

WEA Medical Plan Choices and Rates 2018-2019

Plan	Coverage	Aetna		UnitedHealthcare	
		PPO	High Performance	PPO	High Performance
		Open Choice	Whole Health	Choice Plus	Navigate Balanced
PLAN 5	Employee Only	\$1,135.56	\$1,031.86	\$1,178.58	\$1,056.80
	Employee + Spouse	\$2,192.79	\$1,991.83	\$2,276.17	\$2,040.16
	Employee + Child(ren)	\$1,550.34	\$1,408.48	\$1,609.19	\$1,442.60
	Employee, Spouse + Child(ren)	\$2,634.62	\$2393.01	\$2,734.86	\$2451.12
PLAN 2	Employee Only	\$972.38	\$883.70	\$1,014.95	\$909.72
	Employee + Spouse	\$1788.84	\$1,625.04	\$1,867.46	\$1,673.10
	Employee + Child(ren)	\$1306.87	\$1187.42	\$1,364.20	\$1,222.46
	Employee, Spouse + Child(ren)	\$2,143.57	\$1,947.14	\$2,237.85	\$2,004.77
PLAN 3	Employee Only	\$890.22	\$809.10	\$925.56	\$835.82
	Employee + Spouse	\$1,638.86	\$1,488.86	\$1,704.20	\$1,538.27
	Employee + Child(ren)	\$1196.20	\$1,086.93	\$1,243.80	\$1,122.93
	Employee, Spouse + Child(ren)	\$1,961.59	\$1,781.90	\$2,039.87	\$1,841.10
Easy Choice A	Employee Only	\$670.86	\$609.92	\$680.35	\$610.24
	Employee + Spouse	\$1,227.30	\$1115.17	\$1,244.75	\$1,115.75
	Employee + Child(ren)	\$898.74	\$816.83	\$911.49	\$817.26
	Employee, Spouse + Child(ren)	\$1,467.10	\$1,332.90	\$1,487.99	\$1,333.60
QHDHP	Employee Only	\$511.69	\$465.40	\$528.54	\$477.35
	Employee + Spouse	\$941.98	\$856.09	\$973.23	\$878.26
	Employee + Child(ren)	\$684.81	\$622.59	\$707.46	\$638.65
	Employee, Spouse + Child(ren)	\$1,119.63	\$1017.40	\$1,156.82	\$1,043.79
Easy Choice B *	Employee Only	\$699.59	\$636.00	\$712.39	\$638.85
	Employee + Spouse	\$1,283.60	\$1,166.29	\$1,307.23	\$1171.55
	Employee + Child(ren)	\$937.34	\$851.88	\$954.55	\$855.71
	Employee, Spouse + Child(ren)	\$1,533.80	\$1,393.47	\$1,562.06	\$1399.76
BASIC PLAN *	Employee Only	\$554.72	\$504.46	\$575.01	\$518.25
	Employee + Spouse	\$1,025.07	\$931.54	\$1062.82	\$957.20
	Employee + Child(ren)	\$742.09	\$674.60	\$769.34	\$693.12
	Employee, Spouse + Child(ren)	\$1,218.45	\$1,107.13	\$1,263.38	\$1,137.68

Please note that employees on WEA Select Premera's Easy Choice B or the Basic Plan are enrolled in a High Performance Network. Therefore, the most appropriate comparison for future coverage is Aetna and UnitedHealthcare's High Performance Networks.

Kaiser Permanente	
Subscriber	\$1220.02
Subscriber + Spouse	\$2369.00
Subscriber + Family	\$2853.72
Subscriber + Child(ren)	\$1704.72

Dental

Washington Dental / WEA Service Plan A		Willamette / WEA Dental Plan 1	
Monthly Composite Rate	\$99.79	Monthly Composite Rate	\$82.95

Vision

Vision Service Plan	
Entire Family—Plan C	\$30.80

In order for dependents to be covered, it is the employee's responsibility to add dependents to UPoint

Long Term Disability

The Hartford	Class One	Class Two
	Clerical, Transportation, Para Professional, Food Service, Maintenance, Custodians, Mechanics, Warehouse	All Full-Time Active Non-Represented, FSLA Exempt, <u>Teachers</u> , Superintendent, Executive Directors, Directors, Principals, Vice-Principals
Employee	\$14.64	\$17.63