Washington State Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD

School Employees Benefits Board (SEBB) Program benefits: A high-level overview

This is a summary, and is not inclusive of all covered services. Figures, plans, and carriers shown are subject to legislative funding and final decisions by the SEB Board.

Medical benefits

	Kaiser NW			Kaiser WA				Kaiser WA Options		
Previous Name	**Plan 1**	**Plan 2**	**Plan 3**	**Plan 1**	**Plan 2**	**Plan 3**	**Plan 4**	**Plan 1**	**Plan 2**	**Plan 3**
Annual Costs/Benefits	**KPNW 1**	**KPNW 2**	**KPNW 3**	**KPWA Core 1**	**KPWA Core 2**	**KPWA Core 3**	**KPWA Sound Choice**	**KPWAO Access PPO 1**	**KPWAO Access PPO 2**	**KPWAO Access PPO 3**
Deductible (single / family)	$1,250 / $2,500	$750 / $1,500	$125 / $250	$1,250 / $3,750	$750 / $2,250	$250 / $750	$125 / $375	$1,250 / $3,750	$750 / $2,250	$250 / $750
Out-of-pocket max	$4,000 / $8,000	$3,500 / $7,000	$2,000 / $4,000	$4,000 / $8,000	$3,000 / $6,000	$2,000 / $4,000	$2,000 / $4,000	$4,500 / $9,000	$3,500 / $7,000	$2,500 / $5,000
Coinsurance	20%	20%	20%	20%	20%	20%	15%	20%	20%	20%
Rx deductible	None	None	None	None	None	None	None	None	None	None
Rx out-of-pocket limit	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max	Applies to max

	Premera			Uniform Medical Plan (UMP)			
Previous Name	**Plan 2**		**Plan 3**				
Annual Costs/Benefits	**High PPO**	**Peak Care EPO**	**Standard PPO**	**UMP Achieve 1**	**UMP Achieve 2**	**UMP High Deductible**	**UMP Plus**
Deductible (single / family)	$750 / $1,875		$1,250 / $3,125	$750 / $2,250	$250 / $750	$1,400 / $2,800 (Combined Med/Rx)	$125 / $375
Out-of-pocket max	$3,500 / $7,000		$5,000 / $10,000	$3,500 / $7,000	$2,000 / $4,000	$4,200 / $8,400**	$2,000 / $4,000
Coinsurance	25%		20%	20%	15%	15%	15%
Rx deductible	$125/$312		$250 / $750*	Tier 2 and specialty; $250 / $750	Tier 2 and specialty; $100 / $300	Applied to medical deductible	None
Rx out-of-pocket limit	Applies to max		Applies to max	$2,000 per member with a family maximum of $4,000	$2,000 per member with a family maximum of $4,000	Applies to max	$2,000 per member with a family maximum of $4,000

*Waived for preferred generic prescription drugs.

**Out of pocket expenses for a single member under a family account are not to exceed $6,850.

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Medical benefits (continued)

	Kaiser NW			Kaiser WA				Kaiser WA Options		
Previous Name	**Plan 1**	**Plan 2**	**Plan 3**	**Plan 2**	**Plan 2**	**Plan 3**	**Plan 4**	**Plan 1**	**Plan 2**	**Plan 3**
Annual Costs/Benefits	**KPNW 1**	**KPNW 2**	**KPNW 3**	**KPWA Core 1**	**KPWA Core 2**	**KPWA Core 3**	**KPWA Sound Choice**	**KPWAO Access PPO 1**	**KPWAO Access PPO 2**	**KPWAO Access PPO 3**
Ambulance	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Emergency room	20%	20%	20%	$150 + 20%	$150 + 20%	$150 + 20%	$150 + 15%	$150 + 20%	$150 + 20%	$150 + 20%
Inpatient services	20%	20%	20%	20%	20%	20%	15%	20%	20%	20%
Outpatient services	20%	20%	20%	20%	20%	20%	15%	20%	20%	20%
Primary care	$30	$25	$20	$30	$25	$20	$0	$30	$25	$20
Specialist	$40	$35	$30	$40	$35	$30	$30	$40	$35	$30
Urgent care	$50	$45	$40	$30	$25	$20	$0	$30	$25	$20

	Premera			Uniform Medical Plan (UMP)			
Previous Name	**Plan 2**		**Plan 3**	**UMP Achieve 1**	**UMP Achieve 2**	**UMP High Deductible**	**UMP Plus**
Annual Costs/Benefits	**High PPO**	**Peak Care EPO**	**Standard PPO**				
Ambulance	25%		20%	20%	20%	20%	20%
Emergency room	$150 + 25%		$150 + 20%	$75 + 20%	$75 + 15%	15%	$75 + 15%
Inpatient services	25%		20%	$200/day, up to $600 + 20%	$200/day, up to $600 + 15%	15%	$200/day, up to $600 + 15%
Outpatient services	25%		20%	20%	15%	15%	15%
Primary care	$20		$20	20%	15%	15%	$0
Specialist	$40		$40	20%	15%	15%	15%
Urgent care	25%		20%	20%	15%	15%	15%

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Dental benefits

	DeltaCare	Uniform Dental Plan (UDP)	Willamette
What you pay:	Managed care	PPO	Managed care
Annual maximum	No max	$1,750	No max
Deductible	$0	$50 (individual) / $150 (family)	$0
General office visit (after deductible)	$0	$0	$0
Routine/emergency exams	$0	$0	$0
Fillings	$10 – $50	20%	$10 – $50
Crowns	$100 – $175	50%	$100 – $175
Root canal	$100 – $150	20%	$100 – $150
Orthodontia	$1,500 per case	50% until plan has paid $1,750; then any amount over $1,750	$1,500 per case

Vision Benefits

What you pay:	Davis Vision	EyeMed	MetLife
Routine exam (renews January 1)	$0	$0	$0
Frames (renews January 1 in even years)	$0 up to $150, then 80%	$0 up to $150, then 80%	$0 up to $150, then 80%
Lenses	$0	$0	$10
Progressive lenses	$50 – $140	$55 – $175	$0 – $175
Conventional* contact lenses	$0 up to $150, then 85% (or 4 boxes from collection lenses)	$0 up to $150, then 85%	$0 up to $150, then 100%
Disposable* contact lenses		$0 up to $150, then 100%	

*Disposable contact lenses are single-use lenses and are removed and discarded after a determined period of time, typically at the end of each day or week. Conventional lenses, with proper care and cleaning, can be used for longer periods of time, from one month to up to one year.

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Life and accidental death & dismemberment (AD&D) insurance

Employer paid	
Insurance type	**Basic**
Employee basic life	$35,000
Employee basic (AD&D)	$5,000
Employee paid	
Insurance type	**Supplemental**
Employee supplemental life	• Guaranteed issue (GI)* up to $500,000 in $10,000 increments, up to a maximum of $1,000,000 • Evidence of insurability (EOI)* required for amounts over $500,000
Supplemental spousal term life (tied to employee coverage amount)	• Up to 50% of employee's supplemental • GI up to $100,000 in $5,000 increments • EOI required over $100,000
Supplemental dependent child term life	• GI up to $20,000 in $5,000 increments • For dependents age 2 weeks to 26 years
Supplemental employee, spousal, and child AD&D	• Employee: GI up to $250,000 in $10,000 increments • Spouse: GI up to $250,000 in $10,000 increments • Child: GI up to $25,000 in $5,000 increments

*Guaranteed issue benefits are available to any eligible employee, with no evidence of insurability. Evidence of insurability (or proof of good health), for these plans, is provided through an online questionnaire. Eligibility is approved or denied upon completion of the questionnaire.

Supplemental employee and spouse life insurance monthly premiums (per $1,000 of coverage)		
Age	**Non-smoker**	**Smoker**
<25	$0.038	$0.050
25-29	$0.042	$0.060
30-34	$0.046	$0.080
35-39	$0.058	$0.090
40-44	$0.088	$0.100
45-49	$0.128	$0.150
50-54	$0.188	$0.230
55-59	$0.346	$0.400
60-64	$0.534	$0.630
65-69	$0.962	$1.220
70+	$1.438	$1.988

Supplemental insurance: Premium examples

35-year-old smoker

- $200,000 supplemental life for employee: $18/month
- $100,000 supplemental life for spouse: $9/month

50-year-old non-smoker

- $150,000 supplemental life for employee: $28.50/month
- $75,000 supplemental life for spouse: $14.25/month

Any eligible employee (guaranteed issue)

- $20,000 supplemental life for child: $2.48/month
- $250,000 supplemental AD&D for employee or spouse: $4.75/month
- $25,000 supplemental AD&D for child: $0.40/month

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Long term disability (LTD) insurance

Employer-paid basic LTD plan design	
Insurance type	**Basic**
Benefit waiting period*	90 days or the end of family / medical paid leave, whichever is longer
Pension	Choice (The member can choose to be paid from their pension; if they do, it is deducted from their disability benefit.)
Sick leave	No choice (The benefit will not begin paying until the end of the member's existing sick leave, whether or not the employee uses and receives payment for the sick leave.)
Maximum monthly benefit	$400

Employee-paid supplemental LTD plan design	
Insurance type	**Supplemental**
Benefit waiting period*	90 days or the end of family / medical paid leave, whichever is longer
Enrollment type	Opt in (The member must actively enroll in this benefit.)
Pension	Choice (The member can choose to be paid from their pension; if they do, it is deducted from their disability benefit.)
Sick leave	No choice (The benefit will not begin paying until the end of the member's sick leave, whether or not the employee uses and receives payment for the sick leave.)
Maximum monthly benefit	$10,000

*Benefit waiting period: The length of time between the beginning of a member's disability claim and the first payment the member would receive.

Supplemental LTD cost examples		
Annual income	**Estimated monthly premiums**	**Estimated monthly benefit (includes basic benefit)**
$30,000	$9 – $15	$1,500
$50,000	$15 – $25	$2,500
$80,000	$25 – $40	$4,000
$100,000	$31 – $51	$5,000

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Additional benefits

Additional benefit maximum contributions	
Medical flexible spending arrangement (FSA)	
Maximum contribution	$2,700 (anticipated amount for 2020)
Dependent care assistance program (DCAP)	
Maximum contribution	$5,000 for a joint income tax return / $2,500 each for separate income tax returns