

Everett School Employee Benefit Trust

2014 RENEWAL REPORT

September 18, 2013

Seattle

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Renewal Summary

ESEBT–Sponsored Plan

ESEBT currently offers the following health and welfare programs:

<i>Coverage</i>	<i>Funding Arrangement</i>	<i>Carrier/Administrator</i>	<i>Renewal Status</i>
WEA Select Benefit Plans			
Medical Plans	Fully-Insured	Premera Blue Cross	+16.4% to +17.0% depending on plan and tier
Dental	Fully-Insured	Washington Dental Service	0%
Dental	Fully-Insured	Willamette Dental	0%
Vision	Fully-Insured	Premera	+3.4%
HMO Medical	Fully-Insured	Group Health Cooperative (GHC)	+6.27%
Basic Accidental Death and Dismemberment	Fully-Insured	MetLife	+0% (last year of three-year guarantee through 12/31/2014)
Basic and Supplemental Life	Fully-Insured	MetLife	+0% (last year of three-year guarantee through 12/31/2014)
Long-Term Disability	Fully-Insured	Standard Insurance Company	+0% (last year of two-year guarantee through 12/31/2014)
Voluntary Short-Term Disability	Fully-Insured	Standard Insurance Company	+0% (last year of two-year guarantee through 12/31/2014)
EAP	Service Contract	Magellan	-2.4% (first year of two-year guarantee through 12/31/2015)
Voluntary Long Term Care	Fully-Insured	UNUM	+0%, will increase 25% in 2015 and expected to increase 2016
Health Programs	Service Contract	Alere	+0%
Health Programs	Service Contract	Health Force Partners	+0%

Renewal Results

The background of the slide is composed of three distinct horizontal bands of color. The top band is a dark navy blue, occupying approximately the top third of the frame. Below this is a band of a medium teal color, which is separated from the top band by a thin white line. The bottom band is a bright cyan or light blue color, occupying the bottom third of the frame. The text 'Renewal Results' is positioned in the upper left area of the dark navy band.

Renewals — WEA Select Benefit Plans

WEA Premera Medical Plans (Fully-Insured)

- Plan year effective date will change from October 1 to November 1.
 - Current premium rates will be extended one month through October 31, 2013.
 - Deductible carry-over feature will be modified to carry-over deductible amounts during November and December, rather than October through December.
- 16.4-17.0% rate increase effective November 1, 2013.
- Increase in the deductible for Plans 2, 3 and 5.
- Coverage of clinical trials is being expanded to include all in-network routine services related to treatment of cancer or other life-threatening diseases.
- All plans include coverage for medically necessary transgender services (hormone treatment, counseling, psychotherapy, and surgical services).
- See the WEA renewal announcement in the Appendix for a detailed description of the changes.
- Health Care Reform:
 - All of the WEA Medical plans meet the essential coverage requirements.
 - Premera has confirmed they will be paying the PCORI Fee.
 - Premera estimates about 4% of the renewal increase is due to HCR requirements.

Renewals — WEA Select Benefit Plans

Dental Plans

WEA Washington Dental Service (Fully Insured)

- No increase in rate.
- Due to the plan year effective date changing to November 1, WDS will extend the current benefit year by one month. Enrollees receive \$170 for October in addition to the remaining balance of their 2012-13 benefit maximum. The full 2013-14 annual benefit year maximum becomes effective November 1.

WEA Willamette Dental Plan (Fully Insured)

- No increase in rate.
- No plan design changes.

<i>Tier</i>	<i>Active Enrollment</i>	<i>Current Rates</i>	<i>2013-2014 Rates</i>
WDS	1,473	\$85.40	\$85.40
Willamette	453	\$74.70	\$74.70
Total Projected Annual Cost		\$1,915,633	\$1,915,633
\$ Increase/(Decrease) Over Current			\$0
% Increase/(Decrease) Over Current			0%

Renewals — WEA Select Benefit Plans

WEA Premera Vision Plans (Fully Insured)

- Rate increase of 3.4%.
- No plan design changes.

	<i>Active Enrollment</i>	<i>Current Rate</i>	<i>Proposed Rate</i>
Premera	1,934	\$16.25	\$16.80
Total Projected Annual Cost		\$377,130	\$389,894
\$ Increase/(Decrease) Over Current			\$12,764
% Increase/(Decrease) Over Current			3.4%

Renewals — Other Plans

Group Health — HMO Plan (Fully-Insured)

- Overall rate increase of 6.27%.
- Health Care Reform:
 - Mandated comparative effectiveness fee — \$2/member/year.
 - Group Health has confirmed they will be paying the PCORI Fee.
 - Rates include a pro-rated reinsurance fee, effective in 2014.

<i>Tier/Cost</i>	<i>Active Enrollment</i>	<i>2013 Monthly Rates</i>	<i>Proposed 2014 Rates</i>	<i>% Change</i>
Employee	187	\$642.01	\$682.29	6.27%
Employee + Spouse	85	\$1,213.41	\$1,289.53	6.27%
Employee + Child(ren)	92	\$885.98	\$941.56	6.27%
Employee + Family	142	\$1,450.95	\$1,541.98	6.27%
Annual Total	506	\$6,128,889	\$6,513,386	6.27%
\$ Increase Over Current			\$384,497	
% Increase Over Current			6.27%	

Renewals — Other Plans

MetLife (Fully-Insured)

- Basic Life and Accidental Death & Dismemberment:
 - Last year of a three-year guarantee through December 31, 2014.

<i>Coverage</i>	<i>Enrollment</i>	<i>Rate (per \$1,000)</i>
Basic Life Insurance	1,641	\$0.10
Basic AD&D Insurance	1,641	\$0.018
Combined Life and AD&D Composite Rate	1,641	\$5.90 PEPM
Projected Annual Cost		\$116,183

- Supplemental Life:
 - Last year of a three-year guarantee through December 31, 2014.

<i>Age Range</i>	<i>Rate (per \$1,000)</i>	<i>Age Range</i>	<i>Rate (per \$1,000)</i>
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 — Other Plans

Standard Insurance Company (Fully-Insured)

- Renewal Summary:
 - Last year of a two-year guarantee through December 31, 2014.
- Voluntary Short-Term Disability:
 - Rates guaranteed through December 31, 2014.

<i>Age Range</i>	<i>Rate per \$10 of weekly benefit</i>	<i>Age Range</i>	<i>Rate per \$10 of weekly benefit</i>
Under 25	\$1.12	45 - 49	\$0.73
25 - 29	\$1.31	50 - 54	\$0.83
30 - 34	\$1.03	55 - 59	\$1.07
35 - 39	\$0.83	60 - 64	\$1.31
40 - 44	\$0.75	65 and Over	\$1.45

- Long-Term Disability:
 - Rates guaranteed through December 31, 2014.

<i>Coverage</i>	<i>PEPM Rate</i>
Long-Term Disability	\$20.55

Renewals — Other Plans

Magellan Employee Assistance Plan (Service Contract)

- Rate decrease of 2.4%.
- First year of a two-year rate guarantee through December 31, 2015.
- Slight changes to the benefit design:
 - Increase CISM to 25 hours from 20 hours.
 - Decrease training hours to six from nine.

<i>PEPM Rate</i>	
<i>EAP</i>	\$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 to increase the rates effective for plans after 2014.
- No changes for 2014. UNUM has filed for a 25% in 2015, which has been approved. UNUM requested a total increase of 70% over the three year period 2015-2017, the Washington Insurance Commissioner is taking a “wait and see” approach before approving the 2016-2017 increases.

Renewals — Other Plans

Alere Health Programs (Service Contract)

- Mind & Body program enhancements TBA.
- Quit For Life-Text2Quit messaging service now available at no additional fee for participants in the smoking cessation program.
- No rate changes through December 31, 2014.
- Previously discussed terminating the Mind & Body program for 2014; still the intent?

<i>Component</i>	<i>Fee Per Participant</i>
Mind and Body	\$375
Quit for Life	\$375

Health Force Partners

- No changes for 2014; current rates are entering last year of a multi-year guarantee period.
- Requires a \$2,500 a month minimum

<i>Component</i>	<i>Fee Per Participant Per Year</i>
Online Portal	\$5.00
Health Risk Assessment	\$5.50

ESSB 5940 Update

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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.

<i>Requirement</i>	<i>Current Status</i>	<i>Next Steps</i>
• Offer a plan with high deductible and health savings account	• QHDHP made available through the WEA	• TBD
• Offer a plan with full-time premium the same as that for state employees (15% FT contribution)	• WEA EasyChoice Plan continues to meet the intent of this requirement.	• Consider this requirement when making ESEBT subsidy decisions • Consult with counsel on interpretation of how to apply
• Must make progress toward more affordable full family insurance coverage; ratio of 3:1	• All current plans are within the accepted range	• 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	• Move to WEA improved affordability	• Need further guidance on frequency and plans to be included
• Promote health care innovation and cost savings and significantly reduce administrative expense	• Wellness program can provide progress toward this requirement	• Need further guidance

Trust Financial Projections

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Summary of Contribution Scenarios

Employer Subsidy Percentages

Scenario 1: All EE contribution \$ amounts remain the same as the 2012-2013 plan year

Scenario 2: Increase EE contributions by 5% for Plan 3 (Plan 2 & 5 remain a buy-up), QHDHP, EasyChoice, and GHC

Scenario 3: Subsidies set to maintain three months of reserve

	Status Quo	Scenario 1	Scenario 2	Scenario 3
WEA — Employee ¹	81%	84%	83%	78%
WEA — Dependent ¹	72%	64% - 76%	63% - 75%	69%
GHC — Employee	85%	86%	85%	82%
GHC — Dependent	77%	78%	77%	74%

	Status Quo	Scenario 1	Scenario 2	Scenario 3
2014 Estimated Reserve	2.7 months	2.4 months	2.6 months	3.0 months
2015 Estimated Reserve	0.5 months	0 months	0.3 months	1.1 months

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

Summary of Contribution Scenarios

Employee Contributions

Everett School Employees Benefit Trust 2014 Employee Contribution Exhibit

	2013 Contributions	2014 Contributions Status Quo	% Inc	Ratio to Single	2014 Contributions Scenario 1	% Inc	Ratio to Single	2014 Contributions Scenario 2	% Inc	Ratio to Single	2014 Contributions Scenario 3	% Inc	Ratio to Single
WEA PPO 2													
EE	\$201.00	\$218.99	9.0%	1.00	\$201.00	0.0%	1.00	\$205.24	2.1%	1.00	\$240.36	19.6%	1.00
EE + Spouse	\$389.56	\$453.84	16.5%	2.07	\$389.56	0.0%	1.94	\$424.26	8.9%	2.07	\$492.94	26.5%	2.05
EE + Child(ren)	\$269.36	\$313.71	16.5%	1.43	\$269.36	0.0%	1.34	\$322.62	19.8%	1.57	\$342.24	27.1%	1.42
EE + Family	\$477.80	\$556.83	16.5%	2.54	\$477.80	0.0%	2.38	\$520.02	8.8%	2.53	\$603.72	26.4%	2.51
WEA PPO 3													
EE	\$115.76	\$135.30	16.9%	1.00	\$115.76	0.0%	1.00	\$121.55	5.0%	1.00	\$156.67	35.3%	1.00
EE + Spouse	\$258.36	\$300.86	16.4%	2.22	\$258.36	0.0%	2.23	\$271.28	5.0%	2.23	\$339.96	31.6%	2.17
EE + Child(ren)	\$201.00	\$202.14	0.6%	1.49	\$201.00	0.0%	1.74	\$211.05	5.0%	1.74	\$230.67	14.8%	1.47
EE + Family	\$320.61	\$373.45	16.5%	2.76	\$320.61	0.0%	2.77	\$336.64	5.0%	2.77	\$420.34	31.1%	2.68
WEA EasyChoice													
EE	\$82.69	\$96.58	16.8%	1.00	\$82.69	0.0%	1.00	\$86.82	5.0%	1.00	\$111.83	35.2%	1.00
EE + Spouse	\$201.00	\$212.71	5.8%	2.20	\$201.00	0.0%	2.43	\$211.05	5.0%	2.43	\$240.41	19.6%	2.15
EE + Child(ren)	\$122.98	\$143.03	16.3%	1.48	\$122.98	0.0%	1.49	\$129.13	5.0%	1.49	\$163.26	32.8%	1.46
EE + Family	\$226.62	\$263.91	16.5%	2.73	\$226.62	0.0%	2.74	\$237.95	5.0%	2.74	\$297.09	31.1%	2.66
WEA PPO 5													
EE	\$302.57	\$354.03	17.0%	1.00	\$302.57	0.0%	1.00	\$340.28	12.5%	1.00	\$375.40	24.1%	1.00
EE + Spouse	\$674.51	\$786.25	16.6%	2.22	\$674.51	0.0%	2.23	\$756.67	12.2%	2.22	\$825.35	22.4%	2.20
EE + Child(ren)	\$447.41	\$521.38	16.5%	1.47	\$447.41	0.0%	1.48	\$530.29	18.5%	1.56	\$549.91	22.9%	1.46
EE + Family	\$828.35	\$965.70	16.6%	2.73	\$828.35	0.0%	2.74	\$928.89	12.1%	2.73	\$1,012.59	22.2%	2.70
WEA QHDHP													
EE	\$65.05	\$75.92	16.7%	1.00	\$65.05	0.0%	1.00	\$68.30	5.0%	1.00	\$87.91	35.1%	1.00
EE + Spouse	\$143.49	\$166.97	16.4%	2.20	\$143.49	0.0%	2.21	\$150.66	5.0%	2.21	\$188.72	31.5%	2.15
EE + Child(ren)	\$96.65	\$112.34	16.2%	1.48	\$96.65	0.0%	1.49	\$101.48	5.0%	1.49	\$128.23	32.7%	1.46
EE + Family	\$175.07	\$203.81	16.4%	2.68	\$175.07	0.0%	2.69	\$183.82	5.0%	2.69	\$229.50	31.1%	2.61
GHC													
EE	\$96.00	\$102.00	6.3%	1.00	\$96.00	0.0%	1.00	\$100.80	5.0%	1.00	\$123.00	28.1%	1.00
EE + Spouse	\$227.00	\$242.00	6.6%	2.37	\$227.00	0.0%	2.36	\$238.35	5.0%	2.36	\$281.00	23.8%	2.28
EE + Child(ren)	\$152.00	\$162.00	6.6%	1.59	\$152.00	0.0%	1.58	\$159.60	5.0%	1.58	\$190.00	25.0%	1.54
EE + Family	\$282.00	\$300.00	6.4%	2.94	\$282.00	0.0%	2.94	\$296.10	5.0%	2.94	\$347.00	23.0%	2.82

2014 Budget — Status Quo

Financial Projections Comparison Scenario SQ January 1, 2014 - December 31, 2014

	Employee	Dependent
WEA:	81%	72%
HMO:	85%	77%

Estimated Income

	1/1/2013 - 12/31/2013 Projection				1/1/2014 - 12/31/2014 Projection				1/1/2015 - 12/31/2015 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 (January through August)	\$768.00	1,832 ⁽¹⁾	8	\$11,255,808	\$768.00 ⁽²⁾	1,832 ⁽¹⁾	8	\$11,255,808	0%	\$11,255,808
Employer Contributions (September through December)	\$768.00	1,832 ⁽¹⁾	4	\$5,627,904	\$768.00 ⁽²⁾	1,832 ⁽¹⁾	4	\$5,627,904	0%	\$5,627,904
Additional Supplemental District Contribution				\$0				\$0	0%	\$0
Employee Contributions	n/a	n/a		\$5,121,330				\$5,766,987	10%	\$6,343,686
Investment Income ⁽³⁾				\$150,000				\$50,000	0%	\$50,000
Total Estimated Revenues				\$22,155,042				\$22,700,699		\$23,277,398

Estimated Expenses

	1/1/2013 - 12/31/2013 Projection				1/1/2014 - 12/31/2014 Projection				1/1/2015 - 12/31/2015 Projection	
	YTD Actual 1/1/13-8/31/13	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 Premiums	\$77,449	\$5.90	1,641	\$116,177	\$5.90	1,641	12	\$116,183	3%	\$119,668
MetLife Voluntary Term Life Premiums	\$125,184	\$16,351.43 ⁽⁴⁾	n/a	\$190,590	\$16,351.43	n/a	12	\$196,217	3%	\$202,104
Standard Voluntary STD Premiums	\$87,423	\$12,489.02 ⁽¹⁰⁾	n/a	\$149,868	\$12,489.02	n/a	12	\$149,868	3%	\$154,364
Standard LTD Premiums	\$287,885	\$20.55 ⁽⁴⁾	1,751	\$431,817	\$20.55	1,751	12	\$431,797	3%	\$444,751
WDS Dental Premiums	\$1,015,577	\$85.40 ⁽⁴⁾	1,481	\$1,521,486	\$85.40 ⁽⁵⁾	1,481	12	\$1,544,898	5%	\$1,622,143
Willamette Dental Premiums	\$269,172	\$74.70 ⁽⁴⁾	453	\$404,529	\$74.70 ⁽⁵⁾	453	12	\$411,145	5%	\$431,702
WEA Medical Premiums	\$8,107,901	n/a	1,111	\$12,500,907	n/a ⁽⁵⁾	1,111	12	\$14,500,185	15%	\$16,675,212
Premiera WEA Vision	\$253,874	\$16.25 ⁽⁴⁾	1,953	\$382,967	\$16.80 ⁽⁵⁾	1,953	12	\$401,202	5%	\$421,263
Group Health Medical Premiums ⁽⁶⁾	\$4,063,250	n/a	507	\$6,109,210	n/a	507	12	\$6,526,268	10%	\$7,178,895
UNUM Voluntary LTC Premiums	\$6,689	\$836.15	n/a	\$10,034	\$836.15	n/a	12	\$10,034	0%	\$10,034
Wellness Program Internal Support	n/a	n/a	n/a	\$43,000	n/a	n/a	n/a	\$35,000	0%	\$35,000
Magellan EAP	\$25,931	\$1.69	1,918	\$38,897	\$1.65	1,918	12	\$37,976	5%	\$39,875
Quit for Life Tobacco Cessation	n/a	n/a	n/a	\$1,500	n/a	n/a	n/a	\$1,500	0%	\$1,500
Mind & Body	n/a	n/a	n/a	\$1,875	n/a	n/a	n/a	\$0	0%	\$0
Weight Watchers	n/a	n/a	n/a	\$43,125				\$30,000	0%	\$30,000
HRA & Web Portal	n/a	n/a	n/a	\$30,000	n/a	n/a	n/a	\$30,000 ⁽⁷⁾	0%	\$30,000
Wellness Incentive	n/a	n/a	n/a	\$109,150 ⁽⁸⁾	n/a	n/a	n/a	\$5,000	0%	\$5,000
Mercer Consulting Fee	n/a	n/a	n/a	\$100,000	n/a	n/a	n/a	\$55,000	0%	\$55,000
ESEBT Administration ⁽⁹⁾	n/a	n/a	n/a	<u>\$177,809</u>	n/a	n/a	n/a	<u>\$183,143</u>	3%	<u>\$188,637</u>

Total Estimated Expenses

\$22,362,940

\$24,665,417

\$27,645,148

Estimated Surplus / (Deficit)

(based on estimated/current enrollment)

(\$207,898)

(\$1,964,718)

(\$4,367,751)

Unallocated reserve at December 31⁽¹¹⁾

Months of expenses

\$7,520,558

4.0

\$5,555,840

2.7

\$1,188,089

0.5

2014 Rates — Status Quo

	Current Enrollment by Tier	2013 Rates	2013 EE Contribs	2013 ER Contribs	2013 Aggregate EE Contribs	Projected Enrollment by Tier	2014 Rates	2014 EE Contribs	2014 ER Contribs	2014 Aggregate EE Contribs
WEA Plan 2										
Employee Only	117	\$680.70	\$201.00	\$493.50	\$282,204	117	\$795.81	\$218.99	\$576.82	\$307,462
EE + Spouse	63	\$1,249.73	\$389.56	\$860.17	\$294,507	63	\$1,456.37	\$453.84	\$1,002.53	\$343,103
EE + Child(ren)	52	\$911.94	\$269.36	\$642.58	\$168,081	52	\$1,062.41	\$313.71	\$748.70	\$195,755
EE + Family	53	\$1,498.04	\$477.80	\$1,020.24	\$303,881	53	\$1,746.04	\$556.83	\$1,189.21	\$354,144
Total	285	\$1,000.67	\$1.00			285	\$1,167.18			
WEA Plan 3										
Employee Only	162	\$609.26	\$115.76	\$493.50	\$225,037	162	\$712.12	\$135.30	\$576.82	\$263,023
EE + Spouse	95	\$1,118.53	\$258.36	\$860.17	\$294,530	95	\$1,303.39	\$300.86	\$1,002.53	\$342,980
EE + Child(ren)	79	\$816.31	\$201.00	\$615.31	\$190,548	79	\$950.84	\$202.14	\$748.70	\$191,629
EE + Family	117	\$1,340.85	\$320.61	\$1,020.24	\$450,136	117	\$1,562.66	\$373.45	\$1,189.21	\$524,324
Total	453	\$941.12				453	\$1,097.42			
WEA EasyChoice Plans										
Employee Only	75	\$435.22	\$82.69	\$352.53	\$74,421	73	\$508.30	\$96.58	\$411.72	\$84,604
EE + Spouse	23	\$792.48	\$201.00	\$591.48	\$55,476	22	\$923.06	\$212.71	\$710.35	\$56,155
EE + Child(ren)	29	\$579.13	\$122.98	\$456.15	\$42,797	28	\$674.19	\$143.03	\$531.16	\$48,058
EE + Family	56	\$949.25	\$226.62	\$722.63	\$152,289	54	\$1,105.92	\$263.91	\$842.01	\$171,014
Total	183	\$660.23				177	\$768.42			
WEA Plan 5										
Employee Only	82	\$796.07	\$302.57	\$493.50	\$297,729	82	\$930.85	\$354.03	\$576.82	\$348,366
EE + Spouse	28	\$1,534.68	\$674.51	\$860.17	\$226,635	28	\$1,788.78	\$786.25	\$1,002.53	\$264,180
EE + Child(ren)	30	\$1,089.99	\$447.41	\$642.58	\$161,068	30	\$1,270.08	\$521.38	\$748.70	\$187,697
EE + Family	25	\$1,848.59	\$828.35	\$1,020.24	\$248,505	25	\$2,154.91	\$965.70	\$1,189.21	\$289,710
Total	165	\$1,134.32				165	\$1,323.58			
WEA QDHP										
Employee Only	4	\$342.35	\$65.05	\$277.30	\$3,122	2	\$399.60	\$75.92	\$323.68	\$1,822
EE + Spouse	1	\$622.48	\$143.49	\$478.99	\$1,722	1	\$724.78	\$166.97	\$557.81	\$2,004
EE + Child(ren)	0	\$455.20	\$96.65	\$358.55	\$0	1	\$529.67	\$112.34	\$417.33	\$1,348
EE + Family	1	\$735.28	\$175.07	\$560.21	\$2,101	2	\$856.34	\$203.81	\$652.53	\$4,891
Total	6	\$454.53				6	\$627.72			
GHC										
Employee Only	187	\$642.01	\$96.00	\$546.01	\$215,424	187	\$682.29	\$102.00	\$580.29	\$228,888
EE + Spouse	85	\$1,213.41	\$227.00	\$986.41	\$231,540	85	\$1,289.53	\$242.00	\$1,047.53	\$246,840
EE + Child(ren)	92	\$885.98	\$152.00	\$733.98	\$167,808	92	\$941.56	\$162.00	\$779.56	\$178,848
EE + Family	142	\$1,450.95	\$282.00	\$1,168.95	\$480,528	142	\$1,541.98	\$300.00	\$1,241.98	\$511,200
Total	506	\$952.32				506	\$1,072.69			
All Med (Actives)										
COBRA/Plan 2	[1]	\$1,034,121	\$12,234,058		\$4,570,090		\$14,255,362			\$5,148,045
COBRA/Plan 3	[2]				\$98,066					\$126,056
COBRA/GHC	[2]				\$34,822					\$52,676
COBRA/Easy Choice	[2]				\$8,988					\$12,872
COBRA/Plan 5	[2]				\$11,884					\$18,442
COBRA/QDHP	[2]				\$30,627					\$47,649
COBRA/WDS	[2]				\$5,454					
COBRA/Willamette	[2]				\$8,795					\$8,198
COBRA/Vision	[2]				\$0					\$0
Vol. Term Life					\$2,113					\$2,556
Vol. Long Term Care					\$190,590					\$190,590
Vol. Short Term Disability					\$10,034					\$10,034
					\$149,868					\$149,868
Total Contributions					\$5,121,330					\$5,766,987

[1] Enrollment as of August 2013 and provided by District.

[2] COBRA Enrollment based on August 2013 ESEBT Payments to carriers.

2014 Budget — Scenario 1: Contributions remain flat

Financial Projections Comparison Scenario 1: Contributions remain flat January 1, 2014 - December 31, 2014

Employee Dependent
WEA: 84% 64 - 76%
HMO: 86% 78%

Estimated Income

	1/1/2013 - 12/31/2013 Projection				1/1/2014 - 12/31/2014 Projection				1/1/2015 - 12/31/2015 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 (January through August)	\$768.00	1,832 ⁽¹⁾	8	\$11,255,808	\$768.00 ⁽²⁾	1,832 ⁽¹⁾	8	\$11,255,808	0%	\$11,255,808
Employer Contributions (September through December)	\$768.00	1,832 ⁽¹⁾	4	\$5,627,904	\$768.00 ⁽²⁾	1,832 ⁽¹⁾	4	\$5,627,904	0%	\$5,627,904
Additional Supplemental District Contribution				\$0				\$0	0%	\$0
Employee Contributions	n/a	n/a		\$5,121,330				\$5,179,420	10%	\$5,697,362
Investment Income ⁽³⁾				\$150,000				\$50,000	0%	\$50,000
Total Estimated Revenues				\$22,155,042				\$22,113,132		\$22,631,074

Estimated Expenses

	1/1/2013 - 12/31/2013 Projection				1/1/2014 - 12/31/2014 Projection				1/1/2015 - 12/31/2015 Projection	
	YTD Actual 1/1/13-8/31/13	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 Premiums	\$77,449	\$5.90	1,641	\$116,177	\$5.90	1,641	12	\$116,183	3%	\$119,668
MetLife Voluntary Term Life Premiums	\$125,184	\$16,351.43 ⁽⁴⁾	n/a	\$190,590	\$16,351.43	n/a	12	\$196,217	3%	\$202,104
Standard Voluntary STD Premiums	\$87,423	\$12,489.02 ⁽¹⁰⁾	n/a	\$149,868	\$12,489.02	n/a	12	\$149,868	3%	\$154,364
Standard LTD Premiums	\$287,885	\$20.55 ⁽⁴⁾	1,751	\$431,817	\$20.55	1,751	12	\$431,797	3%	\$444,751
WDS Dental Premiums	\$1,015,577	\$85.40 ⁽⁴⁾	1,481	\$1,521,486	\$85.40 ⁽⁵⁾	1,481	12	\$1,544,898	5%	\$1,622,143
Willamette Dental Premiums	\$269,172	\$74.70 ⁽⁴⁾	453	\$404,529	\$74.70 ⁽⁵⁾	453	12	\$411,145	5%	\$431,702
WEA Medical Premiums	\$8,107,901	n/a	1,111	\$12,500,907	n/a ⁽⁵⁾	1,111	12	\$14,500,185	15%	\$16,675,212
Premera WEA Vision	\$253,874	\$16.25 ⁽⁴⁾	1,953	\$382,967	\$16.80 ⁽⁵⁾	1,953	12	\$401,202	5%	\$421,263
Group Health Medical Premiums ⁽⁶⁾	\$4,063,250	n/a	507	\$6,109,210	n/a	507	12	\$6,526,268	10%	\$7,178,895
UNUM Voluntary LTC Premiums	\$6,689	\$836.15	n/a	\$10,034	\$836.15	n/a	12	\$10,034	0%	\$10,034
Wellness Program Internal Support	n/a	n/a	n/a	\$43,000	n/a	n/a	n/a	\$35,000	0%	\$35,000
Magellan EAP	\$25,931	\$1.69	1,918	\$38,897	\$1.65	1,918	12	\$37,976	5%	\$39,875
Quit for Life Tobacco Cessation	n/a	n/a	n/a	\$1,500	n/a	n/a	n/a	\$1,500	0%	\$1,500
Mind & Body	n/a	n/a	n/a	\$1,875	n/a	n/a	n/a	\$0	0%	\$0
Weight Watchers	n/a	n/a	n/a	\$43,125				\$30,000	0%	\$30,000
HRA & Web Portal	n/a	n/a	n/a	\$30,000	n/a	n/a	n/a	\$30,000 ⁽⁷⁾	0%	\$30,000
Wellness Incentive	n/a	n/a	n/a	\$109,150	n/a	n/a	n/a	\$5,000 ⁽⁸⁾	0%	\$5,000
Mercer Consulting Fee	n/a	n/a	n/a	\$100,000	n/a	n/a	n/a	\$55,000	0%	\$55,000
ESEBT Administration ⁽⁹⁾	n/a	n/a	n/a	<u>\$177,809</u>	n/a	n/a	n/a	<u>\$183,143</u>	3%	<u>\$188,637</u>
Total Estimated Expenses				\$22,362,940				\$24,665,417		\$27,645,148

Estimated Surplus / (Deficit) **(\$207,898)**
(based on estimated/current enrollment) **(\$2,552,285)** **(\$5,014,074)**

Unallocated reserve at December 31⁽¹¹⁾ **\$7,520,558**
Months of expenses 4.0 **\$4,968,273** **(\$45,801)**
2.4 (0.0)

2014 Rates — Scenario 1: Contributions remain flat

	Current Enrollment by Tier	2013 Rates	2013 EE Contribs	2013 ER Contribs	2013 Aggregate EE Contribs	Projected Enrollment by Tier	2014 Rates	2014 EE Contribs	2014 ER Contribs	2014 Aggregate EE Contribs
WEA Plan 2										
Employee Only	117	\$680.70	\$201.00	\$493.50	\$282,204	117	\$795.81	\$201.00	\$594.81	\$282,204
EE + Spouse	63	\$1,249.73	\$389.56	\$860.17	\$294,507	63	\$1,456.37	\$389.56	\$1,066.81	\$294,507
EE + Child(ren)	52	\$911.94	\$269.36	\$642.58	\$168,081	52	\$1,062.41	\$269.36	\$793.05	\$168,081
EE + Family	53	\$1,498.04	\$477.80	\$1,020.24	\$303,881	53	\$1,746.04	\$477.80	\$1,268.24	\$303,881
Total	285	\$1,000.67				285	\$1,167.18			
WEA Plan 3										
Employee Only	162	\$609.26	\$115.76	\$493.50	\$225,037	162	\$712.12	\$115.76	\$596.36	\$225,037
EE + Spouse	95	\$1,118.53	\$258.36	\$860.17	\$294,530	95	\$1,303.39	\$258.36	\$1,045.03	\$294,530
EE + Child(ren)	79	\$816.31	\$201.00	\$615.31	\$190,548	79	\$950.84	\$201.00	\$749.84	\$190,548
EE + Family	117	\$1,340.85	\$320.61	\$1,020.24	\$450,136	117	\$1,562.66	\$320.61	\$1,242.05	\$450,136
Total	453	\$941.12				453	\$1,097.42			
WEA EasyChoice Plans										
Employee Only	75	\$435.22	\$82.69	\$352.53	\$74,421	73	\$508.30	\$82.69	\$425.61	\$72,436
EE + Spouse	23	\$792.48	\$201.00	\$591.48	\$55,476	22	\$923.06	\$201.00	\$722.06	\$53,064
EE + Child(ren)	29	\$579.13	\$122.98	\$456.15	\$42,797	28	\$674.19	\$122.98	\$551.21	\$41,321
EE + Family	56	\$949.25	\$226.62	\$722.63	\$152,289	54	\$1,105.92	\$226.62	\$879.30	\$146,850
Total	183	\$660.23				177	\$768.42			
WEA Plan 5										
Employee Only	82	\$796.07	\$302.57	\$493.50	\$297,729	82	\$930.85	\$302.57	\$628.28	\$297,729
EE + Spouse	28	\$1,534.68	\$674.51	\$860.17	\$226,635	28	\$1,788.78	\$674.51	\$1,114.27	\$226,635
EE + Child(ren)	30	\$1,089.99	\$447.41	\$642.58	\$161,068	30	\$1,270.08	\$447.41	\$822.67	\$161,068
EE + Family	25	\$1,848.59	\$828.35	\$1,020.24	\$248,505	25	\$2,154.91	\$828.35	\$1,326.56	\$248,505
Total	165	\$1,134.32				165	\$1,323.58			
WEA QDHP										
Employee Only	4	\$342.35	\$65.05	\$277.30	\$3,122	2	\$399.60	\$65.05	\$334.55	\$1,561
EE + Spouse	1	\$622.48	\$143.49	\$478.99	\$1,722	1	\$724.78	\$143.49	\$581.29	\$1,722
EE + Child(ren)	0	\$455.20	\$96.65	\$358.55	\$0	1	\$529.67	\$96.65	\$433.02	\$1,160
EE + Family	1	\$735.28	\$175.07	\$560.21	\$2,101	2	\$856.34	\$175.07	\$681.27	\$4,202
Total	6	\$454.53				6	\$627.72			
GHC										
Employee Only	187	\$642.01	\$96.00	\$546.01	\$215,424	187	\$682.29	\$96.00	\$586.29	\$215,424
EE + Spouse	85	\$1,213.41	\$227.00	\$986.41	\$231,540	85	\$1,289.53	\$227.00	\$1,062.53	\$231,540
EE + Child(ren)	92	\$885.98	\$152.00	\$733.98	\$167,808	92	\$941.56	\$152.00	\$789.56	\$167,808
EE + Family	142	\$1,450.95	\$282.00	\$1,168.95	\$480,528	142	\$1,541.98	\$282.00	\$1,259.98	\$480,528
Total	506	\$952.32				506	\$1,072.69			
All Med (Actives)										
COBRA/Plan 2	[2]	\$1,034,121	\$12,234,058		\$4,570,090		\$14,255,362			\$4,560,478
COBRA/Plan 3	[2]				\$98,066					\$126,056
COBRA/GHC	[2]				\$34,822					\$52,676
COBRA/Easy Choice	[2]				\$8,988					\$12,872
COBRA/Plan 5	[2]				\$11,884					\$18,442
COBRA/QDHP	[2]				\$30,627					\$47,649
COBRA/WDS	[2]				\$5,454					
COBRA/Willamette					\$8,795					\$8,198
COBRA/Vision					\$0					\$0
Vol. Term Life					\$2,113					\$2,556
Vol. Long Term Care					\$190,590					\$190,590
Vol. Short Term Disability					\$10,034					\$10,034
					\$149,868					\$149,868
Total Contributions					\$5,121,330					\$5,179,420

[1] Enrollment as of August 2013 and provided by District.

[2] COBRA Enrollment based on August 2013 ESEBT Payments to carriers.

2014 Budget — Scenario 2: 5% Increase in EE Contributions

Financial Projections Comparison Scenario 2: Plan 3, QHDHP, EasyChoice, GHC Contributions up 5% January 1, 2014 - December 31, 2014

Employee Dependent
WEA: 83% 63 - 75%
HMO: 85% 77%

Estimated Income

	1/1/2013 - 12/31/2013 Projection				1/1/2014 - 12/31/2014 Projection				1/1/2015 - 12/31/2015 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 (January through August)	\$768.00	1,832 ⁽¹⁾	8	\$11,255,808	\$768.00 ⁽²⁾	1,832 ⁽¹⁾	8	\$11,255,808	0%	\$11,255,808
Employer Contributions (September through December)	\$768.00	1,832 ⁽¹⁾	4	\$5,627,904	\$768.00 ⁽²⁾	1,832 ⁽¹⁾	4	\$5,627,904	0%	\$5,627,904
Additional Supplemental District Contribution				\$0				\$0	0%	\$0
Employee Contributions	n/a	n/a		\$5,121,330				\$5,525,290	10%	\$6,077,819
Investment Income ⁽³⁾				\$150,000				\$50,000	0%	\$50,000
Total Estimated Revenues				\$22,155,042				\$22,459,002		\$23,011,531

Estimated Expenses

	1/1/2013 - 12/31/2013 Projection				1/1/2014 - 12/31/2014 Projection				1/1/2015 - 12/31/2015 Projection	
	YTD Actual 1/1/13-8/31/13	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 Premiums	\$77,449	\$5.90	1,641	\$116,177	\$5.90	1,641	12	\$116,183	3%	\$119,668
MetLife Voluntary Term Life Premiums	\$125,184	\$16,351.43 ⁽⁴⁾	n/a	\$190,590	\$16,351.43	n/a	12	\$196,217	3%	\$202,104
Standard Voluntary STD Premiums	\$87,423	\$12,489.02 ⁽¹⁰⁾	n/a	\$149,868	\$12,489.02	n/a	12	\$149,868	3%	\$154,364
Standard LTD Premiums	\$287,885	\$20.55 ⁽⁴⁾	1,751	\$431,817	\$20.55	1,751	12	\$431,797	3%	\$444,751
WDS Dental Premiums	\$1,015,577	\$85.40 ⁽⁴⁾	1,481	\$1,521,486	\$85.40 ⁽⁵⁾	1,481	12	\$1,544,898	5%	\$1,622,143
Willamette Dental Premiums	\$269,172	\$74.70 ⁽⁴⁾	453	\$404,529	\$74.70 ⁽⁵⁾	453	12	\$411,145	5%	\$431,702
WEA Medical Premiums	\$8,107,901	n/a	1,111	\$12,500,907	n/a ⁽⁵⁾	1,111	12	\$14,500,185	15%	\$16,675,212
Premera WEA Vision	\$253,874	\$16.25 ⁽⁴⁾	1,953	\$382,967	\$16.80 ⁽⁵⁾	1,953	12	\$401,202	5%	\$421,263
Group Health Medical Premiums ⁽⁶⁾	\$4,063,250	n/a	507	\$6,109,210	n/a	507	12	\$6,526,268	10%	\$7,178,895
UNUM Voluntary LTC Premiums	\$6,689	\$836.15	n/a	\$10,034	\$836.15	n/a	12	\$10,034	0%	\$10,034
Wellness Program Internal Support	n/a	n/a	n/a	\$43,000	n/a	n/a	n/a	\$35,000	0%	\$35,000
Magellan EAP	\$25,931	\$1.69	1,918	\$38,897	\$1.65	1,918	12	\$37,976	5%	\$39,875
Quit for Life Tobacco Cessation	n/a	n/a	n/a	\$1,500	n/a	n/a	n/a	\$1,500	0%	\$1,500
Mind & Body	n/a	n/a	n/a	\$1,875	n/a	n/a	n/a	\$0	0%	\$0
Weight Watchers	n/a	n/a	n/a	\$43,125				\$30,000	0%	\$30,000
HRA & Web Portal	n/a	n/a	n/a	\$30,000	n/a	n/a	n/a	\$30,000 ⁽⁷⁾	0%	\$30,000
Wellness Incentive	n/a	n/a	n/a	\$109,150 ⁽⁸⁾	n/a	n/a	n/a	\$5,000	0%	\$5,000
Mercer Consulting Fee	n/a	n/a	n/a	\$100,000	n/a	n/a	n/a	\$55,000	0%	\$55,000
ESEBT Administration ⁽⁹⁾	n/a	n/a	n/a	<u>\$177,809</u>	n/a	n/a	n/a	<u>\$183,143</u>	3%	<u>\$188,637</u>

Total Estimated Expenses

\$22,362,940

\$24,665,417

\$27,645,148

Estimated Surplus / (Deficit)

(based on estimated/current enrollment)

(\$207,898)

(\$2,206,414)

(\$4,633,617)

Unallocated reserve at December 31 ⁽¹¹⁾

Months of expenses

\$7,520,558

4.0

\$5,314,144

2.6

\$680,527

0.3

2014 Rates — Scenario 2: 5% Increase in EE Contributions

	Current Enrollment by Tier	2013 Rates	2013 EE Contribs	2013 ER Contribs	2013 Aggregate EE Contribs	Projected Enrollment by Tier	2014 Rates	2014 EE Contribs	2014 ER Contribs	2014 Aggregate EE Contribs
WEA Plan 2										
Employee Only	117	\$680.70	\$201.00	\$493.50	\$282,204	117	\$795.81	\$205.24	\$590.57	\$288,154
EE + Spouse	63	\$1,249.73	\$389.56	\$860.17	\$294,507	63	\$1,456.37	\$424.26	\$1,032.11	\$320,739
EE + Child(ren)	52	\$911.94	\$269.36	\$642.58	\$168,081	52	\$1,062.41	\$322.62	\$739.79	\$201,315
EE + Family	53	\$1,498.04	\$477.80	\$1,020.24	\$303,881	53	\$1,746.04	\$520.02	\$1,226.02	\$330,733
Total	285	\$1,000.67	\$1.00			285	\$1,167.18			
WEA Plan 3										
Employee Only	162	\$609.26	\$115.76	\$493.50	\$225,037	162	\$712.12	\$121.55	\$590.57	\$236,289
EE + Spouse	95	\$1,118.53	\$258.36	\$860.17	\$294,530	95	\$1,303.39	\$271.28	\$1,032.11	\$309,257
EE + Child(ren)	79	\$816.31	\$201.00	\$615.31	\$190,548	79	\$950.84	\$211.05	\$739.79	\$200,075
EE + Family	117	\$1,340.85	\$320.61	\$1,020.24	\$450,136	117	\$1,562.66	\$336.64	\$1,226.02	\$472,643
Total	453	\$941.12				453	\$1,097.42			
WEA EasyChoice Plans										
Employee Only	75	\$435.22	\$82.69	\$352.53	\$74,421	73	\$508.30	\$86.82	\$421.48	\$76,058
EE + Spouse	23	\$792.48	\$201.00	\$591.48	\$55,476	22	\$923.06	\$211.05	\$712.01	\$55,717
EE + Child(ren)	29	\$579.13	\$122.98	\$456.15	\$42,797	28	\$674.19	\$129.13	\$545.06	\$43,387
EE + Family	56	\$949.25	\$226.62	\$722.63	\$152,289	54	\$1,105.92	\$237.95	\$867.97	\$154,192
Total	183	\$660.23				177	\$768.42			
WEA Plan 5										
Employee Only	82	\$796.07	\$302.57	\$493.50	\$297,729	82	\$930.85	\$340.28	\$590.57	\$334,834
EE + Spouse	28	\$1,534.68	\$674.51	\$860.17	\$226,635	28	\$1,788.78	\$756.67	\$1,032.11	\$254,240
EE + Child(ren)	30	\$1,089.99	\$447.41	\$642.58	\$161,068	30	\$1,270.08	\$530.29	\$739.79	\$190,904
EE + Family	25	\$1,848.59	\$828.35	\$1,020.24	\$248,505	25	\$2,154.91	\$928.89	\$1,226.02	\$278,667
Total	165	\$1,134.32				165	\$1,323.58			
WEA QHDHP										
Employee Only	4	\$342.35	\$65.05	\$277.30	\$3,122	2	\$399.60	\$68.30	\$331.30	\$1,639
EE + Spouse	1	\$622.48	\$143.49	\$478.99	\$1,722	1	\$724.78	\$150.66	\$574.12	\$1,808
EE + Child(ren)	0	\$455.20	\$96.65	\$358.55	\$0	1	\$529.67	\$101.48	\$428.19	\$1,218
EE + Family	1	\$735.28	\$175.07	\$560.21	\$2,101	2	\$856.34	\$183.82	\$672.52	\$4,412
Total	6	\$454.53				6	\$627.72			
GHC										
Employee Only	187	\$642.01	\$96.00	\$546.01	\$215,424	187	\$682.29	\$100.80	\$581.49	\$226,195
EE + Spouse	85	\$1,213.41	\$227.00	\$986.41	\$231,540	85	\$1,289.53	\$238.35	\$1,051.18	\$243,117
EE + Child(ren)	92	\$885.98	\$152.00	\$733.98	\$167,808	92	\$941.56	\$159.60	\$781.96	\$176,198
EE + Family	142	\$1,450.95	\$282.00	\$1,168.95	\$480,528	142	\$1,541.98	\$296.10	\$1,245.88	\$504,554
Total	506	\$952.32				506	\$1,072.69			
All Med (Actives)										
COBRA/Plan 2	[2]	\$1,034,121	\$12,234,058		\$4,570,090		\$14,255,362			\$4,906,348
COBRA/Plan 3	[2]				\$98,066					\$126,056
COBRA/GHC	[2]				\$34,822					\$52,676
COBRA/Easy Choice	[2]				\$8,988					\$12,872
COBRA/Plan 5	[2]				\$11,884					\$18,442
COBRA/QDHP	[2]				\$30,627					\$47,649
COBRA/WDS	[2]				\$5,454					
COBRA/Willamette					\$8,795					\$8,198
COBRA/Vision					\$0					\$0
Vol. Term Life					\$2,113					\$2,556
Vol. Long Term Care					\$190,590					\$190,590
Vol. Short Term Disability					\$10,034					\$10,034
					\$149,868					\$149,868
Total Contributions					\$5,121,330					\$5,525,290

[1] Enrollment as of August 2013 and provided by District.

[2] COBRA Enrollment based on August 2013 ESEBT Payments to carriers.

2014 Budget — Scenario 3: Three months of reserve

Financial Projections Comparison Scenario 3: 3 months of reserves at the end of 2014 January 1, 2014 - December 31, 2014

	Employee	Dependent
WEA:	78%	69%
HMO:	82%	74%

Estimated Income

	1/1/2013 - 12/31/2013 Projection				1/1/2014 - 12/31/2014 Projection				1/1/2015 - 12/31/2015 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 (January through August)	\$768.00	1,832 ⁽¹⁾	8	\$11,255,808	\$768.00 ⁽²⁾	1,832 ⁽¹⁾	8	\$11,255,808	0%	\$11,255,808
Employer Contributions (September through December)	\$768.00	1,832 ⁽¹⁾	4	\$5,627,904	\$768.00 ⁽²⁾	1,832 ⁽¹⁾	4	\$5,627,904	0%	\$5,627,904
Additional Supplemental District Contribution				\$0				\$0	0%	\$0
Employee Contributions	n/a	n/a		\$5,121,330				\$6,359,905	10%	\$6,995,896
Investment Income ⁽³⁾				\$150,000				\$50,000	0%	\$50,000
Total Estimated Revenues				\$22,155,042				\$23,293,617		\$23,929,608

Estimated Expenses

	1/1/2013 - 12/31/2013 Projection				1/1/2014 - 12/31/2014 Projection				1/1/2015 - 12/31/2015 Projection	
	YTD Actual 1/1/13-8/31/13	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 Premiums	\$77,449	\$5.90	1,641	\$116,177	\$5.90	1,641	12	\$116,183	3%	\$119,668
MetLife Voluntary Term Life Premiums	\$125,184	\$16,351.43 ⁽⁴⁾	n/a	\$190,590	\$16,351.43	n/a	12	\$196,217	3%	\$202,104
Standard Voluntary STD Premiums	\$87,423	\$12,489.02 ⁽¹⁰⁾	n/a	\$149,868	\$12,489.02	n/a	12	\$149,868	3%	\$154,364
Standard LTD Premiums	\$287,885	\$20.55 ⁽⁴⁾	1,751	\$431,817	\$20.55	1,751	12	\$431,797	3%	\$444,751
WDS Dental Premiums	\$1,015,577	\$85.40 ⁽⁴⁾	1,481	\$1,521,486	\$85.40 ⁽⁵⁾	1,481	12	\$1,544,898	5%	\$1,622,143
Willamette Dental Premiums	\$269,172	\$74.70 ⁽⁴⁾	453	\$404,529	\$74.70 ⁽⁵⁾	453	12	\$411,145	5%	\$431,702
WEA Medical Premiums	\$8,107,901	n/a	1,111	\$12,500,907	n/a ⁽⁵⁾	1,111	12	\$14,500,185	15%	\$16,675,212
Premiera WEA Vision	\$253,874	\$16.25 ⁽⁴⁾	1,953	\$382,967	\$16.80 ⁽⁵⁾	1,953	12	\$401,202	5%	\$421,263
Group Health Medical Premiums ⁽⁶⁾	\$4,063,250	n/a	507	\$6,109,210	n/a	507	12	\$6,526,268	10%	\$7,178,895
UNUM Voluntary LTC Premiums	\$6,689	\$836.15	n/a	\$10,034	\$836.15	n/a	12	\$10,034	0%	\$10,034
Wellness Program Internal Support	n/a	n/a	n/a	\$43,000	n/a	n/a	n/a	\$35,000	0%	\$35,000
Magellan EAP	\$25,931	\$1.69	1,918	\$38,897	\$1.65	1,918	12	\$37,976	5%	\$39,875
Quit for Life Tobacco Cessation	n/a	n/a	n/a	\$1,500	n/a	n/a	n/a	\$1,500	0%	\$1,500
Mind & Body	n/a	n/a	n/a	\$1,875	n/a	n/a	n/a	\$0	0%	\$0
Weight Watchers	n/a	n/a	n/a	\$43,125				\$30,000	0%	\$30,000
HRA & Web Portal	n/a	n/a	n/a	\$30,000	n/a	n/a	n/a	\$30,000 ⁽⁷⁾	0%	\$30,000
Wellness Incentive	n/a	n/a	n/a	\$109,150	n/a	n/a	n/a	\$5,000 ⁽⁸⁾	0%	\$5,000
Mercer Consulting Fee	n/a	n/a	n/a	\$100,000	n/a	n/a	n/a	\$55,000	0%	\$55,000
ESEBT Administration ⁽⁹⁾	n/a	n/a	n/a	<u>\$177,809</u>	n/a	n/a	n/a	<u>\$183,143</u>	3%	<u>\$188,637</u>

Total Estimated Expenses				\$22,362,940				\$24,665,417		\$27,645,148
Estimated Surplus / (Deficit) (based on estimated/current enrollment)				(\$207,898)				(\$1,371,799)		(\$3,715,541)

Unallocated reserve at December 31⁽¹¹⁾				\$7,520,558				\$6,148,759		\$2,433,218
Months of expenses				4.0				3.0		1.1

2014 Rates — Scenario 3: Three months of reserve

	Current Enrollment by Tier	2013 Rates	2013 EE Contribs	2013 ER Contribs	2013 Aggregate EE Contribs	Projected Enrollment by Tier	2014 Rates	2014 EE Contribs	2014 ER Contribs	2014 Aggregate EE Contribs
WEA Plan 2										
Employee Only	117	\$680.70	\$201.00	\$493.50	\$282,204	117	\$795.81	\$240.36	\$555.45	\$337,465
EE + Spouse	63	\$1,249.73	\$389.56	\$860.17	\$294,507	63	\$1,456.37	\$492.94	\$963.43	\$372,663
EE + Child(ren)	52	\$911.94	\$269.36	\$642.58	\$168,081	52	\$1,062.41	\$342.24	\$720.17	\$213,558
EE + Family	53	\$1,498.04	\$477.80	\$1,020.24	\$303,881	53	\$1,746.04	\$603.72	\$1,142.32	\$383,966
Total	285	\$1,000.67				285	\$1,167.18			
WEA Plan 3										
Employee Only	162	\$609.26	\$115.76	\$493.50	\$225,037	162	\$712.12	\$156.67	\$555.45	\$304,566
EE + Spouse	95	\$1,118.53	\$258.36	\$860.17	\$294,530	95	\$1,303.39	\$339.96	\$963.43	\$387,554
EE + Child(ren)	79	\$816.31	\$201.00	\$615.31	\$190,548	79	\$950.84	\$230.67	\$720.17	\$218,675
EE + Family	117	\$1,340.85	\$320.61	\$1,020.24	\$450,136	117	\$1,562.66	\$420.34	\$1,142.32	\$590,157
Total	453	\$941.12				453	\$1,097.42			
WEA EasyChoice Plans										
Employee Only	75	\$435.22	\$82.69	\$352.53	\$74,421	73	\$508.30	\$111.83	\$396.47	\$97,963
EE + Spouse	23	\$792.48	\$201.00	\$591.48	\$55,476	22	\$923.06	\$240.41	\$682.65	\$63,468
EE + Child(ren)	29	\$579.13	\$122.98	\$456.15	\$42,797	28	\$674.19	\$163.26	\$510.93	\$54,855
EE + Family	56	\$949.25	\$226.62	\$722.63	\$152,289	54	\$1,105.92	\$297.09	\$808.83	\$192,514
Total	183	\$660.23				177	\$768.42			
WEA Plan 5										
Employee Only	82	\$796.07	\$302.57	\$493.50	\$297,729	82	\$930.85	\$375.40	\$555.45	\$369,394
EE + Spouse	28	\$1,534.68	\$674.51	\$860.17	\$226,635	28	\$1,788.78	\$825.35	\$963.43	\$277,318
EE + Child(ren)	30	\$1,089.99	\$447.41	\$642.58	\$161,068	30	\$1,270.08	\$549.91	\$720.17	\$197,968
EE + Family	25	\$1,848.59	\$828.35	\$1,020.24	\$248,505	25	\$2,154.91	\$1,012.59	\$1,142.32	\$303,777
Total	165	\$1,134.32				165	\$1,323.58			
WEA QHDHP										
Employee Only	4	\$342.35	\$65.05	\$277.30	\$3,122	2	\$399.60	\$87.91	\$311.69	\$2,110
EE + Spouse	1	\$622.48	\$143.49	\$478.99	\$1,722	1	\$724.78	\$188.72	\$536.06	\$2,265
EE + Child(ren)	0	\$455.20	\$96.65	\$358.55	\$0	1	\$529.67	\$128.23	\$401.44	\$1,539
EE + Family	1	\$735.28	\$175.07	\$560.21	\$2,101	2	\$856.34	\$229.50	\$626.84	\$5,508
Total	6	\$454.53				6	\$627.72			
GHC										
Employee Only	187	\$642.01	\$96.00	\$546.01	\$215,424	187	\$682.29	\$123.00	\$559.29	\$276,012
EE + Spouse	85	\$1,213.41	\$227.00	\$986.41	\$231,540	85	\$1,289.53	\$281.00	\$1,008.53	\$286,620
EE + Child(ren)	92	\$885.98	\$152.00	\$733.98	\$167,808	92	\$941.56	\$190.00	\$751.56	\$209,760
EE + Family	142	\$1,450.95	\$282.00	\$1,168.95	\$480,528	142	\$1,541.98	\$347.00	\$1,194.98	\$591,288
Total	506	\$952.32				506	\$1,072.69			
Summary of Contributions										
All Med (Actives)	\$1,034,121	\$12,234,058			\$4,570,090		\$14,255,362			\$5,740,963
COBRA/Plan 2 ^[2]					\$98,066		COBRA/Plan 2			\$0
COBRA/Plan 3 ^[2]					\$34,822		COBRA/Plan 3			\$0
COBRA/GHC ^[2]					\$8,988		COBRA/GHC			\$0
COBRA/Easy Choice ^[2]					\$11,884		COBRA/Easy Choice			\$0
COBRA/Plan 5 ^[2]					\$30,627		COBRA/Plan 5			\$0
COBRA/QDHP ^[2]					\$5,454					
COBRA/WDS ^[2]					\$8,795		COBRA/WDS			\$0
COBRA/Willamette					\$0		COBRA/Willamette			\$0
COBRA/Vision					\$2,113		COBRA/Vision			\$0
Vol. Term Life					\$190,590		Vol. Term Life			\$190,590
Vol. Long Term Care					\$10,034		Vol. Long Term Care			\$10,034
Vol. Short Term Disability					\$149,868		Vol. Short Term Disability			\$149,868
Total Contributions					\$5,121,330					\$6,091,455

^[1] Enrollment as of August 2013 and provided by District.

^[2] COBRA Enrollment based on August 2013 ESEB Payments to carriers.

2014 Budget Notes

Notes:

- (1) Enrollment based on August 2013 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, 2013 and 2014.
- (3) Based on investment earnings plus appreciation of market value through May 2013 with assumed interest for June from ESEBT Statement of Operations and Fund Balance with a 50% decrease for 2014.
- (4) Based on current rates and August 2013 enrollment.
- (5) Based on WEA renewals effective November 1, 2013. Total annual cost assumes a 5% increase effective November 1, 2014 for dental and vision and a 15% increase for medical.
- (6) Based on Group Health renewal effective January 1, 2014 (6.3% increase).
- (7) Includes cost for Health Force Partners (\$2500 minimum per month).
- (8) Based on incentive values of \$200 for Gold (8 wellness credits), \$150 for Silver (7 wellness credits), and \$100 for Bronze (5 wellness credits).
Assumes incentives apply to employees only (no incentives for spouse participation) and HRA completion rate of 50% (0 HRA completers).
Assumes incentive achievement rates of 20% for Gold (161), 30% for Silver (243), and 50% for Bronze (405).
- (9) Based on administrative expenses from January through May 2013 annualized from ESEBT Statement of Operations and Fund Balance. Assumes an increase of 3% for 2015.
- (10) Based on premiums paid through Jan-July 2013 and July 2013 enrollment.
- (11) Based on a year end fund balance at 12/31/2012 of \$7,728,456.

Changing FTE Eligibility Potential Savings

The table below describes estimated potential cost savings to ESEBT if particular lines of coverage were no longer offered to employees below 0.5 FTE.

	# of Employees Currently Affected ¹	Potential Annual Savings ²
Medical	4	\$25,000
Dental	30	\$30,000
Vision	31	\$6,000

¹ Headcounts are from current census data and represent eligible employees below 0.5 FTE who are currently electing coverage.

² Savings are based on 2013 rates and contributions.

APPENDIX

2014 Plan Design for All Coverages

The background of the slide is composed of three distinct horizontal bands of color. The top band is a dark navy blue, the middle band is a medium teal, and the bottom band is a bright cyan. These bands are separated by diagonal lines that slope upwards from left to right, creating a sense of movement and depth.

2013-2014 Medical Benefit Chart

2013/2014 Medical Benefit Comparison ESEBT (Effective November 1, 2013 to October 31, 2014)

<i>Medical</i>	<i>WEA Plan 2</i>	<i>WEA Plan 3</i>	<i>WEA Plan 5</i>	<i>WEA EasyChoice</i>	<i>WEA QHDHP</i>	<i>Group Health HMO</i>
Annual Deductible	\$200/person \$600/family	\$300/person \$900/family	\$200/person \$600/family	Plan A: \$1,000/\$3,000 in network Plan B: \$750/\$2,250 in network Plan C: none in network All Plans include non network ded.	\$1,500/person \$3,000/family	No deductible
Annual Out of Pocket	\$1,500/person \$4,500 family	\$2,750 person \$8,250 family	\$500/person \$1,500/ family (Includes deductible)	Plan A: \$5,000/\$15,000 in network Plan B: \$4,000/\$12,000 in network Plan C: \$7,500/\$22,500 in network (includes coinsurance and deductible) All Plans non network: Unlimited	\$4,000/person \$8,000/family	\$2,000/person \$4,000/family
Office Visit Copays	\$25 network \$30 non-network	\$30 network \$40 non-network	\$15 network 30% non-network	Plan A: \$15 in network Plan B: \$30 in network Plan C: \$35 in network All plans non network: 50%	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 3 days per admission
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 Plan C: 65% in network All plans non network: 50%	80% coinsurance	100%

2013-2014 Medical Benefit Chart

<i>Medical</i>	<i>WEA Plan 2</i>	<i>WEA Plan 3</i>	<i>WEA Plan 5</i>	<i>WEA EasyChoice</i>	<i>WEA QHDHP</i>	<i>Group Health HMO</i>
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%
Prescription Drug Copays	\$10 generic \$20 preferred brand \$35 non preferred brand Mail order: \$10 generic \$20 preferred brand \$35 non preferred brand	\$15 generic \$25 preferred brand \$40 non preferred brand Mail order: \$15 generic \$25 preferred brand \$40 non preferred brand	\$10 generic \$15 preferred brand \$30 non preferred brand Mail order: \$10 generic \$30 preferred brand \$60 non preferred brand	CY Deductible (per person): Plan A - \$500; B - \$250; C-\$500 CY Out of pocket max/person: All plans - \$5,000 (Ded, OOP, copays) Retail Copays: Plan A: \$0/\$30/30% Plan B and C: \$0/\$30/\$45 Mail Order Copays: Plan A: \$0/25%/25% Plans B and C: \$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

2013-2014 Dental Benefit Chart

Washington Dental Services Plan C (Fully-Insured)

<i>Coverage</i>	<i>Benefits</i>
Deductible	None
Annual Maximum	\$1,750 (\$2,000 if you see a Delta Dental PPO dentist)
Class I – Diagnostic & Preventive	100%
Class II – Restorative <ul style="list-style-type: none"> • Restorations, Endodontics, Periodontics, Oral Surgery 	80%
Class II – Crowns & Onlays	50%
Class III – Major <ul style="list-style-type: none"> • Dentures, Partials, Bridges, and Implants 	50%
TMJ – Surgical and Nonsurgical <ul style="list-style-type: none"> • Annual maximum • Lifetime maximum 	50% \$1,000 \$5,000
Orthodontia	Not covered

2013-2014 Dental Benefit Chart

Willamette Dental Plan 1 (Fully-Insured)

<i>Coverage</i>	<i>Benefits</i>
Deductible	None
Annual Maximum	Unlimited
Class I – Diagnostic & Preventive	100% after \$15 copay
Class II – Restorative • Restorations, Endodontics, Periodontics, Oral Surgery	100% after \$15 copay
Class II – Crowns & Onlays	100% after \$15 copay per visit; additional \$50 copay for crowns
Class III – Major • Dentures, Partials, Bridges, and Implants	100% after \$15 copay per visit; additional \$50 procedural copay
Orthodontia	Not covered

2013-2014 Vision Benefit Chart

Premera Vision Plan A (Fully-Insured)

<i>Network</i>	<i>Premera Blue Cross</i>	<i>Other Licensed Vision Providers</i>
Copay Amounts	\$5	\$0
• Exam		
Exam once every calendar year after copay	Paid in full	\$48
Eyeglass lenses (pair) once every calendar year		
• Single vision	Paid in full	\$45
• Bifocal	Paid in full	\$74
• Trifocal	Paid in full	\$87
• Lenticular	Paid in full	\$122
• Continuous blend	\$125	\$125
• Lens tinting, coating, or oversize	Not covered	Not covered
Frames once every two calendar years	\$80	\$45
Contact lenses once every two calendar years (in lieu of frames and eyeglass lenses)	\$130	\$130

2013-2014 Other Benefit Chart

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.

2013-2014 Other Benefit Chart

Standard Insurance Company (Fully-Insured)

Long-Term Disability Coverage

<i>Coverage</i>	<i>Benefits</i>
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

2013-2014 Other Benefit Chart

Standard Insurance Company (Fully-Insured)

Voluntary Short-Term Disability Coverage

<i>Coverage</i>	<i>Benefits</i>
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

2013-2014 Other Benefit Charts

Magellan (Service Contract) Employee Assistance Plan

<i>Coverage</i>	<i>Benefits</i>
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

<i>Coverage</i>	<i>Benefits</i>
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

WEA Select Benefit Plans Renewal Summary

The background of the slide is composed of three distinct horizontal bands of color. The top band is a dark navy blue, the middle band is a medium teal, and the bottom band is a bright cyan. These bands are separated by diagonal lines that slope upwards from left to right, creating a layered, mountain-like effect.

Benchmarking

The background of the slide is composed of three distinct horizontal bands of color. The top band is a dark navy blue, the middle band is a medium teal, and the bottom band is a bright cyan. The boundary between the top and middle bands is a diagonal line that slopes upwards from left to right. The bottom band is a solid, uniform color.

Employee contributions for ESEBT Medical/Dental

	<i>School Boards and other 500+</i>		<i>1,000-4,999 Employees</i>		<i>ESEBT 2013-2014</i>	
	<i>Average monthly \$ amount</i>	<i>Average contribution as a % of premium</i>	<i>Average monthly \$ amount</i>	<i>Average contribution as a % of premium</i>	<i>Monthly \$ amount¹</i>	<i>Contribution as a % of premium</i>
PPO						
Employee-only	\$143	22%	\$110	22%	\$201/116/83/303	30/19/19/39%
Family	\$548	41%	\$392	30%	\$478/321/227/828	32/24/24/46%
HMO						
Employee-only	\$109	18%	\$109	22%	\$96	15%
Family	\$443	34%	\$369	28%	\$282	19%
HDHP						
Employee-only	\$43	8%	\$63	15%	\$65	19%
Family	\$463	37%	\$238	22%	\$175	24%
Dental²						
Employee-only	\$21	67%	\$17	49%	\$0	0%
Family	\$57	75%	\$49	53%	\$0	0%

¹ WEA Premiera Plan 2 / Plan 3 / EasyChoice / Plan 5

² Based on Dental PPO Plan

PREFERRED PROVIDER ORGANIZATION (PPO) / POINT-OF-SERVICE PLANS (POS)



Employee cost-sharing requirements for PPO

Most prevalent plan, WEA Plan 3

	<i>School Boards and Other 500+ In-network</i>	<i>1,000-4,999 Employees In-network</i>	<i>ESEBT 2013-2014 In-network</i>
Deductible	78%	85%	Yes
Require deductible			
Individual amount (median)	\$500	\$500	\$300
Family amount (median)	\$1,000	\$1,000	\$900
Primary care physician's office visit			
Require copay	86%	84%	Yes
Copay amount (median)	\$20	\$20	\$30
Require coinsurance	18%	21%	Yes
Coinsurance amount (median)	20%	20%	20%
Specialist's office visit			
Require higher copay for specialist visit	39%	50%	No
Copay amount, when higher (median)	\$40	\$35	N/A
Lab tests / X-rays			
Require copay	19%	17%	N/A
Require coinsurance	56%	64%	Yes
Coinsurance amount (median)	20%	20%	20%

Employee cost-sharing requirements for PPO, continued

Most prevalent plan, WEA Plan 3

	<i>School Boards and Other 500+ In-network</i>	<i>1,000-4,999 Employees In-network</i>	<i>ESEBT 2013 In-network</i>
Out-of-pocket maximum			
Individual OOP max (median)	\$2,000	\$2,750	\$2,750
Hospitalization			
Require per-admission copay	16%	19%	Yes
Copay amount (median)	\$250	\$250	\$300/day
Require coinsurance	53%	74%	Yes
Coinsurance amount (median)	20%	20%	N/A
Emergency room visits			
Require separate copay	82%	80%	Yes
Copay amount (median)	\$100	\$100	\$100

HEALTH MAINTENANCE ORGANIZATION (HMO) – PLAN DESIGN AND EMPLOYEE CONTRIBUTIONS



Employee cost-sharing requirements for HMOs

Most prevalent plan

	<i>School Boards and Other 500+</i>	<i>1,000 – 4,999 Employees</i>	<i>ESEBT 2013-2014</i>
Doctor's office visit			
% requiring copay	97%	96%	Yes
% requiring coinsurance	0%	2%	No
Median copay for physician visit	\$20	\$20	\$15
% requiring higher copay for specialist visit	42%	51%	No
Median copay for specialist visit, when higher than PCP	\$40	\$35	N/A
Hospitalization			
Employers requiring deductible	50%	60%	Yes
Median deductible	\$250	\$250	\$100/day; Max \$300
Emergency room copayment			
Require per-admission copay	89%	89%	Yes
Median copayment	\$100	\$100	\$100

DENTAL BENEFITS – PLAN DESIGN AND EMPLOYEE CONTRIBUTIONS



Dental plan design¹

	<i>School Boards and Other 500+ In-network</i>	<i>1,000-4,999 Employees In-network</i>	<i>ESEBT 2013-2014 In-network</i>
Deductible			
Require deductible	64%	84%	No
Individual amount (median)	\$50	\$50	N/A
Annual benefit maximum			
Plan includes annual benefit maximum	89%	95%	Yes/No ²
Individual maximum (median)	\$1,500	\$1,500	\$2,000/unlimited
Orthodontia			
Plan includes separate max for orthodontic	80%	95%	No
Individual ortho lifetime max (median)	\$1,500	\$1,500	N/A

¹ Based on dental PPOs and fee-for-service plans

² WDS/Willamette

