

2016-17

Benefits Decision Guide

You & Your Benefits

A partnership for good health



**Annual required notices are
included beginning on page 18.**

welcome

Welcome to Open Enrollment. Providing great benefit choices to you and your family is just one of the many ways Walla Walla School District supports the health and financial well-being of the people who make our schools successful — you.

Your Benefits

We're committed to supporting your overall wellness with a comprehensive benefits program designed to meet your unique needs. This guide describes your health plan options and other important benefits. Use this guide to choose coverage that's right for you and your family.

Who's Eligible?

Active contracted school district employees and their eligible dependents can receive benefits. Eligible dependents include:

- Legal spouse or domestic partner*
- Children up to age 26 (for most benefits)
- Children with disabilities who meet certain criteria

* To enroll your domestic partner, you must complete an Affidavit of Domestic Partnership.

When Things Change

You can only enroll in or change your benefits during Open Enrollment or if you experience a qualifying event such as marriage, divorce, separation, birth or adoption, change in residence or workplace, gain or loss of other coverage, or a change in your dependent's benefits eligibility.

You have 30 days (60 days for newborns and adoption) from any qualifying event to make changes to your coverage by contacting Walla Walla School District.

Important:

If you are currently enrolled in the UHC Plan 2, you will automatically be enrolled in coverage through the UHC Plan 3 unless you make a new plan choice during Open Enrollment. If you are currently enrolled in the Group Health PPO Plan 4, you will need to select a new medical plan during Open Enrollment **or you will not have Walla Walla medical coverage in the 2016-17 plan year.**

What's NEW!

Read on to find out what's new or changing for the 2016-17 plan year.

- Premiums will increase for medical and dental plans.
- UnitedHealthcare (UHC) Plan 2 and Group Health PPO Plan 4 are no longer available. If you are currently a UHC Plan 2 member, your coverage will change to UHC Plan 3, unless you make a new plan selection. If you are currently a Group Health PPO Plan 4 member, you **must** select a new plan during Open Enrollment.
- The new HMO Plan 4 is available through Group Health. For more details, see page 11.
- The UHC Plan 3 individual deductible is changing to \$500. The out-of-pocket maximum is increasing to \$3,000 for individual coverage and \$6,000 for family coverage.
- For UHC Plans 3 and 4, the emergency room copay will change to \$150. For x-ray and lab services, you'll have to meet the deductible before the plan begins to pay, and you'll pay coinsurance on the cost.
- The QHDHP family out-of-pocket maximum will be \$6,850.

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Your Benefit Terms to Know

Coinsurance

The percentage you pay of the cost for health care services. The plan pays the majority and you pay the rest.

Copay

A flat fee you pay for a health care service. Some services have a copay instead of coinsurance.

Deductible

The amount you pay for care before the plan begins to pay. Once you meet the deductible, the plan will begin to pay for benefits. Preventive care is always covered 100%, even before you meet the deductible.

Flexible Spending Account (FSA)

A tax-advantaged savings account that lets you contribute money tax-free to pay for eligible health care or dependent care expenses. You must enroll each year to participate.

Health Maintenance Organization (HMO)

This type of plan offers lower deductibles and copays than a PPO or PPO HSA plan, but you are required to see doctors in the network, except in case of emergency.

Health Savings Account

Like an FSA, an HSA is a tax-advantaged savings account that lets you contribute money tax-free to pay for eligible health care expenses, but unlike an FSA, the money in your account rolls over year-to-year, and you must be in a high deductible health plan to have one.

Preferred Provider Organization (PPO)

A PPO plan lets you see any doctor you want, but pays benefits at a higher level when you see in-network doctors.

QHDHP

The QHDHP plan uses the same network of doctors as the PPO plans, but has a higher deductible and coinsurance. It also comes with an HSA.

Your Enrollment Checklist



- Know your options and costs.** Read this guide and review your health care premiums on page 2.
- Take action.** Enroll by the deadline:
 - **Open Enrollment** – Enroll September 1-30, 2016.
 - **Are you a new hire?** – You must enroll within 30 days from your hire date to receive coverage for the upcoming plan year.
- Consider the QHDHP.** With the lowest premiums of all Walla Walla's medical plans and additional tax savings when you use a Health Savings Account (HSA), it's the most cost-effective option for many Walla Walla employees. See page 6.
- Take advantage of FSAs.** To participate, you must enroll – last year's elections won't carry forward.
- Confirm or provide any new dependent and beneficiary information.**

Ready to Enroll?

Once you're ready, you'll need to complete a carrier enrollment form or change form for each benefit you wish to enroll in or change. Forms are available from the Business Office. If you are not making any changes, you do not need to fill out new forms.



Learn More About Your Medical Plan Options

The Health section of this guide provides an overview of your medical plan options. For additional plan details, refer to each plan's Summary of Benefits and Coverage (SBC). The SBCs are available at <http://wwps.org/departments/business-office>. For a paper copy, call 509-526-6768.

Open Enrollment is your once-a-year opportunity to review your benefits and make any changes to your coverage for the plan year.

Monthly Rates

Medical

Optional	UnitedHealthcare			Group Health Cooperative		
Coverage Level	Plan 3	Plan 4	QHDHP	HMO Plan 3	HMO Plan 4	PPO Plan 3
Employee only	\$782.55	\$618.64	\$519.43	\$751.66	\$530.10	\$942.71
Employee + spouse	\$1,408.58	\$1,113.54	\$934.98	\$1,458.22	\$1,028.40	\$1,711.33
Employee + child(ren)	\$1,017.32	\$804.22	\$675.27	\$1,052.33	\$742.14	\$1,216.10
Employee + family	\$1,721.61	\$1,361.01	\$1,142.77	\$1,758.88	\$1,240.44	\$2,050.16

Dental

Mandatory	United Concordia
All employees	\$112.72

Vision

Mandatory	MetLife/VSP
All employees	\$19.97

Benefit Dollars and Pooling

The state allocation for 2016-17 is \$780 per month per full-time equivalent employee. You must first use these dollars for dental and vision coverage. You can spend the balance on medical benefits. Any money remaining is "pooled" within bargaining units and divided among employees to use toward medical premiums. No portion of the state allocation, or pooling dollars, can be applied to the purchase of other voluntary insurance programs.

To help determine the funds you'll have available for medical coverage, follow the steps on the right:

1. Divide your annual contract hours by 1440. The answer is your Benefit FTE (maximum 1.00).
2. Multiply your benefit FTE by \$780.00. This is your starting State Allocation amount.
3. Take your State Allocation amount and fill in the chart below to find out how much is left for your medical coverage.

State Allocation Amount (from Step 2)	\$
Subtract:	
Vision	\$19.97
Dental	\$112.72
Equals (dollars available for medical coverage):	\$

reminders & savings

Learn more about required health care and your coverage options. Then make smart choices to save on your health care costs.

Live Well, Spend Less

A healthy lifestyle means spending less on health care.

- Take advantage of wellness perks to reach your wellness goals (see page 4).
- If you're enrolled in Group Health coverage, complete the Quit for Life® tobacco cessation program. It's one of the most important things you can do to be healthy (see page 4).
- Always check that you're getting the lowest-cost prescription. Use mail order and get a 90-day supply of medication for the cost of a 60-day supply (excluding the QHDHP).
- Visit the emergency room for true emergencies only – opt for an urgent care facility or your physician's office for non-life-threatening conditions.
- Use the employee assistance program (EAP) and save your copay on up to three free phone consultations per issue, per year (see page 4).

Required Health Care Coverage

The health care reform law, also known as the Affordable Care Act (ACA), requires almost all U.S. citizens and legal residents to have health insurance or pay a penalty when filing taxes. If you enroll in a medial plan offered through the District, you'll meet this requirement. If you choose to waive coverage, you must complete a district medical waiver form. Other options for meeting coverage requirements may include enrolling in one of the following:

- Medical plan through another employer such as your spouse's or domestic partner's employer
- Medical plan through your parent's employer if you're younger than 26
- Government plan such as Medicare or Medicaid (if eligible)
- Private health care insurance plan
- Public health care insurance marketplace

Understanding ACA Requirements

To learn more about coverage requirements and the health care reform law, visit www.healthcare.gov.

Take Care, Get Covered 100%

Don't overlook your plan's in-network preventive office visits covered at 100% for you and your covered family members. Be sure to ask your doctor to confirm tests are considered preventive before you receive care. For a complete list of preventive health services, visit <http://www.healthcare.gov/preventive-care-benefits/>.

wellness perks

Fertility Benefits NEW

The District now offers a new kind of fertility benefit through Progyny that includes cutting-edge technologies, which result in reduced time to pregnancy, reduced miscarriage rates, and increased pregnancy success. You'll be assigned a Personal Care Advocate to help you choose the right treatment plan for your unique situation. Progyny also includes a national network of top fertility clinics, as well as giving you access to reproductive specialists and medical experts such as genetic counselors, fertility nurses, and mental health specialists. Visit www.Progyny.com or email info@progyny.com to learn more.

Employee Assistance Program (EAP)

The EAP provides phone and in-person access to counselors to help you and your eligible dependents deal with personal, family, or work issues, such as:

- Grief, stress, anxiety, and depression
- Financial and legal advice
- Marriage, family, and parenting issues
- Substance abuse and addiction.

Up to three confidential mental health phone consultations per person per issue are allowed when arranged through the EAP. This benefit is available through UHC's Care24 program on the first day of the month following your start date. Call 888-887-4114 anytime day or night to speak with a licensed counselor. You can also visit www.myuhc.com to find helpful tools.

The District provides some benefits – at no cost to you – to help you balance the demands of home and work. You don't have to enroll to receive most of these benefits, so be sure to take advantage of them.

Wellness Discounts

Group Health and UHC provide a variety of programs and perks to help you achieve your wellness goals, including:

For Group Health enrollees:

- **Health Profile.** FREE Use this online, personalized health report to discuss your health risks and challenges with your doctor.
- **Classes, workshops, and support groups.** FREE These include everything from parenting and child care to living with chronic conditions.
- **24/7 nurse consulting.** FREE Call toll-free 800-297-6877 whenever you need assistance with medical questions, prescriptions, diagnoses, and more.
- **Care management programs.** FREE Get help making positive changes to improve your health, including eating habits, physical activity, managing stress, and living with chronic conditions. Call Care Management toll-free at 866-656-4183, 8 a.m. to 5 p.m., Monday-Friday.

Tobacco cessation program. If you're ready to quit, enroll in Quit for Life® today. The program can improve your chances of kicking the habit by up to four times more than using medication alone. Group Health offers you access to Quit for Life at no cost to you. Visit www.quitnow.net/GHC or call 800-462-5327.

For UHC enrollees:

Health Discount program. UHC offers a unique health discount program for you to save 10-25% on items not covered by your health plan. Visit www.myuhc.com to find participating providers and programs.

- **24/7 nurse consulting.** FREE Available through the Care24 program. Call toll-free 888-887-4114 whenever you need assistance with medical questions, prescriptions, diagnoses, and more.

Nothing is more important than your overall health and well-being. Our medical plans help keep you and your family healthy and protected.

Medical Plan Options

The District offers a choice of medical plans so you can select the coverage that's best for you and your family. You can choose any provider in the Group Health Access PPO network to receive maximum coverage. Keep in mind, all of our medical plans include free in-network preventive care.

- **UHC PPO Plans 3 & 4 and Group Health PPO Plan 3 –** provide coverage for in- and out-of-network care
- **Group Health HMO Plans 3 & 4 –** provide coverage for in-network care (out-of-network, emergency care coverage only)
- **QHDHP Plan –** provides coverage for in- and out-of-network care and offers lower premiums, a higher deductible, and a tax-advantaged medical savings account. This plan is a qualified High Deductible Health Plan (HDHP).

Which Plan is Right for You?

The best medical plan for you depends on several factors. Consider these questions:

- What are your anticipated medical expenses for the coming plan year?
- Will you have money set aside to pay out of pocket when you need care?
- Is it important for you to have the flexibility to see any provider you choose?
- Will any dependents be attending an out-of-state school and need access to out-of-network providers?
- What is your monthly premium budget?

Now that you've asked yourself those questions, remember the following:

- Only the QHDHP lets you contribute to a tax-free HSA.
- A plan with higher paycheck deductions will cost you more each paycheck, no matter how much care you actually receive.
- A plan with lower paycheck deductions offers the potential to save money overall. Even though you may pay more when you need care, you'll keep more of your paycheck and with the QHDHP, you can contribute to a tax-free HSA.

Focus on Wellness

The District offers wellness discounts through Group Health and UHC to help you improve or maintain your health – while also helping you save money through reduced health care costs. See page 4 to learn more.

Living Well

Enjoying a healthy life and saving money is about making smarter, cost-conscious choices every day and understanding how your physical and financial well-being fit together.

health QHDHP/HSA

Advantages of the QHDHP

Walla Walla School District's QHDHP Plan has several advantages over other types of medical plans. Overall, it could reduce your annual costs for health care.

QHDHP Features

1. Lower-cost coverage

Lowest premiums of all District-offered medical plans, which means you'll keep more of your paycheck each month.

2. Tax-advantaged savings account

You can contribute tax-free money directly from your paycheck to an HSA, up to the IRS annual limits (see next column). Withdrawals are tax-free when used to pay for eligible health care expenses. The money in the HSA rolls over from year to year and is yours to keep, so you take it with you if you leave Walla Walla or retire.

3. Free in-network preventive care

As with all District health plans, preventive care is fully covered – you pay nothing toward your deductible and no copays when you receive care from in-network providers.

4. Same provider network

The QHDHP uses the same network of doctors as the other PPO plan options.

Save With an HSA

A simple way to save on health care costs is to contribute to a Health Savings Account (HSA), available when you enroll in the QHDHP. An HSA helps you pay for medical expenses now – and save for the future. Contributions are made before taxes, which lowers your taxable income and saves you money.

2017 HSA Contribution Limits

Coverage Level	Limits
Single	\$3,400
Two-party/family	\$6,750
Age 55+ (single)	\$4,400
Age 55+ (two-party/family)	\$7,750

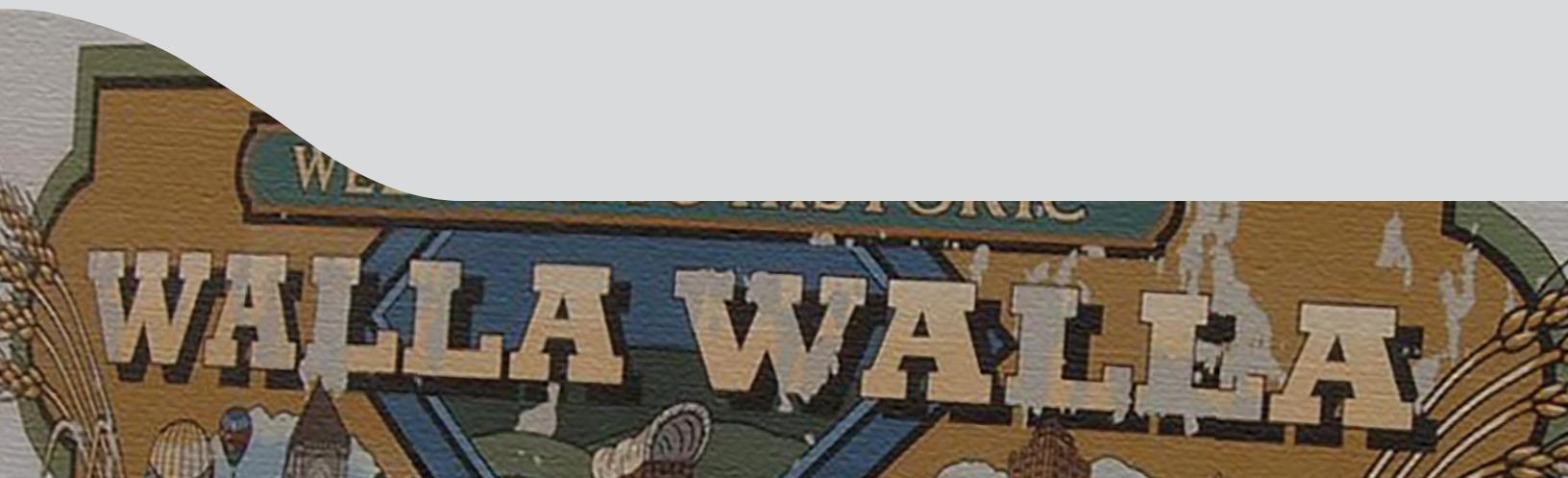
HSA Eligibility

To establish and contribute to an HSA, you:

- Must be enrolled in the QHDHP, a qualified HDHP
- Cannot also participate in the health care FSA
- Cannot be eligible for Medicare
- Cannot be claimed as a dependent on someone else's tax return

Using Your HSA

You may withdraw available funds from your HSA whenever you have a qualified medical expense by using your debit card, submitting an online request, or mailing a distribution form.



FSAs

Flexible Spending Accounts (FSAs) are a great way to save money because they allow you to set aside money from your paycheck before taxes.

Your FSA Options

Once you've contributed to an FSA, you can withdraw the money tax-free when you need it to pay for eligible out-of-pocket health care and dependent care expenses.

Walla Walla School District offers two FSAs:

Health Care FSA

- Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance.
- Contribute up to \$2,550 in 2017.

Dependent Care FSA

- Pay for eligible dependent care expenses, such as day care for a child, that are necessary for you and/or your spouse to work, look for work, or attend school full time.
- Contribute up to \$5,000 in 2017, or \$2,500 if you are married and filing separately.

Estimate Carefully

Unlike an HSA, FSAs are "use-it-or-lose-it" accounts. You can roll over up to \$500 each year, but will forfeit any other money left in the account at the end of the plan year. Be sure to carefully estimate your contribution amount.

What's an Eligible Expense?

- Health Care FSA – plan deductibles, copays, coinsurance, and other medical expenses. To learn more, see IRS Publication 502 at www.irs.gov.
- Dependent Care FSA – child day care, babysitters, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at www.irs.gov.

MARIA

How Much Can You Save With an FSA?

Maria and her husband are contributing the maximum amount to a Dependent Care FSA this year. See how much they'll save:



\$5,000 before-tax = \$6,400 after-tax

SAVED \$1,400 (28% tax rate)



health

Choosing the right medical plan means determining your estimated health care usage for the year and finding what fits you and your budget the best.

Best Plan for You

The ideal medical plan should cover most of your health care needs at the most reasonable cost. Let's look at three fictional employees as they explore their medical plan usage and decide which plan is best for them.

PAUL

Plan Usage: Low

Overall Health: Healthy

Age: 28

Status: Single
Coverage: Employee-only

Description: Paul is healthy and keeps active. However, he takes a monthly prescription for sinus infections. When it's time for Paul to pick a medical plan, he'll be thinking:

- I haven't saved for the future, but I know I should start. Which plan best helps me do that?
- I seldom get sick or visit the doctor or hospital. If I stay healthy besides the sinus issues, what will my total costs look like under each plan?
- How much will I have to pay in premiums each month?

Plan Selection: Paul chooses the QHDHP. Here's what he likes about it:

- Considerable savings per paycheck
- Free preventive care
- Financial rewards for staying healthy
- HSA to help offset deductible and out-of-pocket costs
- Annual out-of-pocket maximum – provides built-in safety net in case major medical attention is needed

JEREMY

Plan Usage: Moderate **Age:** 45 **Status:** Married w/Children

Overall Health: High Blood Pressure; Wife w/High Cholesterol

Coverage: Employee + spouse



Description: Jeremy's doctor prescribed a healthier diet for him and his wife, along with one preventive prescription for high cholesterol and one for blood pressure. Jeremy also has a second monthly prescription. When it's time for Jeremy to pick a medical plan, he'll be thinking about:

- How can I minimize the amount I pay out of pocket for high cholesterol and blood pressure expenses?
- What will I need to pay for our doctors' office visits and prescription drugs?
- How can I put aside more for retirement and still cover our medical expenses?

Plan Selection: Walla Walla's UHC Plans 3 or 4 or the Group Health PPO 3 fit Jeremy's situation best because:

- They provide the best protection against critical illnesses.
- The PPO plans have a lower cap on out-of-pocket expenses.

He considered the QHDHP, but he and his wife weren't able to budget ahead of time for medical expenses. With the QHDHP, they'd deplete any savings they might accumulate in an HSA to cover prescription expenses because of their chronic conditions.

Best Plan for You (cont'd)

If you anticipate your health care usage for the year is going to be high, the QHDHP may still be a good fit because it includes an out-of-pocket maximum that acts as a safety net to help you manage your costs.

JEN

Plan Usage: High

Age: 39

Status: Married with children; Husband is self-employed

Overall Health: Healthy but children prone to accidents

Coverage: Family



Description: Jen is a parent of two teenagers. She struggles to stay within her budget. When it's time for her to pick a medical plan, she'll be thinking about:

- Which plan offers the most predictable costs on a month-to-month basis to help us maintain our budget?
- What is the most we could possibly pay in total costs during the year?
- Which plan offers the lowest total cost for my family?

Plan Selection: Jen chooses the Group Health HMO Plan 4. Here's why:

- Considerable savings per paycheck
- Predictable month-to-month budget and lower total annual costs
- Free preventive care
- Four up-front visits per person
- Built-in safety net of the annual out-of-pocket maximum

Jen needs affordable monthly premiums with up-front office visit copays. The Group Health HMO Plan 4 is ideal for families like Jen's trying to save on premiums.

Determining Your Medical Plan Costs

There are several plan cost calculators available on the web that will help you to determine your anticipated usage and costs for the year. If you're enrolled in a UHC plan, try the UHC myHealthcare Cost Estimator at www.myuhc.com.

About Your Medical Premiums

You and the District share the cost of your health benefits. Your state allocation pays a generous portion of the total cost and you pay the remainder. The amount you pay is deducted from your paycheck. Remember, you may have remaining pooled dollars to use toward the purchase of medical benefits.

Turn to page 2 to learn more about the Walla Walla School District's pooled dollars.

Your specific medical premiums are based on your employment status and determined by the plan you choose, the coverage level you select, and your pay level.

Visit the Benefits Fair

You can get more information about the available plans and visit with providers at the Walla Walla benefits fair on September 8.

Stay Within the Network

Remember, an easy way to save money is to stay within your plan's network because network providers have agreed to charge lower costs. See pages 10-11 for details on the difference between in-network and out-of-network costs.

health Comparing the plans

UnitedHealthcare Plans

The following chart shows key coverage benefits for the three UHC medical plans available to you. UHC offers two Preferred Provider Organization (PPO) plans and one High Deductible Health Plan (HDHP) that comes with an HSA. When choosing a plan, think about your expected use of services, your state allocated dollars, your benefit FTE, payroll contributions, and the differences in out-of-pocket expenses.

Plan Feature	Plan 3		Plan 4		QHDHP	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible						
• Individual	\$500	\$1,000	\$2,000	\$1,500	\$3,000	
• Family	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	
Annual Out-of-Pocket Maximum (Including deductible)						
• Individual	\$3,000	\$5,000	\$10,000	\$4,000	\$8,000	
• Family	\$6,000	\$12,700	\$30,000	\$6,850	\$16,000	
Medical coverage						
• Physicians' Office visits	\$30 copay	\$40 copay	\$15 copay	Ded. then 50%	Ded. then 20%	Ded. then 50%
• Adult preventive care	Covered 100%	Ded. then 20%	Covered 100%	Not available	Covered 100%	Not available
• X-rays, lab, etc.	Ded. then 20%	Ded. then 40%	Ded. then 20%	Ded. then 50%	Ded. then 20%	Ded. then 50%
• Inpatient hospital (per stay)	\$300 copay per admission, ded. then 20%	Ded. then 40%	Ded. then 20%	Ded. then 50%	Ded. then 20%	Ded. then 50%
• Emergency room	\$150 copay (waived if admitted)		\$150 copay (waived if admitted)		Ded. then 20%	
• Urgent care	\$30 copay	Ded. then 40%	\$15 copay	Ded. then 50%	Ded. then 20%	Ded. then 50%
• Inpatient mental health and substance abuse	\$300 copay per patient stay, then ded. then 20%	Ded. then 40%	Ded. then 20%	Ded. then 50%	Ded. then 20%	Ded. then 50%

Ded. = Deductible

This is only a partial list of covered benefits.

For a complete list, please refer to your Summary Plan Description.

Family Coverage Deductible – QHDHP

If you cover dependents, you must meet the family deductible and out-of-pocket maximum before the plan pays benefits.

Group Health Plans

In addition to the UHC plans, you can also choose from three Group Health plans, including two Health Maintenance Organization (HMO) plans and a PPO plan.

Plan Feature	HMO Plan 3	HMO Plan 4	PPO Plan 3	
	In-network only	In-network only	In-network	Out-of-network
Annual Deductible				
• Individual	\$250	\$750	\$500	\$1,000
• Family	\$500	\$1,500	\$1,000	\$2,000
Out-of-pocket maximum (includes deductible)				
• Individual	\$2,000	\$6,000	\$2,500	No limit
• Family	\$4,000	\$12,000	\$5,000	No limit
Medical coverage				
• Physicians' Office visits	\$20 copay, then 20%	\$20 copay, 1 st 4 visits PCY, then ded. then 20%	\$30 copay, ded. then 20% (\$20 copay if GH facility*)	Ded. then 40%
• Adult preventive care	Covered 100%	Covered 100%	Covered 100%	Ded. then 40%
• X-rays, lab, etc.	20%, ded. waived	Covered 100% up to \$500, then ded. then 20%	Ded. then 20%	Ded. then 40%
• Inpatient hospital (per stay)	Ded. then 20%	\$200 copay, per day for up to 5 days per admit, then Ded. then 20%	Ded. then 20%	Ded. then 40%
• Emergency room	\$150 copay, ded. then 20% (copay waived if admitted)	\$150 copay, ded. then 20% (copay waived if admitted)	\$100 copay, ded. then 20%	
• Urgent care	\$20 copay, then 20%	\$20 copay, then ded. then 20%	\$30 copay (\$20 copay if GH facility)	Ded. then 40%
• Mental health and substance abuse				
— Inpatient	Ded. then 20%	\$200 copay per day for up to 5 days, ded. then 20%	Ded. then 20%	Ded. then 40%
— Outpatient	\$20 copay, then 20%	\$20 copay, ded. then 20%	\$30 copay, ded. then 20%	Ded. then 40%

Ded. = Deductible

This is only a partial list of covered benefits.

For a complete list, please refer to your Summary Plan Description.

*The Walla Walla Clinic and Kadlec Clinics in the Tri-Cities are designated GH Facilities.

Have Money Available When You Need It

If you enroll in the QHDHP, put your savings from lower paycheck deductions into your tax-free HSA to have money available when you need to pay out-of-pocket costs.

health Prescriptions, Dental, and Vision

Your Rx Benefits

When you enroll in a Walla Walla School District medical plan, you automatically receive the following in-network prescription drug coverage.

UnitedHealthcare RX Benefits

Plan Feature	UHC Plan 3	UHC Plan 4	UHC QHDHP
	You pay:	You pay:	You pay:
• Prescription deductible	N/A	Individual: \$500	N/A (subject to medical Ded.)
		Family: \$1,500	
Retail prescription drugs (30-day supply)			
• UHC Tier 1*	\$15 copay	\$0, ded. waived	\$15 copay
• UCH Tier 2	\$25 copay	Rx ded. then 30%	\$25 copay
• UHC Tier 3	\$40 copay	Rx ded. then 30%	\$40 copay
Mail-order prescription drugs (90-day supply)			
• UHC Tier 1	\$15 copay	\$0, ded. waived	\$30 copay
• UCH Tier 2	\$25 copay	Rx ded. then 25%	\$50 copay
• UHC Tier 3	\$40 copay	Rx ded. then 25%	\$80 copay

*UHC categorizes prescriptions in tiers, so a generic may not be your least expensive option. Always ask your pharmacist if a less-expensive drug is available.

Group Health RX Benefits

Plan Feature	GHC HMO 3	GHC HMO 4	GHC PPO 3*
	You pay:	You pay:	You pay:
Retail prescription drugs (30-day supply)			
• GHC Preferred Generic	\$15 copay	\$20 copay	\$10 copay
• GHC Preferred brand	\$30 copay	\$40 copay	\$35 copay
• GHC Nonformulary	\$50 copay	\$60 copay	\$70 copay
Mail-order prescription drugs (90-day supply)			
• GHC Preferred Generic	\$30 copay	\$40 copay	\$20 copay
• GHC Preferred brand	\$60 copay	\$80 copay	\$70 copay
• GHC Nonformulary	\$100 copay	\$120 copay	\$140 copay

*Please note: GHC PPO 3 prescription copays will be \$5 cheaper if obtained at a Group Health pharmacy.

Save With Generics and Mail-Order

Always ask your doctor if a less-expensive generic drug is available. In addition, there are several advantages to using the mail-order pharmacy for medications you take on an ongoing basis, including:

Cost savings: You'll spend less on copays when you're prescribed a 90-day supply.

Free shipping: There's no extra shipping charge for mail-order prescriptions.

Convenience: You'll avoid trips to the pharmacy, long lines, and waiting for your prescription to be ready.

Use the prescription mail-order service to order refills online, by phone, or using the UnitedHealthcare or Group Health mobile apps for iPhone and Android smartphones. Mail-order service can be used with prescriptions from any licensed provider.

Dental

Your teeth and gums play an important role in your health. That's why we offer the following dental benefits.

Plan Feature	United Concordia
	You pay:
Deductible	\$0
Annual maximum	\$2,250
Preventive services	100%
Basic services	90%
Major services	60%
Orthodontia (child and adult)	50% up to \$1,750

Benefits shown are for in-network providers and are based on negotiated fees. Out-of-network coverage is based on reasonable and customary (R&C) charges.

Vision

With the District's vision coverage, the focus is on you. Your vision plan covers periodic eye exams, eyeglasses, contact lenses, and more for you and your covered dependents.

Plan Feature	MetLife - VSP	
	In-Network Coverage	Out-of-Network Reimbursement
Routine exam (once every 12 months)	\$5 copay	\$45 allowance
Frames (once every 24 months)	\$200 retail allowance \$110 Costco allowance	\$70 allowance
Lenses (once every 12 months) <ul style="list-style-type: none">• Single vision• Bifocal• Trifocal• Lenticular	\$10 copay, then covered in full	\$30 - \$100 allowance, based on type
Contact lenses* (once every 12 months)	Fitting: Covered in full with a copay not to exceed \$60 Elective lenses: \$200 retail allowance	Necessary lenses: \$210 allowance Elective lenses: \$105 allowance

Make an Appointment Today

The sooner a vision problem is diagnosed and treated, the less it will impact an individual's quality of life. Only a comprehensive eye and vision examination can evaluate your overall eye health and vision status. Schedule your comprehensive vision exam today.

Money-Saving Tip

Remember, you can use an HSA or FSA for qualified out-of-pocket dental and vision expenses.

financial security

Life, accidental death and dismemberment (AD&D), disability, and supplemental medical insurance ensure financial protection for your family if you die, become disabled, or can't work due to an illness or injury. Plus, the district's retirement savings plans help you save for the future.

Voluntary Life and AD&D Insurance

Voluntary Life and AD&D insurance from the District can be used to pay off debts – credit cards and a mortgage – or for other expenses.

Employee-Paid Coverage⁺

- Employee supplemental life in increments of \$10,000; up to a maximum of 5x your annual earnings or \$500,000. Guarantee issue: \$150,000
- Spouse dependent life in increments of \$5,000; up to a maximum of \$250,000, not to exceed 100% of employee elected amount. Guarantee issue: \$50,000
- Child dependent life: up to \$500 for children age 14 days - 6 months, \$10,000 for children age 6 months - age 19 (26 if full-time student).

You can see your rates for this plan on page 2.

⁺ You may have to complete an evidence of insurability (EOI) questionnaire to determine whether you or your spouse is insurable for supplemental life insurance amounts. If required, one will be provided to you.

Have You Named a Beneficiary?

Life insurance requires you to name a beneficiary for coverage. The beneficiary will receive the benefit paid by a life insurance policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up to date. Open Enrollment is a good time to verify and update any beneficiary designations.

What Is AD&D Insurance?

Should you lose your life, sight, hearing, speech, or use of your limb(s) in an accident, AD&D provides additional benefits to help keep your family financially secure. AD&D benefits are paid as a percentage of your coverage amount – from 50% to 100% – depending on the type of loss.

Voluntary Life and AD&D

Plan feature	Age bands	Rates per \$1,000 per Pay Period
Employee and spouse: You pay the rate based on employee's age for your coverage. Some amounts may require Evidence of Insurability (EOI)	<25	\$0.06
	25-29	\$0.06
	30-34	\$0.07
	35-39	\$0.08
	40-44	\$0.11
	45-49	\$0.17
	50-54	\$0.25
	55-59	\$0.43
	60-64	\$0.64
	65-69	\$1.00
	70-74	\$1.77
	75+	\$2.08
Child life	Amount of Coverage	Rate
	\$10,000	\$1.90



Supplemental Medical Insurance

Supplemental medical insurance pays for medical costs your health plan doesn't cover. You can enroll in the following plans through Aflac:

- Cancer
- Intensive care protection
- Personal recovery plus
- Personal sickness indemnity plan
- Hospital protection plan
- Accidental indemnity advantage plan

For more information about these benefits or to enroll, call 509-540-4925.

Tax Sheltered Annuity (403(b)) program

You can find Walla Walla's 403(b) program at www.wwps.org/leadership/business_office.htm#payroll.

Online, you can find current information about vendors and forms. Contact the Business Office for more information.

Deferred Compensation (457) program

The deferred compensation program helps you to build up your retirement funds. Visit <https://washington.gwrs.com/login.do> for more information.

Disability Insurance

Loss of income due to illness or injury can cause serious financial hardship for your family. Disability insurance replaces a portion of your income to help you continue paying your bills and meeting your financial obligations. You can purchase optional short- and long-term disability through Sun Life financial.



You have two benefit options:

- Coverage beginning after 15 days (short- and long-term)
- Coverage beginning after 90 days (long-term)

Coverage replaces 66 2/3% of your base salary. Short-term pays \$1,500/week maximum and long-term pays \$6,000/month maximum benefits while you remain disabled.

Turn to the next page to see your disability costs.

Disability Benefit Reductions

Disability benefit payments may be reduced by deductible income such as Social Security, workers' compensation payments, and any other disability benefits you receive.



Disability Costs

Long-term disability can be purchased as a stand-alone policy. If you want short-term disability, you must purchase it along with long-term disability coverage. The cost depends on the amount of coverage you elect. See the chart on the right for more details.

Salary	Monthly Benefit	Weekly Benefit (Rounded)	STD 15 Day Premium	SSNRA LTD 90 Day Premium	Total Premium STD/LTD
\$1,800	\$100	\$30	\$2.19	\$1.24	\$3.43
\$3,600	\$200	\$50	\$3.65	\$2.47	\$6.12
\$5,400	\$300	\$70	\$5.11	\$3.71	\$8.82
\$7,200	\$400	\$100	\$7.30	\$4.95	\$12.25
\$9,000	\$500	\$120	\$8.76	\$6.19	\$14.95
\$10,800	\$600	\$140	\$10.22	\$7.42	\$17.64
\$12,600	\$700	\$170	\$12.41	\$8.66	\$21.07
\$14,400	\$800	\$190	\$13.87	\$9.90	\$23.77
\$16,200	\$900	\$210	\$15.33	\$11.13	\$26.46
\$18,000	\$1,000	\$240	\$17.52	\$12.37	\$29.89
\$19,800	\$1,100	\$260	\$18.98	\$13.61	\$32.59
\$21,600	\$1,200	\$280	\$20.44	\$14.84	\$35.28
\$23,400	\$1,300	\$300	\$21.90	\$16.08	\$37.98
\$25,200	\$1,400	\$330	\$24.09	\$17.32	\$41.41
\$27,000	\$1,500	\$350	\$25.55	\$18.56	\$44.11
\$28,800	\$1,600	\$370	\$27.01	\$19.79	\$46.80
\$30,600	\$1,700	\$400	\$29.20	\$21.03	\$50.23
\$32,400	\$1,800	\$420	\$30.66	\$22.27	\$52.93
\$34,200	\$1,900	\$440	\$32.12	\$23.50	\$55.62
\$36,000	\$2,000	\$470	\$34.31	\$24.74	\$59.05
\$37,800	\$2,100	\$490	\$35.77	\$25.98	\$61.75
\$39,600	\$2,200	\$510	\$37.23	\$27.21	\$64.44
\$41,400	\$2,300	\$540	\$39.42	\$28.45	\$67.87
\$43,200	\$2,400	\$560	\$40.88	\$29.69	\$70.57
\$45,000	\$2,500	\$580	\$42.34	\$30.93	\$73.27
\$46,800	\$2,600	\$600	\$43.80	\$32.16	\$75.96
\$48,600	\$2,700	\$630	\$45.99	\$33.40	\$79.39
\$50,400	\$2,800	\$650	\$47.45	\$34.64	\$82.09
\$52,200	\$2,900	\$670	\$48.91	\$35.87	\$84.78
\$54,000	\$3,000	\$700	\$51.10	\$37.11	\$88.21
\$55,800	\$3,100	\$720	\$52.56	\$38.35	\$90.91
\$57,600	\$3,200	\$740	\$54.02	\$39.58	\$93.60
\$59,400	\$3,300	\$770	\$56.21	\$40.82	\$97.03
\$61,200	\$3,400	\$790	\$57.67	\$42.06	\$99.73
\$63,000	\$3,500	\$810	\$59.13	\$43.30	\$102.43
\$64,800	\$3,600	\$840	\$61.32	\$44.53	\$105.85
\$66,600	\$3,700	\$860	\$62.78	\$45.77	\$108.55
\$68,400	\$3,800	\$880	\$64.24	\$47.01	\$111.25
\$70,200	\$3,900	\$900	\$65.70	\$48.24	\$113.94
\$72,000	\$4,000	\$930	\$67.89	\$49.48	\$117.37
\$73,800	\$4,100	\$950	\$69.35	\$50.72	\$120.07
\$75,600	\$4,200	\$970	\$70.81	\$51.95	\$122.76
\$77,400	\$4,300	\$1,000	\$73.00	\$53.19	\$126.19
\$79,200	\$4,400	\$1,020	\$74.46	\$54.43	\$128.89
\$81,000	\$4,500	\$1,040	\$75.92	\$55.67	\$131.59
\$82,800	\$4,600	\$1,070	\$78.11	\$56.90	\$135.01
\$84,600	\$4,700	\$1,090	\$79.57	\$58.14	\$137.71
\$86,400	\$4,800	\$1,110	\$81.03	\$59.38	\$140.41
\$88,200	\$4,900	\$1,140	\$83.22	\$60.61	\$143.83
\$90,000	\$5,000	\$1,160	\$84.86	\$61.85	\$146.53
\$91,800	\$5,100	\$1,180	\$86.14	\$63.09	\$149.23
\$93,600	\$5,200	\$1,200	\$87.60	\$64.32	\$151.92
\$95,400	\$5,300	\$1,230	\$89.79	\$65.56	\$155.35
\$97,200	\$5,400	\$1,250	\$91.25	\$66.80	\$158.05
\$99,000	\$5,500	\$1,270	\$92.71	\$68.04	\$160.75
\$100,800	\$5,600	\$1,300	\$94.90	\$69.27	\$164.17
\$102,600	\$5,700	\$1,320	\$96.36	\$70.51	\$166.87
\$104,400	\$5,800	\$1,340	\$97.82	\$71.75	\$169.57
\$106,200	\$5,900	\$1,370	\$100.01	\$72.98	\$172.99
\$108,000	\$6,000	\$1,390	\$101.47	\$74.22	\$175.69

contacts

Please contact the appropriate provider listed below to learn more about a specific benefit plan.

When You Have Questions

Your Benefits	Contact	Phone number	Website
Medical and Prescriptions	Group Health	888-901-4636	www.ghc.org
	UnitedHealthcare	800-377-5154	www.myuhc.com
Dental	United Concordia	800-332-0366	www.unitedconcordia.com
Vision	MetLife	855-MET-EYE-1 (855-638-3931)	www.metlife.com/mybenefits
Life and AD&D, Disability	Sun Life	800-247-6875	www.sunlife.com
Employee Assistance Program (EAP)	Care24	888-887-4114	www.myuhc.com
FSAs (health care and dependent care) and HSA	Navia Benefit Solutions	800-669-3539	www.navibenefits.com
Voluntary Benefits	AFLAC	509-540-4925	www.aflac.com
Tax Sheltered Annuity Program (403(b))	Carruth Compliance Consulting	877-222-3090	www.ncompliance.com/contact.aspx
Deferred Compensation (457) Plan	Washington State Department of Retirement Systems	888-327-5596	https://washington.gwrs.com/login.do
Benefits Questions	Walla Walla Business Office	509-526-6768 509-526-6721 509-526-6736	www.wwps.org

Notes

Go Mobile!

Group Health and UHC's mobile apps keep you connected. With the touch of a button, you can:

- Connect with a consulting nurse.
- View your medical records.
- Check pharmacy and lab wait times.

Available for iPhone and Android smartphones.



required notices

These notices contain important benefits information that may apply to you. Read on to learn more.

COBRA Benefits

In the event you lose your current health coverage you may be eligible to receive insurance through COBRA. COBRA is a federal law that allows you and your eligible dependents to continue your health benefits in the event you lose your coverage for any of the following reasons:

- Termination or a reduction in hours (18 months of continuation available)
- Disability (29 months of continuation available)
- Employee death or divorce (36 months of continuation available)
- Employee's Medicare entitlement after COBRA is elected (36 months of continuation available)
- Dependent child loses dependent status (36 months of continuation available)

You are responsible for all premiums

Notice of Special Enrollment Rights for Health Plan Coverage

As you know, if you have declined enrollment in Walla Walla School District's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Walla Walla School District will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Walla Walla School District group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under your plan. You would like more information on WHCRA benefits, call the payroll office.

Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by a Walla Walla Public Schools prescription drug plan, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2017. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Walla Walla Public Schools plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Walla Walla Public Schools coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Walla Walla Public Schools plan.

You should know that if you waive or leave coverage with Walla Walla Public Schools and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Walla Walla Public Schools coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

Visit www.medicare.gov for personalized help.

Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call the payroll office.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to

enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2016. Contact your State for more information on eligibility.

Required Notices (cont'd)

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	ALASKA – Medicaid Website: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx Phone (Outside of Anchorage): 1-800-780-9972 Phone (Anchorage): 907-465-2680
COLORADO – Medicaid Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	FLORIDA – Medicaid Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
GEORGIA – Medicaid Website: http://dch.georgia.gov/medicaid – Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
IOWA – Medicaid Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-342-6207
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/publicassistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120
MINNESOTA – Medicaid Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	NEBRASKA – Medicaid Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.dhhs.nh.gov/oi/documents/hipapp.pdf Phone: 603-271-5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmajs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.ncdhrs.gov/dma Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.dhs.pa.gov/ipp Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.greenmountaincare.org Phone: 1-800-250-8427	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-855-242-8282 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx/ Phone: 1-877-598-5820, HMS Third Party Liability
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002	Website: https://wyequalitycare.acs-inc.com/ Phone: 1-855-294-2127

To see if any other states have added a premium assistance program since January 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor	U.S. Department of Health and Human Services
Employee Benefits Security Administration www.dol.gov/ebsa 1-866-444-EBSA (3272)	Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565

This guide highlights some of the provisions of Walla Walla School District's benefits program. Complete details may be found in the official plan documents. While every effort has been made to ensure accuracy of this benefits guide, the plan documents and contracts will prevail in case of discrepancy between this brochure and the plan documents and contracts. The District reserves the right to amend or terminate any benefit plans at any time.