YOUR 2017-2018 WEA SELECT MEDICAL PLAN SUMMARY OF BENEFITS

Open Enrollment August 21 – September 29, 2017

You Must Take Action!

All employees must actively enroll in their WEA Select benefits this year to choose the medical plan and carrier that will provide the best coverage for themselves and their families.

Non-Puget Sound

WEA Select

Options for you
The Choice is yours

Same Great Medical Benefits, More Health Care Choices

WEA Select is committed to offering employees the most competitive benefits possible. Our recent participant survey told us that—when it comes to health care—cost, choice, and easy access to care are most important.

Beginning November 1, 2017, WEA Select will replace Premera with Aetna and UnitedHealthcare—two of the largest, most successful national insurance carriers with a strong presence in Washington State.

By offering two carriers and a choice of provider networks, WEA Select gives you more options and encourages the two insurance companies to compete for your business by improving the quality of care and lowering the cost of service. With so many changes in both technology and health care, WEA Select has taken a strong program and made it better.

Keep reading to learn more about the...

- Choices you need to make
- Improvements to the medical plans
- Changes to benefit coverage
- Things that are staying the same
- Medical plan details and costs
- Steps you should take today to get ready to enroll

Understand the Choices You Need to Make

When enrolling in your benefits, you will make three important choices.

Step 1: **Plan**—You will have the same seven options that you have had in the past. Both the plan names and the benefit details (including deductibles, out-of-pocket maximums, and coinsurance) remain the same.

- Plan 2
- Plan 3
- Plan 5
- EasyChoice A
- EasyChoice B
- Basic
- Qualified High Deductible Health Plan (QHDHP)

Note: All seven options are not offered by all school districts. Please check with your district benefits office to learn what plans are available to you.

Step 2: **Carrier**—Aetna or UnitedHealthcare

Step 3: **Network**—Both carriers offer access to Preferred Provider Organization (PPO) and High Performance Network Plans. **Before enrolling, it's important that you make sure your current doctors and hospitals are in the network you choose.**

PPO PLANS	HIGH PERFORMANCE NETWORK PLANS
• You can use any doctor, clinic, hospital or health care facility. • You save money when you use an in-network provider. • The vast majority of providers are included in the PPO networks. • However, you have coverage if you go out of the network or out of the area.	• Unless it's an emergency, there is no coverage for out-of-network care. • Out-of-area care is covered. • Some physician groups and hospitals are not included in these networks. • Your monthly premiums for these plans are **3.7% - 7% lower** depending on the plan. • There are some key differences in how the Aetna and UnitedHealthcare High Performance Networks work. Learn more below.

Take a look at some key differences between the High Performance Networks.

	Aetna – Washington Value	UnitedHealthcare – Navigate Balanced
Network	This network includes all providers in your area EXCEPT: **Spokane** – Deaconess, Valley, Rockwood Clinic, Spokane Valley Cancer Center, and Medical Oncology Center; **Olympia** – Capital Medical Center; **Kennewick** –Kennewick General, Lourdes, KGH Anesthesia, NW Cancer Clinic, Tri-Cities Orthopedic, Tri-Cities Radiology, and Reliance Medical Clinics.	This network includes providers such as Providence-Swedish, Virginia Mason Medical Center, Multicare, Evergreen, Overlake, The PolyClinic, The Everett Clinic, Deaconess, and Kadlec Medical Center and Clinics.
Primary Care Physician (PCP)	You are not required to select a PCP.	You must select a PCP.
Specialist	No referrals are needed.	You pay less when referred by your PCP.

Aetna and UnitedHealthcare Offer Many Improvements

With both carriers, you can take advantage of the most recent innovations in wellness/lifestyle programs and technology. Some specific improvements include:

- **Concierge-style customer service,** with real people who answer the phone when you call your insurance company—friendly customer service provided by people who understand what you need when you call. Both the Aetna and UnitedHealthcare call centers pride themselves on their "no homework" policies. That means the customer service representatives will take ownership of your concerns and do the research for you. See page 12 for examples of the types of research they can do for you.
- **New cost estimator tools help you save money on medical care and prescriptions.** These online tools help you find the cost of a specific service by provider, using the provider's actual contracted rates and reflecting the real-time status of your deductible, coinsurance, and out-of-pocket maximum. Plus, the tool provides quality information about the provider so you know you're not only getting a good price, but high-quality care too.
- **No pre-approval for licensed massage therapy.** You and your provider no longer have to jump through hoops to have your visits approved by a third party.
- **Free opt-in access to wellness tools and programs.**
- **Free virtual care,** with 24-hour access to talk with a doctor.* Aetna uses Teledoc. UnitedHealthcare uses Doctors on Demand and AmWell.
- **Prenatal services will be covered in full.** The delivery and postnatal care will be subject to the deductible/coinsurance.
- **More services will be covered on an unlimited basis,** including hospice, inpatient rehabilitation, inpatient neurodevelopmental therapy, and orthotics.**
- **More services will be covered by the standard deductible and coinsurance of the plans,** including ambulance use and Temporomandibular Joint Disorder (TMJ).***

* This service is not free if you enroll in the QHDHP.

** Previously, these services had visit, day, or dollar limitations.

*** Previously, these services were subject to copay before deductible/coinsurance or had a higher level of coinsurance.

Is your doctor in the network?

It is important to check with the carriers (either online or by phone) to see if your doctors and/or hospital are in the network of your choice. The specific networks are:

PPO Plans

- **Aetna – Open Choice**
- **UnitedHealthcare – Choice Plus**

High Performance Network Plans

- **Aetna – Washington Value**
- **UnitedHealthcare – Navigate Balanced**

Call center information is found on page 12.

Understand Other Medical Plan Changes

To ensure consistency across carriers, a number of benefits have been modified. Some important changes include:

- **Deductible and out-of-pocket maximum periods**—In the past, these amounts accumulated over the calendar year (January 1 - December 31). Beginning November 1, 2017, both will be synchronized with the plan year (November 1 - October 31). If you have already met these amounts and have other health care needs, plan accordingly as the deductible and out-of-pocket maximum will reset with the new plan year.
- **EasyChoice Plans have different premiums**—The EasyChoice Plans (A and B) have historically had the same monthly premiums. It is no longer possible to maintain the same monthly premiums. Therefore, beginning November 1, 2017, each plan will have its own rate.
- **Inpatient copays (Plans 2, 3, and 5 only)**—The per-day inpatient copay will be converted to a per-admission copay.
- **Massage therapy**—A diagnosis from a provider is still needed; however, no prior authorization is required. As a result, the Community Health Benefit is no longer needed and is being eliminated.
- **Home health care**—Home health services will now be covered up to 200 visits per year.
- **Acupuncture (Plan 5 only)**—Acupuncture services will be limited to 52 visits per year.
- **Physical therapy, speech therapy, and occupational therapy**—No prior authorization is required for Aetna. No prior authorization is required for the initial visit for UnitedHealthcare. For additional visits, UnitedHealthcare uses national information on the condition and expected recovery to determine the number of visits to authorize.
- **Outpatient rehabilitation therapy visits (Plans 2 and 3 only)**—Physical therapy will now be included in the outpatient rehabilitation benefit along with speech therapy, occupational therapy, and massage therapy. The outpatient rehabilitation benefit will be limited to 80 visits per year for all therapies combined.
- **Chiropractic services (Plans 2, 3, and 5 only)**—These services will be limited to 52 visits per year.
- **Pain management**—Programs are available to help manage chronic pain. You opt-in if you are interested in these services.
- **Transplants**—The limit for travel and lodging for transplants will increase to $10,000 for the recipient, companion, and donor. In accordance with IRS regulations, the lodging reimbursement is $50 per night per person or $100 per night (excluding meals).
- **Wigs**—Wig coverage will be expanded. Health conditions covered include, but are not limited to: Alopecia Areata, Totalis, or Universalis; Chemotherapy; Radiation; and Lupus. Wigs will be covered annually, subject to the deductible and coinsurance. There is no dollar maximum when a contracted provider is used and a maximum of $500 when a non-contracted provider is used.

For more information and a full description of benefits, limitations, and exclusions, go to **WEAselect.com**.

Understand What Is Staying the Same

As explained earlier, not everything is changing! For example, the WEA Select medical plan names and designs (such as deductibles, copays, and coinsurance) remain the same! Other things you don't need to worry about include:

- **WEA claim review process**—WEA Select has a separate claim review process that allows participants to appeal their denied claim to the Benefit Services Advisory Board (BSAB), which is made up of their peers. The BSAB can uphold the carrier's decision, overturn it and have it paid, or have an administrative allowance made. Many modifications have been made to the WEA Select medical plans as a result of this process.
- **Dependent verification**—If you have already verified the eligibility of your dependents, you will not be asked to provide additional documentation, even if you change WEA Select medical plans. This includes changing to one of the new medical insurance carriers. However, you will need to verify any NEW dependent(s).
- **Dependent COBRA rates**—When a dependent covered on a WEA Select medical plan reaches the maximum age of 26, he or she has the ability to continue coverage through COBRA. These dependents are charged the child—not the employee—rate.
- **Surviving dependent provision**—In the event that the employee dies, premiums for the first 12 months of COBRA coverage are waived for dependents enrolled at the time.
- **90-day provider termination provision**—In the event that the medical carrier is unable to come to agreement with the clinic/hospital, you can continue to see the provider and receive in-network benefits for a 90-day period.

Helpful Definitions

- **Coinsurance**—The percentage of a covered service you pay after your deductible is met and continue to pay until your out-of-pocket maximum is met.
- **Copay**—The fixed dollar amount you pay each time you use certain services until your out-of-pocket maximum is met.
- **Deductible**—The amount you pay each plan year before your plan starts to pay benefits towards certain services. Your deductible restarts each year on November 1.
- **Network**—Your plan's contracted provider network determines which doctors, hospitals, and other health care providers are covered at your plan's in-network benefit level.
- **Out-of-pocket maximum**—The maximum amount you pay out of your own pocket for medical and/or prescription drug copays, deductible, and coinsurance during the plan year. Your out-of-pocket maximum restarts each year on November 1.
- **Prior authorization**—A pre-service review to determine that a medical rehabilitative service or prescription drug is covered by your benefit plan.

Review the Medical Plan Details

Both Aetna and UnitedHealthcare offer the same seven plans.

The chart below shows information for in-network care ONLY. Amount shown is what is paid by the participant.

You can find additional details—including out-of-network plan details—on the carrier sites. They are easy to access on **WEAselect.com**.

Medical Plan Summary (In-network care ONLY)

Benefit Description	Plan 5	Plan 2	Plan 3
Medical Benefits Not Subject to Deductible			
Office Visit Copay **If enrolled in the UnitedHealthcare High Performance Network, you must choose a Primary Care Physician (PCP).** Others are encouraged to do so.	$20 non-specialist $30 specialist UnitedHealthcare High Performance Network ONLY: $50 for **self-referrals**	$25 non-specialist $35 specialist UnitedHealthcare High Performance Network ONLY: $50 for **self-referrals**	$30 non-specialist $40 specialist UnitedHealthcare High Performance Network ONLY: $60 for **self-referrals**
Virtual Care	Paid in full	Paid in full	Paid in full
Preventive Care Exams/Immunizations/screenings	Paid in full	Paid in full	Paid in full
Prenatal Care	Paid in full	Paid in full	Paid in full
Medical Benefits Subject to Deductible			
Deductible Begins November 1	$200/person or $600/family	$300/person or $900/family	$500/person or $1,500/family
Coinsurance	10%	20%	20%
Medical Out-of-Pocket Maximum Begins November 1 (Includes copays, deductible, and coinsurance. Excludes Rx copays.)	$1,000/person or $3,000/family	$2,000/person or $6,000/family	$3,000/person or $9,000/ family
Inpatient Hospital	$150 per admission copay; then deductible and coinsurance	$150 per admission copay; then deductible and coinsurance	$300 per admission copay; then deductible and coinsurance
Outpatient Hospital	Deductible and coinsurance	$100 outpatient surgery copay; then deductible and coinsurance	$150 outpatient surgery copay; then deductible and coinsurance
Emergency Room Copay waived if admitted	$50 copay; then deductible and coinsurance	$75 copay; then deductible and coinsurance	$100 copay; then deductible and coinsurance
Diagnostic Imaging/Laboratory	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Prescription Drugs – Not subject to deductible	**Most Generics / Preferred / Non-Preferred**	**Most Generics / Preferred / Non-Preferred**	**Most Generics / Preferred / Non-Preferred**
Retail:	$10 / $15 / $30 (up to 30-day supply)	$10 / $20 / $35 (up to 34-day supply)	$15 / $25 / $40 (up to 34-day supply)
Mail Order:	$20 / $30 / $60 (up to 90-day supply)	$20 / $40 / $65 (up to 100-day supply)	$30 / $50 / $70 (up to 100-day supply)
Specialty Drugs:	$50 copay (up to 30-day supply)	$50 copay (up to 30-day supply)	$60 copay (up to 30-day supply)
Rx Out-of-Pocket Maximum	$2,000/person or $4,000/family	$2,000/person or $4,000/family	$2,000/person or $4,000/family

Review the Medical Plan Details, continued

Benefit Description	EasyChoice A	EasyChoice B	Basic	QHDHP
Medical Benefits				
Office Visit Copay	$25 non-specialist $35 specialist United Healthcare High Performance Network ONLY: $50 for **self-referrals**	$30 non-specialist $40 specialist United Healthcare High Performance Network ONLY: $60 for **self-referrals**	$35 non-specialist $50 specialist United Healthcare High Performance Network ONLY: $75 for **self-referrals**	No copays; deductible and coinsurance apply
Telemedicine	Paid in full	Paid in full	Paid in full	Paid in full, after deductible
Preventive Care Exams/Immunizations/screenings	Paid in full	Paid in full	Paid in full	Paid in full
Prenatal Care	Paid in full	Paid in full	Paid in full	Paid in full
Deductible Begins November 1	$1,250/person or $3,750/family	$750/person or $2,250/family	$2,100/person or $4,200/family	$1,750/person or $3,500/family plus one or more dependents; includes Rx
Coinsurance	20%	25%	30%	20%
Medical Out-of-Pocket Maximum Begins November 1 (Includes copays, deductible, and coinsurance. Excludes Rx copays.)	$4,000/person or $8,000/family	$3,500/person or $7,000/family	$6,600/person or $13,200/family; shared with Rx out-of-pocket maximum	$5,000/person or $10,000/family; shared with Rx out-of-pocket maximum
Inpatient Hospital	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Outpatient Hospital	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Emergency Room Copay waived if admitted	$100 copay; then deductible and coinsurance	$150 copay; then deductible and coinsurance	$200 copay; then deductible and coinsurance	Deductible and coinsurance
Diagnostic Imaging/Laboratory	First $250 paid in full; then deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Prescription Drugs – Deductible	$500 – Waived for Generics	$250 – Waived for Generics	$750/person or $1,500/family	Shared with Medical
	Most Generics / Preferred / Non-Preferred	**Most Generics / Preferred / Non-Preferred**	**Most Generics / Preferred / Non-Preferred**	**Most Generics / Preferred / Non-Preferred**
Retail:	$10 / 30% / 30% (up to 30-day supply)	$5 / $30 / $45 (up to 30-day supply)	$15 / $30 / $50 (up to 30-day supply)	20% (up to 30-day supply)
Mail Order:	$20 / 30% / 30% (up to 90-day supply)	$10 / $75 / $112 (up to 90-day supply)	$30 / $60 / $100 (up to 90-day supply)	20% (up to 90-day supply)
Specialty Drugs:	30% (up to 30-day supply)	30% (up to 30-day supply)	30% (up to 30-day supply)	20% (up to 30-day supply)
Rx Out-of-Pocket Maximum	$2,500/person or $5,000/family	$2,500/person or $5,000/family	Shared with medical out-of-pocket max.	Shared with medical out-of-pocket max.

How Much Do the Medical Plans Cost?

The total premiums shown here do not include the state allocation, district pooling, or any other financial offsets provided to you.

A few things to note:

- Bargaining groups/districts can save 10% on their monthly subscription rates if only WEA Select medical plans and (optional) one licensed HMO option are offered.
- The full rates apply to all groups that do not meet the discount requirements.

Your school district can provide the costs specific to you.

PPO Plans: 10% Discount		Aetna Open Choice	UnitedHealthcare Choice Plus
Plan 2	You Only	$972.29	$1,023.14
	You + Spouse/DP*	$1,783.32	$1,877.25
	You + Child(ren)	$1,303.25	$1,371.77
	You + Family	$2,137.89	$2,250.17
Plan 3	You Only	$883.50	$929.71
	You + Spouse/DP*	$1,620.77	$1,706.19
	You + Child(ren)	$1,183.91	$1,245.83
	You + Family	$1,941.52	$2,043.66
Plan 5	You Only	$1,135.00	$1,194.42
	You + Spouse/DP*	$2,185.31	$2,300.00
	You + Child(ren)	$1,544.89	$1,625.68
	You + Family	$2,633.37	$2,771.99
EasyChoice A	You Only	$658.33	$692.61
	You + Spouse/DP*	$1,199.78	$1,262.77
	You + Child(ren)	$879.09	$925.08
	You + Family	$1,432.16	$1,507.46
EasyChoice B	You Only	$684.23	$719.89
	You + Spouse/DP*	$1,250.40	$1,315.79
	You + Child(ren)	$913.85	$961.41
	You + Family	$1,492.46	$1,571.09
Basic	You Only	$551.20	$579.82
	You + Spouse/DP*	$1,013.88	$1,067.11
	You + Child(ren)	$734.88	$772.96
	You + Family	$1,206.52	$1,269.64
QHDHP	You Only	$505.70	$531.95
	You + Spouse/DP*	$926.58	$975.19
	You + Child(ren)	$674.14	$709.00
	You + Family	$1,100.05	$1,158.05

* Domestic partner

How Much Do the Medical Plans Cost, continued

High Performance Networks: 10% Discount		Aetna Washington Value	UnitedHealthcare Navigate Balanced
Plan 2	You Only	$933.72	$923.67
	You + Spouse/DP*	$1,712.17	$1,693.79
	You + Child(ren)	$1,251.38	$1,238.02
	You + Family	$2,052.50	$2,030.04
Plan 3	You Only	$848.49	$839.35
	You + Spouse/DP*	$1,556.14	$1,539.39
	You + Child(ren)	$1,136.83	$1,124.35
	You + Family	$1,864.02	$1,843.65
Plan 5	You Only	$1,089.88	$1,078.14
	You + Spouse/DP*	$2,098.02	$2,075.03
	You + Child(ren)	$1,483.32	$1,467.01
	You + Family	$2,528.09	$2,500.62
EasyChoice A	You Only	$632.36	$625.61
	You + Spouse/DP*	$1,152.07	$1,139.67
	You + Child(ren)	$844.25	$835.20
	You + Family	$1,375.11	$1,360.28
EasyChoice B	You Only	$657.23	$650.20
	You + Spouse/DP*	$1,200.66	$1,187.46
	You + Child(ren)	$877.62	$867.95
	You + Family	$1,432.99	$1,417.64
Basic	You Only	$529.54	$523.90
	You + Spouse/DP*	$973.63	$963.22
	You + Child(ren)	$705.83	$698.03
	You + Family	$1,158.54	$1,145.80
QHDHP	You Only	$485.86	$480.71
	You + Spouse/DP*	$889.84	$880.30
	You + Child(ren)	$647.54	$640.33
	You + Family	$1,056.34	$1,045.15

PPO Plans: Full Rates		Aetna Open Choice	UnitedHealthcare Choice Plus
Plan 2	You Only	$1,079.03	$1,135.52
	You + Spouse/DP*	$1,980.16	$2,084.53
	You + Child(ren)	$1,446.75	$1,522.89
	You + Family	$2,374.13	$2,498.89
Plan 3	You Only	$980.37	$1,031.71
	You + Spouse/DP*	$1,799.55	$1,894.46
	You + Child(ren)	$1,314.15	$1,382.95
	You + Family	$2,155.94	$2,269.43
Plan 5	You Only	$1,259.80	$1,325.83
	You + Spouse/DP*	$2,426.82	$2,554.25
	You + Child(ren)	$1,715.24	$1,805.01
	You + Family	$2,924.67	$3,078.69

* Domestic partner

PPO Plans: Full Rates, continued		Aetna Open Choice	UnitedHealthcare Choice Plus
EasyChoice A	You Only	$730.17	$768.27
	You + Spouse/DP*	$1,331.79	$1,401.78
	You + Child(ren)	$975.46	$1,026.56
	You + Family	$1,589.98	$1,673.66
EasyChoice B	You Only	$758.96	$798.57
	You + Spouse/DP*	$1,388.03	$1,460.69
	You + Child(ren)	$1,014.09	$1,066.93
	You + Family	$1,656.98	$1,744.35
Basic	You Only	$611.14	$642.95
	You + Spouse/DP*	$1,125.23	$1,184.37
	You + Child(ren)	$815.23	$857.54
	You + Family	$1,339.27	$1,409.41
QHDHP	You Only	$560.58	$589.75
	You + Spouse/DP*	$1,028.24	$1,082.24
	You + Child(ren)	$747.75	$786.48
	You + Family	$1,220.98	$1,285.42

High Performance Networks: Full Rates		Aetna Washington Value	UnitedHealthcare Navigate Balanced
Plan 2	You Only	$1,036.16	$1,025.00
	You + Spouse/DP*	$1,901.11	$1,880.68
	You + Child(ren)	$1,389.12	$1,374.27
	You + Family	$2,279.25	$2,254.30
Plan 3	You Only	$941.47	$931.30
	You + Spouse/DP*	$1,727.75	$1,709.13
	You + Child(ren)	$1,261.84	$1,247.98
	You + Family	$2,069.83	$2,047.19
Plan 5	You Only	$1,209.68	$1,196.63
	You + Spouse/DP*	$2,329.83	$2,304.28
	You + Child(ren)	$1,646.83	$1,628.71
	You + Family	$2,807.68	$2,777.17
EasyChoice A	You Only	$701.32	$693.82
	You + Spouse/DP*	$1,278.77	$1,264.99
	You + Child(ren)	$936.75	$926.70
	You + Family	$1,526.60	$1,510.12
EasyChoice B	You Only	$728.95	$721.15
	You + Spouse/DP*	$1,332.76	$1,318.10
	You + Child(ren)	$973.84	$963.09
	You + Family	$1,590.91	$1,573.85
Basic	You Only	$587.07	$580.81
	You + Spouse/DP*	$1,080.51	$1,068.94
	You + Child(ren)	$782.96	$774.28
	You + Family	$1,285.96	$1,271.81
QHDHP	You Only	$538.54	$532.82
	You + Spouse/DP*	$987.41	$976.81
	You + Child(ren)	$718.19	$710.17
	You + Family	$1,172.41	$1,159.97

* Domestic partner

Get Ready to Enroll!

While you can't make changes until Open Enrollment, there is important research you can and should do now. Important things to do include:

- **Review your current coverage.**
- **Use the benefits specialists at the call centers** to answer your questions and compare plan options. Here are some examples of how they can help:
  - **Contact your providers**—If a provider is not in your PPO network, let customer service know so they can reach out to the provider to discuss contracting.
  - **Review your prescriptions**—See if you'll be paying more or less than before for your prescriptions. Since this will vary by carrier and network, it's important to look at all your options.
  - **Discuss transitions of care**—If you are mid-treatment, or will be having a baby or other planned procedure on or after November 1, contact customer service so the carriers can assist with the transition.

You have support—online and on the phone—to help you understand your options and choose what's right for you:

- **WEAselect.com**
  - Learn more about Aetna and UnitedHealthcare and their plan offerings.
  - Get reminders and benefits information year-round.
- **Call Centers**
  - **Aetna:** Call **1-855-878-4101**, Monday through Friday, 8 a.m. to 6 p.m. Pacific time.
  - **UnitedHealthcare:** Call **1-844-219-3630**, Monday through Friday, 7 a.m. to 8 p.m. Pacific time.

Enroll for your 2017-18 benefits August 21 through September 29, 2017 by logging on to http://resources.hewitt.com/wea.*

*The Open Enrollment window may differ in your school district.

Note: This summary of benefits is intended to assist you in decision-making. Details of covered benefits, limitations, and exclusions can be found on **WEAselect.com**. This summary of benefits is not a contract.

WEA Select

Options for you
The Choice is yours