

2019 Retiree Information Packet



Retirement Procedures



Personnel Termination Form



Sick Leave Cash Out Application



Insurance Continuation Options



HIGHLINE
PUBLIC SCHOOLS

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Information contained in this packet is intended to be a summary of the terms and conditions of each plan and not a complete or detailed description. The Highline School District makes every effort to obtain and provide the most accurate information possible, both written and verbal, as of the time of its distribution. However, due to constant legislative and other changes which may affect K-12 retiree insurance coverage options, enrollment deadlines or any other procedures or requirements, the Highline School District cannot ensure the future accuracy of this information. Please consult with your medical insurance carrier or the Health Care Authority (1-800-200-1004) if you have information which may differ from that contained in this packet.

Section 1: Procedures & Forms

- ➡ **Retirement Procedures**
- ➡ **Personnel Resignation Form**
- ➡ **Sick Leave Cash Out Application**
- ➡ **VEBA Membership Enrollment Form**
- ➡ **United Concordia Retiree Dental/NBN Vision Enrollment Form**

RETIREMENT PROCEDURES HERE

1. Congratulations on your decision to retire! Advance notice of your retirement plans must be provided to the District. The Personnel Resignation Form (page 7) should be sent to the Human Resources Department several months in advance so that plans can be made for a qualified replacement. Advance notice to the District does not reduce your final pay or your health benefits.
2. Advance notice of your intent to retire is no longer **required** by the Department of Retirement Systems (DRS) in Olympia; however, it is **recommended** that you notify the **DRS 1-800-547-6657** at least 90 days prior to your retirement date to avoid unnecessary delays in the processing of your retirement benefits.

Careful attention should be given to selecting the appropriate retirement option for yourself and/or your spouse.

3. Complete and sign the Personnel Resignation Form included with this packet and submit it to your supervisor who will also sign and forward it to the Human Resources Department.
4. Complete the Sick Leave Cash Out Application and return it to Payroll Services. **Completion of the Sick Leave Cash Out Application is required in order to receive sick leave cash out. This form must also be accompanied by a VEBA Plan Membership Enrollment Form, if applicable.** Sick leave cash out pay warrants will be issued one month following your final pay and mailed to the address provided on the application.
5. Determine which insurance plans you wish to continue as well as which continuation option you wish to utilize. Insurance continuation information is contained in this packet. Contact Bianca Castaneda, Benefits Specialist, at (206) 631-3138, if you would like additional information.
6. If you qualify for social security, be sure you contact the Social Security Office three months prior to your eligibility date for social security. **1-800-772-1213** or their TTY number, 1-800-325-0778, if you are deaf or hard of hearing.
7. Your final pay warrant from the district will be mailed to your home unless you indicate otherwise in writing to Payroll Services by the 10th of the month in which you receive your final pay.
8. If you wish to have your retirement or social security checks automatically deposited, check with your bank to make the proper arrangements.
9. It is imperative you inform the Human Resources Department in writing of any **address changes** so that your **W-2 Form** and other important information will reach you in a timely manner.

RETIREMENT QUALIFICATIONS

FOR CLASSIFIED STAFF

SERVICE RETIREMENT

When to Apply

Approximately six months in advance of the anticipated retirement date, an estimate of benefits should be requested in writing or by phone to the **Department of Retirement Systems at 1-800-547- 6657** by the prospective retiree. The following information should be furnished with the request:

1. Name, social security number and mailing address.
2. Anticipated date of retirement.

An estimate of benefits, together with forms for applying for retirement, will be sent to the member. An application for retirement should be submitted to DRS at least 90 days before expected payment date. No benefits will be lost if application is delayed (the payment will be retroactive to eligibility date.)

Who May Apply

Plan I - PERS

1. Any member with 30 years of service credit regardless of age.
2. Any member age 60 with at least five years (60 creditable months) of service.
3. Any member age 55 or more with at least 25 years of service credit.

Plan II - SERS

1. Any member age 65 or more with at least five years (60 creditable months) of service credit.
2. Any member age 55 or more with at least 20 years of creditable service.
The benefit will be actuarially reduced.

Plan III - SERS

Members are eligible for the defined benefit component at age 65 if they have:

1. Ten service credit years; or
2. Five service credit years, including 12 service credit months after attaining age 44; or
3. Five service credit years by September 1, 2000, under Plan 2 and transferred to Plan 3.

Plan III SERS members are also eligible for the defined benefit component at or after age 55 if they have at least ten service credit years. Retirement benefits for members who retire before age 65 are actuarially reduced.

RETIREMENT QUALIFICATIONS FOR CERTIFICATED STAFF

SERVICE RETIREMENT

When to Apply

Approximately six months in advance of the anticipated retirement date, an estimate of benefits should be requested in writing or by phone to the **Department of Retirement Systems at 1-800-547-6657** by the prospective retiree. The following information should be furnished with the request:

1. Name, social security number and mailing address.
2. Anticipated date of retirement.

An estimate of benefits, together with forms for applying for retirement, will be sent to the member. An application for retirement should be submitted to DRS at least 90 days before expected payment date. No benefits will be lost if application is delayed (the payment will be retroactive to eligibility date.)

Who May Apply

Plan I - TRS

1. Any member with 30 years of service credit regardless of age; or
2. Any member age 60 with at least 5 years of service credit; or
3. Any member age 55 or more with at least 25 years of service credit.

Plan II - TRS

1. Any member age 65 or more with at least 5 years of service credit; or
2. Any member age 55 or more with at least 20 years of service credit, except that the allowance will be actuarially reduced for the difference between age at retirement and age 65.

Plan III - TRS

Members are eligible for the defined benefit component at age 65 if they have:

1. Ten service credit years; or
2. Five service credit years, including 12 service credit months after attaining age 44; or
3. Five service credit years by July 1, 1996, under Plan 2 and transferred to Plan 3.

Plan III TRS members are also eligible for the defined benefit component at or after age 55 if they have at least ten service credit years. Retirement benefits for members who retire before age 65 are actuarially reduced.

Warning: In order to apply, a member must terminate employment and not be under contract, written or verbal, for future employment.



HIGHLINE SCHOOL DISTRICT PERSONNEL RESIGNATION FORM

Employee's Name: _____ Today's Date _____

Social Security Number: _____

Position: _____ Location: _____

Effective Date of Resignation: _____
(Last Day Worked)

Certificated Personnel: All requests for release before the end of a contracted period are approved only upon finding a suitable replacement.

Forwarding Address: _____

Reason for Termination: ☐ Retirement ☐ Resignation

Number of years employed with Highline School District _____

I am interested in substituting: ☐ Yes ☐ No

If Resignation, Employee's Reason:

- ☐ New Job _____
- ☐ Personal _____
- ☐ Work Related _____
- ☐ Spouse Transferred _____
- ☐ Illness or Disability _____
- ☐ Return to School _____
- ☐ Other (Be Specific) _____

Exit Interview with Human Resources requested: ☐ Yes ☐ No

Employee's Signature: _____ Date: _____

Supervisor's Remarks: _____

Recommended for Rehire: ☐ Yes ☐ No

Signature of Supervisor/Principal: _____ Date: _____

Department/School: _____

For Department Use Only

Signature of Human Resources Director/Supervisor: _____ Date: _____

Approved by Board: Yes _____ No / Reason: _____
(Date)

SICK LEAVE CASH OUT APPLICATION

WAC 392-136-020

1. Complete this application form if: a) you intend to retire from the Highline School District and elect to receive payment for your accumulated sick leave; or b) you are the executor or personal representative of the estate of a former employee eligible for Cash Out. In the event of an employee's death, a certified copy of the death certificate must be forwarded to Human Resources.
2. In accordance with the provisions of WAC 392-136-020, the undersigned hereby elects to convert all eligible accumulated unused sick leave days to monetary compensation as provided by law.
3. Furthermore, the undersigned understands that this remuneration shall not be considered includible compensation in any state retirement system.
4. Sick leave Cash Out pay warrants will be issued one month following your final pay and mailed to the address provided on this form.

**RETURN COMPLETED FORM ALONG WITH COMPLETED VEBA MEMBERSHIP ENROLLMENT FORM
30 DAYS PRIOR TO YOUR RETIREMENT DATE TO:**

**HIGHLINE PUBLIC SCHOOLS DISTRICT #401
Payroll Services
15675 Ambaum Blvd SW
Burien, WA 98166**

If you have any questions, please contact Brenda Mattson at (206) 631-3211.

PLEASE TYPE OR PRINT

Employee Name

Social Security No.

Date of Retirement or Death

Mailing Address (for pay warrant)

City

State

Zip

School/Department

Job Title

Employee or Executor Signature

Today's Date

Enrollment

EMPLOYEE

1. Please complete all sections on pages 1 and 2 of this form.
2. Choose your investment allocation (Section 4)
3. Choose your e-services (Section 5).
4. Keep a copy of this completed form for your records.
5. Return completed form to your employer.

We will send you a welcome packet after we receive your Enrollment information and a contribution from your employer. Your welcome packet will contain:

- Confirmation of your employer's contribution;
- Your participant account number;
- Information on how to confirm, make, or change your investment allocation(s);
- A Plan Summary (please read carefully for important information);
- Instructions for online account access;
- Confirmation regarding which VEBA Plan your employer has directed its contribution for you; and
- Whether you are claims-eligible.

EMPLOYER USE ONLY

Employer ID Number: _____
(as assigned by the Plan)

Employer Name: _____

Authorized Employer Signature: _____

Submit completed form to:

enroll@veba.org
VEBA Plan, PO Box 80587, Seattle, WA 98108

Enrolling employee is:

☐ Active or ☐ Separating/retiring on: _____

Specified Claims Eligibility Date (Standard HRA Plan only):

You may specify the enrolling employee's Participant effective date. This date cannot be prior to the employee's hire date (or eligibility date). If no date is specified, the employee shall become a Participant as of the date we receive both a completed and signed VEBA Plan Enrollment form and a contribution.

Claims Eligibility Date: _____

1

PARTICIPANT INFORMATION

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH mm / dd / yyyy _____

LAST NAME _____ FIRST NAME _____ M.I. _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

AREA CODE and PHONE NUMBER _____ EMAIL ADDRESS (use home or personal email address) _____

2

SPOUSE INFORMATION AND AUTHORIZATION

Your spouse and qualified dependents are eligible for coverage under this Plan. Please provide your spouse's information below. You can provide us with your dependent information later. Just follow the instructions in your welcome packet, or provide the information when you file a claim.

SPOUSE LAST NAME _____ FIRST NAME _____ M.I. _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH mm / dd / yyyy _____

☐ I authorize my spouse listed above to be an authorized contact who may discuss my account and account activity and submit claims and certain account changes on my behalf, including changes to my contact and direct deposit information. Authorized contacts may be changed or revoked by me at any time.

3

CERTIFICATIONS: READ BEFORE SUBMITTING

By enrolling in the VEBA Plan, you agree to the following Terms & Conditions. You agree that the Plan and the parties involved in this Plan (including, but not limited to, the employer, your bargaining representative, the Trustees, Plan service providers, and the agents of each, collectively referred to as the "Plan and its agents") cannot guarantee any federal or state tax results or investment results. Any benefits to which you may become entitled are subject to the terms and conditions of the governing Plan documents and applicable law. The Plan and its agents may withhold from such benefits (and may transmit to the government if required by law) any tax, charge, penalty, assessment, or other amount that is determined to be attributable to or allocable to such benefits or on account of the operations of the Plan. You agree to hold the Plan and its agents harmless with respect to such withholding or any failure to withhold or pay such amounts and any other actions taken in good faith for the operation of the Plan. You understand that for proper administration of the Plan and compliance with applicable law, you must regularly confirm and update your enrollment information, including name, address, phone number, dependents, and Social Security numbers for yourself and eligible dependents. You also understand that it is your responsibility to review each statement to confirm that there are no investment or financial errors reflected on your account. Any errors must be reported by you to the Plan within ninety (90) days after the error is first viewed by you online or first reflected in a statement or other written information delivered to you by the Plan and its agents.

Investment selection, e-communication, My Care CardSM, and direct deposit elections on reverse ►►

QUESTIONS? 1-888-828-4953 | customercare@veba.org | veba.org

Enter Participant Name from Section 1: _____

4 INVESTMENT ALLOCATION SELECTION

Select and complete **OPTION A** or **OPTION B**, but not both. If you make no selection, your entire account will be allocated to the Stable Value fund. You should carefully read the **Investment Fund Information** brochure available online at **veba.org**. If you are already enrolled or have more than one participant account, any investment allocation you choose on this form will update your most current allocation already on file and will be applied uniformly to all of your accounts, unless your investment allocation includes reference to a specific account number(s).

☐ **OPTION A: Choose a pre-mix**

Select and complete this option if you want your asset allocation portfolio designed and managed by professionals. **Choose only one pre-mix.** If you select multiple funds your entire account will be invested in the most conservative fund selected. Read the **Investment Fund Information** brochure available online at **veba.org** for more information.

The pre-mixed asset allocation portfolios are managed to stay on their respective target allocations. Each fund maintains its growth- or income-oriented asset mix; you never have to rebalance to keep your selected strategy on track.

Fund Name	Risk	Target Allocation
<input type="checkbox"/> Vanguard LifeStrategy® Income	Low-to-moderate	80% bonds; 20% stocks
<input type="checkbox"/> Vanguard LifeStrategy® Conservative Growth	Moderate	60% bonds, 40% stocks
<input type="checkbox"/> Vanguard LifeStrategy® Moderate Growth	Moderate-to-high	40% bonds, 60% stocks
<input type="checkbox"/> Vanguard LifeStrategy® Growth	High	20% bonds, 80% stocks

☐ **OPTION B: Do-it-yourself**

Select and complete this option if you want to build your own portfolio. **Enter only whole numbers—no fractions. Your allocation must equal 100%.** Allocations that are not whole numbers will be rounded to the nearest whole number. Generally, if your allocation exceeds 100%, the excess will be subtracted from your least conservative fund choice. If your allocation is less than 100%, the shortage will be added to your most conservative fund choice.

Rebalance my allocation percentages:

☐ **Quarterly** ☐ **Annually** (end of each calendar quarter/year)

Rebalancing is an important feature that will redistribute your entire account balance according to your most recent allocation percentages on file. If selected, this option will continue until revoked online or via written notice to the Plan.

Asset Class / Fund Name	Allocation %
Stable Value / VEBA Stable Value	_____ %
Total Return Bond / Metropolitan West Total Return Bond	_____ %
Large Cap Equity / Vanguard Institutional Index (S&P 500)	_____ %
Mid Cap Equity / Scout Mid Cap	_____ %
Small Cap Equity / Champlain Small Company	_____ %
International Equity / American Funds EuroPacific Growth	_____ %
Total Must Equal 100% ►	_____ %

Your **Welcome Letter** will contain confirmation of your investment elections. After receiving your Welcome Letter, please log in to your account at **veba.org** and click **Investments** on the menu bar to check that your elections have been applied to your balance and future contributions as you intended. If you find an error or problem, you must contact us at the mailing address, email address, or phone number shown on this form within 90 days after you first view an error or problem online or receive the first statement on which an error or problem appeared, whichever occurs first. If we do not hear from you within 90 days, the account will be considered correct.

5 E-SERVICE ELECTIONS

E-COMMUNICATION: GO GREEN! Sign up for **e-communication** and avoid the paper clutter: Make your election online. After getting your welcome packet in the mail, log in at **veba.org** and click **My Profile** to update your **Account Preferences**.

MY CARE CARDSM:

- ☐ **Yes, I want to elect a My Care Card.** Swipe your My Care Card as you would a traditional credit or debit card to pay for qualified medical care items and services directly from your participant account. **You may still need to submit supporting documentation for certain purchases**, per IRS rules. **Be sure to provide your email address in section 1 of this form.** Your My Care Card will be automatically mailed to you after you have a claims-eligible account balance of \$50 or more and we have on file for you a valid email address and U.S. mailing address. To learn more, log in at **veba.org**, and click **My Care Card** on the menu bar.

DIRECT DEPOSIT (for claims-eligible participants):

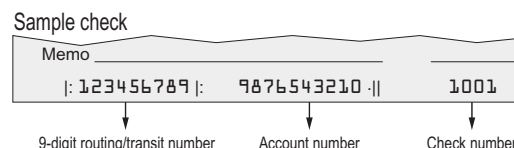
- ☐ **Yes, I want to elect direct deposit for my medical care expense and premium reimbursements.** Direct deposit is faster and more convenient than waiting to receive paper check reimbursements in the mail. A voided check is not required.

Account type: ☐ CHECKING ☐ SAVINGS

NAME OF BANK or CREDIT UNION _____

9-DIGIT ROUTING/TRANSIT NUMBER _____

ACCOUNT NUMBER (do not include check number) _____



Enrollment & Premium Deduction Authorization Form
United Concordia Retiree Dental-(Optional)
Northwest Benefit Network Retiree Vision-(Optional)
 See pages 19 and 20 for Brief Plan Descriptions
 Return to Loretta Haid Prewitt/Human Resources (206) 631-3139

This form to be completed ONLY if you are NOT continuing dental or vision insurance through COBRA or the PEBB.

Retirement Organization: ☐ **PERS** (Public Employees Retirement System)
☐ **SERS** (School Employees Retirement System)
☐ **TRS** (Teachers Retirement System)

Plan(s) I wish to continue: ☐ **Dental *** (automatic premium deduction) **\$74.48 Family or \$41.92 Single/month**
☐ **Vision *** (self-pay premium) **\$15.00/month**

*** Retiree dental and vision insurance coverage will terminate December 31, 2019 due to changes to state-mandated health insurance. ***

PLEASE TYPE OR PRINT

Retiree Name	Social Security No.	Date of Birth	Date of Retirement
Mailing Address	City	State	Zip

DENTAL/VISION PARTICIPANTS: Any questions regarding coverage must be directed to the appropriate insurance company. The staff of the Department of Retirement Systems cannot answer any questions regarding the plan or costs and will refer you directly to the insurance company.

DENTAL PARTICIPANTS: I hereby authorize and request the Department of Retirement Systems (DRS), at my own risk, to have deducted regularly from my retirement pension an amount sufficient to pay the premiums for my dental coverage (if elected above). The DRS is held harmless as to any problems involving coverage or premium charges that may occur between the carrier and the subscriber and covered dependents. Premium deductions will continue until: a) I direct in writing to payroll services and/or DRS that deductions discontinue; or b) the premium deduction plan is terminated.

Retiree Signature

Today's Date

OFFICE USE ONLY

Last month of coverage provided by Highline School District:

Self-paid month of:

Premium deduction to begin for month of:

Premium amount:

Payable to:

Highline School District

Section 2

Insurance

Options



Option A: PEBB Plan



Option B: COBRA Plan



Option C: Individual Plan



Other Insurance

K-12 Retiree Health Insurance

CONTINUATION OPTIONS OUTLINE

A. **PEBB** (Public Employees Benefits Board)

1. medical, dental and vision coverage available
2. monthly premium is state subsidized
3. must return your completed enrollment form no later than **60 days after the date your employment ends to receive coverage or defer coverage** if you have other employer-sponsored or COBRA coverage
4. contact the Health Care Authority at **1-800-200-1004** to request a "K-12 Retiree Packet" or visit their web site at **www.pebb.hca.wa.gov**

B. **COBRA** (Consolidated Omnibus Budget Reconciliation Act)

1. medical, dental and vision coverage available
2. premium receives no state subsidy
3. 18-month maximum continuation period
4. not available for individuals entitled to Medicare
5. contact Bianca Castaneda at (206) 631-3138 for more information

C. **Individual**

1. premium receives no state subsidy
2. no later opportunity for PEBB plan enrollment
3. contact your insurance company for more information

K-12 Retiree Health Insurance

OPTION A: PEBB Plan

- **SERVICE AREAS**

The state of Washington has been divided into service areas by county or by specific zip codes within parts of counties. The medical plan(s) available to you are determined by the service area in which you live. Service area restrictions do not apply to the Uniform Medical Plan or the Uniform Dental Plan.

- **MEDICAL COVERAGE**

Several medical plans along with a Medicare Supplement Plans are available to K-12 retirees. These plans are offered by the Health Care Authority (HCA) and sponsored by the Public Employees Benefits Board (PEBB). The Uniform Medical Plan provides benefits regardless of where you live; however, the remaining medical plans are managed care plans and coverage is limited to certain service area boundaries and provider participation. The Medicare Supplement Plan is F and available to individuals enrolled in both parts A & B of Medicare.

All medical plans offer the same basic benefits, although benefit limitations, annual deductibles, co-payments, and annual out-of-pocket expense limits may vary slightly from plan to plan. Some plans may also offer extended-network benefits in addition to the basic level of benefits.

Following are some questions to consider when selecting a plan:

- *Do I live within the plan service area?*
- *What are my health care needs?*
- *What benefits are available through the PEBB plans?*
- *What choice of providers will I have?*
- *What are the out-of-pocket costs of the plan(s) I am considering?*

- **DENTAL COVERAGE**

Three dental plans are offered by the HCA. Each dental plan covers like services with varying payment levels. The Uniform Dental Plan, administered by Washington Dental Service (WDS), offers a choice of any licensed dentist, but provides a higher reimbursement if your dentist contracts with WDS. The remaining two managed care dental plans limit the choice of dentists or dental clinics to plan-designated providers.

- **VISION COVERAGE**

Vision coverage is a part of each medical plan and is limited on most plans to 24-month intervals. No separate vision plans are offered by the HCA.

- **PAYMENT METHOD**

Automatic Deduction: PEBB plan premiums will be deducted automatically from your pension check unless you make other arrangements with the HCA. (NOTE: You may wish to establish a systematic payment plan from your VEBA account to reimburse you for your PEBB plan premium deductions.)

Self-Pay: You will need to make special arrangements with the HCA's self-pay department if you do not wish to have premiums automatically deducted from your pension check.

VEBA Systematic Payment Plan: If you choose to self-pay or have automatic deduction, VEBA payment may be sent directly to you or your bank account in order to reimburse your premium payment expenses.

- **ADDITIONAL INFORMATION**

You may contact the **Health Care Authority at 1-800-200-1004 to request a K-12 Retiree packet** or visit their web site at www.pebb.hca.wa.gov.

K-12 Retiree Health Insurance

OPTION B: COBRA Plan

- **ELIGIBILITY**

You and/or your eligible dependents may continue your current medical, dental and/or vision coverage through a COBRA continuation plan. Coverage begins immediately following your district-provided coverage ending date. This method of continued coverage is available for up to 18 months. (Extensions to the basic 18 months may be granted by the Washington State Legislature.) Individuals entitled to Medicare benefits may not continue COBRA coverage. COBRA coverage will terminate immediately upon an individual's Medicare entitlement.

- **ENROLLMENT**

You have 60 days to elect COBRA continuation coverage beginning on the latter of: a) the day your district-provided coverage ends; or b) the day you are notified by the district of your COBRA continuation rights. ***COBRA notification and enrollment information will be sent to you prior to your district-provided coverage ending date.***

- **COVERAGE**

Coverage under a COBRA continuation plan does not differ from your active coverage provided by the district. Refer to your plan benefits booklet for a detailed description of the actual terms and conditions of your medical insurance contract. While continuing coverage through COBRA, any change in district-provided coverage or benefits for active employees will also apply to you as if you were not retired.

- **RATES**

Rates are subject to change effective November 1 each year. You will be notified by the district of any rate changes. Current COBRA rate schedules are contained in this packet (see Section 3).

- **PAYMENT**

Premium payment for coverage under a COBRA continuation plan must be made directly to the Highline School District. ***These payments may not be automatically deducted from your pension check.*** A COBRA enrollment packet containing payment amounts and due dates will be sent directly to you. In addition, if you are a VEBA participant, you may make arrangements for automatic payment reimbursements from your VEBA account.

- **CONVERSION**

When your COBRA coverage expires, you will be eligible to enroll in a Public Employees Benefits Board (PEBB) plan as long as you deferred PEBB coverage within 60 days of retirement.

- **ADDITIONAL INFORMATION**

Please contact Bianca Castaneda at (206) 631-3138, if you have any questions regarding COBRA continuation coverage.

K-12 Retiree Health Insurance **OPTION C: Individual Plan**

Contact your medical insurance company for eligibility, enrollment and coverage information. The Highline School District does not have information regarding Individual Plan coverage.

Kaiser Permanente:	1-888-901-4636
Premiera Blue Cross:	1-855-756-0798
Aetna WEA Select:	1-855-878-4101
United Health Care WEA Select:	1-844-219-3630
Health Insurance Marketplace:	<u>www.HealthCare.gov</u> or call 1-800-318-2596

OTHER INSURANCE

- **ADMINISTRATORS LIFE and AD&D INSURANCE (United of Omaha)**

Retiring administrators under the age of 60 years may convert their Life and Accidental Death & Dismemberment insurance through United of Omaha to an individual policy. If you elect this conversion, benefits will terminate at the end of the month in which you attain your 60th birthday, or for an indefinite period of time in the event of disability prior to age 60. For more information, contact Bianca Castaneda, Benefits Specialist (206) 631-3138.

- **AD&D INSURANCE (National Union Fire Insurance Company)**

Retirees may convert their Accidental Death & Dismemberment insurance provided by National Union Fire Insurance Company to an individual policy provided by American Home Assurance Company. Reuben Warner Associates, Inc. is American Home Assurance Company's Managing General Agent for individual AD&D business. For more information call Reuben Warner Associates, Inc. at 1-800-421-3005.

- **SALARY INSURANCE**

No conversion or continuation options are available.

Section 3

Rates &

Summaries



Rates

COBRA Plans

PEBB Plans



Summary of Benefits

Dental & Vision Plans

Although the Highline School District makes every effort to obtain and distribute accurate information concerning insurance coverage and premiums, it cannot be responsible for the accuracy of the information contained in this packet. If you have questions, you may contact the insurance companies directly or you may contact our insurance broker:

The Partners Group
11225 SE 6th St, Suite 110 | Bellevue, WA 98004
Toll Free 1-877-455-5640
www.tpgrp.com

Highline School District Monthly COBRA RATES

Effective November 1, 2018 through December 31, 2019

All rates include a 2% administrative fee in accordance with federal COBRA legislation.

Kaiser Permanente www.kp.org/wa	Traditional HMO Plan
Customer Service: (206) 901-4636 or 1-888-901-4636	Group # 0075497
Employee	\$ 527.74
Employee & Spouse	1,003.13
Employee, Spouse & Child(ren)	1,207.06
Employee & Child(ren)	731.25
Spouse Only	475.39
Child Only	203.51

Premera Blue Cross	Premera Plan 2	Premera Plan 3	Premera Plan 5	Premera EasyChoice	Premera Basic Plan	Premera QHDHP
Customer Service: 1-855-756-0798 (206) 464-3663	4012344	4012344	4012344	4012344	4012344	4012344
Employee	\$ 961.91	\$ 879.41	\$1,112.66	\$ 647.51	\$ 522.70	\$ 507.22
Employee & Spouse	1,761.00	1,610.14	2,138.63	1,176.74	949.05	920.83
Employee, Spouse & Child	2,111.32	1,930.64	2,576.41	1,410.09	1,136.99	1,088.12
Employee & Child(ren)	1,284.48	1,174.40	1,518.31	859.25	693.23	672.69
Spouse Only	799.09	730.73	1,025.98	529.24	426.35	413.61
Child Only	322.56	294.98	405.65	211.74	170.53	165.47

UNITED CONCORDIA Dental www.ucci.com	NORTHWEST BENEFITS VISION www.nwadmin.com	WILLAMETTE DENTAL www.willamettedental.com
Customer Service 1-800-332-0366 Group #892924099	Customer Service 1-800-732-1123 Policy # HL	Customer Service 1.855.4DENTAL (1-855-433-6825) Group # W300
Subscriber Only = \$ 42.76 Subscriber + Family = \$ 75.97	\$ 15.30	\$ 89.15

WEA Aetna and United Healthcare COBRA Rates

Effective November 1, 2018 through December 31, 2019

RATES			Aetna		UnitedHealthcare		Aetna		UnitedHealthcare		
			Open Choice	Whole Health	Choice Plus	Navigate Balanced	Open Choice	Whole Health	Choice Plus	Navigate Balanced	
			(PPO)	(High Performance)	(PPO)	(High Performance)	(PPO)	(High Performance)	(PPO)	(High Performance)	
PLAN 5	Employee	No Dependents	\$1,135.56	\$1,031.86	\$1,178.58	\$1,056.80	PLAN 2	\$972.38	\$883.70	\$1,014.95	\$909.72
		With a Spouse	\$2,192.79	\$1,991.83	\$2,276.17	\$2,040.16		\$1,788.84	\$1,625.04	\$1,867.46	\$1,673.10
		With a Child	\$1,550.34	\$1,408.48	\$1,609.19	\$1,442.60		\$1,306.87	\$1,187.42	\$1,364.20	\$1,222.46
		With Child(ren)	\$1,550.34	\$1,408.48	\$1,609.19	\$1,442.60		\$1,306.87	\$1,187.42	\$1,364.20	\$1,222.46
		With Spouse & Child(ren)	\$2,634.62	\$2,393.01	\$2,734.86	\$2,451.12		\$2,143.57	\$1,947.14	\$2,237.85	\$2,004.77
	Spouse	No Dependents	\$1,057.23	\$959.97	\$1,097.59	\$983.36		\$816.46	\$741.34	\$852.51	\$763.38
		With a Spouse	\$2,114.46	\$1,919.94	\$2,195.18	\$1,966.72		\$1,632.92	\$1,482.68	\$1,705.02	\$1,526.76
		With a Child	\$1,472.01	\$1,336.59	\$1,528.20	\$1,369.16		\$1,150.95	\$1,045.06	\$1,201.76	\$1,076.12
		With Child(ren)	\$1,886.79	\$1,713.21	\$1,958.81	\$1,754.96		\$1,485.44	\$1,348.78	\$1,551.01	\$1,388.86
		With Spouse & Child(ren)	\$2,529.24	\$2,296.56	\$2,625.79	\$2,352.52		\$1,967.41	\$1,786.40	\$2,054.27	\$1,839.50
	Child	No Dependents	\$414.78	\$376.62	\$430.61	\$385.80		\$334.49	\$303.72	\$349.25	\$312.74
		With a Spouse	\$1,472.01	\$1,336.59	\$1,528.20	\$1,369.16		\$1,150.95	\$1,045.06	\$1,201.76	\$1,076.12
		With a Child	\$829.56	\$753.24	\$861.22	\$771.60		\$668.98	\$607.44	\$698.50	\$625.48
		With Child(ren)	\$1,244.34	\$1,129.86	\$1,291.83	\$1,157.40		\$1,003.47	\$911.16	\$1,047.75	\$938.22
With Spouse & Child(ren)		\$1,886.79	\$1,713.21	\$1,958.81	\$1,754.96	\$1,485.44	\$1,348.78	\$1,551.01	\$1,388.86		
PLAN 3	Employee	No Dependents	\$890.22	\$809.10	\$925.56	\$835.82	EASYCHOICE A	\$670.86	\$609.92	\$680.35	\$610.24
		With a Spouse	\$1,638.86	\$1,488.86	\$1,704.20	\$1,538.27		\$1,227.30	\$1,115.17	\$1,244.75	\$1,115.75
		With a Child	\$1,196.20	\$1,086.93	\$1,243.80	\$1,122.93		\$898.74	\$816.83	\$911.49	\$817.26
		With Child(ren)	\$1,196.20	\$1,086.93	\$1,243.80	\$1,122.93		\$898.74	\$816.83	\$911.49	\$817.26
		With Spouse & Child(ren)	\$1,961.59	\$1,781.90	\$2,039.87	\$1,841.10		\$1,467.10	\$1,332.90	\$1,487.99	\$1,333.60
	Spouse	No Dependents	\$748.64	\$679.76	\$778.64	\$702.45		\$556.44	\$505.25	\$564.40	\$505.51
		With a Spouse	\$1,497.28	\$1,359.52	\$1,557.28	\$1,404.90		\$1,112.88	\$1,010.50	\$1,128.80	\$1,011.02
		With a Child	\$1,054.62	\$957.59	\$1,096.88	\$989.56		\$784.32	\$712.16	\$795.54	\$712.53
		With Child(ren)	\$1,360.60	\$1,235.42	\$1,415.12	\$1,276.67		\$1,012.20	\$919.07	\$1,026.68	\$919.55
		With Spouse & Child(ren)	\$1,803.26	\$1,637.35	\$1,875.52	\$1,692.01		\$1,340.76	\$1,217.41	\$1,359.94	\$1,218.04
	Child	No Dependents	\$305.98	\$277.83	\$318.24	\$287.11		\$227.88	\$206.91	\$231.14	\$207.02
		With a Spouse	\$1,054.62	\$957.59	\$1,096.88	\$989.56		\$784.32	\$712.16	\$795.54	\$712.53
		With a Child	\$611.96	\$555.66	\$636.48	\$574.22		\$455.76	\$413.82	\$462.28	\$414.04
		With Child(ren)	\$917.94	\$833.49	\$954.72	\$861.33		\$683.64	\$620.73	\$693.42	\$621.06
		With Spouse & Child(ren)	\$1,360.60	\$1,235.42	\$1,415.12	\$1,276.67		\$1,012.20	\$919.07	\$1,026.68	\$919.55

WEA Aetna and United Healthcare COBRA Rates

Effective November 1, 2018 through December 31, 2019

RATES (continued)			Aetna		UnitedHealthcare					Aetna		UnitedHealthcare	
			Open Choice (PPO)	Whole Health (High Performance)	Choice Plus (PPO)	Navigate Balanced (High Performance)				Open Choice (PPO)	Whole Health (High Performance)	Choice Plus (PPO)	Navigate Balanced (High Performance)
EASYCHOICE B	Employee	No Dependents	\$699.59	\$636.00	\$712.39	\$638.85	BASIC PLAN			\$554.72	\$504.46	\$575.01	\$518.25
		With a Spouse	\$1,283.60	\$1,166.29	\$1,307.23	\$1,171.55				\$1,025.07	\$931.54	\$1,062.82	\$957.20
		With a Child	\$937.34	\$851.88	\$954.55	\$855.71				\$742.09	\$674.60	\$769.34	\$693.12
		With Child(ren)	\$937.34	\$851.88	\$954.55	\$855.71				\$742.09	\$674.60	\$769.34	\$693.12
		With Spouse & Child(ren)	\$1,533.80	\$1,393.47	\$1,562.06	\$1,399.76				\$1,218.45	\$1,107.13	\$1,263.38	\$1,137.68
	Spouse	No Dependents	\$584.01	\$530.29	\$594.84	\$532.70				\$470.35	\$427.08	\$487.81	\$438.95
		With a Spouse	\$1,168.02	\$1,060.58	\$1,189.68	\$1,065.40				\$940.70	\$854.16	\$975.62	\$877.90
		With a Child	\$821.76	\$746.17	\$837.00	\$749.56				\$657.72	\$597.22	\$682.14	\$613.82
		With Child(ren)	\$1,059.51	\$962.05	\$1,079.16	\$966.42				\$845.09	\$767.36	\$876.47	\$788.69
		With Spouse & Child(ren)	\$1,405.77	\$1,276.46	\$1,431.84	\$1,282.26				\$1,128.07	\$1,024.30	\$1,169.95	\$1,052.77
	Child	No Dependents	\$237.75	\$215.88	\$242.16	\$216.86				\$187.37	\$170.14	\$194.33	\$174.87
		With a Spouse	\$821.76	\$746.17	\$837.00	\$749.56				\$657.72	\$597.22	\$682.14	\$613.82
		With a Child	\$475.50	\$431.76	\$484.32	\$433.72				\$374.74	\$340.28	\$388.66	\$349.74
		With Child(ren)	\$713.25	\$647.64	\$726.48	\$650.58				\$562.11	\$510.42	\$582.99	\$524.61
		With Spouse & Child(ren)	\$1,059.51	\$962.05	\$1,079.16	\$966.42				\$845.09	\$767.36	\$876.47	\$788.69
QHDHP	Employee	No Dependents	\$511.69	\$465.40	\$528.54	\$477.35							
		With a Spouse	\$941.98	\$856.09	\$973.23	\$878.26							
		With a Child	\$684.81	\$622.59	\$707.46	\$638.65							
		With Child(ren)	\$684.81	\$622.59	\$707.46	\$638.65							
		With Spouse & Child(ren)	\$1,119.63	\$1,017.40	\$1,156.82	\$1,043.79							
	Spouse	No Dependents	\$430.29	\$390.69	\$444.69	\$400.91							
		With a Spouse	\$860.58	\$781.38	\$889.38	\$801.82							
		With a Child	\$603.41	\$547.88	\$623.61	\$562.21							
		With Child(ren)	\$776.53	\$705.07	\$802.53	\$723.51							
		With Spouse & Child(ren)	\$1,033.70	\$938.57	\$1,068.30	\$963.12							
	Child	No Dependents	\$173.12	\$157.19	\$178.92	\$161.30							
		With a Spouse	\$603.41	\$547.88	\$623.61	\$562.21							
		With a Child	\$346.24	\$314.38	\$357.84	\$322.60							
		With Child(ren)	\$519.36	\$471.57	\$536.76	\$483.90							
		With Spouse & Child(ren)	\$776.53	\$705.07	\$802.53	\$723.51							

United Concordia
DENTAL INSURANCE SUMMARY
Group # 892924001
Effective November 1, 2017 through October 31, 2018

MONTHLY PREMIUM

\$74.48 for retiree and eligible spouse/dependents (dependents to age 26). \$41.92 for Employee Only. Rates are subject to change annually.

COVERAGE

Class A Services: Diagnostic, Preventive, Restorative, Oral Surgery, Periodontics and Endodontics are considered Class A services paid at incentive levels. As long as you visit your dentist once each policy year, the incentive level will increase 10% until you reach the 100% incentive level.

70%	1st year
80%	2nd year
90%	3rd year
100%	4th year and each consecutive year thereafter

If an insured person fails to receive Class A dental services during a given incentive period, the incentive level will revert to the next lower applicable percentage. However, in no event will the incentive level fall below 70%.

Class B Services: Crowns, Inlays, Onlays, Dentures, Bridges, Partials and Implants are considered Class B services paid at 60%.

Class C Services: Orthodontics are considered Class C services paid at 80% after a one-time \$50.00 deductible.

MAXIMUM PAYABLE

Class A & B Services Combined: \$2,000.00 per policy year for each insured person.

Class C Services: \$1,250.00 for each insured person while covered under the policy.

ADDITIONAL INFORMATION

Refer to your plan benefits booklet for a detailed description of the actual terms and conditions of your dental insurance contract. You may also contact United Concordia at 1-800-332-0366 or visit their website at: www.ucci.com.

(Enrollment Form on Page 11 of this packet.)

Northwest Benefits Network VISION INSURANCE SUMMARY

Group # HL

Effective November 1, 2018 through December 31, 2019

MONTHLY PREMIUM

\$15.00 for retiree and eligible spouse/dependents (composite rate). Rate subject to change annually.

Family coverage – (Dependents to age 26.) No card needed; prior to your appointment, get an NBN vision claim form from Human Resources.

When you elect to use the services of a panel provider of NBN Vision Plan, the following benefits will be provided in full unless otherwise noted:

- 1. Vision Examination** – A complete analysis of the eyes and related structure to determine the presence of vision problems will be covered in full.
- 2. Lenses** – The Plan provides high quality lenses necessary to improve your visual acuity. Basic prescription lenses will be covered in full. Several extras are also covered by the Plan.
- 3. Frames** – The Plan offers a selection of frames that will be covered in full; however, if you select a frame which costs more than the amount allowed by your Plan, there will be an additional charge. Please ask your panel provider to show you the frames that are covered in full by your Plan and those which will cost more than the Plan maximum.
- 4. Contact Lenses** – The Plan covers both elective and medically necessary contacts. When patients choose elective contact lenses, NBN will make an allowance of \$300.00 toward the cost of the exam, lenses and fitting in lieu of all other benefits for the year. To receive this allowance, the patient must select a provider from the NBN Vision Plan list and be eligible for examination and lenses.

The Plan also covers the full cost of medically necessary contact lenses (subnormal vision aid) only after cataract surgery.

Frequency of Benefits

Vision Exam:	Once per year	(365 consecutive days)
Lenses; glasses:	Once per year	(365 consecutive days)
Frames:	Once per year	(365 consecutive days)
Contacts:	Once per year	(365 consecutive days)

ADDITIONAL INFORMATION

You may contact Northwest Administrators, Inc. at (206) 726-3278 or 1-800-732-1123, or access their web site at www.nwadmin.com.

(Enrollment Form on Page 11 of this packet.)

2019 PEBB Retiree Monthly Premiums

Effective January 1, 2019

Special Requirements

- To qualify for the Medicare premium, at least one covered enrollee must be enrolled in both Part A and Part B of Medicare.
- Medicare enrollees enrolled in a Kaiser Permanente Washington Medicare Advantage plan or Kaiser Permanente Northwest Senior Advantage plan must complete and sign the *Medicare Advantage Plan Election Form* (form C) to enroll in one of these plans.
- Medicare premiums are reduced by the state-funded contribution, up to the lesser of \$168 or 50 percent of plan rate per retiree per month.

For more information on these requirements, contact your medical plan's customer service department.

Non-Medicare Medical Plan Premiums

For members not eligible for Medicare (or enrolled in Part A only)	Subscriber Only	Subscriber and Spouse ¹	Subscriber and Child(ren)	Subscriber, Spouse ¹ , and Child(ren)
Kaiser Permanente NW Classic ²	\$710.65	\$1,415.33	\$1,239.16	\$1,943.84
Kaiser Permanente NW CDHP ²	\$604.16	\$1,196.38	\$1,062.91	\$1,596.81
Kaiser Permanente WA Classic	\$733.39	\$1,460.80	\$1,278.95	\$2,006.37
Kaiser Permanente WA CDHP	\$600.44	\$1,189.46	\$1,056.79	\$1,587.47
Kaiser Permanente WA SoundChoice	\$603.21	\$1,200.44	\$1,051.13	\$1,648.37
Kaiser Permanente WA Value	\$656.25	\$1,306.54	\$1,143.96	\$1,794.25
UMP Classic	\$674.85	\$1,343.72	\$1,176.50	\$1,845.38
UMP CDHP	\$600.54	\$1,189.65	\$1,056.96	\$1,587.74
UMP Plus—PSHVN	\$618.07	\$1,230.18	\$1,077.15	\$1,689.25
UMP Plus—UW Medicine ACN	\$618.07	\$1,230.18	\$1,077.15	\$1,689.25

Medicare Medical Plan Premiums

For members enrolled in Medicare Parts A and B:	Subscriber Only	Subscriber and Spouse ¹		Subscriber and Child(ren)		Subscriber, Spouse ¹ , and Child(ren)		
	1 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	3 Medicare eligible
Kaiser Permanente NW Senior Advantage	\$169.80	\$874.48††	\$333.63	\$698.31††	\$333.63	\$1,402.99††	\$862.14††	\$497.46
Kaiser Permanente WA Classic	N/A	\$895.33	N/A	\$713.47	N/A†	\$1,440.89	\$875.41	N/A†
Kaiser Permanente WA Medicare Plan	\$167.91	N/A†	\$329.85	N/A†	\$329.85	N/A†	N/A†	\$491.79
Kaiser Permanente WA SoundChoice	N/A	\$765.15	N/A	\$615.84	N/A†	\$1,213.07	\$777.78	N/A†
Kaiser Permanente WA Value	N/A	\$818.19	N/A	\$655.62	N/A†	\$1,305.90	\$817.56	N/A†
UMP Classic	\$313.09	\$981.96	\$620.20	\$814.74	\$620.20	\$1,483.62	\$1,121.86	\$927.32

¹ Or state-registered domestic partner

² Kaiser Foundation Health Plan of the Northwest, with plans offered in Clark and Cowlitz counties in Washington, and select Oregon counties.

† If a Kaiser Permanente WA enrollee is enrolled in Medicare Part A and Part B and other enrollees are not eligible for Medicare, the non-Medicare enrollees must enroll in a Kaiser Permanente WA Classic, SoundChoice, or Value plan. The subscriber will pay a combined Medicare and non-Medicare premium.

†† If a Kaiser Permanente NW enrollee is enrolled in Medicare Part A and Part B and other enrollees are not eligible for Medicare, the non-Medicare enrollees will be enrolled in Kaiser Permanente NW Classic². The subscriber will pay the combined Medicare and non-Medicare premium shown for Kaiser Permanente NW Senior Advantage.

Medicare Supplement Plan F Premiums (administered by Premiera Blue Cross)

	Subscriber Only	Subscriber and Spouse*			Subscriber and Child(ren)	Subscriber, Spouse*, and Child(ren)		
	1 Medicare eligible	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled	2 Medicare eligible	1 Medicare eligible**	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled**	2 Medicare eligible**
Plan F Age 65 or older, eligible by age	\$112.16	\$781.04	\$305.19	\$218.35	\$613.82	\$1,282.69	\$807.60	\$720.01
Plan F Under age 65, eligible by disability	\$199.00	\$867.88	\$305.19	\$392.03	\$700.66	\$1,369.53	\$807.60	\$893.69

*or state-registered domestic partner

**If a Medicare supplement plan is selected, non-Medicare enrollees are enrolled in the Uniform Medical Plan (UMP) Classic. The rates shown reflect the total due, including premiums for both plans.

Monthly Premium Surcharges (for non-Medicare subscribers only)

The following surcharges may apply to subscribers not enrolled in Medicare Part A and Part B in addition to the monthly medical premium. **These surcharges do not apply if the subscriber is enrolled in Medicare Part A and Part B.**

- A monthly \$25-per-account premium surcharge will apply if the subscriber or any dependent (age 13 and older) enrolled in PEBB medical uses tobacco products.
- A monthly \$50 premium surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner; and the spouse or state-registered domestic partner elected not to enroll in another employer-based group medical plan that is comparable to Uniform Medical Plan (UMP) Classic.

For more guidance on whether these surcharges apply to you, see the *2019 Premium Surcharge Help Sheet* at www.hca.wa.gov/erb.

Dental Plan Premiums

You must enroll in medical coverage to enroll in dental. You cannot enroll in ONLY dental coverage. Once enrolled, you must keep dental coverage for at least two years.

	Subscriber Only	Subscriber and Spouse*	Subscriber and Child(ren)	Subscriber, Spouse*, and Child(ren)
DeltaCare, administered by Delta Dental of Washington	\$39.53	\$79.06	\$79.06	\$118.59
Uniform Dental Plan, administered by Delta Dental of Washington	\$45.87	\$91.74	\$91.74	\$137.61
Willamette Dental of Washington, Inc.	\$44.45	\$88.90	\$88.90	\$133.35

*or state-registered domestic partner

CONTACT INFORMATION

**Department of Retirement Services (DRS)**

1-800-547-6657

www.drs.wa.gov**Internal Revenue Service (IRS)**

1-800-829-1040

www.irs.gov**Public Employees Benefit Board (PEBB)**

1-800-200-1004

www.hca.wa.gov/pebb-retirees**Social Security & Medicare**

1-800-772-1213

www.socialsecurity.govwww.socialsecurity.gov/pgm/links_medicare.htm**Anna Fitzpatrick, Retirement Specialist**

206-631-3141

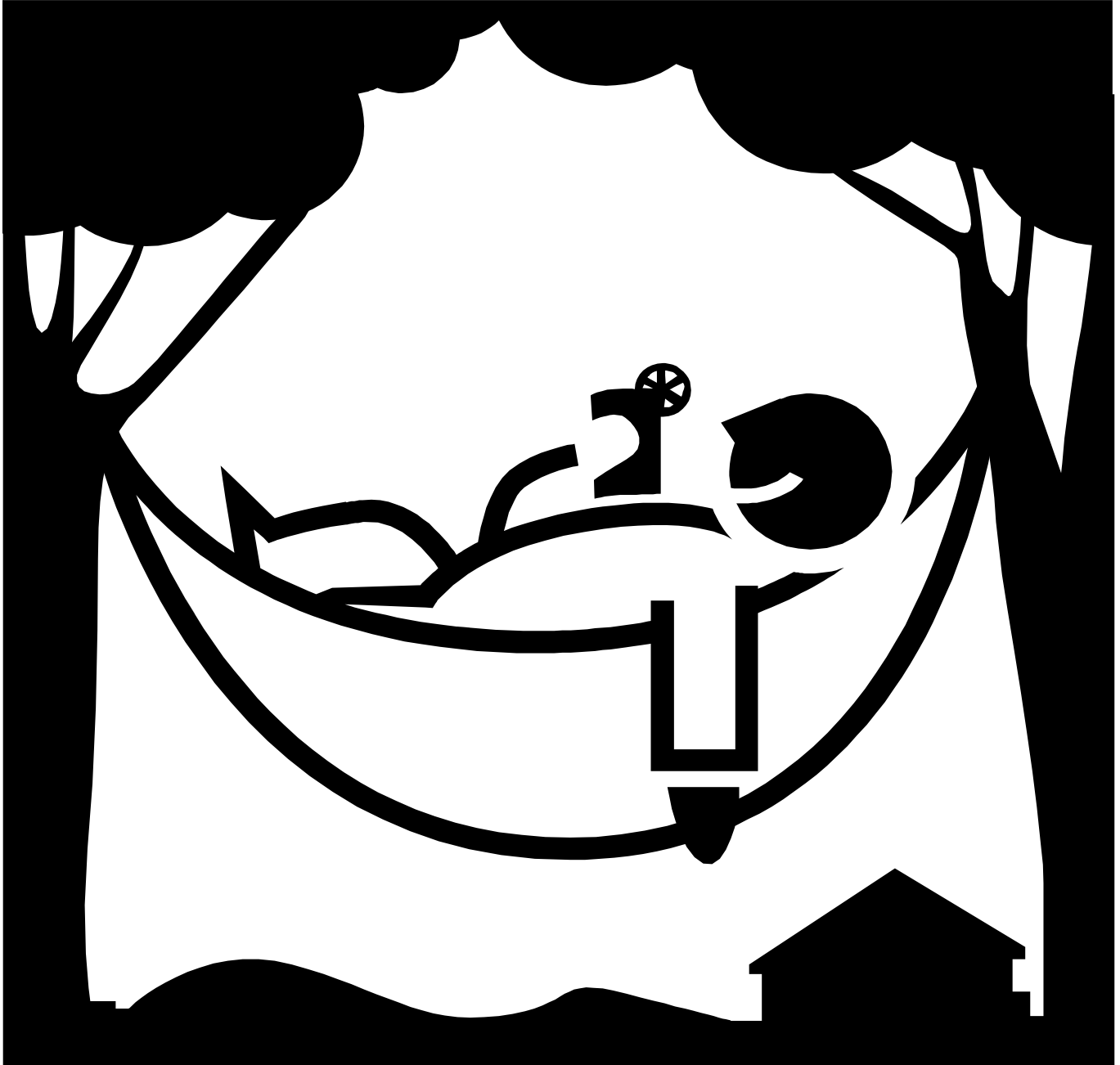
email: Anna.Fitzpatrick@highlineschools.org**Bianca Castaneda, Benefits Specialist**

206-631-3138

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Happy Retirement!



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Educational Resources and Administrative Center
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