



OCTOBER 1 - SEPTEMBER 30, 2022

# EMPLOYEE BENEFITS GUIDE



**HURLEY ENGINEERING**  
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**BELL-ANDERSON**  
INSURANCE



# HOW TO REGISTER

You should have received an email welcoming you to our open enrollment period and providing you with instructions to enroll online. If you did not receive that email, you can follow the instructions below to login.

## ▶ **GO TO: [www.employeenavigator.com](http://www.employeenavigator.com)**

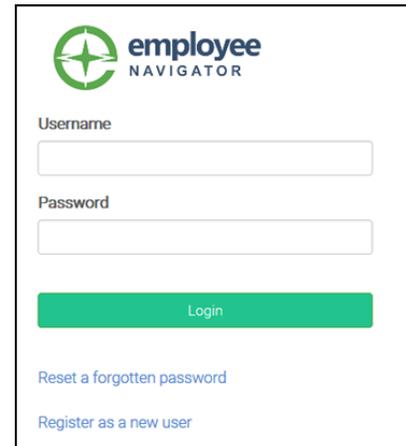
On the upper right of the screen, click on Login

## ▶ **Already registered?**

Enter your Username (usually your email) and Password, hit Login

### **Forgot your password? Your Username?**

Click on "Reset a forgotten password"  
You can deal with both situations here



The screenshot shows the Employee Navigator login interface. At the top left is the logo, which consists of a green compass rose icon and the text "employee NAVIGATOR". Below the logo are two input fields: "Username" and "Password". A green "Login" button is positioned below the password field. At the bottom of the form, there are two links: "Reset a forgotten password" and "Register as a new user".

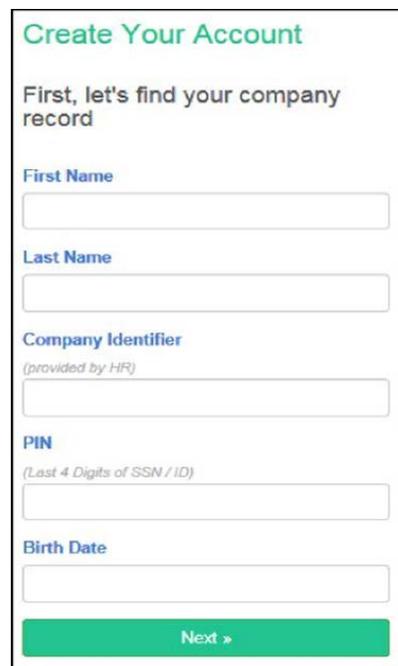
## ▶ **First time user?**

Click on "Register as a new user"

- ▶ Use different first names? Try different ones if one is not working (for instance, Chris or Christopher)
- ▶ Our "Company Identifier" is:  
**HURLEYENGINEERING**
- ▶ Your PIN is: **the last 4 digits of your SSN**
- ▶ Enter your birthday like this: **04/21/58**

You will then need to set up your personal login info:

- ▶ Choose a Username
- ▶ Choose a Password: **must have at least one letter, one number, and one symbol**
- ▶ Click "I agree" after reading terms



The screenshot shows the "Create Your Account" registration page. The title "Create Your Account" is at the top in green. Below it is the instruction "First, let's find your company record". There are four input fields: "First Name", "Last Name", "Company Identifier" (with a note "(provided by HR)"), and "PIN" (with a note "(Last 4 Digits of SSN / ID)"). A "Birth Date" field is located below the PIN field. A green "Next >" button is at the bottom of the form.

## **Deadline for enrolling**

You must enroll online prior to **September 15, 2021**



# HOW TO ENROLL

## 1. After you login, click “Start Enrollment”

You have 1 item to complete.

1 Enroll in your benefits

Good Afternoon, Mary!

Grab a cup of coffee and let's get some work done.

You have 44 days left to complete your benefit enrollment.

Start Enrollment

**TIP:**  
Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and SSN.

## 2. Click “Get Started”

New Hire Enrollment

Let's get rock En-rolling!

Before getting started, you'll want to have your personal information and information for your dependents ready.

The enrollment process includes:

1. Verifying your personal & dependents' demographic information
2. Electing your benefits & completing any related forms
3. Signing your enrollment confirmation summary

Get Started

## 3. Review your personal information and make any updates, then click “Save & Continue.”

Personal Information

First Name

Middle Name

Last Name

Suffix

Preferred Name

Gender  Male  Female

Date of Birth

SSN

Tobacco User  Yes  No

Phone Number

Email Address

Save & Continue

## 4. Review your address and make any updates, then click “Save & Continue.”

Address

Country

Address 1

Address 2

City  State

Zip Code

Save & Continue

## 5. If enrolling dependents, add their info here.

Dependent Information

add dependent +

No dependents were found.

Save & Continue



# HOW TO ENROLL (CONTINUED)

6. Begin your elections! To elect a benefit, click the “select” button. To waive, click on the blue “Don’t want this benefit” button and choose a decline reason. Then, hit “Save & Continue.” Complete this step for every line of coverage.

The screenshot shows a web form for enrolling in medical insurance. At the top, it says "Medical" and provides a brief explanation of medical insurance. Below that, there are two sections: "Who am I enrolling?" with a dropdown menu set to "Myself", and "Which plan do I want?". Under the second section, a plan named "Regence Gold \$1000 (2019)" is displayed with a heart icon and a pulse line. The cost is listed as "\$0.00" per pay period, and it is effective on 10/01/19 for the employee. There are "Compare", "Details", and "Select" buttons for this plan. At the bottom right of the form, there are two buttons: a green "Save & Continue" button and a blue "Don't want this benefit?" button.

7. Review your election summary and click “Click to Sign” to approve. You can print your summary using the “print” icon.

The screenshot shows an "Enrollment Summary" page. It includes a "Print" icon in the top right corner. The main text states: "Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR." Below this is a yellow warning box with a triangle icon and the text: "Signature required. You've elected all your benefits but we still require a signature before advancing." Underneath, it says "Please review the acknowledgment below" and provides a paragraph of acknowledgment text. At the bottom, there are two buttons: a blue "Sign to complete enrollment" button with a pencil icon and a green "Click to Sign" button.

8. Congratulations! You’ve completed your enrollment!

The screenshot shows the "Enrollment Summary" page after successful completion. It features a "Print" icon in the top right. The main text is the same as in the previous screenshot. Below the text is a green checkmark icon and the text: "Acknowledged and Submitted. Enrollment completed on Sunday, August 18, 2019 1:55 PM".



# ELIGIBILITY FOR BENEFITS

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## Hourly Requirement

Employees working *30 or more hours per week* are eligible for our benefits program.



## When Coverage Begins

Coverage begins *the first day of the month following or coinciding with 60 days of employment.*

## Changes and Qualifying Events

**Annual Enrollment:** Eligible employees may enroll for coverage, add dependents, drop coverage, remove dependents, or make other changes to benefits elections during our annual open enrollment period.

**Qualifying Events:** With most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event.” These may include, but are not limited to:

- ▶ Changes in employment status
- ▶ Changes in legal marital status
- ▶ Changes in number of dependents
- ▶ Taking an unpaid leave of absence
- ▶ Involuntary loss of coverage
- ▶ Dependent satisfies or ceases to satisfy eligibility requirements
- ▶ Family Medical Leave Act (FMLA) leave
- ▶ A COBRA-qualifying event
- ▶ Entitlement to Medicare or Medicaid
- ▶ A change in place of employee’s residence, resulting in the current carrier not being available



# MEDICAL PLAN NOTES

Types of Medical Plans	
PPO	Preferred Provider Organization: This plan allows you to see any provider. When you seek care from a provider who is part of the PPO's network you will be covered at a higher level.

Types of Medical Charges	
Out-of-Pocket Maximum	Expenses that you need to pay for "out of your pocket", such as deductibles, copays, and coinsurance, all combine toward meeting your Out-of-Pocket Maximum. Once you hit this level, the plan will pay 100% for covered services you receive through the end of the calendar year.
Deductible	The amount you pay toward covered services before the insurance plan starts to pay. Some services, such as Preventive Care, can be covered prior to meeting the annual deductible.
Copays	Copays are a fixed dollar amount that you pay as your share for covered health services. These charges are usually due at the time you receive care.
Coinsurance	Coinsurance is your percentage share of cost of care, such as 20% or 30%. These charges are generally billed to you after the health insurance company reconciles the bill with the provider.

## The Value of Preventive Care – Wellness & Health Management



Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Our plans offer all covered employees and family members to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.

Below is a list of common services that are included in the plans offered this year:		
Routine physical exam	Routine breast exam	Routine lab procedures
Well baby care	Routine gynecological exam	Routine mammograms
Well child care	Screening for gestational diabetes	Routine pap Smear
Well woman visits	Routine digital rectal exam	Smoking cessation programs
Immunizations	Routine colorectal cancer screening	Testing for HPV & HIV
Routine bone density test	Routine prostate test	Routine colonoscopy



# MEDICAL COVERAGE

Below is an outline of coverage for your medical plan.

		Current		Renewal	
Carrier		VMT - Premera		VMT - Premera	
Plan Name		PPO \$2500/20%/30		PPO \$2500/20%/30	
Plan Network		HERITAGE PLUS		HERITAGE PLUS	
HSA Qualified		No		No	
Effective Date		10/01/2020		10/01/2021	
End Date		10/1/2021		10/1/2022	
		IN-NETWORK	OUT OF NETWORK	IN-NETWORK	OUT OF NETWORK
DEDUCTIBLE	Individual	\$2,500	Combined with in-network	\$2,500	Combined with in-network
	Family	\$5,000	Combined with in-network	\$5,000	Combined with in-network
OUT OF POCKET MAXIMUM	Individual	\$5,000	Combined with in-network	\$5,000	Combined with in-network
	Family	\$10,000	Combined with in-network	\$10,000	Combined with in-network
	Includes	Deductible, copays (\$), coinsurance (%), Rx	Deductible, copays (\$), coinsurance (%), Rx	Deductible, copays (\$), coinsurance (%), Rx	Deductible, copays (\$), coinsurance (%), Rx
OFFICE VISITS	Covered Before Deductible	All visits	None	All visits	None
	Preventive Care	Covered in full	Deductible, then 50%	Covered in full	Deductible, then 50%
	Primary Care	\$30	Deductible, then 50%	\$30	Deductible, then 50%
	Specialist	\$30	Deductible, then 50%	\$30	Deductible, then 50%
ON DEMAND CARE	Telehealth	Doctor on Demand, 98point6: \$5	Not covered	Doctor on Demand, 98point6: \$30	Not covered
	Urgent Care	\$30	Deductible, then 50%	\$30	Deductible, then 50%
	Emergency Room	\$200 copay, then deductible, then 20%	\$200 copay, then deductible, then 20%	\$200 copay, then deductible, then 20%	\$200 copay, then deductible, then 20%
HOSPITAL	In-patient	Deductible, then 20%	Deductible, then 50%	Deductible, then 20%	Deductible, then 50%
LAB & X-RAY	Diagnostic Non-complex	1st \$500 covered in full. Then deductible, then 20%.	1st \$500 covered in full. Then deductible, then 50%.	1st \$500 covered in full. Then deductible, then 20%.	1st \$500 covered in full. Then deductible, then 50%.
	Diagnostic Complex	See NonComplex lab/X-ray	See NonComplex lab/X-ray	See NonComplex lab/X-ray	See NonComplex lab/X-ray
PHYSICAL THERAPY & ALTERNATIVE CARE	Acupuncture (A)	\$30	Deductible, then 50%	\$30	Deductible, then 50%
	Chiropractic (C)	\$30	Deductible, then 50%	\$30	Deductible, then 50%
	Physical Therapy (PT)	\$30	Deductible, then 50%	\$30	Deductible, then 50%
	Massage (M)	\$30	Deductible, then 50%	\$30	Deductible, then 50%
	Maximum Visits A / C / PT / M	12   12   25   included under PT	Varies - See booklet	12   12   25   included under PT	Varies - See booklet
COUNSELING	Mental Health	\$30	Deductible, then 50%	\$30	Deductible, then 50%
	Chemical Dependency	\$30	Deductible, then 50%	\$30	Deductible, then 50%
PRESCRIBED DRUGS	Deductible	None	None	None	None
	Out of Pocket Max	Included under medical	Included under medical	Included under medical	Included under medical
	Retail	Generic: \$10 Preferred brand: \$40 NonPreferred brand: \$70	\$10 \$40 \$70	Generic: \$10 Preferred brand: \$40 NonPreferred brand: \$70	\$10 \$40 \$70
	Mail Order	G:\$30   PB:\$120   NPB:\$210	Not covered	G:\$30   PB:\$120   NPB:\$210	Not covered
	Specialty	Tiered, contracted pharmacies only, 30 day supply	Not covered	Tiered, contracted pharmacies only, 30 day supply	Not covered
PEDIATRIC BENEFITS	Vision	Not covered	Not covered	Not covered	Not covered
	Dental	Not covered	Not covered	Not covered	Not covered

Hurley Engineering Co. of Tacoma Inc. Employee Benefits Guide: 2021

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations and exclusions set forth in each insurance carrier or provider's contract.



# MEDICAL

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**Employee Monthly Cost:** We pay 100% of your employee premium. You are responsible for the full cost of your dependents' premium.

Below are the monthly premiums you would pay as your portion toward coverage for you and your enrolling dependents.

MEDICAL	VMT-Premera- PPO \$2500/20%/\$30
<b>EMPLOYEE MONTHLY COST</b>	
Employee	\$0.00
Employee + Spouse	\$737.41
Employee + Child	\$534.22
Employee + Children	\$534.22
Employee, Spouse, Child	\$1,271.67
Employee, Spouse, Children	\$1,271.67

**ID Cards:** Usually it takes two to three weeks for the insurance carrier to process your enrollment and mail you an ID card. If you need services before your ID card arrives, take this memo with you to your appointment. Your provider can also call our insurance agent, whose number is on the front of this memo.

**How to Find a Provider:** While you can seek care from any provider, you will be covered at a higher level when seeing an In-Network Provider. There are a few ways to find an In-Network Provider, including searching our carrier's website, calling their customer service line, or asking your provider's office if they are In-Network (see our network name below).

Phone: *800-722-1471*  
Website: *www.premera.com*  
Carrier / Network: *Premera Heritage Plus*



# TELEHEALTH WITH PREMIERA

Our medical plan through Premiera includes several telemedicine options that provide on-demand care for you and your eligible dependents 24/7/365.

## TELEHEALTH OPTIONS

Get care when and where you need it—and right now that’s at home.

<b>Your primary care doctor</b>	Call or message your primary care doctor’s office to see if they offer telehealth services
<b>98point6</b>	Text-based care from a doctor, 24/7 REGISTER at <a href="https://98point6.com/premera">98point6.com/premera</a>
<b>Doctor On Demand</b>	Video-based care from a doctor, 24/7 REGISTER at <a href="https://doctorondemand.com/premera">doctorondemand.com/premera</a>
<b>24-Hour NurseLine</b>	Call the number on the back of your ID card to talk to a registered nurse at no charge.



## BEHAVIORAL HEALTH OPTIONS

You can obtain care from our expanded national network of behavioral health telehealth providers:

<b>Talkspace</b>	Text, audio, or video-based care for mental health therapy REGISTER at <a href="https://talkspace.com/premera">talkspace.com/premera</a>
<b>Doctor On Demand</b>	Video-based mental health therapy, 24/7 REGISTER at <a href="https://doctorondemand.com/premera">doctorondemand.com/premera</a>
<b>Boulder Care</b>	Treatment for opioid use disorder Video visits and messaging with a therapist REGISTER at <a href="https://boulder.care/getstarted">boulder.care/getstarted</a>
<b>Workit Health</b>	Treatment for alcohol use disorder Live chat and video visits with a therapist REGISTER at <a href="https://workithealth.com/premera">workithealth.com/premera</a>



# DENTAL COVERAGE

**Benefits Summary & Monthly Cost:** We pay 100% of your employee premium. You are responsible for the full cost of your dependents' premium.

Below is an outline of coverage, as well your portion of the monthly premium for yourself and dependents.

DENTAL	BHT - Delta Dental Plan 4
<b>IN-NETWORK</b>	
Deductible	IN: \$0 OUT: \$50(w)
Member Pays for Care	
Preventive Care	IN: 0-30% OUT: 10-30%
Basic Services	IN: 0-30% OUT: 10-30%
Major Services	IN: 50% OUT: 60%
Endo/Perio	Basic
<b>OUT-OF-NETWORK</b>	
Deductible	Combined with in-network
Member Pays for Care	Reimbursed at Approx 75th
Preventive Care	IN: 0-30% OUT: 10-30%
Basic Services	IN: 0-30% OUT: 10-30%
Major Services	IN: 50% OUT: 60%
Endo/Perio	Basic
<b>ADDITIONAL INFORMATION</b>	
Annual Maximum	\$2,500 + Prev
Orthodontia	Not covered
Waiting Periods	None
Cleaning/Exam Frequency	Twice per year
<b>EMPLOYEE COST PER MONTH</b>	
Employee	\$0.00
Employee + Spouse	\$55.73
Employee + Child	\$57.53
Employee + Children	\$57.53
Employee, Spouse, Child	\$109.60
Employee, Spouse, Children	\$109.60

**ID Cards:** Delta Dental does not mail out ID cards, since most providers only need to know that you are covered by Delta Dental. To print a personalized ID card, log onto [www.deltadentalwa.com](http://www.deltadentalwa.com), register under the Patient section with your Social Security Number and then select Print ID Card. Or access your information with their mobile app.

**How to Find a Provider:** While you can seek care from any provider, you will be covered at a higher level when seeing an In-Network Provider. There are a few ways to find an In-Network Provider, including searching our carrier's website, calling their customer service line, or asking your provider's office if they are In-Network (see our network name below).

Phone: *800-554-1907*  
 Website: *www.deltadentalwa.com*  
 Carrier / Network: *Delta Dental PPO*



# VISION COVERAGE

**Benefits Summary & Monthly Cost:** We pay 100% of your employee premium. You are responsible for the full cost of your dependents' premium.

Below is an outline of coverage, as well your portion of the monthly premium for yourself and dependents.

VISION	VMT - VSP Choice Enhanced + CVC
Copay	Exam: \$10   Glasses: \$0
<b>IN-NETWORK</b>	
Exam	Covered 100%
Lenses	Covered 100%
Frames	Covered 100% to \$150
Contact Lenses	100% up to \$150
<b>OUT-OF-NETWORK</b>	
Exam	Reimbursed up to \$45
Lenses	Reimbursed up to \$30
Frames	Reimbursed up to \$70
Contact Lenses	Reimbursed up to \$105
<b>FREQUENCY</b>	
Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 12 months
Contact Lenses (in lieu of eyeglasses)	Every 12 months
<b>EMPLOYEE COST PER MONTH</b>	
Employee	\$0.00
Employee + Spouse	\$5.84
Employee + Child	\$6.65
Employee + Children	\$6.65
Employee, Spouse, Child	\$14.13
Employee, Spouse, Children	\$14.13

**Enrollment Notes:** Your vision enrollment (and dependents) must match your medical enrollment.

**ID Cards:** VSP does not provide ID cards. You can tell your vision provider that you have "VSP" and they will contact VSP for your benefits information. They will need your social security number (even if care is being provided for a covered dependent). You can also log into [www.vsp.com](http://www.vsp.com) to create an account and print out an ID card approximately 2 weeks after you hand in your enrollment form.

**How to Find a Provider:** While you can seek care from any provider, you will be covered at a higher level when seeing an In-Network Provider. There are a few ways to find an In-Network Provider, including searching our carrier's website, calling their customer service line, or asking your provider's office if they are In-Network (see our network name below).

Phone: **800-877-7195**  
 Website: **[www.vsp.com](http://www.vsp.com)**  
 Carrier / Network: **VSP Choice**



# LIFE AND AD&D COVERAGE

**Benefits Summary & Monthly Cost:** We pay 100% of your employee premium.

Below is an outline of coverage.

LIFE and AD&D	VMT / LifeMap - Required with Medical
<b>BENEFITS</b>	
Coverage	\$10,000
Maximum	\$10,000
Guarantee Issue	\$10,000
<b>AGE REDUCTION</b>	
At Age 65	Reduces by 35%
At Age 70	Reduces additional 20%
At Age 75	Reduces additional 15%
At Age 80	Reduces additional 10%
At Age 85	Reduces additional 5%
At Age 90	Reduces additional 5%

## Enrollment Notes:

*LifeMap:* Employees who enroll under our Medical plan are covered under this plan.

**Accidental Death & Dismemberment (AD&D):** Accidental death proceeds double your Life insurance benefit payable to your beneficiary. Dismemberment proceeds are typically a percentage of the Life benefit and are paid directly to you.

**Guarantee Issue:** Elections at or under this level will typically be automatic, without health questions.

**Beneficiary:** This is the person(s) that would receive your Life benefit. You can list any number of Primary Beneficiaries, with a percentage of the benefit applicable to each person, adding up to 100%. You may also list any number of Contingent Beneficiaries, again with a total percentage equal to 100%. The Contingent Beneficiaries would only receive benefits if all of your Primary Beneficiaries were to pass away before you.



# LONG TERM DISABILITY COVERAGE

**Benefit Summary:** Below is an outline of coverage.

LONG TERM DISABILITY	Mutual Of Omaha
<b>MONTHLY BENEFITS</b>	
Benefits Begin After	90 Days after disabled
Benefit Percentage	60%
Monthly Maximum	\$4,000
Maximum Benefit Duration	Reducing Benefit Duration To Social Security Normal Retirement Age
<b>DEFINITION OF DISABILITY</b>	
Disabled from "Own Occupation"	First 2 years of disability
Disabled from "Any Occupation"	Thereafter
<b>BENEFIT LIMITATIONS</b>	
Maximum Coverage for Certain Conditions	24 month maximum benefit for mental health & substance abuse
Earnings Test	99% own occ then 85%
<b>PRE-EXISTING CONDITIONS</b>	
Definition	Conditions within 12 months prior to enrolling on coverage
Waiting Period if Treatment Free	3 months
Waiting Period	12 months
<b>VALUE ADDED BENEFITS</b>	
Employee Assistance Plan	Included - 3 face to face visits, telephone access
Simple Will	Included

**Paycheck Insurance:** Disability coverage is often called paycheck insurance, since it continues a percentage of your salary if you are not able to work due to a non-workplace disability.

**Enrollment Notes:** All eligible employees are covered under this program as of your eligibility date.

**Premium Payments:** We pay 100% of the cost of this insurance for covered employees. Any Long Term Disability benefits you receive will be taxed as income by the IRS.



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

We provide an Employee Assistance Program (EAP). This is a *free and confidential* benefit that can assist you and your eligible family members with personal problems, large or small.



## What is an EAP?

An EAP is a confidential, professional counseling service, available 24-hours per day, 7 days a week, anytime you or your immediate family members are experiencing problems. EAP services are even available to your children who are away from home at school, and our Elder Care Program can assist you in planning and coordinating services for your parent, regardless of where they live in the United States.

## Can I meet with a counselor face-to-face?

Our program includes *three face-to-face visits* with a counselor per issue per year. These are available if you would rather an in-person visit. Call our EAP for a service representative to assist you with setting up a visit with a counselor near you.

## Will My Employer or Anyone Else Know I Contacted this Program?

No, the EAP is confidential. The privacy of your contact with the EAP is protected under law. No information will be released regarding program use unless you specify in writing what information is to be released, and to whom. As in any counseling practice, there are certain behaviors and actions that the EAP, in the interests of public safety, is required by law to report. These include child and elder abuse, as well as a threat of harm to self or others.

## What is the Cost of the EAP?

There is *NO COST* to you or your immediate family members to utilize the EAP services.

## What Kinds of Problems are Covered by the EAP?

The typical issues that our EAP can help you with include:

Personal consultation with an EAP professional for:			
Marital conflict	Depression	Family relationships	Alcohol or drug abuse
Work conflict	Stress Management	Anxiety	Grief counseling

## How do I contact the EAP?

Contact them 24-hours a day, 7 days a week. A counselor is always available to help you.

**Talk to a Counselor Anytime!**

Visit [www.mutualofomaha.com/eap](http://www.mutualofomaha.com/eap) or call **1-800-316-2796**



# ALLSTATE UNIVERSAL LIFE WITH LTC RIDER

You have a **one-time opportunity** to purchase a Universal Life policy from Allstate that includes a Long-Term Care Rider. This Rider is sufficient to request an exemption from paying the new payroll tax required for the Washington Cares Fund.

## WHICH OPTION IS RIGHT FOR YOU?

### The Washington Cares Fund LTC Features:

1. The total Long Term Care maximum benefit amount is \$36,500. The benefit is paid in “units” with a \$100 daily maximum up to the total benefit of \$36,500.
2. To qualify for benefits, employee must work at least 500 hours per year AND, have contributed to the fund for at least 10 years without a break of more than 5 years OR, paid 3 of the last 6 years before applying for benefits. Earliest benefit payment is January 2025
3. The state may increase the payroll tax or reduce benefits to keep the fund solvent
4. Coverage is unavailable for non-working spouses
5. Must reside in Washington to receive benefits and must receive care by state approved providers or trained family members
6. Coverage is for LTC only does not build cash value nor provide a death benefit

### Sample payroll tax for Washington Cares Fund:

<b>Annual Salary</b>	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$200,000
<b>Monthly Premium</b> @ \$.58 per \$100 Salary	\$24.17	\$36.25	\$48.33	\$60.42	\$72.50	\$96.67

### Calculation:

$$\frac{\text{Annual Salary}}{\text{Annual Salary}} \times .0058 = \frac{\text{Annual Tax}}{\text{Annual Tax}} \div 12 \text{ months} = \frac{\text{Monthly Tax}}{\text{Monthly Tax}}$$

### Allstate Universal Life Features:

1. The total amount coverage is determined by the employee
2. Offers rate stability
3. To qualify for payment, there is no minimum contribution time, premium amount, or hours worked requirement
4. Coverage available for working and non-working spouses
5. Benefits can be received anywhere in the United States.
6. If the employee retires or terminates employment, they can keep the coverage.
7. No restrictions on when the first benefit payment can be made
8. In addition to Long Term Care, the policy provides a cash value benefit and/or a death benefit

\*See rate table on the next page based on your age.

# ALLSTATE UNIVERSAL LIFE WITH LTC RIDER

## (CONTINUED)

Because we are implementing through our organization, you are getting the benefit of an individual policy but at group rates!

We recommend electing a minimum of \$40,000 in coverage to ensure the coverage exceeds the WA LTC benefit of \$36,500.

Please view this short 10-minute video for more information before enrolling.

<https://www.brainshark.com/acisure/WACaresFund>

### Universal Life - Non-Tobacco Rates

Age	\$40,000	\$50,000	\$75,000	Age	\$40,000	\$50,000	\$75,000	Age	\$40,000	\$50,000	\$75,000
18	\$16.94	\$20.63	\$29.86	39	\$35.94	\$44.38	\$65.48	60	\$104.17	\$129.67	\$193.43
19	\$16.97	\$20.67	\$29.92	40	\$36.87	\$45.55	\$67.24	61	\$126.20	\$157.21	\$234.73
20	\$17.30	\$21.09	\$30.55	41	\$39.17	\$48.43	\$71.54	62	\$130.30	\$162.34	\$242.42
21	\$17.77	\$21.68	\$31.42	42	\$40.34	\$49.88	\$73.74	63	\$134.70	\$167.84	\$250.67
22	\$18.14	\$22.13	\$32.11	43	\$41.44	\$51.25	\$75.80	64	\$139.27	\$173.55	\$259.24
23	\$18.54	\$22.63	\$32.86	44	\$42.67	\$52.80	\$78.11	65	\$144.07	\$179.55	\$268.23
24	\$18.94	\$23.13	\$33.61	45	\$43.90	\$54.34	\$80.42	66	\$241.70	\$301.59	\$451.29
25	\$19.37	\$23.68	\$34.42	46	\$52.54	\$65.13	\$96.61	67	\$252.77	\$315.42	\$472.05
26	\$22.10	\$27.09	\$39.55	47	\$53.97	\$66.92	\$99.30	68	\$268.14	\$334.63	\$500.86
27	\$22.57	\$27.67	\$40.43	48	\$55.67	\$69.05	\$102.49	69	\$291.34	\$363.63	\$544.36
28	\$23.17	\$28.43	\$41.54	49	\$57.34	\$71.13	\$105.61	70	\$315.27	\$393.55	\$589.23
29	\$23.70	\$29.09	\$42.54	50	\$58.97	\$73.17	\$108.67	71	\$309.54	\$386.38	\$278.48
30	\$24.27	\$29.80	\$43.61	51	\$66.50	\$82.59	\$122.80	72	\$339.47	\$423.80	\$634.61
31	\$25.37	\$31.17	\$45.67	52	\$68.40	\$84.97	\$126.36	73	\$370.47	\$462.55	\$692.73
32	\$26.10	\$32.09	\$47.05	53	\$70.37	\$87.43	\$130.05	74	\$385.44	\$481.25	\$720.80
33	\$26.77	\$32.93	\$48.30	54	\$72.34	\$89.88	\$133.73	75	\$401.74	\$501.63	\$751.36
34	\$27.54	\$33.88	\$49.74	55	\$74.57	\$92.68	\$137.92	76	\$429.87	\$536.80	\$804.11
35	\$28.34	\$34.88	\$51.23	56	\$89.80	\$111.72	\$166.48	77	\$449.50	\$561.34	\$840.92
36	\$33.40	\$41.22	\$60.74	57	\$93.17	\$115.93	\$172.80	78	\$471.17	\$588.42	\$881.55
37	\$34.24	\$42.25	\$62.30	58	\$96.60	\$120.21	\$179.24	79	\$495.24	\$618.50	\$926.67
38	\$35.07	\$43.30	\$63.86	59	\$100.30	\$124.84	\$186.17	80	\$522.00	\$651.96	\$976.86

## Universal Life - Tobacco Rates

Age	\$40,000	\$50,000	\$75,000	Age	\$40,000	\$50,000	\$75,000	Age	\$40,000	\$50,000	\$75,000
18	\$16.94	\$20.63	\$29.86	39	\$59.40	\$73.71	\$109.48	60	\$186.10	\$232.09	\$347.05
19	\$28.40	\$34.96	\$51.36	40	\$61.44	\$76.25	\$113.30	61	\$223.70	\$279.09	\$417.54
20	\$29.14	\$35.88	\$52.74	41	\$67.74	\$84.13	\$125.11	62	\$232.84	\$290.51	\$434.67
21	\$31.60	\$38.96	\$57.36	42	\$69.94	\$86.88	\$129.23	63	\$242.07	\$302.05	\$451.99
22	\$32.37	\$39.92	\$58.80	43	\$72.34	\$89.88	\$133.73	64	\$251.74	\$314.13	\$470.11
23	\$33.17	\$40.92	\$60.30	44	\$74.84	\$93.00	\$138.43	65	\$261.67	\$326.55	\$488.73
24	\$34.10	\$42.09	\$62.04	45	\$77.47	\$96.30	\$143.36	66	\$358.97	\$448.17	\$671.18
25	\$35.00	\$43.22	\$63.73	46	\$87.90	\$109.34	\$162.92	67	\$372.84	\$465.51	\$697.17
26	\$36.90	\$45.59	\$67.29	47	\$90.97	\$113.18	\$168.67	68	\$687.64	\$484.00	\$724.93
27	\$37.97	\$46.92	\$69.30	48	\$94.44	\$117.51	\$175.17	69	\$402.94	\$503.13	\$753.61
28	\$39.10	\$48.34	\$71.42	49	\$97.97	\$121.92	\$181.80	70	\$419.17	\$523.43	\$784.05
29	\$40.20	\$49.72	\$73.49	50	\$101.67	\$126.55	\$188.73	71	\$466.74	\$582.88	\$873.23
30	\$41.44	\$51.25	\$75.80	51	\$122.04	\$152.01	\$226.92	72	\$481.24	\$601.00	\$900.42
31	\$44.37	\$54.92	\$81.30	52	\$125.84	\$156.75	\$234.05	73	\$495.47	\$620.05	\$928.98
32	\$45.74	\$56.63	\$83.86	53	\$129.94	\$161.88	\$241.83	74	\$512.54	\$640.13	\$959.11
33	\$47.27	\$58.55	\$86.74	54	\$134.24	\$167.25	\$249.80	75	\$529.54	\$661.38	\$990.98
34	\$48.74	\$60.38	\$89.49	55	\$138.67	\$172.80	\$258.11	76	\$679.47	\$848.80	\$1,272.11
35	\$50.30	\$62.34	\$92.42	56	\$159.47	\$198.80	\$297.11	77	\$698.64	\$872.75	\$1,308.85
36	\$53.90	\$66.84	\$99.17	57	\$165.64	\$206.51	\$308.67	78	\$732.50	\$915.09	\$1,371.55
37	\$55.74	\$69.13	\$102.61	58	\$172.27	\$214.80	\$321.11	79	\$742.54	\$927.63	\$1,390.36
38	\$57.54	\$71.38	\$105.98	59	\$179.00	\$223.22	\$333.73	80	\$768.14	\$959.63	\$1,438.36

**Please note:** If you choose to apply for the exemption by purchasing your own coverage through Allstate, you will be permanently excluded from receiving benefits from the WA Cares Fund and will never be able to re-enroll in the program.



**BELL-ANDERSON**  
INSURANCE

