

## Important information regarding CLASSIFIED insurance open enrollment:

- Please plan to attend the Benefits fair on Thursday, August 24<sup>th</sup> from 11:00am-3:00pm at LU cafeteria
- Classified plan choices are different than certificated plan choices. All classified plans remain except Premera plan 3 so most employees do not have to make a change.
- Open enrollment will run through the month of September. Deadline = September 29<sup>th</sup>.
- NEW EMPLOYEES: If your **start date is prior to September 10<sup>th</sup>**, you must select a plan **by September 10<sup>th</sup>** so we can enter your choice in the September payroll for October coverage. Then, if you wish, you may make a change for open enrollment **by September 29<sup>th</sup>** for the November 1<sup>st</sup> new plan year.
- EXISTING EMPLOYEES: (hired prior to this school year). **We must have all open enrollment paperwork turned in by September 29<sup>th</sup>**, not after.
- If you change plans, the existing plan will end coverage on 10/31/2017 and the new plan coverage will begin on 11/1/2017.
- Benefit Booklets are on the website [www.hubnw.com](http://www.hubnw.com). Click on My benefits Login on the home page. Your **Login is BEClass and password is BEClass2017**.
- The benefits booklets in hard copy will be distributed at the benefits fair. We will have some hard copies of the benefits booklets in the payroll office after the benefits fair.
- If you do not want to change medical plans, you do not have to tell us. Your coverage will continue but, the rate will change in the October payroll for the November 1<sup>st</sup> new plan year.
- NEW EMPLOYEES: To sign up for Delta Dental you must login to the Aon-Hewitt website at <http://resources.hewitt.com/wea>. If you have any trouble or questions, please call Aon at 1-855-668-5039. **You must print out the page that shows you picked Delta Dental Plan A, Ortho B and send to Payroll by September 29<sup>th</sup>**.
- Existing employees do not have to re-enroll in Delta Dental. Your plan remains. You may want to verify all your intended dependents are correctly listed. For instance, if you had a baby but, neglected to add them to your dental plan, please do so during open enrollment.
- To sign up for a Kaiser plan or Regence plan you will need to complete the enrollment form. (form can be found on Finance & Payroll page on District website). We can send them to you by inter-district mail or email. Please complete and return to the payroll office or stop by to complete it.
- The rate chart showing 2017-18 premiums is attached.
- Section 125: Many of you have previously filled out a section 125 premium election form requesting your medical insurance out of pocket premium be deducted on a pre-tax basis. If you want this to continue as is, you do not need to do anything. If you have not yet completed this form, please check the line indicating your choice and send the form back to the payroll office by September 29<sup>th</sup>. (form can be found on Finance & Payroll page on District website)
- Please don't wait until the last minute. The insurance carriers will not accept late enrollment changes.
- If you have questions regarding plan choices you may contact HUB NW, our insurance broker, at 1-800-339-9270.
- If you have questions regarding completing the enrollment forms you may contact Linda Nelson at extension 1037 [lnelson@be.wednet.edu](mailto:lnelson@be.wednet.edu) or Kay Rabenstein at extension 1036 [krabenstein@be.wednet.edu](mailto:krabenstein@be.wednet.edu).

Burlington - Edison School District  
 Classified Benefits/Premiums 2017-2018  
 Effective 11/1/17-10/31/18

<b>MEDICAL INSURANCE PROVIDER</b>	Kaiser	Kaiser	Regence	Regence	Regence	Regence	Regence
Plan Type	500 Deductible	Co-pay	HSA 1500	Innova 2500	Engage 70	Innova A/B	Innova 750
Group/Plan #	#1221300	#0507600	#10000570	#10000570	#10000570	#10000570	#10000570
Employee Only	929.57	1,082.48	527.31	561.75	632.78	671.61	828.63
Employee & Spouse	1,785.75	2,079.49	964.98	1,028.00	1,157.97	1,229.06	1,516.40
Employee & Child(ren)	1,319.31	1,536.32	701.32	747.13	841.59	893.25	1,102.08
Emp/Spouse/Child(ren)	2,175.31	2,533.11	1,154.82	1,230.23	1,385.77	1,470.84	1,814.71
<b>MANDATORY BENEFITS</b>							
Dental: Delta	111.30						
Life and AD&D: Lincoln Financial	7.50						
Long term dis: Lincoln Financial	6.90						
<b>TOTAL MANDATORY BENEFITS</b>	<b>125.70</b>						
State + District Funds per FTE	820.00						
Less: HCA Retiree Subsidy	-64.07						
Add: District-paid Portion HCA	64.07						
Net Funds Available	820.00						
Less: Mandatory Benefits	-125.70						
Net Funds Available for Medical	694.30						
Possible addtl funds due to pooling	TBD						