

HEALTH WEALTH CAREER

EVERETT SCHOOL EMPLOYEE BENEFIT TRUST

2017 RENEWAL REPORT

August 24, 2016

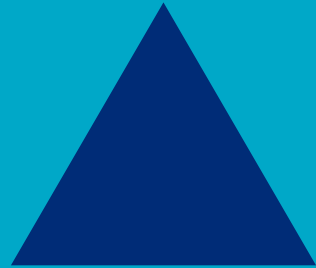
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CONTENTS

- Executive Summary
- 2017 Renewal Summary
- 2017 Renewal Results
- ESSB 5940 Update
- Trust Financial Projections
- Alternate Medical Proposals
- Disruption Analysis
- ACA Affordability and Assessments
- Appendix
 - 2017 Plan Designs for All Coverages
 - Benchmarking Data

EXECUTIVE SUMMARY

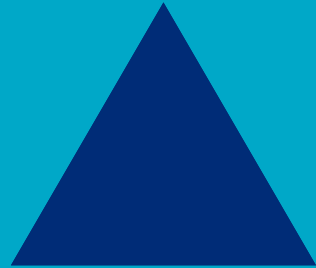


EXECUTIVE SUMMARY

INTRODUCTION

- Under the status quo (no carrier changes and no changes in contribution strategy), we are projecting a deficit for 2017 of \$2.8 million
 - This leads to a projected year-end reserve of \$4.0 million at 12/31/2017, or 1.7 months of expenses
 - Mercer prepared alternate contribution scenarios to reduce the projected deficit (targeting a three-month reserve as in past years)
- Mercer received alternate proposals for Med/Rx
 - Aetna provided several plan design changes to consider

2017 RENEWAL SUMMARY

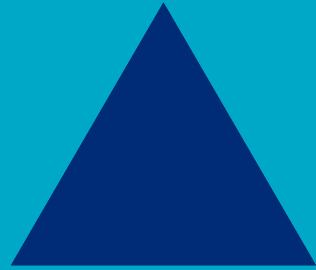


2017 RENEWAL SUMMARY

- ESEBT will offer the following health and welfare programs:

Coverage	Funding	2016 Renewal	Status Quo 2017 Renewal	Comments
Medical	Fully-Insured	UHC +12%	UHC Initial: 15% Revised: 9.9%	UHC revised their renewal with the intent to retain ESEBT (the ratio of incurred claims to premiums billed was 90%)
Dental	Fully-Insured	WEA Delta Dental -3% WEA Willamette +5%	WEA Delta Dental -1.5% WEA Willamette: no change	Rates will renew effective 11/1/2016
Vision	Fully-Insured	MetLife -5%	MetLife +0%	Three-year rate guarantee through 2017
HMO Medical	Fully-Insured	GHC +9.0%	GHC +5.64%	Based on non-grandfathered plan
Basic and Supplemental Life	Fully-Insured	MetLife +0%	MetLife +0%	Third year of three-year guarantee through 2017
Basic AD&D	Fully-Insured	MetLife +0%	MetLife +0%	Third year of three-year guarantee through 2017
Long-Term Disability	Fully-Insured	MetLife +0%	MetLife +27.4%	Requesting a rate increase of 28% due to poor experience
Voluntary Short-Term Disability	Fully-Insured	MetLife +0%	MetLife +0%	Third year of three-year guarantee through 2017
EAP	Service Contract	Magellan +0%	Magellan +0%	In two-year rate guarantee through 2017
Voluntary Long Term Care	Fully-Insured	UNUM +25%	UNUM +25%	As expected, 25% renewal increase as previously filed, last year
Health Programs	Service Contract	Alere +0%	Alere +0%	
Health Programs	Service Contract	Simply Engaged (UHC)	Simply Engaged (UHC)	Simply Engaged wellness included with UHC

2017 RENEWAL RESULTS



RENEWALS

UHC MEDICAL PLANS (FULLY-INSURED)

- 9.9% revised rate increase effective January 1, 2017. A decrease from 15% as originally released
- Required benefit modifications:
 - UHC will be extending Applied Behavior Analysis benefit coverage to ESEBT
 - Applied behavior analysis is subject to clinical management
 - As of May 2016, 46 states mandate Applied Behavior Analysis coverage for the treatment of autism
 - Insurance mandates and growing member demand is driving an increasing number of fully insured and ASO plans to add coverage for Applied Behavior Analysis
- In concert with this 1/1/17 renewal, UHC has two wellness options for ESEBT to consider:
 - Retain the current Simply Engaged program for UHC members
 - Remove the Simply Engaged program and offer ESEBT \$100K to use for wellness costs

RENEWALS — WEA SELECT BENEFIT PLANS

DENTAL PLANS

WEA Delta Dental of WA Plan C (Fully Insured)

- 1.5% decrease in rate effective 11/1/16
- Delta Dental will now cover composite filling on any tooth

WEA Willamette Dental Plan (Fully Insured)

- No rate changes (0% increase)
- Will be enhanced to provide greater discounts on orthodontia services for groups that offer a WEA Willamette Dental plan without orthodontia

Tier	Active Enrollment	Current Rates	2016-2017 Rates
Delta Dental of WA	1,489	\$84.55	\$83.30
Willamette	638	\$78.40	\$78.40
Total Projected Annual Cost		\$2,110,970	\$2,088,635
\$ Increase/(Decrease) Over Current			\$(22,335)
% Increase/(Decrease) Over Current			(-1.06%)

RENEWALS — OTHER PLANS

GHC MEDICAL PLANS (FULLY-INSURED)

Group Health — HMO Plan (Fully-Insured)

- Overall rate increase of 5.6%
- Pooling level has changed to \$190,000

Tier/Cost	Active Enrollment	2016 Monthly Rates	Proposed 2017 Rates
Employee	208	\$818.75	\$864.85
Employee + Spouse	86	\$1,547.44	\$1,634.57
Employee + Child(ren)	93	\$1,129.88	\$1,193.49
Employee + Family	134	\$1,850.38	\$1,954.56
Annual Total		\$7,876,915	\$8,320,409
\$ Increase Over Current			\$443,494
% Increase Over Current			5.6%

RENEWALS — OTHER PLANS

GHC MEDICAL PLANS (FULLY-INSURED)

Benefit modifications for 2017

- Rehab has changed to standard 30 days inpatient and 45 days outpatient
- Massage therapy and cardiac rehab are now a part of the overall outpatient rehab benefits. There is a slight increase to the rates to keep 60 days inpatient and 60 days outpatient.
- Acupuncture has changed to standard 12 visits (previously eight visits). Additional visits are available once approved.

RENEWALS — LIFE, AD&D AND SUPPLEMENTAL LIFE

MetLife (Fully-Insured)

- Basic Life and Accidental Death & Dismemberment:
 - Final year of three-year rate guarantee through December 31, 2017

Coverage	Enrollment	Rate (per employee)
Combined Life and AD&D Composite Rate	1,821	\$5.90 PEPM
Projected Annual Cost		\$128,927

- Supplemental Life:
 - Final year of three-year rate guarantee through December 31, 2017

Age Range	Rate (per \$1,000)	Age Range	Rate (per \$1,000)
Under 30	\$0.06	55 – 59	\$0.63
30 – 34	\$0.08	60 – 64	\$0.84
35 – 39	\$0.09	65 – 69	\$1.29
40 – 44	\$0.13	70 – 74	\$2.06
45 – 49	\$0.22	75 and Over	\$3.34
50 – 54	\$0.37	Child(ren)	\$0.27 per employee

RENEWALS — STD & LTD

MetLife (Fully-Insured)

- Voluntary Short-Term Disability:
 - Final year of three-year rate guarantee through December 31, 2017

Age Range	Rate per \$10 of weekly benefit	Age Range	Rate per \$10 of weekly benefit
Under 25	\$0.45	45 - 49	\$0.58
25 - 29	\$0.47	50 - 54	\$0.72
30 - 34	\$0.49	55 - 59	\$0.88
35 - 39	\$0.44	60 - 64	\$1.04
40 - 44	\$0.47	65 and Over	\$1.04

- Long-Term Disability:
 - Experience worse than expected
 - Requesting an increase of just under 28%
 - The PEPM rate for 2016 was \$16.26, and the rate for 2017 is \$20.72

RENEWALS — OTHER PLANS

Magellan Employee Assistance Plan (Service Contract)

- In two-year rate guarantee through December 31, 2017

	PEPM Rate
EAP	\$1.65

UNUM Long Term Care Plan (Fully-Insured)

- UNUM provides LTC coverage to Trust employees on a voluntary basis
- Rates are modified only when rates change for the rating pool and when filed with the state
- UNUM has filed for a 25% increase in 2017. UNUM had requested a total increase of 75% over the three-year period 2015-2017, the Washington Insurance Commissioner was originally taking a “wait and see” approach before approving the 2016-2017 increases
- Current enrollment is 11 employees. If ESEBT enrollment drops below 10, then the group coverage would terminate and those enrolled would be ported to individual coverage with the same rates.

RENEWALS — OTHER PLANS

Alere Health Programs (Service Contract)

- No rate changes through December 31, 2017
- This past year, only one enrollee

Component	Fee Per Participant
Quit for Life	\$375

ESSB 5940 UPDATE

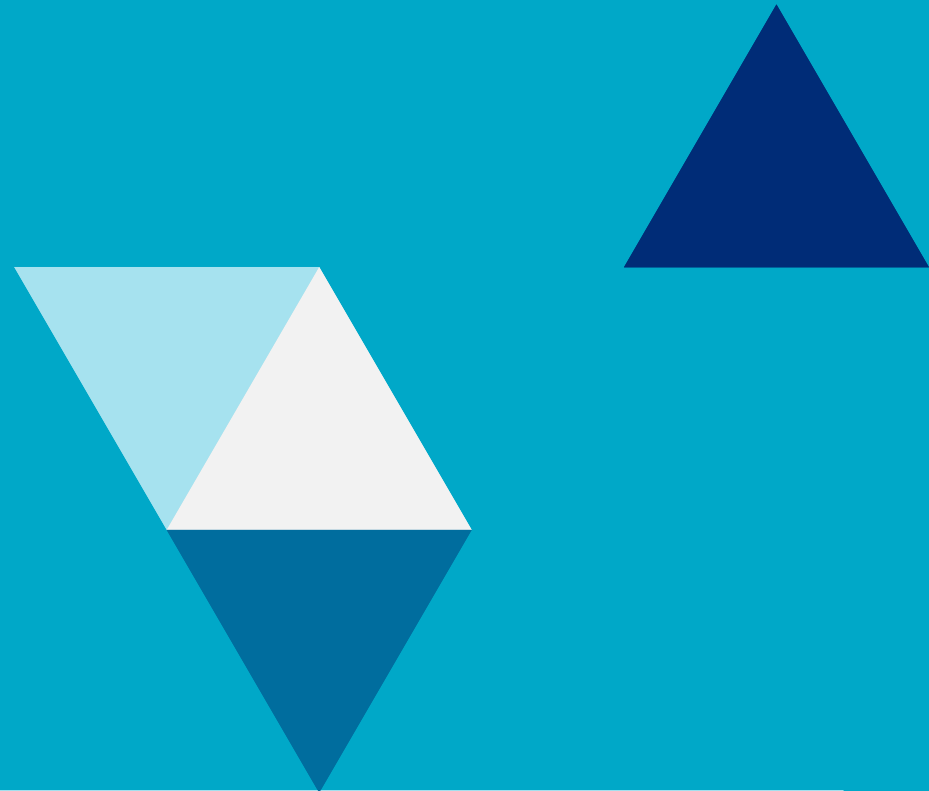


ESSB 5940 UPDATE

- 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
• Offer a plan with high deductible and health savings account	• With the carve-out from WEA, ESEBT will continue to offer an HSA-eligible HDHP through UHC	• Maintain compliance
• Offer a plan with full-time premium the same as that for state employees (15% FT contribution)	• 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	• Consider this requirement when making ESEBT subsidy decisions for 2017
• Must make progress toward more affordable full family insurance coverage; ratio of 3:1	• All current ratios are within the accepted range (between 2.5 & 2.85)	• Maintain compliance
• Each K-12 public school employee pays a minimum premium charge	• All plans require a contribution	• Determine whether current contributions are an appropriate “minimum contribution”
• Employee premiums are structured to ensure that employees who select richer benefit plans pay the higher premium	• Current contribution structure is in compliance	• Maintain compliance
• Follow responsible contracting standards and open competitive bidding	• ESEBT conducted competitive marketing bids for their 2015 medical, dental, vision, life and disability coverages	• Continue to ensure that programs in place are cost effective and delivering market competitive value
• Promote health care innovation and cost savings and significantly reduce administrative expense	• Wellness program can provide progress toward this requirement	• Consider additional means of improving health of members

TRUST FINANCIAL PROJECTIONS



2017 BUDGET — STATUS QUO %

	1/1/2016 - 12/31/2016 Projection				1/1/2017 - 12/31/2017 Projection				1/1/2018 - 12/31/2018 Projection	
	PEPM or Mo. Sum	No. of Benefit FTEs	No. of Months	Estimated Total	PEPM or Mo. Sum	No. of Benefit FTEs	Number of Months	Estimated Total	Assumed % Change	Estimated Total
Employer Contributions (Ja)	\$780.00	2,037 ⁽¹⁾	6	\$9,534,307	\$780.00 ⁽²⁾	2,037 ⁽¹⁾	6	\$9,534,307	0%	\$9,534,307
Employer Contributions (Ju)	\$780.00	2,037 ⁽¹⁾	6	\$9,534,307	\$780.00 ⁽²⁾	2,037 ⁽¹⁾	6	\$9,534,307	0%	\$9,534,307
Additional Supplemental District Contribution				\$0				\$0	0%	\$0
Employee Contributions	n/a	n/a		\$6,061,756				\$6,608,073	10%	\$7,268,881
Investment Income ⁽³⁾				\$50,000				\$50,000	0%	\$50,000
Total Estimated Revenues				\$25,180,370				\$25,726,687		\$26,387,495

Estimated Expenses

	1/1/2016 - 12/31/2016 Projection				1/1/2017 - 12/31/2017 Projection				1/1/2018 - 12/31/2018 Projection	
	YTD Actual 1/1/16-6/30/16	PEPM or Mo. Sum	No. of Employees ⁽¹⁾	Estimated Total	PEPM or Mo. Sum	No. of Employees ⁽¹⁾	Number of Months	Estimated Total	Assumed % Change	Estimated Total
MetLife Life / AD&D Premi	\$63,856	\$5.90	1,821	\$128,319	\$5.90	1,821	12	\$128,927	3%	\$132,795
MetLife Voluntary Term Life	\$93,948	\$15,611 ⁽⁴⁾	n/a	\$187,611	\$15,611	n/a	12	\$187,326	3%	\$192,946
Metlife Voluntary STD Prer	\$48,942	\$8,157 ⁽⁴⁾	n/a	\$97,883	\$8,157	n/a	12	\$97,883	3%	\$100,819
Metlife LTD Premiums	\$188,876	\$16.26 ⁽⁴⁾	1,956	\$379,704	\$20.72 ⁽⁵⁾	1,956	12	\$486,340	10%	\$534,974
Delta Dental Premiums	\$753,594	\$84.55 ⁽⁴⁾	1,489	\$1,505,241	\$83.30 ⁽⁵⁾	1,489	12	\$1,505,512	5%	\$1,580,788
Willamette Dental Premiun	\$297,763	\$78.40 ⁽⁴⁾	638	\$597,878	\$78.40 ⁽⁵⁾	638	12	\$605,232	5%	\$635,494
UHC Medical Premiums	\$7,440,263	n/a	1,131	\$14,868,820	n/a	1,131	12	\$16,387,710	12%	\$18,354,235
Metlife Vision	\$200,560	\$15.92 ⁽⁴⁾	2,108	\$401,916	\$15.92	2,108	12	\$407,405	0%	\$407,405
Group Health Medical Pren	\$3,928,089	n/a	521	\$7,871,861	n/a	521	12	\$8,331,636	10%	\$9,164,800
UNUM Voluntary LTC Pren	\$3,964	\$660.60	n/a	\$7,927	\$826	n/a	12	\$9,909	25%	\$12,386
Wellness Program Internal	n/a	n/a	n/a	\$16,920	n/a	n/a	n/a	\$26,250	0%	\$26,250
Magellan EAP	\$18,988	\$1.65	1,918	\$37,976	\$1.65	1,918	12	\$37,976	5%	\$39,875
Quit for Life Tobacco Cess:	n/a	n/a	n/a	\$2,250	n/a	n/a	n/a	\$2,250	0%	\$2,250
Mind & Body	n/a	n/a	n/a	\$0	n/a	n/a	n/a	\$0	0%	\$0
Weight Watchers	n/a	n/a	n/a	\$2,448				\$4,000	0%	\$4,000
Mercer Consulting Fee	n/a	n/a	n/a	\$45,000	n/a	n/a	n/a	\$45,000	0%	\$45,000
ESEBT Administration ⁽⁷⁾	n/a	n/a	n/a	\$225,795	n/a	n/a	n/a	\$232,569	3%	\$239,546
Total Estimated Expenses				\$26,377,549				\$28,495,925		\$31,473,562
Estimated Surplus / (Deficit) (based on estimated/current enrollment)				(\$1,197,179)				(\$2,769,237)		(\$5,086,067)
Unallocated reserve at December 31⁽⁸⁾				\$6,744,039				\$3,974,802		(\$1,111,266)
Months of expenses				3.1				1.7		(0.4)

2017 BUDGET NOTES

Notes:

- (1) Enrollment based on June 2016 summary of Payments to Carriers from ESEBT
- (2) Allocations shown as outlined Engrossed Substitute House Bill 1244 effective 5/19/2009. Assumes a 0.0% increase effective September 1, 2017 and 2018.
- (3) Based on investment earnings plus appreciation of market value through April 2016 with assumed interest for May from ESEBT Statement of Operations and Fund Balance
- (4) Based on current rates and June 2016 enrollment
- (5) Projected 2017/2018 is estimated at a 5% increase effective November 1, 2017 for dental
- (6) Based on Group Health renewal effective January 1, 2017 (5.6% increase)
- (7) Based on administrative expenses from January through April 2016 annualized from ESEBT Statement of Operations and Fund Balance. Assumes an increase of 3% for 2017.
- (8) Based on a year end fund balance at 12/31/2015 of \$7,960,797

SUMMARY OF CONTRIBUTION SCENARIOS

EMPLOYER SUBSIDY PERCENTAGES

- Scenario SQ %: All EE contribution % of premium remain the same as the 2016 plan year
- Scenario SQ \$: All EE contribution \$ amounts remain the same as the 2016 plan year
- Scenario 1: Applies historical contribution strategy under which Plans 3 & 4, 5, 6 are subsidized at 79%/71% employee/dependent, buy-up for Plan 1 & 2 from Plan 3. The GHC plan is subsidized at 82%/74%. The HDHP is not changed to maintain affordability.
- Scenario 2: reduce subsidies to end 2017 with a projected reserve equal to 3 months of expenses

	Status Quo (Flat %)	Status Quo (Flat \$)	Scenario 1	Scenario 2 UHC 3 month
UHC — Employee ¹	80%	80%	79%	66%
UHC — Dependent ¹	72%	72%	71%	55%
GHC — Employee	83%	83%	82%	70%
GHC — Dependent	76%	76%	74%	60%
2017 Estimated Reserve	1.7	1.4	1.7	3.0
2018 Estimated Reserve	(0.4)	(0.9)	(0.4)	2.1

¹ UHC Plan 3 only. Plans 2 and 5 are buy-up plans from Plan 3

BASELINE RATE SUMMARY MEDICAL PLANS

Everett School Employees Benefit Trust 2017 Employee Contribution Exhibit - UHCScenarios

2016 Contributions		2017 Contribs SQ (Flat %)		Ratio to Single		2017 Contribs SQ (Flat \$)		Ratio to Single		2017 Contribs (scenario 1)		Ratio to Single		2017 Contribs (UHC 3 months)		Ratio to Single	
			% Inc				% Inc				% Inc				% Inc		
UHC Option 2																	
Employee Only	\$252.24	\$277.20	9.9%	1.00	\$252.24	0.0%	1.00	\$284.21	12.7%	1.00	\$397.06	57.4%	1.00				
Employee / Spouse	\$517.45	\$568.66	9.9%	2.05	\$517.45	0.0%	2.05	\$577.77	11.7%	2.03	\$805.90	55.7%	2.03				
Employee / Child(ren)	\$359.28	\$394.84	9.9%	1.42	\$359.28	0.0%	1.42	\$402.70	12.1%	1.42	\$562.07	56.4%	1.42				
Employee / Family	\$633.74	\$696.47	9.9%	2.51	\$633.74	0.0%	2.51	\$706.49	11.5%	2.49	\$985.18	55.5%	2.48				
UHC Option 3																	
Employee Only	\$164.47	\$180.75	9.9%	1.00	\$164.47	0.0%	1.00	\$182.29	10.8%	1.00	\$295.14	79.4%	1.00				
Employee / Spouse	\$356.83	\$392.15	9.9%	2.17	\$356.83	0.0%	2.17	\$391.25	9.6%	2.15	\$619.38	73.6%	2.10				
Employee / Child(ren)	\$242.10	\$266.07	9.9%	1.47	\$242.10	0.0%	1.47	\$266.63	10.1%	1.46	\$426.00	76.0%	1.44				
Employee / Family	\$441.18	\$484.85	9.9%	2.68	\$441.18	0.0%	2.68	\$482.88	9.5%	2.65	\$761.57	72.6%	2.58				
UHC Option 4,5,6																	
Employee Only	\$116.74	\$128.29	9.9%	1.00	\$116.74	0.0%	1.00	\$129.39	10.8%	1.00	\$209.49	79.5%	1.00				
Employee / Spouse	\$253.28	\$278.34	9.9%	2.17	\$253.28	0.0%	2.17	\$277.71	9.6%	2.15	\$439.64	73.6%	2.10				
Employee / Child(ren)	\$171.85	\$188.86	9.9%	1.47	\$171.85	0.0%	1.47	\$189.25	10.1%	1.46	\$302.38	76.0%	1.44				
Employee / Family	\$313.15	\$344.14	9.9%	2.68	\$313.15	0.0%	2.68	\$342.75	9.5%	2.65	\$540.57	72.6%	2.58				
UHC Option 1																	
Employee Only	\$420.85	\$462.51	9.9%	1.00	\$420.85	0.0%	1.00	\$480.02	14.1%	1.00	\$592.87	40.9%	1.00				
Employee / Spouse	\$826.02	\$907.77	9.9%	1.96	\$826.02	0.0%	1.96	\$936.10	13.3%	1.95	\$1,164.23	40.9%	1.96				
Employee / Child(ren)	\$584.38	\$642.22	9.9%	1.39	\$584.38	0.0%	1.39	\$664.11	13.6%	1.38	\$823.48	40.9%	1.39				
Employee / Family	\$1,003.69	\$1,103.03	9.9%	2.38	\$1,003.69	0.0%	2.38	\$1,136.11	13.2%	2.37	\$1,414.80	41.0%	2.39				
UHC HDHP Option 7																	
Employee Only	\$91.29	\$100.32	9.9%	1.00	\$91.29	0.0%	1.00	\$91.29	0.0%	1.00	\$91.29	0.0%	1.00				
Employee / Spouse	\$198.06	\$217.66	9.9%	2.17	\$198.06	0.0%	2.17	\$198.06	0.0%	2.17	\$198.06	0.0%	2.17				
Employee / Child(ren)	\$134.38	\$147.68	9.9%	1.47	\$134.38	0.0%	1.47	\$134.38	0.0%	1.47	\$134.38	0.0%	1.47				
Employee / Family	\$244.88	\$269.12	9.9%	2.68	\$244.88	0.0%	2.68	\$244.88	0.0%	2.68	\$244.88	0.0%	2.68				
GHC																	
EE	\$146.28	\$160.76	9.9%	1.00	\$146.28	0.0%	1.00	\$155.67	6.4%	1.00	\$259.46	77.4%	1.00				
EE + Spouse	\$333.90	\$366.95	9.9%	2.28	\$333.90	0.0%	2.28	\$355.80	6.6%	2.29	\$567.35	69.9%	2.19				
EE + Child(ren)	\$226.84	\$249.29	9.9%	1.55	\$226.84	0.0%	1.55	\$241.12	6.3%	1.55	\$390.92	72.3%	1.51				
EE + Family	\$412.34	\$453.15	9.9%	2.82	\$412.34	0.0%	2.82	\$439.00	6.5%	2.82	\$695.35	68.6%	2.68				

Projected reserve months at end of 2017
under each contribution scenario:

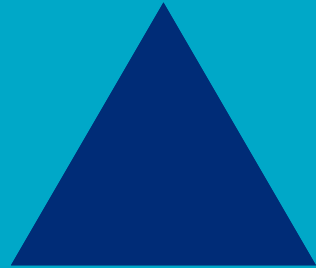
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ALTERNATE MEDICAL PROPOSALS



AETNA MEDICAL

- Aetna
 - Aetna has reduced their original offer to a 6.8% increase over the current premiums with UHC
 - The plan designs are very similar but do not match exactly
 - They have offered the proposed similar plan designs with and without an ACO option for plans 2 & 5
 - Aetna is also offering their upgraded concierge customer service model for Everett understanding the need to provide top tier customer service
 - Aetna is also offering a \$25,000 wellness/communications/implementation credit
 - Aetna is offering two COB options at no additional cost
 - Option 1: offer standard COB through manual claim processing for the small number of families that currently elect to double coverage
 - Option 2: establish a PPO with no member cost for in network coverage. The rate would be 2x the Easy Choice rates (UHC Options 4, 5, & 6).

COMPARISON OF UHC AND AETNA RENEWAL RATES AND ANNUALIZED COST

		Effective January 1, 2016		Effective January 1, 2017		Effective January 1, 2017			
		2016 (CURRENT)		2017 (RENEWAL)		2017 (ALTERNATIVE)			
		Health Plans (UHC & GHC)		Health Plans (UHC & GHC)		Aetna - Match Current			
		Total		Total	\$ Increase % Change	Total	\$ Increase Over Current \$ Increase Over Renewal % Change Over Current % Change Over Renewal		
PPO Plan 2						Open Choice PPO - Option 2			
		\$200 Ded; \$25 OVC; \$1,500 OOP; 80%; \$10/\$20/\$35 Rx		\$200 Ded; \$25 OVC; \$1,500 OOP; 80%; \$10/\$20/\$35 Rx		\$200 Ded; \$25 OVC; \$1,500 OOP; 80%; \$5/\$20/\$40 Rx			
Employee Only	94	\$882.62		\$969.99	\$87.37 9.90%	\$942.51	\$59.89 (\$27.48) 6.79% (2.83%)		
Employee / Spouse	44	\$1,615.24		\$1,775.13	\$159.89 9.90%	\$1,724.83	\$109.59 (\$50.30) 6.78% (2.83%)		
Employee / Childrer	50	\$1,178.31		\$1,294.95	\$116.64 9.90%	\$1,258.26	\$79.95 (\$36.69) 6.79% (2.83%)		
Employee / Family	37	\$1,936.50		\$2,128.19	\$191.69 9.90%	\$2,067.89	\$131.39 (\$60.30) 6.78% (2.83%)		
Annualized Total	225	\$3,415,234		\$3,753,304	\$338,070 9.90%	\$3,646,961	\$231,727 (\$106,343) 6.79% (2.83%)		
PPO Plan 3						Open Choice PPO - Option 3			
		\$300 Ded; \$30 OVC; \$2,750 OOP; 80%; \$15/\$25/\$40 Rx		\$300 Ded; \$30 OVC; \$2,750 OOP; 80%; \$15/\$25/\$40 Rx		\$300 Ded; \$30 OVC; \$2,950 OOP; 80%; \$15/\$25/\$40 Rx			
Employee Only	178	\$789.89		\$868.07	\$78.18 9.90%	\$843.48	\$53.59 (\$24.59) 6.78% (2.83%)		
Employee / Spouse	101	\$1,445.54		\$1,588.61	\$143.07 9.90%	\$1,543.62	\$98.08 (\$44.99) 6.79% (2.83%)		
Employee / Childrer	108	\$1,054.51		\$1,158.88	\$104.37 9.90%	\$1,126.06	\$71.55 (\$32.82) 6.79% (2.83%)		
Employee / Family	102	\$1,733.05		\$1,904.58	\$171.53 9.90%	\$1,850.64	\$117.59 (\$53.94) 6.79% (2.83%)		
Annualized Total	489	\$6,927,098		\$7,612,707	\$685,610 9.90%	\$7,397,098	\$470,000 (\$215,609) 6.78% (2.83%)		
PPO Plan 1						Open Choice PPO - Option 1			
		\$200 Ded; \$15 OVC; \$500 OOP; 90%; \$10/\$15/\$30 Rx		\$200 Ded; \$15 OVC; \$500 OOP; 90%; \$10/\$15/\$30 Rx		\$200 Ded; \$15 OVC; \$500 OOP; 90%; \$10/\$15/\$30 Rx			
Employee Only	43	\$1,060.79		\$1,165.80	\$105.01 9.90%	\$1,132.76	\$71.97 (\$33.04) 6.78% (2.83%)		
Employee / Spouse	16	\$1,941.29		\$2,133.46	\$192.17 9.90%	\$2,073.01	\$131.72 (\$60.45) 6.79% (2.83%)		
Employee / Childrer	20	\$1,416.17		\$1,556.36	\$140.19 9.90%	\$1,512.26	\$96.09 (\$44.10) 6.79% (2.83%)		
Employee / Family	11	\$2,327.41		\$2,557.81	\$230.40 9.90%	\$2,485.32	\$157.91 (\$72.49) 6.78% (2.83%)		
Annualized Total	90	\$1,567,194		\$1,722,334	\$155,140 9.90%	\$1,673,527	\$106,332 (\$48,808) 6.78% (2.83%)		

COMPARISON OF UHC AND AETNA RENEWAL RATES AND ANNUALIZED COST

		Effective January 1, 2016	Effective January 1, 2017			Effective January 1, 2017				
		2016 (CURRENT) Health Plans (UHC & GHC)	2017 (RENEWAL) Health Plans (UHC & GHC)			2017 (ALTERNATIVE) Aetna - Match Current				
PPO Plan 4		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
		\$1,000 Ded; \$15 OVC; \$4,000 OOP; 80%; \$500-\$0/30%/30% Rx								
		\$1,000 Ded; \$15 OVC; \$4,000 OOP; 80%; \$500-\$0/30%/30% Rx			Open Choice PPO - Option 4 \$1,000 Ded; \$15 OVC; \$4,000 OOP; 80%; \$500-\$5/\$20/\$40 Rx					
Employee Only	97	\$560.65	\$616.15	\$55.50	9.90%	\$598.69	\$38.04	(\$17.46)	6.78%	(2.83%)
Employee / Spouse	29	\$1,026.02	\$1,127.59	\$101.57	9.90%	\$1,095.64	\$69.62	(\$31.95)	6.79%	(2.83%)
Employee / Childrer	50	\$748.47	\$822.56	\$74.09	9.90%	\$799.25	\$50.78	(\$23.31)	6.78%	(2.83%)
Employee / Family	53	\$1,230.09	\$1,351.86	\$121.77	9.90%	\$1,313.55	\$83.46	(\$38.31)	6.78%	(2.83%)
Annualized Total	229	\$2,241,071	\$2,462,919	\$221,848	9.90%	\$2,393,126	\$152,055	(\$69,793)	6.78%	(2.83%)
PPO Plan 5		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
		\$750 Ded; \$30 OVC; \$3,500 OOP; 75%; \$250-\$0/\$30/\$45 Rx								
		\$750 Ded; \$30 OVC; \$3,500 OOP; 75%; \$250-\$0/\$30/\$45 Rx			Open Choice PPO - Option 5 \$750 Ded; \$30 OVC; \$3,500 OOP; 80%; \$250-\$5/\$20/\$40 Rx					
Employee Only	13	\$560.65	\$616.15	\$55.50	9.90%	\$598.69	\$38.04	(\$17.46)	6.78%	(2.83%)
Employee / Spouse	4	\$1,026.02	\$1,127.59	\$101.57	9.90%	\$1,095.64	\$69.62	(\$31.95)	6.79%	(2.83%)
Employee / Childrer	9	\$748.47	\$822.56	\$74.09	9.90%	\$799.25	\$50.78	(\$23.31)	6.78%	(2.83%)
Employee / Family	12	\$1,230.09	\$1,351.86	\$121.77	9.90%	\$1,313.55	\$83.46	(\$38.31)	6.78%	(2.83%)
Annualized Total	38	\$394,678	\$433,748	\$39,070	9.90%	\$421,457	\$26,778	(\$12,291)	6.78%	(2.83%)
PPO Plan 6		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
		\$100 Ded; \$35 OVC; \$4,200 OOP; 65%; \$500-\$0/\$30/\$45 Rx								
		\$100 Ded; \$35 OVC; \$4,200 OOP; 65%; \$500-\$0/\$30/\$45 Rx			Open Choice PPO - Option 6 \$100 Ded; \$35 OVC; \$4,000 OOP; 70%; \$500-\$5/\$20/\$40 Rx					
Employee Only	11	\$560.65	\$616.15	\$55.50	9.90%	\$598.69	\$38.04	(\$17.46)	6.78%	(2.83%)
Employee / Spouse	1	\$1,026.02	\$1,127.59	\$101.57	9.90%	\$1,095.64	\$69.62	(\$31.95)	6.79%	(2.83%)
Employee / Childrer	5	\$748.47	\$822.56	\$74.09	9.90%	\$799.25	\$50.78	(\$23.31)	6.78%	(2.83%)
Employee / Family	6	\$1,230.09	\$1,351.86	\$121.77	9.90%	\$1,313.55	\$83.46	(\$38.31)	6.78%	(2.83%)
Annualized Total	23	\$219,793	\$241,550	\$21,758	9.90%	\$234,705	\$14,913	(\$6,845)	6.78%	(2.83%)

COMPARISON OF UHC AND AETNA RENEWAL RATES AND ANNUALIZED COST

		Effective January 1, 2016			Effective January 1, 2017			Effective January 1, 2017				
		2016 (CURRENT)			2017 (RENEWAL)			2017 (ALTERNATIVE)				
		Health Plans (UHC & GHC)			Health Plans (UHC & GHC)			Aetna - Match Current				
PPO Plan 7 (HDHP)		Total			Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
		\$1,500 Ded; \$4,000 OOP; 80%; 20% Rx			\$1,500 Ded; \$4,000 OOP; 80%; 20% Rx			Open Choice PPO - Option 7 (HSA)				
								\$1,500 Ded; \$4,000 OOP; 80%; 20% Rx				
Employee Only	16	\$438.43			\$481.82	\$43.39	9.90%	\$468.18	\$29.75	(\$13.64)	6.79%	(2.83%)
Employee / Spouse	4	\$802.35			\$881.76	\$79.41	9.90%	\$856.79	\$54.44	(\$24.97)	6.79%	(2.83%)
Employee / Childrer	6	\$585.31			\$643.24	\$57.93	9.90%	\$625.02	\$39.71	(\$18.22)	6.78%	(2.83%)
Employee / Family	4	\$961.93			\$1,057.13	\$95.20	9.90%	\$1,027.20	\$65.27	(\$29.93)	6.79%	(2.83%)
Annualized Total	30	\$211,006			\$231,889	\$20,883	9.90%	\$225,324	\$14,317	(\$6,566)	6.79%	(2.83%)
HMO (GHC)		Total			Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
		No Ded; \$15 OV; \$2,000 OOP; No Coins; \$10/20/NC Rx			No Ded; \$15 OV; \$2,000 OOP; No Coins; \$10/20/NC Rx			GHC HMO				
								No Ded; \$15 OV; \$2,000 OOP; No Coins; \$10/20/NC Rx				
Employee Only	208	\$818.75			\$864.85	\$46.10	5.63%	\$864.85	\$46.10	\$0.00	5.63%	0.00%
Employee / Spouse	83	\$1,547.44			\$1,634.57	\$87.13	5.63%	\$1,634.57	\$87.13	\$0.00	5.63%	0.00%
Employee / Childrer	91	\$1,129.88			\$1,193.49	\$63.61	5.63%	\$1,193.49	\$63.61	\$0.00	5.63%	0.00%
Employee / Family	137	\$1,850.38			\$1,954.56	\$104.18	5.63%	\$1,954.56	\$104.18	\$0.00	5.63%	0.00%
Annualized Total	519	\$7,860,704			\$8,303,293	\$442,589	5.63%	\$8,303,293	\$442,589	\$0	5.63%	0.00%
Combined Total		Total			Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
Annualized Total	1,582	\$22,222,307			\$24,086,447	\$1,864,140	8.39%	\$23,639,328	\$1,417,021	(\$447,119)	6.38%	(1.86%)
Annualized Increase								(\$447,119)				

All estimates based upon the information available at a point in time are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely range of variability from the estimate.

WEA MEDICAL

- Enrollment is assumed to be similar to plans as of 2014 when in the WEA — but with current enrollment (as of June 2016)
- It would be an additional estimated increase of \$2,212,703 to move back to the WEA, from the current 2017 renewal with UHC and GHC
- Additionally, the plan offerings through the WEA have changed. Details are highlighted in the appendix.

COMPARISON OF UHC AND WEA RENEWAL RATES AND ANNUALIZED COST

		Effective January 1, 2016	Effective January 1, 2017			Effective January 1, 2017				
		2016 (CURRENT) Health Plans (UHC & GHC)	2017 (RENEWAL) Health Plans (UHC & GHC)			2017 (ALTERNATIVE) WEA - Match Current				
PPO Plan 2		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	% Change Over Renewal
		\$200 Ded; \$25 OVC; \$1,500 OOP; 80%; \$10/\$20/\$35 Rx	\$200 Ded; \$25 OVC; \$1,500 OOP; 80%; \$10/\$20/\$35 Rx			WEA - Option 2 \$300 Ded; \$35 Specialist OVC; \$2,000 OOP; 80%; \$20/\$40/\$65 Rx				
Employee Only	94	\$882.62	\$969.99	\$87.37	9.90%	\$1,083.40	\$200.78	\$113.41	22.75%	11.69%
Employee / Spouse	44	\$1,615.24	\$1,775.13	\$159.89	9.90%	\$1,988.10	\$372.86	\$212.97	23.08%	12.00%
Employee / Childrer	50	\$1,178.31	\$1,294.95	\$116.64	9.90%	\$1,448.35	\$270.04	\$153.40	22.92%	11.85%
Employee / Family	37	\$1,936.50	\$2,128.19	\$191.69	9.90%	\$2,384.40	\$447.90	\$256.21	23.13%	12.04%
Annualized Total	225	\$3,415,234	\$3,753,304	\$338,070	9.90%	\$4,199,476	\$784,242	\$446,172	22.96%	11.89%
PPO Plan 3		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	% Change Over Renewal
		\$300 Ded; \$30 OVC; \$2,750 OOP; 80%; \$15/\$25/\$40 Rx	\$300 Ded; \$30 OVC; \$2,750 OOP; 80%; \$15/\$25/\$40 Rx			WEA- Option 3 \$500 Ded; \$40 Specialist OVC; \$3,000 OOP; 80%; \$30/\$50/\$70 Rx				
Employee Only	178	\$789.89	\$868.07	\$78.18	9.90%	\$991.15	\$201.26	\$123.08	25.48%	14.18%
Employee / Spouse	101	\$1,445.54	\$1,588.61	\$143.07	9.90%	\$1,817.95	\$372.41	\$229.34	25.76%	14.44%
Employee / Childrer	108	\$1,054.51	\$1,158.88	\$104.37	9.90%	\$1,325.05	\$270.54	\$166.17	25.66%	14.34%
Employee / Family	102	\$1,733.05	\$1,904.58	\$171.53	9.90%	\$2,180.25	\$447.20	\$275.67	25.80%	14.47%
Annualized Total	489	\$6,927,098	\$7,612,707	\$685,610	9.90%	\$8,706,343	\$1,779,245	\$1,093,635	25.69%	14.37%
PPO Plan 1		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	% Change Over Renewal
		\$200 Ded; \$15 OVC; \$500 OOP; 90%; \$10/\$15/\$30 Rx	\$200 Ded; \$15 OVC; \$500 OOP; 90%; \$10/\$15/\$30 Rx			WEA Option 5 Ded N/C; \$20 OVC; \$1,000 OOP; 90%; \$20/NC/NC Rx				
Employee Only	43	\$1,060.79	\$1,165.80	\$105.01	9.90%	\$1,259.45	\$198.66	\$93.65	18.73%	8.03%
Employee / Spouse	16	\$1,941.29	\$2,133.46	\$192.17	9.90%	\$2,419.00	\$477.71	\$285.54	24.61%	13.38%
Employee / Childrer	20	\$1,416.17	\$1,556.36	\$140.19	9.90%	\$1,718.25	\$302.08	\$161.89	21.33%	10.40%
Employee / Family	11	\$2,327.41	\$2,557.81	\$230.40	9.90%	\$2,914.20	\$586.79	\$356.39	25.21%	13.93%
Annualized Total	90	\$1,567,194	\$1,722,334	\$155,140	9.90%	\$1,911,379	\$344,184	\$189,044	21.96%	10.98%

COMPARISON OF UHC AND WEA RENEWAL RATES AND ANNUALIZED COST

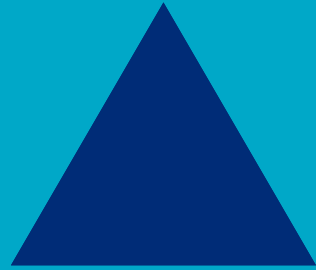
		Effective January 1, 2016	Effective January 1, 2017			Effective January 1, 2017				
		2016 (CURRENT) Health Plans (UHC & GHC)	2017 (RENEWAL) Health Plans (UHC & GHC)			2017 (ALTERNATIVE) WEA - Match Current				
PPO Plan 4		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
		\$1,000 Ded; \$15 OVC; \$4,000 OOP; 80%; \$500-\$0/30%/30% Rx	\$1,000 Ded; \$15 OVC; \$4,000 OOP; 80%; \$500-\$0/30%/30% Rx			WEA EasyChoice \$1,250 Ded; \$25 OVC; \$4,000 OOP; 80%; \$20/30%/30% Rx				
Employee Only	97	\$560.65	\$616.15	\$55.50	9.90%	\$729.65	\$169.00	\$113.50	30.14%	18.42%
Employee / Spouse	29	\$1,026.02	\$1,127.59	\$101.57	9.90%	\$1,328.40	\$302.38	\$200.81	29.47%	17.81%
Employee / Childrer	50	\$748.47	\$822.56	\$74.09	9.90%	\$968.80	\$220.33	\$146.24	29.44%	17.78%
Employee / Family	53	\$1,230.09	\$1,351.86	\$121.77	9.90%	\$1,592.15	\$362.06	\$240.29	29.43%	17.77%
Annualized Total	229	\$2,241,071	\$2,462,919	\$221,848	9.90%	\$2,905,483	\$664,412	\$442,564	29.65%	17.97%
PPO Plan 5		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
		\$750 Ded; \$30 OVC; \$3,500 OOP; 75%; \$250-\$0/\$30/\$45 Rx	\$750 Ded; \$30 OVC; \$3,500 OOP; 75%; \$250-\$0/\$30/\$45 Rx			WEA Basic \$2,100 Ded ; \$35 OVC; \$6,600 OOP; 70%				
Employee Only	13	\$560.65	\$616.15	\$55.50	9.90%	\$591.10	\$30.45	(\$25.05)	5.43%	(4.07%)
Employee / Spouse	4	\$1,026.02	\$1,127.59	\$101.57	9.90%	\$1,073.55	\$47.53	(\$54.04)	4.63%	(4.79%)
Employee / Childrer	9	\$748.47	\$822.56	\$74.09	9.90%	\$784.10	\$35.63	(\$38.46)	4.76%	(4.68%)
Employee / Family	12	\$1,230.09	\$1,351.86	\$121.77	9.90%	\$1,286.25	\$56.16	(\$65.61)	4.57%	(4.85%)
Annualized Total	38	\$394,678	\$433,748	\$39,070	9.90%	\$413,645	\$18,967	(\$20,103)	4.81%	(4.63%)
PPO Plan 7 (HDHP)		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
		\$1,500 Ded; \$4,000 OOP; 80%; 20% Rx	\$1,500 Ded; \$4,000 OOP; 80%; 20% Rx			WEA QHDHP \$1,750 Ded; \$5,000 OOP; 80%				
Employee Only	16	\$438.43	\$481.82	\$43.39	9.90%	\$571.45	\$133.02	\$89.63	30.34%	18.60%
Employee / Spouse	4	\$802.35	\$881.76	\$79.41	9.90%	\$1,039.25	\$236.90	\$157.49	29.53%	17.86%
Employee / Childrer	6	\$585.31	\$643.24	\$57.93	9.90%	\$758.35	\$173.04	\$115.11	29.56%	17.90%
Employee / Family	4	\$961.93	\$1,057.13	\$95.20	9.90%	\$1,228.60	\$266.67	\$171.47	27.72%	16.22%
Annualized Total	30	\$211,006	\$231,889	\$20,883	9.90%	\$273,176	\$62,170	\$41,287	29.46%	17.80%

COMPARISON OF UHC AND WEA RENEWAL RATES AND ANNUALIZED COST

		Effective January 1, 2016	Effective January 1, 2017			Effective January 1, 2017				
		2016 (CURRENT)	2017 (RENEWAL)			2017 (ALTERNATIVE)				
		Health Plans (UHC & GHC)	Health Plans (UHC & GHC)			WEA - Match Current				
HMO (GHC)		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
		No Ded; \$15 OV; \$2,000 OOP; No Coins; \$10/20/NC Rx	No Ded; \$15 OV; \$2,000 OOP; No Coins; \$10/20/NC Rx			GHC HMO No Ded; \$15 OV; \$2,000 OOP; No Coins; \$10/20/NC Rx				
Employee Only	208	\$818.75	\$864.85	\$46.10	5.63%	\$864.85	\$46.10	\$0.00	5.63%	0.00%
Employee / Spouse	83	\$1,547.44	\$1,634.57	\$87.13	5.63%	\$1,634.57	\$87.13	\$0.00	5.63%	0.00%
Employee / Childrer	91	\$1,129.88	\$1,193.49	\$63.61	5.63%	\$1,193.49	\$63.61	\$0.00	5.63%	0.00%
Employee / Family	137	\$1,850.38	\$1,954.56	\$104.18	5.63%	\$1,954.56	\$104.18	\$0.00	5.63%	0.00%
Annualized Total	519	\$7,860,704	\$8,303,293	\$442,589	5.63%	\$8,303,293	\$442,589	\$0	5.63%	0.00%
Combined Total		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
Annualized Total	1,582	\$22,222,307	\$24,086,447	\$1,864,140	8.39%	\$26,299,150	\$4,076,843	\$2,212,703	18.35%	9.19%
Annualized Increase								\$2,212,703		

All estimates based upon the information available at a point in time are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely range of variability from the estimate.

DISRUPTION ANALYSIS

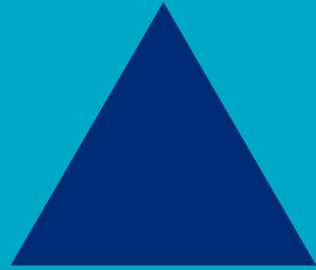


DISRUPTION ANALYSIS

MOVING FROM UHC TO AETNA

Category	% In-Network											
	Primary Care			Specialist			Facility			Other Physicians		
	Participating	Total	Percentage	Participating	Total	Percentage	Participating	Total	Percentage	Participating	Total	Percentage
Sum of Claimants	3,858	3,867	99.77%	4,839	4,845	99.88%	3,278	3,281	99.91%	3,668	3,945	92.98%
Paid Amount	\$1,040,788	\$1,042,489	99.84%	\$1,834,234	\$1,838,442	99.77%	\$5,763,446	\$5,778,913	99.73%	\$1,059,071	\$1,153,421	91.82%
Sum of # of visits	5,139	5,156	99.67%	4,523	4,549	99.43%	N/A	N/A	N/A	9,502	10,155	93.57%

ACA AFFORDABILITY AND ASSESSMENTS



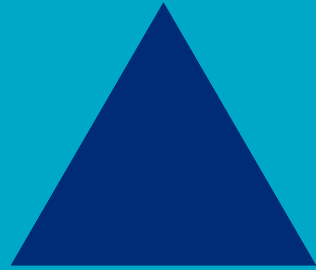
ACA AFFORDABILITY AND ASSESSMENTS

- Mercer conducted analysis earlier this year to estimate the potential liability to the District for Employer Shared Responsibility assessments
- Included was a cost estimate if the District opted to either:
 - Adjust employee only contributions for HDHP option to be affordable under the Federal Poverty Limit safe harbor amount
 - Introduce a low value plan with an employee only contribution set at the FPL safe harbor limit
- The analysis was based on the 2016 FPL safe harbor limit of \$94.74, which is increasing to \$95.93 for 2017
 - Given the small change in this amount, and the likelihood of little change in the population over the last 4 months, we have not updated the analysis as the new information would not have a material impact on the overall results, which can be used by the Trust to determine the desired approach for 2017
- See letter dated April 16, 2016 for details

APPENDICES



2017 PLAN DESIGN FOR ALL COVERAGES



2017 MEDICAL BENEFIT CHART

2017 Medical Benefit Comparison Everett School Employee Benefits Trust (Effective 1/1/2017 to 12/31/2017)

Medical	UHC Option 1	UHC Option 2	UHC Option 3	UHC Option 4,5,6	UHC HDHP Option 7	GHC HMO Plan
Annual Deductible	\$200/person \$600/family Non-network \$350 per person	\$200/person \$600/family	\$300/person \$900/family	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	\$500/person \$1,500/ family (Includes deductible & copays) No out-of-pocket maximum for non-network services	\$1,500/person \$4,500/family (Includes deductible & copays)	\$2,750/person \$8,250/family (Includes deductible & copays)	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 \$6,850/family	\$2,000/person \$4,000/family
Office Visit copays	PCP: \$15 Specialist: \$15	PCP: \$25 Specialist: \$25	PCP: \$30 Specialist: \$30	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	\$200/admission, OP \$0	\$150/admission, OP \$0	\$300/admit OP \$0	None Deductible and coinsurance apply	80% coinsurance	\$100 per day, up to three days per admission
Hospital Physician Services	90% network 70% non-network	80% network 60% non-network	80% network 60% 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 70% non-network (exams/immunizations non-network are not covered)	100% network 80% non-network	100% network 80% non-network	100% network 50% non-network (exams/immunizations non-network are not covered)	100% (non-network not covered)	100%

2017 MEDICAL BENEFIT CHART

Medical	UHC Option 1	UHC Option 2	UHC Option 3	UHC Option 4,5,6	UHC HDHP Option 7	GHC HMO Plan
Prescription Drug Copays	\$10 Tier 1 \$15 Tier 2 \$30 Tier 3 Mail order: \$10 Tier 1 \$30 Tier 2 \$60 Tier 3	\$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	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: \$20/NC/NC Option 5 and 6: \$0/\$30/\$45 Mail Order Copays: Option 4: \$5/30%/30% Option 5 and 6: \$5/\$30/\$45 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	\$1,165.80	\$969.99	\$868.07	\$616.15	\$481.82	\$864.85
EE & Spouse	\$2,133.46	\$1,775.13	\$1,588.61	\$1,127.59	\$881.76	\$1,634.57
EE & Child(ren)	\$1,556.36	\$1,294.95	\$1,158.88	\$822.56	\$643.24	\$1,193.49
EE & Spouse & Child(ren)	\$2,557.81	\$2,128.19	\$1,904.58	\$1,351.86	\$1,057.13	\$1,954.56

2017 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, Partial, 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	Enhanced to provide greater discounts on orthodontia services
Rates (PEPM)	\$83.30	\$78.40

2017 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

2017 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

2017 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

2017 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

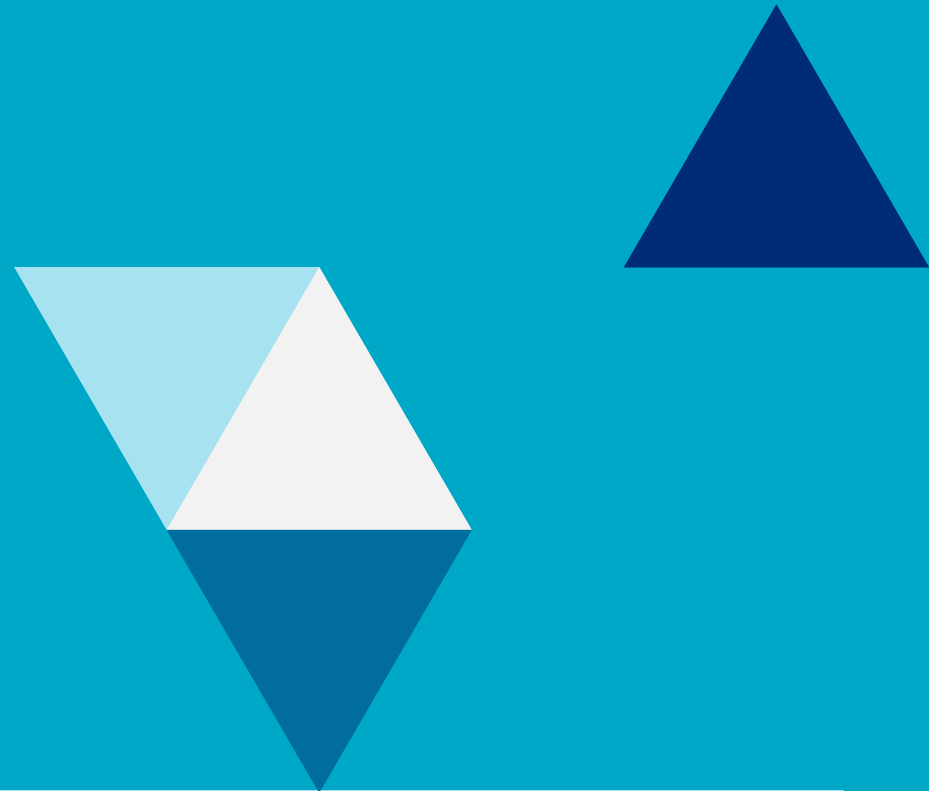
2017 OTHER BENEFIT CHARTS

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

WEA SELECT BENEFIT PLANS RENEWAL SUMMARY



WEA PLAN CHANGES

- 2013-2014
 - Moved the plan year from 10/1 to 11/1
 - Increased the in & out of network deductibles on
 - Plan 2 by \$100/\$300 to \$200/\$600 individual/family
 - Plan 3 \$100/\$300 to \$300/\$900 individual/family
 - Plan 5 \$100/\$300 (in-network) to \$200/\$600 (in-network)
- 2014-2015
 - Copayments to accrue towards OOP max
 - Removed the annual dollar limit from the QHDHP
 - TMJ covered on all plans except EasyChoice
 - Premiera implemented mandatory prior authorization policy for certain planned medical services

WEA PLAN CHANGES

- 2015-2016
 - Eliminated Easy Choice Plan C.
 - Offering a new Basic plan — a \$1,250 deductible and \$30 office visit copay and 30% coinsurance
 - Separate Rx deductible of \$500
 - Specialty Pharmacy Copayments—New (Plans 5, 2 and 3)
 - A new specialty pharmacy copayment will be added to Plans 5, 2 and 3, as follows:
 - Generic Prescription Drugs (EasyChoice Only)
 - Generic drugs purchased at a retail pharmacy (up to one-month supply) will be subject to a \$5 copayment or \$10 copayment when the mail order program (up to three-month supply) is used. The prescription drug deductible will continue to be waived.

WEA 2017 PLAN CHANGES

- Community Health (Massage) Benefit- Enhancement
 - Now includes massage treatment
 - Added to all other WEA Select Medical Plans
 - Participants can take advantage of Premiera's discount program, which includes discounts of 10% to 30% for services received by a participating massage therapist
- Hair Prosthesis Benefit
 - Will now cover up to \$500 every two calendar years for a hair prosthesis
 - Subject to deductible and coinsurance of the plan
 - The hair loss must be permanent and due to a covered medical condition
- Specific Plan Design Modifications: In-Network Only
 - A narrow network will be implemented on EasyChoice B to capture the savings and still allow choice
 - Provide more differentiation in benefits in plan 5, 2, and 3. Plan 3's deductible is \$300 more.
 - Increase office visits copayments to be more inline with the market
 - Increase some prescription drug copayments
 - Provide an incentive for plan participants to continue using their Primary Care Provider for routine services
 - This includes practitioners such as, family medicine, general practice, internal medicine, naturopath, obstetrics, gynecology, pediatrics, physician assistants and advanced nurse practitioners

WEA PLAN CHANGES

- EasyChoice A and B Plans

	EasyChoice A		EasyChoice B	
	Current	NEW	Current	NEW
Deductible: Individual/Family	\$1,000/\$3,000	\$1,250/\$3,750	\$750/ \$2,250	N/C
Office Visit Copay	\$15	PCP \$25/ Specialist \$35	\$30	PCP NC/ Specialist \$40
Diagnostic X-Ray and Lab	\$0 for 1st \$1,000 then deductible and coinsurance	1 st \$250 subject to coinsurance , then deductible and coinsurance	Deductible/coinsurance	N/C
Rx Retail Copays	\$5/30%/30%	\$10/NC/NC	\$5/\$30/\$45	N/C
Rx Mail Order Copays	\$10/25%/25%	\$20/30%/30%	\$10/75\$/112	NC

- Basic and QHDHP Plans

	Basic		QHDHP	
	Current	NEW	Current	NEW
Deductible: Individual/Family	\$1,250/\$2,500	\$2,100/\$4,200	\$1,500/ \$3,000	\$1,750/\$3,500
Office Visit Copay	\$30	PCP \$35/ Specialist \$50	N/A	N/A
Medical out-of-pocket Maximum (Individual/family)	\$4,500/\$9,000	\$6,600/\$13,200 (shared with Rx)	\$4,000/\$8,000 (Shared with Rx)	\$5,000/\$10,000 (shared with Rx)

2016-2017 ALTERNATIVE MEDICAL BENEFIT CHART

2016 Medical Benefit Comparison

WEA (Eff. 11/1/2016 through 10/31/2017) & Public Employees Benefits Board (PEBB) (Eff. 1/1/2016 through 12/31/2016)

Medical	WEA Plan 2	WEA Plan 3	WEA Plan 5	WEA EasyChoice	WEA Basic	WEA QHDHP	PEBB - Group Health Classic	PEBB - Group Health Value	PEBB – Uniform Medical Plan
Annual Deductible	\$300/person \$900/family	\$500/person \$1,500/family	\$200/person \$600/family	Plan A: \$1,250/person \$3,750/family Plan B: \$750/person \$2,250/family Pharmacy: (Per Person) Plan A - \$500; B - \$250 All Plans include non network ded.	\$2,100/person \$4,200/family	\$1,750/person \$3,500/family	\$250/person \$750/family	\$350/person \$1,050/family	Medical: \$250/person \$750/family Pharmacy: \$100/person \$300/family
Annual out of Pocket	Medical: \$2,000/person \$6,000/family (Includes deductible & copays) OON: \$3,400/person \$10,200/family Pharmacy: \$2,000/person \$4,000/family	Medical: \$3,000/person \$9,000/family (Includes deductible & copays) OON: \$5,900/person \$17,700/family Pharmacy: \$2,000/person \$4,000/family	Medical: \$1,000/person \$3,000/family (Includes deductible & copays) No out-of-pocket maximum for non-network services Pharmacy: \$2,000/person \$4,000/family	Plan A: \$4,000/\$8,000 in network Plan B: \$3,500/\$7,000 in network (includes copay, coinsurance and deductible) All Plans non network: Unlimited Pharmacy A & B: \$2,500/person \$5,000/family	\$6,600/person \$13,200/family (Shared with Rx)	\$5,000/person \$10,000/family (Shared with Rx)	\$2,000/person \$4,000/family	\$2,000/person \$4,000/family	Medical: \$2,000/person \$4,000/family Pharmacy: \$2,000/person
Office Visit copays	\$25 PCP \$35 Specialist (does not accrue towards deductible)	\$30 PCP \$40 Specialist (does not accrue towards deductible)	\$20 PCP \$30 Specialist (does not accrue towards deductible)	Plan A: \$25 PCP \$35 Specialist Plan B: \$35 in network All plans non network: 50%	\$35 PCP \$50 Specialist (does not accrue towards deductible)	N/A	\$15 copay	\$20 copay	85% coinsurance

2016-2017 ALTERNATIVE MEDICAL BENEFIT CHART

Medical	WEA Plan 2	WEA Plan 3	WEA Plan 5	WEA EasyChoice	WEA Basic	WEA QHDHP	PEBB - Group Health Classic	PEBB - Group Health Value	PEBB – Uniform Medical Plan
Hospital Inpatient copay	\$150/day to \$450 maximum/ person/calendar year Deductible and coinsurance apply	\$150/day to \$450 maximum/ person/calendar year Deductible and coinsurance apply	\$150/day to \$450 maximum/ person/calendar year Deductible and coinsurance apply	None Deductible and coinsurance apply	70% Coinsurance	80% coinsurance	\$150/day (\$750 max/admission)	\$200/day (\$1000 max/admission)	\$200/day (\$600 max/year per person); 85% coinsurance apply
Hospital Physician Services	80% network 60% non-network	80% network 60% non-network	90% network 70% non-network	Plan A: 80% in network Plan B: 75% in network All plans non network: 50%	70% coinsurance	80% coinsurance	\$150 copay	\$200 copay	85% coinsurance
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%	100%	100%

- Out of Pocket Maximum (QHDHP Only) – ACA change
 - ACA requires that the individual out of pocket maximum apply to each individual family member. Therefore, the plan will now provide the individual out-of-pocket maximum for each enrollee when the employee covers dependents. The family max will still apply.
- Provider Network Change- Easy Choice B only
 - Easy Choice B will now use Premiera’s Heritage “Prime” (narrow) network of providers

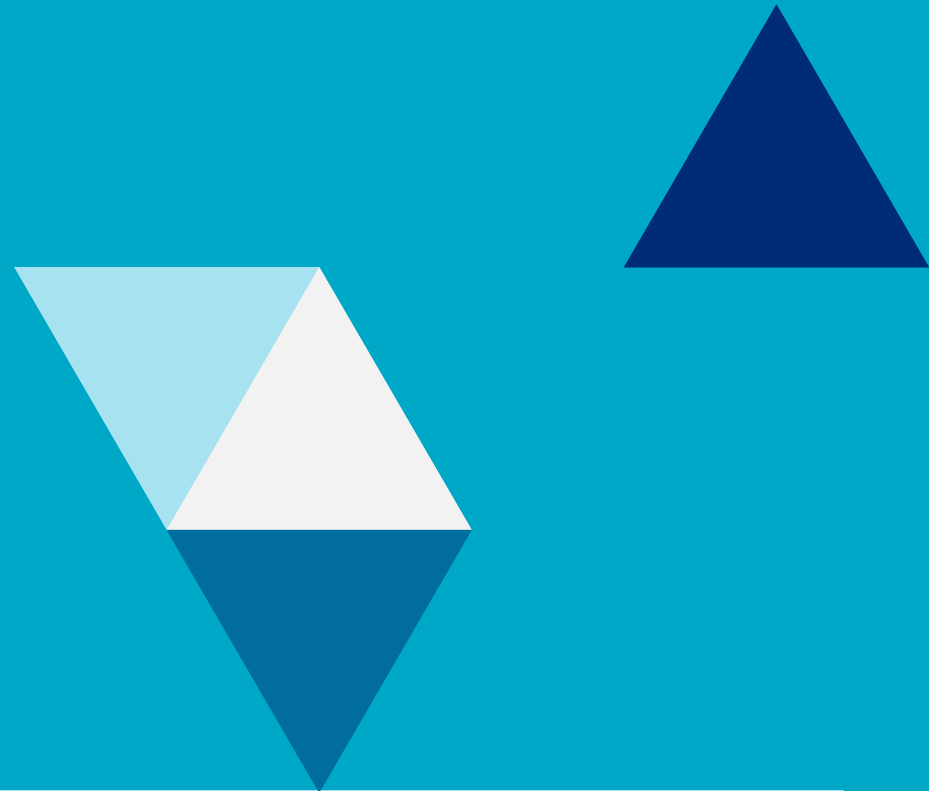
2016-2017 ALTERNATIVE MEDICAL BENEFIT CHART

PHARMACY

Medical	WEA Plan 2	WEA Plan 3	WEA Plan 5	WEA EasyChoice	WEA Basic	WEA QHDHP	PEBB - Group Health Classic	PEBB - Group Health Value	PEBB – Uniform Medical Plan
Prescription Drug Copays	\$10 generic \$20 preferred brand \$35 non preferred brand \$50 specialty Mail order: \$20 generic \$40 preferred brand \$65 non preferred brand	\$15 generic \$25 preferred brand \$40 non preferred brand \$60 specialty Mail order: \$30 generic \$50 preferred brand \$70 non preferred brand	\$10 generic \$15 preferred brand \$30 non preferred brand \$50 specialty Mail order: \$20 generic \$30 preferred brand \$60 non preferred brand	Retail Copays: Plan A: \$10/30%/30% Plan B: Mail Order \$5/\$30/\$45 Copays: Plan A: \$20/30%/30% Plans B: \$10/\$75/\$112	Retail: \$15 Generic \$30 Preferred Brand \$50 non preferred brand Mail Order: \$30 Generic \$60 Preferred brand \$100 Non-preferred brand	Retail and mail order: 20% generic 20% preferred brand 20% non preferred brand	\$5 generic \$20 preferred brand \$40 non preferred brand 50% up to \$250 specialty Mail order: \$10 generic \$40 preferred brand \$80 non preferred Brand 50% up to \$750 specialty	\$5 generic \$20 preferred brand \$40 non preferred brand 50% up to \$250 specialty Mail order: \$10 generic \$40 preferred brand \$80 non preferred brand 50% up to \$750 specialty	Retail: 5% generic (up to \$10/30-day supply) 10% preferred brand (up to \$25/ 30-day supply) 30% non preferred brand (up to \$75/30-day supply) 50% up to \$150 specialty Mail order: 5% generic (up to \$30/90-day supply) 10% preferred brand (up to \$75/90-day supply) 30% non preferred brand (up to \$225/90-day supply) 50% up to \$150 specialty
Rates ^[1]									
• EE	\$ 1,083.40	\$ 991.15	\$ 1,259.45	\$ 729.65	\$591.10	\$ 571.45	\$610.78	\$573.99	\$576.78
• EE & Spouse	\$1,988.10	\$ 1,817.95	\$ 2,419.00	\$ 1,328.40	\$1,073.55	\$ 1,039.25	\$1,215.53	\$1,141.95	\$1,147.53
• EE, Spouse & Child(ren)	\$2,384.40	\$ 2,180.25	\$ 2,914.20	\$ 1,592.15	\$1,286.25	\$ 1,228.60	\$1,669.09	\$1,567.92	\$1,575.59
• EE & Child(ren)	\$1,448.35	\$ 1,325.05	\$ 1,718.25	\$ 968.80	\$784.10	\$ 758.35	\$1,064.34	\$999.96	\$1,004.84

¹ WEA premiums shown are the 10% discounted rates.

BENCHMARKING

















BENCHMARKING ANALYSIS

PPO

Above Market

In Line

Below Market

PPO	ESEBT	Mercer 2015 Employer Survey		
Plan Design	UHC Option 3	School Boards and Other Institutions 500+	Washington 500+	National 500+
% Employers Offering		85%	97%	84%
Average Age	N/A	43	45	44
Median Deductible (IN / OON)				
Individual	\$300 / Shared	 \$500 / \$750	\$400 / \$675	\$500 / \$1,000
Family	\$900 / Shared	 \$1,000 / \$1,650	\$1,000 / \$1,700	\$1,500 / \$3,000
Out-of-Pocket Maximum (IN)				
Individual	\$2,750 / Shared	 \$6,000	\$6,000	\$6,000
Family	\$8,250 / Shared	 \$10,000	\$9,688	\$11,000
Rates and Contributions				
Individual Coverage Contribution	\$164	 \$136	\$75	\$130
Individual Contribution as % of Premium	21%	 21%	15%	24%
Family Coverage Contribution	\$441	 \$525	\$338	\$472
Family Contribution as % of Premium	25%	 36%	28%	32%
Cost-sharing (IN / OON)				
Physician	\$30 / \$40 copay	 \$25 / 35%	\$25 / 40%	\$25 / 40%
Specialist	\$30 / \$40 copay	 \$35	\$30	\$40
Lab and X-Ray/Radiology	20% / 40%	 20% / 30%	20% / 40%	20% / 40%
Hospital	20% + \$300 copay / 40%	 20% / 40%	20% / 40%	20% / 40%
Emergency Room Copay	\$100	 \$100	\$150	\$150
Emergency Room Coinsurance	20%	 20%	20%	20%

Source: 2015 Mercer National Survey of Employer-Sponsored Health Plans

BENCHMARKING ANALYSIS

HEALTH MAINTENANCE ORGANIZATION (HMO)

		<div>Above Market</div> <div>In Line</div> <div>Below Market</div>		
HMO	ESEBT	Mercer 2015 Employer Survey		
Plan Design	GHC HMO	School Boards and Other Institutions 500+	Washington 500+	National 500+
% Employers Offering		42%	50%	34%
Average Age	N/A	43	43	42
Median Deductible (IN)				
Individual	\$0	\$825	\$250	\$500
Family	\$0	\$1,650	\$600	\$1,000
Rates and Contributions				
Individual Coverage Contribution	\$146	\$111	\$99	\$127
Individual Contribution as % of Premium	18%	18%	16%	23%
Family Coverage Contribution	\$412	\$585	\$308	\$476
Family Contribution as % of Premium	22%	36%	20%	32%
Cost-sharing				
Physician	\$20	\$20	\$20	\$20
Specialist	\$20	\$40	\$30	\$35
Inpatient	0%	\$250	\$175	\$250
Emergency Room Copay	\$75	\$100	\$100	\$100

Source: 2015 Mercer National Survey of Employer-Sponsored Health Plans

BENCHMARKING ANALYSIS

HDHP WITH HSA

Above Market

In Line

Below Market

HSA	ESEBT	Mercer 2015 Employer Survey		
Plan Design	UHC HDHP Option 7	School Boards and Other Institutions 500+	Washington 500+	National 500+
% Employers Offering		41%	43%	59%
Average Age	N/A	41	43	41
HSA Employer Contribution				
% Contributing	No	16%	33%	29%
Median Contribution - Individual		\$690	\$800	\$500
Median Contribution - Family		\$879	\$1,500	\$1,000
Median Deductible (IN / OON)				
Individual	\$1,500 / \$3,000	\$2,600 / \$4,250	\$1,500 / \$1,500	\$1,800 / \$3,000
Family	\$3,000 / \$6,000	\$5,000 / \$6,500	\$3,000 / \$3,000	\$4,000 / \$6,000
Out-of-Pocket Maximum (IN / OON)				
Individual	\$4,000 / unlimited	\$4,500 / \$6,750	\$3,500 / \$6,000	\$3,600 / \$6,000
Family	\$8,000 / unlimited	\$9,000 / \$13,500	\$1,500 / \$3,000	\$3,000 / \$6,000
Rates and Contributions				
Individual Coverage Contribution	\$91	\$84	\$51	\$85
Individual Contribution as % of Premium	21%	17%	13%	20%
Family Coverage Contribution	\$245	\$590	\$308	\$338
Family Contribution as % of Premium	25%	55%	26%	27%
Physician cost-sharing (IN / OON)	20% / 50%	15% / 30%	20% / 40%	20% / 40%

Source: 2015 Mercer National Survey of Employer-Sponsored Health Plans







BENCHMARKING ANALYSIS

PRESCRIPTION DRUG

Above Market

In Line

Below Market

Prescription Drug		ESEBT				Mercer 2015 Employer Survey			
Plan Design		UHC Option 3 Plan		School Boards and Other Institutions 500+		Washington 500+		National 500+	
Retail - 30 Day									
Generic		\$15		\$9		\$10		\$11	
Brand-name Formulary		\$25		\$28		\$32		\$31	
Brand-name Non-Formulary		\$40		\$48		\$56		\$52	
Mail-Order - 90 Day									
Generic		\$15		\$19		\$22		\$21	
Brand-name Formulary		\$25		\$58		\$71		\$66	
Brand-name Non-Formulary		\$40		\$99		\$118		\$109	

Source: 2015 Mercer National Survey of Employer-Sponsored Health Plans























BENCHMARKING ANALYSIS

DENTAL

Above Market

In Line

Below

Dental		ESEBT		Mercer 2015 Employer Survey		
Plan Design	Delta Dental	Willamette Dental		School Boards and Other Institutions 500+	Washington 500+	National 500+
Median Deductible (IN)						
Individual	\$0		\$0		\$50	\$50
Family	\$0		\$0		\$150	\$150
Rates and Contributions¹						
Individual Coverage Contribution	\$0.00		\$0.00			
Individual Contribution as % of Premium	0%		0%			
Family Coverage Contribution	\$0.00		\$0.00			
Family Contribution as % of Premium	0%		0%			
Annual Maximum Benefit	\$2,000		None		\$1,500	\$2,000
Orthodontic Lifetime Maximum	N/A		N/A		\$1,250	\$1,500
Services Covered						
Preventive services (Type A)	70% - 100%		\$15 copay		100%	100%
Basic restorative services (Type B)	70% - 100%		\$15 copay		80%	80%
Major restorative services (Type C)	50%		\$50 copay		50%	50%

Source: 2015 Mercer National Survey of Employer-Sponsored Health Plans

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











BENCHMARKING ANALYSIS

VOLUNTARY

Above Market

In Line

Below Market

Voluntary Benefits		Mercer 2015 Employer Survey			
Coverages	ESEBT		School Boards and Other Institutions 500+	Washington 500+	National 500+
Accident	Yes		61%	57%	81%
Cancer / critical illness	No		62%	33%	45%
Disability	Yes		72%	73%	61%
Whole / universal life	No		57%	37%	43%
Hospital indemnity	No		51%	13%	21%
Long-term care	Yes		38%	23%	25%
Auto / homeowners	No		7%	20%	20%
Telemedicine	Yes		13%	30%	18%
Health Care FSA					
% offering health care FSA	Yes		89%	90%	85%
Average employee participation	No data available		15%	20%	20%
Average annual contribution	No data available		\$1,341	\$1,177	\$1,356
Dependent Care FSA					
% offering dependent care FSA	Yes		85%	90%	85%
Average employee participation	No data available		5%	7%	6%
Average annual contribution	No data available		\$3,133	\$3,100	\$3,270

Source: 2015 Mercer National Survey of Employer-Sponsored Health Plans

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MAKE
TOMORROW,
TODAY

