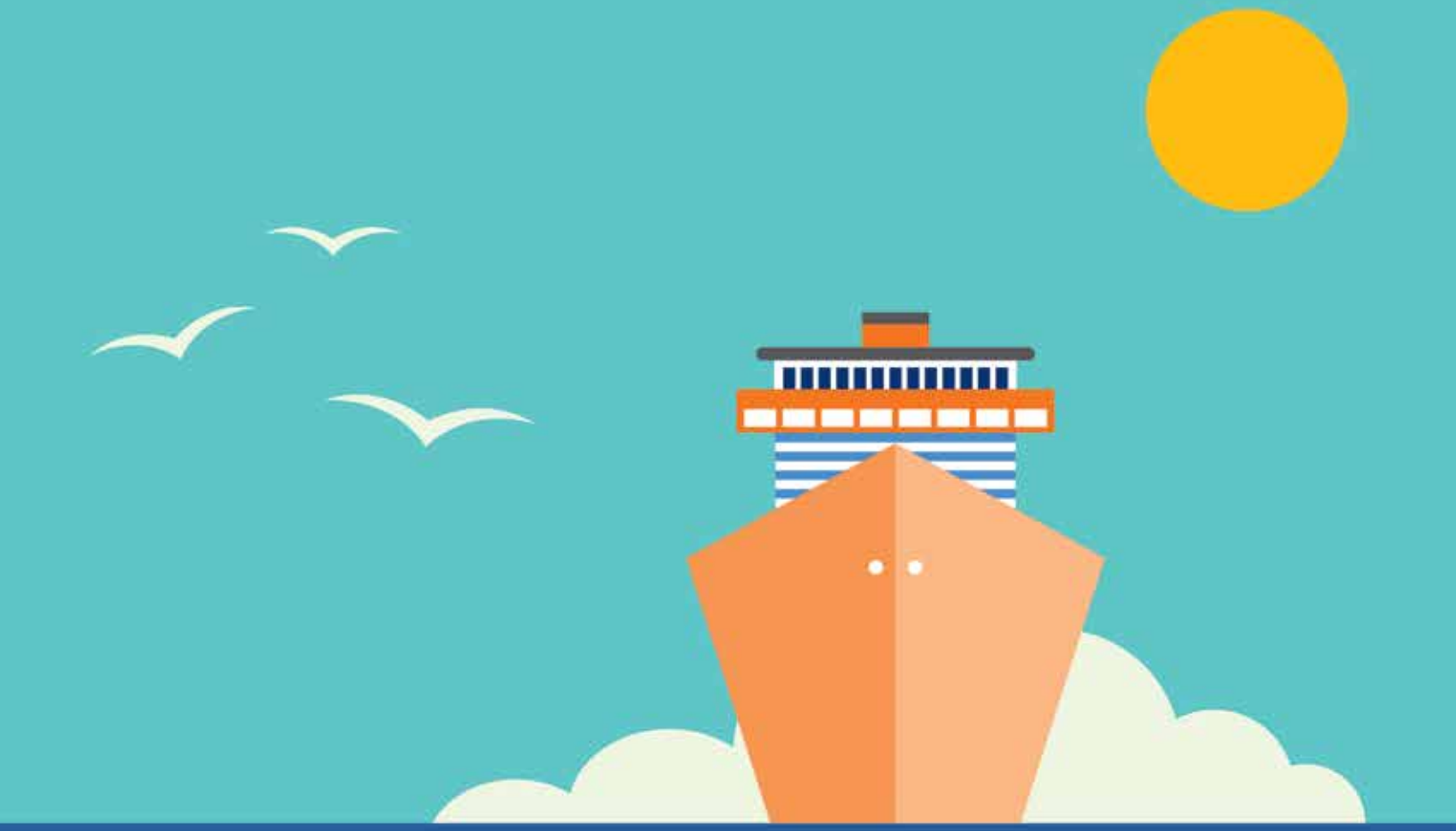
GRANT PUD
2018 BENEFIT GUIDE



Benefits@Grant

Grant PUD

Welcome!

This overview is a summary of your benefits. We have worked closely with our benefits consultant, Alliant, to provide you with a comprehensive, cost-effective benefits package. Alliant has created this overview to help you better understand your plans and choices. Each section contains important information, so please read this overview carefully. While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan SPDs determine how all benefits are paid.

The benefits in this summary are effective:
January 1, 2017 to December 31, 2017.

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Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices located in your packet for more details.

ELIGIBILITY

Be a regular and active employee who is paid on a regular basis through the group's payroll system, and reported by the group for social security purposes and works a minimum of 40 hours per week. Or be employed as a regularly scheduled part-time employee as defined by the Utility. In order to comply with the Affordable Care Act (ACA), the District determines your eligibility for benefits based using the Look Back Measurement Method. Refer to the **Look Back Measurement Method** section of this guide for additional information on how your eligibility is determined.

Your benefit elections remain in effect until the end of the Plan Year (January 1 through December 31). Only the occurrence of a qualifying life event (birth, marriage, adoption, etc.) will allow you to make changes to your benefit elections. Please contact the HR Department as soon as possible to report a family status change or life event or if you have questions on what qualifies as a family status change. If you do not report changes within stated time frames, you will need to wait to make benefit changes until the next open enrollment.

Dependents
Some plan benefits offer coverage for your dependents. Eligible dependents include:

- Your dependent children up to age 26
- Your disabled children of any age
- Your spouse
- Your qualified domestic partner

If you have a domestic partner, he or she is eligible to enroll as a dependent on your benefits plan. You must meet all criteria outlined in the domestic partner definition in the Summary Plan Description. Please contact Human Resources for more information.

Medical **BENEFIT PLANS**

	PREMERA BLUE CROSS PPO PLAN		PREMERA BLUE CROSS CDHP PLAN	
	IN NETWORK	OUT-OF-NETWORK	IN NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	$500/individual $1,500/family		$1,100/individual $2,200/family	
Calendar Year Out-of-Pocket Limit (includes deductible, copays, coinsurance, rx copays & RX coinsurance)	$2,000/individual $6,000/family	Not applicable	$3,200/individual $6,400/family	Not applicable
Lifetime Plan Maximum	Unlimited		Unlimited	
Preventive Services	Plan pays 100%	Plan pays 60% after deductible	Plan pays 100%	Plan pays 60% after deductible
Office Visit/Exam				
Primary Provider and Specialist	$25 copay then plan pays 100%	$25 copay then plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Chiropractic Services	$25 copay then plan pays 100%	$25 copay then plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	(unlimited visits)		(unlimited visits)	
Lab and X-Ray				
Diagnostic & Basic	Plan pays 100%	Plan pays 70%	Plan pays 80% after deductible	Plan pays 60% after deductible
Complex Imaging	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Inpatient Hospital Services	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Urgent Care Facility	$25 copay then plan pays 100%	$25 copay then plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Room	$100 copay then plan pays 100% (copay waived if admitted)		Plan pays 80% after deductible	
Mental Health Benefits				
Inpatient Care	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Care	$25 copay then plan pays 100%	$25 copay then plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible

Out-of-Pocket Limit: Once you meet the annual out-of-pocket limit, the plan will pay 100% of qualified expenses for the remainder of the year. This limit does not include all out-of-pocket expenses. Examples of ineligible out-of-pocket expenses may include charges that exceed the plan's maximum reimbursement levels.

Prescription Drug **BENEFIT**

We know that prescription drug coverage is important to you and your family. If you are enrolled in the medical plan, you will automatically receive prescription coverage. Using an in-network pharmacy will save you money. When you use an out-of-network pharmacy, you may be charged amounts over the allowed charges. The mail order option allows you to buy qualified prescriptions in larger 90-day quantities.

	PREMERA BLUE CROSS PPO PLAN		PREMERA BLUE CROSS CDHP PLAN	
	IN NETWORK	OUT-OF-NETWORK	IN NETWORK	OUT-OF-NETWORK
Pharmacy				
Generic	$10 copay	$10 copay then plan pays 60%	Plan pays 80% after deductible	Plan pays 60% after deductible
Preferred Brand	$25 copay	$25 copay then plan pays 60%	Plan pays 80% after deductible	Plan pays 60% after deductible
Non-Preferred Brand	$50 copay	$50 copay then plan pays 60%	Plan pays 80% after deductible	Plan pays 60% after deductible
Supply Limit	30 days	30 days	30 days	30 days
Mail Order				
Generic	$10 copay	Not covered	Plan pays 80% after deductible	Not covered
Preferred Brand	$50 copay	Not covered	Plan pays 80% after deductible	Not covered
Non-Preferred Brand	$100 copay	Not covered	Plan pays 80% after deductible	Not covered
Supply Limit	90 days	Not applicable	90 days	Not applicable

Note: Certain prescriptions may require preauthorization, step therapy (where the plan requires that certain prescriptions are tried before others), or have dispensing limits. Specialty prescriptions (e.g., injectibles) may need to be purchased from a specific provider. Confirm that your pharmacy is in-network before making your purchase.

Mail Order: Mail order is convenient because it saves you trips to the pharmacy since the prescriptions are delivered right to your door. If you want to use the mail order program for one year, you will need your provider to write a special prescription that authorizes a 90-day supply of your prescription with three refills.

Vision **BENEFIT PLAN**

The Premera vision plan provides coverage for vision exams as well as lenses, frames and/or contacts.

	PREMERA BLUE CROSS	
FEATURES	IN NETWORK	OUT-OF-NETWORK
Examination	$25 copay then plan pays 100%	$25 copay then plan pays 70%
	(Once per calendar year)	
Vision Hardware (Lenses, frames and/or contact lenses)	Up to $200 every two years towards the purchase of vision hardware	

How to Find a **MEDICAL PROVIDER**

Premera Providers

1. Go to www.premera.com
2. Click ‘Find a Doctor’ at the top of the page.
3. Log-in and search
4. OR Select 'Search our widest networks' in the Visitor section
5. Select the care you need
6. Enter search criteria
7. Click 'Search'
8. A list of providers will appear along with contact information.

MAKE THE WORLD GREENER, ONE STATEMENT AT A TIME WITH CWPU AND PREMERA!
What is an **Explanation of Benefits (EOB)** Statement? EOB’s are statements that show how your claims were processed by Premera. You receive this statement from Premera whenever a claim for your health care benefits has been processed.

GO PAPERLESS TODAY by choosing to receive your EOB statement online rather than by mail.
To sign up for online statements:

- Log in to your account at www.premera.com
- Click on “Member Services”
- Click on “Go Paperless” under Manage My Account
- Click "Yes, I want email notifications instead of mailed paper copies", then click submit

Maternity and NICU Program
The maternity program helps you manage your health during your pregnancy. You receive education and support during pregnancy and right after your baby is born. The NICU program is designed to improve clinical outcomes for infants admitted to the NICU and to help families prepare for their new caregiver roles.

Extras! Premera members get discounts on lots of health and wellness products and services not covered by your health plan, including fitness club memberships, weight loss programs, laser vision correction, health and wellness coaching, vitamins, supplements, contacts, hearing aids, and many more!

For details, go to premera.com/discounts or call the Customer Service number on the back of your ID card.

24-Hour NurseLine
Have a healthcare question or concern? Call the free and confidential 24-hour NurseLine. Registered nurses are always available to assist you, and may save you time and money by helping you treat an illness or injury at home.

The NurseLine Number is 800-841-8343 and is also listed on the back of your Premera ID Card.

Premera Mobile App
You’re busy and always on the go, so shouldn’t your health plan be there with you every step of the way? With Premera Mobile, it is! Download the free mobile app from the App Store or Google Play today. Features include:

- **Find a Doctor:** Find doctors, pharmacies, urgent care facilities and hospitals
- **24-Hour NurseLine:** One touch connection to the free 24-Hour NurseLine
- **Discounts:** Member discounts save you money on a wide variety of health and wellness products and services
- **Proof of Coverage:** Mobile proof of coverage you can email to your provider

VIRTUAL VISITS
Virtual medical consultations may be available through your provider online or over the phone. Please contact your specific provider to see if they offer this service. Virtual visits are covered the same as an office visit.

Dental **BENEFIT PLAN**

Regular visits to your dentists can help more than protect your smile, they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes and heart disease.

The District provides you with a comprehensive coverage through Delta Dental of Washington.

	DELTA DENTAL PLAN	
	PREFERRED PROVIDER DENTIST	PREMIER OR NON-PARTICIPATING DENTIST
Calendar Year Deductible	$50/individual $50/family	$50/individual $50/family (combined with in-network)
Annual Plan Maximum	$2,000	$2,000 (combined with in-network)
Waiting Period	None	None
Diagnostic and Preventive	Plan pays 100% after deductible	Plan pays 100% after deductible
Basic Services		
Fillings	Plan pays 90% after deductible	Plan pays 80% after deductible
Root Canals	Plan pays 90% after deductible	Plan pays 80% after deductible
Periodontitis Treatment	Plan pays 90% after deductible	Plan pays 80% after deductible
Major Services	Plan pays 70% after deductible	Plan pays 70% after deductible
Orthodontic Services	Not covered	Not covered

How to Find a **DENTAL PROVIDER**

Delta Dental Providers

1. Go to www.deltadentalwa.com.
2. Click “Tools” on the top of the screen
3. Click “Find a Dentist”
4. Enter your search criteria in the field and select the network (“Delta Dental PPO (In-Network)” or “Delta Dental Premier (Out-of-Network)”)
5. Click “Search”
6. A list of providers will appear along with contact information

Provider Choice: You may seek care from any licensed provider. If you visit a Delta Dental in-network dentist, you will have access to the lowest out-of-pocket costs. If you visit an out-of-network dentist, you may be responsible for additional costs if the provider’s charges exceed the plan’s usual and customary levels.

Pre-Treatment Estimate: If your dental work will be extensive, you should have your dentist submit the proposed treatment plan to the insurance company before you begin treatment. The insurance company will provide you with a summary of the plan’s coverage and your estimated out-of-pocket costs.

Life **INSURANCE**

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security.

Life and AD&D
Basic Life Insurance pays your beneficiary a lump sum in the event of your death. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or in the event of your death in an accident. The cost of coverage is paid in full by the District. You pay the cost of coverage for your spouse. Coverage is provided by Symetra.

	SCHEDULE OF BENEFITS
Basic Life Amount	One times covered annual earnings up to a maximum of $200,000
Basic AD&D Amount	One times covered annual earnings up to a maximum of $200,000

Voluntary Life and AD&D
Voluntary Life and AD&D Insurance allows you to purchase additional life and AD&D insurance to protect your family's financial security. Coverage for up to the guaranteed amount of $200,000 for you, $25,000 for your spouse and $10,000 for your child(ren) is guaranteed if you enroll within 31 days of employment. Coverage is provided by Symetra.

	SCHEDULE OF BENEFITS
Employee Voluntary Life and AD&D Amount	$10,000 increments up to a maximum of lesser of five times covered annual earnings or $500,000
Spouse Voluntary Life and AD&D Amount	$5,000 increments up to a maximum of $500,000 or 100% of employee amount
Child(ren) Voluntary Life and AD&D Amount	$2,000 increments up to a maximum of $10,000

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit.

Evidence of Insurability: Depending on the amount of coverage you select, you may need to submit an Evidence of Insurability form, which involves providing the insurance company with additional information about your health.

Taxes: Due to IRS regulations, a life insurance benefit of $50,000 or more is considered a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

Disability **INSURANCE**

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

Short-Term Disability Insurance
Short-term disability insurance pays you a benefit if you are unable to work because of a non-work related injury or illness. Benefits begin after 40 hours of leave for injury or illness and the benefit duration is up to 26 weeks.

	SCHEDULE OF BENEFITS
Weekly Benefit Amount	Plan pays 70% of pre-disability straight time earnings*
Benefits Begin	40 hours
Maximum Payment Period	26 weeks

*you can use accrued personal leave to make up the difference between 70% of the Short Term Disability benefit and 100% of your regular straight time base pay.

Long-Term Disability Insurance
Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation or Social Security. Coverage is provided by Symetra.

BASE PLAN	SCHEDULE OF BENEFITS
Monthly Benefit Amount	Plan pays 60% of covered monthly earnings
Maximum Monthly Benefit	$6,300
Benefits Begin	180 days
Maximum Payment Period*	ADEA schedule

BUY-UP PLAN	SCHEDULE OF BENEFITS
Monthly Benefit Amount	Plan pays 66.67% of covered monthly earnings
Maximum Monthly Benefit	$6,300
Benefits Begin	180 days
Maximum Payment Period*	ADEA schedule

*The age at which the disability begins may affect the duration of the benefits.

Occupational Disability
An occupational disability allowance will be paid to you if your disability has been approved by the Department of Labor and Industry. The benefit provides for 100% of your regular straight time base pay for the first 22 days, including holidays. For the next 238 working days (including holidays), you will be paid 80% of your regular base pay.

Flexible Spending **ACCOUNT (FSA)**

A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. Please remember that you have to use the money in your account by our plan year's end. Otherwise, that money is lost, so plan carefully. You must re-enroll in this program each year. Rehn & Associates administers this program.

Healthcare FSA
This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to $2,650 this year.

Dependent Care FSA
This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to $5,000 per household for eligible dependent care expenses for the year.

IMPORTANT CONSIDERATIONS

- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- Unused amounts will be lost at the end of the plan year, so it is very important that you plan carefully before making your election.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the CWPU UIP health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts. In most cases, you'll need to provide proof that your expenses were considered eligible for IRS purposes.
- For more information, please visit www.incent.rehnonline.com.

Employee Assistance **PROGRAM (EAP)**

Life is unpredictable. To help you and your household members cope with everyday life, work challenges, stress, family problems, and other personal issues, an Employee Assistance Program (EAP) is available 24 hours a day, seven days a week. Please contact your HR Department for brochures or additional information. This service is completely confidential and is available to all employees and their household members. Enrollment is automatic, and the District pays the full cost for coverage. Benefits include confidential access to the following:

- Trained counselors via telephone for assistance with issues including the following:
  - stress, anxiety, and depression
  - marital and parenting problems
  - alcohol and substance abuse
  - conflicts
  - grief and loss
- Online self-assessment and self-help programs
- Referrals for up to **five (5) visits per incident** with a nearby counselor
- Dependent care referral (includes qualification of facilities)
- Financial assistance, including credit card or loan problems and retirement planning
- Legal consultation for common legal problems

Travel **ASSISTANCE**

Whenever you travel 100 miles or more from home – to another country or just another city – be sure to pack your travel assistance phone number or enter the number into your cell phone so it's always close at hand. Day or night, you and your family can get support for medical, legal and other important services.

Contact: Within North America: 877.823.5807. Outside North America: 240.330.1422

Here are some of the benefits of emergency travel assistance:

- Help finding physicians, dentists and medical facilities
- Transportation to a hospital/treatment facility or return home for treatment
- Arrangement for a dependent's or traveling companion's return home
- Replacement of medication and eyeglasses
- Assistance locating lost or stolen items
- Legal assistance/bail
- Interpretation/translation service

For more information, call Human Resources.

Health **ADVOCATE**

Should you or your covered family members have a benefit or claims question, Health Advocate is available to assist you. Health Advocate is able to contact the insurance providers on your behalf to obtain information related to the following:

- Incorrect payment of insurance claims
- Find the right doctors
- Benefit questions and clarifications
- Enrollment questions

Health Advocate is available 24 hours per day, 7 days per week. Please have your insurance identification card available when you call.

HEALTH ADVOCATE	
Phone	866.695.8622
Website	healthadvocate.com/members
Email	answers@healthadvocate.com

Or, contact the insurance carriers directly:

BENEFIT	PROVIDER	PHONE	WEB	GROUP NUMBER
Medical/Vision	Premera Blue Cross	800.722.1471	premera.com	1023549
24-hour NurseLine	Premera Blue Cross	800.841.8343	N/A	1023549
Dental	Delta Dental of WA	800.554.1907	deltadentalwa.com	00755
HRA/VEBA Accounts	HRA VEBA Plan	888.659.8828	hraveba.org	N/A
Flexible Spending Account	Rehn & Associates	800.878.8979	incent.rehnonline.com	N/A
PERS	Dept. of Retirement Systems	800.547.6657	drs.wa.gov	N/A
Deferred Compensation	ICMA-RC	800.735.7202 Ext. 5935	icmarc.org	N/A
Life/AD&D and Disability	Symetra	877.377.6773	symetra.com/myGO	01-017112-00
Employee Assistance Program	Symetra/ComPsych	888.327.9573	guidanceresources.com Web ID (to register): Symetra	143231
Travel Assistance	Symetra	877.823.5807 (from North America) 240.330.1422 (outside North America		N/A

Ben-IQ™ Mobile **APP**

Ben-IQ is a free smartphone app that allows you to get your health plan highlights—like deductibles, nurse line numbers, and all kinds of other information. Ben-IQ has a wealth of information right at your fingertips.

How do I get Ben-IQ?

1. If you have an iPhone, go to the Apple App Store; if you have an Android phone, visit Google Play
2. Search for "Ben-IQ"
3. Download and install the app

How do I log in to Ben-IQ?

Enter the username: **GRANT**

How do I use Ben-IQ?

Anytime you need plan information, like:

- Your deductible
- Your insurance company's phone and nurseline numbers
- Your plan ID card
- In-network providers
- The cost of common healthcare services, like office visits, colonoscopies, blood tests and more

NOTES