



# Washington Counties Insurance Fund 2017 Benefit Plan Comparison

- **Medical Plans**
- **Dental Plans**
- **Vision Plans**
- **Basic Life / Accidental Death Dismemberment Plan**
- **Voluntary Term Life (VTL) & Voluntary Accidental Death & Dismemberment (VAD&D) Plans**
- **Voluntary Long Term (VLTD) & Short Term Disability (VSTD) Plans**
- **Employee Assistance Program**
- **Consumer Driven Health Plans (HSA/FSA/DCAP)**

*For additional information including plan summaries and lists of participating providers, visit us at [www.wcif.net](http://www.wcif.net). Information about billing, eligibility, and other plan administration is available under the Employer portion of our website.*



# PREMERA BLUE CROSS PPO MEDICAL PLANS

Summary of In-Network Benefits (Refer to Summary Plan Description for Out-of-Network Benefits.)

	WCIF 200*	WCIF 500	WCIF 750	WCIF 1250	WCIF 2000	WCIF 3000	WCIF 5000	WCIF HSA
<b>Medical Cost Share Options</b>								
<b>Deductible (Ded)</b>								
<b>Individual</b>	\$200	\$500	\$750	\$1,250	\$2,000	\$3,000	<b>\$5,000</b>	\$1,500
<b>Family</b>	\$400	\$1,000	\$1,500	\$2,500	\$4,000	\$6,000	<b>\$10,000</b>	Aggregate Family: \$3,000
<b>Coinsurance (Coins)</b>	20%	20%	20%	20%	20%	20%	<b>0%</b>	20%
<b>Out-of-pocket max</b> (includes deductible)								
<b>Individual</b>	\$2,200	\$2,750	\$5,750	\$6,350	\$6,350	\$6,350	<b>\$5,000</b>	\$3,400
<b>Family</b>	\$4,400	\$5,500	\$11,500	\$12,700	\$12,700	\$12,700	<b>\$10,000</b>	Aggregate Family: \$6,800
<b>Office Visit</b>	<b>\$25 Copay</b>	<b>\$30 Copay</b>	<b>\$30 Copay</b>	<b>\$35 Copay</b>	<b>\$35 Copay</b>	<b>\$35 Copay</b>	<b>\$35 Copay</b>	Ded / Coins
<b>Preventive Care</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	<b>Covered in Full</b>	Covered in Full
<b>TeleDoc (Virtual Care)</b>	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	<b>\$10 Copay</b>	Ded / Coins
<b>Manipulations (spinal)</b>	15 Visits \$25 Copay	15 Visits \$30 Copay	20 Visits \$30 Copay	20 Visits \$35 Copay	20 Visits \$35 Copay	20 Visits \$35 Copay	<b>20 Visits</b> <b>\$35 Copay</b>	15 Visits Ded / Coins
<b>Diagnostic Lab and X-ray Services</b> <small>Some services may require pre-authorization</small>	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins
<b>Inpatient Hospital</b>	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	<b>Ded / Coins</b>	Ded / Coins
<b>Outpatient Surgery Facility</b>	\$75 Copay Ded / Coins	\$75 Copay Ded / Coins	\$75 Copay Ded / Coins	\$75 Copay Ded / Coins	\$75 Copay Ded / Coins	\$75 Copay Ded / Coins	<b>\$75 Copay</b> <b>Ded / Coins</b>	Ded / Coins
<b>Emergency Care Copay</b> <small>(waive copay if admitted)</small>	\$150 Copay Ded / Coins	\$150 Copay Ded / Coins	\$150 Copay Ded / Coins	\$200 Copay Ded / Coins	\$200 Copay Ded / Coins	\$200 Copay Ded / Coins	<b>\$200 Copay</b> <b>Ded / Coins</b>	Ded / Coins
<b>Pharmacy 30 day supply</b>								
<b>Generic – Tier 1</b>	<b>\$5 Copay</b>	<b>\$5 Copay</b>	<b>\$5 Copay</b>	<b>\$5 Copay</b>	<b>\$5 Copay</b>	<b>\$5 Copay</b>	<b>\$5 Copay</b>	Ded / Coins
<b>Brand Name – Tier 2</b>	<b>\$35 Copay</b>	<b>\$35 Copay</b>	<b>\$35 Copay</b>	<b>\$35 Copay</b>	<b>\$35 Copay</b>	<b>\$35 Copay</b>	<b>\$35 Copay</b>	Ded / Coins
<b>Non-Preferred – Tier 3</b>	<b>\$70 Copay</b>	<b>\$70 Copay</b>	<b>\$70 Copay</b>	<b>\$70 Copay</b>	<b>\$70 Copay</b>	<b>\$70 Copay</b>	<b>\$70 Copay</b>	Ded / Coins

\* Grandfathered Plan for current participants only.

*This benefit comparison is intended to provide a brief description of 2017 coverage and is not a complete explanation of covered services, exclusions, limitation, reductions or the terms under which a program may be continued in force. This summary is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusion, please refer to the applicable summary plan documents posted to [www.wcif.net](http://www.wcif.net). 2017 documents will be posted as they are approved by respective carriers.*



# GROUP HEALTH MEDICAL PLANS

Summary of In-Network Benefits (Refer to plan summary for Out-of-Network benefits.)

	Access PPO 200	Access PPO 500	Access PPO 1000	Access PPO 2000	Access PPO 3000	Access PPO 5000	Access PPO HSA
<b>Medical Cost Share Options</b>							
<b>Deductible (Ded)</b>							
<b>Individual</b>	\$200	\$500	\$1,000	\$2,000	\$3,000	\$5,000	\$1,500
<b>Family</b>	\$400	\$1,000	\$2,000	\$4,000	\$6,000	\$10,000	Aggregate Family: \$3,000
<b>Coinsurance (Coins)</b>	20%	20%	20%	20%	20%	20%	10% / 20%
<b>Out-of-pocket max</b> (Includes deductible)							
<b>Individual</b>	\$2,000	\$2,500	\$3,000	\$4,000	\$5,000	\$5,000	\$3,500
<b>Family</b>	\$4,000	\$5,000	\$6,000	\$8,000	\$10,000	\$10,000	Aggregate Family: \$7,000
<b>Office Visit</b>	\$10 GHC / \$20 PPO Copay Ded / Coins	\$20 GHC / \$30 PPO Copay Ded / Coins	\$20 GHC / \$30 PPO Copay Ded / Coins	\$20 GHC / \$30 PPO Copay Ded / Coins	\$20 GHC / \$30 PPO Copay Ded / Coins	\$20 GHC / \$30 PPO Copay Ded / Coins	Ded / Coins
<b>Preventive Care</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>CareNow (Virtual Care)</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>Welcome Rider</b>	First 4 office visits are not subject to deductible and/or coinsurance. After the 4th visit, services are subject to the deductible and then coinsurance. The first \$500 of professional lab/x-ray expenses each calendar year are covered in full. After \$500 is paid in full, all other x-ray/lab expenses are subject to deductible and then coinsurance.						N/A
<b>Manipulations (spinal)</b>	20 Visits PCY \$20 PPO Copay Ded / Coins	20 Visits PCY \$30 PPO Copay Ded / Coins	20 Visits PCY \$30 PPO Copay Ded / Coins	20 Visits PCY \$30 PPO Copay Ded / Coins	20 Visits PCY \$30 PPO Copay Ded / Coins	20 Visits PCY \$30 PPO Copay Ded / Coins	20 Visits PCY Ded / Coins
<b>Diagnostic Laboratory and X-ray Services</b> <small>Some services may require pre-authorization</small>	Inpatient: Covered under Hospital Services	Inpatient: Covered under Hospital Services	Inpatient: Covered under Hospital Services	Inpatient: Covered under Hospital Services	Inpatient: Covered under Hospital Services	Inpatient: Covered under Hospital Services	Inpatient: Covered under Hospital Services
	Outpatient: Ded / Coins	Outpatient: Ded / Coins	Outpatient: Ded / Coins	Outpatient: Ded / Coins	Outpatient: Ded / Coins	Outpatient: Ded / Coins	Outpatient: Ded / Coins
<b>Inpatient Facility</b>	\$100 Copay per day for up to 5 days per admit; Ded / Coins	\$100 Copay per day for up to 5 days per admit; Ded / Coins	\$100 Copay per day for up to 5 days per admit; Ded / Coins	\$100 Copay per day for up to 5 days per admit; Ded / Coins	\$100 Copay per day for up to 5 days per admit; Ded / Coins	\$100 Copay per day for up to 5 days per admit; Ded / Coins	Ded / Coins
<b>Outpatient Surgery Facility</b>	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins
<b>Emergency Care</b> <small>(waive copay if admitted)</small>	\$100 Copay Ded / Coins	\$100 Copay Ded / Coins	\$100 Copay Ded / Coins	\$100 Copay Ded / Coins	\$100 Copay Ded / Coins	\$100 Copay Ded / Coins	Ded / Coins
<b>Pharmacy 30 day supply</b>							
<b>Preferred Generic – Tier 1</b>	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay	Ded then \$10 Copay
<b>Preferred Brand Name – Tier 2</b>	\$35 Copay	\$35 Copay	\$35 Copay	\$35 Copay	\$35 Copay	\$35 Copay	Ded then \$35 Copay
<b>Non-Preferred – Tier 3</b>	\$70 Copay	\$70 Copay	\$70 Copay	\$70 Copay	\$70 Copay	\$70 Copay	Ded then \$70 Copay

PCY = Per Calendar Year

This benefit comparison is intended to provide a brief description of 2017 coverage and is not a complete explanation of covered services, exclusions, limitation, reductions or the terms under which a program may be continued in force. This summary is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusion, please refer to the applicable summary plan documents posted to [www.wcif.net](http://www.wcif.net). 2017 documents will be posted as they are approved by respective carriers.



# GROUP HEALTH MEDICAL PLANS

Summary of In-Network Benefits (Refer to plan summary for Out-of-Network benefits.)



	HMO 250	HMO 500	HMO 750	HMO 2000
<b>Medical Cost Share Options</b>				
<b>Deductible (Ded)</b>				
Individual	\$250	\$500	\$750	\$2,000
Family	\$500	\$1,000	\$1,500	\$4,000
<b>Coinsurance (Coins)</b>	0%	10%	20%	20%
<b>Out-of-pocket max</b> (Includes deductible)				
Individual	\$1,000	\$2,000	\$2,700	\$4,000
Family	\$2,000	\$4,000	\$5,400	\$8,000
<b>Office Visit</b>	\$20 Copay Ded applies	\$20 Copay Ded / Coins	\$20 Copay Ded / Coins	\$20 Copay Ded / Coins
<b>Preventive Care</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>CareNow (Virtual Care)</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>Manipulations (spinal)</b>	20 Visits PCY \$20 Copay Ded applies	20 Visits PCY \$20 Copay Ded / Coins	20 Visits PCY \$20 Copay Ded / Coins	20 Visits PCY \$20 Copay Ded / Coins
<b>Diagnostic Laboratory and X-ray Services</b> <small>Some services may require pre-authorization</small>	Inpatient: Covered under Hospital Services Outpatient: Ded applies	Inpatient: Covered under Hospital Services Outpatient: Ded / Coins	Inpatient: Covered under Hospital Services Outpatient: Ded / Coins	Inpatient: Covered under Hospital Services Outpatient: Ded / Coins
<b>Inpatient Facility</b>	Ded applies	Ded / Coins	Ded / Coins	Ded / Coins
<b>Outpatient Surgery Facility</b>	\$20 Copay Ded applies	\$20 Copay Ded / Coins	\$20 Copay Ded / Coins	\$20 Copay Ded / Coins
<b>Emergency Care</b> <small>(waive copay if admitted)</small>	\$100 Copay Ded applies	\$100 Copay Ded / Coins	\$100 Copay Ded / Coins	\$100 Copay Ded / Coins
<b>Pharmacy 30 day supply</b>				
Preferred Generic – Tier 1	\$5 Copay	\$5 Copay	\$5 Copay	\$5 Copay
Preferred Brand Name – Tier 2	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Non-Preferred – Tier 3	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay

PCY = Per Calendar Year

*This benefit comparison is intended to provide a brief description of 2017 coverage and is not a complete explanation of covered services, exclusions, limitation, reductions or the terms under which a program may be continued in force. This summary is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusion, please refer to the applicable summary plan documents posted to [www.wcif.net](http://www.wcif.net). 2017 documents will be posted as they are approved by respective carriers.*

# DENTAL PLANS

## DELTA DENTAL OF WASHINGTON PPO PLANS & WILLAMETTE DENTAL GROUP PLAN

 Delta Dental of Washington	Delta Dental of Washington					 Willamette Dental Group	WILLAMETTE DENTAL
	PPO PLANS		ENHANCED PPO PLANS		INCENTIVE PPO PLAN		PROACTIVE DENTAL CARE PLAN
	Plan A	Plan B	Plan C	Plan D	Incentive Plan		
Deductible	No Deductible		No Deductible		No Deductible	Deductible	No Deductible
Annual Maximum	\$1,000	\$2,000	\$1,000	\$2,000	\$2,000	Annual Maximum	No Annual Maximum
Class I - Diagnostic & Preventive (Sealants covered up to age 15)	100% PPO dentists 80% Premier dentists 80% Nonparticipating dentists*		100% PPO dentists 100% Premier dentists 100% Nonparticipating dentists*		70%-100% PPO dentists 70%-100% Premier dentists 70%-100% Out-of-State dentists*	General Office Visit	\$10 Copay per visit
Class II - Restorative Restorations, Endodontics, Periodontics, Oral Surgery	80% PPO dentists 70% Premier dentists 70% Nonparticipating dentists*		90% PPO dentists 80% Premier dentists 80% Nonparticipating dentists*		70%-100% PPO dentists 70%-100% Premier dentists 70%-100% Out-of-State dentists*	Diagnostic and Preventive Services, Restorative Dentistry, Prosthodontics Oral Surgery, Endodontic and Periodontics	Covered at 100%
Class III - Major Crowns, Dentures, Partials, Bridges, and Implants	50% PPO dentists 40% Premier dentists 40% Nonparticipating dentists*		50% PPO dentists 50% Premier dentists 50% Nonparticipating dentists*		50% PPO dentists 50% Premier dentists 50% Out-of-State dentists*	Specialty Office Visit	\$30 Copay per visit
Orthodontia (Adults and Children)	50% payable to a \$2,000 lifetime maximum		50% payable to a \$2,000 lifetime maximum		50% payable to a \$2,000 lifetime maximum	Orthodontia	\$1,800 Copay \$150 Copay for Pre-Orthodontic Service; fee is credited towards orthodontic copay if patient accepts treatment plan.
* You will be responsible for any balance remaining. Please be aware that Delta Dental of Washington has no control over nonparticipating dentists' charges or billing procedures.							



## VISION SERVICE PLAN (VSP) VISION PLANS

*NOTE: Extra discounts, value-added benefits, and savings apply when using a VSP provider. Please refer to the plan summary for more information. If you decide to use an Out-of-Network provider, you are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. Benefit frequency limits apply for both VSP and Out-of-Network coverage.*

	EXTENDED PLAN		STANDARD PLAN		BUDGET PLAN	
Eye Examination	Exam:	100% once every 12 months	Exam:	100% once every 12 months	Exam:	100% once every 24 months
Diabetic Eyecare Plus	Exam:	100% after \$20 Copay	Exam:	100% after \$20 Copay	Exam:	100% after \$20 Copay
Frames and Lenses	Frames:	Once every 24 months 100% after \$15 Copay <i>Frames covered up to \$150.00</i>	Frames:	Once every 24 months 100% after \$15 Copay <i>Frames covered up to \$150.00</i>	Frames:	Once every 24 months 100% after \$15 Copay <i>Frames covered up to \$150.00</i>
	Lenses:	Once every 12 months Single vision, lined bifocal, lined trifocal lenses, ultra violet protection, scratch-resistant coating and anti-reflective coating; Polycarbonate lenses for dependent children	Lenses:	Once every 12 months Single vision, lined bifocal, lined trifocal lenses, ultra violet protection, scratch-resistant coating and anti-reflective coating; Polycarbonate lenses for dependent children	Lenses:	Once every 24 months Single vision, lined bifocal, & lined trifocal lenses; Polycarbonate lenses for dependent children
	Second Pair Benefit:	Once every 12 months 100% after \$20 Copay <i>Frames covered up to \$150.00</i>				
Contact Lenses	Frequency: Fitting & Evaluation: Lenses:	Once every 12 months 100% after max \$60 Copay \$120 allowance for contacts	Frequency: Fitting & Evaluation: Lenses:	Once every 12 months 100% after max \$60 Copay \$120 allowance for contacts	Frequency: Fitting & Evaluation: Lenses:	Once every 24 months 100% after max \$60 Copay \$120 allowance for contacts
Benefit Limitations	<b>Members may choose between the benefit of glasses or contact lenses, but not both, during any benefit plan period.</b> (Second Pair Benefit on the Extended Coverage plan still applies.)					



## THE STANDARD LIFE and AD&D PLANS

### BASIC LIFE and ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

NOTE: Basic Life is a mandatory employer-paid benefit. All eligible employees must be enrolled.

#### OVERVIEW

Basic Life	AD&D	Maximum
\$12,000	\$12,000	see Basic Life
\$15,000	\$15,000	see Basic Life
\$20,000	\$20,000	see Basic Life
\$24,000	\$24,000	see Basic Life
\$36,000	\$36,000	see Basic Life
\$40,000	\$40,000	see Basic Life
\$48,000	\$48,000	see Basic Life
\$50,000	\$50,000	see Basic Life
1X Annual Salary	1X Annual Salary	\$50,000
1X Annual Salary	1X Annual Salary	\$100,000
1X Annual Salary	1X Annual Salary	\$150,000
Spouse* Coverage - \$1,000 Basic Life Insurance		
Child(ren) Coverage - \$1,000 Basic Life Insurance		

#### RATES

Employee Basic Life and AD&D	\$0.15 per \$1,000
Dependent Basic Life <i>(one or more)</i>	\$0.40 for \$1,000 benefit
If Basic dependent life coverage is elected it requires 100% employee participation and is employer paid.	

#### ADEA Benefit Reduction Schedule

	Employee & Spouse*
At age 70	Benefit reduced to 65% of original
At age 75	Benefit reduced to 45% of original
At age 80	Benefit reduced to 30% of original

### VOLUNTARY TERM LIFE (VTL) INSURANCE

#### OVERVIEW

- VTL offers continuation of coverage through portability/conversion and can be maintained upon termination. Additional information and applications available at [www.wcif.net](http://www.wcif.net).
- Coverage limits for:
  - Employees in \$10,000 increments to \$500,000 or 6 x annual earnings, whichever is less.
  - Spouses\* in \$10,000 increments to \$250,000
  - Children in \$2,000 increments to \$10,000  
*(Dependent benefit not to exceed 100% of employee's VTL amount)*
- Employees must have coverage in order to cover spouse and children.
- Guarantee Issue Coverage at \$50,000 for employees, \$20,000 for spouses\*, and \$10,000 for children  
*(Must enroll within 31 days of eligibility to qualify)*
- Accelerated benefit available to employee, spouses\*, and children if at least \$10,000 of coverage is in force.

#### RATES

Rate per unit ( unit = \$10,000)		
Age as of December 31	Employee	Spouse*
Under 20	\$0.56	\$0.60
20-24	\$0.66	\$0.70
25-29	\$0.71	\$0.75
30-34	\$0.82	\$0.90
35-39	\$0.98	\$1.05
40-44	\$1.45	\$1.55
45-49	\$2.35	\$2.45
50-54	\$3.91	\$4.09
55-59	\$5.81	\$5.87
60-64	\$8.74	\$9.57
65-69	\$12.53	\$13.53
70 & Over	\$12.53	n/a
Children - \$0.44 per \$2,000		

#### ADEA Benefit Reduction Schedule

	Employee	Spouse*
At age 70	Benefit reduced to 65% of original	No coverage
At age 75	Benefit reduced to 45% of original	No coverage
At age 80	Benefit reduced to 30% of original	No coverage

*Spouse\* voluntary term life insurance terminates on the date the spouse\* becomes 70 years of age.*

### VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (VAD&D) INSURANCE

#### OVERVIEW

- Coverage sold in units of \$25,000 up to \$500,000 maximum
- Maximum benefit of \$500,000 - any amount in excess of \$250,000 may not exceed ten times your annual earnings
- Spouse\* may select 50% or 100% of Employee's Benefit
- Children may be covered up to 10% of employee benefit not to exceed \$30,000
- Other VAD&D Features:
  - Higher Education Benefit
  - Career Adjustment Benefit
  - Paralysis Benefit
  - Common Disaster Benefit
  - Seat Belt Benefit

#### RATES

Rate per unit (unit = \$1,000)	
Employee	\$0.025
Spouse*	\$0.025
Child(ren)	\$0.030

#### ADEA Benefit Reduction Schedule

	Employee & Spouse*
At age 70	Benefit reduced to 65% of original
At age 75	Benefit reduced to 45% of original
At age 80	Benefit reduced to 30% of original
At age 85	Benefit reduced to 20% of original
At age 90	Benefit reduced to 15% of original
95 or over	Benefit reduced to 10% of original

\* or qualified domestic partner



## THE STANDARD DISABILITY PLANS

### BASE LONG TERM DISABILITY (LTD) PLAN

NOTE: Base LTD is an employer-paid benefit. If an employer elects to offer Base LTD, then all eligible employees must be enrolled.

<b>Base LTD Plan</b> <i>Employer Paid</i>	40% benefit up to \$4,000 per month with a 180 day waiting period.	
<b>Rates</b>	<b>Groups offering WCIF medical</b>	<b>Stand Alone (no WCIF medical)</b>
	<b>\$5.36</b>	<b>\$5.86</b>

### VOLUNTARY BUY-UP LONG TERM DISABILITY (LTD) PLAN

NOTE: Employees must be enrolled in Base LTD to purchase Voluntary Buy-Up LTD. Rates are \$0.50 higher if medical plans are not offered through WCIF.

<b>Voluntary Buy-Up LTD Plan</b> <i>Employee Paid</i>	60% benefit up to \$6,000 per month with a 90 day waiting period.
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#### Rates

Monthly Salary Range	Monthly Premium Due	
	Groups offering WCIF medical	Stand Alone (no WCIF medical)
\$999 or under	\$3.75	\$4.25
\$1,000 - \$1,499	\$6.25	\$6.75
\$1,500 - \$1,999	\$8.75	\$9.25
\$2,000 - \$2,499	\$11.25	\$11.75
\$2,500 - \$2,999	\$13.75	\$14.25
\$3,000 - \$3,499	\$16.25	\$16.75
\$3,500 - \$3,999	\$18.75	\$19.25
\$4,000 - \$4,499	\$21.25	\$21.75
\$4,500 - \$4,999	\$23.75	\$24.25
\$5,000 - \$5,499	\$26.25	\$26.75
\$5,500 - \$5,999	\$28.75	\$29.25
\$6,000 - \$6,499	\$31.25	\$31.75
\$6,500 - \$6,999	\$33.75	\$34.25
\$7,000 - \$7,499	\$36.25	\$36.75
\$7,500 - \$7,999	\$38.75	\$39.25
\$8,000 - \$8,499	\$41.25	\$41.75
\$8,500 - \$8,999	\$43.75	\$44.25
\$9,000 - \$9,499	\$46.25	\$46.75
\$9,500 or Over	\$48.75	\$49.25

### VOLUNTARY SHORT TERM DISABILITY (VSTD) PLAN

NOTE: Employees may enroll in Voluntary Short Term Disability without being enrolled in a Long Term Disability policy. In this instance they may choose to enroll in either the 90-day or the 180-day VSTD policy.

<b>VSTD Plan</b> <i>Employee Paid</i>	60% weekly benefit up to \$1,000 per week with a 30 day waiting period
<b>Maximum Benefit Period</b>	Option 1: 90 days (coincides with Buy-Up LTD enrollment) Option 2: 180 days (coincides with Base LTD enrollment)

#### Rates

Monthly Salary Range	Monthly Premium Due	
	180-DAY COVERAGE <small>coincides with Base LTD enrollment</small>	90-DAY COVERAGE <small>coincides with Buy-Up LTD enrollment</small>
\$999 or under	\$10.80	\$9.30
\$1,000 - \$1,499	\$12.30	\$10.30
\$1,500 - \$1,999	\$14.80	\$11.30
\$2,000 - \$2,499	\$16.80	\$12.80
\$2,500 - \$2,999	\$19.30	\$14.30
\$3,000 - \$3,499	\$20.80	\$15.30
\$3,500 - \$3,999	\$23.30	\$16.30
\$4,000 - \$4,499	\$25.30	\$17.80
\$4,500 - \$4,999	\$26.80	\$18.80
\$5,000 - \$5,499	\$28.80	\$19.80
\$5,500 - \$5,999	\$30.80	\$21.30
\$6,000 - \$6,499	\$32.80	\$22.30
\$6,500 - \$6,999	\$34.80	\$23.80
\$7,000 or Over	\$37.30	\$24.80





## MAGELLAN HEALTH SERVICES EMPLOYEE ASSISTANCE PROGRAM (EAP)

NOTE: This plan is bundled with all WCIF medical plans, or available as a stand-alone coverage.  
EAP is an employer-paid benefit. If an employer elects to offer EAP, then all eligible employees must be covered.

Frequency	Up to 6 one-hour in-person counseling sessions per problem per year, unlimited telephonic					
Eligibility	This EAP provides confidential consultation for the employee, everyone living in their household and dependent children up to age 26 living away from home.					
Services Provided	<p><b>For Management:</b> Program orientation and training for supervisors. Telephone consultation service to assist them in approach and support for troubled employees. Guidelines for working with drug-free workplace policies. Service includes promotion and orientation for all employees through brochures, posters and videos.</p> <p><b>For Employees:</b> Assessment and referral. 24-hour toll free phone lines for immediate help in crisis or urgent situations. Access to local professional counselors at no cost to the employee for up to six counseling sessions per problem per year. EAP sessions last one hour. For treatment beyond EAP services, refer to counselors within the community or covered by employee's insurance plan, if appropriate.</p>					
Problems Addressed	<b>Personal Concerns</b> <ul style="list-style-type: none"> <li>- Ambivalence</li> <li>- Antisocial Behavior</li> <li>- Depression/Suicidal Thoughts</li> <li>- Literacy Program Information</li> <li>- Sleep Problems</li> <li>- Sexual Concerns</li> <li>- Anxiety Reactions</li> <li>- Withdrawal</li> <li>- Self Confidence / Self Worth</li> <li>- Guilt</li> <li>- Insecurity</li> <li>- Loss</li> <li>- Harassment</li> </ul> <p><i>Also addresses occupational adjustments, occupational stress, behavioral concerns, and chemical dependency</i></p>	<b>Home Life &amp; Family Concerns</b> <ul style="list-style-type: none"> <li>- Family Violence</li> <li>- Single Parenting</li> <li>- Step Parenting</li> <li>- Adolescent Adjustment</li> <li>- Parent/Child Relationships</li> <li>- Value Conflicts</li> <li>- Separation/ Divorce Adjustment</li> <li>- Communication Problems</li> <li>- Sexual Concerns</li> <li>- Role Conflicts</li> </ul>	<b>Legal Services</b> <ul style="list-style-type: none"> <li>- Free one-hour initial consultation per subject matter per year with attorney</li> <li>- If legal matter requires ongoing service, 25% discount on fees is offered</li> <li>- Via website, wide range of legal information is available including an interactive will preparation program</li> </ul>	<b>Financial Services</b> <ul style="list-style-type: none"> <li>- Unlimited 60-minute telephone consultation for financial matters with financial counselor</li> <li>- Via website, wide range of financial information</li> <li>- Financial Problem Referrals</li> </ul>	<b>Management Services</b> <ul style="list-style-type: none"> <li>- Supervisor Consultations</li> <li>- Critical Incident/Trauma Debriefing</li> <li>- Assistance with Drug/Substance Abuse</li> </ul> <p><b>*Please note that there may be additional fees associated with some services such as, Critical Incident/Trauma Debriefing</b></p>	<b>Web Resources</b> <a href="http://www.magellanhealth.com/member">www.magellanhealth.com/member</a> <ul style="list-style-type: none"> <li>- Library of Resources and Articles</li> <li>- EAP Provider Self Referral</li> <li>- Child and Elder Care Databases for Self Search</li> <li>- Fitness Tools and Calculators</li> <li>- Legal and Financial Tools and Calculators</li> <li>- Self-Assessments and Personal Development Plans</li> <li>- Online Trainings and more</li> <li>- Online wellness program</li> <li>- Online Discount Center</li> </ul>



### Consumer Driven Health Plans (CDHP) Health Savings Account (HSA) & Flexible Spending Arrangements (FSA)

including Dependent Daycare Assistance Program (DCAP)

SERVICES	DESCRIPTION
HSA	Business Solutions Inc. (BSI) administers Health Savings Accounts for WCIF members. Employers may only offer HSAs to employees enrolled in the Premera WCIF HSA Qualified HDHP or the Group Health Access PPO HSA Qualified HDHP.
FSA/DCAP	Business Solutions Inc. (BSI) administers Flexible Spending Arrangements (FSAs) and Dependent Care Assistance Programs (DCAPs) for WCIF members.