

WEA Select Benefit Plans

2017–18 Renewal Summary



Important Renewal Information—Please Read!

Introduction

TO: WEA Leaders / School District Administration / Personnel / Payroll / HR

On behalf of the WEA Benefit Services Advisory Board (BSAB) and Board of Directors, included in this announcement are the 2017–18 WEA Select Benefit Plan renewals. As a reminder, the WEA Select Benefit Plan conducted a thorough review last year to see if it could offer a more competitive and attractive benefit package for our participants. We held a strong belief that the changing health care market, open competition and improved technologies had the potential to improve value and quality in health care for our members. We think you will agree when you learn more about this year's plans.

Highlights of this year's package include:

- ▶ The WEA Select Medical Plan:
 - ▶ Two new carriers—Following WEA's extremely thorough competitive review process, there are two new endorsed medical carriers—Aetna and UnitedHealthcare. They will provide all of our members and plan participants access to Preferred Provider Organization (PPO) plans and lower cost, high performance networks.
 - ▶ Premera is no longer part of the WEA Select Benefit plan.
 - ▶ Benefits remain the same, with many enhancements!
 - ▶ PPO plan rate increases range from (2.1%) to 5.7%, depending on the plan.
 - ▶ Lower cost, high performance networks, which can reduce enrollees' monthly premiums by (7.0%) to (3.7%), depending on the plan—while maintaining the same level of benefits!
 - ▶ Over 99% of the providers currently used by participants are covered by one or both of the new carriers.
- ▶ Rate **decrease** on the WEA Select Core Dental Plan. This marks the third year in a row that rates have gone down.
- ▶ **No** change in rates on the managed dental plans, including a benefit enhancement on the Willamette Dental Plan.
- ▶ Rate **decreases** on the WEA Select Vision Plans and a new underwriter—VSP.
- ▶ No change to rates or benefits on the voluntary plans.

Contents

WEA Select Medical Plan.....	2
Section I—2017–18 WEA Select Plan Rate Action.....	7
Section II—2017–18 WEA Select Plan Renewal.....	8
Section III—Other Important Plan Information.....	12
Section IV—2017–18 State Fringe Benefit Allocation	12
Section V—State and Federal Updates	13
Section VI— What to Expect Next	14
Section VII—2017–18 Monthly Renewal Rates	15

Important Renewal Information—Please Read!

WEA Select Medical Plan

As was announced in March, the Benefit Services Advisory Board (BSAB) and Board of Directors enthusiastically approved the two carriers WEA believes represent the best:

- ▶ Future for their plans
- ▶ Member experience
- ▶ Opportunity to continue to innovate
- ▶ Opportunity to help control escalating health care costs

NEW Endorsed Vendors!

Aetna and UnitedHealthcare will comprise the new WEA Select Medical Plan offering beginning November 1, 2017. WEA is very excited about what this dual carrier offering provides WEA Select participants:

- ▶ The choice in providers that they have been requesting.
- ▶ The ability to select between two of the largest, and most successful national insurance carriers—both of whom have an extremely strong presence in Washington State. They will bring significant national resources with local delivery.
- ▶ Innovation in networks, wellness and lifestyle programs, and technology that Aetna and UnitedHealthcare have included in their WEA plans.
- ▶ The ability to reduce premium costs and maintain benefits by moving to a lower cost, high performance network
- ▶ No prior authorization program for massage therapy.
- ▶ Tools and apps to equip participants with information about quality and real time cost of providers—not based on national averages.
- ▶ The convenience and ZERO cost of Telemedicine.*
- ▶ Key account “Centers of Excellence” Customer Service Centers and specialized teams just for WEA Select Medical Plan participants to help answer questions and make the transition as simple and worry free as possible.

* Please see page 4 regarding how telemedicine is covered under the Qualified High Deductible Health Plan (QHDHP).

The WEA Select Medical Plan Offering

The WEA Select Medical Plan now automatically includes two carriers—Aetna and UnitedHealthcare. The choice of carrier will be made at the employee level. Employees will also have the choice between, the robust PPO network, or a lower cost, high performance network. Under the existing insurance offering, or employees had to move to lower cost plans if they wanted to save money or mitigate a rate increase. Now, all employees have the option to maintain a higher level of benefits and realize significant premium savings in their monthly premiums by using a high performance network.

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Plan Names

The WEA Select Plan names remain the same (WEA Select 5, 2, 3, EasyChoice A and B, Basic and Qualified High Deductible Health Plan).

10% Discount

The 10% premium discount is still available to groups that limit their medical plan offering to the WEA Select Medical Plan (Aetna and UnitedHealthcare) and one HMO option.

EasyChoice Plans

The EasyChoice Plans (A and B) have historically had the same rate. It is no longer possible to maintain the same rate/benefit value between the two plans. Therefore, beginning November 1, 2017, each plan will have its own rate.

Networks

Aetna and UnitedHealthcare will both offer a PPO and High Performance Network:

Carrier	PPO	High Performance Network
Aetna	Open Access	Washington Value Network
UnitedHealthcare	Choice Plus	Navigate Balanced

PPO and High Performance Networks

Both Aetna and UnitedHealthcare PPO networks are nationwide and include both in and out-of-network benefits. PPO networks, offer the highest degree of provider access; however, they offer the least ability to affect the underlying costs and therefore, possible future rate increases. Most employees are familiar with the PPO model from prior experience.

High Performance Networks

WEA is very pleased about the opportunity to also offer two high performance networks. These networks have the ability to reduce claims costs, improve outcomes and quality of care, and have the potential to positively impact future renewal rates. It will be important for people to thoroughly evaluate high performance network options to make sure their providers are included. PPO and high performance networks are available to participants in all areas of the state and nationwide.

All employees will have two lower cost, high performance networks from which to choose:

- 1) Aetna Washington Value High Performance Network**—Currently available in all counties, except King, Pierce and Snohomish
 - ▶ This high performance network was designed specifically for WEA.
 - ▶ Participants can self-refer to specialists and other health care providers within this network.
 - ▶ There are no benefits for out-of-network services, except for emergency services.
 - ▶ Certain physician groups and hospitals have been excluded from this network.

Important Renewal Information—Please Read!

- 2) **UnitedHealthcare Navigate Balanced High Performance Network**—This high performance network emphasizes coordination of care by your Primary Care Physician.
- ▶ Participants pay lower copayments when referred to a specialist by their Primary Care Physician.
 - ▶ Or, they can self-refer for specialty services within the network and pay a higher copayment at the time of service.
 - ▶ There are no benefits for out-of-network services, except for emergency services.
 - ▶ Certain physician groups have been excluded from this network.

Exciting New Tools, Resources and Programs for Participants!

- ▶ **Provider Search**—The provider search tool also includes cost and quality metrics.
- ▶ **Cost Estimators**—Participants can find the cost of a specific service by provider/facility. It uses the provider's actual contracted rates and reflects the participant's real-time status of their copayments, deductible, coinsurance and out-of-pocket maximum.
- ▶ **Pharmacy**—Participants can compare cost by pharmacy and medication, and they have the ability to research lower cost alternatives.
- ▶ **Wellness Games and Tools**—Fun, easy to use wellness applications are available for participants to use individually or with a group.
- ▶ **Real Appeal Weight Loss Program** (UnitedHealthcare only)—each participant that registers for this program receives a kit that includes a scale, blender, exercise bands, DVDs and a food scale. The 52 week program includes personalized support, weekly meetings with a coach, digital tools and other resources to help participants reach and maintain their goals.

NEW Benefit—Telemedicine

Participants will be able to access care via virtual care programs and consult with a physician from the convenience of a computer, tablet, or smartphone. Participants can request a consultation at a time that is convenient for them. Prescriptions are sent to the participant's pharmacy (if needed) and their physician can be notified of the visit.

This will be provided at NO cost to participants—whether in a PPO or a High Performance Network!

NOTE: Exception—Qualified High Deductible Health Plan (QHDHP), in accordance with IRS regulations. QHDHP enrollees will be charged \$40 or \$50 per visit, depending on the telemedicine vendor.

Important Renewal Information—Please Read!

WEA Select Unique Provisions

These highly valued provisions of the WEA Select Medical Plan will continue with the new carriers:

- ▶ **WEA Claim Review Process**—WEA has a separate claim review process that allows enrollees to appeal their denied claim to the Benefit Services Advisory Board (BSAB), which is made up of their peers. The BSAB can uphold the carrier's decision, overturn it and have it paid, or have an administrative allowance made. Many modifications have been made to the WEA Select Plans as a result of this process.
- ▶ **Dependent COBRA Rates**—When a dependent covered on the WEA Select Medical Plan reaches the maximum age (26); they have the ability to continue coverage through COBRA. These dependents are charged the child—not the employee rate.
- ▶ **Surviving Dependent Provision**—In the event that the subscriber (employee) dies, premiums for the first twelve months of COBRA coverage are waived.
- ▶ **90-Day Provider Termination Provision**—In the event that the medical carrier is unable to come to agreement with a clinic/hospital, participants can continue to see the provider and receive in network benefits for a 90-day period.

The WEA Select Medical Plans also include provisions for coverage:

- ▶ During a Leave of Absence
- ▶ For those affected by a Reduction-in-force
- ▶ During a Labor Dispute

Key Highlights and Features

The WEA Select Plans include:

- ▶ Very large purchasing pools, which blend all claims statewide, and cover over 108,000 total plan participants. Each district has the advantage of blending their own experience into a much larger pool of school employees—thereby smoothing a particular district's utilization peaks and valleys.
- ▶ The WEA Select Plan rates are based solely on the WEA participants' claims experience. Claims from other groups do not impact the WEA rates.
- ▶ A large purchasing pool has an advantage in helping insurance companies negotiate higher discounts.
- ▶ The WEA plans have low administrative costs—about 6% on the medical plan. This coupled with the size of the WEA Select participant base, means that more of employee premiums go toward paying claims instead of covering other costs.

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► The Rate Stabilization Fund—How it works...

- In four of the five “Basic Benefit” programs (except disability), WEA has negotiated with their vendors to refund 100% of premiums in excess of claims and administrative expenses. These refunds go into WEA’s Rate Stabilization Fund (RSF) Trust, which is a formal 501 (c) (9) IRS Trust Account. By contract, funds can only be used to benefit plan participants, usually by subsidizing rates.
- When there is no money in the RSF, and the claims and administrative expenses exceed premium, WEA’s vendors continue to pay claims, and carry the deficit on their books until it can be offset by future gains. This is unique to the WEA Select Plans.
- In many ways the plans operate as if they were self-insured plans. By allowing the plan to carry forward a deficit, the WEA Select Plan includes a feature that is even more advantageous than being self-insured. A self-insured plan would need to make up the deficit between claims and stop-loss insurance immediately, either from a mid-year rate increase, or from a pre-funded reserve account.
- The WEA RSF is continually being used to benefit plan participants through premium subsidies when funds are available.

If you have any questions, please contact:

WEA SELECT Service Team Contact Information

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Important Renewal Information—Please Read!

Section I—2017–18 WEA Select Plan Rate Action

All rate and benefit changes will be effective **November 1, 2017**, unless otherwise noted. The 2017–18 WEA Select Medical, Dental, Vision, Life and new optional AD&D Plan rates can be found in Section VII.

Renewal Rate Action

(a summary of benefit changes can be found in Section II)

Group Basic Benefit Plans		Rate Action
Medical —Aetna and UnitedHealthcare		Lowest cost vendor, same network type: (2.1%) to 0.7%
NOTE: The rate decrease / increase depends on the plan, carrier and network selected		
Core Dental —Delta Dental of Washington		(2.0%) decrease
Managed Dental —Willamette Dental of Washington		0%
Managed Dental —Delta Dental		0%
Orthodontia —Delta Dental		(2.0%) decrease
Orthodontia —Willamette Dental		0%
Vision —VSP	Plans B, C, D and F:	(6.0%) decrease
	Plans A and E:	(4.0%) decrease
Long-Term Disability (LTD) —Unum		0%
Flex LTD (including voluntary buy-up feature)—Unum		0%
Group Life (includes AD&D)—Unum		0%
Voluntary Benefit Plans		Rate Action
Short-Term Disability (STD) —American Fidelity Assurance (AFA)		0%
Long-Term Disability (LTD) —AFA		0%
Term Life and AD&D (VTL) —Unum		0%
Accidental Death & Dismemberment (AD&D) —AFA		0%
Employee Assistance Program (EAP) —Optum		0%
Section 125 —AFA		N/A
Retiree Dental —Delta Dental		0%
Long Term Care (LTC) —Premera Blue Cross/MediAmerica (currently not accepting new groups or enrollment)		N/A

Section II—2017–18 WEA Select Plan Renewal

Benefit Change Summary

The following is a brief summary of benefit modifications/enhancements only for those plans with changes. Refer to plan booklets for a full description of benefits, limitations and exclusions.

1. WEA Select Medical Plans—Aetna and UnitedHealthcare

The WEA Select Medical Plan rate change is **(2.1%) to 5.7%** for same network type depending on plan and carrier (refer to Section VII for the rates). The following changes apply to all plans unless otherwise noted.

A. Benefit Modifications

A number of benefits have been modified to ensure consistency across carriers. These apply to both carriers, unless otherwise noted. Additionally, there is a new benefit and one that is no longer needed. Please see below for details.

1) Outpatient Rehabilitation and Pain Management Programs

(Limits are addressed under “Outpatient Rehabilitation Therapy Visits”)

- ▶ **Pain Management**—Programs are available to help participants manage chronic pain. Participants opt-in if they are interested in these services (not opt-out).
- ▶ **Massage Therapy**—No prior authorization required.
- ▶ **Physical Therapy, Speech Therapy and Occupational Therapy**—UnitedHealthcare requires prior authorization for these services, but uses national information on the condition and expected recovery to determine the number of visits to authorize. No authorization required for Aetna.

2) Community Health Benefit

This benefit was added last year to provide a “soft-landing” for participants due to the current carrier’s required prior authorization program for outpatient rehabilitative services (i.e., massage therapy, etc.). Given the new WEA Select carriers’ approach to massage therapy, this benefit is no longer needed and will be eliminated.

3) Inpatient Copayments—Plans 5, 2 and 3 Only

The per day inpatient copayment will be simplified and will be converted to a per admission copayment.

4) Chiropractic (Spinal Manipulations)—Plans 5, 2 and 3 Only

Currently chiropractic services are unlimited on these plans. Services will be limited to 52 visits per year.

5) Acupuncture—Plan 5 Only

Acupuncture services are currently unlimited on this plan. Services will be limited to 52 visits per year.

Important Renewal Information—Please Read!

6) Outpatient Rehabilitation Therapy Visits—Plans 2 and 3 Only

The outpatient rehabilitation benefit for these plans currently includes—speech, occupational, and massage therapy services, and is limited to 45 visits per year for all therapies combined. Physical therapy is not currently included in the outpatient rehabilitation benefit and is covered on an unlimited basis. Physical therapy will now be included in the outpatient rehabilitation benefit and will be combined with speech therapy, occupational therapy, and massage therapy. The outpatient rehabilitation benefit will now be limited to 80 visits per year for all therapies combined.

7) Benefits that will no longer include limits:

Currently these services have visit, day or dollar limitations. These services will be covered on an unlimited basis:

- ▶ Hospice
- ▶ Inpatient Neurodevelopmental Therapy
- ▶ Inpatient Rehabilitation
- ▶ Orthotics

8) Benefits that will now be subject to the deductible/coinsurance provisions of the plan:

The below services were either subject to a copayment before deductible/coinsurance or a higher level of coinsurance. They will now be covered with the standard deductible and coinsurance provisions of the plan.

- ▶ Ambulance
- ▶ Temporomandibular Joint Disorder (TMJ)

9) Maternity

Currently prenatal, delivery and postnatal care is subject to the deductible /coinsurance provision of the plan. Prenatal services will now be covered in full. The delivery and postnatal care will be subject to the deductible/coinsurance.

10) Home Health Care

Home Health services will now be covered up to 200 visits per year.

11) Transplants

The limit for travel and lodging for transplants will increase to \$10,000 for the recipient, companion and donor. In accordance with IRS regulations, the lodging reimbursement is \$50 per night per person or \$100 per night (excluding meals).

12) Hair Prosthesis (Wigs)

The conditions eligible for coverage of hair prosthesis will be expanded. Examples include but are not limited to: Alopecia Areata, Totalis or Universalis; Chemotherapy; Radiation; and Lupus. Hair prosthesis will be covered annually, subject to the deductible and coinsurance. There is no dollar maximum when a contracted provider is used and a maximum of \$500 when a non-contracted provider is used.

Important Renewal Information—Please Read!

B. Synchronization of Deductible and Out-of-Pocket Maximum

Currently, benefits and rates renew November 1 of each year. However, the deductible and out-of-pocket maximum reset January 1 of each year. Although the plan does allow for amounts going toward the deductible in November and December to be credited toward the following year's deductible, no adjustments are made to the out-of-pocket maximum. On certain occasions, plan participants who switched plans were also being asked to fulfill additional out-of-pocket expenses after fulfilling the annual requirement before November 1. This has been a source of confusion and complaints from participants.

Beginning November 1, 2017, the deductible and out-of-pocket will reset November 1 of each year. As this is a significant change, there will be a robust communication effort so that participants have plenty of advanced warning and can plan accordingly.

C. “Active” Enrollment Process This Year

For the 2017–18 open enrollment, employees will be encouraged to and should actively enroll in coverage. This will ensure that all employees are able to evaluate and take advantage of the savings potential and new features of the two endorsed medical carriers.

In order to support school district enrollment processes, while at the same time ensuring that no employees fall through the cracks, any employee that does not make an election will be automatically enrolled in their current WEA Select Plan design (i.e. Plan 2, Plan 5, etc.), with a PPO network.

In order to determine which carrier those employees would be automatically enrolled in, rules were carefully thought through with Aetna and UnitedHealthcare to ensure equity. This was based on population size, demographics, and geographic cost mix between carriers. These rules also safeguard the long term success of the plan and limits accidental loss of coverage, which could be frustrating to plan participants. More information about the automatic enrollment process will be communicated soon.

2. WEA Select Dental Plans

A. Composite Fillings—Willamette Dental Only (see page 17 for rate action)

The Willamette Dental managed dental plan will now cover composite fillings on any tooth.

B. New Service Area Improvements—Willamette Dental Only

Kent—NEW Location:

- ▶ Opening in late Spring 2017, the new Kent office will feature an expanded footprint of 20 operatories, with room to grow and accommodate additional patients. The office has easy access, ample onsite parking and will provide both general care and orthodontics.

Everett—NEW Location:

- ▶ Opening in late 2017, the new Everett office will be a 6,000 square foot, 20+ operatory location that will provide general and specialty care, including orthodontics. The dental office is located conveniently off of I-5 for easy patient access and has plenty of onsite parking.

Important Renewal Information—Please Read!

3. WEA Select Vision Plans (see page 17 for rate action)

A. Change in Underwriters—VSP

After playing a key role in the WEA Select Vision Plan for the past 25 years, VSP will now be the underwriter for all WEA Select Vision Plans. VSP is the largest vision provider in the country, with over 50 million members. WEA is excited to be working directly with VSP and the possibility of bringing their vision innovation to the WEA Select Vision Plan in the future.

B. Change in Provider Network—Plans A and D

Vision plans A and D will now utilize VSP's Signature network.

C. Benefit Changes—Plan D Only

- ▶ The in-network allowance for frames will increase to \$75
- ▶ Out-of-Network benefits will be added as follows:
 - ▶ Exam — \$50
 - ▶ Single Vision — \$50
 - ▶ Lined Bifocal — \$75
 - ▶ Lined Trifocal — \$100
 - ▶ Lenticular — \$125
 - ▶ Progressives — \$75
 - ▶ Frames — \$70
 - ▶ Contacts — \$105

4. WEA Select Voluntary AD&D Plan—American Fidelity (AFA) (see page 17 for rate action)

The WEA Select Voluntary Accidental Death and Dismemberment (AD&D) Plan will be expanded to include all benefit increments of \$10,000 up to \$250,000. Increments of \$25,000, \$75,000 and \$125,000 will no longer be available. However, these plans will be grandfathered for current enrollees.

Important Renewal Information—Please Read!

Section III—Other Important Plan Information

1. WEA Select Section 125 Plan

2017 Annual Maximum for Health FSAs

Late last year, the IRS announced that the dollar limitation for voluntary employee salary reductions for contributions to a health Flexible Spending Account (FSA) increased to \$2,600 for plan years on or after January 1, 2017.

2. Dependent Eligibility Verification

Medical, Dental and Vision Plans

As a reminder, employees who enroll dependents on the WEA Select Medical, Dental and/or Vision Plans will be asked to provide documentation to verify their dependents' eligibility for coverage under the WEA Select Plans. **Employees who have already verified the eligibility of their dependents will not be asked to provide additional documentation, even if they change WEA Select Plans.** This includes changing to one of the new medical insurance carriers. However, they will need to verify any NEW dependent(s).

- ▶ Employees should be directed to the online enrollment tool, UPoint®, to add new dependents to the plan(s). The web address remains the same.
- ▶ Employees will be asked to “certify” that they are adding valid dependent(s) through the online enrollment process.
- ▶ Please keep in mind that certification does not verify dependent eligibility. Shortly thereafter, employees will receive a request notice in the mail from the WEA Select Dependent Verification Team (located in Lincolnshire, Illinois) which will describe the process, including the documentation needed to verify eligibility and the deadline.

Important

Please keep in mind that as in past practice, **unverified dependents will be removed from the plan(s) prospectively.**

Section IV—2017–18 State Fringe Benefit Allocation

Since the State Budget is still under negotiations, a separate communication confirming the State Allocation and Retiree Subsidy amounts will be provided once it is finalized.

Section V—State and Federal Updates

WEA Select Plans Re-Tested for the 2017–18 Plan Year

1. ESSB 5940

ESSB 5940 requires that school districts offer at least one health plan (other than a QHDHP) in which the employee share of the premium for a full-time employee does not exceed the share of premiums paid by state employees during the state's benefits plan year that starts prior to the school year. This requirement applies to the portion of full plan premium costs paid by employees over all coverage tiers (blended payroll contribution split over all four coverage tiers). As was the case last year, the WEA Select Basic Plan meets these criteria.

2. Affordable Care Act (ACA)

In general, under the employer shared responsibility provisions, an applicable large employer may either offer affordable minimum essential coverage (MEC) that provides minimum value to its full-time employees (and their dependents) or potentially owe an employer shared responsibility payment to the IRS.

The following information is based on the WEA Select Medical Plans through Aetna and UnitedHealthcare using the 10% discount rates:

- ▶ As was the case last year, all of the WEA Select Medical Plans meet the MEC and minimum value requirements.
- ▶ Affordable coverage is defined as any **employee-only coverage** that costs less than 9.69% of the employee's **household** income for the taxable year.
 - ▶ Any school district offering its full-time employees the EasyChoice Plans or, Basic, and Qualified High Deductible Health (QHDHP) Plans meet the affordability provisions.
 - ▶ The Basic Plan and the QHDHP also meet the affordability provisions for employees working 30 hours or more per week.

Additional information can be found at:

- ▶ Employer Shared Responsibility Provisions Q & A
<https://www.irs.gov/affordable-care-act/employers/questions-and-answers-on-employer-shared-responsibility-provisions-under-the-affordable-care-act>

NOTE: This update is subject to future ACA changes.

Important Renewal Information—Please Read!

Section VI— What to Expect Next Communications

WEA is actively working with Aetna, UnitedHealthcare, Aon and the Benefit Administration team to roll out multiple channels of communications to school districts and enrollees regarding the change in medical carriers.

You will receive these communications as they become available throughout the spring and summer. School districts will be advised of any communications sent directly to enrollees.

May

New summary of benefits, rates and other brochures for the WEA endorsed programs will be included in the brochure mailing, expected to go out mid to late-May.

June

New Customer Service Lines and Websites Go Live

Aetna and UnitedHealthcare will both have their WEA specific customer service lines and websites up and running **on June 1, 2017**. Enrollees are encouraged to reach out to each carrier as early and as often as necessary to:

- ▶ **Look up their providers**—If a provider is not in their PPO network, let customer service know so they can reach out to the provider to discuss contracting.
- ▶ **Look up their prescriptions**—Are their medications covered at a different tier than they are currently? This may vary by carrier and by network, so it's important that employees look at all their options.
- ▶ **Discuss transitions of care**—If they are mid-treatment, or will be having a baby or other planned procedure on or after November 1, they should contact customer service so the carriers can assist them with the transition.

The carriers pride themselves on their “no homework” policies. That means the customer service representative will take ownership of the caller’s concerns and do the necessary research on their behalf.

July

You will have the opportunity to attend a regional in-person session this summer to hear first-hand the tools and resources available from the carriers, as well as changes from the Benefit Administration team. Be on the lookout for more information.

August / September

Open Enrollment

The open enrollment window will run from late August through the month of September. The specific dates will be communicated once they have been finalized.

Benefit Fairs

All WEA endorsed carriers will be available to attend school district benefit fairs. To request their attendance, please reach out to Aon at 206-467-4646 or wea.select@aon.com.

Important Renewal Information—Please Read!

Section VII—2017–18 Monthly Renewal Rates WEA Select Medical Plans

		Aetna		UnitedHealthcare	
10% Discount		PPO	High Performance	PPO	High Performance
PLAN 5	Employee only	\$1,135.00	\$1,089.88	\$1,194.42	\$1,078.14
	Employee + spouse	\$2,185.31	\$2,098.02	\$2,300.00	\$2,075.03
	Employee + child(ren)	\$1,544.89	\$1,483.32	\$1,625.68	\$1,467.01
	Employee, spouse + child(ren)	\$2,633.37	\$2,528.09	\$2,771.99	\$2,500.62
PLAN 2	Employee only	\$972.29	\$933.72	\$1,023.14	\$923.67
	Employee + spouse	\$1,783.32	\$1,712.17	\$1,877.25	\$1,693.79
	Employee + child(ren)	\$1,303.25	\$1,251.38	\$1,371.77	\$1,238.02
	Employee, spouse + child(ren)	\$2,137.89	\$2,052.50	\$2,250.17	\$2,030.04
PLAN 3	Employee only	\$883.50	\$848.49	\$929.71	\$839.35
	Employee + spouse	\$1,620.77	\$1,556.14	\$1,706.19	\$1,539.39
	Employee + child(ren)	\$1,183.91	\$1,136.83	\$1,245.83	\$1,124.35
	Employee, spouse + child(ren)	\$1,941.52	\$1,864.02	\$2,043.66	\$1,843.65
EZ A	Employee only	\$658.33	\$632.36	\$692.61	\$625.61
	Employee + spouse	\$1,199.78	\$1,152.07	\$1,262.77	\$1,139.67
	Employee + child(ren)	\$879.09	\$844.25	\$925.08	\$835.20
	Employee, spouse + child(ren)	\$1,432.16	\$1,375.11	\$1,507.46	\$1,360.28
QHDHP	Employee only	\$505.70	\$485.86	\$531.95	\$480.71
	Employee + spouse	\$926.58	\$889.84	\$975.19	\$880.30
	Employee + child(ren)	\$674.14	\$647.54	\$709.00	\$640.33
	Employee, spouse + child(ren)	\$1,100.05	\$1,056.34	\$1,158.05	\$1,045.15
EZ B*	Employee only	\$684.23	\$657.23	\$719.89	\$650.20
	Employee + spouse	\$1,250.40	\$1,200.66	\$1,315.79	\$1,187.46
	Employee + child(ren)	\$913.85	\$877.62	\$961.41	\$867.95
	Employee, spouse + child(ren)	\$1,492.46	\$1,432.99	\$1,571.09	\$1,417.64
BASIC PLAN*	Employee only	\$551.20	\$529.54	\$579.82	\$523.90
	Employee + spouse	\$1,013.88	\$973.63	\$1,067.11	\$963.22
	Employee + child(ren)	\$734.88	\$705.83	\$772.96	\$698.03
	Employee, spouse + child(ren)	\$1,206.52	\$1,158.54	\$1,269.64	\$1,145.80

* Please note that employees on EasyChoice B or the Basic Plan are enrolled in a High Performance Network. Therefore, the most appropriate comparison for future coverage is Aetna and UnitedHealthcare's High Performance Networks.

NOTE: Rates and benefits are intended to be guaranteed for 12 months (November 1, 2017 through October 31, 2018). However, any mid-year benefit changes and/or interpretation/guidance on health care reform (Federal or State) could result in a mid-year adjustment.

Important Renewal Information—Please Read!

Section VII—2017–18 Monthly Renewal Rates WEA Select Medical Plans

Full Rate		Aetna		UnitedHealthcare	
		PPO	High Performance	PPO	High Performance
PLAN 5	Employee only	\$1,259.80	\$1,209.68	\$1,325.83	\$1,196.63
	Employee + spouse	\$2,426.82	\$2,329.83	\$2,554.25	\$2,304.28
	Employee + child(ren)	\$1,715.24	\$1,646.83	\$1,805.01	\$1,628.71
	Employee, spouse + child(ren)	\$2,924.67	\$2,807.68	\$3,078.69	\$2,777.17
PLAN 2	Employee only	\$1,079.03	\$1,036.16	\$1,135.52	\$1,025.00
	Employee + spouse	\$1,980.16	\$1,901.11	\$2,084.53	\$1,880.68
	Employee + child(ren)	\$1,446.75	\$1,389.12	\$1,522.89	\$1,374.27
	Employee, spouse + child(ren)	\$2,374.13	\$2,279.25	\$2,498.89	\$2,254.30
PLAN 3	Employee only	\$980.37	\$941.47	\$1,031.71	\$931.30
	Employee + spouse	\$1,799.55	\$1,727.75	\$1,894.46	\$1,709.13
	Employee + child(ren)	\$1,314.15	\$1,261.84	\$1,382.95	\$1,247.98
	Employee, spouse + child(ren)	\$2,155.94	\$2,069.83	\$2,269.43	\$2,047.19
EZ A	Employee only	\$730.17	\$701.32	\$768.27	\$693.82
	Employee + spouse	\$1,331.79	\$1,278.77	\$1,401.78	\$1,264.99
	Employee + child(ren)	\$975.46	\$936.75	\$1,026.56	\$926.70
	Employee, spouse + child(ren)	\$1,589.98	\$1,526.60	\$1,673.66	\$1,510.12
QHDHP	Employee only	\$560.58	\$538.54	\$589.75	\$532.82
	Employee + spouse	\$1,028.24	\$987.41	\$1,082.24	\$976.81
	Employee + child(ren)	\$747.75	\$718.19	\$786.48	\$710.17
	Employee, spouse + child(ren)	\$1,220.98	\$1,172.41	\$1,285.42	\$1,159.97
EZ B*	Employee only	\$758.96	\$728.95	\$798.57	\$721.15
	Employee + spouse	\$1,388.03	\$1,332.76	\$1,460.69	\$1,318.10
	Employee + child(ren)	\$1,014.09	\$973.84	\$1,066.93	\$963.09
	Employee, spouse + child(ren)	\$1,656.98	\$1,590.91	\$1,744.35	\$1,573.85
BASIC PLAN*	Employee only	\$611.14	\$587.07	\$642.95	\$580.81
	Employee + spouse	\$1,125.23	\$1,080.51	\$1,184.37	\$1,068.94
	Employee + child(ren)	\$815.23	\$782.96	\$857.54	\$774.28
	Employee, spouse + child(ren)	\$1,339.27	\$1,285.96	\$1,409.41	\$1,271.81

* Please note that employees on EasyChoice B or the Basic Plan are enrolled in a High Performance Network. Therefore, the most appropriate comparison for future coverage is Aetna and UnitedHealthcare's High Performance Networks.

NOTE: Rates and benefits are intended to be guaranteed for 12 months (November 1, 2017 through October 31, 2018). However, any mid-year benefit changes and/or interpretation/guidance on health care reform (Federal or State) could result in a mid-year adjustment.

Important Renewal Information—Please Read!

WEA Select Dental Plans

Core Dental Plans (Delta Dental)—(2.0%) Decrease			
Plan A	\$101.70	Plan C	\$81.60
Plan B	\$92.95	PPO Plan*	\$96.95
Managed Dental Plans—No Change			
Delta Dental			
DeltaCare Plan		\$56.30	
Willamette Dental			
Plan 1	\$78.40	Plan 2	\$64.35

WEA Select Orthodontia Plans

Delta Dental Orthodontia Plans—(2.0%) Decrease			
Plan A	\$14.25	Plan F	\$17.05
Plan B	\$9.60	Plan G	\$11.45
Plan C*	\$5.70	Plan H	\$19.70
Plan D*	\$15.95	Plan I	\$13.10
Plan E*	\$10.90		
Willamette Dental Orthodontia Plans—No Change			
Plan 1	\$9.45	Plan 4	\$11.05
Plan 2	\$7.60	Plan 5	\$8.80
Plan 3	\$3.85	Plan 6	\$4.45

WEA Select Vision Plans

Vision Plans—(4.0%) to (6.0%) Decrease			
Plan A	\$17.05	Plan D*	\$24.50
Plan B	\$27.70	Plan E	\$20.75
Plan C	\$31.05	Plan F	\$11.60

* Rates for existing groups only—plans are no longer available to new groups

WEA Select Group Life Plans

Unum—No Change / Rates Include 50% Subsidy			
\$10,000	\$1.00	\$30,000	\$2.40
\$15,000	\$1.30	\$50,000	\$4.10
\$25,000	\$2.20	\$75,000	\$6.00

WEA Select VTL Plan

Unum—No Change / Rates Include 50% Subsidy			
Age Band	Per \$1,000	Age Band	Per \$1,000
Under 35	\$0.05	55-59	\$0.26
35-39	\$0.06	60-64	\$0.38
40-44	\$0.08	65-69	\$0.64
45-49	\$0.11	70+	\$1.03
50-54	\$0.16		
Dependent Child(ren)		\$0.20 (per month)	

WEA Select Voluntary AD&D Plan

American Fidelity—NEW Options Only		
Principal Sum	Employee Only	Employee & Family
\$70,000	\$2.10	\$3.85
\$110,000	\$3.30	\$6.05
\$120,000	\$3.60	\$6.60
\$130,000	\$3.90	\$7.15
\$140,000	\$4.20	\$7.70
\$160,000	\$4.80	\$8.80
\$170,000	\$5.10	\$9.35
\$180,000	\$5.40	\$9.90
\$190,000	\$5.70	\$10.45
\$210,000	\$6.30	\$11.55
\$220,000	\$6.60	\$12.10
\$230,000	\$6.90	\$12.65
\$240,000	\$7.20	\$13.20

NOTE: Refer to the WEA Select AD&D Plan Brochure for rates for existing options.



Plan Consultants:

