

Everett School Employee Benefit Trust Overview

The Everett School Employee Benefit Trust ("Trust") was formed on July 1, 1985, by the Everett School District ("District") and the Everett Education Association ("Association"), and was later approved by the Internal Revenue Service as a tax-exempt trust (a voluntary employees beneficiary association "VEBA") in May 1988 to provide for the payment of certain health, accident, disability, death and other benefits as described in Section 501(c)(9) of the Internal Revenue Code ("Code"). The District, the Association, pursuant to terms in collective bargaining agreements, and District employees make contributions to the Trust, and the Trust either pays benefits directly out of its assets, such as medical, or purchases insurance to provide insured benefits to District employees. The Trust provides benefits for all District employees.

Since its inception, the Trust has been governed by a board of six trustees; three representatives from the Association and three from the District; all of whom serve in a voluntary capacity. The Trust and the six trustees are governed by a trust agreement, the Code, Washington law and a set of policies adopted by the trustees. The Trust is annually audited by a certified public accountant and bi-annually audited by the Washington State Office of Financial Management.

The Trust provides five medical and prescription drug benefit options, three of which are self-funded by the Trust, and two fully-insured HMOs. The Trust also provides two fully-insured dental plans, and basic and supplemental life insurance, basic accidental death and dismemberment insurance, voluntary short-term and long-term disability insurance, voluntary long-term care and an employee assistance program.

Over the last several years, the Trust has recognized the important role it plays in plan design and offerings to contain health care expenses. As a result, the Trust developed a more comprehensive approach to employee health with an emphasis on prevention and wellness, which it began implementing in May 2008. The Trust's comprehensive wellness program design is based on employee health condition data and national best practices established by the Wellness Council of America. The Wellness program includes offerings such as: Weight Watchers at Work, health and nutrition seminars, fitness activities at the work site, and fitness/health team competitions. Furthermore, the Trust provides additional health related benefits designed to contain costs and support healthier employees: such as its tobacco cessation program, weight management program, physician house call service to reduce the number of emergency room visits and most recently, free flu shots at district sites for all employees.

For nearly 25 years, the Trust has provided a comprehensive, cost-effective and flexible benefit program to District employees. The size of board of trustees and the Trust itself has allowed it to manage employee health and welfare benefits in a cost effective manner while, at the same time, meeting District employee needs and interests. The Trust has been flexible and responsive in plan design and has adopted innovative programs that engenders employee support and buy in. Finally, because of the board of trustee's composition and decisions that have been made over the years, the Trust is supported and trusted by District employees and their families.



Memo

To: Molly Ringo
Chairperson, Everett School Employee Benefit Trust

Date: October 14, 2009

From: Sean White
Principal, Mercer Health & Benefits

Subject: ESEBT Health & Welfare Benefit Program and the PEBB

As you requested, we completed a side by side comparison of the ESEBT health and welfare benefits program against the program available through the PEBB.

Introduction

The comparison includes the primary plans that would be available to Everett School District employees through the PEBB (Aetna, Group Health Classic, Group Health Value, and the UMP) and benefits shown reflect those that will be in place for 2010. We have included in the comparison dental, basic life, AD&D, and LTD, since through the PEBB, you are required to adopt the full package and the published rates through the PEBB include the cost for these additional lines of coverage.

Benefit Design

In general, we can say that the array of plans offered by ESEBT are more generous than those available through the PEBB. For example, you will note that deductibles apply on all four PEBB plan options, while for ESEBT, there is no deductible requirement on the HMO plans nor on the PPO 1. ESEBT's copay requirements for office visits and prescriptions are generally lower as well. Similarly, ESEBT's dental, life, AD&D and LTD benefits are more generous than those provided through the PEBB.

Benefit Cost

When we look at the cost of the programs, it is a little difficult to compare, since the PEBB uses markedly different tier weightings for the development of the premiums rates and the employee contributions. In any case, we can make the general statement that the PEBB

plan costs are lower than those for the ESEBT program, but that lower cost is of course due in large part to the differences in benefit design (i.e. less generous benefit design on the PEBB drives lower overall program cost). We would need to conduct a much deeper level of analysis to adjust plan cost for design differences.

Employee Contribution Requirements

Looking at contributions, the requirements on the ESEBT program are much lower than those for the PEBB. This is where we see the most significant difference between your program and the PEBB.

Summary

In total, our general perception is that ESEBT is providing a benefits program that is more generous than that made available through the PEBB at rates that are very affordable to employees and their families. The fact that the overall program cost for ESEBT is higher is again due in large part to benefit differences, but it is worth noting that were you to participate in the PEBB, you would be operating within the same State funding constraint as you do today. For whatever reason, under a similar funding mechanism, the ESEBT is able to absorb more of the program cost and provide a more generous and more affordable program to employees.

It is worth noting that since 2006, total health and welfare program expenses for ESEBT have increased at an average annual rate of 6%, at the very low end of the range of increase that we have seen in the market over that time period. This low level of expense growth has been achieved without any major plan design changes and includes new expenses associated with the Wellness program provided through the Trust. Also over that time period, the Trust has been able to maintain and even reduce employee contribution requirements while maintaining adequate and healthy reserves. The results achieved by the ESEBT are outperforming the market, where we see continued health care cost increases and cost shifting to employees through benefit reductions and employee contribution increases.

2010 Medical Benefit Comparison Public Employees Benefit Board and Everett School Employee Benefit Trust

Plan	PEBB - Aetna	PEBB - Group Health Classic	PEBB - Uniform Medical Plan	PEBB- Group Health Value	PPO 1	PPO 2	PPO 3	Group Health Cooperative (HMO)	PacificCare (HMO)
Annual deductible	\$250/person \$750/family	\$250/person \$750/family	\$250/person \$750/family Separate Rx deductible of \$100/person; \$300/family for Tier 2 & 3 Drugs	\$350/person \$1,050/family	None	\$250/person \$750/family	\$300/person \$900/family	None	None
Annual out of pocket	\$2,000/person \$6,000/family	\$2,000/person \$6,000/family	\$2,000/person \$4,000/family	\$2,000/person \$6,000/family	\$1,250/person \$3,750/family	\$2,000/person \$6,000/family	\$2,000/person \$6,000/family	\$2,000/person \$4,000/family	\$1,500/person \$4,500/family
Office visit copays	\$25 per visit	\$25 per visit	Enrollee pays 15% coinsurance	\$30 per visit	\$15 network \$25 non network	\$25 network \$35 non network	\$30 network \$40 non network	\$15 copay	\$15 copay
Hospital inpatient copay	\$200/day to \$600 maximum/person/calendar year	\$200/day to \$600 maximum/person/calendar year for all inpatient services combined	\$200/day to \$600 maximum/person/calendar year plus 10% coinsurance for professional services	\$300/day to \$900 maximum/person/calendar year for all inpatient services combined	\$100/day to \$300 maximum/admission	None 90% network 70% non-network	None 80% network 60% non-network	\$100/day to \$300 maximum/person/100%	None 80%
Preventive care	Covered in full	Covered in full	Covered in full (not subject to deductible)	Covered in full (not subject to deductible)	\$15 copay network 100% \$25 copay non network 100%	\$25 copay network 100% \$35 copay non network 100%	\$30 copay network 100% \$40 copay non network 100%	\$15 copay	\$15 copay
Rx copays	\$20 Tier 1 \$40 Tier 2 \$60 Tier 3 Mail order: \$40 Tier 1 \$80 Tier 2 \$120 Tier 3	\$20 Tier 1 \$40 Tier 2 \$60 Tier 3 Mail order: \$40 Tier 1 \$80 Tier 2 \$120 Tier 3	10% Tier 1 After Rx deductible: 30% Tier 2 50% Tier 3 Mail order: \$10 Tier 1 \$50 Tier 2 \$100 Tier 3	\$20 Tier 1 \$40 Tier 2 \$60 Tier 3 Mail order: \$40 Tier 1 \$80 Tier 2 \$120 Tier 3	\$10 generic \$20 preferred brand \$40 non preferred brand Mail order: \$20 generic \$40 preferred brand \$80 non preferred brand	\$10 generic \$30 preferred brand \$50 non preferred brand Mail order: \$20 generic \$60 preferred brand \$100 non preferred brand	\$10 generic \$40 preferred brand \$60 non preferred brand Mail order: \$20 generic \$80 preferred brand \$120 non preferred brand	\$10 generic \$20 brand formulary Mail order: \$20 generic \$40 brand	\$10 generic \$25 brand formulary Mail order: \$25 generic \$50 brand
Vision	Exam - \$25 copay Enrollee pays any costs above \$150 every 24 months for frames, lenses, contacts and fitting fees, combined	Exam - \$25 copay Enrollee pays any costs above \$150 every 24 months for frames, lenses, contacts and fitting fees, combined	Exam - 15% coinsurance Enrollee pays any costs above \$150 every 24 months for frames, lenses, contacts and fitting fees, combined	Exam - \$30 copay Enrollee pays any costs above \$150 every 24 months for frames, lenses, contacts and fitting fees, combined	No copay for 1 exam every 12 months. Enrollee pays any costs above \$300 every 24 months for lenses and frames	No copay for 1 exam every 12 months. Enrollee pays any costs above \$300 every 24 months for lenses and frames	No copay for 1 exam every 12 months. Enrollee pays any costs above \$300 every 24 months for lenses and frames	Exam - \$15 copay for 1 exam every 12 months. Enroll pays costs above \$100 every 24 months for lenses and frames	When you see a VSP provider: \$15 copay/visit for 1 exam every 12 months. Discounts available through EyeMed and VSP for lenses and frames

2010 Dental Benefit Comparison Public Employees Benefit Board and Everett School Employee Benefit Trust

	PEBB Uniform Dental Plan (PPO)		PEBB Uniform Dental Plan (PPO)	WDS through WEA	Willamette Dental through WEA
Annual Deductible	\$50/person; \$150/family (does not apply to diagnostic and preventive)		None	\$25/person; \$75/family (does not apply to diagnostic and preventive)	None
Annual Maximum	\$1,750/person		Unlimited	\$1,750/year	Unlimited
Diagnostic & Preventive Care (exams, x-rays, cleaning, sealants, fluoride application)	100% PPO; 90% out of state; 80% non-PPO		100%	100%	100% after \$15 copay
Routine Care (fillings, oral surgery, root canals, Periodontics, endodontics)	80% PPO and out of state; 70%, non-PPO		Fillings and extraction of erupted teeth – between \$10 and \$50 copay Periodontal services – between \$15 and \$100 copay Endodontics (root canal) – between \$100 and \$150 copay	80%	100% after \$15 copay
Restorative Crowns	50%, PPO and out of state; 40%, non-PPO		Between \$100 and \$175 copay	50%	100% after \$15 copay per visit; additional \$50 copay for crowns
Dentures	50%, PPO and out of state; 40% non-PPO		\$140 copay for complete upper and lower	50%	100% after \$15 copay per visit; additional \$50 procedural copay applies
TMJ	70%; \$500 lifetime maximum (non-surgical TMJ)		70%; \$1,000 annual maximum and \$5,000 lifetime maximum (non-surgical TMJ)	50%; \$1,000 annual maximum and \$5,000 lifetime maximum (surgical and non- surgical)	50%; \$1,000 annual maximum; \$5,000 lifetime maximum (TMJ and orthognathic surgery combined)
Orthognathic Surgery	70%, \$5,000 lifetime maximum		70%, \$5,000 lifetime maximum	80%	50%; \$1,000 annual maximum; \$5,000 lifetime maximum (TMJ and orthognathic surgery combined)
Orthodontia	50%; \$1,750 lifetime maximum		\$1,500 Maximum enrollee copay per case	Not covered	Not covered

2010 Life, AD&D and Disability Benefit Comparison **Public Employees Benefit Board and Everett School Employee Benefit Trust**

	PEBB		Everett Schools
Basic Life Insurance	\$25,000		\$50,000
Basic AD&D Insurance	\$5,000		\$50,000
Basic Dependent Life	\$2,500 for spouse or each unmarried dependent child		N/A
Optional Term Life for Employees	Any amount in increments of \$1,000 –from half of annual salary up to one times annual salary		N/A
Supplemental Term Life for Employees	Additional amounts in \$1,000 increments up to \$350,000. \$50,000 is guaranteed issued		\$10,000 increments up to lesser of 5 times basic annual earnings or \$250,000 (Up to \$100,000 without EO)
Supplemental Spouse Term Life	In \$1,000 increments (Up to \$25,000 without EO) up to one half of employee elected supplemental or optional term life		One-half Employee Supplemental Life (Up to \$20,000 without EO)
Supplemental Child Term Life	N/A		\$2,000
Voluntary STD	N/A		66 2/3% of pre-disability earnings to a maximum weekly benefit of \$600. Benefit Duration – 90 days; 14 day benefit waiting period
LTD Basic	60% of the first \$400 of predisability earnings, \$240 maximum benefit, 90 day benefit waiting period or after the period of accumulated sick leave.		66 2/3% of basic monthly earnings to a maximum benefit of \$9,000, 90 day benefit waiting period
Optional (paid by employees)	60% of the first \$10,000 of predisability earnings (\$6,000 maximum benefit), includes cost of living adjustment.		Not included.

Plan	PEBB - Aetna	PEBB - Group Health Classic	PEBB - Uniform Medical Plan	PEBB- Group Health Value	PPO 1	PPO 2	PPO 3	Group Health Cooperative (HMO)	PacifiCare (HMO)
Rates ¹									
EE	\$ 877.00	\$ 816.00	\$ 786.00	\$ 767.00	\$ 821.97	\$ 702.22	\$ 664.04	\$ 609.34	\$ 632.36
EE & Spouse	\$1,019.00	\$ 897.00	\$ 837.00	\$ 799.00	\$1,466.60	\$1,227.10	\$1,150.74	\$1,041.34	\$1,087.42
EE & Child(ren)	\$ 976.00	\$ 869.00	\$ 817.00	\$ 784.00	\$1,466.60	\$1,227.10	\$1,150.74	\$1,041.34	\$1,087.42
EE & Family	\$1,116.00	\$ 950.00	\$ 868.00	\$ 816.00	\$2,111.23	\$1,751.98	\$1,637.44	\$1,473.34	\$1,542.46
Contributions ²									
EE	\$132.00	\$71.00	\$41.00	\$22.00	\$158.05	\$ 45.04	\$ 9.00	\$ 4.00	\$16.54
EE & Spouse	\$274.00	\$152.00	\$92.00	\$54.00	\$344.10	\$118.08	\$46.00	\$28.00	\$53.08
EE & Child(ren)	\$231.00	\$124.00	\$72.00	\$39.00	\$344.10	\$118.08	\$46.00	\$28.00	\$53.08
EE & Family	\$373.00	\$205.00	\$123.00	\$71.00	\$529.15	\$190.12	\$82.00	\$51.00	\$88.62

¹ Rates include costs for basic life and AD&D insurance, LTD insurance, medical, dental, vision benefits and the retiree subsidy (\$59.59 as of January 1, 2010)

² For the PEBB plans, the contribution is developed by reduction of the rate by the \$745 allocation from the state. For ESEBT, the contributions shown are effective January 1, 2010

MONTHLY EMPLOYEE CONTRIBUTION HISTORY

2010 - 2005

Plan Name	Benefit FTE	Employee Only 2010	Employee Only 2009	Employee Only 2008	Employee Only 2007	Employee Only 2006	Employee Only 2005
HEALTH GROUP	1.00	\$4.00	\$4.00	\$23.48	\$29.86	\$29.86	\$25.96
	.900 - .999	\$29.62	\$29.62	\$52.80	\$59.18	\$59.18	\$47.79
	.825 - .899	\$67.51	\$67.51	\$97.11	\$103.49	\$103.49	\$76.10
	.750 - .824	\$105.56	\$105.56	\$140.66	\$147.04	\$147.04	\$108.52
	.676 - .749	\$122.80	\$122.80	\$167.98	\$174.36	\$174.36	\$123.39
	.583 - .675	\$165.17	\$165.17	\$216.46	\$222.84	\$222.84	\$159.48
	.500 - .582	\$209.81	\$209.81	\$267.56	\$273.94	\$273.94	\$197.51
	.417 - .499	\$251.92	\$251.92	\$315.75	\$322.13	\$322.13	\$233.38
	.330 - .416	\$295.04	\$295.04	\$365.11	\$371.49	\$371.49	\$270.12
SIGNATURE PAID CARE	1.00	\$16.54	\$16.54	\$8.00	\$20.50	\$20.50	\$18.00
	.900 - .999	\$42.16	\$42.16	\$37.32	\$49.82	\$49.82	\$39.82
	.825 - .899	\$80.05	\$80.05	\$81.63	\$94.13	\$94.13	\$68.14
	.750 - .824	\$118.10	\$118.10	\$125.18	\$137.68	\$137.68	\$100.55
	.676 - .749	\$135.34	\$135.34	\$152.50	\$165.00	\$165.00	\$115.43
	.583 - .675	\$177.71	\$177.71	\$200.98	\$213.48	\$213.48	\$151.52
	.500 - .582	\$222.35	\$222.35	\$252.08	\$264.58	\$264.58	\$189.55
	.417 - .499	\$264.46	\$264.46	\$300.27	\$312.77	\$312.77	\$225.42
	.330 - .416	\$307.58	\$307.58	\$349.63	\$362.13	\$362.13	\$262.15
PPO PLAN 3	1.00	\$9.00	\$9.00	\$13.00	\$29.50	\$29.50	\$27.00
	.900 - .999	\$34.62	\$34.62	\$42.32	\$58.82	\$58.82	\$48.82
	.825 - .899	\$72.51	\$72.51	\$86.63	\$103.13	\$103.13	\$77.14
	.750 - .824	\$110.56	\$110.56	\$130.18	\$146.68	\$146.68	\$109.55
	.676 - .749	\$127.80	\$127.80	\$157.50	\$174.00	\$174.00	\$124.43
	.583 - .675	\$170.17	\$170.17	\$205.98	\$222.48	\$222.48	\$160.52
	.500 - .582	\$214.81	\$214.81	\$257.08	\$273.58	\$273.58	\$198.55
	.417 - .499	\$256.92	\$256.92	\$305.27	\$321.77	\$321.77	\$234.42
	.330 - .416	\$300.04	\$300.04	\$354.63	\$371.13	\$371.13	\$271.15
PPO PLAN 2	1.00	\$45.04	\$45.04	\$49.89	\$64.44	\$64.44	\$54.19
	.900 - .999	\$70.66	\$70.66	\$79.21	\$93.76	\$93.76	\$81.31
	.825 - .899	\$108.55	\$108.55	\$123.52	\$138.07	\$138.07	\$121.79
	.750 - .824	\$146.60	\$146.60	\$167.07	\$181.62	\$181.62	\$162.06
	.676 - .749	\$163.84	\$163.84	\$194.39	\$208.94	\$208.94	\$187.34
	.583 - .675	\$206.21	\$206.21	\$242.87	\$257.42	\$257.42	\$232.18
	.500 - .582	\$250.85	\$250.85	\$293.97	\$308.52	\$308.52	\$279.43
	.417 - .499	\$292.96	\$292.96	\$342.16	\$356.71	\$356.71	\$324.00
	.330 - .416	\$336.08	\$336.08	\$391.52	\$406.07	\$406.07	\$369.64
PPO PLAN 1	1.00	\$158.05	\$158.05	\$159.68	\$168.44	\$168.44	\$135.13
	.900 - .999	\$183.67	\$183.67	\$189.00	\$197.76	\$197.76	\$162.25
	.825 - .899	\$221.56	\$221.56	\$233.31	\$242.07	\$242.07	\$202.73
	.750 - .824	\$259.61	\$259.61	\$276.86	\$285.62	\$285.62	\$243.00
	.676 - .749	\$276.86	\$276.86	\$304.18	\$312.94	\$312.94	\$268.28
	.583 - .675	\$319.22	\$319.22	\$352.66	\$361.42	\$361.42	\$313.12
	.500 - .582	\$363.86	\$363.86	\$403.76	\$412.52	\$412.52	\$360.73
	.417 - .499	\$405.97	\$405.97	\$451.95	\$460.71	\$460.71	\$404.94
	.330 - .416	\$449.09	\$449.09	\$501.31	\$510.07	\$510.07	\$450.58

2010 Monthly Employee Contributions

January 1, 2010 – December 31, 2010

Benefit FTE	Employee Only	Employee + Sp/DP or Child(ren)	Employee + Sp/DP and Child(ren)	Coverage
Group Health Cooperative HMO				
1.000	\$4.00	\$28.00	\$51.00	Medical, Dental, LTD, Life
.900 - .999	29.62	53.62	76.62	
.825 - .899	67.51	91.51	114.51	Medical, Dental, LTD
.750 - .824	105.56	129.56	152.56	
.676 - .749	122.80	146.80	169.80	Medical, Dental
.583 - .675	165.17	189.17	212.17	
.500 - .582	209.81	233.81	256.81	
.417 - .499	251.92	275.92	298.92	
.330 - .416	295.04	319.04	342.04	
PacificCare Signature Value				
1.000	\$16.54	\$53.08	\$88.62	Medical, Dental, LTD, Life
.900 - .999	42.16	78.70	114.24	
.825 - .899	80.05	116.59	152.13	Medical, Dental, LTD
.750 - .824	118.10	154.64	190.18	
.676 - .749	135.34	171.88	207.42	Medical, Dental
.583 - .675	177.71	214.25	249.79	
.500 - .582	222.35	258.89	294.43	
.417 - .499	264.46	301.00	336.54	
.330 - .416	307.58	344.12	379.66	
PPO Plan 3 (Regence/Blue Shield)				
1.000	\$9.00	\$46.00	\$82.00	Medical, Dental, LTD, Life
.900 - .999	34.62	71.62	107.62	
.825 - .899	72.51	109.51	145.51	Medical, Dental, LTD
.750 - .824	110.56	147.56	183.56	
.676 - .749	127.80	164.80	200.80	Medical, Dental
.583 - .675	170.17	207.17	243.17	
.500 - .582	214.81	251.81	287.81	
.417 - .499	256.92	293.92	329.92	
.330 - .416	300.04	337.04	373.04	
PPO Plan 2 (Regence/Blue Shield)				
1.000	\$45.04	\$118.08	\$190.12	Medical, Dental, LTD, Life
.900 - .999	70.66	143.70	215.74	
.825 - .899	108.55	181.59	253.63	Medical, Dental, LTD
.750 - .824	146.60	219.64	291.68	
.676 - .749	163.84	236.88	308.92	Medical, Dental
.583 - .675	206.21	279.25	351.29	
.500 - .582	250.85	323.89	395.93	
.417 - .499	292.96	366.00	438.04	
.330 - .416	336.08	409.12	481.16	
PPO Plan 1 (Regence/Blue Shield)				
1.000	\$158.05	\$344.11	\$529.16	Medical, Dental, LTD, Life
.900 - .999	183.67	369.73	554.78	
.825 - .899	221.56	407.62	592.67	Medical, Dental, LTD
.750 - .824	259.61	445.67	630.72	
.676 - .749	276.86	462.91	647.97	Medical, Dental
.583 - .675	319.22	505.27	690.33	
.500 - .582	363.86	549.92	734.97	
.417 - .499	405.97	592.03	777.08	
.330 - .416	449.09	635.15	820.20	

Benefit FTE = Hours per day x compensated days (work days, vacation and holidays) per year divided by 1,440.

Note: If your spouse/domestic partner is eligible for other employer-sponsored coverage and declines to enroll, then add \$100 to the above rates.

Revised 10.15.2009 avr

Your Benefits

Everett School Employee Benefit Trust

Monthly Employee Contributions January 1, 2009 – December 31, 2009

Benefit FTE	Employee Only	Employee + Sp/DP or Child(ren) ¹	Employee + Sp/DP and Child(ren) ¹	Coverage
Group Health Cooperative (HMO)				
1.000	\$4.00	\$28.00	\$51.00	Medical, Dental, LTD, Life
.900 - .999	29.62	53.62	76.62	
.825 - .899	67.51	91.51	114.51	Medical, Dental, LTD
.750 - .824	105.56	129.56	152.56	
.676 - .749	122.80	146.80	169.80	Medical, Dental
.583 - .675	165.17	189.17	212.17	
.500 - .582	209.81	233.81	256.81	
.417 - .499	251.92	275.92	298.92	
.330 - .416	295.04	319.04	342.04	
Pacificare HMO				
1.000	\$16.54	\$53.08	\$88.62	Medical, Dental, LTD, Life
.900 - .999	42.16	78.70	114.24	
.825 - .899	80.05	116.59	152.13	Medical, Dental, LTD
.750 - .824	118.10	154.64	190.18	
.676 - .749	135.34	171.88	207.42	Medical, Dental
.583 - .675	177.71	214.25	249.79	
.500 - .582	222.35	258.89	294.43	
.417 - .499	264.46	301.00	336.54	
.330 - .416	307.58	344.12	379.66	
(PPO) Plan 3				
1.000	\$9.00	\$46.00	\$82.00	Medical, Dental, LTD, Life
.900 - .999	34.62	71.62	107.62	
.825 - .899	72.51	109.51	145.51	Medical, Dental, LTD
.750 - .824	110.56	147.56	183.56	
.676 - .749	127.80	164.80	200.80	Medical, Dental
.583 - .675	170.17	207.17	243.17	
.500 - .582	214.81	251.81	287.81	
.417 - .499	256.92	293.92	329.92	
.330 - .416	300.04	337.04	373.04	
(PPO) Plan 2				
1.000	\$45.04	\$118.08	\$190.12	Medical, Dental, LTD, Life
.900 - .999	70.66	143.70	215.74	
.825 - .899	108.55	181.59	253.63	Medical, Dental, LTD
.750 - .824	146.60	219.64	291.68	
.676 - .749	163.84	236.88	308.92	Medical, Dental
.583 - .675	206.21	279.25	351.29	
.500 - .582	250.85	323.89	395.93	
.417 - .499	292.96	366.00	438.04	
.330 - .416	336.08	409.12	481.16	
(PPO) Plan 1				
1.000	\$158.05	\$344.11	\$529.16	Medical, Dental, LTD, Life
.900 - .999	183.67	369.73	554.78	
.825 - .899	221.56	407.62	592.67	Medical, Dental, LTD
.750 - .824	259.61	445.67	630.72	
.676 - .749	276.86	462.91	647.97	Medical, Dental
.583 - .675	319.22	505.27	690.33	
.500 - .582	363.86	549.92	734.97	
.417 - .499	405.97	592.03	777.08	
.330 - .416	449.09	635.15	820.20	

Benefit FTE = Hours per day x compensated days (work days, vacation and holidays) per year divided by 1,440.

¹ Note: If your spouse/domestic partner is eligible for other employer-sponsored coverage and declines to enroll, then add \$100 to the above rates.

Revised 10/09/08

Your Benefits

Everett School Employee Benefit Trust

2008 Monthly Employee Contributions January 1, 2008 – December 31, 2008

Benefit FTE	Employee Only	Employee + Sp/DP or Child(ren)	Employee + Sp/DP and Child(ren)	Coverage
Pacificare HMO				
1.000	\$8.00	\$35.00	\$63.00	Medical, Dental, LTD, Life
.900 - .999	37.32	64.32	92.32	
.825 - .899	81.63	108.63	136.63	Medical, Dental, LTD
.750 - .824	125.18	152.18	180.18	
.676 - .749	152.50	179.50	207.50	Medical, Dental
.583 - .675	200.98	227.98	255.98	
.500 - .582	252.08	279.08	307.08	
.417 - .499	300.27	327.27	355.27	
.330 - .416	349.63	376.63	404.63	
Group Health Cooperative (HMO)				
1.000	\$23.48	\$65.96	\$109.44	Medical, Dental, LTD, Life
.900 - .999	52.80	95.28	138.76	
.825 - .899	97.11	139.59	183.07	Medical, Dental, LTD
.750 - .824	140.66	183.14	226.62	
.676 - .749	167.98	210.46	253.94	Medical, Dental
.583 - .675	216.46	258.94	302.42	
.500 - .582	267.56	310.04	353.52	
.417 - .499	315.75	358.23	401.71	
.330 - .416	365.11	407.59	451.07	
(PPO) Plan 3				
1.000	\$13.00	\$53.00	\$92.00	Medical, Dental, LTD, Life
.900 - .999	42.32	82.32	121.32	
.825 - .899	86.63	126.63	165.63	Medical, Dental, LTD
.750 - .824	130.18	170.18	209.18	
.676 - .749	157.50	197.50	236.50	Medical, Dental
.583 - .675	205.98	245.98	284.98	
.500 - .582	257.08	297.08	336.08	
.417 - .499	305.27	345.27	384.27	
.330 - .416	354.63	394.63	433.63	
(PPO) Plan 2				
1.000	\$49.89	\$126.78	\$202.67	Medical, Dental, LTD, Life
.900 - .999	79.21	156.10	231.99	
.825 - .899	123.52	200.41	276.30	Medical, Dental, LTD
.750 - .824	167.07	243.96	319.85	
.676 - .749	194.39	271.28	347.17	Medical, Dental
.583 - .675	242.87	319.76	395.65	
.500 - .582	293.97	370.86	446.75	
.417 - .499	342.16	419.05	494.94	
.330 - .416	391.52	468.41	544.30	
(PPO) Plan 1				
1.000	\$159.68	\$346.36	\$532.04	Medical, Dental, LTD, Life
.900 - .999	189.00	375.68	561.36	
.825 - .899	233.31	419.99	605.67	Medical, Dental, LTD
.750 - .824	276.86	463.54	649.22	
.676 - .749	304.18	490.86	676.54	Medical, Dental
.583 - .675	352.66	539.34	725.02	
.500 - .582	403.76	590.44	776.12	
.417 - .499	451.95	638.63	824.31	
.330 - .416	501.31	687.99	873.67	

Benefit FTE = Hours per day x compensated days (work days, vacation and holidays) per year divided by 1,440.

Note: If your spouse/domestic partner is eligible for other employer-sponsored coverage and declines to enroll, then add \$100 to the above rates.

Your Benefits – 2007

Everett School Employee Benefit Trust & Everett Public Schools

2006 Monthly Employee Contributions for Medical Coverage January 1, 2007 – December 31, 2007

Benefit FTE	Employee Only	Employee + Sp/DP or Child(ren) ¹	Employee + Sp/DP and Child(ren) ¹	Coverage
PacifiCare HMO				
1.000	\$20.50	\$61.50	\$102.50	Medical, Dental, LTD, Life
.900 - .999	49.82	90.82	131.82	
.825 - .899	94.13	135.13	176.13	Medical, Dental, LTD
.750 - .824	137.68	178.68	219.68	
.676 - .749	165.00	206.00	247.00	Medical, Dental
.583 - .675	213.48	254.48	295.48	
.500 - .582	264.58	305.58	346.58	
.417 - .499	312.77	353.77	394.77	
.330 - .416	362.13	403.13	444.13	
Group Health Cooperative (HMO)				
1.000	\$29.86	\$80.19	\$130.55	Medical, Dental, LTD, Life
.900 - .999	59.18	109.51	159.87	
.825 - .899	103.49	153.82	204.18	Medical, Dental, LTD
.750 - .824	147.04	197.37	247.73	
.676 - .749	174.36	224.69	275.05	Medical, Dental
.583 - .675	222.84	273.17	323.53	
.500 - .582	273.94	324.27	374.63	
.417 - .499	322.13	372.46	422.82	
.330 - .416	371.49	421.82	472.18	
(PPO) Plan 3				
1.000	\$29.50	\$88.50	\$147.50	Medical, Dental, LTD, Life
.900 - .999	58.82	117.82	176.82	
.825 - .899	103.13	162.13	221.13	Medical, Dental, LTD
.750 - .824	146.68	205.68	264.68	
.676 - .749	174.00	233.00	292.00	Medical, Dental
.583 - .675	222.48	281.48	340.48	
.500 - .582	273.58	322.58	391.58	
.417 - .499	321.77	380.77	439.77	
.330 - .416	371.13	430.13	489.13	
(PPO) Plan 2				
1.000	\$64.44	\$158.38	252.32	Medical, Dental, LTD, Life
.900 - .999	93.76	187.70	281.64	
.825 - .899	138.07	232.01	325.95	Medical, Dental, LTD
.750 - .824	181.62	275.56	369.50	
.676 - .749	208.94	302.88	396.82	Medical, Dental
.583 - .675	257.42	351.36	445.30	
.500 - .582	308.52	402.46	496.40	
.417 - .499	356.71	450.65	544.59	
.330 - .416	406.07	500.01	593.95	
(PPO) Plan 1				
1.000	\$168.44	\$366.38	\$564.32	Medical, Dental, LTD, Life
.900 - .999	197.76	395.70	593.64	
.825 - .899	242.07	440.01	637.95	Medical, Dental, LTD
.750 - .824	285.62	483.56	681.50	
.676 - .749	312.94	510.88	708.82	Medical, Dental
.583 - .675	361.42	559.36	757.30	
.500 - .582	412.52	610.46	808.40	
.417 - .499	460.71	658.65	856.59	
.330 - .416	510.07	708.01	905.95	

Benefit FTE = Hours per day x compensated days (work days, vacation and holidays) per year divided by 1,440. ¹ Note: If your spouse or domestic partner is eligible for other employer-sponsored coverage and declines to enroll, then add \$100 to the above rates.

Your Benefits – 2006

Everett School Employees Benefit Trust

2006 Monthly Employee Contributions for Medical Coverage January 1, 2006 – December 31, 2006

Benefit FTE	Employee Only	Employee + Sp/DP or Child(ren) ¹	Employee + Sp/DP and Child(ren) ¹	Coverage
PacificCare HMO				
1.000	\$20.50	\$61.50	\$102.50	Medical, Dental, LTD, Life
.900 - .999	49.82	90.82	131.82	
.825 - .899	94.13	135.13	176.13	Medical, Dental, LTD
.750 - .824	137.68	178.68	219.68	
.676 - .749	165.00	206.00	247.00	Medical, Dental
.583 - .675	213.48	254.48	295.48	
.500 - .582	264.58	305.58	346.58	
.417 - .499	312.77	353.77	394.77	
.330 - .416	362.13	403.13	444.13	
Group Health Cooperative (HMO)				
1.000	\$29.86	\$80.19	\$130.55	Medical, Dental, LTD, Life
.900 - .999	59.18	109.51	159.87	
.825 - .899	103.49	153.82	204.18	Medical, Dental, LTD
.750 - .824	147.04	197.37	247.73	
.676 - .749	174.36	224.69	275.05	Medical, Dental
.583 - .675	222.84	273.17	323.53	
.500 - .582	273.94	324.27	374.63	
.417 - .499	322.13	372.46	422.82	
.330 - .416	371.49	421.82	472.18	
(PPO) Plan 3				
1.000	\$29.50	\$88.50	\$147.50	Medical, Dental, LTD, Life
.900 - .999	58.82	117.82	176.82	
.825 - .899	103.13	162.13	221.13	Medical, Dental, LTD
.750 - .824	146.68	205.68	264.68	
.676 - .749	174.00	233.00	292.00	Medical, Dental
.583 - .675	222.48	281.48	340.48	
.500 - .582	273.58	322.58	391.58	
.417 - .499	321.77	380.77	439.77	
.330 - .416	371.13	430.13	489.13	
(PPO) Plan 2				
1.000	\$64.44	\$158.38	252.32	Medical, Dental, LTD, Life
.900 - .999	93.76	187.70	281.64	
.825 - .899	138.07	232.01	325.95	Medical, Dental, LTD
.750 - .824	181.62	275.56	369.50	
.676 - .749	208.94	302.88	396.82	Medical, Dental
.583 - .675	257.42	351.36	445.30	
.500 - .582	308.52	402.46	496.40	
.417 - .499	356.71	450.65	544.59	
.330 - .416	406.07	500.01	593.95	
(PPO) Plan 1				
1.000	\$168.44	\$366.38	\$564.32	Medical, Dental, LTD, Life
.900 - .999	197.76	395.70	593.64	
.825 - .899	242.07	440.01	637.95	Medical, Dental, LTD
.750 - .824	285.62	483.56	681.50	
.676 - .749	312.94	510.88	708.82	Medical, Dental
.583 - .675	361.42	559.36	757.30	
.500 - .582	412.52	610.46	808.40	
.417 - .499	460.71	658.65	856.59	
.330 - .416	510.07	708.01	905.95	

Benefit FTE = Hours per day x compensated days (work days, vacation and holidays) per year divided by 1,440.

¹ Note: If your spouse or domestic partner is eligible for other employer-sponsored coverage and declines to enroll, then add \$100 to the above rates.

Rev October 17, 2005

YOUR BENEFITS – 2005

Everett School Employee Benefit Trust

REVISED 10/22/2004

Please disregard previous version

2005 Monthly Employee Contributions for Medical Coverage January 1, 2005 – December 31, 2005

Benefit FTE	Employee Only	Employee + Sp/DP or Child(ren) ¹	Employee + Sp/DP and Child(ren) ¹	Coverage
PacifiCare HMO				
1.000	\$18.00	\$54.00	\$90.00	Medical, Dental, LTD, Life
.900 - .999	39.82	75.82	111.82	
.825 - .899	68.14	104.14	140.14	Medical, Dental, LTD
.750 - .824	100.55	136.55	172.55	
.676 - .749	115.43	151.43	187.43	Medical, Dental
.583 - .675	151.52	187.52	223.52	
.500 - .582	189.55	225.55	261.55	
.417 - .499	225.42	261.42	297.42	
.330 - .416	262.15	298.15	334.15	
Group Health Cooperative (HMO)				
1.000	\$25.96	\$77.89	\$129.82	Medical, Dental, LTD, Life
.900 - .999	47.79	99.72	151.65	
.825 - .899	76.10	128.03	179.96	Medical, Dental, LTD
.750 - .824	108.52	160.45	212.38	
.676 - .749	123.39	175.32	227.25	Medical, Dental
.583 - .675	159.48	211.41	263.34	
.500 - .582	197.51	249.44	301.37	
.417 - .499	233.38	285.31	337.24	
.330 - .416	270.12	322.05	373.98	
(PPO) Plan 3				
1.000	\$27.00	\$81.00	\$135.00	Medical, Dental, LTD, Life
.900 - .999	48.82	102.82	156.82	
.825 - .899	77.14	131.14	185.14	Medical, Dental, LTD
.750 - .824	109.55	163.55	217.55	
.676 - .749	124.43	178.43	232.43	Medical, Dental
.583 - .675	160.52	214.52	268.52	
.500 - .582	198.55	252.55	306.55	
.417 - .499	234.42	288.42	342.42	
.330 - .416	271.15	325.15	379.15	
(PPO) Plan 2				
1.000	\$54.19	\$135.38	216.47	Medical, Dental, LTD, Life
.900 - .999	81.31	162.50	243.69	
.825 - .899	121.79	202.98	284.17	Medical, Dental, LTD
.750 - .824	162.06	243.25	324.44	
.676 - .749	187.34	268.53	349.72	Medical, Dental
.583 - .675	232.18	313.37	394.56	
.500 - .582	279.43	360.62	441.81	
.417 - .499	324.00	405.19	486.38	
.330 - .416	369.64	450.83	532.02	
(PPO) Plan 1				
1.000	\$135.13	\$297.26	\$459.39	Medical, Dental, LTD, Life
.900 - .999	162.25	324.38	486.51	
.825 - .899	202.73	364.86	526.99	Medical, Dental, LTD
.750 - .824	243.00	405.13	567.26	
.676 - .749	268.28	430.41	592.54	Medical, Dental
.583 - .675	313.12	475.25	637.38	
.500 - .582	360.73	522.60	684.63	
.417 - .499	404.94	567.07	729.20	
.330 - .416	450.58	612.71	774.84	

Benefit FTE = Hours per day x compensated days (work days, vacation and holidays) per year divided by 1,440.

¹ Note: If your spouse/domestic partner is eligible for other employer-sponsored coverage and declines to enroll, then add \$100 to the above rates.