



Federal Way Public Schools
Every Student, a Reader

Benefit Handbook 2009-2010

2009 Benefit Fair

Thursday, September, 10th
2:30pm – 5:30 pm

Steel Lake Presbyterian Church
1829 South 308th Street
Federal Way, WA 98003

ENROLLMENT DEADLINES

September 11th for October 1, 2009 Coverage
October 14th for November 1, 2009 Coverage

This Benefit Handbook is only a brief description of your insurance coverage under the Federal Way Public Schools benefits program. The provisions of the actual plan documents and contracts will govern in the case of any discrepancy. Please contact the Payroll Department with questions regarding this Benefit Handbook.

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IMPORTANT

If you have had a change in your personal situation be sure to update your beneficiary information for both your life insurance and retirement plans.

A W-4 checkup is also recommended if you need to change your federal tax withholding. Any of the following may necessitate a change:

- Marriage or divorce
- Birth or adoption of a child
- Loss of a dependent status
- Purchase of a new home
- Commencement or cessation of alimony payments
- Spouse starting or leaving employment
- Unexpected medical expenses
- Increased higher education expenses

IMPORTANT NOTES: 1. While it is hoped that the plans summarized in this Benefit Handbook will continue indefinitely, your employer reserves the right to change or terminate any plan or plans in the future. 2. Each carrier retains discretionary authority to administer their program according to the terms of their Master Group Contract. 3. You must exhaust all claim appeal remedies outlined in the carrier's Master Group Contract before pursuing further/other legal action.

CUSTOMER SERVICE DIRECTORY

If you or your family members have questions about your benefit options, eligibility or a more specific question about your coverage, a representative at the numbers below may be able to help. You can also refer to the enclosed Medical and Dental Comparisons for information.

Medical Coverage	Premera Blue Cross at (800) 932-9221 or visit their website at www.premera.com Premera Nurse Hotline (800) 841-8343 Group Health at (888) 901-4636 or visit their website at www.ghc.org Group Health Nurse Hotline (800)297-6877																						
Dental Coverage	Washington Dental Service (WDS) at (800) 554-1907 or visit their website at www.deltadentalwa.com Willamette Dental of Washington at (800) 360-1909 or visit their website at www.denkor.com																						
Vision Coverage	Vision Service Plan (VSP) at (800) 877-7195 or visit their website at www.vsp.com																						
Life & Accident Coverage <ul style="list-style-type: none"> • Group term life insurance • Accidental, death and dismemberment • Additional group term life insurance 	Assurant Employee Benefits at (800) 733-7879 or visit their website at www.assurantemployeebenefits.com																						
Income Replacement <ul style="list-style-type: none"> • Long term disability insurance • Short term disability insurance • Salary Insurance 	Standard Insurance Co. (mandatory long term disability) at (800) 368-1135 American Fidelity (supplemental short and long term salary insurance) at (800) 323-3748																						
Flexible Spending Accounts	Flex-Plan Services at (425) 452-3500 or (800) 669-3539 or visit their website at www.flex-plan.com																						
Other Issues <ul style="list-style-type: none"> • Eligibility • Enrollment process • Obtaining enrollment forms 	Kristen Hudgins, Benefits Specialist at (253) 945-2060 or email at khudgins@fwps.org																						
Department of Retirement <ul style="list-style-type: none"> • TRS • SERS • PERS 	WA State Department of Retirement at (800) 547-6657 or visit their website at www.drs.wa.gov . Julie Reitz, Retirement Specialist at (253) 945-2064 or email at jreitz@fwps.org																						
Benefits Advisor/Consultant	Berg Andonian, Inc. at (888) 858-5115 or visit their website at www.bergandonian.com																						
Payroll Department	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Pam Jacobson</td> <td style="width: 25%;">pjacobso@fwps.org</td> <td style="width: 10%;">ext. 2061</td> <td style="width: 40%;">Payroll Manager</td> </tr> <tr> <td>Heather Reichel</td> <td>hreichel@fwps.org</td> <td>ext. 2079</td> <td>Payroll Compensation Specialist - Timesheets</td> </tr> <tr> <td>Julie Reitz</td> <td>jreitz@fwps.org</td> <td>ext. 2064</td> <td>Payroll Retirement Specialist</td> </tr> <tr> <td>Laveda Nichols</td> <td>lnichols@fwps.org</td> <td>ext. 2062</td> <td>Payroll Support Specialist – Absence Sheets</td> </tr> <tr> <td>Kristen Hudgins</td> <td>khudgins@fwps.org</td> <td>ext. 2060</td> <td>Payroll Benefits Specialist</td> </tr> </table>			Pam Jacobson	pjacobso@fwps.org	ext. 2061	Payroll Manager	Heather Reichel	hreichel@fwps.org	ext. 2079	Payroll Compensation Specialist - Timesheets	Julie Reitz	jreitz@fwps.org	ext. 2064	Payroll Retirement Specialist	Laveda Nichols	lnichols@fwps.org	ext. 2062	Payroll Support Specialist – Absence Sheets	Kristen Hudgins	khudgins@fwps.org	ext. 2060	Payroll Benefits Specialist
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Human Resources	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Jennifer Hymer</td> <td style="width: 25%;">jhymer@fwps.org</td> <td style="width: 10%;">ext. 2023</td> <td style="width: 40%;">HR Generalist \ Leave Requests</td> </tr> <tr> <td>Kelly Sherry</td> <td>ksherry@fwps.org</td> <td>ext. 2024</td> <td>Certificated Compensation Specialist – Contract & Stipend Pay</td> </tr> <tr> <td>Linda Cook</td> <td>lcook@fwps.org</td> <td>ext. 2025</td> <td>Classified Compensation Specialist – Contract & Stipend Pay</td> </tr> <tr> <td>Pat Dillon</td> <td>pdillon@fwps.org</td> <td>ext. 2028</td> <td>HR Analyst – Stipend Pay & NCLB/Highly Qualified</td> </tr> </table>			Jennifer Hymer	jhymer@fwps.org	ext. 2023	HR Generalist \ Leave Requests	Kelly Sherry	ksherry@fwps.org	ext. 2024	Certificated Compensation Specialist – Contract & Stipend Pay	Linda Cook	lcook@fwps.org	ext. 2025	Classified Compensation Specialist – Contract & Stipend Pay	Pat Dillon	pdillon@fwps.org	ext. 2028	HR Analyst – Stipend Pay & NCLB/Highly Qualified				
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NOTABLE CHANGES TO BENEFITS 2009-2010

The following is not an exhaustive listing of contract changes. It is recommended that you call your carrier's customer service department for answers to specific benefit questions.

Chemical Dependency – Maximum amount is increasing from \$14,000 to \$14,500.

GROUP HEALTH

- Chiropractic care is limited to 10 self-referral visits per calendar year (additional visits are no longer available with physician referral).
- Growth hormone therapy is no longer subject to a 12 month waiting period under the pharmacy benefits.

VSP

- 30% discount on additional pairs of glasses purchased the same day you receive your exam by the same VSP provider.

SUPPLEMENTAL TERM LIFE

- Dependent coverage is now to age 25 regardless of student status.

2009-2010 COST CHANGES

Assurant (Life Insurance)	0% increase
VSP Vision	0% increase
WDS	5.6% increase
Willamette Dental	1.8% increase
Standard (LTD)	0 % increase
Premera Blue Cross	
Plan 1	7.4% increase
Plan 2	7.4% increase
Plan 3	7.4% increase
Plan 5 (Foundation Network)	7.4% increase
Group Health Cooperative	3.94% increase

BENEFIT DOLLARS AND RATE WORKSHEET

Allocations For 2009-2010

IUOE/PROF-TECH	\$723.96 per mo per FTE
FWESP/ADMIN/PRINC	\$718.96 per mo per FTE
FWEA	\$735.41 per mo per FTE
ECEAP	\$715.41 per mo per FTE
HS	\$685.41 per mo per FTE
PSE	\$689.91 per mo per FTE

The allocation is used first to pay for negotiated mandatory benefits such as life insurance, long term disability, dental and vision coverage. The balance of the allocation dollars are then available for employees to spend toward the purchase of medical benefits. Any unspent allocation dollars are "pooled" within bargaining units and divided among employees with payroll deductions to help defray the cost of medical premiums.

No portion of the state allocation or pooling dollars can be applied to the purchase of other voluntary insurance programs.

PAYROLL DEDUCTION WORKSHEET

Multiply the average number of daily hours you work in a week by the number of paid calendar days you work in a year.

Divide that number by 1440. The answer is your Benefit FTE (maximum 1.00).

Multiply your Benefit FTE by amount listed above. This is your starting State Allocation amount.

Now, take your State Allocation and fill in the chart below to find out how much is left for your medical coverage.

Allocations (from Above)	_____
Subtract:	
Basic Life Insurance	_____
Vision	_____
Dental	_____
Long-Term Disability	_____
Equals:	
Dollars Available for Medical Coverage	_____

Monthly premium amounts can be found on pages 6-11.

BENEFITS OFFERED BY BARGAINING UNIT

Bargaining Unit	Mandatory Benefits				Optional Benefits			
	Basic Term Life/AD&D	Vision Service Plan	Dental (3 hr min.)	Long Term Disability (3.5 hr min.)	Medical (4 hr min.)	Supplemental Term Life (3 hr min.)	Voluntary Short-Term Disability (3.75 hr min.)	Voluntary Salary Insurance (3.75 hr min.)
FWEA Teachers	Assurant \$25,000	Vision Service Plan	WDS or Willamette Dental	Standard Insurance Co.	Premera Blue Cross or Group Health	Assurant \$2 per \$10,000 increments	American Fidelity	N/A
FWESP Secretary	Assurant \$10,000	Vision Service Plan	WDS or Willamette Dental	Standard Insurance Co.	Premera Blue Cross or Group Health	Assurant \$2 per \$10,000 increments	American Fidelity	N/A
IUOE Custodians, Maintenance	Assurant \$10,000	Vision Service Plan	WDS or Willamette Dental	Standard Insurance Co.	Premera Blue Cross or Group Health	Assurant \$2 per \$10,000 increments	American Fidelity High Risk	N/A
Principals, Administrators and Non-Represented Staff	Assurant 2X Annual Salary	Vision Service Plan	WDS or Willamette Dental	Standard Insurance Co.	Premera Blue Cross or Group Health	Assurant \$2 per \$10,000 increments	American Fidelity	N/A
Prof-Tech Association	Assurant 2X Annual Salary	Vision Service Plan	WDS or Willamette Dental	Standard Insurance Co.	Premera Blue Cross or Group Health	Assurant \$2 per \$10,000 increments	American Fidelity	N/A
ECEAP PSE	Assurant \$20,000	Vision Service Plan	WDS or Willamette Dental	N/A*	Premera Blue Cross or Group Health	Assurant \$2 per \$10,000 increments	N/A	American Fidelity
Headstart PSE	Assurant \$10,000	Vision Service Plan	WDS or Willamette Dental	N/A	Premera Blue Cross or Group Health	Assurant \$2 per \$10,000 increments	N/A	American Fidelity
PSE Central Kitchen	Assurant \$20,000	Vision Service Plan	WDS or Willamette Dental	Standard Insurance Co.	Premera Blue Cross or Group Health	Assurant \$2 per \$10,000 increments	American Fidelity	
PSE Para-Educators	Assurant \$20,000	Vision Service Plan	WDS or Willamette Dental	Standard Insurance Co.	Premera Blue Cross or Group Health	Assurant \$2 per \$10,000 increments	American Fidelity	
PSE Transportation	Assurant \$20,000	Vision Service Plan	WDS or Willamette Dental	Standard Insurance Co.	Premera Blue Cross or Group Health	Assurant \$2 per \$10,000 increments	American Fidelity	

*This could possibly change after the publication of this booklet.

ENROLLMENT INFORMATION

BENEFIT ELIGIBILITY

New Hires, Terminating Employees, and Employees on an Authorized Unpaid Leave: Effective September 1, 2009 an employee must have a minimum of ten (10) earned work and/or paid leave time days per month to qualify for health benefits. If you have been granted a Family Medical Leave by Human Resources, please consult with Payroll regarding your benefit eligibility.

New hires become eligible for coverage on the first day of the month following the first payroll deduction of required premiums (if any). In most cases this means benefits start on the first day of the month following the date of hire. (Note: Employees must have worked a minimum of two weeks in the month).

The months of September and October are the open enrollment periods. During open enrollment you may choose the benefit plans for yourself and eligible dependents. Benefit or enrollment changes made by September 11th are effective October 1. Those who submit enrollment paperwork by October 14th will have an effective date of November 1. **Changes received after October 14th will not be processed.**

INSURANCE OPEN ENROLLMENT DEADLINES FOR CHANGES

August 24th - September 11th
(October 1, 2009 Coverage)

September 14th - October 14th
(November 1, 2009 Coverage)

REQUIRED ACTIONS PRIOR TO THE ENROLLMENT DEADLINES:

If you are currently enrolled and wish to keep your current coverages, *no action is required.*

If you wish to change medical or dental plans, add or delete dependents, or change coverages:

1. Visit the Payroll Department to complete new enrollment forms.
2. Return completed enrollment forms to the Payroll Department by September 11th for October 1st coverage or by October 14th for November 1st coverage. If you do not return your enrollment forms by the deadlines, your current benefit elections will continue throughout the 2009-2010 benefit year.

CHANGING YOUR ELECTIONS AFTER OPEN ENROLLMENT

Once open enrollment is over on October 14th, you cannot change your elections unless you have a legally defined change in family status, such as:

- You get married or divorced;
- You add a dependent child to your family through birth or adoption;
- An enrolled family member dies;
- You or your spouse go on an unpaid leave of absence;
- You or your spouse have a change in employment status (for example, you go from part-time to full-time or vice versa) Hours with FWPS increase to at least a .5 FTE or 20.00 per week;
- You waived medical coverage for yourself or your family members because of other health care coverage – and you lose that other coverage for certain reasons.
- If you declined coverage when you were eligible to enroll in the group plan you may subsequently apply for coverage in the event that the Department of Social and Health Services (DSHS) has determined that it is cost-effective to enroll you or your eligible dependents in this health plan. Applications must be submitted within 60 days following the determination by DSHS.

To initiate a change, you must complete enrollment paperwork within 30 days of the change (60 days for newborns and adoption). Coverage begins the first day of the month following the change in family status (newborns are effective date of birth).

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

BASIC LIFE INSURANCE

Group Life/Accidental Death and Dismemberment (AD&D) insurance is provided by Assurant Employee Benefits. This benefit is mandatory for all contracted employees. The benefit amount is dependent on your bargaining unit.

	Benefit Amount		Cost per Month
	Basic Life	AD&D	
FWESP, IUOE Headstart	\$10,000	\$10,000	\$1.50
PSE, ECEAP	\$20,000	\$20,000	\$3.00
FWEA	\$25,000	\$25,000	\$3.75
Prof-Tech, Principals, Administrators, and Non-Represented Staff	2 times annual salary	2 times annual salary	\$0.15 per \$1,000

ADDITIONAL FEATURES

Accelerated Benefit: If you have a medical condition which is diagnosed by a doctor as life threatening and which results in an expected life span of 12 months or less, you may elect to receive up to 50% of your life insurance benefit immediately.

Higher Education Benefit: Unmarried children who are less than 25 years of age and who are already enrolled on a full-time basis in an accredited school at your death or who enroll in an accredited school within one year of your death will receive \$3,000 at the beginning of each school year for a maximum of 4 consecutive years.

Accidental Dismemberment Definition: If, due to an accident, a member loses 1 hand, 1 foot or the sight in 1 eye, the member will receive half of the AD&D benefit. If the member loses any 2 or more of the above, the full benefit will be received.

SUPPLEMENTAL TERM LIFE INSURANCE (EMPLOYEE PAID)

Supplemental Life is an optional benefit for employees working 15 or more hours per week and is only available in increments of \$10,000. Spouse coverage is equal to half of employee supplemental coverage. Employee guarantee issue amounts to \$100,000, spouse to \$50,000 and children to \$25,000 without answering health questions.

Benefit Amount

Employee Supplemental Life	\$2.00 per each \$10,000 of coverage (\$200,000 maximum, not to exceed 5 times your basic annual earnings)
Spouse Supplemental Life	\$1.00 per each \$5,000 of coverage (\$100,000 maximum)
Children (under 6 months old)	\$0.90 per month for \$500 of coverage
Children (to age 25)	\$0.90 per each \$5,000 of coverage (\$25,000 maximum)

Please note that if the Assurant application is received more than 30 days after your initial employment date, Assurant reserves the right to decline coverage and/or to bill for medical testing.

If you and your spouse work for the same employer and are both eligible for this insurance as employees, you cannot cover each other as dependents and only one of you may insure any dependent children.

VISION BENEFITS

This is a family benefit and is mandatory for all bargaining units.

BENEFIT FREQUENCIES

Examinations	Once every 12 months
Lenses	Once every 12 months
Frames	Once every 24 months

	VSP DOCTOR	NON-VSP DOCTOR
Rate (covers employee and all dependents)	\$17.85 per month	
Examination	Paid in full	\$45 allowance
\$10 COPAY APPLIES TO ALL VISION HARDWARE / MATERIALS		
Lenses		
Single Vision Lenses	Paid in full	\$45 allowance
Lined Bifocal Lenses	Paid in full	\$65 allowance
Lined Trifocal Lenses	Paid in full	\$85 allowance
Frames	Selection of frames from which to choose are paid in full up to \$140 allowance.	\$45 allowance
Contact Lenses Elective (in lieu of lenses and a frame)	No copay applies. \$120 allowance	\$105 allowance
Additional Pairs of Glasses	30% discount if purchased on the same day as exam by the same provider	Not included

Dependents are covered to age 25, regardless of student status.

To obtain a list of VSP doctors call VSP at **800-877-7195**, or visit their website at www.vsp.com. VSP does not distribute ID cards. To receive benefits from a VSP doctor, call a VSP doctor and identify yourself as a VSP member and provide the doctor's office with the covered employee's last four digits of their social security number, date of birth and employer's name. The VSP doctor will call VSP to verify eligibility and plan coverage.

When services are received from a VSP doctor, reimbursement is made directly to the doctor. The patient will have no out-of-pocket expense other than the copayment, unless optional items are selected that VSP does not cover. Optional items include, but are not limited to, oversize lenses, coated lenses, no-line multifocal lenses or a frame that exceeds the allowance. If you obtain vision services from a non-participating vision provider, pay the bill and request an itemized copy of the bill showing the eye exam and materials, including lense type. Submit the following information for reimbursement:

- Itemized copy of the bill (breaking out the cost of the eye exam, materials and lense type)
- The name, address and phone number of the non-VSP provider
- The last four digits of the employee's social security number and date of birth
- The employee's name, address, and phone number
- The name of your employer
- The patient's name, date of birth, address and phone number
- The patient's relationship to the covered member (such as self, spouse, child, student, etc.)

Send the above information for claims reimbursement according to the above schedule to:

VSP Claims
 PO Box 997105
 Sacramento, CA 95899-7105

Your individual benefit information is available to view at www.vsp.com. Once you are registered, you can view when to schedule your next eye exam as well as when you are eligible for new frames and lenses or contact lenses.

DENTAL BENEFITS

This is a family benefit and is mandatory for all bargaining units for employees working 15 or more hours per week.

	WDS Select Dental Plan IV	Willamette Dental Plan I
Rate (covers employee and all eligible dependents)	\$ 129.55	\$ 77.45
Provider Network	Use any licensed dentist. Use of WDS member dentists provides the best benefits.	Use a Willamette Dental Group office.
Annual Individual Benefit Maximum (Plan year runs 9/1-8/31)	\$1,750	No maximum benefit, except TMJ
Annual Deductible	\$25 individual / \$75 family (waived for Class 1 treatments – Preventive and Routine Care)	None
Diagnostic and Preventive Care – Exams, x-rays, cleanings, sealants, fluoride application	70% year 1, 80% year 2, 90% year 3, 100% year 4	100% after \$15 copay
Routine Care – Fillings, oral surgery, root canals, periodontics, endodontics, extractions	70% year 1, 80% year 2, 90% year 3, 100% year 4	100% after \$15 copay
Gold Inlays, Onlays	70% year 1, 80% year 2, 90% year 3, 100% year 4	100% after \$15 copay
Crowns	70% year 1, 80% year 2, 90% year 3, 100% year 4	100% after \$50 copay
Dentures, Bridges, Partial	50%	100% after \$50 copay
Implants	50%	Not covered
Emergency Treatment	70% year 1, 80% year 2, 90% year 3, 100% year 4	Covered after \$20 copay when after hours at a Willamette Dental Group office or up to \$500 of out-of-area emergency treatment.
Orthodontia	50% to \$1,000 lifetime benefit maximum	Treatment paid in full after a copay of \$2,000 and \$15 office visit copays
TMJ	50% up to \$1,000 per year, \$5,000 lifetime maximum	\$1,000 annual maximum, \$5,000 lifetime maximum
Definition of Dependent Children	Unmarried dependent children from birth to age 25 regardless of student status	Unmarried dependent children from birth to age 25 regardless of student status

Note for **Willamette Dental** subscribers: (Please read before enrolling in Willamette Dental)

- Willamette Dental does not contract with local independent dental offices, and instead offers the use of company owned clinics in certain locations. You may have to travel to another Willamette Dental office for some services.
- New members are urged to schedule your initial exam right away. It is at this exam that your dental care plan is established and future visits are scheduled.
- Willamette Dental schedules appointments several months in advance and as a result, you may incur long wait times. If long wait times are not acceptable, you may wish to enroll in WDS.
- If you have a concern about your Willamette Dental service, ask to speak to the dental Office Manager or email your concerns to relations@willamettedental.com.

DISABILITY INSURANCE

Disability benefits offer income in situations where you are unable to work due to accident or illness. A brief description of the benefits follows.

FWEA, IUOE, FWESP, PRINCIPALS, ADMINISTRATORS & NON-REP STAFF, PROF-TECH ASSOC., PSE (PARAEDUCATORS & TRANSPORTATION & CENTRAL KITCHEN) EMPLOYEES

Your Long Term Disability benefits are offered by Standard Insurance Co. and are mandatory. Your Short Term Disability benefits are offered by American Fidelity on a voluntary basis.

	Mandatory Long Term: Standard Insurance Co. (District Paid)	Voluntary Short Term: American Fidelity (Employee Paid)
Eligibility	17.5 hrs per week minimum	17.5 hours per week minimum
Minimum Benefit	\$100 per month	Non-Clerical: \$100 or 10% (whichever is greater) Clerical: n/a
Maximum Benefit	\$10,000 per month	\$220 - \$6,000 monthly benefit
Covered Earnings	60% of pre-disability earnings; or 70% of pre-disability earnings reduced by deductible income	Not to exceed 66 2/3% of regular monthly earnings
Waiting Period	90 Days	1st day accident; 4th day illness
Benefit Period	To normal social security retirement age	90 days
Monthly Cost:	\$13.45	Refer to Short Term Disability Brochures in the Payroll Department.

A pre-existing condition limitation applies.

ECEAP & HEADSTART EMPLOYEES

Long Term Disability benefits are available to you through American Fidelity on a voluntary basis.

**Voluntary Long Term:
American Fidelity (Employee Paid)**

Eligibility	17.5 hours per week minimum.
Benefit Amounts	\$200 - \$6,000 monthly benefit.
Waiting Period	15 days
Benefit Period	10 years for those 60 years or younger To age 70 for those age 61 to 68 1 year for those 69 and older
Monthly Cost	Refer to Long Term Disability Brochures in the Payroll Department.

MEDICAL BENEFIT COMPARISON

	Group Health Cooperative Managed Care	WEA Premera Blue Cross Select Plan 1	
Rates			
Employee Only	\$ 514.20	\$ 635.35	
Employee & Spouse	\$ 996.98	\$1,234.10	
Employee, Spouse & Children	\$1,201.31	\$1,487.60	
Employee & Children	\$ 718.55	\$ 888.85	
BENEFITS AT A GLANCE			
Provider Network	Except as noted, all care and services must be approved by and provided through GHC staff or contracted facilities	To receive the benefit shown below you must use a provider from the Premera Heritage Provider network	
Annual Deductible	No deductible	\$50 per person/\$150 per family per calendar year	
Office Calls and Urgent Care	\$10 copay	\$20 copay	
Out-of-Pocket Maximum	Once the member has paid \$1,000 per individual (\$2,000 per family), payment is set at 100% for the remainder of the calendar year	Once the member has paid \$444 in a calendar year, coinsurance is set at 100% for the remainder of the calendar year.	
Out-of-Network Benefits	Not covered	Generally covered at 70% of allowed fee after deductible	
Prescription Drugs		Retail	Mail Order
Generic	\$10 copay, must be prescribed by	\$10	\$10
Preferred Brand Name	GHC provider, filled at GHC pharmacy	\$15	\$15
Non-Preferred Brand Name	and in GHC formulary	\$30	\$30
Days Supply	30	34	100
Spinal Manipulations (Chiropractic)	\$10 copay, 10 visit limit	\$20 copay	
Diagnostic X-Ray / Lab	Covered in full	90% after deductible	
PREVENTIVE CARE			
Well Child Care	\$10 copay	Covered in full up to \$600 per calendar year from birth through age 3	
Routine Physicals	\$10 copay	Covered up to \$300 per person per year	

Medical coverage is an optional benefit and you must work at least a .5 FTE or 20.00 hours per week to be eligible. Use the State Allocation chart on page 3 to determine the guaranteed dollars to be applied to your monthly premium. Actual dollars available to each employee will depend on pooling amounts which will vary for each bargaining unit.

**WEA Premera Blue Cross
Select Plan 2**

**WEA Premera Blue Cross
Select Plan 3**

**WEA Premera Blue Cross
Select Plan 5**

\$ 555.95
\$1,076.55
\$1,297.10
\$ 776.50

\$ 497.35
\$ 963.30
\$1,160.75
\$ 694.80

\$ 570.00
\$1,156.00
\$1,398.45
\$ 812.45

To receive the benefit shown below you must use a provider from the Premera **Heritage Provider network**

To receive the benefit shown below you must use a provider from the Premera **Heritage Provider network**

To receive the benefit shown below you must use a provider from the Premera **Foundation Provider network** (does not include UW or Harborview)

\$100 per person/\$300 per family per calendar year

\$200 per person/\$600 per family per calendar year

\$100 per person/\$300 per family per calendar year in-network

\$25 copay

\$30 copay

\$15 copay

Once the member has paid \$1,375 in a calendar year, coinsurance is set at 100% for the remainder of the calendar year.

Once the member has paid \$2,500 in a calendar year, coinsurance is set at 100% for the remainder of the calendar year.

Covered in full after applicable copays.

Generally covered at 60% of allowed fee after deductible

Generally covered at 60% of allowed fee after deductible

Generally covered at 70% of allowed fee after separate \$250 deductible per member. No out-of-pocket maximum applies. Preventive and Well Child Care not covered.

Retail	Mail Order
\$10	\$10
\$20	\$20
\$35	\$35
34	100

Retail	Mail Order
\$15	\$15
\$25	\$25
\$40	\$40
34	100

Retail	Mail Order
\$10	\$10
\$15	\$30
\$30	\$60
30	90

\$25 copay

\$30 copay

\$15 copay

80% after deductible

80% after deductible

Covered in full

Covered in full up to \$600 per calendar year from birth through age 3

Covered in full up to \$600 per calendar year from birth through age 3

\$15 copay in-network

Covered in full up to \$300 per person per year

Covered in full up to \$300 per person per year

\$15 copay in-network

	Group Health Cooperative Managed Care	WEA Premera Blue Cross Select Plan 1
HOSPITAL		
Inpatient Care	Covered in full	90% after deductible and \$100 copay per day (\$300 maximum copays collected)
Emergency Care	\$75 copay at a GHC designated facility; \$125 copay at a non-GHC designated facility	90% after deductible and \$75 copay
OTHER BENEFITS		
Acupuncture	\$10 copay, 8 visits per medical diagnosis per calendar year	\$20 copay, 12 visits per calendar year
Ambulance Services	80%	90% after deductible
Chemical Dependency	\$10 copay, \$14,500 in any 24 consecutive month period	\$14,500 maximum each 24 consecutive calendar months. Inpatient: 90% after deductible and \$100 inpatient copay per day (\$300 maximum copays pcy) Outpatient: 90% after deductible
Lifetime Maximum	\$2,000,000	\$5,000,000
Maternity	\$10 copay per visit, delivery covered in full	\$20 copay per visit. 90% after deductible; \$100 inpatient copay per day (\$300 maximum copays pcy)
Mental Health	Inpatient - covered in full, 12 day inpatient limit Outpatient - \$10 copay, 20 visit outpatient limit per calendar year	Inpatient – 90% after deductible and \$100 copay per day (\$300 maximum copays pcy) Outpatient - \$20 copay, 50 visit limit pcy
Naturopathic	\$10 copay, 3 visits per medical diagnosis per calendar year	\$20 copay
Outpatient Surgery	\$10 copay	\$50 copay and 90% after deductible
Rehabilitation (includes Physical Therapy)	\$10 copay; 60 visit limit per calendar year	Inpatient: 90% after deductible and \$100 inpatient copay per day (\$300 maximum copays pcy), 120 maximum days pcy Outpatient: \$20 copay, 45 visit limit pcy Physical Therapy: 90% after deductible
Dependents covered to age	25 regardless of student status	25 regardless of student status

WEA Premera Blue Cross Select Plan 2	WEA Premera Blue Cross Select Plan 3	WEA Premera Blue Cross Select Plan 5 (Foundation Network)
80% after deductible and \$150 per day copay (\$450 maximum copays collected)	80% after deductible and \$300 per day copay (\$900 maximum copays collected)	Covered in full after deductible and \$200 per admission copay (\$600 maximum copays individual / \$1,000 family per calendar year)
80% after deductible and \$75 copay	80% after deductible and \$100 copay	\$50 copay
\$25 copay, 12 visits per calendar year.	\$30 copay, 12 visits per calendar year.	\$15 copay
80% after deductible	80% after deductible	Covered in full after deductible and \$50 copay
\$14,500 maximum each 24 consecutive calendar months. Inpatient: 80% after deductible and \$150 inpatient copay per day (\$450 maximum copays pcy) Outpatient: 80% after deductible	\$14,500 maximum each 24 consecutive calendar months. Inpatient: 80% after deductible and \$300 inpatient copay per day (\$900 maximum copays pcy) Outpatient: 80% after deductible	\$14,500 maximum each 24 consecutive calendar months. Inpatient: 100% after deductible and \$200 inpatient copay per admission (\$600 maximum copays pcy) Outpatient: \$15 copay
\$5,000,000	\$5,000,000	\$5,000,000
\$25 copay per visit. 80% after deductible; \$150 copay per day (\$450 maximum copays pcy)	\$30 copay per visit. 80% after deductible; \$300 copay per day (\$900 maximum copays pcy)	Covered in full after deductible and \$200 per admission copay (\$600 maximum copays individual / \$1,000 family per calendar year)
Inpatient – 80% after deductible and \$150 copay per day (\$450 maximum copays pcy) Outpatient - \$25 copay per visit, 50 visit limit pcy	Inpatient – 80% after deductible and \$300 copay per day (\$600 maximum copays pcy) Outpatient - \$30 copay per visit, 30 visit limit pcy	Inpatient – covered in full after deductible and \$200 inpatient copay per admission (\$600 maximum copays individual / \$1,000 family pcy) Outpatient – \$15 copay per visit, 20 visit limit pcy
\$25 copay	\$30 copay	\$15 copay
\$100 copay and 80% after deductible	\$150 copay and 80% after deductible	Covered in full after applicable copay
Inpatient: 80% after deductible and \$150 inpatient copay per day (\$450 maximum copays pcy), 120 maximum days pcy Outpatient: \$25 copay, 45 visit limit pcy Physical Therapy: 80% after deductible	Inpatient: 80% after deductible and \$300 inpatient copay per day (\$900 maximum copays pcy), 30 maximum days pcy Outpatient: \$30 copay, 45 visit limit pcy Physical Therapy: 80% after deductible	Inpatient: Covered in full after deductible and \$200 inpatient copay per admission (\$600 maximum copays individual / \$1,000 family pcy) 30 maximum days pcy Outpatient: \$15 copay, 45 visit limit pcy; (includes physical therapy)
25 regardless of student status	25 regardless of student status	25 regardless of student status

OTHER MEDICAL INSURANCE OPTIONS

If you are not eligible or feel you cannot afford district medical insurance, the following options are available. These plans are not endorsed by the district, the information is provided strictly as a courtesy. No allocation dollars may be used towards these insurance options and the district cannot deduct premiums from your paycheck.

INDIVIDUAL MEDICAL COVERAGE OPTIONS

In some instances, you may be able to insure your dependent spouse and/or dependent children for medical coverage less expensively by applying for an individual medical policy. If you would like to review available options use the individual quoting services at www.affordable-insurance.com or call (877) 466-1999. If calling, mention that you are a FWPS employee.

APPLE HEALTH FOR KIDS PROGRAM

In Washington State, a program is offered to provide health insurance coverage to children under age 19, and qualification is based on the family income level. The program is funded by federal tax dollars, and almost all states have taken advantage of these dollars and developed similar programs.

Qualification for the APPLE HEALTH FOR KIDS program is as shown below:

The Family's Income is:	Up to 200% of "federal poverty level"*	250% of "federal poverty level"*	300% of "federal poverty level"*
Examples of Qualifying Income Levels	For a family of 2 people, 200% of federal poverty level is \$2,429 monthly. For a family of 4, 200% is \$3,675 monthly.	For a family of 2 people, 250% of federal poverty level is \$3,036 monthly. For a family of 4, 250% is \$4,594 monthly.	For a family of 2 people, 300% of federal poverty level is \$3,643 monthly. For a family of 4, 250% is \$5,513 monthly.
Monthly Cost to the Family	Free	\$20 per child per month (\$40 per month maximum).	\$30 per child per month (\$60 per month maximum).

Notes:

- Income is figured on gross monthly wages minus \$90 per person working. Monthly childcare expenses (and child support payments for a child not living in the home) may also be deducted from monthly income when determining eligibility.
- A pregnant woman counts as a family size of two. Other programs with different eligibility requirements are available for families and pregnant women. Call toll-free 1-877-543-7669 to find out more.

If you have questions Apple Health for Kids and other programs you might qualify for, please call 877- 543-7669.

OTHER BENEFITS

EMPLOYEE ASSISTANCE PROGRAM

The EAP program provides professional assessment and referral services for you and your family for almost any personal difficulty – such as treatment for alcoholism and drug abuse, individual and marriage counseling, family therapy, financial difficulties, etc. For information, call Health Venture toll free at **(800) 447-8327**. The EAP is provided at no cost to district employees and their dependents.

ENHANCED BENEFIT GROUP

Receive discounted real estate, mortgage, escrow, moving, carpet cleaning, maid services and home inspection services. For information, call toll free at (866) 505-3244 or visit their website at www.ebgi.org.

HEALTH CLUB DISCOUNTS

Membership discounts are available to FWPS employees at 24-Hour Fitness, Bally's, and YMCA.

- **24-Hour Fitness** - To enroll call (253) 839-5588 or 800-244-0240
- **Bally's Total Fitness** – 2 locations in Federal Way. Call (253) 941-5990 or (253) 838-3424
- **YMCA** – Locations in Auburn and Pierce County
- **L.A. Fitness** – 2 locations in Federal Way. Call (253) 838-5900 or (253) 941-5800
- **Three Trees Yoga** – (253) 815-YOGA (9642)
- **Jazzercise** – (253) 333-8886

SAVINGS BONDS (Series EE)

U.S. Savings Bonds Payroll Savings Plan allows you to invest in savings bonds by automatically withdrawing a specified amount from each paycheck. For information, call toll free at (888) 4US-BOND or visit their website at www.savingsbonds.gov.

SCHOOL EMPLOYEES CREDIT UNION

The School Employees Credit Union offers free checking and low-interest Visa accounts to FWPS employees and their families. For information, call (888) 628-4010 or visit their website at www.secuwa.org.

AFLAC

Additional voluntary benefits are available through AFLAC. Open enrollment information will be sent out in November. For information, contact Paul Bridgeman, ALFAC Agent at (253) 569-6033 or email at paul_bridgeman@us.aflac.com.

FLEXIBLE SPENDING ACCOUNTS

This is a calendar year election and enrollment forms will be sent out in November to eligible employees (Certificated employees at .5 FTE or above and Classified employees of 20 hour per week or above).

PREMIUM CONVERSION PLAN

Federal Way Public School's premium conversion plan allows employees to avoid Social Security and federal income tax on monthly amounts that are deducted for group insurance premiums (medical, dental, vision and life). Payroll will automatically adjust your monthly contribution for qualifying insurance premiums from an "after-tax" to a "pre-tax" basis. There are no forms to fill out. Participation in the program is automatic unless you request in writing not to participate in the premium conversion plan (contact the Payroll Department for form).

HEALTHCARE REIMBURSEMENT ACCOUNT PROGRAM

This program allows the enrollee to avoid taxes on many medical, dental and other health care expenses that are not covered by medical insurance. The program lets you use pre-tax dollars to pay for healthcare expenses. Your contribution will be deducted from your paycheck on a pre-tax basis in equal amounts for the plan year. You may set aside **up to \$3,000** each plan year in your Healthcare Reimbursement Account through automatic payroll deductions.

Eligible Expenses

The expenses covered by, but not paid by, insurance such as the deductible, coinsurance (the percentage of charges not covered) and expenses over the maximum. Examples:

- Non-reimbursed medical expenses for preventive, diagnostic, and therapeutic care
- Medicine or other drugs prescribed by a medical doctor or over-the-counter drugs
- Non-reimbursed dental expenses for preventive, diagnostic endodontic, orthodontic and therapeutic care
- Medicine or other drugs prescribed by a dentist
- Non-reimbursed vision expenses
- Over-the-counter medications used to treat a specific illness or medical condition, including contact lens solution

Non-eligible Expenses

- Expenses reimbursed through any insurance policy or plan
- Expenses incurred before you enroll in the plan
- Expenses you claim as a deduction or credit for income tax purposes

DEPENDENT CARE SPENDING ACCOUNT

The Dependent Care Spending Account is a tax-effective way to pay for childcare or other dependent care services that enable you or you and your spouse to work outside the home. You may use this account to pay for eligible daycare expense incurred for:

- A child up to age 13 for whom you claim a deduction on your income tax form; or
- A spouse or disabled dependent age 13 or older (your parent, for instance) who is physically or mentally incapable of self-care, who normally spends at least eight hours in your home each day, and for whom you pay more than half the cost of support.
- Eligible daycare expenses include costs for nursery schools, daycare providers, babysitters and other types of daycare. A provider cannot be another dependent of yours, such as an older child. Nursery schools and daycare centers must comply with state and local regulations if their expenses are to be eligible for reimbursement.

You may set aside up to \$5,000 each plan year in your Dependent Care Spending Account through automatic payroll deductions or \$2,500 if you are married filing a separate return.

Dependent Care Spending Account vs. the Dependent Care Tax Credit

For many employees, the Dependent Care Spending Account is a better method than taking the dependent care tax credit on the income tax return. Generally, the tax credit is more beneficial if your adjusted gross income is less than \$24,000.

EXAMPLE OF TAX SAVINGS WITH FLEXIBLE REIMBURSEMENT ACCOUNTS

<i>Without</i> Flexible Reimbursement Account		<i>With</i> Flexible Reimbursement Account	
Gross Monthly Salary	\$2,500	Gross Monthly Salary	\$2,500
Income Tax @ 15% plus		Qualifying Insurance Premiums	- 100
FICA @ 7.65%	- 566	Qualifying Health Care Expenses	- 100
		Qualifying Dependent Care Expenses	- 350
Net Income (after taxes)	\$1,934	Gross Taxable Income	\$1,950
Qualifying Insurance Premiums	-100	Income Tax @ 15% plus	
Qualifying Health Care Expenses	-100	FICA @ 7.65%	-441
Qualifying Dependent Care Expenses	-350		
Net Spendable Income	\$1,384	Net Spendable Income	\$1,509

As you can see, with only \$550 in monthly qualified expenses, by enrolling in the plan, you would have an extra \$125 each month (\$1,500 per year) of net spendable income, dollars you would otherwise be paying in taxes.

THE BENNY CARD

The Benny™ Card is a debit card for the Healthcare Flexible Spending Account. The card will pay for expenses at qualified merchant locations where MasterCard® is accepted. The Benny™ Card enables you to pay for eligible expenses directly from your account so you don't have to wait for reimbursement.

The Flexible Spending Account is electronically debited whenever you use the card. IRS regulations still require you to send documentation to verify the eligibility of the expense. With the *RetroBenny* system, it's simple to comply with this requirement. You'll receive a special claim form designed specifically for your Benny™ Card swipes. This form is pre-populated with your information, service dates and transaction amounts. You can obtain these forms and additional information from the Payroll Department.

PLAN RULES

The IRS requires that you use all the money you contribute to your account or forfeit the remainder at the end of the plan year. Federal tax law says that any money left in your account at the end of the plan year must be forfeited. Also known as the "Use it or lose it" provision.

Services provided to you or any covered dependent(s) are eligible for reimbursement. Expenses must be incurred during the plan year.

Medical and dental care expenses from a given year can only be paid with money deposited in your account that same year. You have 90 days from the end of the plan year to submit claims.

Making Changes

Your selection will be effective for the entire plan year. The plan year is January 1 through December 31.

You may change your benefit selection during the plan year within 31 days of a change in family status. These changes include: marriage, legal separation or divorce, birth, adoption or change in custody of a minor child, change in your spouse's employment status, death of your spouse or child, change between full-time and part-time status by an employee or spouse, unpaid leave of absence by employee or spouse, or significant change in coverage of employee or spouse due to spouse's employment.

Unless you have a change in family status, you cannot change until the next open enrollment.

Making Claims

When you incur an eligible expense during the year, file a request for reimbursement form (available from the Payroll Department). Enclose documentation from your provider that indicates what type of service was done, when the service was incurred and how much it cost.

DEFERRED COMPENSATION

The Deferred Compensation Program (DCP) is an IRC Section 457 program designed to help you save for retirement on a pre-tax basis. This is a tax-deferred investment to add to your retirement and Social Security benefits. To enroll, review the Washington State Department of Retirement System's Deferred Compensation Program booklet and complete the Participant Agreement, selecting the investment funds you wish to invest in. For additional information, call the DCP Information Line toll free at (888) 327-5596 or visit their website at www.drs.wa.gov/dcp.

403(b) INVESTMENT OPPORTUNITIES

This information is intended to provide employees of Federal Way Public School's with information regarding Internal Revenue Code ("IRC") Section 403(b).

The 403(b) plan is often erroneously referred to as a TSA or a Tax Sheltered Annuity. This is a misnomer as it gives the impression that participants can only invest in annuity products. In addition to annuity products, participants may invest in mutual fund products through a custodial account. The plan is named after the IRS code [403(b)] which governs it.

Carruth Compliance Consulting (CCC) is the district's third party administrator in reference to the new IRS code [403(b)] changes. Payroll handles the actual payroll deductions but transfers and loans are processed through CCC. Specific information will be sent to employees, or you can visit CCC's website at www.ncompliance.com. Contact Payroll for the current list of approved vendors.

A tax-sheltered annuity is a retirement vehicle that allows an employee to save for their retirement on a tax-deferred basis. If the employee is eligible, they can fund a 403(b) plan of their choice by authorizing the District to reduce their monthly salary on a pre-tax basis and to contribute that amount on their behalf to the vendor they have chosen. The employee's 403(b) plan can be a contract that is issued by an insurance company or a custodial account offered through a bank, credit union, savings and loan association, broker or mutual fund company that is invested in mutual funds. Generally, an employee's contributions to their 403(b) and the earnings are not taxed to the employee until they are distributed from the vendor, usually at retirement.

Employees who call with questions will be encouraged to obtain and read IRS Publication 571. They should also be advised to consult with a tax specialist prior to completing a salary reduction agreement. The decision whether to invest, how much to invest and which company to invest with is the employee's responsibility.

Note: To start an investment plan, you must have an established account or open an account with one of the approved companies. A list of approved representatives is on file in the Payroll Department for your convenience. Once the account is established, the employee and the vendor representative must sign a Salary Reduction Agreement Form to submit to Payroll.

GET PROGRAM

The GET (Guaranteed Education Tuition) Program is Washington's 529 prepaid college tuition plan. You prepay for future college tuition in unit increments and the value of your account is guaranteed by the state to keep pace with rising college tuition. For additional information visit the GET Program website at www.get.wa.gov. (Payroll deductions are not available for this program.)

2009-2010 PAYDAYS

Contract pay is spread evenly over the fiscal year. Time sheet pay and absences are posted in the following month's payroll and are due into payroll by the 5th of each month (i.e., September time and absence is due October 5th and posted with October 31st payroll).

ALL paychecks and direct deposit statements are mailed in December, March, June, July, and August. For all other month's paychecks and direct deposit statements are delivered to your work location.

PAY DAY	
September 30, 2009	
October 30 th	
November 30 th	
December 31 st	Winter Break
January 29, 2010	
February 26 th	
March 31 st	Spring Break
April 30 th	
May 28 th	
June 30 th	Summer Break
July 30 th	Summer Break
August 31 st	Summer Break

DIRECT DEPOSIT

Actual paychecks that do not arrive in the mail can not be reissued for 10 days. Direct deposit can help prevent this delay.

Here is how it works:

You authorize Federal Way Public Schools to deposit your net pay to your checking or savings account by stopping by the Payroll Department, signing a half sheet Direct Deposit form and attaching a voided check.

Your net monies will then be deposited into your account on payday and you will receive a detailed earnings statement instead of an actual check. No worries about receiving a check in the mail or getting to the bank to make a deposit.

Payroll must be notified immediately if you have a change to your account. Changes cannot be made the week prior to payday.

WASHINGTON STATE DEPARTMENT OF RETIREMENT SYSTEMS (DRS)

RETIREMENT PLANNING "TO DO" LIST

- If you are within 10 to 15 years of retiring, plan to attend a retirement planning seminar every five years.
- If you have ever withdrawn your contributions, check with DRS to see if you can restore the contributions, and if so, what the benefit would be to you (this must be done in writing).
- Check your beneficiary listed with DRS, and if needed update. (This must be done in writing.)
- Two years prior to retiring, make sure your birth evidence, your spouse's birth evidence, and (if appropriate) your marriage evidence is in order.
- Within two years of retirement, attend a DRS Rights and Benefits presentation. Check with your employer on setting up a presentation for yourself and your co-workers.
- At age 61½ check on your Social Security benefits.
- During the year before your retirement, visit DRS and consult with a retirement benefits specialist to make sure your file is in order. Call to make an appointment.
- The last year before your retirement, check on your medical insurance as a retiree. Those under the Washington Health Care Authority program will get the forms from DRS. All others should check with their employer for insurance information.

Contact DRS at (800) 547-6657 or visit their website at www.drs.wa.gov and click on Member Services.

COBRA INFORMATION

If you enroll yourself and any dependents in medical, dental and/or vision coverage, you will be mailed an Initial Notice of COBRA Rights by your employer. **COBRA is a continuation of the current coverage by paying the full premium amount with a personal check. Both employee and spouse (if married) should carefully read through this information.** Should any of the following qualifying events occur while you are an active employee, you will be offered continued coverage rights through Federal COBRA law:

1. Termination of employment (for reasons other than gross misconduct), 18 months of continued coverage.
2. A reduction in your hours of employment; or
3. You are a retiree and your employer has filed for reorganization under Chapter 11 of the Bankruptcy Code, 18 months of continued coverage.

If you are the spouse or dependent child of an employee enrolled in a group medical, dental, and/or vision plans, you have the right to choose continuation of coverage for yourself if you lose group coverage for any of the following reasons:

1. Termination of your spouse's employment (for reasons other than gross misconduct), 18 months of continued coverage.
2. Death of your spouse, 36 months of continued coverage
3. Divorce or legal separation from your spouse, 36 months of continued coverage
4. Your spouse becomes eligible for Medicare (resulting in the loss of dependent coverage under this plan), 36 months of continued coverage.
5. Your retired spouse's employer files for Chapter 11 reorganization, 18 months of continued coverage.
6. Your child ceases to be a dependent or attains the maximum age allowed by the carrier (Age 25), 36 months of continued coverage.
7. Your spouse's hours of employment are reduced, resulting in a loss of coverage, 18 months of continued coverage.

