

2016-17 WEA Select Benefit Plans Renewal Summary



WEA
Select

Important Renewal Information—Please Read!

Introduction

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

On behalf of the WEA Benefit Services Advisory Board (BSAB) and Board of Directors, included in this announcement are the 2016-17 WEA Select Benefit Plan renewals.

Highlights of this year's package of renewals include:

- The medical rate increase ranges from +7.7% to +13.8% depending on the plan.
- Changes to address medical rehabilitation program requirements
- A new self-referral Community Health Benefit
- Rate decreases or no change on the Dental Plans, including an enhancement on the core plans
- A very low rate increase on the Vision Plan and increasing VSP's network
- No change to rates on all of the active voluntary benefit plans

Medical Plan

The 2016-17 renewal rate increase ranges from +7.7% to +13.8% depending on the plan. WEA is sensitive to the financial impact this may cause to school employees, as we enter the fifth year of the past six with no increase in the State Benefit Allocation (funding has increased by only \$12 in the past six years).

With that in mind, the goal for this year's WEA Select Medical Program renewal was to explore options to mitigate the rate increase with changes where appropriate and/or needed, and still maintain high

quality programs that our school employee participants have come to rely on.

Key factors influencing the 2016-17 medical renewal:

- **Increase in utilization**—The environment has again been challenging, with no increase in fringe benefit funding, and an uptick in medical plan utilization and claims experience. The uptick in overall utilization first emerged as a claims spike that sent trends in an upward direction several months in a row, before settling down to more predictable levels. That increased utilization is driving a higher starting point for our renewal than has been seen in several years.
- **Prescription drug trends reduced**—After implementing the new Specialty Drug and Pharmacy Utilization Management Programs last year the prescription portion of the medical claims trend has dropped significantly. Plan participants are now safely receiving the right medications, at the right time, to meet the right need. This is especially important as the pipeline for new Specialty Drugs and applications for new uses of existing drugs has a potential to continue increasing costs in the future—a concern to all plan sponsors.
- **Leveraging a narrow network**—Last year, the WEA Select Medical Plan took advantage of Premiera's smaller (narrow) provider network Heritage "Prime" for the new Basic Plan. While provider networks continue to evolve, we see them as playing a significant role in the ability for plan participants to access the highest quality care through the most cost effective providers. This year, in order to reduce the needed premium increase, EasyChoice B will take advantage of the narrower "Prime" network savings. In order to keep the two EasyChoice plans equivalent in value, EasyChoice A benefits have been modified commensurately and continue to use the broader Heritage network. Please see page 10 for an update on a future change to the Prime network.

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2017-18 WEA Medical Market Evaluation

It is WEA's commitment to continue to offer the highly valued health care benefit program, which over 100,000 Washington school employees and their families have come to rely on for the past forty plus years.

With that in mind, the WEA Benefit Services Advisory Board (BSAB) and Board of Directors have approved conducting a comprehensive market evaluation for our WEA Select Medical program for the 2017-18 plan year. A market evaluation consists of issuing a request for proposal for insurance companies and other potential vendors to respond with how they would provide benefits, services, costs, and networks, as applicable. The proposals will then be evaluated and decisions made regarding our future endorsed health care program.

WEA has a longstanding business relationship with Premiera in delivering high-quality health care benefits to our valued plan participants. At the same time, over the past several years health care reform has created a rapidly changing environment, including new ways of providing benefits and accessing health care (e.g. through providers, hospitals, etc.). We believe now is a good time to explore avenues that could potentially benefit our members and plan participants.

The goal of this market evaluation is to ensure that the WEA Select health care program thoroughly assesses these potential opportunities and considers all options. A request for proposal will be issued to qualified, interested insurance service vendors, including Premiera, within the next 90 days.

Key Highlights and Features

The WEA Select Plans include:

- Very large purchasing pools, which blend all claims statewide, many of which cover over 120,000 total plan participants. Each district has the advantage of blending their own experience into a much larger pool of school employees—thereby smoothing a particular district's utilization peaks and valleys.
- The WEA Select Plan rates are based solely on the WEA participants' claims experience. Claims from other groups do not impact our rates.
- A large purchasing pool has an advantage in helping insurance companies negotiate higher discounts.
- The WEA plans have low administrative costs—about 5% on the medical plan. This coupled with the size of our participant base, means that more of employee premiums go toward paying claims instead of covering other costs.
- The Rate Stabilization Fund—How it works...
 - In four of the five “Basic Benefit” programs (except disability), we have negotiated with our vendors to refund 100% of premiums in excess of claims and administrative expenses. These refunds go into WEA's Rate Stabilization Fund (RSF) Trust, which is a formal 501 (c) (9) IRS Trust Account. By contract, funds can only be used to benefit plan participants, usually by subsidizing rates.

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- When there is no money in the RSF, and the claims and administrative expenses exceed premium, our vendors continue to pay claims, and carry the deficit on their books until it can be offset by future gains. This is unique to the WEA Select Plans.
- In many ways the plans operate as if they were self-insured plans. By allowing the plan to carry forward a deficit, the WEA Select Plan includes a feature that is even more advantageous than being self-insured. A self-insured plan would need to make up the deficit between claims and stop-loss insurance immediately, either from a mid-year rate increase, or from a pre-funded reserve account.
- The WEA RSF is continually being used to benefit plan participants through premium subsidies when funds are available. Three of the four plan renewals include a premium subsidy this year.

If you have any questions, please contact:

WEA SELECT Service Team Contact Information

Aon

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Section I—2016-17 WEA Select Plan Rate Action

All rate and benefit changes will be effective **November 1, 2016**, unless otherwise noted. The 2016-17 WEA Select Medical, Dental, Vision and Life Plan rates can be found in Section VII.

Renewal Rate Action

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

Group Basic Benefit Plans	Rate Action
Medical —Premera Blue Cross <i>NOTE: The rate increase for the Basic Plan is +0.7%.</i>	+7.7% to +13.8%
Core Dental —Delta Dental of Washington	(1.5%) decrease
Managed Dental —Willamette Dental of Washington	0%
Managed Dental —Delta Dental	0%
Orthodontia —Delta Dental	(1.5%) decrease
Orthodontia —Willamette Dental	0%
Vision —Premera Blue Cross and VSP	+2.0%
Long-Term Disability (LTD) —Unum	0%
Flex LTD (including voluntary buy-up feature)—Unum	0%
Group Life (includes AD&D)—Unum	0%
Voluntary Benefit Plans	Rate Action
Short-Term Disability (STD) —American Fidelity Assurance (AFA)	0%
Long-Term Disability (LTD) —AFA	0%
Term Life and AD&D (VTL) —Unum	0%
Accidental Death & Dismemberment (AD&D) —AFA	0%
Employee Assistance Program (EAP) —Optum	0%
Section 125 —AFA	N/A
Retiree Dental —Delta Dental	+9.0%
Long Term Care (LTC) —Premera Blue Cross (currently not accepting new groups or enrollment)	N/A

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Section II—2016-17 WEA Select Plan Renewal

Benefit Change Summary

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

1. WEA Select Medical Plan—Premera Blue Cross

The WEA Select Medical Plan rate increase is **+7.7% to +13.8%** depending on the plan (refer to Section VII for the rates). The following changes apply to all plans unless otherwise noted.

NOTE: The rate increase for the Basic Plan is +0.7%.

A. Medical Management Programs

To ensure that plan participants receive cost-effective care with a positive therapeutic value and to protect the long-term financial viability of the plan, the WEA Select Medical plan will now include three medical management programs. Two of the programs are effective **prior to November 1**.

1) Chronic Pain Management Program—Effective April 1, 2016

Effective April 1, 2016, Premera contracted with MOBĒ® to provide an innovative program for managing chronic pain. The goal of the program is to help enrollees, who experience chronic pain, improve their health by providing them with skills and tools to manage their condition.

Eligible enrollees will receive, or have already received an introductory letter from Premera. A MOBĒ “Guide” will then call the enrollee to introduce them to the program and begin working with them. This program is complementary to the care or advice received from the enrollee’s health care provider. **Enrollees are not required to participate and have the ability to opt-out at any time.**

2) Infusion Therapy—Effective July 1, 2016

Currently, the WEA medical plan requires prior authorization for most medications used in infusion therapy. **Effective July 1, 2016**, the plans will also require a prior authorization for the site/setting where the infusion therapy services will be provided.

Enrollees who have an existing prior authorization for their infusion therapy medication will be able to continue their therapy at the current facility until that authorization expires. When their provider requests a new prior authorization to continue the medication, they will also request one for the site of service.

Enrollees will be contacted via telephone by a Premera Blue Cross case management nurse to inform them of the change and the process.

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3) Outpatient Rehabilitation Authorization Program

Premera has contracted with eviCore to manage the outpatient rehabilitation authorization program. Prior authorization will be required for physical therapy, occupational therapy and massage therapy only. The program does not include review of spinal manipulations, acupuncture, or speech therapy.

This required program will be implemented on July 1, 2016 for all of Premera's fully insured groups, **except for the WEA Select Medical Plan—which Premera has agreed to delay until November 1, 2016.**

How it Works

Enrollees can self-refer or be referred by a physician for physical or occupational therapy. However, enrollees will need to be diagnosed and referred to a massage therapist by a health care provider. The enrollee can be seen for one visit before an authorization will be required. This visit will be covered subject to the applicable cost-share.

The provider will evaluate the enrollee and submit information to eviCore. If medically necessary, eviCore will initially authorize a set number of visits. Authorizations will expire after 30 days. If the enrollee is not able to use all visits within the 30 day timeframe, eviCore may extend the expiration date.

The provider must contact eviCore for authorization of any additional visits, which will be approved based on medical necessity.

Additional information will be provided before the implementation of the program.

B. Benefit Modifications

1) Community Health (Massage) Benefit—Enhancement

Currently, Plan 5 has a unique benefit that provides coverage for community health classes and programs up to a maximum of \$250 per enrollee per calendar year, subject to the deductible and coinsurance provisions of the plan. It covers classes and programs such as CPR, safety, back pain prevention, stress management, and weight management (i.e., an appointment with a licensed dietician/certified diabetes educator).

Understanding that some enrollees may have been using the outpatient rehabilitation benefit for stress reduction, this benefit will be enhanced to include services such as massage therapy. The newly enhanced benefit will also be added to all other WEA Select Medical Plans.

In addition, plan participants can take advantage of Premera's discount program, which includes discounts of 10% to 30% for services received by a participating massage therapist.

NOTE: Enrollees must submit a Claim Form and provider's bill to be reimbursed for any services under the Community Health Benefit.

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2) Hair Prosthesis Benefit—New

As a result of a WEA Claim Review, the plans will now cover up to \$500 every two calendar years for a hair prosthesis. This benefit will be subject to the deductible and coinsurance of the plan. To be eligible, the hair loss must be:

- ☐ Due to a covered medical condition
- ☐ Total permanent hair loss

The hair prosthesis must be a full cranial wig, not a hair piece or weave.

3) Specific Plan Design Modifications—In-Network Only (no change unless noted)

The changes that are being made to the WEA medical plans are designed to leverage / address the following:

- ☐ Narrow networks are being accessed to realize better provider discounts (already on WEA's Basic Plan). A narrow network will be implemented on EasyChoice B to capture the savings and still allow choice.
- ☐ Provide more differentiation in benefits between Plans 5, 2 and 3. Currently, Plans 5 and 2 have the same deductible, and Plan 3 is \$100 more.
- ☐ Increase some office visits copayments to be more in line with the market.
- ☐ Increase some prescription drug copayments—mostly mail order. These copayments should be 2 to 2.5 times that of the retail copayment to offset the additional volume of medication.
- ☐ Provide an incentive for plan participants to continue using their Primary Care Provider (PCP) for routine services. This includes practitioners such as, family medicine, general practice, internal medicine, naturopath, obstetrics, gynecology, pediatrics, physician assistants and advanced nurse practitioners. For the same service, a specialist can cost up to two – three times that of a PCP.
- ☐ Make changes necessary to ensure that the Basic Plan continues to meet the benchmark requirement of ESSB 5940.

a) Plans 5, 2 and 3

		Plan 5		Plan 2		Plan 3	
		Current	NEW	Current	NEW	Current	NEW
Deductible	Individual	\$200	N/C	\$200	\$300	\$300	\$500
	Family	\$600		\$600	\$900	\$900	\$1,500
Office Visit Copay	PCP	\$15	\$20	\$25	N/C	\$30	N/C
	Specialist		\$30		\$35		\$40
Medical Out-of-Pocket Maximum	Individual	\$700	\$1,000	\$1,700	\$2,000	\$2,950	\$3,000
	Family	\$2,100	\$3,000	\$5,100	\$6,000	\$8,850	\$9,000
Rx Mail Order Copays	Generic	\$15	\$20	\$15	\$20	\$20	\$30
	Preferred	\$30	N/C	\$30	\$40	\$35	\$50
	Non-Preferred	\$60		\$45	\$65	\$50	\$70

Important Renewal Information—Please Read!

b) EasyChoice A and B Plans

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

c) Basic and QHDHP Plans

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

Important Renewal Information—Please Read!

		Basic		QHDHP	
		Current	NEW	Current	NEW
Rx Deductible	Individual	\$500	\$750	N/A	N/A
	Family	\$1,000	\$1,500		
Rx Retail Copays	Generic	\$15	N/C	20%	N/C
	Preferred	\$30			
	Non-Preferred	\$45	\$50		
Rx Mail Order Copays	Generic	\$15	\$30	20%	N/C
	Preferred	\$60	N/C		
	Non-Preferred	\$90	\$100		
Rx Out-of-Pocket Maximum	Individual	\$2,100	\$6,600 (shared with Medical)	\$4,000 (shared with Medical)	\$5,000 (shared with Medical)
	Family	\$4,200	\$13,200 (shared with Medical)	\$8,000 (shared with Medical)	\$10,000 (shared with Medical)

C. Out-of-Pocket Maximum (QHDHP Only)—ACA Change

Currently, the Qualified High Deductible Health Plan (QHDHP) has an out-of-pocket maximum for employee-only purchasers, and a family out-of-pocket maximum for employees who cover dependents. When an employee covers any family members, services are not covered in full for any family member until the family out-of-pocket maximum has been met.

The Affordable Care Act (ACA) now 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 maximum will still apply.

IMPORTANT!!!

D. Provider Network Change—EasyChoice B Only

EasyChoice B will now use Premera's Heritage "Prime" (narrow) network of providers. Please refer to Section E on the next page for additional details.

Important Renewal Information—Please Read!

E. Premera's Heritage "Prime" Network Changes—Effective January 1, 2017 (EasyChoice B and Basic Plans Only)

Premera's Heritage Prime Network was designed to be a smaller (narrow) network with better provider discounts. In order to continue to meet this objective, Premera is making some significant changes to the network effective **January 1, 2017**. This involves removing the Providence/Swedish and Franciscan Health Systems, including their clinics and ancillary services, from Premera's Prime network. *These providers continue to participate in Premera's Heritage and Foundation networks.*

NOTE: *Several exceptions have been made in specific areas to address any potential access issues.*

If specialized care is not available at a Heritage Prime Network facility (i.e., transplant; the facility has no capacity for new patients, etc.), the enrollee may contact Premera's Customer Service to request an exception. If approved, the in-network benefit level would apply. The enrollee would not be subject to balance billing, as long as the provider participates in another Premera network.

More information regarding these changes, exceptions, and provider availability will be shared shortly.

Employee communications will begin prior to open enrollment. Additionally, Premera will include information on WEA's microsite and this will be highlighted on the benefits administration system.

2. WEA Select Dental Plan

A. Composite Fillings—Delta Dental Core Plan Only *(see page 4 for rate action)*

The core dental plan through Delta Dental will now cover composite fillings on any tooth.

B. Enhanced Orthodontia Discount Program—Willamette Dental Only *(see page 4 for rate action)*

The Willamette Dental Plans will be enhanced to provide greater discounts on orthodontia services for groups that offer a WEA Willamette Dental plan without orthodontia. Enrollees must be enrolled in a WEA Willamette Dental Plan to take advantage of the discount.

3. WEA Select Vision Plan—VSP Plans B, C, E and F *(see page 4 for rate action)*

Expanded Provider Network

WEA enrollees who participate on one of the VSP plans will have access to their expanded provider network, which includes Pearle Vision, Shopko and most Costco locations.

The expanded network is not available to all VSP groups, so WEA enrollees will need to login to vsp.com and click on "Find a Doctor" to view a list of eligible providers in their plan. They may also contact VSP's customer service at (800) 877-7195.

Important Renewal Information—Please Read!

4. WEA Select Voluntary Disability Plan—American Fidelity (AFA)

(see page 4 for rate action)

The following **enhancements** will be made to the Voluntary Disability Plans:

A. Eliminate Employee Classifications

Good news! The Basic and Classic voluntary disability plans will no longer have two separate employee classifications (currently Class 1: Certificated, Administrative, and Clerical employees and Class 2: Non Clerical ESP employees).

The Class 2 plans will be eliminated and the current Class 1 plans, which are more comprehensive and have lower rates, will be made available to all employees. Employees currently enrolled in a Class 2 plan may elect a new “all employees” option during open enrollment, or if no action is taken, they will default to a comparable plan.

B. Waiver of Premium Provision

The current 90-day waiver of premium provision will be reduced to 30 days.

NOTE: *The plan waives the premium after the enrollee has been receiving a disability benefit for this length of time.*

Section III—Other Important Plan Information

A. WEA Select Section 125 Plan

Administration Fees

American Fidelity Assurance Company (AFA) is WEA’s endorsed Section 125 Plan administrator. They offer free administration services to school districts that give AFA the opportunity to meet with employees annually through group or individual meetings.

Through these meetings, AFA is able to educate employees on the advantages and complexities of contributing to a Section 125 Plan and/or Health Savings Accounts (HSA’s) when AFA is the HSA vendor. They may also review other WEA endorsed voluntary programs available in the district, such as the WEA Select Voluntary Disability Plan.

AFA and WEA recognize that coordinating these meetings can be challenging. However, it is really important to make sure that employees, especially the newer ones, understand these plans and are covering themselves at the appropriate level. We encourage you to work together with AFA to help make sure that this education process continues. AFA will be contacting school districts and is happy to work with districts and locals to find an approach that will work best for everyone.

Important Renewal Information—Please Read!

B. Dependent Eligibility Verification (Medical, Dental and Vision Plans)

As a reminder, employees who enroll dependents on the WEA Select Medical, Dental and/or Vision Plans will be asked to provide documentation to verify their dependents' eligibility for coverage under the WEA Select Plans.

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

NOTE: *Employees who have already verified the eligibility of their dependents will not be asked to provide additional documentation, even if they change WEA Plans. However, they will need to verify any NEW dependent(s).*

Section IV—2016-17 State Fringe Benefit Allocation

The monthly state allocation for employee benefits per FTE and the Health Care Authority remittance for retired school employees are as follows:

	CURRENT—2015-16	NEW—2016-17
State Allocation	\$780.00	\$780.00
<i>\$ Change / % Change</i>		<i>No Change</i>
Retiree Subsidy	\$65.25	\$64.39
<i>\$ Change / % Change</i>		<i>(\$0.86) decrease / (1.32%) decrease</i>
Net State Allocation *	\$714.75	\$715.61
<i>\$ Change / % Change</i>		<i>\$0.86 / 0.12%</i>

* If retiree subsidy is not paid by district.

Important Renewal Information—Please Read!

Section V—State and Federal Updates

WEA Select Plans Re-Tested for the 2016-17 Plan Year

1. ESSB 5940

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

2. Affordable Care Act (ACA)

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

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

- As was the case last year, all of the WEA Select Medical Plans meet the MEC and minimum value requirements.
- Affordable coverage is defined as any **employee-only coverage** that costs less than 9.5% of the employee's **household** income for the taxable year. Any school district offering its employees the EasyChoice, Basic, and Qualified High Deductible Health Plans (as outlined below) meet the affordability provisions.

Plan	Meets the Affordability Provisions	
	Full-Time Employees	Part-Time Employees—Working 30 Hours a Week
EasyChoice Plan	Yes	Yes—If income is at least \$17,600 a year No—If income is less than \$17,600 a year
Basic Plan	Yes	Yes
QHDHP	Yes	Yes

Additional information can be found at:

- Employer Shared Responsibility Provisions Q & A
<https://www.irs.gov/affordable-care-act/employers/questions-and-answers-on-employer-shared-responsibility-provisions-under-the-affordable-care-act>
- Link to other helpful resources
<https://www.irs.gov/affordable-care-act/affordable-care-act-of-2010-news-releases-multimedia-and-legal-guidance>

NOTE: This update is subject to future ACA changes.

Important Renewal Information—Please Read!

Section VI—What's Coming in the Summer

July

New Summary of Benefits, rates and other brochures for the WEA endorsed programs will be included in the brochure mailing.

2016 Fall Open Enrollment Period

Details regarding the official open enrollment period will be sent out soon.

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Section VII—2016-17 Monthly Renewal Rates

WEA Select Medical Plans (+7.7 to + 13.8%*)

Premera Blue Cross		10% Discount	Full Rate
PLAN 5 +7.7%	Employee only	\$1,133.45	\$1,259.45
	Employee + spouse	\$2,178.35	\$2,419.00
	Employee, spouse + child(ren)	\$2,624.25	\$2,914.20
	Employee + child(ren)	\$1,546.60	\$1,718.25
PLAN 2 +8.9%	Employee only	\$979.90	\$1,083.40
	Employee + spouse	\$1,793.75	\$1,988.10
	Employee, spouse + child(ren)	\$2,150.55	\$2,384.40
	Employee + child(ren)	\$1,308.40	\$1,448.35
PLAN 3 +12.8%	Employee only	\$895.85	\$991.15
	Employee + spouse	\$1,640.10	\$1,817.95
	Employee, spouse + child(ren)	\$1,966.50	\$2,180.25
	Employee + child(ren)	\$1,196.30	\$1,325.05
EASYCHOICE +13.8%	Employee only	\$659.70	\$729.65
	Employee + spouse	\$1,198.70	\$1,328.40
	Employee, spouse + child(ren)	\$1,436.35	\$1,592.15
	Employee + child(ren)	\$875.30	\$968.80
BASIC PLAN +0.7%	Employee only	\$532.55	\$591.10
	Employee + spouse	\$966.80	\$1,073.55
	Employee, spouse + child(ren)	\$1,158.20	\$1,286.25
	Employee + child(ren)	\$706.25	\$784.10
QHDHP +13.4%	Employee only	\$516.80	\$571.45
	Employee + spouse	\$938.05	\$1,039.25
	Employee, spouse + child(ren)	\$1,108.40	\$1,228.60
	Employee + child(ren)	\$685.30	\$758.35

* Rate change may vary by tier due to rounding.

NOTE: Rates and benefits are intended to be guaranteed for 12 months (November 1, 2016 through October 31, 2017). However, any mid-year benefit changes and/or interpretation/guidance on health care reform (Federal or State) could result in a mid-year adjustment.

Important Renewal Information—Please Read!

WEA Select Dental Plans

Core Dental Plans (Delta Dental)—(1.5%) Decrease	
Plan A	\$103.80
Plan B	\$94.80
Plan C	\$83.30
PPO Plan*	\$98.95
Managed Dental Plans—No Change	
Delta Dental	
DeltaCare Plan	\$56.30
Willamette Dental	
Plan 1	\$78.40
Plan 2	\$64.35

WEA Select Orthodontia Plans

Delta Dental Orthodontia Plans—(1.5%) Decrease	
Plan A	\$14.55
Plan B	\$9.80
Plan C*	\$5.80
Plan D*	\$16.30
Plan E*	\$11.10
Plan F	\$17.40
Plan G	\$11.70
Plan H	\$20.10
Plan I	\$13.35
Willamette Dental Orthodontia Plans—No Change	
Plan 1	\$9.45
Plan 2	\$7.60
Plan 3	\$3.85
Plan 4	\$11.05
Plan 5	\$8.80
Plan 6	\$4.45

* Rates for existing groups only. Plans are no longer available to new groups.

WEA Select Vision Plans

Vision Plans—2.0% Increase		
Plan	Renewal Rate	Provider Network
A	\$17.75	Premiera Blue Cross
B	\$29.45	VSP
C	\$33.00	VSP
D*	\$26.05	None
E	\$21.60	VSP
F	\$12.35	VSP

WEA Select Group Life Plans

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

WEA Select VTL Plan

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



WEA
Select

Plan Consultants:

AON

Empower Results®