

2015 STRATEGY AND RENEWAL PLANNING EVERETT SCHOOL EMPLOYEE BENEFIT TRUST

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Today's discussion

- Market update
- ESSB 5940 update
- Benchmarking
- 2016 vendor renewals
- Renewal calendar and next steps

ESSB 5940 Update

ESSB 5940 update

- The table below lists some of the primary requirements of ESSB 5940, the current status for the plans offered by ESEBT, and potential next steps.

Requirement	Current Status	Next Steps
<ul style="list-style-type: none"> Offer a plan with high deductible and health savings account 	<ul style="list-style-type: none"> With the carve-out from WEA, ESEBT will continue to offer an HSA-eligible HDHP through UHC 	<ul style="list-style-type: none"> Maintain compliance
<ul style="list-style-type: none"> Offer a plan with full-time premium the same as that for state employees (15% FT contribution) 	<ul style="list-style-type: none"> The plan with the lowest employee premium cost share (GHC HMO) ranges between 18% and 22%. OSPI has not updated what the current target is. 	<ul style="list-style-type: none"> Consider this requirement when making ESEBT subsidy decisions for 2016
<ul style="list-style-type: none"> Must make progress toward more affordable full family insurance coverage; ratio of 3:1 	<ul style="list-style-type: none"> All current ratios are within the accepted range (between 2.5 & 2.8) 	<ul style="list-style-type: none"> Maintain compliance
<ul style="list-style-type: none"> Each K-12 public school employee pays a minimum premium charge 	<ul style="list-style-type: none"> All plans require a contribution 	<ul style="list-style-type: none"> Determine whether current contributions are an appropriate “minimum contribution”
<ul style="list-style-type: none"> Employee premiums are structured to ensure that employees who select richer benefit plans pay the higher premium 	<ul style="list-style-type: none"> Current contribution structure is in compliance 	<ul style="list-style-type: none"> Maintain compliance
<ul style="list-style-type: none"> Follow responsible contracting standards and open competitive bidding 	<ul style="list-style-type: none"> ESEBT conducted competitive marketing bids for their 2015 medical, dental, vision, life and disability coverages 	<ul style="list-style-type: none"> Continue to ensure that programs in place are cost effective and delivering market competitive value
<ul style="list-style-type: none"> Promote health care innovation and cost savings and significantly reduce administrative expense 	<ul style="list-style-type: none"> Wellness program can provide progress toward this requirement 	<ul style="list-style-type: none"> Consider additional means of improving health of members

Market update

About Mercer's National Survey of Employer-Sponsored Health Plans

Oldest

Marking 29 years of measuring health plan trends

Largest

2,569 employers participated in 2014

Most comprehensive

Extensive questionnaire covers a full range of health benefit issues and strategies

Statistically valid

Based on a probability sample — only Mercer and Kaiser survey this way

Covers employers of all sizes, all industries, all regions

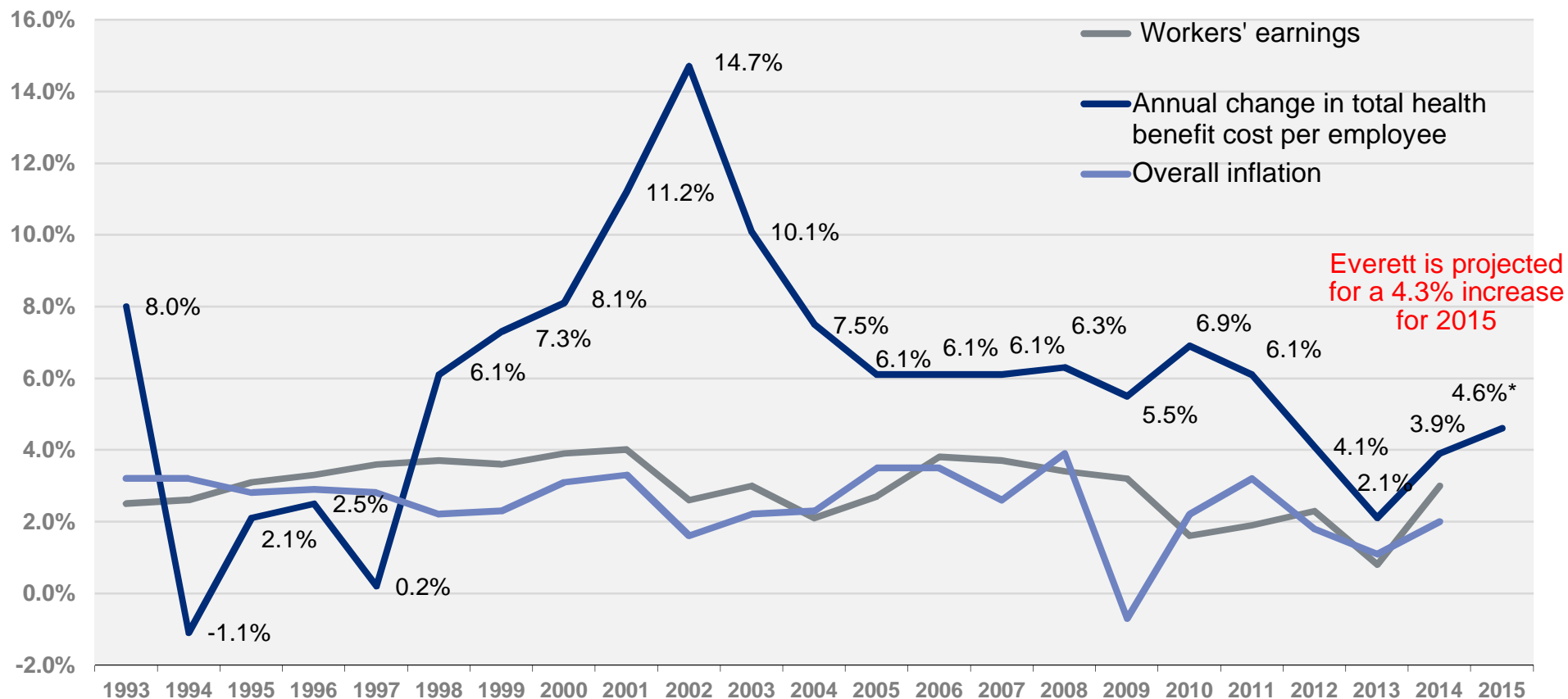
Results project to all US employers with 10 or more employees

Employer size groups in presentation

Small: 10-499 employees / Large: 500+ employees / Very large: 5,000+ employees

Cost growth still moderate in 2014, but rising

Change in total health benefit cost per employee compared to CPI, workers' earnings

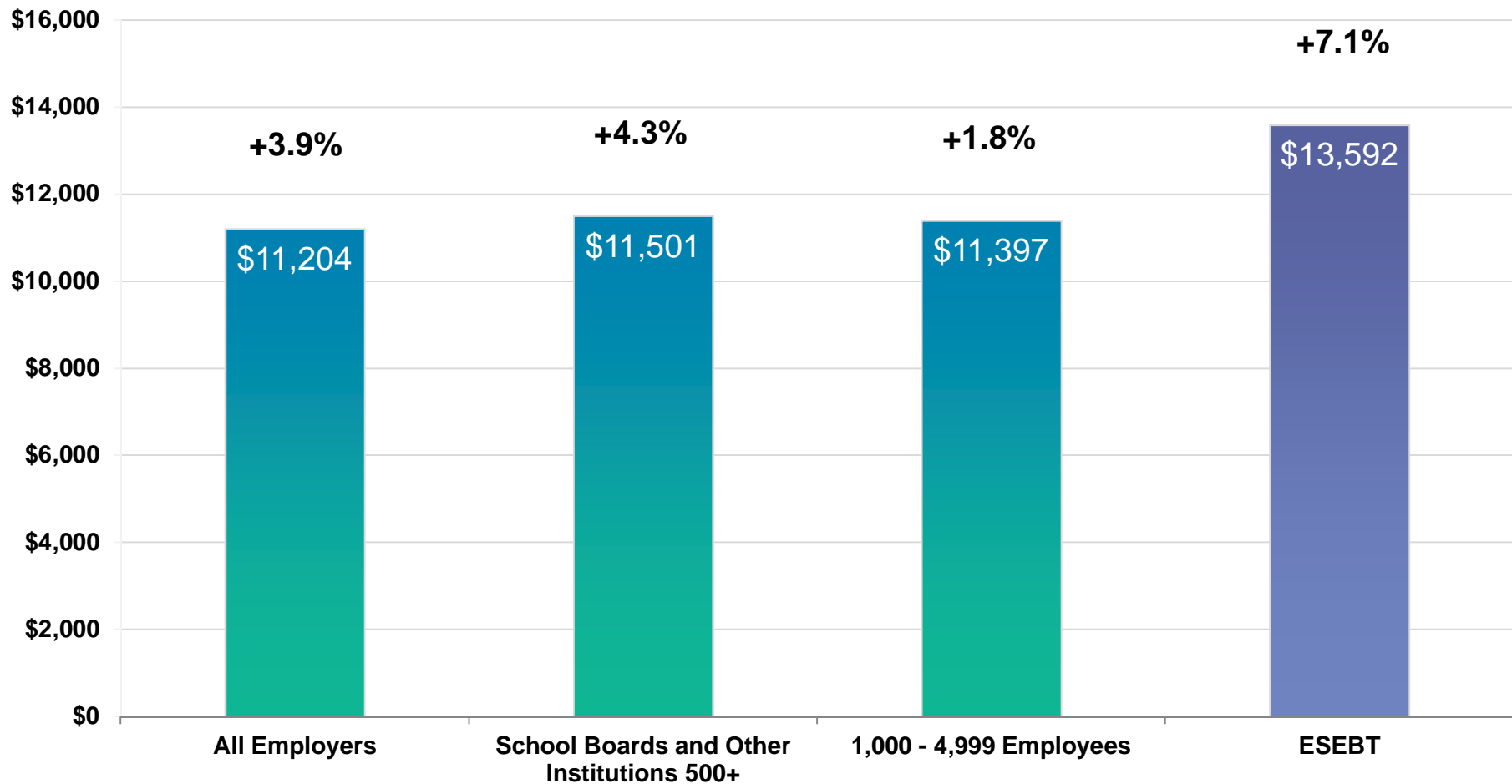


* Projected

Source: Mercer's National Survey of Employer-Sponsored Health Plans; Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April) 1993-2014; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey (April to April) 1993-2014.

Total health benefit cost per employee reaches \$11,204 in 2014

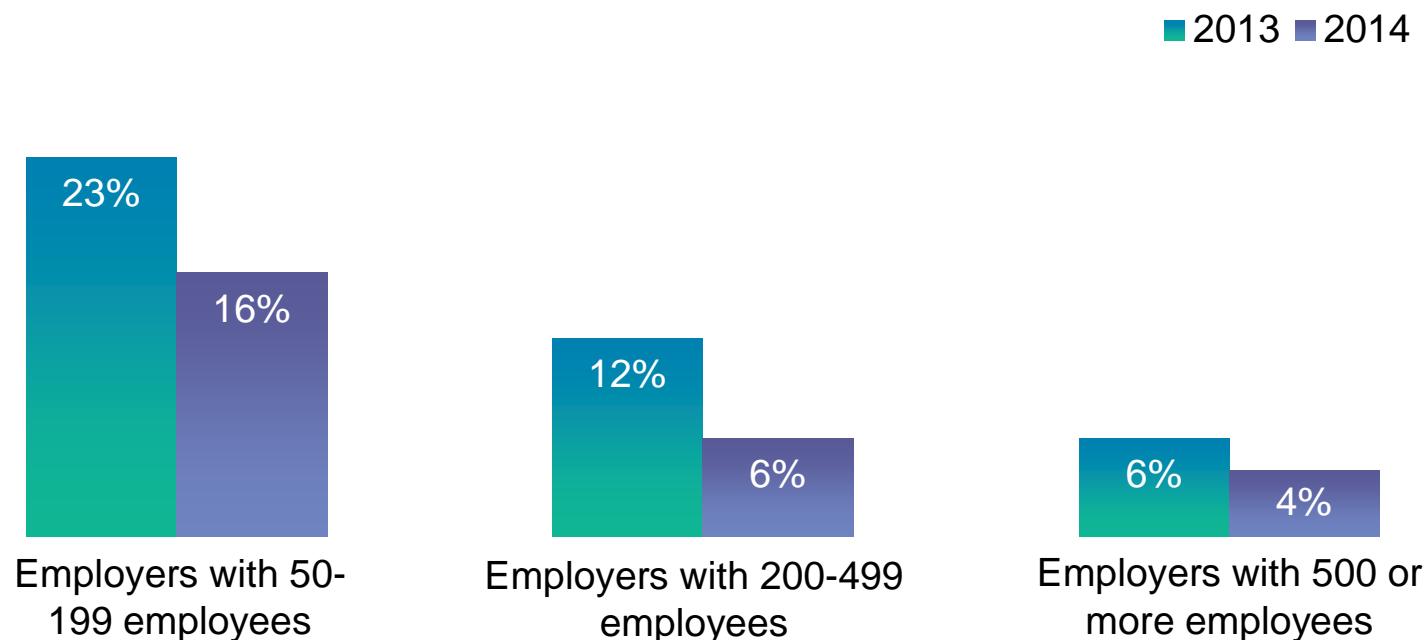
Small employers keep per-employee cost lower with greater cost sharing and by covering fewer dependents



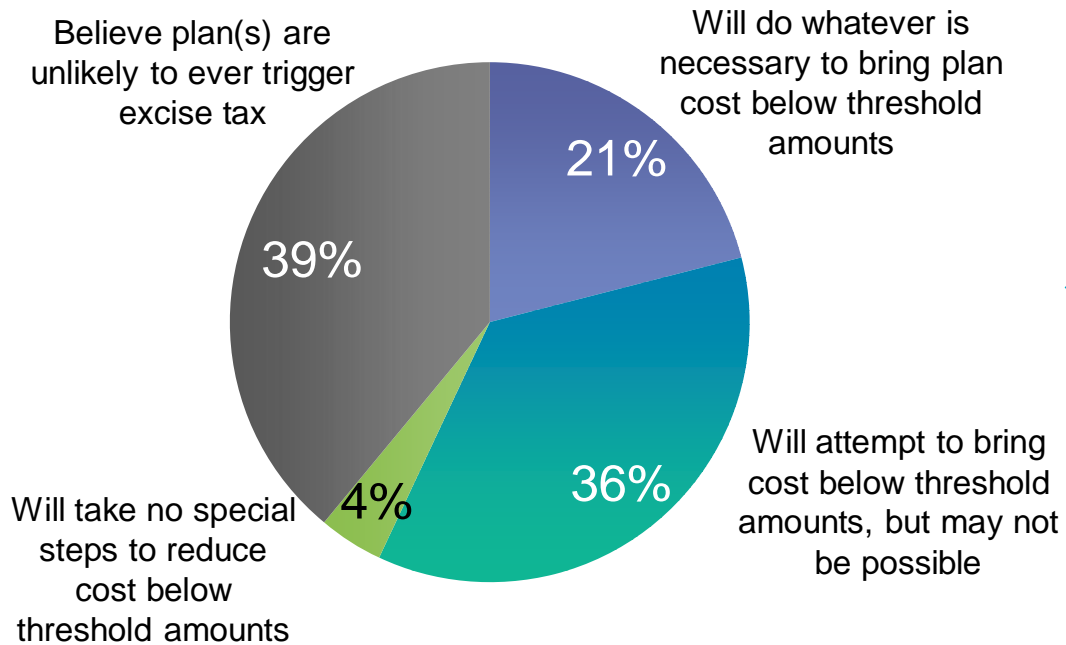
Includes Medical, Rx, Dental, and Vision coverage

Employers have growing confidence in their ability to control cost in the post-reform era — fewer than ever expect to drop their health plans

Percent of employers that say they are “very likely” or “likely” to terminate plans within the next five years



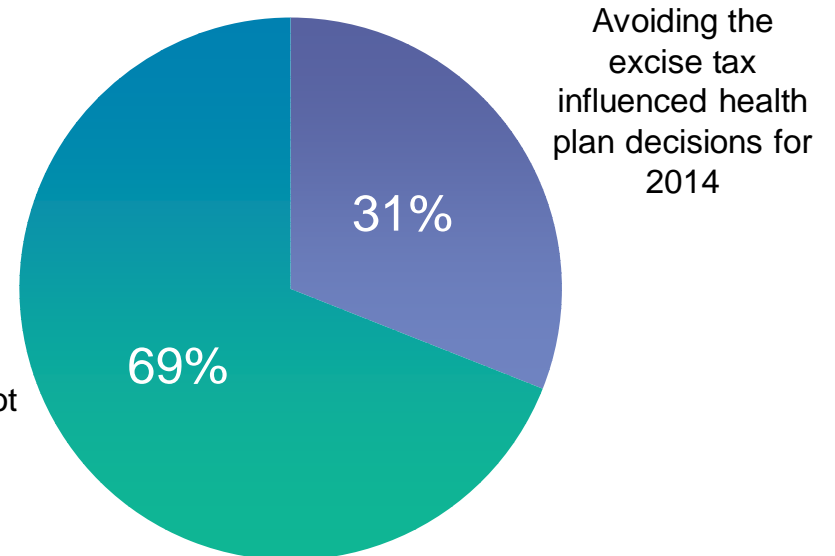
Consistently the #1 concern of employers since ACA passed



The majority of employers believe their plans will trigger the tax — unless they take action to avoid it...

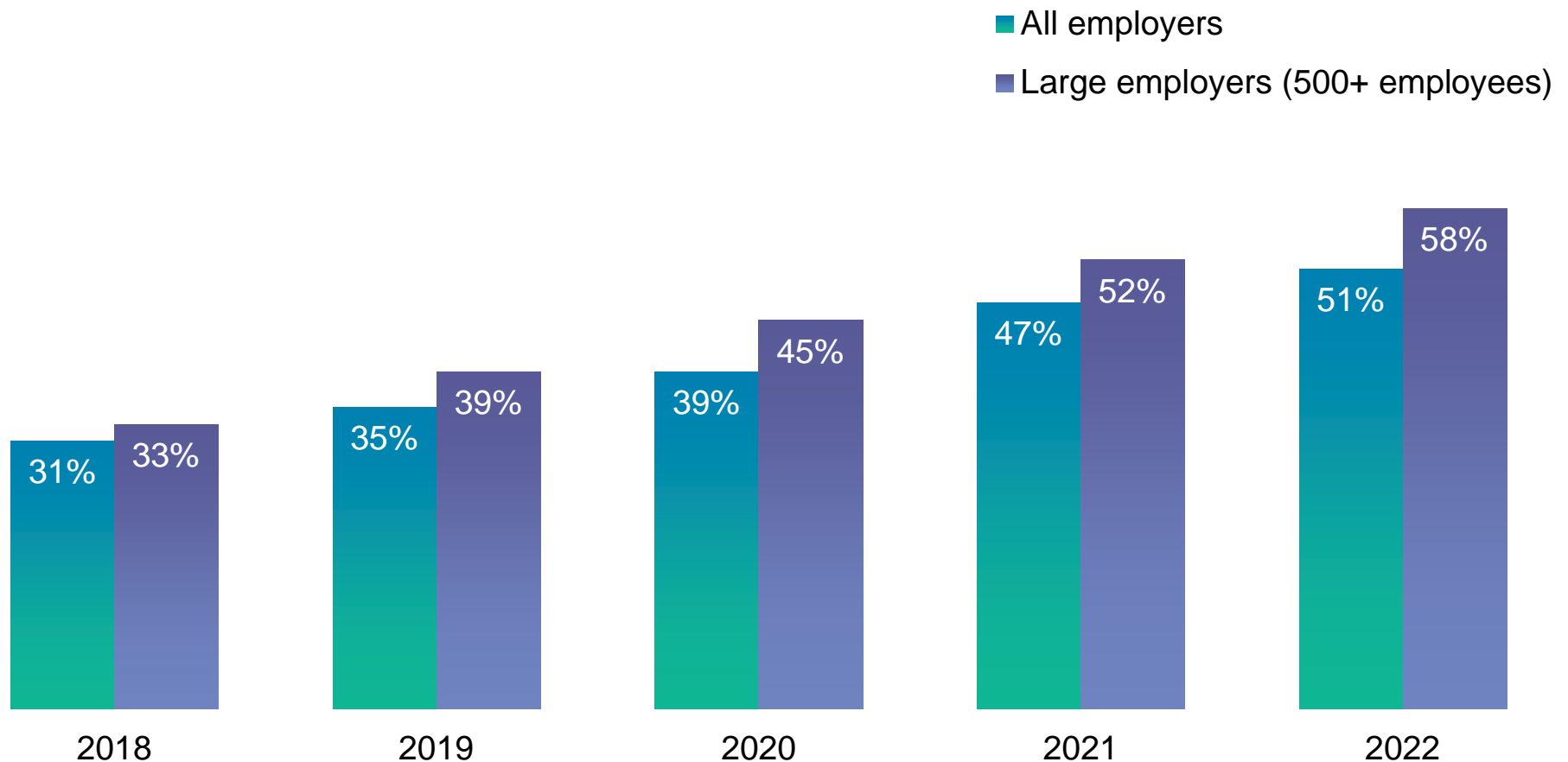
...and almost a third said avoiding the tax influenced 2014 health plan decisions

Excise tax did not influence 2014 decisions

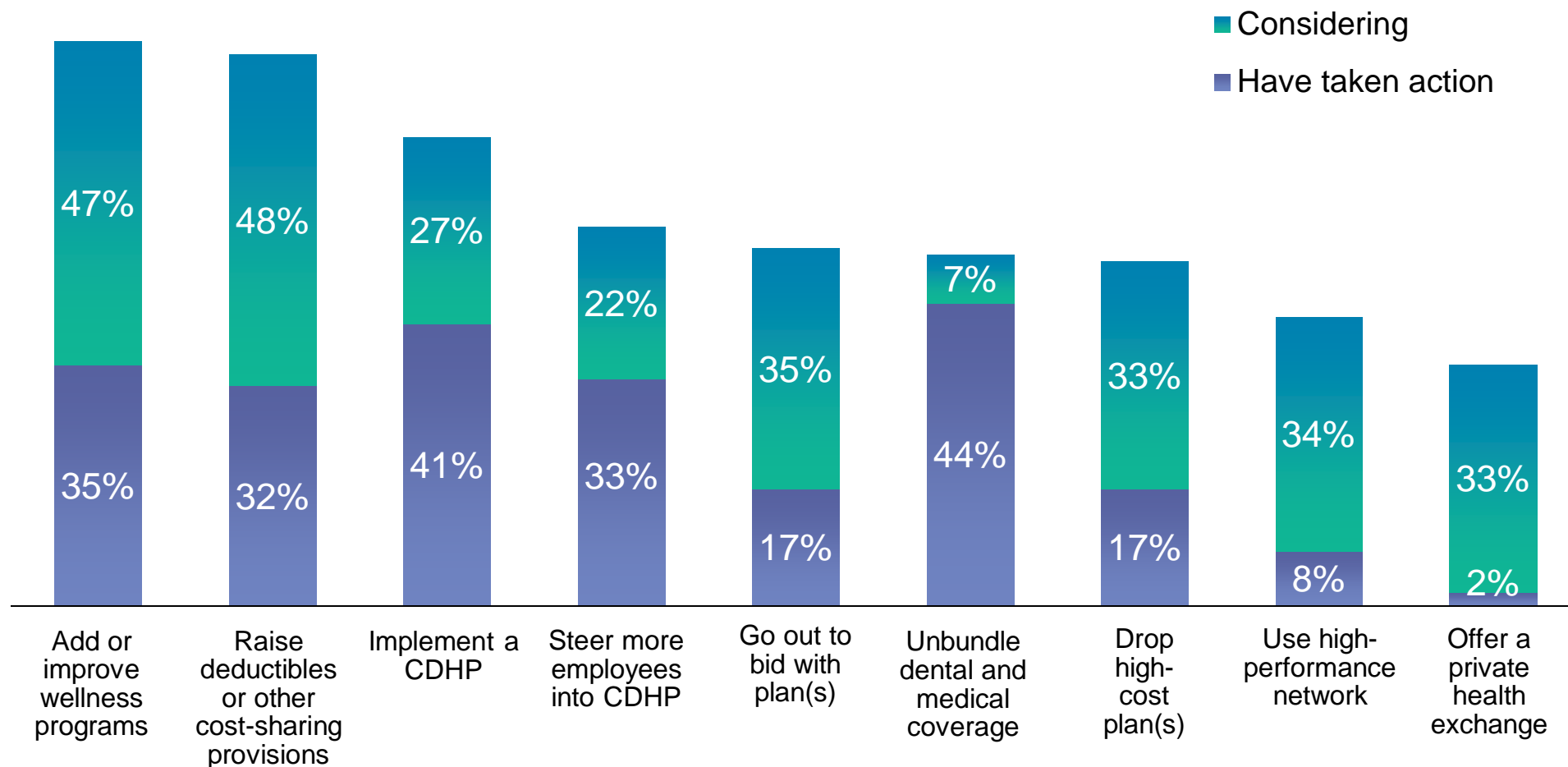


About a third of employers at risk of hitting excise tax threshold in 2018

Percentage of employers that will be subject to tax by the specified year if they make no changes to their current plans



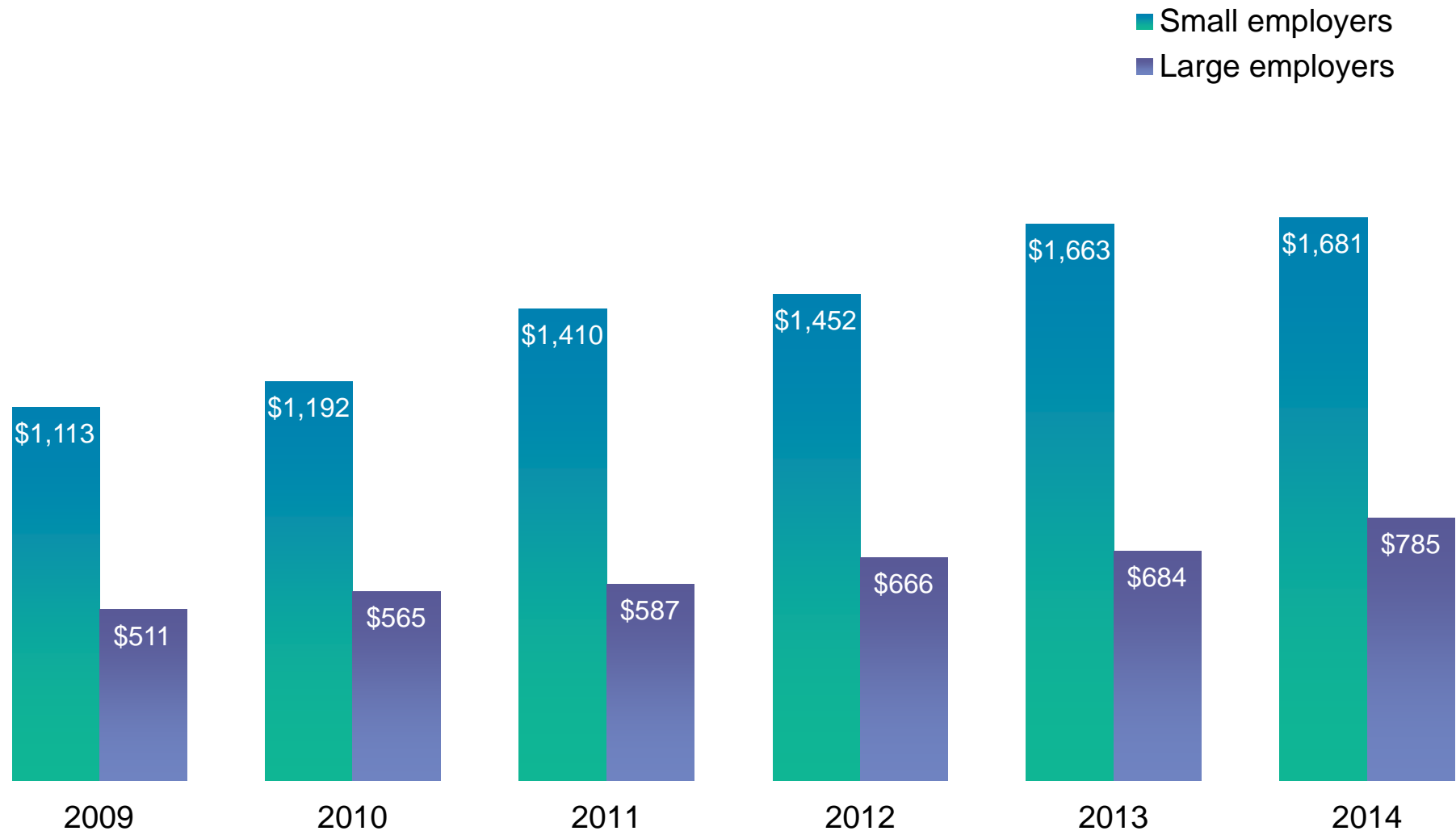
What are employers doing, or considering, to minimize the impact of the excise tax on high-cost plans?



Source: Mercer's Survey on Health Care Reform, 2014

Cost shifting has been considerable, but it's not the whole story behind lower cost growth

Average PPO deductible for individual, in-network coverage

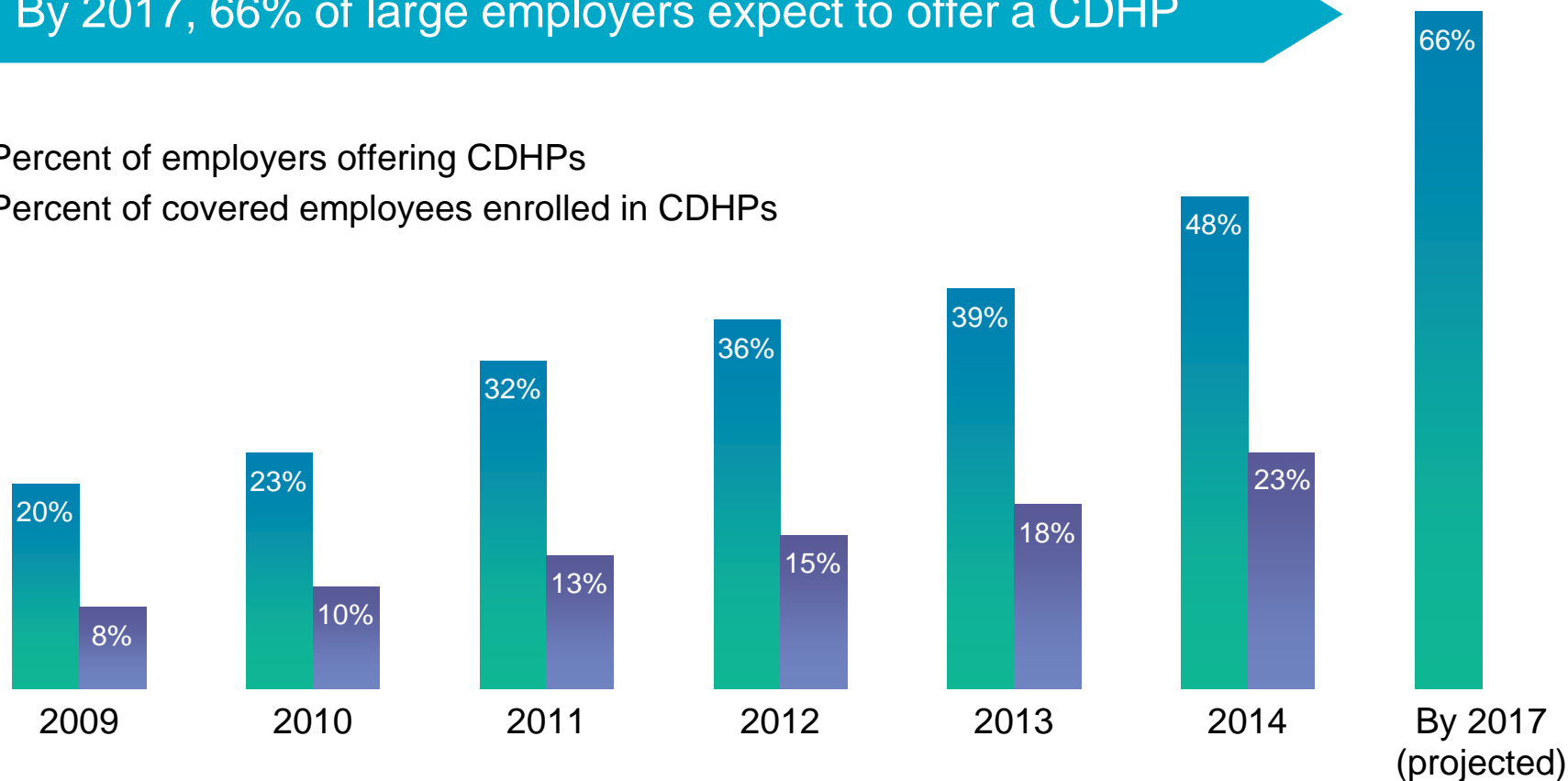


Nearly a fourth of all covered employees are enrolled in a consumer-directed health plan

Large employers

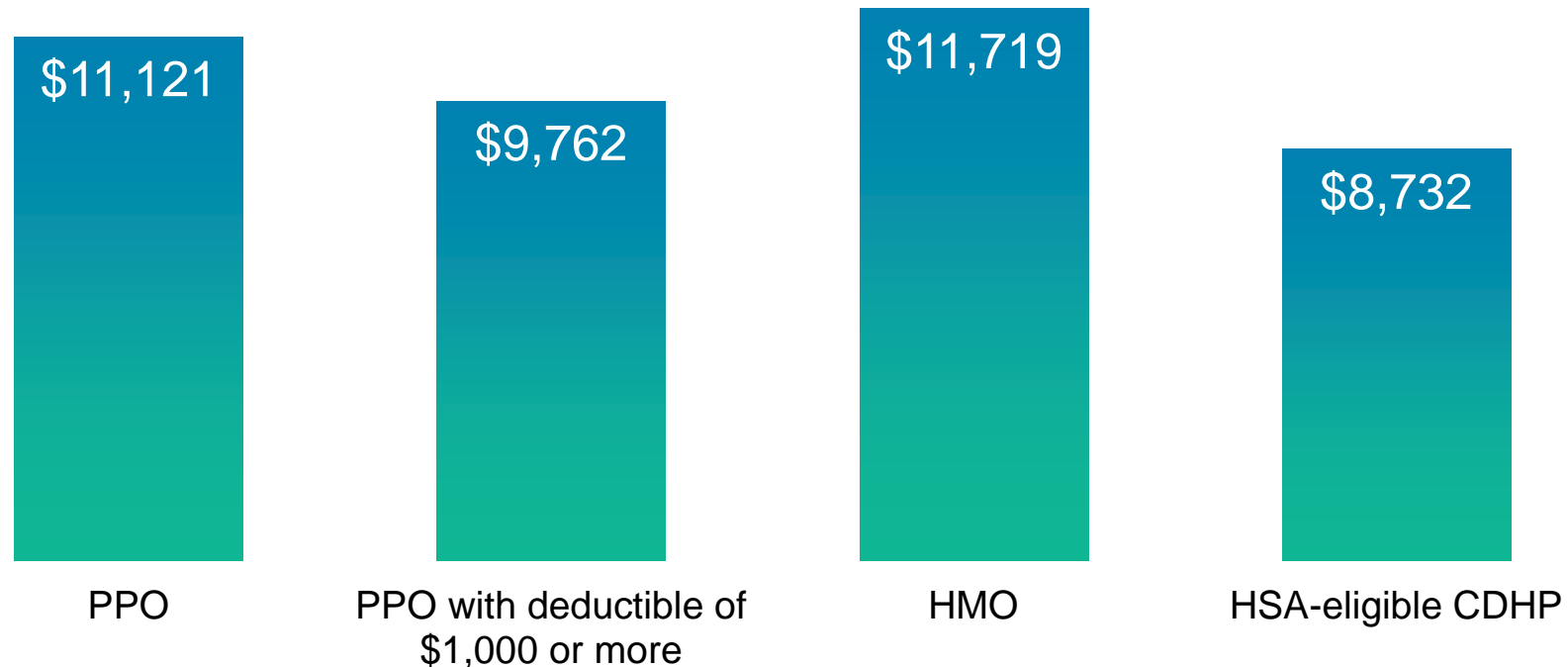
By 2017, 66% of large employers expect to offer a CDHP

- Percent of employers offering CDHPs
- Percent of covered employees enrolled in CDHPs



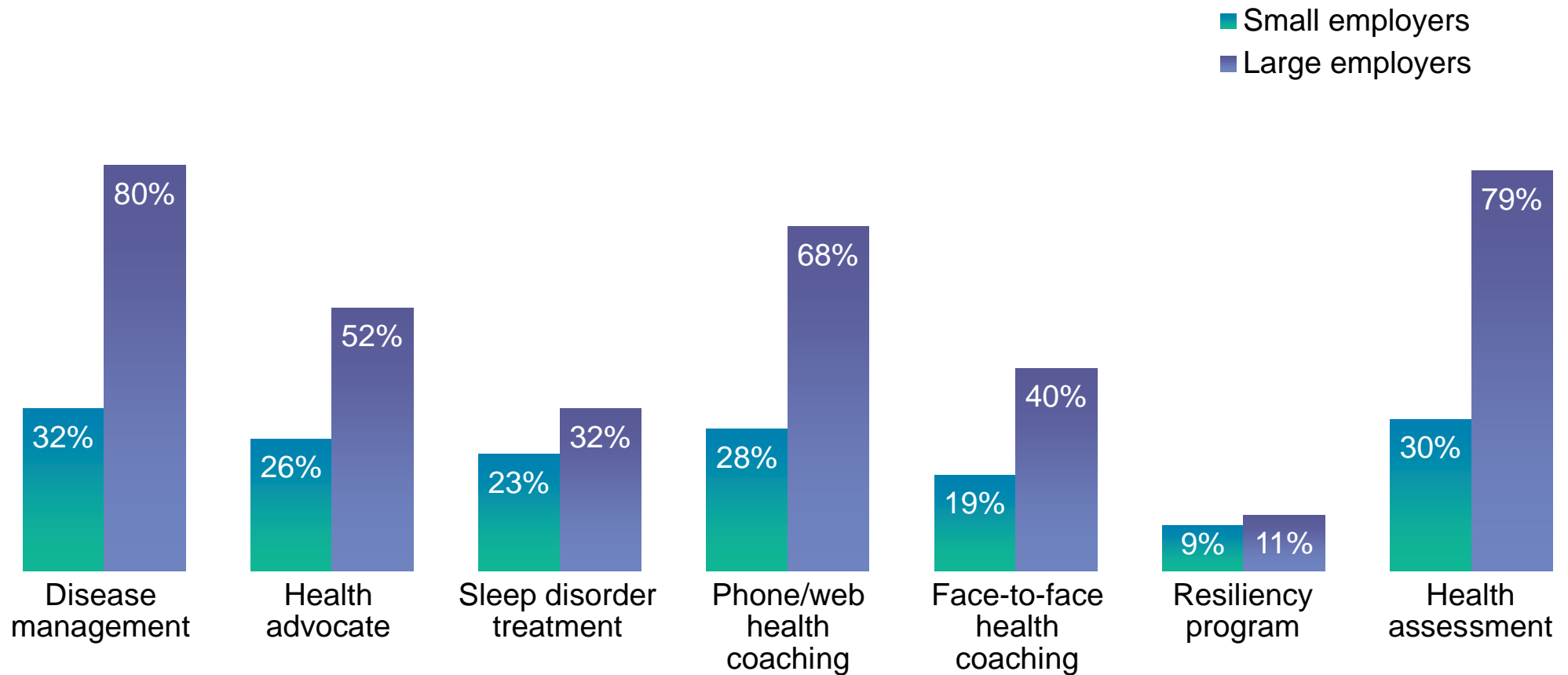
Large employers save with HSA-based CDHPs: They cost 21% less than PPOs and 25% less than HMOs in 2014

Medical plan cost per employee (includes employer contributions to HSA accounts)



Employers recognizing the importance of sleep and resiliency to employee well-being

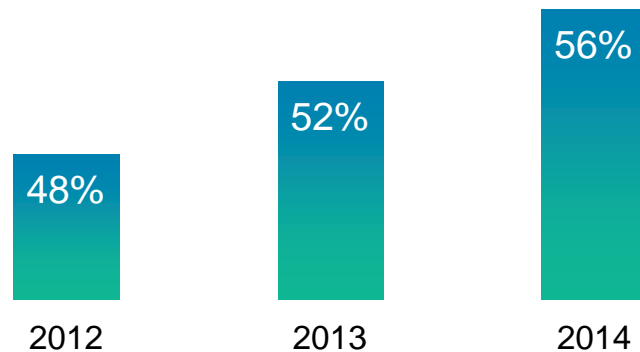
Percent of employers offering program



Addressing the continuum of health needs

Financial incentives clearly improve participation rates in key health management programs

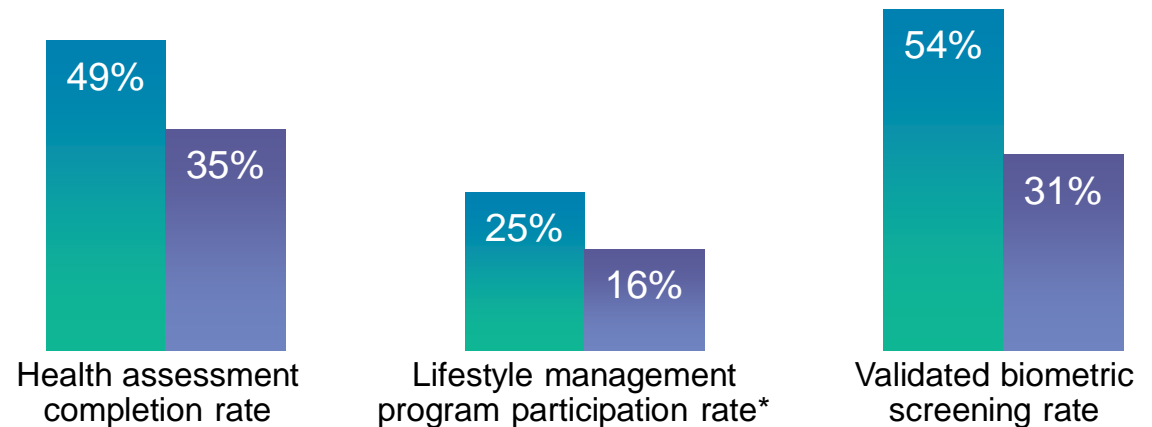
Large employers



More employers are driving engagement through financial incentives, most often cash or contribution reductions

■ Large employers offering incentives
■ Large employers not offering incentives

Large employers using incentives report higher participation rates



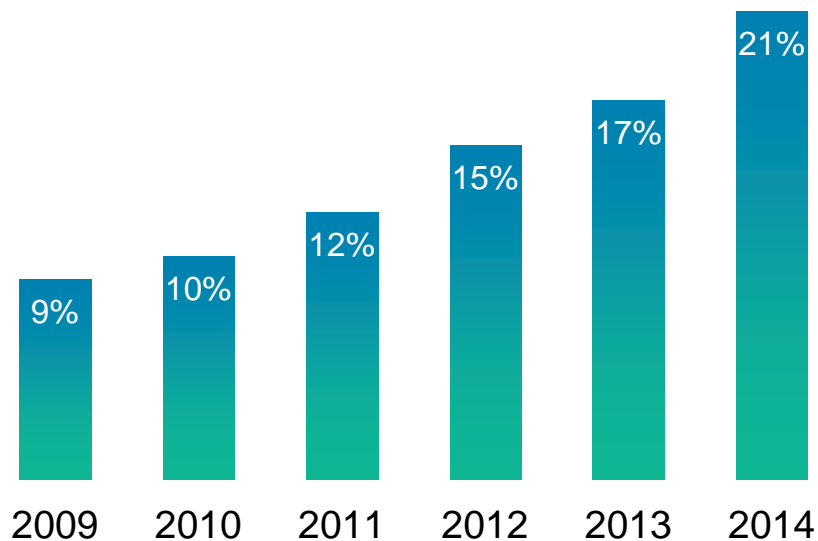
* Average % of identified persons actively engaged in program

Employers are moving more slowly to add outcomes-based incentives

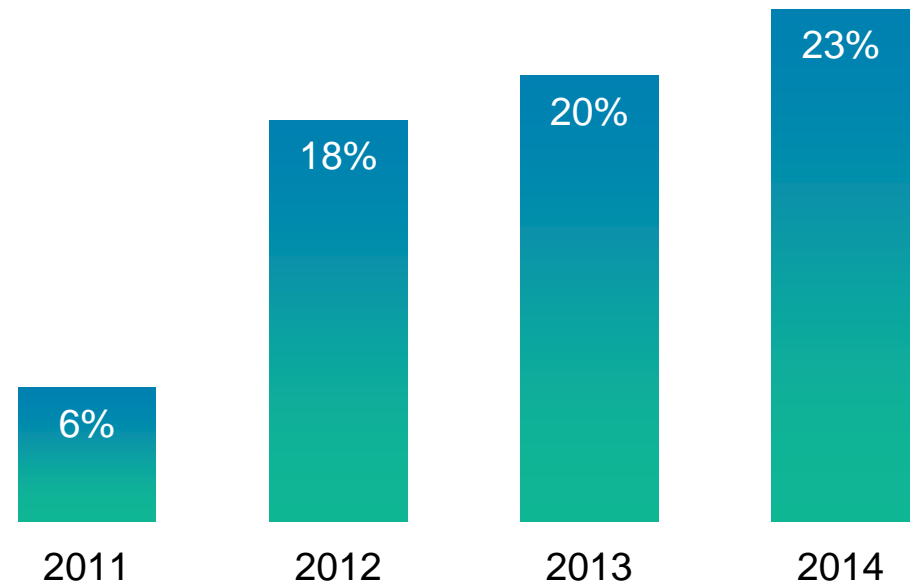
Large employers

Offer lower premium contributions to non-tobacco users

Median reduction in annual premium: \$480

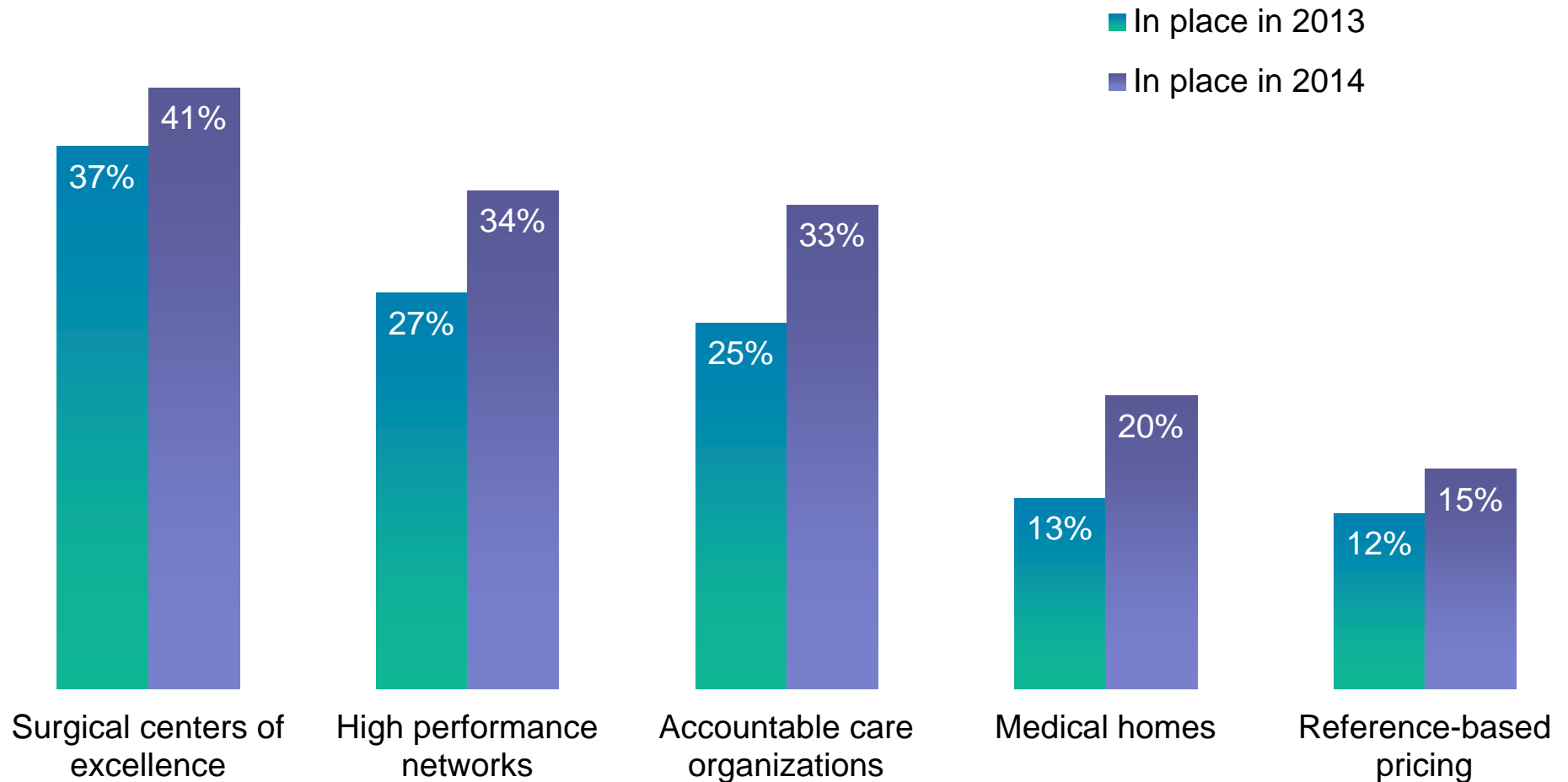


Provide incentives for achieving or maintaining targets for BP, BMI, cholesterol



Innovations that reward high-quality, efficient providers are growing among the largest employers

Employers with 20,000 or more employees



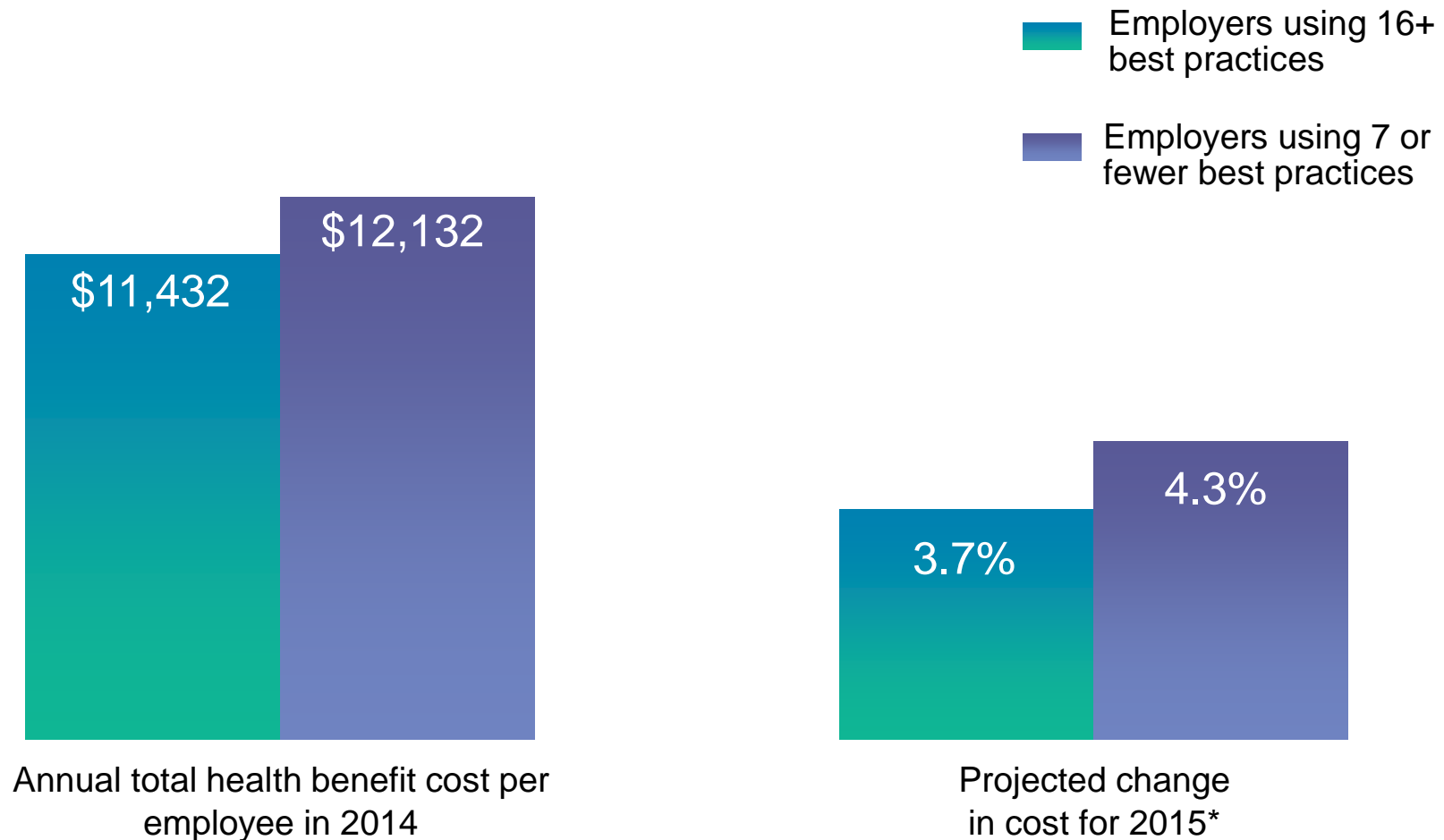
What's working to hold down cost?

Respondents' costs were analyzed based on their use of more than 25 cost-management best practices

Plan design	Employee well-being	More advanced cost-management strategies
<ul style="list-style-type: none">• Contribution for family coverage in primary plan is at least 20% of premium• PPO in-network deductible is \$500+• Offer CDHP• HSA sponsor makes a contribution to employees' accounts• Voluntary benefits integrated with core benefits• Mandatory generics or other Rx strategies• Steer members to specialty pharmacy for specialty drugs	<ul style="list-style-type: none">• Offer optional (paid) wellbeing programs through plan or vendor• Provide opportunity to participate in personal/group health challenges• Offer technology-based wellbeing resources (apps, devices, web-based)• Worksite biometric screening• Encourage physical activity at work (gym, walking trails, standing desks, etc.)• Use incentives for wellbeing programs• Spouses and/or children may participate in programs• Smoker surcharge• Offer EAP	<ul style="list-style-type: none">• High-performance networks• Data warehousing• Collective purchasing of medical or Rx benefits• Surgical centers of excellence• Transparency tool provided by specialty vendor and/or used by 10% of members• On-site clinic• Telemedicine• Value-based design• Reference-based pricing• Medical homes• Accountable care organizations

A comparison of employers using the most and fewest best practices shows a significant difference in per-employee cost

Large employers



*After changes to plan design

Benchmarking



















Benchmarking analysis

PPO

Above Market

In Line

Below Market

PPO	ESEBT 2015		Mercer 2014 Employer Survey	
Plan Design	UHC Option 3		School boards and other institutions 500+	1,000-4,999 Employees
% Employers Offering			88%	91%
Average Age¹	51		43	43
Annual PPO Cost Per Employee²	\$12,797		\$11,998	\$10,576
Median Deductible (IN / OON)				
Individual	\$300 / \$300		\$500 / \$1,000	\$500 / \$1,000
Family	\$900 / \$900		\$1,150 / \$2,000	\$1,250 / \$2,200
Out-of-Pocket Maximum (IN)				
Individual	\$2,750		\$2,500	\$2,550
Family	\$8,250		\$4,100	\$5,000
Rates and Contributions				
Individual Coverage Contribution	\$155		\$119	\$120
Individual Contribution as % of Premium	22%		20%	23%
Family Coverage Contribution	\$416		\$511	\$432
Family Contribution as % of Premium	27%		34%	30%
Cost-sharing (IN / OON)				
Physician	\$30 / \$40 copay		\$25 / 40%	\$20 / 40%
Specialist	\$30 / \$40 copay		\$40 / 40%	\$40 / 40%
Lab and X-Ray/Radiology	20% / 40%		20% / 40%	20% / 40%
Hospital	20% + \$300 copay / 40%		20% / 40%	20% / 40%
Emergency Room Copay	\$100		\$150	\$125
Emergency Room Coinsurance	20%		20%	20%

¹Data taken from February 2014 Census. Age as of January 1, 2015.

²Assumes same tier election and enrollment in UHC Option 3 plan as WEA 3 plan in 2014.

Source: 2014 Mercer National Survey of Employer-Sponsored Health Plans

Benchmarking analysis HMO

Above Market In Line Below Market

HMO/EPO	ESEBT 2015	Mercer 2014 Employer Survey	
Plan Design	GHC HMO	School boards and other institutions 500+	1,000-4,999 Employees
% Employers Offering		43%	33%
Average Age¹	50	41	43
Annual HMO Cost Per Employee²	\$14,307	\$11,134	\$11,739
Rates and Contributions			
Individual Coverage Contribution	\$138	\$113	\$126
Individual Contribution as % of Premium	18%	20%	24%
Family Coverage Contribution	\$389	\$502	\$462
Family Contribution as % of Premium	22%	40%	32%
Cost-sharing			
Physician	\$15	\$20	\$20
Specialist	\$15	\$40	\$40
Inpatient	\$100	\$200	\$250
Outpatient Surgery	\$15	\$150	\$125
Emergency Room	\$100	\$100	\$100

¹Data taken from February 2014 Census. Age as of January 1, 2015.

²Assumes same tier election and enrollment in GHC HMO plan as 2014.

Source: 2014 Mercer National Survey of Employer-Sponsored Health Plans














Benchmarking analysis

HSA

Above Market

In Line

Below Market

HSA	ESEBT 2015	Mercer 2014 Employer Survey	
Plan Design	UHC HDHP Option 7	School boards and other institutions 500+	1,000-4,999 Employees
% Employers Offering		50%	48%
Average Age ¹	No data available	40	41
Annual HSA Cost Per Employee ²	\$6,762 	\$8,776	\$8,921
HSA Employer Contribution			
% Contributing	No 	65%	70%
Median Contribution - Individual	\$0 	\$725	\$500
Median Contribution - Family	\$0 	\$1,000	\$1,000
Median Deductible (IN / OON)			
Individual	\$1,500 / \$3,000 	\$2,500 / \$3,000	\$1,500 / \$3,000
Family	\$3,000 / \$6,000 	\$4,750 / \$5,500	\$3,000 / \$6,000
Out-of-Pocket Maximum (IN / OON)			
Individual	\$4,000 / unlimited 	\$4,500 / \$7,250	\$3,500 / \$6,000
Family	\$8,000 / unlimited 	\$9,000 / \$15,000	\$7,000 / \$12,100
Rates and Contributions			
Individual Coverage Contribution	\$86 	\$72	\$72
Individual Contribution as % of Premium	22% 	18%	18%
Family Coverage Contribution	\$231 	\$446	\$275
Family Contribution as % of Premium	27% 	41%	22%
Physician cost-sharing (IN / OON)	20% / 50% 	20% / 40%	20% / 40%

¹No age data was provided for enrollees in the WEA HDHP plan in February 2014 Census.

²Assumes same tier election and enrollment in UHC HDHP Option 7 plan as WEA HDHP plan in 2014.





























Benchmarking analysis

Dental

Above Market

In Line

Below Market

Dental	ESEBT 2015				Mercer 2014 Employer Survey	
Plan Design	Delta Dental Plan		Willamette Plan		School boards and other institutions 500+	1,000-4,999 Employees
Annual Dental Cost Per Employee	\$1,046		\$896		\$687	\$830
Median Deductible (IN)						
Individual	\$0		\$0		\$50	\$50
Family	\$0		\$0		\$125	\$150
Rates and Contributions¹						
Individual Coverage Contribution	\$0.00		\$0.00		\$21	\$17
Individual Contribution as % of Premium	0%		0%		63%	48%
Family Coverage Contribution	\$0.00		\$0.00		\$58	\$54
Family Contribution as % of Premium	0%		0%		69%	52%
Annual Maximum Benefit	\$2,000		None		\$1,500	\$1,500
Orthodontic Lifetime Maximum	Not covered		Not covered		\$1,500	\$1,500
Services Covered						
Sealants	Yes		Yes		76%	83%
Implants	Yes		No		47%	62%
Adult Orthodontics	No		No		41%	42%
Treatment of TMJ	Yes		Yes		14%	21%
Posterior Composites	No		No		40%	40%

¹Contributions to dental coverage are included in the medical contributions.

Source: 2014 Mercer National Survey of Employer-Sponsored Health Plans











Benchmarking analysis

Pharmacy

Above Market

In Line

Below Market

Prescription Drug	ESEBT 2015		Mercer 2014 Employer Survey	
Plan Design	UHC Option 3 Plan		School boards and other institutions 500+	1,000-4,999 Employees
Retail				
Generic	\$15		\$11	\$10
Brand-name Formulary	\$25		\$33	\$30
Brand-name Non-Formulary	\$40		\$52	\$52
Mail-Order				
Generic	\$15		\$22	\$21
Brand-name Formulary	\$25		\$63	\$64
Brand-name Non-Formulary	\$40		\$109	\$108
Prevalence of 3rd Tier	Yes		73%	70%
Prevalence of 4th Tier	No		15%	15%
Mandatory Generics with or without Physician Override	No		31%	29%
Mandatory Mail-order	No		14%	10%

Source: 2014 Mercer National Survey of Employer-Sponsored Health Plans

2016 vendor renewals

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2015 renewal recap and 2016 planning

- ESEBT will offer the following health and welfare programs:

Coverage	Funding	2014 Renewal	2015 Renewal	Comments
Medical	Fully-Insured	WEA +16.4 to 17.0%	UHC -1 to +3%	2016 renewal rate cap at 10%*
Dental	Fully-Insured	WEA Delta Dental +0% WEA Willamette +0%	WEA Delta Dental +2% WEA Willamette +0%	Rates will renew effective 11/1/2015 Review WEA carve-out options for 1/1/2016?
Vision	Fully-Insured	Premera +3.4%	MetLife -5%	Three-year rate guarantee through 2017
HMO Medical	Fully-Insured	GHC +6.3%	GHC +12.4%	Will review for 2016
Basic and Supplemental Life	Fully-Insured	MetLife +0%	MetLife +0%	Three-year guarantee
Basic AD&D	Fully-Insured	MetLife +0%	MetLife +0%	Three-year guarantee
Long-Term Disability	Fully-Insured	Standard +0%	MetLife -21%	Three-year guarantee
Voluntary Short-Term Disability	Fully-Insured	Standard +0%	MetLife +0.6%	Three-year guarantee
EAP	Service Contract	Magellan -2.4%	Magellan +0%	Last year of two-year guarantee
Voluntary Long Term Care	Fully-Insured	UNUM +0%	UNUM +25%	Will review for 2016
Health Programs	Service Contract	Alere +0%	Alere +0%	Will review for 2016
Health Programs	Service Contract	Health Force Partners +0% (Terminate 1/1/15)	Simply Engaged (UHC)	Simply Engaged wellness included with UHC

* If the ratio of incurred claims to premiums billed is less than 90%. If greater than 90%, the guaranteed rate cap will be 12%.

Note: Bolded items indicate a change in carrier from 2014.

Back to Basics

Back to Basics

For reference, the following pages summarize the major features differentiating insured and self-insured plans.

Issue	Insured Plans	Self-Funded Plans
Which Trust plans are insured and which are self-funded?	Group Health Cooperative HMO plan UHC Medical Plans Willamette Dental of Washington Life (basic, dependent, supplemental) LTD EAP Voluntary AD&D Voluntary STD Voluntary Group LTC	
Who takes the claim risk?	Carriers (UHC, Group Health, Delta Dental of WA, Willamette, MetLife, Unum, Magellan, and Alere)	
Who has oversight responsibility for plan operations and solvency?	State Office of the Insurance Commissioner	State Risk Manager (because Everett School Employee Benefit Trust involves the funds of a public entity)
What laws apply?	State insurance laws Certain federal laws (COBRA, HIPAA) Certain tax laws (IRS Section 79)	State self-insurance rules for public entities Certain federal laws (COBRA, HIPAA, NMHA, MHPA) Note: Self-insured plans can voluntarily comply with State law for marketplace reasons (i.e. to provide competitive benefits)
What are the advantages from ESEBT's perspective?	Carriers take all the downside claim risk (suffer deficits) Carriers are blamed by participants for perceived problems	Exempted from State benefit mandates Exempt from State premium tax May experience surpluses (unspent claim money) in certain years Flexibility in plan design
What are the disadvantages from ESEBT's perspective?	Carriers have all the upside claim risk (retain surpluses) Many benefits are mandated by the State Subject to State premium tax (2%)	ESEBT is responsible for deficits ESEBT may be held directly responsible by participants for perceived problems

Back to Basics

Please note that certain other features of benefit plans (e.g., claim costs, administrative costs, reserve requirements, margin for claim fluctuation) are common to insured and self-insured arrangements, as well as arrangements that fall in between (e.g., insured plans with retention accounting, minimum premium plans). The primary differences lie in the locus of responsibility and the extent and source of external regulation/oversight.

Renewal calendar and next steps

2016 renewal calendar

January 2015	February 2015	March 2015	April 2015
		<ul style="list-style-type: none"> Request employee census data from district Strategy and Renewal Planning meeting 3/16/15 	<ul style="list-style-type: none"> Present renewal strategy recommendations to trustees for approval
May 2015	June 2015	August 2015	August 2015
<ul style="list-style-type: none"> Issue renewal requests to carriers Receive vendor renewal offers by end of the month 	<ul style="list-style-type: none"> Review and negotiate vendor renewals 	<ul style="list-style-type: none"> Develop budget projections 	<ul style="list-style-type: none"> Renewal review meeting including budget projections Finalize renewal decisions and issue renewal confirmation letters
September 2015	October 2015	November 2015	December 2015
<ul style="list-style-type: none"> Deliver final projections, employee contributions, and rate sheets Begin development of open enrollment communications 		<ul style="list-style-type: none"> District holds open enrollment 	<ul style="list-style-type: none"> Renewal effective date on 1/1/2016

Next steps

- Confirm changes and any initiatives to pursue for 2016 and the renewal process
- Confirm additional programs/vendors/projects to explore during 2015
- Establish timelines
- Other?

Appendix



2015 Plan designs for all coverages

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2015 Medical benefit chart

2015 Medical Benefit Comparison Everett School Employee Benefits Trust (Effective January 1, 2015 to December 31, 2015)

Medical	UHC Option 2 (formerly WEA Plan 2)	UHC Option 3 (formerly WEA Plan 3)	UHC Option 1 (formerly WEA Plan 5)	UHC Option 4,5,6 (formerly WEA Easy Choice A,B,C)	UHC HDHP Option 7 (formerly WEA QHDHP)	GHC HMO Plan
Annual Deductible	\$200/person \$600/family	\$300/person \$900/family	\$200/person \$600/family Non-network \$350 per person	Option 4: \$1,000/\$3,000 in-network Option 5: \$750/\$2,250 in-network Option 6: \$100/\$300 in-network All Plans include out-of-network ded.	\$1,500/person \$3,000/family	No deductible
Annual out of Pocket	\$1,500/person \$4,500/family (Includes deductible & copays)	\$2,750/person \$8,250/family (Includes deductible & copays)	\$500/person \$1,500/ family (Includes deductible & copays) No out-of-pocket maximum for non-network services	Option 4: \$4,000/\$12,000 in-network Option 5: \$3,500/\$10,500 in-network Option 6: \$4,200/\$12,600 in-network (includes copay, coinsurance and deductible) All Plans out-of-network: Unlimited	\$4,000/person \$8,000/family	\$2,000/person \$4,000/family
Office Visit copays	\$25 network \$30 non-network (does not accrue towards deductible)	\$30 network \$40 non-network (does not accrue towards deductible)	\$15 network 30% non-network (does not accrue towards deductible)	Option 4: \$15 in / 50% out Option 5: \$30 in / 50% out Option 6: \$35 in / 50% out	80% coinsurance	\$15 copay
Hospital Inpatient copay	\$150/day to \$450 maximum/ person/calendar year	\$300/day to \$900 maximum/ person/calendar year	\$200 per admission \$600/person; \$1,000/family/ per calendar year 90% coinsurance	None Deductible and coinsurance apply	80% coinsurance	\$100 per day, up to three days per admission
Hospital Physician Services	80% network 60% non-network	80% network 60% non-network	90% network 70% non-network	Option 4: 80% in / 50% out Option 5: 75% in / 50% out Option 6: 65% in / 50% out	80% coinsurance	100%
Preventive Care	100% network 80% non-network	100% network 80% non-network	100% network 70% non-network (exams/immunizations non-network are not covered)	100% network 50% non-network (exams/immunizations non-network are not covered)	100%	100%

2015 Medical benefit chart

Medical	UHC Option 2 (formerly WEA Plan 2)	UHC Option 3 (formerly WEA Plan 3)	UHC Option 1 (formerly WEA Plan 5)	UHC Option 4,5,6 (formerly WEA Easy Choice A,B,C)	UHC HDHP Option 7 (formerly WEA QHDHP)	GHC HMO Plan
Prescription Drug Copays	\$10 Tier 1 \$20 Tier 2 \$35 Tier 3 Mail order: \$10 Tier 1 \$20 Tier 2 \$35 Tier 3	\$15 Tier 1 \$25 Tier 2 \$40 Tier 3 Mail order: \$15 Tier 1 \$25 Tier 2 \$40 Tier 3	\$10 Tier 1 \$15 Tier 2 \$30 Tier 3 Mail order: \$10 Tier 1 \$30 Tier 2 \$60 Tier 3	CY Deductible (per person): Option 4 - \$500; Option 5 - \$250; Option 6 - \$500 CY Out of pocket ax/person: All plans - \$5,000 (Ded, OOP, copays) Retail Copays: Option 4: \$0/\$30/30% Option 5 and 6: \$0/\$30/\$45 Mail Order Copays: Option 4: \$0/25%/25% Option 5 and 6: \$0/\$75/\$112 Special Drugs All Plans: 30%	Subject to deductible and coinsurance. (Certain generics are covered at 100%; not subject to deductible)	Retail: \$10 generic \$20 preferred brand Mail order: \$20 generic \$40 preferred brand
Rates (PEPM)						
EE	\$788.06	\$705.26	\$947.13	\$500.58	\$391.46	\$766.77
EE & Spouse	\$1,442.19	\$1,290.66	\$1,733.29	\$916.09	\$716.39	\$1,449.20
EE & Child(ren)	\$1,052.07	\$941.53	\$1,264.43	\$668.28	\$522.60	\$1,058.15
EE & Spouse & Child(ren)	\$1,729.03	\$1,547.37	\$2,078.04	\$1,098.29	\$858.88	\$1,732.91

2015 Dental benefit chart

Delta Dental of WA Plan C and Willamette Plan 1 (fully-insured)

Coverage	Delta Dental of WA	Willamette
Deductible	None	None
Annual Maximum	\$1,750 (\$2,000 if you see a Delta Dental PPO dentist)	Unlimited
Class I – Diagnostic & Preventive	100%	100% after \$15 copay
Class II – Restorative <ul style="list-style-type: none"> Restorations, Endodontics, Periodontics, Oral Surgery 	80%	100% after \$15 copay
Class II – Crowns & Onlays	50%	100% after \$15 copay per visit; additional \$50 copay for crowns
Class III – Major <ul style="list-style-type: none"> Dentures, Partials, Bridges, and Implants 	50%	100% after \$15 copay per visit; additional \$50 procedural copay
TMJ – Surgical and Nonsurgical <ul style="list-style-type: none"> Annual maximum Lifetime maximum 	50% \$1,000 \$5,000	100% \$1,000 \$5,000
Orthodontia	Not covered	Not covered
Rates (PEPM)	\$87.15	\$74.70

2015 Vision benefit chart

MetLife Vision Plan

Coverage	MetLife
Copay Amounts <ul style="list-style-type: none"> Exam 	\$5
Exam once every calendar year after copay	Paid in full
Eyeglass lenses (pair) once every calendar year <ul style="list-style-type: none"> Single vision Bifocal Trifocal Lenticular Continuous blend Lens tinting, coating, or oversize 	Paid in full Paid in full Paid in full Paid in full Paid in full after copay Paid in full after copay
Frames	Covered up to \$130 allowance (up to \$70 at Costco) Once every 12 months
Contact lenses (in lieu of frames and eyeglass lenses)	Covered up to \$130 allowance Once every 12 months
Rate (PEPM)	\$15.92

2015 Other benefit charts

Magellan (Service Contract) Employee Assistance Plan

Coverage	Benefits
Employee Assistance Plan	One to five visits (per issue) model, up to 25 hours of critical incident stress management (i.e., group sessions for affected employees following a traumatic event) and up to six training/service hours

UNUM (Fully-Insured) Long Term Care

Coverage	Benefits
Covered Benefits	\$1,000 to \$3,500 monthly benefit for nursing home care, as pre-selected by the participant, and 50% of the facility benefit for home and community-based care
Waiting Period	60 days
Benefit Maximum	Plan benefits are capped through a “pool” of dollars equivalent to three or five years (36 or 60 months) times the monthly facility benefit

2015 Other benefit charts

MetLife (fully-insured)

Life Insurance Programs

Coverage	Benefits
Basic Life & AD&D	\$50,000 ¹
Supplemental Life	
• Employee	\$10,000 units up to five times basic annual earnings to a maximum of \$250,000
• Spouse	One-half employee supplemental life coverage
• Child(ren)	\$2,000 each

¹ The Life and AD&D benefits amounts reduce 35% at age 65, and additional 20% of the original amount at age 70, an additional 15% of the original amount at age 75 and an additional 10% of the original amount at age 80.

2015 Other benefit charts

MetLife (fully-insured)

Long-Term Disability Coverage

Coverage	Benefits
Benefit Waiting Period	90 days of continuous total disability
LTD Benefit	66 2/3% of basic monthly earnings
Maximum LTD Benefit	\$8,000 before reduction by deductible income
Minimum LTD Benefit	\$100 or 10% of LTD benefits before reduction by deductible income, whichever is greater
Benefit Duration (based on age at beginning of total disability) <ul style="list-style-type: none">• Under age 60• Age 60 through Age 64• Age 65 through Age 69• Age 70 and over	<ul style="list-style-type: none">• To age 65• 5 years• To age 70• 1 year
Return to Work Provision	50% reduction after 12 months
Survivor Benefits	Three times monthly benefit
Limitations	24 months for mental illness, alcoholism and drug abuse

2015 Other benefit charts

MetLife (fully-insured)

Voluntary Short-Term Disability Coverage

Coverage	Benefits
Benefit Waiting Period	14 days (other waiting periods apply if not enrolled when first eligible)
STD Benefit	66 2/3% of pre-disability earnings
Maximum STD Benefit	\$600/week
Minimum STD Benefit	\$15/week

