



Kibble &
Prentice

PAEOP: PSD Benefits Review

Benefit Year: November 1, 2017 – October 31, 2018



P U Y A L L U P

S C H O O L D I S T R I C T

A Tradition of Excellence

2017 Benefit Fair and Depot Schedule

Open Enrollment ends September 29, 2017

Benefit Fair Ferrucci Jr. High School	Tuesday, September 14 th from 3:00 - 6:00 pm
Benefit Depot Schedule ESC	Monday, August 28 th from 4:30 – 6:30 pm Monday, September 11 th from 5:30 – 8:30 pm Saturday, September 16 th from 9:00 – 12:00 pm Wednesday, September 20 th from 10:00 – 1:00 pm Wednesday, September 27 th from 4:30 – 7:30 pm Friday, September 29 th from 4:00 – 7:00 pm

Medical Plan Options for 2017-2018

<u>Medical plans available</u> <u>November 1, 2017:</u>	<u>Medical plans NOT renewing</u> <u>November 1, 2017:</u>
Regence QHDHP with HSA Regence Innova A PPO Regence Innova B PPO Regence Innova \$2500 PPO Kaiser Permanente HMO Kaiser Permanente Access PPO	Premera Plan 3

All employees making ANY changes will need to complete a PSD enrollment change form AND make changes when completing the online enrollment process. For those that were enrolled in the Premera plan and want to maintain a similar level of coverage, the Regence Innova B and Kaiser Permanente Access PPO plans have the most comparable benefits.

What is my Cost of Coverage?

I am a full-time employee (1.0 Benefit FTE)

If you work full time (1.0 fte) you will find your pre-calculated monthly cost for medical on your calculation worksheet found right outside this room.

- Includes cost of mandatory benefits.
 - Rate assumes enrollment in Delta Dental.
 - Additional savings for those that select the Willamette Dental Plan
- Pooling is not included in these calculations.

If you work part-time, follow the instructions in the table below to determine the monthly amount that you have available to pay for medical coverage:

Please note that if your hours change during the year, your benefit FTE will update automatically and your deduction amount will change accordingly.

Line #1 below:	For teachers, your benefit fte is the same as your contract fte. This is your "Allocation Factor," it cannot be greater than 1.0.
Line #2 below:	Multiply the number on Line #1 by \$780, this year's monthly State Allocation. This is the monthly amount of State Allocation that you are entitled to based on your allocation factor. For example, if your contract fte is 0.7 then: 0.7 x \$780 = \$546.00
Line #3 below:	The cost of mandatory benefits for Teachers is \$162.73 per month. Subtract this cost from your calculated State Allocation amount in Line #2. This is the monthly amount of allocation you have available for the cost of medical coverage. Review the total premiums for each plan below to see your cost of coverage. In the example above: \$546.00 - \$162.73 = \$383.27

Line #1	Allocation Factor (1.0 Maximum)
Line #2	Available State Allocation Funds (Line #1 x \$780)
Line #3	Amount available for cost of medical coverage (Line #2 – cost of mandatory benefits from the chart below)

Total Monthly Premiums for each plan and carrier						
Medical Plan Option	Employee only	Employee & Spouse/DP	Employee & 1 Child	Employee & 2+ Children	Employee, Spouse & 1 Child	Employee, Spouse & 2+ Children
Regence Innova A and B	717.60	1351.60	992.60	1042.60	1626.60	1676.60
Regence PPO \$2500	799.90	1115.60	819.90	859.90	1335.60	1375.60
Regence \$1500 QHDHP/HSA	794.00	1104.50	811.80	851.40	1322.30	1361.90
Premiera Plan 3	991.15	1817.95	1325.05	1325.05	2180.25	2180.25
Group Health HMO \$0	789.07	1486.46	1138.68	1488.31	1836.06	2185.67
Group Health Access PPO	682.60	1283.31	982.97	1290.14	1590.48	1890.82

Please Note that pooling is NOT included in these calculations.

What is my Cost of Coverage?

*I am a **part-time** employee (less than a 1.0 Benefit FTE)*

Calculate or Identify your Benefit FTE	<p>Multiply your average number of hours/day by how many days you are contracted to work/year. This can vary for PAEOP employees depending on your position. If you don't know your this number, contact benefits@puyallup.k12.wa.us.</p> <p>Then divide that number by 1,440. This is your "Allocation Factor," it cannot be greater than 1.0.</p> <p><i>Example Calculation: 5 hrs per day X 190 days per year ÷ 1440 = .6597</i></p>
Calculate your Benefit Allocation	<p>Multiply your "Allocation Factor" by \$820. This provides you with your monthly amount of State Allocation that you are entitled to based on your allocation factor.</p> <p><i>In the example above: 0.6597 x \$820 = \$540.95</i></p>
Calculate amount available for medical coverage	<p>The cost of mandatory benefits for PAEOP is \$184.47. This cost includes dental, life/ad&d and LTD. Subtract this cost from your calculated State Allocation amount. This is the monthly amount of allocation you have available for the cost of medical coverage.</p> <p>You can deduct this amount from the total premium to calculate your total out-of-pocket cost.</p> <p><i>In the example above: \$540.95 - \$184.47= \$356.48</i></p>

What is my Cost of Coverage?

I am a part-time employee (less than a 1.0 Benefit FTE)

From the example on the previous page, you can reduce the **total** premiums below by **\$356.48**.

Total Monthly Premiums for each plan and carrier

Medical Plan Option	Regence PPO \$2500	Regence Innova (A&B)	Regence QHDHP	Kaiser Access PPO	Kaiser HMO
Employee	729.20	868.70	722.30	747.32	862.75
Employee + Spouse	1,358.60	1,638.20	1,344.40	1,404.99	1,625.27
Employee + Child	1,001.90	1,206.50	992.40	1,076.16	1,245.01
Employee + Children	1,060.90	1,277.40	1,050.90	1,412.46	1,627.29
Employee + Spouse & Child	1,631.30	1,976.00	1,614.50	1,741.28	2,007.51
Employee + Spouse & Children	1,690.30	2,046.90	1,673.00	2,070.10	2,389.77

If you work part-time, follow the instructions in the table below to determine the monthly premium that you have available to pay for medical coverage.

Please note that if your hours change during the plan, your benefit FTE will update automatically and your election amount will change accordingly.

Line 01 below:
Has medical coverage for the month that is the same as your contract rate.
This is your "Allocation Factor." It cannot be greater than 1.0.

Line 02 below:
Multiply the number on Line 01 by 2500 (the plan's monthly base allocation). This is the monthly amount of base allocation that you are eligible to pay for medical coverage.

Line 03 below:
The amount of your contract rate (0.5 FTE = 0.5 x 2500 = \$1250.00).
The amount of available benefit for the month is \$1250.00 per month. Subtract this cost from your available base allocation amount on Line 02. This is the monthly amount of available benefit available to you for medical coverage.
Reduce the total premium to make your benefit not your cost of coverage.
In the example above, \$1448.40 (\$1250.00) = \$198.40.

Line 04 below:
Allocation Factor (0.8 Allocation)
Allocation Base Allocation (Line 03) x 0.80
Amount available for cost of medical coverage
Line 02 - cost of available benefit from the plan below

Total Monthly Premiums for each plan and carrier

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Please Note: The pricing is NOT included in these calculations.

The back of your calculation worksheet also walks you through this calculation.



Selecting a Medical Plan

Step 1: After reviewing cost, review the basic plan features

Review the cost of each plan and then review the basic plan features. Be sure to look at your monthly premium cost deducted from your paycheck in comparison to the out-of-pocket maximum on the plan:

	Regence Innova A	Regence Innova B	Regence \$2500 PPO	Regence QHDHP with HSA	Kaiser HMO	Kaiser Access PPO
Annual Deductible	\$1,000 (3x family)	\$750 (3x family)	\$2,500 (3x family)	\$1,500 (2x family agg.)	\$0	\$350 (2x family)
Annual Out-of-Pocket Max	\$4,000 (2x family)	\$3,500 (2x family)	\$5,000 (2x family)	\$2,500 (2x family agg.)	\$2000 (2x family)	\$2,000 (2x family)
Coinsurance	80%	75%	80%	80%	100%	90%
Office Visits	\$15	\$30	\$30	80% after deductible	\$20	\$15

Selecting a Medical Plan

Step 1: After reviewing cost, review the basic plan features

Don't forget to review the **Prescription Drug** Benefits! Pay attention to the benefits in **bold**.

	Regence Innova A	Regence Innova B	Regence \$2500 PPO	Regence QHDHP with HSA	Kaiser HMO	Kaiser Access PPO
Rx Deductible	\$500 (waived for generics)	\$250 (waived for generics)	\$500 (waived for generics)	N/A	N/A	N/A
Rx Out-of-Pocket Max	N/A	N/A	N/A	N/A	N/A	N/A
Generic	\$0	\$0	\$0	20% after deductible	\$10	\$20
Preferred Brand Name	30%	\$30	\$30	20% after deductible	\$20	\$35
Non-Preferred Brand Name	30%	\$45	\$45	20% after deductible	Not Covered	\$55
Mail Order	2x Retail copay for up to a 90 day (100 day for Plan 3) supply Group Health HMO: 3x retail copay for a 90 day supply					

Selecting a Medical Plan

Step 2: Review networks of plans you're considering

Verify that the doctors and facilities you use are in-network!

All the plans at PSD are PPO plans, except for the Kaiser Permanente HMO plan, meaning that you can see any provider without a physical referral.

For Regence:

- www.regence.com/web/regence_individual/finding-doctors
- Use the “Quick Search” and select “Washington Preferred, Classic, Engage, Innova, HSA”

For Kaiser Permanente (Access PPO network):

- https://grouphealth.vitalschoice.com/?ci=DFT&geo_location=98101,seattle,wa,city&network_id=6
- Select Access PPO or Core/Group Health for the HMO plan

My plan is no longer offered...

What you might consider if you were enrolled on Premera Plan 3

My plan is no longer offered,
what are my alternative
options?



I was on Premera Plan 3

A. Plans with most comparable benefits: Regence Inova B and Kaiser Permanente Access PPO plans.

The Regence Inova B plan has a moderately higher deductible and out-of-pocket maximum and provides a lesser coinsurance percentage (75% as opposed to 80% for in-network services) but the core features of the plan are fairly similar. You may also consider enrolling in the Kaiser Access PPO where the benefits more closely align with the high level of coverage that the Premera plan provided.

The Kaiser Access PPO and Regence plans have comparable networks to your current Premera plan but you should verify that the doctors you use routinely are in these networks. Also remember to review the cost of each of these plans.

What's the difference between a traditional PPO plan and a QHDHP PPO plan?

QHDHP Plan

Deductible is higher.

QHDHP: \$1,500 individual / \$3,000 family.

You pay 100% of the cost of most services until you have met your deductible.

Eligible employees can open an HSA that can help off-set the out-of-pocket costs with pre-tax money. HSA is your account and rolls over year to year.

Lower monthly premiums.

Traditional PPO Plan

Deductible is lower.



Kaiser Access PPO \$350: \$350 individual / \$700 family.

Many services are subject to a copay and many services are deductible waived. Costs are generally more predictable.

Higher monthly premiums.

PPO versus HSA - Which plan is best for you and your family?

Consider the following questions:

<p>Would you rather pay more money as you incur services or pay more each pay period?</p>	<p>Are you looking for a tax advantaged savings method?</p> <p>HSA</p>
<p>Do you take expensive or several prescription drugs?</p> 	<p>Are you covering a dependent on the medical coverage?</p> 

Which plan is better?

Both are quality plans. It just depends on your financial point of view, medical needs and long term financial goals and objectives. Both plans provide comprehensive coverage and include an out-of-pocket maximum (though the amount varies based on plan selection).

Delta Dental of Washington

Using Plan A



Get an annual dental exam to increase your plan coinsurance by **+10%** in the next benefit period. If you don't go to the dentist in the current benefit period, your benefit level will decrease by **-10%** in the next benefit period.

70%

80%

90%

100%

3 Networks:

- PPO Dentists (highest level of coverage)
- Premier Dentists (in-network but may experience more out-of-pocket costs)
- Non-Participating Dentists (lowest level of coverage)

In the event you need to have dental work estimated to cost \$300 or more, we recommend you have your dentist submit a treatment plan for pre-authorization.



Willamette

How to use the network



How to schedule an appointment:

- Call the Appointment Center: wait-time for an appointment may vary based on your choice of provider, dental office location, appointment type and desired day or time.

Network providers:

- If you select the Willamette dental plan, you must receive care from a Willamette Dental Group dentist or specialist.
- If you are referred to an outside dentist or specialist by your Willamette provider, you will have coverage per your Willamette plan.

