



BENEFITS PLANS

GENERAL OVERVIEW

All WHIT benefit plans include a January 1st anniversary date, on which rate adjustments are effective. New coverage is available throughout the calendar year, but premium rates may be guaranteed for less than 12 months.

Some of the Trust's coverages include published rates and are included on this website – Washington Dental Service (WDS) and Vision Service Plan (VSP). The other benefits are available following a request for proposal.

For any questions regarding benefit levels, pricing or to request a quote, please contact Karni Adamson at DiMartino Associates, Inc. karni@dimarinc.com 206-467-9408 (Seattle) or 1-888-715-8000.

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DENTAL

Washington Dental Service (WDS)

For groups of less than 300 employees. Requires employer contribution of at least 75% of employee-only premium.
Rates effective January 1 through December 31, 2008. Includes 3% broker commissions.

TRADITIONAL PLANS		EE	EE Spouse	EE Child(ren)	EE Family
Deductible:	\$25/\$75 (waived for Class I)	46.07	90.15	90.15	134.06
Plan Design:	100%/80%/50%				
Annual Maximum:	\$1,000				
Deductible:	\$25/\$75 (waived for Class I)	47.48	95.22	95.22	142.48
Plan Design:	100%/80%/50%				
Annual Maximum:	\$1,500				
Deductible:	\$50/\$150 (waived for Class I)	43.28	86.80	86.80	130.51
Plan Design:	100%/80%/50%				
Annual Maximum:	\$1,000				
Deductible:	\$50/\$150 (waived for Class I)	44.44	89.22	89.22	134.13
Plan Design:	100%/80%/50%				
Annual Maximum:	\$1,500				
Deductible:	\$50/\$150 (waived for Class I)	45.09	90.59	90.59	135.95
Plan Design:	100%/80%/50%				
Annual Maximum:	\$2,000				
PPO PLANS		EE	EE Spouse	EE Child(ren)	EE Family
Deductible:	\$50/\$150 (waived for Class I)	34.92	70.18	70.18	105.25
Plan Design:	100%-80 / 80%-70 / 50%-40				
Annual Maximum:	\$1,000				
Deductible:	\$50/\$150 (waived for Class I)	38.57	77.40	77.40	116.27
Plan Design:	100%-80 / 80%-70 / 50%-40				
Annual Maximum:	\$2,000				
ORTHODONTIA RIDERS FOR TRADITIONAL OR PPO PLANS		EE	EE Spouse	EE Child(ren)	EE Family
50% to \$1,000 lifetime max; adults & children		0.55	1.11	16.47	16.95
50% to \$2,000 lifetime max; adults & children		1.02	2.05	32.31	33.26
<i>For Example:</i>					
Deductible:	\$50/\$150 (waived for Class I)	44.30	88.85	119.11	163.77
Plan Design:	100%/80%/50%				
Annual Maximum:	\$1,000				
Orthodontia:	50% to \$2,000 Adults & Children				

For groups larger than 300 covered employees, a WHIT plan can be custom made and priced partially based on the specific group's claims experience. If you would like to request a quote, please contact Karni Adamson. She will require the following information from you:

- Census
- Prior claims history
- Current plan design and current premium rates
- Requested plan design

Willamette Dental – Managed Dental Care

For groups with **10 to 1,000** covered employees, WHIT offers copay-based plan designs that include orthodontia coverage for adult and children. These plans may be offered on a dual choice basis with Washington Dental Service.

Covered services must be provided in Willamette Dental provider offices located in the following Washington cities:

Bellevue	Lakewood	Spokane – South Hill
Bellingham	Lynwood	Spokane – Northpointe
Everett	Northgate	Tumwater
Federal Way	Olympia	Vancouver
Hazel Dell	Puyallup	East Vancouver
Kennewick	Richland	West Tacoma
Kent	Seattle	Yakima
Kirkland	Silverdale	

VISION

Vision Service Plan (VSP)

For groups with **10 to 1,000** covered employees. Rates effective January 1, 2007 through December 31, 2008. Requires employer contribution of at least 75% of employee-only premium. Includes 4% broker commissions.

BENEFITS	VSP PLAN B OPTION I	VSP MODIFIED PLAN A OPTION II	VSP MODIFIED PLAN A OPTION III
<u>Copayments</u>			
Exam			\$25
Materials			\$25
Combined (Exam + Materials)	\$20	\$20	
<u>Frequency of Benefits</u>			
Exam	1 x each 12 months	1 x each 24 months	1 x each 24 months
Lenses	1 x each 12 months	1 x each 24 months	1 x each 24 months
Frames	1 x each 24 months	1 x each 24 months	1 x each 24 months
RATES	OPTION I	OPTION II	OPTION III
Employee	\$9.43	\$7.40	\$4.80
Employee/Spouse	\$16.17	\$12.74	\$7.61
Employee/Family	\$19.17	\$14.91	\$12.41
Employee/Child(ren)	\$12.42	\$9.58	\$7.75
BENEFITS FOR NON VSP PROVIDER			
Exam	\$40, after applicable copayment		
<u>Lenses</u>			
Single	100% to \$40.00		
Bifocal	100% to \$60.00		
Trifocal	100% to \$80.00		
Lenticular	100% to \$125.00		
Frames	100% up to \$45.00		

BASIC LIFE/ACCIDENTAL DEATH & DISMEMBERMENT

Underwritten by

Reliance Standard Insurance Company

Flat benefit or salary plan designs are available to match the group's needs following a request for proposal. Premiums are guaranteed for at least 3 years for Basic Life/AD&D and at least 2 years for the long term disability.

To request a quote, the following is required:

- Census
- Date of birth
- Gender
- Occupation
- Salary
- Class of employment

- Current plan design and SPD
- Current rates

LONG TERM DISABILITY

Underwritten by

Reliance Standard Insurance Company

Flat benefit or salary plan designs are available to match the group's needs following a request for proposal. Premiums are guaranteed for at least 3 years for Basic Life AD&D and at least 2 years for the Long Term Disability.

To request a quote, the following is required:

- Census
- Date of birth
- Gender
- Occupation
- Salary
- Class of employment

- Current plan design and SPD
- Current rates

VOLUNTARY PERSONAL ACCIDENT

Underwritten by

Reliance Standard Insurance Company

Supplemental accidental death and dismemberment coverage is available for the employee and the employee's family. Benefits are available in \$25,000 increments up to \$500,000 or 10 times annual salary, whichever is lesser (for amounts over \$150,000). All coverage is guaranteed issue.

Monthly premium cost: \$.019 per \$1,000 for individual coverage
\$.039 per \$1,000 for family coverage

Other plan provisions

Conversion
Coverage for Members of Reserve-Nation Guard
Coverage of Exposure and Disappearance
Education and Survivor Benefit
Day Care Benefit
Seat Belt and Air Bag Benefit
Coma Benefit
Common Carrier Benefit
National Holiday Benefit
Felonious Assault Benefit
Responsible Driver Benefit
Murder Victim Benefit

VOLUNTARY SUPPLEMENTAL LIFE

Underwritten by

Prudential Financial

Employee Coverage

The employee's elected amount must be in \$10,000 increments. The elected amount may not exceed \$300,000 or 5 times the employee's annual base salary, whichever is less. The salary amount is rounded to the next higher \$10,000.

Conditional Guaranteed Issue (CGI) up to \$100,000 is available. To be eligible for CGI, you must be an active employee, under age 60, and apply within 31 days of first becoming eligible for this coverage.

Your dependents amount of coverage may not exceed 50% of your approved amount, nor may your dependents participate if you have been denied coverage.

Spouse Coverage

The spouse amount must be in \$5,000 increments not to exceed \$100,000.

CGI up to \$50,000 is available. To be eligible for CGI, you must be under age 60, actively at work or capable of performing activities of a person of like age and gender, and apply within 31 days of first becoming eligible for this coverage.

Dependent Children

You may select from the following coverage amounts \$2,500, \$5,000, \$7,500 or \$10,000; \$100 for age 15 days to 6 months. Limiting age is 25.

Monthly Premium Cost

Per \$1,000 of coverage for employees and spouses. Use age of employee and age of spouse to determine premium rates.

Age	Monthly cost	Age	Monthly Cost
< 30	0.063	55-59	0.496
30-34	0.080	60-64	0.757
35-39	0.090	65-69	1.327
40-44	0.124	70-74	2.43
45-49	0.198	75-79	4.34
50-54	0.298	80+	7.415

The monthly premium is \$.50 for \$2,500 of coverage for dependent children. Dependent children must be at least 15 days old and not more than 25 years of age.

Benefit Reduction Schedule

The coverage will automatically reduce when enrollees reach the following ages:

Age 65 – reduced to 65% of the pre-age 65 amount

Age 70 – reduced to 50% of the pre-age 65 amount

Age 75 – reduced to 25% of the pre-age 65 amount

Age 80 – coverage amount will be the lesser of \$5,000 or the amount at age 75

Waiver of Premium

Premium will be waived for you, your spouse and your children if you are insured and become totally disabled for at least six consecutive months. Your total disability must occur while coverage is in force and prior to your age 60. During the six month waiting period, premiums for all coverage must be paid. Limitations and exclusions apply.

Living Benefit

The Living Benefit for Terminal Illness allows individuals to “tap into” life insurance proceeds early. You can receive up to 50% of the applicable Supplemental group term death benefit in the event of an insured’s terminal illness. The maximum benefit payable under this option is \$100,000. The balance of the coverage will be paid to the beneficiary at the death of the insured. Limitations and exclusions apply.

Continuation of Coverage

If your employment terminates for any reason or you become ineligible, you and your family may continue your supplemental coverage on a direct payment basis at the same rates as long as the Group Master Policy remains in effect. If you elect this option, you will be billed on a semi-annual basis. A fee per billing will apply, and your premium cost is subject to change.

You must sign an application for continuation and make the first premium payment within 31 days following the termination of your employment or eligibility. Insureds on continued coverage may apply for conversion to permanent coverage at any time, but in no event more than 31 days after the termination of the Group Master Policy.

VOLUNTARY SHORT TERM DISABILITY

Underwritten by

American Fidelity

through the American Hospital Association.

Flexible plan designs available to dove tail with long term disability coverage or other employer provided sick leave.

The plan offers competitive group rates with guarantee issue coverage up to \$2,000 per month.

Minimum participation is 20% of benefit eligible employees.

Proposal available on request.