

Benefit Information Summary for
TEAMSTERS STAFF

- Net Monthly Allocation Available for Health Benefits: \$750.00 per FTE. This represents an increase of \$13.00 per month per FTE. See your Collective Bargaining Agreement for details. This includes the state allocation less the retiree carveout plus an additional \$64.59 per month of local district contribution. **Note:** For employees working four (4.0) hours per day or more, dental, vision, and life premiums are deducted first from the monthly allocation and remaining dollars are available for medical premiums. Employees working less than four (4.0) hours per day qualify for medical benefits only. Subject to change due to collective bargaining agreement.
- Premiums: Premium changes are shown on the attached charts.
- **Medical Plan Changes: Please review your Summary of Health and Welfare Benefit Plans brochure for changes to Regence Blue Shield, Group Health and Premera Blue Cross plans.**
- The last date to enroll in or change medical plans is noon on Friday, September 4, 2009.
 - Employees who want to change medical and/or dental coverage must submit new forms to the Human Resources Office by noon on September 4. **Note: Due to the uncertainty of route times, Teamsters staff who do not qualify for medical benefits on September 1 may enroll in a medical plan through September 30. In addition, individuals may add or drop dependents through September 30. The next opportunity to change or add will be September 2010.**
 - Note: Employees who are currently on the Group Health plan may also change primary care physicians at this time.**
 - Employees who do not want to change medical coverage need take no action.
- In September, many employees may notice payroll deductions because pooling dollars from the previous school year end with the August pay period and are not recalculated until the October pay period.
- Benefits Fair: Scheduled for Monday, August 31, 2009. See enclosed information.

MANDATORY BENEFITS

GROUP LIFE INSURANCE

UNUMProvident CORPORATION:

Benefit:

A death benefit which decreases from a maximum of \$50,000 if you are age 65 or under, to \$5,000 at age 90 (per ADEA compliance). Includes accidental death, dismemberment, premium waiver, living benefit, portability and conversion benefits.

DENTAL AND VISION INSURANCE

Dental and Vision

Teamsters' employees will continue with dental and vision coverage through the Teamsters' Trust. The plans remains the same as current. If you have any questions about plan design and coverage, please contact Northwest Administrators at 800-458-3053.

BELLINGHAM PUBLIC SCHOOLS
Bellingham, Washington

**INSURANCE OPTIONS AND PREMIUMS
(TEAMSTERS STAFF)**

	<u>2008-2009</u>	<u>2008-2009</u>	<u>Increase</u>
<u>MONTHLY BENEFIT ALLOCATION</u>	\$732.00	\$745.00	
	Per FTE	Per FTE	
<u>MONTHLY BENEFIT FROM DISTRICT</u>	\$65.40	\$64.59	
	Per FTE	Per FTE	
<u>STATE-MANDATED RETIREE BENEFITS</u>	\$60.40	\$59.59	
	Per FTE	Per FTE	
<u>NET AVAILABLE FOR HEALTH BENEFITS</u>	\$737.00	\$750.00	
	Per FTE	Per FTE	

NOTE: The state-mandated retiree benefit is deducted first from the monthly allocation. The remaining \$750.00 will be used for dental, vision, life and medical.

DENTAL / VISION / LIFE PREMIUMS

Dental (Northwest Administrators)-----	\$84.54	\$82.72	-2.2%
Vision (Northwest Administrators)-----	\$11.35	\$11.35	0%
Life (UnumProvident Life -- \$50,000 coverage)-----	\$6.55	\$6.55	0%

MEDICAL OPTIONS / PREMIUMS

Regence Blue Shield WEIC Modified Copay

Subscriber Only-----	\$688.10	\$707.23	2.8%
Subscriber/Spouse-----	\$1,319.50	\$1,356.19	2.8%
Subscriber/Child(ren)-----	\$967.25	\$994.14	2.8%
Subscriber/Spouse/Child(ren)-----	\$1,598.65	\$1,643.10	2.8%

Regence Blue Shield WEIC Engage 80

Subscriber Only-----	\$495.45	\$567.59	14.6%
Subscriber/Spouse-----	\$948.70	\$1,086.77	14.6%
Subscriber/Child(ren)-----	\$695.10	\$796.27	14.6%
Subscriber/Spouse/Children-----	\$1,148.35	\$1,315.45	14.6%

Regence Blue Shield WEIC High Option

Subscriber Only-----	\$560.20	\$628.89	12.3%
Subscriber/Spouse-----	\$1,074.15	\$1,205.85	12.3%
Subscriber/Child(ren)-----	\$787.45	\$884.02	12.3%
Subscriber/Spouse/Child(ren)-----	\$1,301.40	\$1,460.98	12.3%

Regence Blue Shield WEIC Innova 500

Subscriber Only-----	\$332.55	\$378.09	13.7%
Subscriber/Spouse-----	\$638.35	\$725.77	13.7%
Subscriber/Child(ren)-----	\$515.75	\$586.38	13.7%
Subscriber/Spouse/Child(ren)-----	\$821.55	\$934.06	13.7%

Group Health Traditional

Subscriber Only-----	\$550.36	\$624.21	13.4%
Subscriber/Spouse-----	\$1,056.99	\$1,198.83	13.4%
Subscriber/Child(ren)-----	\$839.78	\$952.47	13.4%
Subscriber/Spouse/Child(ren)-----	\$1,345.51	\$1,526.06	13.4%

Group Health Deductible Welcome

Subscriber Only-----	\$352.20	\$399.46	13.4%
Subscriber/Spouse-----	\$676.11	\$766.84	13.4%
Subscriber/Child(ren)-----	\$537.26	\$609.35	13.4%
Subscriber/Spouse/Child(ren)-----	\$860.62	\$976.11	13.4%

Premera Blue Cross PPO 1

Subscriber Only-----	\$654.40	\$702.95	7.4%
Subscriber/Spouse-----	\$1,244.75	\$1,337.20	7.4%
Subscriber/Child(ren)-----	\$916.90	\$984.95	7.4%
Subscriber/Spouse/Child(ren)-----	\$1,536.05	\$1,650.15	7.4%

Premera Blue Cross PPO 2

Subscriber Only-----	\$572.35	\$614.75	7.4%
Subscriber/Spouse-----	\$1,110.95	\$1,193.45	7.4%
Subscriber/Child(ren)-----	\$800.35	\$859.75	7.4%
Subscriber/Spouse/Child(ren)-----	\$1,338.95	\$1,438.45	7.4%

MAJOR INSURANCE PLAN CHANGES FOR 2009-2010
TEAMSTERS STAFF

Listed below is a summary of plan changes. Carefully review the Summary of Health and Welfare Benefit Plans brochure for details and coverage information.

GROUP HEALTH HMO

For Both Traditional and Deductible Welcome Plans

- The chemical dependency benefit increased from \$14,000 to \$14,500 every 24 consecutive months.
- The availability of additional manipulative therapy visits by referral has been removed.
- The plan will no longer require that a dependent be partially or totally dependent on the subscriber for financial support to be eligible for coverage. Financial dependency tests are no longer permitted. The dependent must be unmarried and under age 25 to be eligible for coverage.
- No other major changes in plan benefits.

- Group Health Cooperative Traditional Plan

Premium rates increased 13.4%.

- Group Health Cooperative Deductible Welcome Plan

Premium rates increased 13.4%.

REGENCE BLUE SHIELD

For All Regence Blue Shield Plans

- The chemical dependency benefit increased from \$14,000 to \$14,500 every 24 consecutive months.
- Coordination of benefits for prescription drugs applies.
- Neurodevelopmental therapy and outpatient rehab benefits apply to the coinsurance out-of-pocket maximum (stop-loss).
- Diabetic supplies processed under the prescription benefit with no benefit limits.
- Growth hormone processed under the prescription benefit with no benefit limits.
- No coverage for repair of teeth due to injury.
- The plan no longer requires that a dependent be partially or totally dependent on the subscriber for financial support to be eligible for coverage. Financial dependency tests are no longer permitted. The dependent must be unmarried and under age 25 to be eligible for coverage.

WEIC Modified Copay Plan

- Participating providers covered at 70% (previously covered at 60%).
- Non-participating providers covered at 70% (previously not covered).
- Preventive care annual maximum has been eliminated (previously \$500).

WEIC Engage 80 (formerly WEIC Deductible Plan)

- Participating providers covered at 80% (previously covered at 60%).
- Non-participating providers covered at 80% (previously not covered).

WEIC High Option Plan

- Non-participating providers covered at 70% (previously not covered).
- Preventive care covered at 90% after a \$20 copay for preferred providers (previously covered at 100% and \$20 copay).

WEIC Innova 500 (formerly K-12 FourFront Plan)

- Office visits not subject to deductible not limited to four. An unlimited number of office visits covered with a \$15 copay.
 - Prescription drug copays are \$5 generic/\$20 brand formulary/\$40 non-formulary (previously (\$0/30%/50%).
 - Participating providers covered at 60% (previously covered at 50%).
 - Non-participating providers covered at 60% (previously not covered).
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|-----------------------------------|---------------------------------|
| - WEIC Modified Copay Plan | - Premium rates increased 2.8% |
| - WEIC Engage 80 | - Premium rates increased 14.6% |
| - WEIC High Option Plan | - Premium rates increased 12.3% |
| - WEIC Innova 500 | - Premium rates increased 13.7% |

WEA PREMERA BLUE CROSS

PPO 1, PPO 2

- The chemical dependency benefit increased from \$14,000 to \$14,500 every 24 consecutive months.
 - The plan no longer requires that a dependent be partially or totally dependent on the subscriber for financial support to be eligible for coverage. Financial dependency tests are no longer permitted. The dependent must be unmarried and under age 25 to be eligible for coverage.
 - No other major changes in plan benefits.
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|---------------------|---------------------------------|
| - PPO 1 Plan | - Premium rates increased 7.4%. |
| - PPO 2 Plan | - Premium rates increased 7.4%. |

TEAMSTER TRUST DENTAL AND VISION PLAN

There are no changes in plan benefits. If you have any questions about plan design and coverage, please contact Northwest Administrators at 800-458-3053.

- Dental premium rate decreased 2.2%.
- No change to vision rate.