



Blaine School District #503

YOUR BENEFIT REFERENCE GUIDE FOR THE 2011-2012 SCHOOL YEAR

Benefits Fair

Tuesday, August 30
7:00 – 8:30 a.m.
Middle School Cafeteria

Open Enrollment

August 26
through
September 12, 2011

Applications are to be turned into the Payroll Office. **TO BE EFFECTIVE BY OCTOBER 1, your application must be received by the Payroll Office no later than September 12.**

The information herein is not a contract. It is a summary of the benefits available. It is not intended to be an all-inclusive description of Plan benefits, limitations or exclusions, and should not be used in lieu of a Plan book. Be sure to consult your Plan booklet, or consult with the insurance company representative before making your selection. If there are any discrepancies between this summary and the official Plan documents and booklets, the official Plan documents and booklets prevail. Questions may be directed to Allysa Bronson at (360) 332-5881 x1712 , Lori Leech at (360) 332-5881 x1710 or **The Partners Group, dba Baldwin Resource Group, Inc at 877-455-5640**. This summary was printed on August 16, 2011. Any information not provided by that time or revisions by bargaining units or by insurers after this date could change or modify the information contained herein.

Please Note: All plan changes have been outlined in bold.

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HOW TO SELECT A MEDICAL PLAN

You have a choice of **7** different plans which offer a variety of plan designs. An explanation of each plan design and the plan names follow:

HEALTH MAINTENANCE ORGANIZATION (HMO) type plans provide you with the best benefits and the lowest cost at the time of service. However, these plans require that you select a primary care provider (PCP) from their list of providers. Your PCP will then either provide or coordinate all of your care (except in the case of a medical emergency).

HMO Plan:

- Group Health Cooperative Traditional 250 Plan
- Group Health Cooperative Welcome 500 Plan

PREFERRED PROVIDER ORGANIZATION type plans contract with a large number of providers. If you choose to receive your care through a preferred provider the insurance company will pay a percentage of the charges. If you choose to go to a non-preferred provider, then the insurance company will pay a lower percentage of the charges. Services are subject to a copay or deductible before the percentage is paid.

Preferred Provider Plan Choices:

- Regence Blue Shield Whatcom Educational Insurance Consortium Modified Copay Plan
- Regence Blue Shield Whatcom Educational Insurance Consortium Engage 80 Plan
- Regence Blue Shield Whatcom Educational Insurance Consortium High Option Plan
- Regence Blue Shield Whatcom Educational Insurance Consortium Innova 500 Plan
- Regence Blue Shield K-12 HSA 2.0 Plan

NOTE: The Regence Blue Shield Modified Copay, Engage 80 and HSA plans cover on-the-job injuries for self-employed individuals and their spouses to a \$250,000 lifetime maximum. The Regence WEIC High Option and Innova 500 plans cover on-the-job injuries for self-employed individuals to a \$250,000 lifetime maximum (employee only). Group Health does not cover on-the-job injuries.

All enrollment forms have to be submitted by September 12, 2011.

DROPPING COVERAGE: You may only drop coverage for yourself and/or dependents after open enrollment if there is a qualifying event as defined under Section 125. Please contact Human Resources/Payroll for additional information.

SPECIAL ENROLLMENT RIGHTS DESCRIPTION:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Unless the above applies, understand that you may not be able to obtain coverage under the group insurance plan until the next open enrollment period. Obtaining coverage in the future will be subject to administrative rules and laws in force at that time.

BASIC MEDICAL BENEFITS COMPARISON 2011-2012 (PIF: Paid in Full)

SERVICE	GROUP HEALTH CO-OP TRADITIONAL 250 Managed Care	GROUP HEALTH CO-OP WELCOME 500 Managed Care	REGENCE / WEIC MODIFIED COPAY PLAN	REGENCE / WEIC ENGAGE 80 PLAN	REGENCE WEIC HIGH OPTION	REGENCE WEIC INNOVA 500	REGENCE K-12 HSA 2.0
Deductible	\$250/person \$750/family	\$500/person \$1,500/family	\$200/person \$600/family	\$200/person \$600/family	\$200/person \$600/family	\$500/person \$1,500/family	\$1500/person \$3000/family*
Coinsurance maximum	\$2000/person \$6000/family	\$2000/person \$6000/family	\$2500/person \$7500/family	\$1000/person \$2000/family	\$1000/person \$3000/family	\$2500/person \$7500/family	\$5000/person \$10000/family
Physicians	Primary Care Physician (PCP) referral needed for a specialist, except at GHC Specialty Centers in Seattle and Bellevue. Women may also self refer to a women's health care provider.	Primary Care Physician (PCP) referral needed for a specialist, except at GHC Specialty Centers in Seattle and Bellevue. Women may also self refer to a women's health care provider.	Preferred, participating, or non-contracted providers (Categories 1, 2 and 3 respectively) inside or outside the Regence Service area.	Preferred, participating, or non-contracted providers (Categories 1, 2 and 3 respectively) inside or outside the Regence Service area.	Preferred, participating, or non-contracted providers (Categories 1, 2 and 3 respectively) inside or outside the Regence Service area.	Preferred, participating, or non-contracted providers (Categories 1, 2 and 3 respectively) inside or outside the Regence Service area.	Preferred, participating, or non-contracted providers (Categories 1, 2 and 3 respectively) inside or outside the Regence Service area.
Change PCP	Anytime	Anytime	N/A	N/A	N/A	N/A	N/A
Physician's Office Visit	80% after \$30 copay (Deductible waived)	Visits 1-4 100% after \$20 copay, Visits 5+ subject to \$20 copay, deductible; then covered at 80%	100% after \$20 copay	80% after deductible	90% after \$20 copay	All office visits subject to a \$15 copay.	80% after deductible
X-Ray Laboratory	Covered at 80%	Covered in full first \$500 PCY. Deductible, then 80% thereafter	100%, deductible waived	80%. Deductible waived for mammogram and pap smear.	90%. Deductible waived.	Covered in full first \$500 per calendar year. Deductible, then 80% thereafter.	80% after deductible
Prescriptions Pharmacy (30 Day Supply)	\$15 copay generic. \$30 copay brand.	\$15 copay generic. \$30 copay brand.	\$5 copay generic formulary. \$20 copay brand formulary. Non-form: \$40.	\$10 copay generic formulary. \$15 copay brand formulary. Non-form: \$30.	\$5 copay generic formulary. \$20 copay brand formulary. Non-form: \$40.	\$5 copay generic formulary. \$20 copay brand formulary. Non-form: \$40.	80% after deductible***
Prescriptions Mail Order (90 Day Supply)	\$30 copay generic \$60 copay brand per 90 day supply	\$30 copay generic \$60 copay brand per 90 day supply	\$10 copay generic formulary. \$20 copay brand formulary. Non-form: \$80.	\$20 copay generic formulary. \$30 copay brand formulary. Non-form: \$60.	\$10 copay generic formulary. \$40 copay brand formulary. Non-form: \$80.	\$10 copay generic formulary. \$40 copay brand formulary. Non-form: \$80.	80% after deductible***
Maternity	Dr. visits 80% after \$30 copay (ded waived); Delivery 80% after ded.	Covered at 80% after deductible.	90% after deductible	80% after deductible	90% after deductible	80% after deductible	80% after deductible
Preventive Care	Covered in full. No Annual Maximum	Covered in full. No Annual Maximum	Covered in full. No Annual Maximum	Covered in full. No Annual Maximum	Covered in full. No Annual Maximum	Covered in full. No Annual Maximum	Covered in full. No Annual Maximum
Emergency room (copay waived if admitted)	\$100 copay, then ded & 80%	\$100 copay, then ded & 80%.	\$75 copay, then deductible and 90%;	\$75 copay, then deductible and 80%;	\$75 copay, then deductible and 90%;	\$75 copay, then deductible and 80%;	80% after deductible
Hospital Inpatient	Covered 80% after annual deductible	Covered 80% after annual deductible.	90% after deductible	80% after deductible	90% after deductible.	80% after deductible.	80% after deductible.
Ambulance	80%	80%	90% after deductible	80% after deductible	90% after deductible	80% after deductible	80% after deductible

Please Note: All plan changes have been outlined in bold.

This benefits comparison provides general information only and is subject to plan limitations and restrictions. Refer to the plan booklets for specific coverage.

*HSA 2.0 :Prior to benefits being paid out for any family member, the deductible must be met. The family deductible applies with the subscriber and one or more dependents are enrolled.

*HSA 2.0: Deductible Waived for generic and formulary preventive drugs for asthma, diabetes, high blood pressure, high cholesterol and tobacco addiction.

Blaine School District

Health Insurance Rates 2011-2012

(monthly rates)

	Group Health Cooperative Traditional 250 Plan	Group Health Cooperative Welcome 500 Plan	Regence Blue Shield WEIC Modified Copay Plan	Regence Blue Shield WEIC Engage 80 Plan	Regence Blue Shield WEIC High Option	Regence Blue Shield WEIC Innova 500	Regence Blue Shield K-12 HSA 2.0*
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Medical

Subscriber	\$759.91	\$576.85	\$835.68	\$666.32	\$737.07	\$494.45	\$495.83
Subscriber & Spouse	\$1,459.45	\$1,107.37	\$1,602.49	\$1,275.77	\$1,413.26	\$949.15	\$836.86
Subscriber & Children	\$1,159.53	\$879.94	\$1,174.70	\$934.75	\$1,036.09	\$770.65	\$702.98
Entire Family	\$1,857.82	\$1,409.57	\$1,941.51	\$1,544.20	\$1,712.28	\$1,225.35	\$1,044.01

* HDHP- HSA Plan: Your premium dollars include a monthly contribution of \$125 towards your Health Savings Account.

Dental	Vision	Northwest Benefit Network	EAP	Health Promotion Network
Washington Dental Service + Ortho E				
Entire Family	Entire Family	\$22.00	Employee	\$2.05

Please Note: For exclusions, limitations and clarifications see the individual plan booklets. This comparison is not a contract.

OPTION I

GROUP HEALTH COOPERATIVE TRADITIONAL 250 PLAN (Group #1055600)

Eligible Health Care Providers	Group Health Participating Providers.
Definition of Dependent Child	Child(ren) from birth to their 26 th birthday.
Cost Containment Provisions	As specified. Refer to booklet.
MEDICAL COVERAGE	
Annual Deductible	\$250 per person / \$750 per family
General Benefits	Most services provided in full at GHC contracted facilities except for copayments.
Reimbursement Formula	Annual out-of-pocket limit is \$2,000 individual/\$6,000 family.
Hospital Inpatient	80% coinsurance. Subject to deductible.
GHC Emergency Room	\$100 copay per visit (waived if admitted). Subject to Deductible then covered at 80%.
Non-GHC Emergency Room	\$100 copay (waived if admitted). Patient must notify GHC within 24 hours if admitted. Subject to Deductible then covered at 80%.
Inpatient Surgery	80% coinsurance. Subject to deductible.
Outpatient Surgery	\$30 copay, then covered at 80% . Deductible does not apply.
Office Calls	\$30 copay, then covered at 80% . Deductible does not apply to office calls. Hearing exams covered once every twelve months. Self referral for Acupuncture visits are limited to 8 per condition per calendar year. Self referral for Naturopathic visits are limited to 3 per condition per calendar year.
Diagnostic Lab & X-Ray	Outpatient: Covered at 80% for all covered services. Deductible does not apply to Outpatient Lab & X-ray. Inpatient Lab & X-ray is Subject to Deductible.
Prescription Drugs	Most drugs*, including contraceptives, prescribed by and obtained from GHC are covered with a \$15 copay for generic / \$30 copay for brand name, per 30 day supply**. Mail order available with a \$30 copay for generic / \$60 copay for brand name, per 90 day supply.** The deductible and coinsurance <u>do not</u> apply.
Ambulance	Covered at 80%. GHC initiated non-emergency transfers are covered in full.
Mental Health Inpatient Services	80% coinsurance. Subject to deductible. No day limit.
Mental Health Outpatient Services	\$30 copay, then covered at 80% . deductible does not apply. No visit limit.
Chiropractic	Self referral for manipulative therapy of spine by GHC contracted providers is covered to a maximum of 10 visits per calendar year with a \$30 copay per visit, then covered at 80% . Deductible does not apply. Medical necessity for manipulative therapy must meet GHC protocol.
Preventive Care	Covered in full.
Vision Care	Routine eye exam covered once every 12 months, subject to a \$30 copay, then covered at 100%; Deductible waived.
Maximum Lifetime Benefit	Unlimited
Life Insurance	Not applicable.

* Under the Devices, Equipment & Supplies benefit, external insulin pumps, glucose monitors and orthopedic appliances are covered at **80%**, not subject to out of pocket maximum.

OPTION II

GROUP HEALTH COOPERATIVE WELCOME 500 PLAN (Group #1147300)

Eligible Health Care Providers	Group Health Participating Providers.
Definition of Dependent Child	Child(ren) from birth to their 26 th birthday.
Cost Containment Provisions	As specified. Refer to booklet.
MEDICAL COVERAGE	
Annual Deductible	\$500 per person / \$1,500 per family
General Benefits Reimbursement Formula	After the applicable calendar year deductible has been met, services are paid at 80%. Annual out-of-pocket limit is \$2,000 individual/\$6,000 family.
Hospital Inpatient	80% coinsurance. Subject to deductible.
GHC Emergency Room	\$100 copay per visit (waived if admitted). Deductible and 80% coinsurance apply.
Non-GHC Emergency Room	\$100 copay (waived if admitted). Deductible and 80% coinsurance apply. Patient must notify GHC within 24 hours if admitted.
Inpatient Surgery	80% coinsurance. Subject to deductible.
Outpatient Surgery	\$20 copayment, then 80%. Subject to deductible.
Office Calls	1 st 4 visits per calendar year are not subject to deductible and/or coinsurance. \$20 copay, 80% coinsurance thereafter. Subject to deductible. Hearing exams covered once every 12 months. Self referral for Acupuncture visits are limited to 8 per condition per calendar year. Self referral for Naturopathic visits are limited to 3 per condition per calendar year.
Diagnostic Lab & X-Ray	Covered in full for the first \$500 per calendar year. Deductible, then 80% thereafter.
Prescription Drugs	Most drugs*, including contraceptives, prescribed by and obtained from GHC are covered with a \$15 copay for generic / \$30 copay for brand name, per 30 day supply**. Mail order available with a \$30 copay for generic / \$60 copay for brand name, per 90 day supply.** The deductible and coinsurance <u>do not</u> apply.
Ambulance	Covered at 80%**. The deductible <u>does not</u> apply.
Mental Health Inpatient Services	Covered at 80% coinsurance when referred by GHC. Subject to deductible. No day limit.
Mental Health Outpatient Services	\$20 copayment, then 80%. Subject to Deductible. No visit limit.
Chiropractic	Self-referral for manipulative therapy of spine & extremities by GHC providers is covered to a maximum of 10 visits per calendar year with a \$20 copay and 80% coinsurance per visit. Medical necessity for manipulative therapy must meet GHC protocol. Subject to the annual deductible.
Preventive Care	Covered in full.
Vision Care	Routine eye exam covered once every 12 months, subject to a \$20 copay**. The deductible and coinsurance <u>do not</u> apply.
Maximum Lifetime Benefit	Unlimited
Life Insurance	Not applicable.

*Under the Devices, Equipment & Supplies benefit, external insulin pumps, glucose monitors and orthopedic appliances are covered at **80%**, not subject to out of pocket maximum.

**Benefits are not subject to the deductible and copays do not accrue towards the deductible: Ambulance, Durable Medical Equipment, Pharmacy, Optical Care (annual eye exam).

OPTION III

REGENCE BLUE SHIELD WEIC MODIFIED COPAY PLAN (Group #60017856)

Category 1 – Preferred Providers

Category 2 – Participating Providers

Eligible Health Care Providers Members may utilize Category 1 (Preferred) or Category 2 (Participating) providers from the Regence BlueShield Provider Network. Category 1 and 2 Providers agree to accept Regence’s allowance as payment in full. Regence BlueShield contracts with providers nationwide. Most services from Category 3 (Non-Contracted) providers are subject to deductible and coinsurance and these providers may balance bill members for services.

Definition of Dependent Child Child(ren) from birth to 26th birthday

Cost Containment Provisions Preauthorization is required for some inpatient hospitalization. Refer to booklet. Voluntary second surgical opinion.

MEDICAL COVERAGE

Annual Deductible \$200/Individual, \$600/Family. Waived for office calls.

General Benefits Reimbursement Formula Preferred Physicians paid at 100% of allowable charges for office, home, or outpatient hospital visits after \$20 copay. Hospital facility subject to deductible, then 90%. \$2,500 (individual) / \$7,500 (family) out-of-pocket maximum; 100% thereafter. Participating Physicians paid at 70% of allowable charges for office, home, or outpatient hospital visits after \$35 copay. Hospital facility subject to deductible, then 70%. \$2,500 (individual) / \$7,500 (family) out-of-pocket maximum; 100% thereafter.

Hospital Inpatient Deductible, then 90%. Deductible, then 70%.

Emergency Room Deductible, then 90% after \$75 copay per visit; waived if admitted. Deductible, then 90% after \$75 copay per visit; waived if admitted.

Surgery Deductible, then 90%. Deductible, then 70%.

Office Calls Deductible waived. Home and office visits are paid at 100% after a \$20 copay. All other professional services subject to deductible, then paid at 100%. Acupuncture treatment is limited to 12 visits per year. Massage therapy requires a physician’s prescription. Deductible waived. Home and office visits are paid at 100% after a \$35 copay. All other professional services subject to deductible, then paid at 70%. Acupuncture treatment is limited to 12 visits per year. Massage therapy requires a physician’s prescription.

Outpatient Diagnostic Lab & X-Ray 100%; deductible waived. 100%; deductible waived.

Prescription Drugs At Participating pharmacies, paid in full after \$5 copay for generic formulary drugs/\$20 copay for brand name formulary drugs (30 day supply). Non-formulary drugs paid in full after \$40 copay. Mail order available with a \$10 copay for generic/\$40 copay for brand and a \$80 copay for non-formulary drugs (90 day supply). At Participating pharmacies, paid in full after \$5 copay for generic formulary drugs/\$20 copay for brand name formulary drugs (30 day supply). Non-formulary drugs paid in full after \$40 copay. Mail order available with a \$10 copay for generic/\$40 copay for brand and a \$80 copay for non-formulary drugs (90 day supply).

Ambulance Deductible, then 90%. Deductible, then 90%.

Mental Disorders Inpatient Deductible, then 90%. No day limits. Deductible, then 70%. No day limits

Mental Disorders Outpatient 100%; deductible waived. No visit limits. 100%; deductible waived. No visit limits.

Spinal Manipulations Deductible, then 90%. Limited to 12 visits per year. Deductible, then 70%. Limited to 12 visits per year.

Preventive Care 100%. No Annual Maximum. Deductible waived. 100%. No Annual Maximum. Deductible waived.

Vision Care Not covered. Not covered.

Maximum Benefit Unlimited Lifetime; **Annual Maximum Benefit is \$2,000,000**

Life Insurance Not applicable.

OPTION IV

REGENCE BLUE SHIELD WEIC ENGAGE 80 PLAN (Group #60017856)

Category 1 – Preferred Providers

Category 2 – Participating Providers

Eligible Health Care Providers Members may utilize Category 1 (Preferred) or Category 2 (Participating) providers from the Regence BlueShield Provider Network. Category 1 and 2 Providers agree to accept Regence’s allowance as payment in full. Regence BlueShield contracts with providers nationwide. Most services from Category 3 (Non-Contracted) providers are subject to deductible and coinsurance and these providers may balance bill members for services.

Definition of Dependent Child Child(ren) from birth to 26th birthday

Cost Containment Provisions Preauthorization is required for some inpatient hospitalization. Refer to booklet. Voluntary second surgical opinion.

MEDICAL COVERAGE

Annual Deductible \$200/Individual, \$600/Family

General Benefits Reimbursement Formula	Subject to annual deductible unless indicated. Preferred Providers paid at 80% of allowable charges thereafter. Annual out-of-pocket maximum is \$1,000/individual, \$2,000/family.	Subject to annual deductible unless indicated. Participating Providers paid at 80% of allowable charges thereafter. Annual out-of-pocket maximum is \$1,000/individual, \$2,000/family.
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Hospital Inpatient	Deductible, then 80%.	Deductible, then 80%.
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Emergency Room	\$75 copay per visit, waived if admitted. Subject to deductible, then covered at 80%.	\$75 copay per visit, waived if admitted. Subject to deductible, then covered at 80%.
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Surgery	Deductible, then 80%.	Deductible, then 80%.
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Office Calls	Deductible, then 80% (includes acupuncture, massage therapy and naturopathic treatment). Acupuncture is limited to 12 visits per year. Massage therapy requires a prescription.	Deductible, then 80% (includes acupuncture, massage therapy and naturopathic treatment). Acupuncture is limited to 12 visits per year. Massage therapy requires a prescription.
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Outpatient Diagnostic Lab & X-Ray	Deductible, then 80%. Deductible is waived for a preventive mammogram and pap smear.	Deductible, then 80%. Deductible is waived for a preventive mammogram and pap smear.
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Prescription Drugs	At Participating pharmacies, paid in full after \$10 copay for generic formulary drugs/\$15 copay for brand name formulary drugs (30 day supply). Non-formulary drugs paid in full after \$30 copay. Mail order available with a \$20 copay for generic/\$30 copay for brand and a \$60 copay for non-formulary drugs (90 day supply).	At Participating pharmacies, paid in full after \$10 copay for generic formulary drugs/\$15 copay for brand name formulary drugs (30 day supply). Non-formulary drugs paid in full after \$30 copay. Mail order available with a \$20 copay for generic/\$30 copay for brand and a \$60 copay for non-formulary drugs (90 day supply).
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Ambulance	Deductible, then 80%.	Deductible, then 80%.
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Mental Disorders Inpatient	Deductible, then 80%. No day limits	Deductible, then 80%. No day limits
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Mental Disorders Outpatient	Deductible, then 80%. No visit limits	Deductible, then 80%. No visit limits
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Spinal Manipulations	Deductible, then 80%. Limited to 12 per year.	Deductible, then 80%. Limited to 12 per year.
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Preventive Care	100%. Deductible is waived.	100%. Deductible is waived.
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Vision Care	Not covered.	Not covered.
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Maximum Benefit Unlimited Lifetime; **Annual Maximum Benefit is \$2,000,000**

Life Insurance Not applicable.

OPTION V

REGENCE BLUE SHIELD WEIC HIGH OPTION PLAN (Group #60017856)

Category 1 – Preferred Providers

Category 2 – Participating Providers

Eligible Health Care Providers Members may utilize Category 1 (Preferred) or Category 2 (Participating) providers from the Regence BlueShield Provider Network. Category 1 and 2 Providers agree to accept Regence’s allowance as payment in full. Regence BlueShield contracts with providers nationwide. Most services from Category 3 (Non-Contracted) providers are subject to deductible and coinsurance and these providers may balance bill members for services.

Definition of Dependent Child Child(ren) from birth to 26th birthday

Cost Containment Provisions Refer to benefit booklet.

MEDICAL COVERAGE

Annual Deductible \$200 (individual) / \$600 (family)

General Benefits Reimbursement Formula	Preferred Physicians/Hospitals paid at 90% of allowable charges. \$1,000 (individual) / \$3,000 (family) coinsurance out-of-pocket max.; 100% thereafter.	Participating Physicians/Hospitals paid at 70% of allowable charges. \$1,000 (individual) / \$3,000 (family) coinsurance out-of-pocket maximum; 100% thereafter.
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Hospital Inpatient Emergency Room	Subject to deductible, then covered at 90%. \$75 copay per visit, waived if admitted. Subject to deductible.	Subject to deductible, then covered at 70%. \$75 copay per visit, waived if admitted. Subject to deductible.
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Surgery	Inpatient: Subject to deductible, then covered at 90% Outpatient: Subject to deductible, then covered at 90% (no copay).	Inpatient: Subject to deductible, then covered at 70%. Outpatient: Subject to deductible, then covered at 70% (no copay).
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Office Calls	\$20 copay, covered at 90%. Deductible waived.	\$35 copay, covered at 70%. Deductible waived.
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Outpatient Diagnostic Lab & X-ray	Covered at 90%. Deductible waived.	Covered at 70%. Deductible waived.
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Prescription Drugs	At Participating pharmacies, up to a 30 day supply, paid in full after: \$5 copay/formulary-generic; \$20 copay/formulary-brand; \$40 copay/non-formulary; Mail Order: (90 day supply) \$10/\$40/\$80.	At Participating pharmacies, up to a 30 day supply, paid in full after: \$5 copay/formulary-generic; \$20 copay/formulary-brand; \$40 copay/non-formulary; Mail Order: (90 day supply) \$10/\$40/\$80.
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Ambulance	Subject to deductible, then covered at 90%.	Subject to deductible, then covered at 90%.
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Mental Disorders Inpatient	Subject to deductible, then covered at 90%. No day limit.	Subject to deductible, then covered at 70%. No day limit.
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Mental Disorders Outpatient	90%. Deductible Waived. No visit limit.	70%. Deductible Waived. No visit limit.
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Spinal Manipulations	Subject to deductible, then covered at 90%. Maximum of 10 spinal manipulations per calendar year.	Subject to deductible, then covered at 70%. Maximum of 10 spinal manipulations per calendar year.
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Preventive Care	100%. No Annual Maximum. Deductible waived.	100%. No Annual Maximum. Deductible waived.
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Vision Care	Not covered.	Not covered.
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Maximum Benefit	Unlimited Lifetime; Annual Maximum Benefit is \$2,000,000	
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Life Insurance	Not applicable.	
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OPTION VI

REGENCE BLUE SHIELD WEIC INNOVA 500 PLAN (Group #60017856)

Category 1 – Preferred Providers

Category 2 – Participating Providers

Eligible Health Care Providers Members may utilize Category 1 (Preferred) or Category 2 (Participating) providers from the Regence BlueShield Provider Network. Category 1 and 2 Providers agree to accept Regence’s allowance as payment in full. Regence BlueShield contracts with providers nationwide. Most services from Category 3 (Non-Contracted) providers are subject to deductible and coinsurance and these providers may balance bill members for services.

Definition of Dependent Child Child(ren) from birth to 26th birthday

Cost Containment Provisions Refer to benefit booklet.

MEDICAL COVERAGE

Annual Deductible \$500 (individual) / \$1,500 (family); *Deductible is waived for professional services per year billed as office visits in the office, home or hospital outpatient & the first \$500 per year of outpatient diagnostic laboratory & x-ray services.*

General Benefits Reimbursement Formula	Preferred Physicians/Hospitals paid at 100% of allowable charges (<i>for office, home, hospital outpatient & the first \$400 per year of outpatient diagnostic lab & x-ray</i>); Other Professional Services subject to deductible, then 80% of allowable charges (<i>and diagnostic lab & x-ray exceeding \$500 per year</i>). \$2,500 (individual) / \$7,500 (family) coinsurance out-of-pocket maximum; 100% thereafter.	Participating Physicians/Hospitals paid at 60% of allowable charges(<i>for office, home, hospital outpatient & the first \$500 per year of outpatient diagnostic lab & x-ray</i>); Other Professional Services subject to deductible, then 80% of allowable charges (<i>and diagnostic lab & x-ray exceeding \$500 per year</i>). \$2,500 (individual) / \$7,500 (family) coinsurance out-of-pocket maximum; 100% thereafter.
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Hospital Inpatient	Subject to deductible, then covered at 80%.	Subject to deductible, then covered at 60%.
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Emergency Room	\$75 copay per visit, waived if admitted. Subject to deductible, then covered at 80%.	\$75 copay per visit, waived if admitted. Subject to deductible, then covered at 80%.
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Surgery	Inpatient: Subject to deductible, then covered at 80%. Outpatient: Subject to deductible, then covered at 80% (no copay).	Inpatient: Subject to deductible, then covered at 60%. Outpatient: Subject to deductible, then covered at 60% (no copay).
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Office Calls	\$15 copay, then covered at 100%. Deductible Waived.	\$30 copay, then covered at 100%. Deductible Waived.
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Outpatient Diagnostic Lab & X-ray	Covered at 100% (<i>first \$500 per calendar year</i>) (no copay, Deductible Waived). Subject to deductible, then covered at 80% (<i>exceeding \$500</i>) (no copay).	Covered at 100% (<i>first \$500 per calendar year</i>) (no copay, Deductible Waived). Subject to deductible, then covered at 60% (<i>exceeding \$500</i>) (no copay).
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Prescription Drugs	At Participating pharmacies, paid in full after \$5 copay for generic formulary drugs/\$20 copay for brand name formulary drugs (30 day supply). Non-formulary drugs paid in full after \$40 copay. Mail order available with a \$10 copay for generic/\$40 copay for brand and a \$80 copay for non-formulary drugs (90 day supply).	At Participating pharmacies, paid in full after \$5 copay for generic formulary drugs/\$20 copay for brand name formulary drugs (30 day supply). Non-formulary drugs paid in full after \$40 copay. Mail order available with a \$10 copay for generic/\$40 copay for brand and a \$80 copay for non-formulary drugs (90 day supply).
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Ambulance	Subject to deductible, then covered at 80%.	Subject to deductible, then covered at 80%.
Mental Disorders Inpatient	Subject to deductible, then covered at 80%. No day limits.	Subject to deductible, then covered at 60%. No day limits.

Mental Disorders Outpatient	Subject to deductible, then covered at 80%. No visit limits.	Subject to deductible, then covered at 60%. No visit limits.
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Spinal Manipulations	Subject to deductible, then covered at 80%. Maximum of 10 spinal manipulations per calendar year.	Subject to deductible, then covered at 60%. Maximum of 10 spinal manipulations per calendar year.
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Preventive Care	100%. No calendar year maximum. Deductible waived.	100%. No calendar year maximum. Deductible waived.
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Vision Care	Not covered.	Not covered.
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Maximum Benefit	Unlimited Lifetime; Annual Maximum Benefit is \$2,000,000	
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Life Insurance	Not applicable.	
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OPTION VII

K-12 REGENCE BLUESHIELD HSA 2.0 OPTION PREFERRED (Group #60017856)

Eligible Health Care Providers Members may utilize Category 1 (Preferred) or Category 2 (Participating) providers from the Regence BlueShield Provider Network. Category 1 and 2 Providers agree to accept Regence’s allowance as payment in full. Regence BlueShield contracts with providers nationwide. Most services from Category 3 (Non-Contracted) providers are subject to deductible and coinsurance and these providers may balance bill members for services.

Dependent Child Definition Child(ren) from birth to their 26th birthday.

Annual Deductible (PCY = Per Calendar Year) \$1,500 (Individual) / \$3,000 (Family) PCY– Combined among category 1, 2 and 3 Providers. Prior to benefits being paid out for any family member, the deductible must be met. The family deductible applies with the subscriber and one or more dependents are enrolled.

Category 1 – Preferred Providers

Category 2 – Participating Providers

Coinsurance (Benefit) Level	80%	60%
Out of Pocket Maximum (PCY = Per Calendar Year)	Once you have paid \$5,000 (Individual) / \$10,000 (Family) PCY, benefits will be covered at 100% of allowable charges thereafter. (Does include deductible) For family coverage, the family Out-of-Pocket Maximum must be met before coverage is paid at 100%	
Physician Office Calls	80% subject to deductible	60% subject to deductible
Preventive Care Services	100% deductible waived	100% deductible waived
Chiropractic Services	80% subject to deductible	60% subject to deductible
Prescription Drug Co-payment	80% subject to deductible	80% subject to deductible
Retail (30 day supply)	Deductible waived for generic and formulary preventive drugs for asthma, diabetes, high blood pressure, high cholesterol and tobacco addiction	Deductible waived for generic and formulary preventive drugs for asthma, diabetes, high blood pressure, high cholesterol and tobacco addiction
Mail Order (90 day supply)		
Ambulance Services	80% subject to deductible	80% subject to deductible
Emergency Room Co-payment	80% subject to deductible	
Hospital Inpatient Services	80% subject to deductible	60% subject to deductible
Inpatient Surgery	80% subject to deductible	60% subject to deductible
Outpatient Surgery	80% subject to deductible	60% subject to deductible
Diagnostic Lab & X-Ray	80% subject to deductible	60% subject to deductible
Mental Health Inpatient Services	80% subject to deductible (no day limit)	60% subject to deductible (no day limit)
Mental Health Outpatient Services	80% subject to deductible (no visit limit)	60% subject to deductible (no visit limit)
Vision Care		Not Covered.
Maximum Benefit	Unlimited Lifetime; Annual Maximum Benefit is \$2,000,000	
Life / AD&D Insurance		Not applicable.

HDHP-HSA PLAN QUESTIONS AND ANSWERS

How does the High Deductible Health Plan (HDHP) and Health Savings Account (HSA) work?

On the HDHP, the deductible must be met prior to Regence Blue Shield making payment for any service, except for Preventive Care. All services including prescriptions must be paid for in full until the Deductible is met. You can use the funds in your HSA to pay for services and prescriptions. Once the Deductible is met, you are responsible for Coinsurance including Prescription Drugs. ***If there is family coverage, the entire family deductible must be met prior to Regence Blue Shield making payment.***

Procedure:

1. When going to the doctor or a pharmacy for a prescription, ***always*** present your Regence Blue Shield Medical Insurance card at the time of service.
2. Your doctor will then bill Regence Blue Shield, or the Pharmacy will apply your insurance information to the prescription. Regence will process the claim, applying the charges to the deductible. If you go to a participating doctor or pharmacy, any discounts Regence Blue Shield has negotiated will apply and will reduce your out of pocket costs. You will also receive an Explanation of Benefits (EOB) from Regence Blue Shield, which will explain what your responsibility is and how much of the charges have been applied to your deductible.
3. You can now pay the provider with your HSA debit card. Many providers will bill you and provide space on the bill for you to write in your HSA debit card number to pay for the charges. If a provider or pharmacy (such as Costco) do not allow credit card payments, you will need to submit your receipt for reimbursement. (Note: although the HSA card is a debit card, it can only be run as a credit card. There is no pin number, and therefore the card cannot be run as a debit card.)

Contributions:

Your premium dollars include a monthly contribution of \$125 towards your HSA. You can also contribute to your HSA up to the federal annual limit. The total allowed contributions for 2011, *including the contributions made through your monthly premiums*, is \$3,050 for an individual, or \$6,150 for a family. They will increase to \$3,100 individual and \$6,250 family in 2012. These additional contributions will be deducted from your paycheck on a pre-tax basis. The Blaine School District will allow you to change the amount of your additional contributions on a quarterly basis.

Distributions:

The HSA contributions through your premium dollars are intended to cover your annual deductible. Any time you go to the doctor or fill a prescription before your deductible is met, you can use the funds from your HSA. In addition, you are allowed to use your HSA for any "qualified medical expense" for medical, dental, vision, or other items that are allowed according to IRS Publication 502. For example, if you have a child who will need braces, you are allowed to contribute to your HSA with pre-tax dollars to pay for the braces. **Over-the-counter drugs (with the exception of insulin) are not eligible expenses unless you have a written prescription from a physician.**

Important facts about your HSA

- The HSA is an account in your name that belongs to you. If you leave the Blaine School District, the account goes with you, and you can continue to use the account for qualified medical expenses.
- If you use HSA funds for anything that is not a qualified medical expense, there is a 10% tax penalty, and you must report the amount to the IRS as regular income. You should keep all receipts for purchases made with your HSA card, to prove the purchases were a qualified medical expense in case you are audited by the IRS.
- If you choose to go to a pharmacy that participates with the IIAS system, charges will be auto-adjudicated at the time of purchase. (a list of participating merchants is available at www.sig-is.org)
- You cannot use your HSA funds for any item or service prior to your effective date on the plan. For example, if your plan was effective 10/1/11 and dentist performed a crown for you on September 5, 2011, and your portion is \$400 of the cost of the crown, you cannot use your HSA funds for this service.
- ***Any person covered under the HDHP cannot participate in a Flex-Spending Account (FSA), unless it is a non-medical FSA, such as a daycare reimbursement FSA.***
- You or your spouse cannot be covered under another medical plan if they are on the Blaine School District HDHP unless the other plan is also an IRS qualified HDHP. If a spouse is covered by the Blaine School District, and is also covered by their employer with a non-HDHP plan, they must decide to choose only one of the Medical plans.
- You can use HSA funds for qualified medical expenses for any dependent, even if they are not covered by the Blaine School District Health Plan. However, you cannot use HSA funds for qualified medical expenses for someone who is not a dependent according to the IRS, for example, a child who is over age 26.
- If you are no longer covered by a High Deductible Health Plan, or you enroll in Medicare, you cannot continue to contribute to the HSA, but you can continue to use the funds to pay for qualified medical expenses.

BASIC HEALTH OF WASHINGTON

Basic Health is a low cost health insurance program offered through the State of Washington, for residents who qualify. If you qualify for a subsidized rate (depending upon total family monthly income and family size) you could receive health insurance coverage for your children at a low cost through this program. Parents do not have to enroll in Basic Health in order to enroll their children. For more information on Basic Health, please call 1-800-660-9840 or visit www.basichealth.hca.wa.gov.

Healthy Kids Now!

Free or Low-Cost Health Insurance for Kids & Teens in Washington State

Infants through teenagers can receive free or low-cost health insurance. Many families in Washington State qualify and don't know it. These programs are flexible and cover kids in many types of households. This health insurance program covers a full range of services that all children need to stay healthy. For more information, please call 1-877-543-7669 or visit www.insurekidsnow.gov.

MANDATORY BENEFITS FOR ALL DISTRICT EMPLOYEES

WEA DENTAL INSURANCE

WASHINGTON DENTAL SERVICE (WDS) (*Policy #186*)

Brief Description of Incentive Dental Plan A:

Preventive (Exams, X-rays, Cleaning, Fluoride, Sealants)	70% - 100% Incentive*
Restorative (Fillings, Oral Surgery, Endo & Perio)	70% - 100% Incentive*
Onlays, Crowns	70% - 100% Incentive*
Major (Dentures, Bridges, Partials and Implants)	50%
Temporomandibular Joint Disorder (TMJ)	50% up to \$1,000 Annual Maximum Benefit. \$5,000 Lifetime Maximum Benefit.
Annual Maximum Benefit (October 1 – September 30)	\$1,750 per person per Benefit Year if a non-PPO provider is utilized. \$2,000 per person per Benefit Year if a Delta Dental PPO provider is utilized.
Orthodontia	\$1,250 Lifetime Maximum for Each Dependent Child.
Definition of Dependent Children	Children from birth to age 26.

*How the Incentive Program Works:

This plan encourages regular dental care. During the first Benefit Year on the plan, 70% of covered benefits are paid. This advances by 10% annually (on **October 1**) – **providing you use the program at least once each Benefit Year** to a maximum of 100%. Failure to use the program once each Benefit Year causes your level to drop by 10% points below the last level of payment, but never below the original 70%. Each eligible employee and dependent creates his or her own percentage point level. Percentage point levels do not affect the established constant 50% payment level for the cost of allowable prosthetics (dentures, bridges, and implants) and orthodontics.

You may select a licensed dentist. Tell your dentist you are covered by WDS program **Group #0186**.

If your dentist is a member dentist, your claims will be submitted directly to Washington Dental Service and no more than the filed fee can be charged. Washington Dental Service member dentists are reimbursed based on negotiated, pre-approved fees. Employees are not held responsible for amounts charged in excess of the member dentists' approved fees. This translates to lower out-of-pocket costs – and no surprises.

Your benefit dollars will go further if you seek services from a **Delta Dental PPO** dentist. If you visit a Delta Dental PPO dentist, you will be able to take advantage of a higher annual plan maximum. Your dental benefit plan maximum will increase to \$2,000 if you select a Delta Dental PPO dentist. Delta Dental Premier dentists are members of our traditional fee-for-service plan, but they are not part of the Delta Dental PPO network.

If you choose to see a dentist who is not a member of Washington Dental Service, you are responsible for having the dentist complete and sign claim forms. It will also be up to you to ensure that the claims are sent to Washington Dental Service. Claim payments will be based on actual charges or Washington Dental Service's maximum allowable fees for nonparticipating dentists, whichever is less. You will be responsible for any balance remaining. Please be aware that Washington Dental Service has no control over nonparticipating dentists' charges or billing procedures.

Finding a dentist

You can find a participating dentist in your area by visiting the Washington Dental Service web site at www.DeltaDentalWA.com/findadentist. **Be sure to select the appropriate plan – Delta Dental PPO or Delta Dental Premier – and follow the prompts.**

MANDATORY BENEFITS (Continued)

VISION INSURANCE

Northwest Benefit Network (Plan #WS)

There is no co-payment required on materials or eye exams for either Panel (Participating) or Non-Panel Providers. Many benefits obtained from Panel Providers are covered at 100%, with a few of the exceptions listed below. For Non-Panel Providers, members pay all charges and are reimbursed up to the allowances listed below under "Non-Panel Providers". Either contacts or glasses may be obtained in a benefit period—not both. Children are eligible from birth to age 26.

Payment will be made on behalf of the subscriber as follows:

	<u>Frequency</u> †	<u>NBN Panel Providers</u>	<u>Non-Panel Providers</u>
Eye Exam	Every year	100%	\$35
Single Vision Lenses	Every year	100% *	\$30
Bifocal Lenses	Every year	100% *	\$40
Trifocal Lenses	Every year	100% *	\$45
Progressive Lenses	Every year	100% **	\$40
Lenticular Lenses	Every year	100% *	\$90
Continuous Blend	Every year	100% **	\$40
Lens Coating, Tints, Oversize	Every year	Some covered	Not covered
Frames	Every 2 years	100% ***	\$30
Elective Contacts	Every year	\$175 ****	\$90
Necessary Contacts	Every year	100%	\$200

* Lenses necessary to correct the visual acuity of the patient are fully covered. Specialized lenses, special features and "extras" may not be covered.

** Standard grades of 'continuous blend' lenses are covered.

*** Plan pays 100% of a selection of frames; subscriber pays additional amount for more expensive frames.

**** \$175 contacts allowance is for the exam, fitting and lenses combined, in lieu of all other services for 365 days.

† Every Year = 365 consecutive days. Every 2 Years = 730 consecutive days.

If you obtain services or eyewear before you are eligible, you will be responsible for all charges incurred. If a non-covered lens extra or a frame that exceeds the plan allowable is ordered, you are responsible for the additional costs, including any fees. *Non-panel claims must be submitted within one (1) year from the date of service to be considered for payment.* There will be additional Patient Responsibility if a Premium version of a covered item is ordered; the plan covers Standard styles of lens extras.

Group Health offers coverage for eye exams. Group Health subscribers can maximize their NBN contact allowance by billing their eye exam to Group Health.

Please note: This is a summary only of the benefits of the plan. Actual benefits are based upon the plan agreement, which may contain plan details not specified in this summary. Please contact NBN at (800) 732-1123 if you have any questions about the plan benefits and/or your eligibility status or you can register online at www.nwadmin.com to review your past claims history, eligibility status, view your plan brochure and print a claim form and more.

STATE-MANDATED RETIREE BENEFIT

A Washington State health care reform bill enables retirees and disabled school employees to purchase health care insurance from the state Health Care Authority. In order to support the K-12 retiree health care plan, school districts are required to forward to the Health Care Authority **sixty-six and 01/100 (\$66.01)** per month per full time employee.

LONG-TERM DISABILITY INSURANCE

CIGNA

Description: Mandatory long-term disability.

Eligibility: Mandatory coverage for all eligible district employees working 17.5 hours or more.

Benefit Amount: 60% of salary to a maximum monthly benefit of \$6,000.

Waiting Period: 90 days from the onset of disability.

CIGNA LIFE INSURANCE COMPANY

All District Employees are eligible for \$30,000 of Life insurance coverage through CIGNA. If you leave the District, convertibility to an individual policy is available. At age 70, benefit reduces by 50%.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Health Promotion Network (EAP) is a voluntary and confidential, professional assessment and referral program for employees and the members of their household. Dependent upon the counselor's assessment of the situation, up to 4 visits can be available at no cost to the employee. The EAP offers assessments and referral sessions, short-term counseling, and 24-hour emergency consultation services. It is staffed by trained and licensed professionals. The EAP line is 800-244-6142 or 360-715-6565.

WORKERS COMPENSATION & OCCUPATIONAL SAFETY & ACCIDENT PREVENTION PROGRAM

The Blaine School District is an insured employer through the Washington State Department of Labor & Industries. Our occupational safety and accident prevention program applies to any work-related injury or illness. If you sustain a work-related injury, the following steps are to be followed:

- Immediately report any injury (treated or untreated) to your supervisor and complete the Accident Report Form.
- The Return to Work Release Form is to be completed by the doctor and returned to the District Claims Manager prior to returning to work.
- If time loss is required or transitional work possible a Physical Capacities Evaluation is to be completed by the doctor and returned to the District Claims Manager prior to returning to work.
- Obtain the Washington State Fund Report of Industrial Injury or Occupational Disease Form from the doctor and mail to the State. The employer portion is mailed to the district for completion of "Employer Information".

The Blaine School District's Return to Work Program is a team effort involving the injured employee, immediate supervisor, district safety officer, claims manager, personnel administrator and doctor. Should you become injured, it is important that you return to employment as early as it is medically safe for you to do so. We will stay in contact with you and your doctor to keep up to date on your recovery process. We have developed transitional duty assignments for employees who are unable to return to their normal duties while recovering from their injuries. Medical studies show that transitional work speeds the healing process.

The Blaine School District has a sick leave buy back process. Should you receive compensation from the State Fund for time off work due to an injury, bring it to the Payroll Office to buy back a portion of your sick leave.

VOLUNTARY BENEFITS FOR ALL DISTRICT EMPLOYEES

The following voluntary products are not endorsed by the Blaine School District, but are offered as benefit enhancements.

WEA SELECT AMERICAN FIDELITY*

Eligible Classes: **Voluntary short-term disability (Brochure SB-25081-0711)**
Description: Administrative, Certificated, Clerical Classified and Non-Represented Employees
(These classes fall under the Labor & Industries code #613)
Benefit Amount: Up to 66 2/3% of your monthly income to a maximum of **\$7,500/month**
Elimination Period: 0 days for injury / **7** days for sickness (benefits begin on the 8th day for sickness)
Benefit Period: 90 days

Eligible Classes: **Voluntary short-term disability (Brochure SB-25083-0711)**
Description: Non-Clerical Classified
(These classes fall under the Labor & Industries code #614)
Benefit Amount: Up to 66 2/3% of your monthly income to a maximum of **\$7,500/month**
Waiting Period: 0 days for injury / **7** days for sickness (benefits begin on the 8th day of sickness)
Benefit Period: 90 days

These plans do not offset with other sources of income. Injury or Sickness arising out of or in the course of any occupation for wage or profit for which you are entitled to Worker's compensation will not be covered under the plans.

The above information does not constitute a contract. It only highlights some general information. These products contain limitations, exclusions, and elimination periods. Please be sure to consult the appropriate WEA Select American Short-Term brochure for a summary of the plan's rates, specific benefits, limitations, exclusions, and elimination period information before making your selection. The brochure is available in the human resource department and/or through an American Fidelity Assurance Company representative at 1-866-576-0201 between 8:00 AM and 5:00 PM or via the Internet at www.AFAdvantage.com.

AFLAC SUPPLEMENTAL INSURANCE

Employees have the opportunity to select supplemental insurance coverage through AFLAC. Most policies can be paid on a pre-tax basis through payroll deduction. AFLAC provides supplemental insurance policies to help with medical and living expenses associated with serious injuries or illnesses. Policy benefits are paid directly to you, unless assigned, regardless of any other coverage you may have. Benefits cannot be reduced because of other insurance. Also, payroll rates may be retained upon retirement or job change. AFLAC policy lines include: Personal Short Term Disability, Accident, Intensive Care, Cancer Expense, Life Assurance, Dental and Personal Recovery (a policy for heart attacks, strokes and more). *NOTE: Not all benefits available in every district.* Contact Elena Johnson at (360) 676-4848 for more information.

VOLUNTARY LONG TERM CARE INSURANCE

Medical plans provide little to no coverage for long term care, from home care to nursing home care. The District offers you the opportunity to purchase long term care insurance through **UNUM** Insurance Company **at low group rates and you may keep the plan beyond retirement.** Long term care insurance provides you with benefits to pay for care when you cannot take care of yourself and need services either in your own home, an assisted living facility or a convalescent care facility. This can include short or long term rehabilitative care, which is very expensive. The coverage is available to all benefit eligible employees, spouses, parents and grandparents. **Employees, who enroll within 30 days of eligibility, are guaranteed acceptance regardless of medical conditions.** You may also enroll any year during open enrolment with medical underwriting for acceptance. All other family members require medical underwriting. This is a very flexible plan, which allows you to purchase the amount and type of coverage that makes sense for you and your family. Monthly premium depends on your age and the amount purchased.

For more information, please contact Lori Leech at (360) 332-5881 x1710 OR you may contact the plan administrator directly: Terry Wood at Lehmann/Wood & Associates, Inc. at 800.696.1939 or www.lehmannwood.com

FLEXIBLE BENEFIT SPENDING ACCOUNTS / PLAN 125

American Fidelity Assurance Company:

There are three ways to save by participating in the Section 125 Plan – by pre-taxing eligible insurance premiums, by participating in the dependent day care expense reimbursement account, and by participating in the unreimbursed medical expense account. Section 125 enables participating employees to reduce their tax liability by setting aside pre-tax dollars from their earnings to pay for eligible out-of-pocket premiums, health care and dependent care costs. Consider the following reasons to participate:

- **Tax Advantages** – The plan helps you lower the amount you pay in taxes and thereby, increase your take-home pay.
- **Control** – You decide how much to put into the plan.
- **Out-of-Pocket Medical / Dental / Vision Expenses** – You can pre-tax eligible medical and dental expenses, such as orthodontia, copayments, deductibles, etc. You must have a medical practitioner's prescription on file in order to be reimbursed for over-the-counter drugs and medicines.
- **Dependent Care Expenses** – The dependent day care expense reimbursement account reimburses for certain eligible dependent care costs (e.g., daycare) with pre-tax dollars and thus reduces your taxable income.

The eligible insurance plans include dental, health and vision insurance premiums. **These benefits will automatically be placed under the plan.** If an employee **does not** want to participate in this plan, they must sign and return a "Premium Payment Plan Refusal" form to **Lori Leech BY March 31, 2012.** Elections made under the Section 125 plan must remain in place for the length of the plan year unless the employee experiences an allowable election change event mid-plan year (consult your employer for more details). An employee cannot change or revoke their unreimbursed medical expense account election during the contract year. Cancellation or changes for this account are allowed only during the next annual open enrollment period.

To take advantage of either or both of the unreimbursed medical expense account or dependent day care expense reimbursement account, you must complete an election form and return it to the payroll office prior to March 31, 2012. Employees currently participating in either of the flexible spending accounts also need to submit a new election form for 2012 to the payroll office.

NOTE: You cannot participate in a Flex-Spending Account for out of pocket Medical/Dental/Vision expenses if you are covered under a High Deductible Health Plan (HDHP).

FAMILY MEDICAL LEAVE ACT OF 1993 (FMLA)

The Federal Family and Medical Leave Act (FMLA) was signed into law in February 1993. The law took effect on August 5, 1993 and guarantees up to 12 weeks of unpaid leave each year to workers who need time off for birth or adoption of a child, to care for a spouse or immediate family member with a serious illness, or who are unable to work because of a serious health condition.

The FMLA is an employer law; it covers employers with 50 or more employees and affects many job-related rights of employees. Among other things, this law also affects the health benefit plans maintained by employers who are required to comply. Employers are required by FMLA to continue to provide group health benefits at the same level and under the same conditions as if the employee had continued to be actively at work. A person who fails to return from an FMLA leave may be entitled to continuation of coverage under COBRA. For specific questions, contact the personnel department or contact the Department of Labor for a copy of the FMLA law.

SCHOOL EMPLOYEE'S RETIREMENT SYSTEM

Questions regarding PERS / SERS / TRS benefit information please contact the
Department of Retirement Systems @ 800-547-6657.

Department of Retirement Systems Internet Site Address: www.wa.gov/drs/drs.htm

CONTINUATION OF COVERAGE

If you leave the District, certain insurance coverages, which have been provided, may be continued. Should you decide to continue coverage, continuation will become effective when your current plan normally would have terminated. For additional information please refer to your plan booklet.

- 1. GROUP MEDICAL INSURANCE** - Medical insurance may be continued under COBRA. It is also convertible to a guaranteed individual policy. The benefits of the policy will vary and are usually less than provided by your group policy. Other medical plans are available on an individual basis.
- 2. GROUP DENTAL/VISION INSURANCE** – Dental and/or Vision insurance may be continued under COBRA. This is not convertible to individual policies.

Federal law requires most group health plans maintained on behalf of 20 or more employees to offer employees and their families the opportunity to elect a temporary extension of health coverage (called "continuation coverage" or "COBRA coverage") in certain cases. A "group health plan" includes any employer-provided medical, dental, vision care, or prescription drug coverage. If you or a qualifying family member wish to provide notice of any required events affecting your COBRA coverage, or have any questions about COBRA, please contact your employer representative *Lori Leech, Blaine School District, (360) 332-5881.*

INDIVIDUAL HEALTH COVERAGE

If you find a family member needs to come off your health plan whether due to age or cost, Meacham Financial can help. You can get affordable, quality health coverage from a variety of plans offering different coverage levels and prices. Meacham Financial represents all of the leading health carriers and short-term medical.

Call Sheri Ferguson at (425) 285-2317 / (800) 822-0822 or email sheri@meachamfi.com for a free quote and assistance in continuing to protect your family's health needs.

******* GRAMM-LEACH BLILEY ACT OF 1999 *******
(Privacy Act)

The Gramm-Leach Bliley Act of 1999 was implemented on July 1, 2001 by all financial institutions to safe guard the privacy of individuals. This act is also applicable to insurance companies and how they conduct business with regards to applications, claims, customer service inquiries, etc.

For some circumstances, in order for the school district or their agent, The Partners Group, dba Baldwin Resource Group, to act on behalf of a Blaine School District employee, a signed authorization is required. The authorization must be specific to the particular issue and must be submitted to the insurance company before the company can provide any school district personnel or The Partners Group, dba Baldwin Resource Group with any information. This authorization has a 3-12 month limitation depending on the carrier.

Notes

BENEFITS ADVISORY COMMITTEE

Russell Carleton JJ Jensen
Lori Leech Allysa Bronson

ADVISORY COMMITTEE SUPPORT

Human Resources----- Allysa Bronson----- (360) 332-0712----- abronson@blainesd.org
Payroll ----- Lori Leech ----- (360) 332-0710----- lleech@blainesd.org
Insurance Consultants-- Baldwin Resource Group 1-877-455-5640 x311---- eaustin@baldwinrgi.com

MEDICAL

Group Health Cooperative
Customer Service – (888) 901-4636
www.ghc.org
Contract and Rates Renew: October 1
Annual Benefit Maximums Renew: January 1

Regence Blue Shield
Customer Service - (888) 367-2112
www.wa.regence.com
Contract and Rates Renew: October 1
Annual Benefit Maximums Renew: January 1

DENTAL

Washington Dental Service
Washington Education Association
Customer Service - (800) 554-1907
www.deltadentalwa.com
Contract and Rates Renew: October 1
Annual Benefit Maximums Renew: September 1

VISION

Northwest Administrators
Northwest Benefit Network - Vision
Customer Service - (800) 732-1123
www.nwadmin.com
Contract and Rates Renew: October 1
Annual Benefit Maximums Renew: *See below

LONG TERM DISABILITY

CIGNA
Customer Service – (800) 362-4462
<https://dmswebintake.group.cigna.com>
Contract and Rates Renew: October 1
Annual Benefit Maximums Renew: N/A

LIFE INSURANCE

CIGNA
Customer Service – (800) 362-4462
www.cigna.com
Contract and Rates Renew: October 1
Annual Benefit Maximums Renew: N/A

OTHER

AFLAC- Supplemental Insurance
Elena Johnson (360) 676-4848

American Fidelity
Flexible Spending Account
Salary & Cancer Insurance
Washington Education Association
Customer Service - (866) 576-0201
www.afadvantage.com
Contract and Rates Renew: N/A
FSA Plan Year Renews: April 1

Department of Retirement Systems
(800) 547-6657 (www.drs.wa.gov)

VEBA Service Group, LLC
Health Reimbursement Plan
Local Rep: Mike Smolko (mike@veba.org)
Customer Service - (800) 422-4023
www.veba.org
Benefit Questions: 888-828-4953
(Meritain Health)

Employee Assistance Program
Health Promotion Network
www.peacehealth.org/whatcom/eap
(800) 244-6142, (360) 715-6565

Unum Long Term Care
Lehmann/Wood & Associates, Inc.
(800) 696-1939 (terry@lehmannwood.com)
www.lehmannwood.com/school/blaine_index.htm

*NBN Vision benefit maximums renew every 365 or 730 days after last service date, depending upon service provided.
Should you have any questions, please contact any of the above insurance carriers or our agent, The Partners Group, dba Baldwin Resource Group, at 877-455-5640 - Emily Austin, ext. 311.

***If you are unable to attend the Blaine School District
Benefits Fair...***

***...many of our vendors will be attending the following
Whatcom County School District benefits fairs.***

Bellingham School District, Tuesday, August 30th, 2:00 – 6:00 p.m.
Kulshan Middle School
1250 Kenoyer St.
Bellingham, WA 98226

Ferndale School District, Tuesday, September 6th, 1:00-5:00 p.m.
Ferndale High School Cafeteria
5830 Golden Eagle Drive
Ferndale, WA 98248-0428

Lynden School District, Thursday, September 1st, 2:30-5:00 p.m.
Lynden High School Cafeteria
1203 Bradley Rd.
Lynden, WA 98264

Meridian School District, Thursday, September 1st, 3:30-5:30 p.m.
High School Cafeteria
194 W. Laurel Rd.
Bellingham, WA 98226-9699

Mount Baker School District, Wednesday, September 7th, 3:00-5:30 p.m.
Mount Baker High Commons
4936 Deming Road
Deming, WA 98244-0095

Nooksack Valley School District, Tuesday, August 30th, 2:30 p.m. – 5:30pm
Nooksack Valley High School
Performing Arts Center Commons
3326 E. Badger Road
Everson, WA 98247

*Summary Prepared by The Partners Group, dba Baldwin Resource Group, Inc. for the
Blaine School District
765 H Street, Blaine, WA 98230, (360) 332-5881*