child AD&D	 Employee: GI up to \$250,000 in \$10,000 increments Spouse: GI up to \$250,000 in \$10,000 increments Child: GI up to \$25,000 in \$5,000 increments 		

Supplemental Life & AD&D Insurance

Supplemental benefits are 100% employee paid. Rates are based on age of December 31st the prior year.

Supplemental employee and spouse life
insurance monthly premiums (per \$1,000
coverage)

Age	Non-Smoker	Smoker		
<25	\$0.038	\$0.050		
25-29	\$0.042	\$0.060		
30-34	\$0.046	\$0.080		
35-39	\$0.058	\$0.090		
40-44	\$0.088	\$0.100		
45-49	\$0.128	\$0.150		
50-54	\$0.188	\$0.230		
55-59	\$0.460	\$0.400		
60-64	\$0.534	\$0.630		
65-69	\$0.962	\$1.220		
70+	\$1.438	\$1.988		
Child Rate				

(Per \$1,000 of coverage)

2 week - 26 \$0.124

Supplemetnal AD&D			
Rate (Per \$1,000 of coverage)			
Employee	\$0.019		
Spouse/SRDP*	\$0.019		
Child	\$0.016		

Supplemental insurance: Premium examples

35-year-old smoker

- \$200,000 supplemental life for employee: \$18/month
- \$100,000 Supplemental life for spouse: \$9/month

50-year-old non-smoker

- \$150,000 supplemental life for employee: \$28.50/month
- \$75,000 supplemental life for spouse: \$14.25/month

Any eligible employee (guaranteed issue)

- \$20,000 supplemental life for child: \$2.48/month
- \$250,000 supplemental AD&D for employee or spouse \$4.75/month
- \$25,000 supplemental AD&d for child: \$0.40/month

Mandatory basic LTD plan

Employer-paid basic LTD plan design				
Insurance type	Basic			
Benefit waiting period*	90 days or the end of family /medical paid leave, whichever is longer			
Pension	Choice (The member can choose to be paid from their pension; if they do, it is deducted from their disability benefit.)			
Sick Leave	No choice (The benefit will not begin paying until the end of the member's existing sick leave, whether or not the employee uses and receives payment for the sick leave.)			
Maximum monthly benefit	\$400			

Supplemental LTD plan Supplemental benefits are 100% employee paid.

Employee-paid supplemental LTD plan design					
Insurance type	Insurance type Basic				
Benefit waiting period*	90 days or the end of family /medi	ical paid leave, whichever is longer			
Enrollment type	Opt in (The member must a	ctively enroll in this benefit.)			
Pension	Choice (The member can choose to be deducted from thei				
Sick Leave	No choice (The benefit will not begin paying until the end of the member's existing sick leave, whether or not the employee uses and receives payment for the sick leave.)				
Maximum monthly benefit					
Supplemental LTD cost examples					
Annual income	Estimated Monthly premiums	Estimated monthly benefit (includes basic benefit)			
\$30,000	\$9 - \$15	\$1,500			
\$50,000	\$15 - \$25	\$2,500			
\$80,000	\$25 - \$40	\$4,000			
\$100,000	\$31 - \$51	\$5,000			

Supplemental Long-Term Disability

Rate (Per \$5,000 of coverage)

Age	Rate
<30	0.0014
30 - 34	0.0019
35 - 39	0.0029
40 - 44	0.0041
45 - 49	0.0056
50 - 54	0.0077
55 - 59	0.0093
60 - 64	0.0096
65+	0.0098

Default Enrollment

- ► Failing to enroll during first annual open enrollment (OE) will result in default enrollment:
 - ▶ Employee enrolled as a **single subscriber** with:
 - ▶ Uniformed Medical Plan Achieve 1
 - ▶ Uniform Dental Plan
 - ► MetLife vision
 - ▶ Basic Life and AD&D
 - ▶ Basic LTD
 - ▶ Tobacco use premium surcharge incurred (\$25)
 - ► Total cost to employee \$33 + \$25 = \$58

Default Enrollment

- An employee who defaults:
 - ► Cannot enroll:
 - ▶ Dependents
 - ► Medical Flexible Spending Arrangement (FSA)
 - ► Dependent Care Assistance Program (DCAP)
 - ► Cannot make changes or add dependents until:
 - ► Annual Open Enrollment (OE), effective January 1
 - ▶ Special Open Enrollment (SOE) event occurs

Waiving Enrollment

- ► A school employee may waive SEBB medical if enrolled in:
 - ▶ Other employer based group medical insurance
 - **TRICARE**
 - ▶ Medicare
- ► A school employee who waives enrollment in SEBB medical must enroll in:
 - ▶ Dental
 - **►** Vision
 - ► Basic life & AD&D
 - ▶ Basic LTD

May not waive if enrolled in Medicaid

To waive medical you must do so in the portal or you'll be defaulted.

Eligible Dependents

- Legal spouse
- ► State-registered domestic partner (SRDP) Defined in RCW 26.60.020 (1)
- ▶ Child(ren) up to age 26 child, step child, legally adopted child, etc.
- Extended dependents Grandchild, niece, nephew, etc. with legal custody or guardianship
- ▶ Disabled dependent children age 26 or older Disability occurred before age of 26 (if you have already filled out this paper within the last few years, you can work with the payroll office so you don't have to redo the paperwork)

Required Forms & Dependent Verification

Spouse

Most recent year's Federal Tax Return, or Marriage certificate, and Proof of common residence, or Proof of financial interdependency

Extended Dependent

Extended Dependent Certification form, and
Court order
Serves as DV
Dependent must reside with subscriber

Children up to age 26

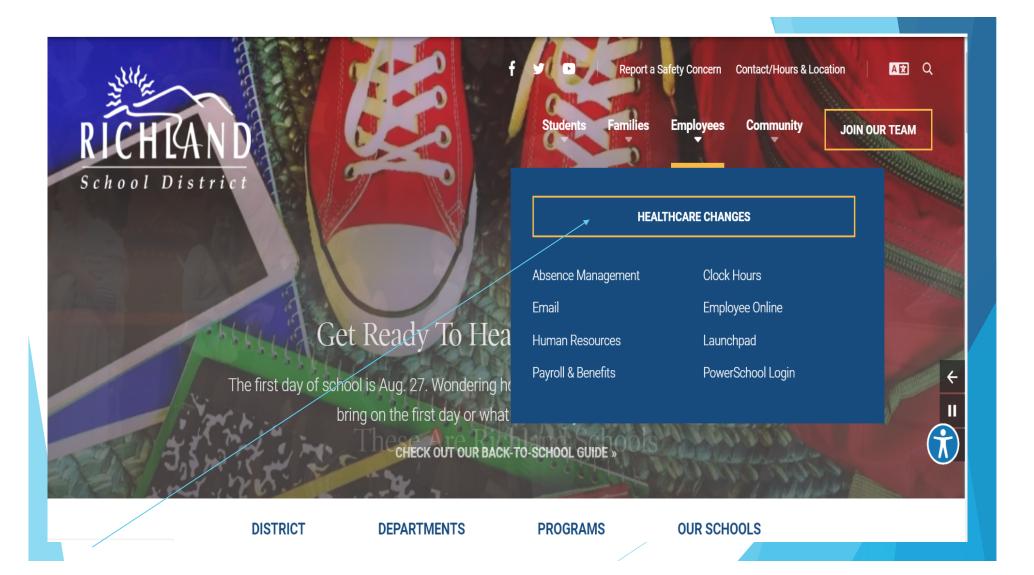
Most recent year's Federal Tax Return, or Birth certificate

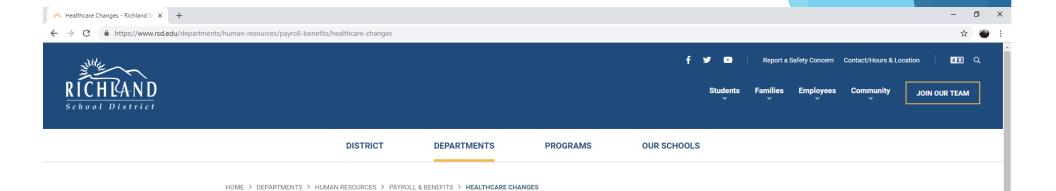
Disabled Dependent

Certification of a Child With a Disability form

State-registered domestic partner

Certificate of state-registered domestic partnership, and Proof of common residence, or Proof of financial interdependency





Healthcare Changes

The State of Washington is taking over the health plans for medical, dental and vision care for all school employees across the state effective Jan. 1, 2020. This new insurance program, managed by the School Employees Benefit Board or SEBB of the Washington State Health Care Authority, will have open enrollment between Oct. 1 and Nov. 15, 2019.

There are many significant changes to your healthcare coverage resulting from this transition to SEBB and the district is here to support and guide you and your families through this process.

Informational Meetings

Optional information meetings with the district's SEBB transition team, including Tony Howard, Clinton Sherman and Angie Hendricks, will be at schools and district facilities beginning Aug. 14. These meetings will either be at the beginning or end of the work day and will be communicated to you ahead of time.

- Aug. 14 Bus Drivers
- Aug. 15 Operations
- Aug. 19 RSD Administration*
- Aug 91 Nutrition Convices

Important Dates

- Open Enrollment: Oct. 1 Nov. 15
- SEBB Fair: 3 p.m., Oct. 2, Columbia Basin College (Pasco campus)
- Benefits Fair: 3 p.m., Oct.
 Gramichael Middle
 School cafeteria
- SEBB Enrollment
 Assistance Night: 2:30
 p.m., Oct. 23, Richland
 High Library

