

Your Benefits

Guide to Home Care Training and Health Benefits



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SEIU 775
BENEFITS GROUP

2016-2017

Welcome to Your Home Care Benefits!

Welcome to the sixth “Your Benefits” book from the SEIU 775 Benefits Group (formerly the SEIU Healthcare NW Training Partnership and Health Benefits Trust.) This book is designed to serve as a complete guide to your training and health benefits. It features resources and information to make it easier to get the support you need.



As a Home Care Worker, **Care Begins With You.** Your training and health benefits are a critical part of the compensation you receive and they provide the skills and personal stability needed to help you deliver excellent care to your consumers and create future career pathways.

You are the key to quality care in Washington’s long-term care system. Thank you for all you do to promote excellence in home care.

Charissa Raynor
Executive Director
SEIU 775 Benefits Group

David Rolf
Board Chair, Training Partnership
President, SEIU 775

Keep track of your personal benefits information

Training Account Information		
Student ID / Username:		Portal Password:
Health Plan Information		
Primary Care Provider Name:		Phone Number:
24-Hour Consulting Nurse Line:		
Group Health: Seattle Area: 206-901-2244 WA State: 1-800-297-6877		Kaiser Permanente: 1-800-813-2000
Closest Urgent Care Center:	Phone Number:	Hours:
Your Health Plan Name:		Your Health Plan Number:
Your Dental Plan Name:		Your Dental Plan Number:

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QUICK START GUIDE

One-Stop Guide for Training, Health Benefits

This benefits book is here to guide you through all of your health and training benefits from SEIU 775 Benefits Group.

COLOR KEY



Individual Providers



Training Information



Agency Providers



Health Information

In this book, you will see information for both Individual Providers (IPs) and Agency Providers (APs) and health and training benefits. Look for these colors to find your benefits information.

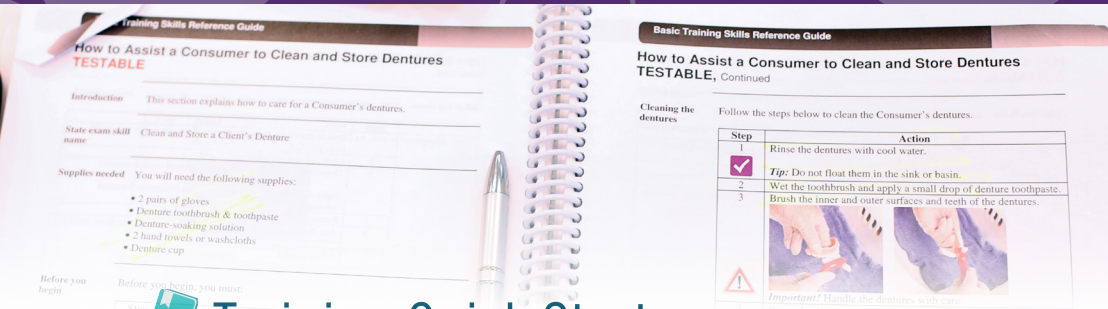


Where to Find Updates

After the book is released, we will update your benefits in these places:

ONLINE An online version of the book is always available if you misplace your copy or want to find updates. View it online at www.myseiu.be/2017benefits.

HOME CARE INSIGHT MAGAZINE Updates will also be in Home Care InSight, the magazine for Home Care workers. The next issue will be mailed to you in Fall 2016. You can find all stories online at www.homecaremag.org.



Training Quick Start

1 Take Orientation & Safety Training

Your first step after contracting is to complete Orientation & Safety training. This is a 5-hour online course that counts toward your training requirement and may be taken on any computer with an internet connection.

1. Visit **www.myseiubenefits.org** to create your training account. (See page 11 for steps)
2. Launch the Orientation & Safety training
3. After completing, credit is automatically granted and you are ready to be authorized for personal care.

See page 22 for full details on Orientation & Safety Training.

2 Register for Basic Training

After completing Orientation & Safety, your next step is to register for Basic Training. See page 32 to find your specific training needs depending on what type of care you provide. See page 24 for full details on what is covered in Basic Training.

- **Individual Providers** Register for classes at **www.myseiubenefits.org** (See page 11 for steps.) Call the Member Resource Center to register over the phone at 1-866-371-3200.
- **Agency Providers** Check with your employer on the best way to register. Your employer has policies on scheduling for training.

3 Finish Strong!

Make sure you go to your scheduled classes. Once you are contracted, you have 120 days to complete your required training. Get started today!



QUICK START GUIDE



New Health Benefits Highlights



FREE mental health and chemical dependency office visits

New this year, mental health and chemical dependency visits have no copay. You can start by talking with your Primary Care Provider or calling the numbers below for your health provider. Making this call can be the first step to a happier, healthier you.

Group Health members:

- First time appointments: Call 1-888-287-2680 or 206-901-6300
- Urgent or crisis care, call 1-888-287-2680

Kaiser Permanente members:

- Call 855-632-8280 to schedule therapy and counseling services.
- Emergency psychiatric services (24 hours), call 1-866-453-3932 (toll free)



Home Care Aides now eligible for plan after two months

If you are newly eligible for our health plan, the waiting period will reduce from 3 months to 2 months. You will need to work 80 hours per month for two months in a row and allow one month for processing.

See the Health Basics section on page 46 for eligibility requirements and the Benefit Summaries section on page 68 for full insurance plan summaries.



Investing In Your Future: Pension Fund News

After much hard work in bargaining since 2002, Home Care Aides successfully established a pension fund to benefit both Individual and Agency Providers. It is the first savings plan of it's kind for HCAs in the country.

SEIU 775 Benefits Group is currently working on setting up the pension fund, collaborating with participating agencies, and creating the guiding principles for how the fund will operate.

But in a nutshell, the pension benefit will work like this: The state will pay 23 cents per hour worked into the retirement fund privately managed by the Benefits Group.

That money is earmarked for Home Care Aides, who will receive a set amount when they retire. Like Social Security (which is itself a type of pension), pensions are paid out in regular installment payments throughout retirement.

Coming this year, you will see more updates from us about the pension fund and a timeline of when you might start receiving benefits.



Home Care Pension Highlights

State to pay 23 cents/hour into pension fund

Fund will be managed by SEIU 775 Benefits Group

Private pension will have best return for workers

More details on what you can expect from the fund coming this year.



QUICK START GUIDE



Want to Get Connected?

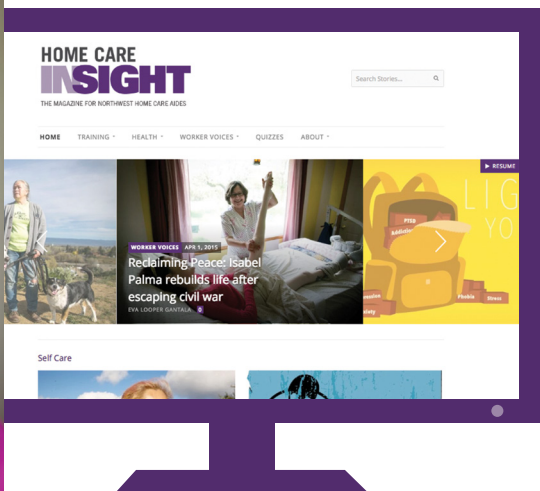
A lasting bond can make a major difference for home care aides, clients, and families. But we know it can be difficult for home care aides and clients to find the right match, be it full-time, respite or back up care.

Carina is a new online platform here to help bridge that gap. With Carina you'll be able to connect with home care aides near you, find more hours and clients, and share information.

A bond between home care aides, clients, and families takes time but we hope to help in your first steps.

Get started at

www.carinacare.com



All magazine articles available at www.homecaremag.org

Home Care InSight Magazine

As a community of Home Care Workers, you do important work and you have an important story to tell. Home Care Workers across the region share their common challenges and experiences in each issue of the magazine. **Share your ideas with us by emailing editor@myseiubenefits.org.**

To receive your copy, make sure your mailing address is accurate in the Portal and you will receive one each time an issue is released.

Magazine highlights include:

- Skills refreshers and useful resources
- Self care and health tips from Home Care Aides
- Recipes from Home Care Workers
- How to report workplace injuries
- Updates to your training and health benefits



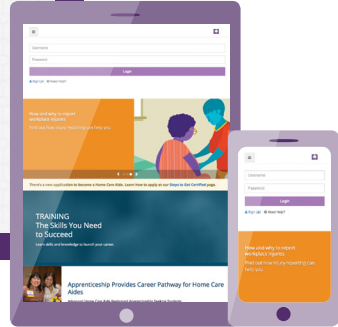
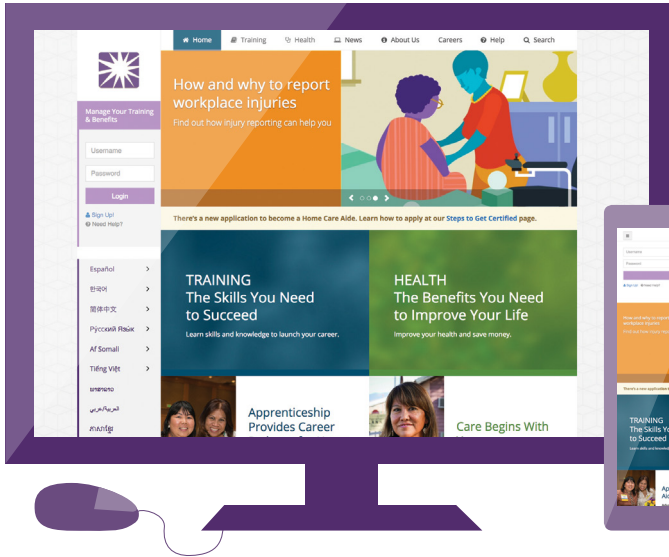
SEND US YOUR STORY IDEAS!

As a Home Care Aide, you have amazing stories to tell. We want to hear from you! If you have a great story or tip to share, please send it to editor@myseiubenefits.org or post your idea on our Facebook page www.facebook.com/seiu775benefitsgroup

Read all magazine stories online at
www.homecaremag.org



QUICK START GUIDE

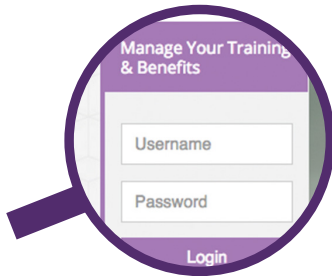


Easy to read on all devices

MYSEIUBENEFITS.ORG

Your online source for training, health benefits, and more!

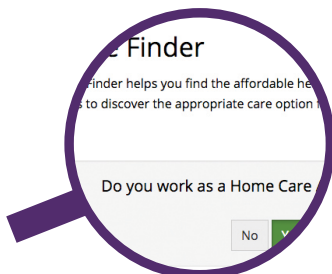
Once you get your username and password, you're ready to go online to manage and take training! (See following pages for instructions.)



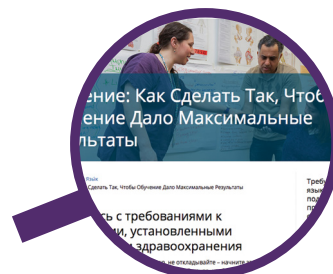
Easy-to-use Portal login box.



Take online courses, register for training.



The new "Coverage Finder" helps you find health coverage that works for you.



Translated benefits information updated regularly.

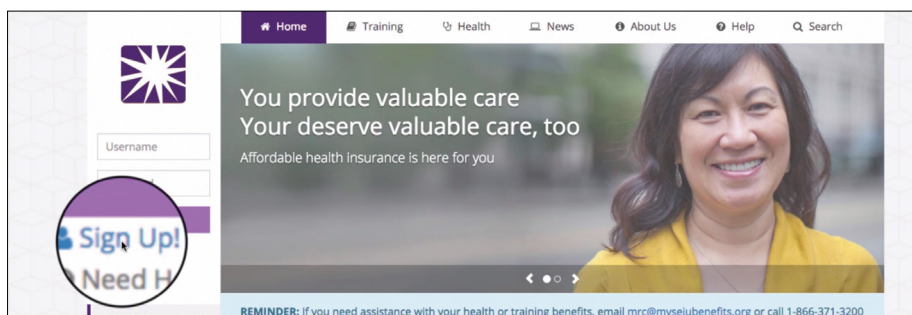
Manage Your Training and Benefits Online

The best way to manage your training is through the **www.myseiubenefits.org** website. Through this website, you can easily update your information, register for classes, and take your annual Continuing Education courses.

1. Go to **www.myseiubenefits.org**

In the top left corner you will find your login box. If you are brand new to the site, click on **Sign Up!** to create your profile.

If you would like a video walk-through, click on **Need Help?** for a full tutorial on how to log in.



2. Select your Provider Type

Select your Provider Type, either Agency Provider or Individual Provider, then click **Next**. If you are both, you can select either.

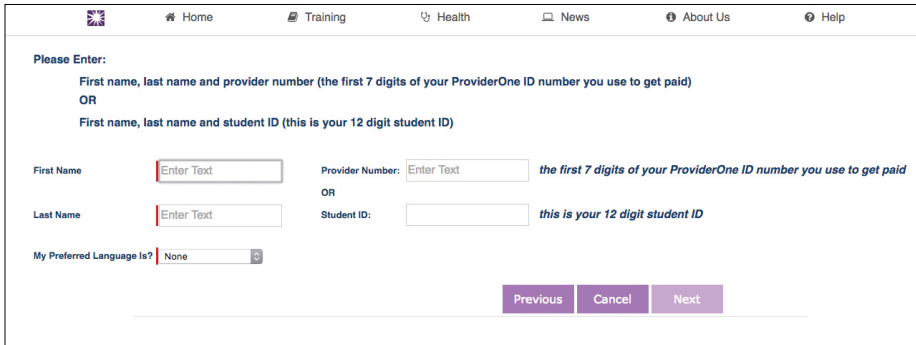
A screenshot of the 'Please select your Provider Type' form. The form has a title 'Please select your Provider Type' and two radio button options: 'Agency Provider' and 'Individual Provider'. Below these options, a note states: 'If you are both an Individual Provider and Agency Provider, you can select either.' At the bottom right of the form are two buttons: 'Cancel' and 'Next'.

3. Enter your name and Provider Number or Student ID

You will need either your Provider Number (the 6-digit number you use to get paid) or your Student ID (the 12-digit number located in your welcome packet) to create your profile, then click **Next**.



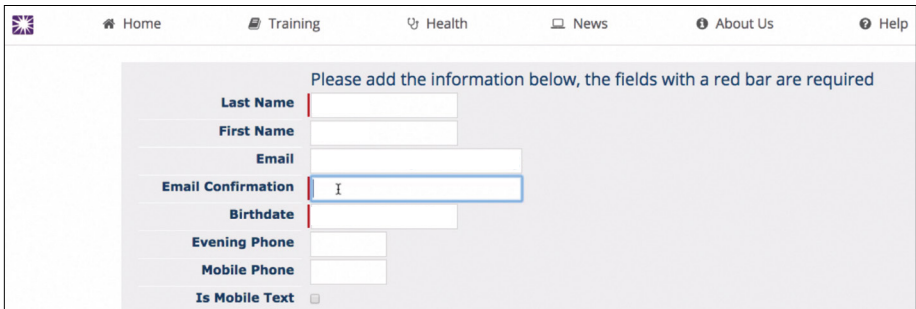
QUICK START GUIDE



The screenshot shows a web application header with navigation links: Home, Training, Health, News, About Us, and Help. Below the header, the form is titled "Please Enter:". It offers two options for registration: "First name, last name and provider number (the first 7 digits of your ProviderOne ID number you use to get paid)" OR "First name, last name and student ID (this is your 12 digit student ID)". The form includes input fields for "First Name", "Last Name", "Provider Number", and "Student ID". The "Provider Number" field has a red bar on the left, and the "Student ID" field has a red bar on the left. Below these fields is a dropdown menu for "My Preferred Language Is?" with "None" selected. At the bottom right, there are three buttons: "Previous", "Cancel", and "Next".

4. Fill out your contact and personal information

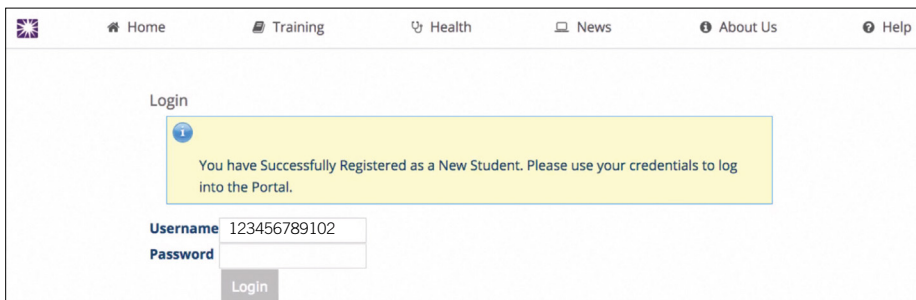
Please provide your best contact information such as email, evening and mobile phone, and mailing address. On this screen you will also choose your password and language preferences. Then click **Next**.



The screenshot shows a web application header with navigation links: Home, Training, Health, News, About Us, and Help. Below the header, the form is titled "Please add the information below, the fields with a red bar are required". It includes input fields for "Last Name", "First Name", "Email", "Email Confirmation", "Birthdate", "Evening Phone", "Mobile Phone", and "Is Mobile Text". The "Email Confirmation" field has a red bar on the left. The "Is Mobile Text" field is a checkbox.

5. Now you are ready to log in!

Enter your Username (Provider Number or Student ID) and the password you chose on the previous screen.



The screenshot shows a web application header with navigation links: Home, Training, Health, News, About Us, and Help. Below the header, the form is titled "Login". It includes a yellow message box that says "You have Successfully Registered as a New Student. Please use your credentials to log into the Portal." Below the message box are input fields for "Username" and "Password". The "Username" field contains the text "123456789102". At the bottom, there is a "Login" button.

A Look Inside Your Training Account

Once you are logged into your training account, you can register for Basic Training courses around the state, take online Continuing Education Courses, and keep all of your contact information up to date.

Click on “Manage My Training” to register for courses

On this page, you can see your current training, search and sign up for new courses, and view your training history.

Links

- [View Your Profile](#)
- [myse iubenefits.org](#)
- [Contact Us](#)
- [SEIU 775 Information](#)
- [Community Interpreter](#)
- [Health Benefits](#)

Click on “View Your Profile” to update your contact information

Found on the gray bar on the left side of the screen, click on “View Your Profile.”

On this page, you can update your email, mailing address, phone number, and language preferences.



QUICK START GUIDE

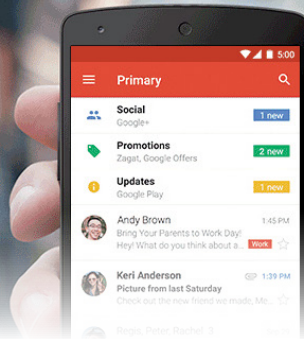


Sign in

Create an account

Gmail Features For mobile For work Help

The ease & simplicity
of Gmail, available
across devices



Tech Tip: How to Create Your First Email Account

From registering to take the Department of Health certification exam to submitting your payroll hours online with Provider One, having your own email account is a powerful way to stay connected as a Home Care Aide.

If you are new to the game, don't worry! Here are a few simple steps to get your account up and running. These steps use Gmail as an example, but you can also use services like Yahoo, Hotmail, or AOL. All are free and simple to use.

Step 1: Create Your Account

Go online to **www.mail.google.com** and click the blue "Create an account" button.

On the next screen you will enter your name, create a username or the address to receive and send your emails, and create a secure password for your account.

Username tip: You might find that your name (johndoe@gmail.com) is already taken. Try adding a middle initial, dots between names, a variation of your name, or a significant number (john.e.doe60@gmail.com).

Keeping it professional is always a great idea.

Create your Google Account

Name

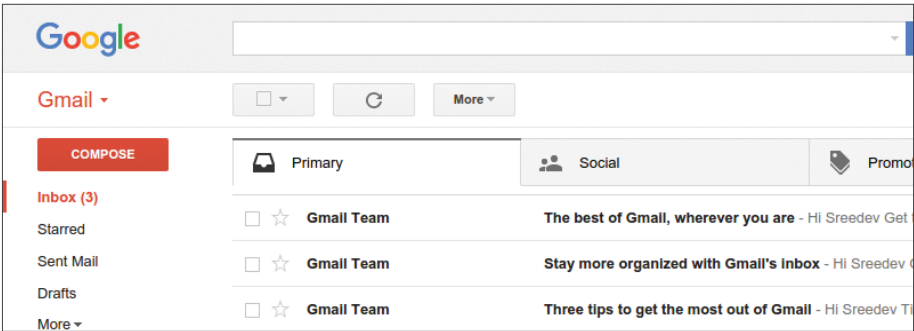
First Last

Choose your username

@gmail.com

Create a password

Password tip: Simple, guessable passwords make it easy for hackers to break into your account. Use something only you will remember with a combination of numbers, upper case letters, and a symbol. (Ex: “MaggieSuels#15”.) It is also a good idea to change your password every 60 days.



Step 2: Welcome to Your Inbox

You will see a few welcome emails from Gmail with tips on how to use your account. To view an email, just click anywhere on the text of the email to open and read.

Beware the unknown sender: Always look at the sender's name before clicking on an email. **If you see an email that is from an unknown address, or is offering prizes you didn't sign up for**, click on the check box to the left of the email and then click on the trash bin to delete it.

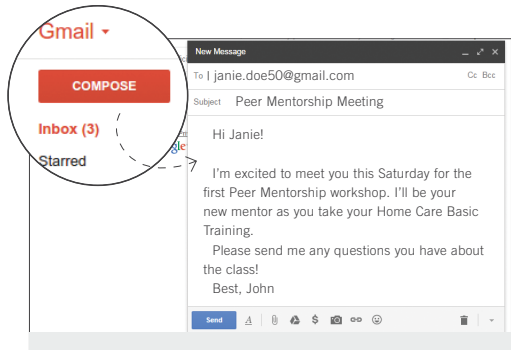
Step 3: Send Your First Email

Click on the big red “Compose” button to open a new message. Add an email address you want to send to and a subject line that lets the receiver know what the email is about.

A few other helpful tips:

You can use your email address to register for things like Provider One payroll online and for training updates at **www.myse iubenefits.org**. Check your email at least a few times a week for new emails and responses to emails you send.

Find more tutorials on Google's help page at **www.support.google.com**.





QUICK START GUIDE

[DOWNLOAD](#)[SET UP](#)[CHROMEBOOKS](#)[CHROMECAST](#)

Get a fast, free web browser

One browser for your computer, phone and tablet

[Download Chrome](#)

For Mac OS X 10.9 or later

[Download Chrome for another platform](#)

Tech Tip: Install Google Chrome For Your Online Courses

Google Chrome is the best internet browser to use when taking your online Continuing Education courses. This browser will load your courses correctly on your desktop computers.

Note: Courses will not load correctly on tablet and phone devices. Courses are best completed on a desktop or laptop computer.

Step 1: Download Chrome Installer File to Your Computer

Open your computer's current internet browser (most likely Internet Explorer if you use a PC or Safari if you use a Mac.) And visit www.google.com/chrome. Click "Download for Personal Computers" at the top of the screen.

Step 2: Launch Chrome Installer

Accept the Terms of Agreement after clicking "Download Chrome" and follow your computer's instructions to install. If prompted, click "Run" or "Save."

If you choose "Save," double-click the installer file to start the installation process. Chrome will automatically import your homepage settings and browser history for you.

Step 3: Open Chrome

Windows 7: A Chrome window opens once everything is setup.

Windows 8 and 8.1: A welcome box appears, click “Next” to set Chrome to be your default browser.

Windows 10: A Chrome window opens once everything is set up. You can then make Chrome your default browser.

Step 4: Register for classes

You are now ready to register and complete Online Continuing Education courses.

Visit **www.myseiubenefits.org** and login to your Training Account. From there you'll find a full list of courses available to you.

Need help?

Call the Member Resource Center and receive support over the phone at 1-866-371-3200.

You can also find how to articles online at **www.support.google.com**.

PERKS OF GETTING ONLINE

Did you know you can use an email address to...



Take online training courses, see your transcripts, and discover job resources.



Make doctor's appointments, order prescriptions, and email your health team.



Pay utility bills or parking tickets, and manage your banking.



Shop online for grocery delivery, clothes, and home goods.



QUICK START GUIDE



Member Resource Center (MRC)

The Member Resource Center is available to support you with resolving issues and providing answers to common questions from certification to health information.



1-866-371-3200

Monday–Friday
8 a.m.–6 p.m.

The MRC is closed on the following holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Presidents Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Eve Day
- Christmas Day

Check www.myseiubenefits.org/help/ for office closures and the most updated hours.

■ **Individual Providers** If you need information about your training or benefits eligibility, log in to www.myseiubenefits.org first. If you cannot find the answer to your question, contact the Member Resource Center at 1-866-371-3200.

■ **Agency Providers** Contact your employer for support.

For Assistance

اتصل بمركز موارد الأعضاء على هاتف رقم
1-866-371-3200 إذا كنت بحاجة إلى
مساعدة بشأن التسجيل للتدريب أو لتعرف
ما إذا كنت مؤهلاً للحصول على استحقاقات
الرعاية الصحية أم لا.

សូមទាក់ទងមកមជ្ឈមណ្ឌលធនធានសមាជិក
តាមលេខ 1-866-371 3200 បើលោកអ្នកត្រូវការ
ជំនួយការចុះឈ្មោះសម្រាប់ការបណ្តុះបណ្តាលរបស់
លោកអ្នក ឬដើម្បីឱ្យដឹងថា លោកអ្នកមាន
សិទ្ធិស្របច្បាប់ចំពោះអត្ថប្រយោជន៍នៃការថែ
ទាំសុខភាពឬទេ។

如需在安排培训日程或了解您是否有资格获取
保健福利方面获取协助，请致电 1-866-
371-3200 联系会员资源中心。

Contact the Member Resource Center at
1-866-371-3200 if you need assistance
registering for your training or to find out if
you are eligible for healthcare benefits.

훈련일정을 잡거나 건강혜택 자격 확인을
위해 도움이 필요하시면 회원지원센터
1-866-371-3200 로 전화주세요.

ຕິດຕໍ່ຫາສູນຊ່ວຍເຫຼືອສະມາຊິກ (Member
Resource Center) ທີ່ເບີ 1-866-371-3200 ຖ້າທ່ານ
ຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການລົງທະບຽນ
ສໍາລັບການຝຶກອົບຮົມຂອງທ່ານ ຫຼື ເພື່ອຊອກ
ຮູ້ວ່າທ່ານມີສິດໄດ້ຮັບເງິນຊ່ວຍເຫຼືອສໍາລັບການ
ດູແລສະພາບຫຸ້ນ.

Если у Вас есть вопросы, связанные с
определением расписания занятий, или
относительно получения Вами пособия
по нетрудоспособности, обращайтесь в
Учебно-методический центр по телефону
1-866-371-3200.

Faafesootai le Member Resource Center
ile 1-866-371-3200 pe afai ete manaomia
le fesoasoani mole resitaraina mo lau
toleniga pe fia iloa pe ete agavaa mo
faamanuiaga mo togafitiga tau soifua
maloloina.

Comuníquese con el Centro de Recursos
para Miembros al 1-866-371-3200 si
necesita asistencia para registrarse en su
entrenamiento o para saber cuál es su
elegibilidad para los beneficios de salud.

Kala xiriir Xarunta Macluumaadka Xubinka
1-866-371-3200 haddii aad u baahan
tahay caawimaadda diiwaangelinta
tababarkaaga ama si aad u oggaatid
haddii aad u qalantid dheefaha daryeelka
caafimaad.

Makipag-ugnayan sa Member Resource
Center sa 1-866-371-3200 kung kailangan
ninyo ng tulong sa pagpaparehistro ng
inyong pagsasanay o para malaman kung
kayo ay karapat-dapat sa mga benepisyo
sa pangangalaga ng kalusugan.

Зверніться до Учебно-методичного
центру за тел. 1-866-371-3200, якщо Вам
буде потрібна допомога з реєстрацією
для проходження навчання або якщо
Вам буде необхідно з'ясувати, чи
маєте Ви право на пільги з медичного
забезпечення.

Hãy gọi Trung Tâm Nguồn Lực Thành Viên
theo số 1-866-371-3200 nếu quý vị cần
được trợ giúp trong việc lên lịch đào tạo
hoặc tìm hiểu về điều kiện để nhận phúc
lợi y tế.





Welcome to Home Care Training

Your work allows people to live their lives with dignity in their own homes. Whether you're just starting out as a Home Care Worker or you are interested in continuing your education, the Benefits Group is here to support you.

Types of Training

- Orientation & Safety - page 22
- Basic Training - page 24
- Refresher Courses - page 25
- Continuing Education - page 26
- Advanced Home Care Training - page 28



I really like the support and background that (the Benefits Group) provides. This makes me really want to perfect my job. I can do this right and so much easier this way.”

– Annette, Home Care Aide

Left: In a Basic Training class, Gladys works at a skill station with instructor Julie.



Orientation & Safety



5 hours



Online Course



Paid Hours



Translation
Available

Taking Orientation & Safety prior to providing care helps prepare you for caring for your consumer while you are in the process of receiving certification. You will cover topics like emergency readiness, how to stop the spread of infectious diseases, and accident prevention.

Steps to Complete Orientation & Safety:

1. Open a Chrome browser on a desktop or laptop computer. Courses will not load correctly on phones or tablet devices. (See page 16 for steps to install Chrome.)
2. Login into your training account at **www.myseiubenefits.org** (See page 11 for steps.)
3. Click on “Manage my Training” tab
4. Click on “My Current Training” to see the 10 Orientation & Safety Training lessons.

To receive credit for each training section:


5. Click the launch link to start each section. Lessons must be watched in order.
6. After each lesson, close the training screen by clicking the “X” button.
7. Click the Refresh icon on the “My Current Training” page. You’ll notice the lesson you just completed is no longer listed on this page and the next lesson is ready to launch.
8. Follow these steps for each of the 10 lessons. You can find all completed lessons under “My Training History.”

THE ROLE OF THE HOME CARE AIDE

Menu Glossary Resources Help Exit

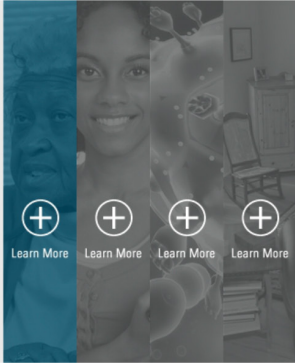
1 INSTRUCTIONS + TRANSCRIPT

ORIENTATION AND SAFETY



The Role of the HCA

This is the first module of Orientation and Safety. You will learn about Consumers, what kinds of care they might receive, and about the job of an HCA. Documentation, the care plan, and reporting are also covered. You will hear more on this module in just a few minutes.



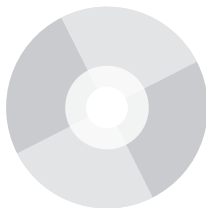
Learn More Learn More Learn More Learn More

< BACK

NEXT >

Tips:

- Use the “Pause” or “Exit” button to take a break during a lesson. “Exit” will save your place so you can pick up where you left off later.
- Use a laptop or desktop computer with internet access and the Google Chrome browser. Phones and tablets will not load courses correctly.
(See page 16 for steps to install Chrome.)



Don't have internet access? Order an Orientation & Safety DVD

You may request a DVD from your agency employer or the office that contracted you as an Individual Provider.

If you use the DVD to complete Orientation & Safety training, you will need to:

1. Call the Member Resource Center (1-866-371-3200) to get a confirmation number
2. Call 1-866-483-1397 with your confirmation number and the last 4 digits of your Social Security Number to receive credit.

The Member Resource Center (1-866-371-3200) can also help you take the online training in your preferred language.



Basic Training



70 Hours



Paid Hours



Instructor
Led



Classes
Around
State



Translation
Available

Basic Training prepares you with the information and skills you need to successfully pass the certification exam and become a Home Care Aide. Before certification, you'll be equipped to deliver respectful, high-quality, and comprehensive care, learning how to properly perform a variety of tasks and skills to work with your consumer and their care team.

Some of the Skills You Will Strengthen:

- How to best transfer a consumer to avoid injuring yourself
- How to provide medication assistance for your consumer
- Understanding consumer rights and ways to encourage your consumer to become independent
- Respecting cultural background, lifestyle, and traditions while providing care

Tip: You can request a translated skills guide (available in 18 languages) at any time, even after completing Basic Training. Call the Member Resource Center to order yours at 1-866-371-3200.



Register for your Basic Training class at
www.myseiubenefits.org

See page 11 for how to create your online training account.



On the path to certification

See page 34 for the complete steps for Home Care Aide Certification.



Basic Training Skills Refresher



2 Hours



Free to Attend



Instructor Led



Classes Around State



Translation Available

Want to sharpen a few skills before taking your Home Care Aide certification exam? The free two-hour Skills Refresher course is a chance for you to ask questions and practice skills with other students and an instructor in a small class environment.



Skills Refreshers Are a Chance to:

- Practice skills that will be tested in the state certification exam.
- Work on skills that need the most practice.
- Attend as many courses as you would like.

Courses are held in the following counties:

- Pierce
- King
- Thurston
- Snohomish
- Clark
- Kitsap
- Spokane
- Chelan
- Benton



Register for a Skills Refresher course by calling the Member Resource Center at 1-866-371-3200.



Continuing Education



12 Hours



Paid
Hours



Instructor
& Online



Classes
Around
State



Translation
Available

Our Continuing Education (CE) courses offer you the opportunity to expand your professional skills and further explore topics most relevant to your consumer's needs. We offer instructor-led classes across the state and Continuing Education courses online.

What Can You Expect From Continuing Education Courses?

- Online courses let you learn at your own pace whenever it is convenient for you. Login to your training account at **www.myseiubenefits.org** to see all courses available to you. (See page 11 for steps.)
- Webinar courses allow you to interact with instructors and other students from your home computer.
- Online courses are provided in multiple languages available to take 24 hours a day, 7 days a week.
- New online and instructor-led courses are added every year. Login to your training account and read InSight magazine for the latest on newly available courses.

WELCOME



The purpose of this course:

To teach you about a variety of common ethnic foods and seasonings. You will learn healthy cooking methods and tips. You will gain tools for cooking to your Consumer's preferences while following their care plan.

< BACK

Click NEXT to continue.

NEXT >

Find Your Courses Online at www.MySEIUBenefits.org

In addition to dozens of course in English, there are new online CE courses in Russian, Spanish, Vietnamese, Chinese, and Korean.

With online classes you pick the times and topics that work for you. You can see the available courses, register for and access courses, receive credit, and navigate help information—all online and all 24 hours a day!

Each online course has one hour of content. Actual times may vary depending on learning style, reading speed, and Internet connection speed.

Find all available courses in your Training Account at www.myseiubenefits.org.



Tip: If you have a question for an instructor while taking online courses, you can call the Member Resource Center at 1-866-371-3200 to get connected to an instructor.

Find all available courses online at
www.MySEIUBenefits.org



Advanced Training Opportunities

Advanced Home Care Specialist Program



70
Hours



Paid Hours



\$0.25/Hour
Raise



Facilitator Led
and online

The Advanced Home Care Specialist program is a 70-hour learning experience that provides you with advanced skills for helping improve your consumer's quality of life. As a graduate, you receive a raise and new skills to boost your career.

For more information on the program and eligibility requirements, visit

www.myseiubenefits.org/advanced-hca

Nurse Delegation Courses



3-10
Hours



Paid Hours

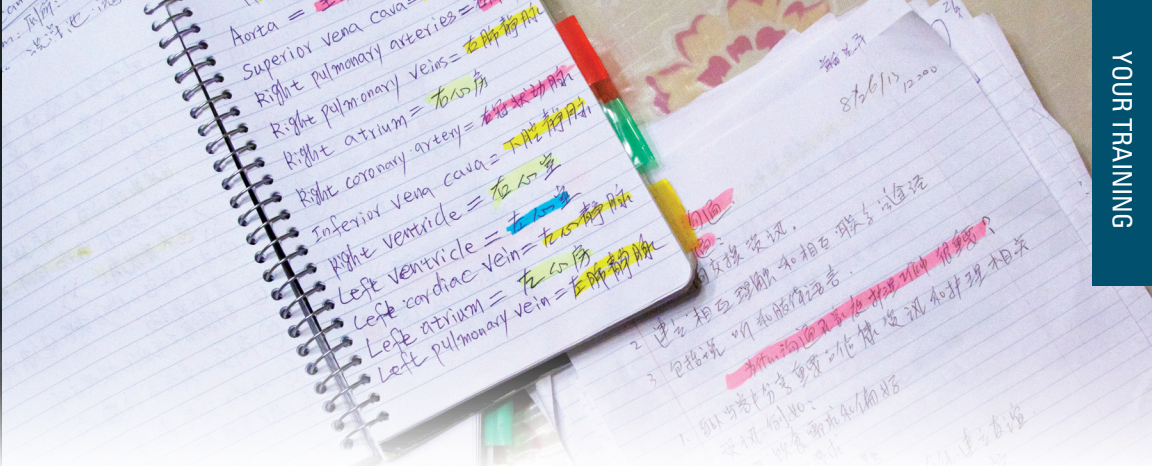


Self Study
with Exam

Nurse Delegation Core is a DSHS-created, 10-hour Continuing Education course that includes self-study and a written test administered by an RN. This class allows you to be delegated by a consumer's RN to do a specific, RN task(s). You must be delegated by each consumer's RN case manager to do specific tasks for that consumer only.

Nurse Delegation Diabetes is a 3-hour Continuing Education course that trains you to administer insulin. It is also self-study and requires a written test administered by an RN. Nurse Delegation Core (above) is a prerequisite and same delegation requirements apply.

To register for the Nurse Delegation courses, login in to your training account at www.myseiubenefits.org and search under available Continuing Education courses.



Learn in Your Language

We currently offer full course materials for Basic Training in eight different languages: Spanish, Russian, Cantonese, Arabic, Korean, Vietnamese, Cambodian, and Somali.

We are now providing translated course materials on a more limited basis in Amharic, Nepali, Samoan, Tagalog, Ukrainian, Laotian, Farsi, and Punjabi. If you primarily speak any of these languages, you will need an interpreter for the class, but you will receive some materials in your own language.

For Home Care Aides who want to further hone your skills, we also offer Instructor-Led Continuing Education courses in Arabic, Cambodian/Khmer, Cantonese, Korean, Laotian, Russian, Samoan, Somali, Spanish, Tagalog, Ukrainian, and Vietnamese.

Don't See a Class in Your Language?

If we do not offer classes in your primary language, you have a couple of options:

For Basic Training courses, request a free personal interpreter:

1. Contact the Member Resource Center at 1-866-371-3200 to register for the course and have an interpreter assigned to you.

For all other courses, register and bring a Community Interpreter (friend or relative):

1. Select "Bringing an Interpreter" when registering for a course online or by calling the Member Resource Center at 1-866-371-3200.
2. Find and share our Tips for Community Interpreter with your interpreter. Go to **www.myseiubenefits.org** and search for "Community Interpreter" or call the Member Resource Center for support.

Home Care Aide Asia.





Your Training Standards

Training standards vary for different types of workers. Be sure to check your own training standards online and see the training standards chart on the next page.

Basic Training Curriculum

Different types of workers have different Basic Training standards. Basic Training is the introductory training you take to understand the fundamentals of Home Care Aide work.

Continuing Education

Different types of workers have different Continuing Education standards. We provide quality, instructor-led and online Continuing Education (CE) classes across the state. Continuing Education covers a broad range of subjects. You choose the ones that are best suited to your interests and the consumers you serve.

	ORIENTATION AND SAFETY		BASIC TRAINING			CREDENTIAL	INITIAL CONTINUING EDUCATION (CE)	ONGOING CE
	Orientation 2 Hours	Safety Training 3 Hours	Accelerated Basic Training 30 Hours	Basic Training 70 Hours	Parent Provider (DDD Only) Class 7 Hours	HCA Credential Required?	Continuing Education 12 Hours	Continuing Education 12 Hours
Standard HCA Individual Provider (IP) & Agency Provider (AP) hired on/after 1/7/2012 in process or Newly Issued HCA credential	Completed prior to providing care	Completed prior to providing care	Not applicable	Within 120 days of starting to provide care	Not required	Yes	If your first renewal period is less than a full year from the date of certification, no CE will be due for the first renewal period. **	By your birthday
Standard HCA IP or AP hired on/after 1/7/2012 renewed certification	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Yes	By your birthday following your last HCA credential renewal date	By your birthday
Standard HCA IP or AP hired before 1/7/2012	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	No	By your birthday in next calendar year after completing Basic Training	By your birthday
Parent Individual Provider (HCS/AAA)*	Completed prior to providing care	Completed prior to providing care	Within 120 days of starting to provide care	Not required	Not required	No	Not required, unless you voluntarily obtain your HCA credential	Not required, unless you voluntarily obtain your HCA credential
Parent DD Individual Provider (DDD)*	Completed prior to providing care	Completed prior to providing care	Not required	Not required	Within 120 days of starting to provide care	No	Not required, unless you voluntarily obtain your HCA credential	Not required, unless you voluntarily obtain your HCA credential
Limited Service Provider*	Completed prior to providing care	Completed prior to providing care	Within 120 days of starting to provide care	Not required	Not required	No	Not required, unless you voluntarily obtain your HCA credential	Not required, unless you voluntarily obtain your HCA credential
Adult Child Individual Provider**	Completed prior to providing care	Completed prior to providing care	Within 120 days of starting to provide care	Not required	Not required	No	By your birthday in next cal- endar year after completing Accelerated Basic Training	By your birthday
Respite	Completed prior to providing care	Completed prior to providing care	Within 120 days of starting to provide care	Not required	Not required	No	Not required	Not required

*NOTE: If you work for multiple employers, have multiple roles or multiple consumers, you may have different training standards than the chart indicates below.

** If you are credentialed on your birthday then your CE is due on your first birthday following your Current NAC Credential issuance date.

For Workers Who Have a Current NAC Credential, the Chart Below Applies (Not LPN or RN)***

Providers with a renewed NAC or Special Education Endorsements	Not required	Not required	Not required	Not required	Not required	No	If CE is required in table above, then your CE is due by your first birthday after you start working as an HCA IP or AP.	By your birthday
Providers with a new NAC or Special Education Endorsements	Not required	Not required	Not required	Not required	Not required	No	If CE is required in the table above, then your CE is due by your second birthday following your NAC Credential issuance date.**	By your birthday

***If you are currently certified as an LPN or RN, CE is not required for your role as an Individual Provider (IP) or Agency Provider (AP). You must maintain your LPN or RN credential and be in good standing with the state of Washington. Note: A provider may fall into more than one of these definitions. They must meet the higher requirements for training and certification.

HOME CARE DEFINITIONS

Home Care Aide (HCA)	Provides care to a consumer living in his or her home. Employed by a private, Medicaid homecare agency or DSHS.							
HCA Credentialed	A worker who has successfully passed a test and been credentialed by the Department of Health as a Home Care Aide.							
Non-HCA Credentialed	This is an HCA with a current healthcare credential, such as a Registered Nurse (RN), Licensed Practical Nurse (LPN), or Nursing Assistant Certified (NAC).							
Agency Provider (AP)	Home Care Aide (HCA) employed by a private, Medicaid homecare agency.							
Individual Provider (IP)	Home Care Aide (HCA) whose employer of record is DSHS.							
Standard HCA	Home Care Aide who does not work with their own parent or child. Works more than 20 hours a month or has more than one consumer.							
Parent Individual Provider (HCS/AAA)	This is an IP who provides care to his/her own adult child and is contracted through Home and Community Services (HCS) and/or an Area Agency on Aging (AAA). This is often referred to as a non-DDD Parent Provider.							
Parent DD Individual Provider (DDA)	This is an IP who provides care to his/her own adult child with a developmental disability and is contracted through the Developmental Disability Administration.							
Limited Service Provider	This is any IP who provides care 20 hours a month or less for one consumer.							
Adult Child Individual Provider	An adult child providing care for his/her biological, step, or adoptive parent.							
Respite	This is an IP that provides DDA Respite services at 300 hours or less in a calendar year.							



Your Guide to Certification

ONLY FOR WORKERS WHO REQUIRE CERTIFICATION

The **Department of Health (DOH)** is the state agency responsible for issuing the Home Care Aide (HCA) credential. DOH works with a testing company named **Prometric** to provide the HCA written and skills test.

If you are required to become certified, we recommend the timeline on page 36 to allow time to get through the certification steps. The steps below outline our **SUGGESTED** timeline for certification.

Prior to Providing Care:

Take Orientation & Safety

You will receive instructions on how to complete Orientation & Safety online when you are hired. Taking Orientation & Safety before providing care helps prepare you for caring for your consumer while you are in the process of receiving certification. Look for “How to Videos” on the website under “Help.”

Get a Background Check

- You will need to complete a name and date of birth background check before beginning work. Ask your employer how to do this.
- Then you will need to schedule a fingerprint appointment. Ask your employer how to do this.
- Make sure to keep a copy of your **OCA number found on the fingerprint receipt.**

How to Get your HCA Certification:

STEP 1: Send in Your DOH Certification Application

DOH requires that you send your application to become a Home Care Aide within 14 days of when you are hired.

When applying, rather than mailing in a payment, make sure you check the “state pay” box in the application, on Page 1 of the Home Care Aide Certification Application (which is on Page 13 of the PDF).

Limited English Proficient (LEP) students:

Mark that you are a LEP student on your DOH application. You may be given up to 60 extra days to get certified.

The image shows a sample of the Home Care Aide Certification Application form. It includes fields for Revenue (0299100001), Name, Social Security Number, National Provider Identifier Number (NPI), and birth date. There are checkboxes for 'Provisional Certificate' and 'State pay'. The 'State pay' checkbox is marked with an 'X'. There are also checkboxes for 'Male' and 'Female'.

STEP 2: Register for Training

Individual Providers:

- Use your user name and password to log in to the training portal at **www.myseiubenefits.org**
- For support, call the Member Resource Center at 1-866-371-3200.

Agency Providers:

- Check with your employer on the best way to register.

STEP 3: Schedule and Take Your Basic Training

Take your training as soon as possible to find classes in your area and in your preferred language.

STEP 4: Check Your Email, Self Study and Prepare for Exam

Check your email frequently after completing Basic Training for an “Authorization to Test” letter from DOH. Your test will be scheduled between 14-30 days after completing training.

You will only be notified via email.

To prepare for the exam, review “Exam Preparation Materials” found on the Prometric website for the HCA Exam.

- You will find practice questions, skills checklists, and instructions that will help you be successful in the exam.
- You can also review the Practice Exam at **www.prometric.com/WADOH**

STEP 5: Take Your Exam

Arrive at your test location ready to follow testing guidelines in the Candidate Information Booklet and General Instructions. **www.prometric.com/WADOH**

STEP 6: Get Certified

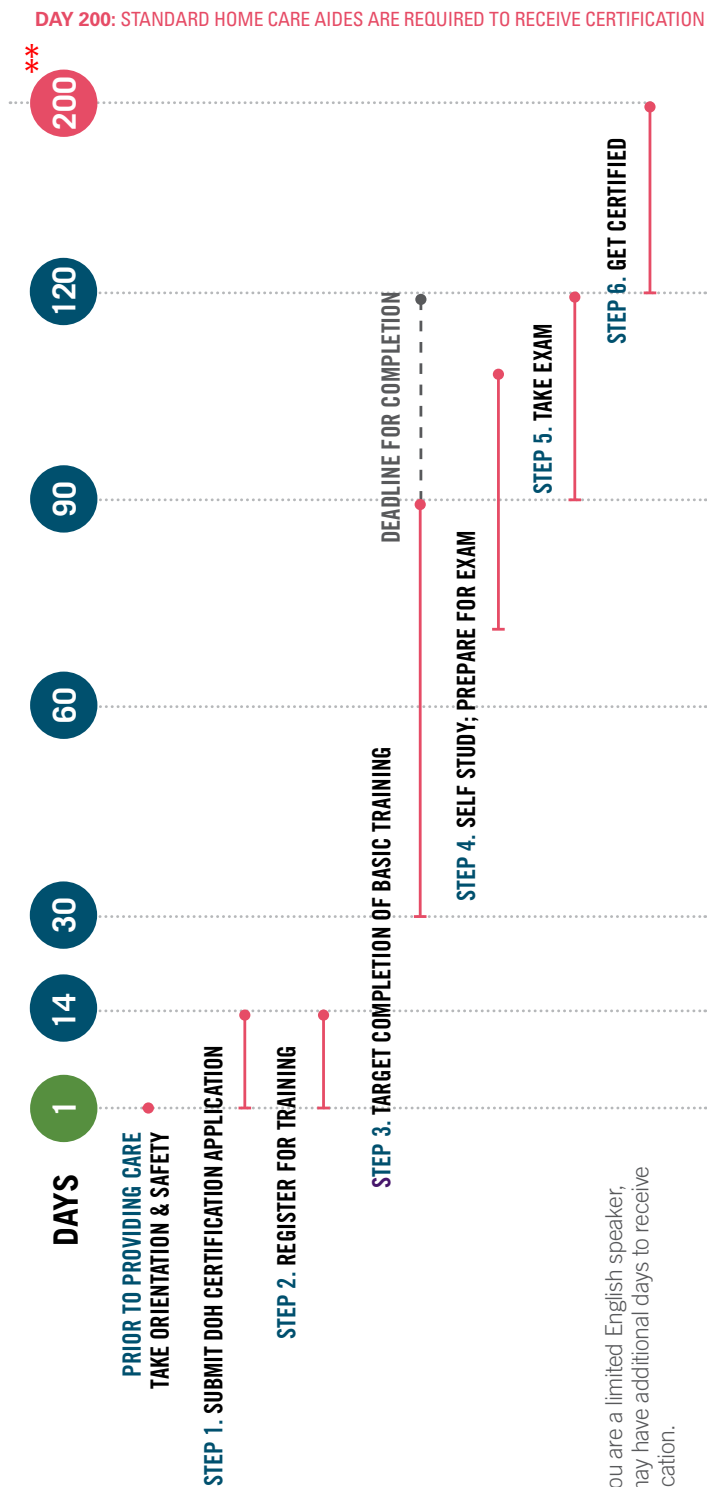
Your exam results are sent to DOH and they will send you a letter confirming you are officially certified.

- You can check the DOH website to see if your certification is “Active.”
- If you are “Pending,” it means that DOH does not have all the information they need to complete certification.
- Make sure you have fully completed the application, background check, and explained any personal history that could affect your ability to get certified.



Next page: Suggested timeline for certification and FAQs.

SUGGESTED TIMELINE FOR TRAINING AND CERTIFICATION



**If you are a limited English speaker, you may have additional days to receive certification.

DOH/Prometric Exam Frequently Asked Questions

Q: What happens if I don't apply to the Department of Health (DOH) / What happens if I don't send in my application to DOH?

A: You must submit applications to the Department of Health (DOH) within 14 days of your hire date. This is important because DOH issues your candidate ID number or HM #.

If there is no application with DOH, there is no data to match and payment for the certification exam cannot be confirmed between the Benefits Group and DOH. Further, DOH may pursue sanctions for unlicensed practice.

Q: Do I need to fill out separate applications for certification and the exam?

A: No. Prior to May 1, 2016, you did need to fill out an application to DOH for certification and also to Prometric for the exam. However, as of May 1, 2016, those applications have been combined.

Completed applications are now submitted to DOH. Prometric will continue to administer the exam. Once an applicant meets all requirements to take exam, DOH notifies Prometric to schedule the exam.

Note that Prometric will not schedule a certification exam without an email address. Applicants must check their email regularly, including junk and spam folders, for communication from DOH and/or Prometric. Applicants without an email address must list the email address for someone who will frequently check their email and pass on information to them.

Updated applications may be downloaded at www.myseiu.be/DOHApp. If you have any questions, contact the Department of Health at (360) 236-2700.

Q: When will I be notified of my examination date?

A: After completing basic training, DOH will verify you are eligible to take the certification exam, email you an Authorization to Test notice, and notify Prometric to schedule your exam.

If you do not receive an "Authorization to Test" email 14 days after completing basic training, call DOH at 360-236-2700. If you have not received an examination date 14 days after receiving the DOH Authorization to Test email (30 days if you requested a reasonable accommodation and/or an interpreter), call Prometric at 1-800-324-4689.

Q: What should I do if Prometric tells me they have not received payment for the exam?

A: If Prometric tells you that they did not receive your payment (and it's two weeks after the training completion date), contact the Department of Health at 360-236-2700 immediately. DOH staff will then research the issue and get it corrected as soon as possible. If you do not need an interpreter, you will receive a testing date the day your issue is resolved.

Payment should be verified by DOH before sending the Authorization to Test email and notifying Prometric to schedule the exam. Applicants should NOT contact Prometric before receiving the Authorization to Test email from DOH as Prometric will not have any information on the applicant and will not be able to help them.

CLASSROOM POLICIES

Student Code of Conduct and Classroom Expectations

At the Benefits Group, we know you have taken your valuable time to come to class. We created the following policies to ensure a successful learning environment in which everyone can support each other and get the most out of each class.

Any inappropriate behavior will not be tolerated and a student may be asked to leave resulting in non-completion of the module.

Class Registration

- Students need to be registered for class and on the class roster in order to take a class.
- If you have not previously registered, you will not be able to take the class.
- If your name is not on the roster you will need to fill out an attestation form if you decide to stay in the class. Please note that filling out an attestation form does not guarantee that credit will be granted.

Bring Picture ID

- Students are expected to show a state-issued picture ID to sign in for class. It can be a state ID, a driver's license, or a passport.

Safety

- Students and staff must work within a safe and secure environment. Any behavior that compromises this is not acceptable.
- No firearms or other weapons may be brought into the classroom.
- No drugs or alcohol may be brought into the classroom. The Benefits Group reserves the right to remove any participant suspected of being under the influence of drugs or alcohol, or who otherwise behaves disruptively, from a training course.

Student Participation During Class Time

- You should arrive to class 15 minutes before the start time to avoid being late.
- Students are expected to fully participate in the learning experience.
- Students will be doing skills over and over again; practicing skills is for the student's benefit to help equip students to pass the state exam.
- Be respectful of others by listening when others are talking and waiting your turn.
- Class time is the opportunity to hear from other perspectives; please respect others' opinions.
- Return promptly from breaks and lunches.
- Be prepared for all classes by bringing relevant books, files, pens, and supplies.
- Treat instructors, support staff, and fellow students with respect at all times.

Phones

- Personal phone calls or other personal matters should be taken care of during breaks/lunch.
- Silence your cell phone during class.
- Refrain from texting during class.

CLASSROOM POLICIES



Attendance

- Only registered students and registered interpreters are allowed in the class.
- Students may not bring consumers, children, pets (excluding service animals), or any other visitors to the class.

Late Policy

- If you arrive to class after the start time, you will be considered late and you will need to reschedule your class.
- Instructors will close class for attendance 10 minutes after the scheduled class start time, except for the first day of a Basic Training Course, when Instructors will provide an additional 10-minute grace period before closing class attendance.
- Students who arrive after this time will not be permitted to attend the class and will be directed to the Member Resource Center (or whoever registered them for class) to reschedule.

Facilities

- Respect the property/classroom/restrooms; pick up after yourself (coffee cups, food, paper, etc.).
- If food is not allowed in the facility, please leave your food and drinks outside the classroom.
- Smoking, including vapor cigarettes and chewing tobacco, is not allowed in the facility or within 25 feet of its entrances. Use designated areas only.

Class Cancellation

- A student will need to cancel class registration at least 72 hours in advance of the class time.
- If the Benefits Group has to cancel a class, a notification of the class cancellation will be sent to you based on the communication preference in your online profile. We will work with you to reschedule the class.

Inclement Weather

- If the Benefits Group has to cancel a class due to inclement weather, a notification of the class cancellation will be sent based on the communication preference in your profile. We will work with you to reschedule the class.

REASONABLE ACCOMMODATION POLICY

Policy on Reasonable Accommodation of Students With Disabilities

SEIU 775 Benefits Group (formerly known as SEIU Healthcare NW Training Partnership) admits students regardless of race, color, national origin, ethnic origin, gender, age, disability, and sexual orientation to all the rights, privileges, programs, and activities generally accorded or made available to students by the Benefits Group. It does not discriminate on the basis of race, color, national origin, ethnic origin, gender, age, disability, and sexual orientation in administration of its training and educational policies, admissions policies, scholarship and loan programs, and other Benefits Group administered programs.

Students with disabilities have the right to request and receive reasonable accommodation so that students may have the opportunity to take full advantage of the Benefits Group's programs and activities.

When is a person regarded as having a disability?

For purposes of accommodation, a person is regarded as having a disability if he or she has a sensory, mental, or physical impairment that is medically cognizable or diagnosable, exists as a record or history, or is perceived to exist.

What is Reasonable Accommodation?

Reasonable accommodation means modifying or adjusting practices, procedures, policies, educational services and delivery, or the training environment so that a student with a disability can enjoy equal educational opportunity, so long as (1) there is sufficient medical evidence establishing a relationship between the disability and the need addressed by the specific accommodation, and (2) it does not impose an undue hardship on the Training Partnership.

What is Undue Hardship?

Undue hardship means, among other things, an excessively costly, extensive, substantial, or disruptive modification or one that would fundamentally alter the nature or operations of the Benefits Group or its programs.

Overview of Accommodation Process

To request reasonable accommodation, a student with a disability should request accommodation by completing the "ADA Request Form" found at www.myseiu.be/adapolicy or by calling the Member Resource Center. Once the request is received, the Accommodation Process will start, during which the student will be asked to provide current documentation of his or her disability, the functional limitations resulting from the disability, and recommendations for specific accommodations.

As part of the Accommodation Process, the Benefits Group will confer with the student to

identify appropriate and reasonable accommodations that may be warranted under the particular circumstances.

The Benefits Group has the right to establish qualifications and other essential standards and requirements for its courses, programs, activities, and services. All students are expected to meet these essential qualifications, standards, and requirements with or without reasonable accommodations.

More detailed information on the Accommodation Process can be found at www.myseiu.be/adapolicy.

About This Guide

This handbook is intended to be an overview of your benefits and a general resource. For more detailed information about your health and dental benefits, you should consult the Summary Plan Description (SPD) and Certificate of Coverage for those benefits. This handbook is not a “Plan Document” or the official SPD. In case of any conflict between this document and any “Plan Document,” the terms of the Plan Document shall govern.

The handbook is not a promise of benefits. All benefits described in the handbook are provided pursuant to existing collective bargaining agreements (CBA) and employer participation agreements with the SEIU 775 Benefits Group (also known as SEIU Healthcare NW Health Benefits Trust) Agreements and HBT Trustee Policy Manual, the SEIU Training Partnership Trust Agreement and Training Partnership Trustee Policy Manual, and the relevant employer participation agreements. Should the Trust documents, CBAs or other agreements terminate, change or otherwise become ineffective, the benefits described in this book may also terminate or change.

Equal Opportunity

SEIU 775 Benefits Group (also known as SEIU Healthcare NW Training Partnership) admits students regardless of race, color, national origin, ethnic origin, gender, age, disability, and sexual orientation to all the rights, privileges, programs, and activities generally accorded or made available to students by the Benefits Group. It does not discriminate on the basis of race, color, national origin, ethnic origin, gender, age, disability, and sexual orientation in administration of its training and educational policies, admissions policies, scholarship and loan programs, and other administered programs.



Home Care Aide Fatima.



YOUR HEALTH BENEFITS

Supporting Home Care Aides' Quality of Life

You work hard to make sure that your consumers' needs are met with great care and dignity. It's easy to ignore your own health when you are juggling the challenges of caring for others. Your health matters, too. We ensure that you have the helpful resources you need to succeed — professionally and personally.

SEIU 775 Benefits Group is a nonprofit organization providing affordable health coverage focused on keeping you healthy. The healthcare benefits we offer are part of a community of care that starts with you.



Home Care Aide Jernece

3 Ways to Get Covered

Care Begins With Your Health Insurance

We want you and your family to get the coverage you need. Learn more about the healthcare options available to you in this plan breakdown and find out if you qualify for healthcare through our SEIU 775 Benefits Group health plan, Medicaid (Apple Health), or the Washington Healthplanfinder.

Coverage Finder

The Coverage Finder helps you find the affordable health care options best for you. Answer the questions to discover the appropriate care option for you.

Do you work as a Home Care Aide in WA State?

☐ No ☒ Yes

How many months in a row have you been working?

☐ 1 months or Less ☒ 2 months or More

Not sure how to get healthcare insurance?

Visit www.myseiubenefits.org and search for “Coverage Finder.”

This new questionnaire will help you find health coverage that works for you.



Your Health Plan Options



	SEIU 775 BENEFITS GROUP HEALTH PLAN	MEDICAID/ APPLE HEALTH	WASHINGTON HEALTH PLAN FINDER
YOUR COST	\$25/month.	Free, depending on your household income.	Varies depending on the plan you choose. Silver level plans provide the best value for most people.
COVERAGE	Dependents covered only for Agency providers who pay for the full premium of their dependents.	Spouses and children covered.	Spouses and children covered.
ELIGIBILITY	<p>Work 80 hours for 2 months in a row.</p> <p>■ Individual Providers may enroll at any time.</p> <p>■ Agency Providers, may enroll when initial eligibility is first met or at open enrollment if eligible then.</p>	<ul style="list-style-type: none">• Depends on household income.• Enroll any time when eligible.	<ul style="list-style-type: none">• If you do not qualify for insurance through an employer, you may be eligible for a subsidy for health coverage purchased on the exchange.• Open from Nov. 1, 2016, to Jan. 31, 2017. Or when you have a “qualifying event” such as marriage, a child, or losing coverage.
APPLY	See page 46 for eligibility information and to apply visit: www.myseiubenefits.org	Visit Washington Healthplanfinder for more information at www.wahealthplanfinder.org	Visit Washington Healthplanfinder for more information at www.wahealthplanfinder.org



Eligibility

Do I Qualify for SEIU 775 Benefits Group Coverage?



Question 1:

Have you worked 2 months or more in a row as a Home Care Worker?



Question 2:

In those months, have you worked at least 80 hours per month?

If you answer “Yes” to both of these questions, you meet the first eligibility requirements!

If you work both as an Individual and Agency Provider, you can combine your hours to count toward the 80 hour requirement.

If you answer “No” to either question, you can still receive health insurance through Washington Apple Health (Medicaid) or the Washington Healthplanfinder. See page 45 for more information.

■ INDIVIDUAL PROVIDERS

If you are contracted through the Department of Social and Health Services (DSHS), you are considered an **Individual Provider (IP)**. You can apply at any time by visiting www.myseiubenefits.org or calling the Member Resource Center at 1-866-371-3200.

■ AGENCY PROVIDERS

If you are a Home Care Worker working for the Washington agency employers below, you are considered an **Agency Provider (AP)**. Talk with your employer about enrolling in our health insurance.

- Addus Healthcare
- Amicable Healthcare
- Behavioral Health Resources
- Catholic Community Services
- CDM
- Chesterfield
- Community Psychiatric Clinic

- Concerned Citizens
- Fidelis
- First Choice In-Home Care
- Home Care Services of Montana
- Korean Women's Association
- Olympic Community Action

- Council
- Coastal Community Action Council
- ResCare
- Senior Life Resources North-west

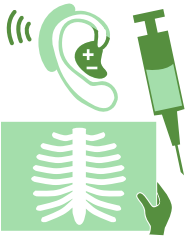
Get to Know Your Plan Benefits

If you are eligible for insurance through our health plan, you receive a variety of packaged benefits. We strive to provide you excellent access to medical care, while also guaranteeing you the lowest possible out-of-pocket costs.

Medical Benefits

For \$25 a month, you will receive medical, prescription drug, mental health, vision, and dental benefits. Depending on your ZIP code, your medical, vision, and prescription drug health care coverage will be provided by Group Health or Kaiser Permanente. See the plan chart on page 68.

Some of these services may be covered in full, or you may have a copay (small out-of-pocket cost) for the following services:



- Acupuncture
- Allergy shots and other injections
- Chiropractor visits
- Doctor's office visits
- Hearing exams
- Hospitalization
- Laboratory services
- Mammograms
- Maternity services
- Mental health and chemical dependencies
- Rehabilitative therapies
- Routine immunizations
- X-rays and diagnostic imaging

Want more information on what's covered? See pages 68-87 for full Benefit Summaries.

New Health Benefits Highlights



FREE mental health and chemical dependency office visits

New this year, mental health and chemical dependency visits have no copay. You can start by talking with your Primary Care Provider or calling your health provider. Making this call can be the first step for a happier, healthier you.

See page 52 to set up an appointment with Group Health or Kaiser.



Home Care Aides now eligible for plan after two months

If you are newly eligible for our health plan, the waiting period will reduce from 3 months to 2 months. You will need to work 80 hours per month for two months in a row (waiting period) and allow one month for processing.





Tips to Save Time, Money and Support Your Health

As Home Care Workers, you help others but may not have the time to focus on your own health and personal care. You deserve the same attention that you give others. Care Begins With You means caring for yourself as compassionately and deeply as you care for others.



Get to Know Your Primary Care Provider

Establishing a strong relationship with your Primary Care Provider is one of the best ways to get and stay healthy. Your Primary Care Provider will work with you to help you take charge of your health through regular checkups, screenings, and immunizations. And when injuries or illnesses pop up, you will have a provider who is dedicated to your personal health.



Find a provider today:

Group Health
www.ghc.org
1-888-901-4636

Kaiser Permanente
www.KP.org
1-800-813-2000

DID YOU KNOW?

It costs much less when you use in-network providers. One office visit with a **Group Health or Kaiser Permanente provider is just \$15.**

In-network office visits are the best value for your money!



Group Health or Kaiser Permanente provider



Out-of-network providers. Costs could include co-insurance, deductibles, or the full cost of the visit depending on your plan.

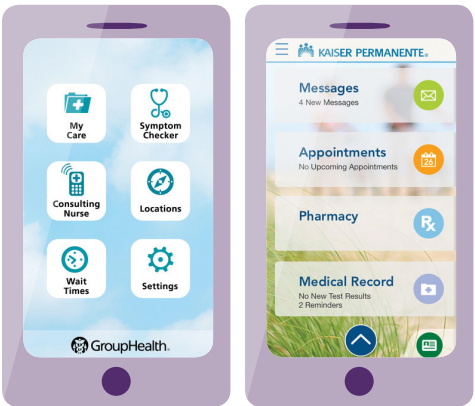
Find More Health Information Online



Registering at www.ghc.org or www.KP.org will help get you connected to the most convenient care. You can make appointments online, order prescriptions, and email your Primary Care Provider (PCP).

Group Health
www.ghc.org

Kaiser Permanente
www.KP.org



On the Go

Both Group Health and Kaiser Permanente have mobile apps where you can:

- Make appointments
- Refill prescriptions
- Email your medical team
- See lab and test results
- Find urgent care locations
- Discover health and wellness blogs
- Discover classes and events



**FREE
MENTAL
HEALTH
VISITS**

New this year: There is no copay (cost to you) for mental health and chemical dependency office visits with Group Health or Kaiser Permanente members!

Know Your Mental Health Benefits

When you think about staying healthy, is your mental health part of the equation? Mental health is just as important to your overall health as physical health.

What are Mental Health Services?

For our members, mental healthcare and treatment can look like a number of things:

- **Psychotherapy:** One-on-one therapy with a trained mental health professional.
- **Medication:** Medication does not cure mental illness, but it may help with symptoms.
- **Group Therapy:** Support group meetings where members guide each other toward the shared goal of recovery.
- **Complimentary & Alternative Medicine:** These services may be used in place of or in addition to standard treatment practices.

Often, the first step is talking to your Primary Care Provider. Let them know you would like to access your mental health benefits. With your input and preferences, they can help guide you to the care that is best for you.



Make the Call Today:

Group Health members:

- First time appointments: Call 1-888-287-2680 or 206-901-6300
- Urgent or crisis care, call 1-888-287-2680

Kaiser Permanente members:

- Call 855-632-8280 to schedule therapy and counseling services.
- Emergency psychiatric services (24 hours), call 1-866-453-3932 (toll free)

Call 911 if you or a friend show any signs of self harm.

You can also call the 24-hour Washington Recovery Help Line at 1-866-789-1511.

Insured Through Medicaid or Affordable Care Act?

Here are a few of the mental health organizations around the state. Many are Medicaid-eligible or covered by insurance. Visit their websites for more information.



10 Common Signs of Depression and/or Anxiety

If you can check off two or more of these, you may have symptoms of depression, anxiety, or both. They may show up slowly or arrive suddenly.

- | | |
|---|---|
| <input type="checkbox"/> Sleep problems, such as oversleeping and insomnia. | <input type="checkbox"/> Sudden change in appetite and/or chronic digestive problems. |
| <input type="checkbox"/> Loss of interest or pleasure in activities that you once enjoyed. | <input type="checkbox"/> Not being able to stop worrying. |
| <input type="checkbox"/> Persistent feelings of sadness, guilt, hopelessness, and/or pessimism. | <input type="checkbox"/> Thoughts that you would be better off dead. |
| <input type="checkbox"/> Difficulty concentrating, remembering or making decisions. | <input type="checkbox"/> Increased frustration and/or irritability. |
| <input type="checkbox"/> Decreased energy, fatigue. | <input type="checkbox"/> Feeling nervous, on edge and/or unable to calm down. |



Visit www.myseiu.be/checkmymentalhealth to take an online depression self-assessment.



Find Your Affordable Prescriptions

Prescription drug coverage is a big part of your health benefits. Make the most of them by managing your prescriptions wisely. Your cost for prescriptions will be less if you use a Group Health or Kaiser Permanente pharmacy.

Free Prescriptions

Some “value-based” prescriptions are covered at no cost for you when you order them through the mail-order pharmacy. See next page for a list of value-based drugs.

Mail-Order Prescriptions Save You Money

Group Health members get a copay discount of up to \$15 when they fill their prescriptions through the mail-order pharmacy.

1-month supply: up to a \$5 copay discount

3-month supply: up to a \$15 copay discount

Kaiser members can get a three-month supply for only two copays when they fill through mail-order versus three copays at the retail pharmacy.

Transfer Prescriptions

If you have existing prescriptions, have them transferred to Group Health or Kaiser Permanente to receive the best benefit from your coverage.

Manage Your Chronic Conditions

Rx Copay (In-network) for 30-day supply		
Drugs	Group Health	Kaiser Permanente
Formulary contraceptives*	\$0	\$0
Value based drugs	\$4	\$5
Generic drugs	\$8	\$5
Formulary brand name drugs	\$25	\$25
Non-formulary brand name drugs	\$50	\$50

* Catholic Community Services does not pay for contraceptive and sterilization services

**Value-Based Drugs

Diabetes:

Metformin
Glipizide
Glyburide
Glimepiride
Insulin NPH

High Cholesterol:

Simvastatin
Lovastatin
Pravastatin
Heart Failure:
Carvedilol
Metoprolol XL
Spironolactone

High Blood Pressure:

Hydro-chlorothiazide
Chlorthalidone
Lisinopril
Enalapril
Captopril
Ramipril
Lisinopril/
HCTZ
Amlodipine
Verapamil
Diltiazem
Metoprolol IR
Atenolol

How to Transfer Your Prescription

Group Health Go online to www.ghc.org to transfer your prescription or call Customer Service at 1-888-901-4636.

Kaiser Permanente Go online to www.kp.org or call 1-800-813-2000.

How to Set Up a Mail-Order Prescription

Group Health After setting up an online account you can order refills online or by phone and have them mailed to you—free of charge.

Kaiser Permanente After setting up an online account you can order refills online and have them mailed to you—free of charge.

Your Vision Benefits

Keeping your eyes healthy and regularly updating optical prescriptions are important to your overall health. Vision benefits through SEIU 775 Benefits Group are an affordable way to ensure your sight is protected.

- For a \$15 copay per visit, you receive routine vision care.
- Every two years you receive \$200 worth of optical supplies, including contact lenses and frames.

Want more information on what's covered?

See pages 68-87 for Benefit Summaries



DID YOU KNOW?

Everyone should have regular eye exams, even if you're not having problems with your vision.



Give Your Teeth Some Love

It is easy with full dental coverage with Willamette or Delta Dental

Each Home Care Worker chooses either a Willamette or Delta Dental plan during enrollment. If you have chosen Delta Dental, dental cleanings are covered in full—two times every calendar year. Under Willamette Dental, you also have full coverage for cleanings two times a year after a \$15 copay.


You might be surprised what is covered in your dental benefits

These in-network services are covered at no or minimal additional cost:

- Routine exams
- Regular cleanings
- X-rays
- Gum care
- Fillings

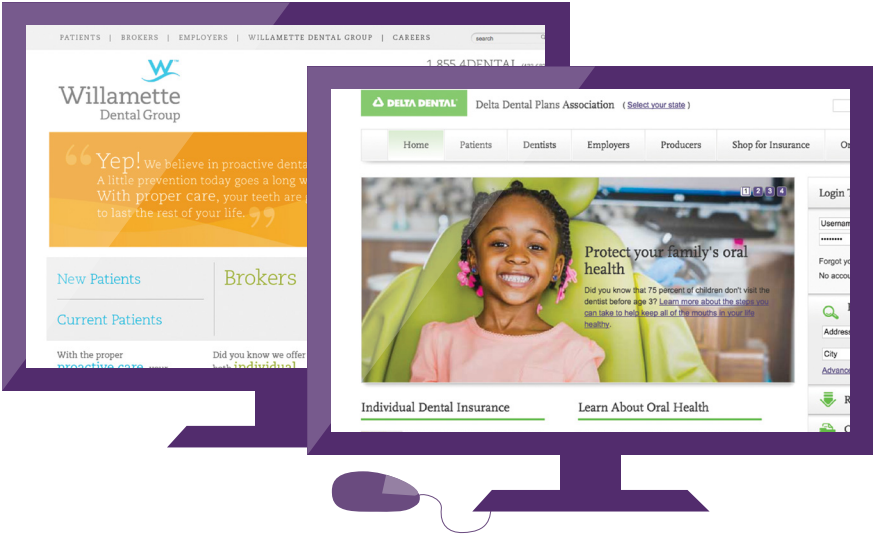
Depending on your plan, some of the cost of the following procedures may also be covered:

- Crowns, Inlays
- Bridges, Dentures
- Implants
- Oral surgery
- Periodontics (treatment for gum disease)
- Endodontics (root canals)

Dental Plan Quick Comparison	Willamette Dental Group		 DELTA DENTAL®	
	Annual Maximum	No Annual Maximum	\$2,000	
Deductible		\$0	\$0	
Copay for routine exams		\$15 Copay	Covered in full	

See full dental plan summaries on pages 84-87

Find your dentist and more information online



Visit the Delta Dental and Willamette Dental websites to find a dentist in your area, schedule an appointment, and learn more about your oral health.

Delta Dental
www.deltadental.com
1-800-547-9515

Willamette Dental
www.willamettedental.com
1-855-433-6825



“I always make sure that I go every six months to get my teeth cleaned. I think that's really important. Also it feels really good.”

Eva, Parent Provider and Home Care Aide

Your mouth plays a critical role in your health!

According to the Center for Disease Control and Prevention, half of adults over age 30 have some form of gum disease.

It is never too late to take action on your oral health by finding your dentist and taking advantage of your benefits such as regular cleanings.





Need immediate care? Try these options.

Sometimes, the Emergency Room is the best place to go, especially for a serious illness or injury. But many urgent medical needs can be treated elsewhere. The 24-hour nurse consulting line, same-day doctor visits, or urgent care may give you the care you need for a fraction of the price!



24-hour Consulting Nurse
can provide advice and direct you to the best place for care.

Group Health:
Seattle area: 206-901-2244
WA State: 1-800-297-6877

Kaiser Permanente:
1-800-813-2000



Your Primary Care Provider
(PCP) may offer same-day appointments.

Group Health: \$15 copay (PCP and UC)
Kaiser Permanente: \$15 copay (PCP), \$30 copay (UC)
Health examples to treat at Urgent Care or Primary Care Provider:

- Headache/Migraine
- Urinary Tract Infection
- Bronchitis
- Back/Neck Pain
- Sprains
- Painful Respiration
- Constipation/Diarrhea
- Viral Infection
- Asthma
- Cold, Flu, Fever, Sore Throat
- Minor Injury/Illness



Urgent Care centers (UC)
are located around the state. Some are open 24 hours.

For life-threatening emergencies, always call 911.

Group Health: www.myseiu.be/GHLocations
Kaiser Permanente: www.myseiu.be/KPLocations

Group Health Urgent Care Centers

Six Group Health medical centers have Urgent Care Centers, most with evening, weekend, and holiday hours. Group Health also contracts with many community Urgent Care Centers throughout the state of Washington. Use the Group Health Provider Directory at www.myseiu.be/GHLocations to find urgent care providers in other areas.

BELLEVUE MEDICAL CENTER

URGENT CARE | 425-502-4120
11511 N.E. 10th St.
Bellevue, WA 98004
Open 24 hours, 7 days a week

CAPITOL HILL CAMPUS, SEATTLE

URGENT CARE | 206-326-3175
201 16th Ave. E.
Seattle, WA 98112
Open 24 hours, 7 days a week

EVERETT MEDICAL CENTER

URGENT CARE | 425-261-1660
425-261-1500
2930 Maple St.
Everett, WA 98201

OLYMPIA MEDICAL CENTER

URGENT CARE | 360-923-7740
700 Lilly Rd. N.E.
Olympia, WA 98506
M-F: 8am-9pm | Weekends: 9am-5pm

SILVERDALE MEDICAL CENTER

URGENT CARE | 360-307-7300
10452 Silverdale Way N.W.
Silverdale, WA 98383
M-F: 2-10pm, Weekends: 11am-7pm

TACOMA MEDICAL CENTER

URGENT CARE | 253-596-3300
209 Martin Luther King Jr. Way
Tacoma, WA 98405
Open 24 hours, 7 days a week

RIVERFRONT MEDICAL CENTER

URGENT CARE | 509-324-6464
322 W. North River Dr.
Spokane, WA 99201

Kaiser Permanente Urgent Care Centers

Use the Kaiser Permanente Directory at www.myseiu.be/KPLocations to find urgent care providers in other areas.

LONGVIEW-KELSO MEDICAL OFFICE

URGENT CARE | 360-636-2400
1230 Seventh Avenue
Longview, WA 98632
M-F: 6 p.m. - 9 p.m.
Sat: 9 a.m. - 6 p.m.
Holidays: 9 a.m. - 6 p.m.
Closed: Sundays, Thanksgiving, Christmas Day

CASCADE PARK MEDICAL OFFICE

URGENT CARE | 1-800-813-2000
360-307-7300
12607 SE Mill Plain Blvd.
Vancouver, WA 98684
M-F: 6 p.m. - 10 p.m.
Weekends/Holidays: 9 a.m. - 6 p.m.

When You're Hurt at Work

A guide to reporting an injury to L&I

If you are injured performing any tasks on your Consumer's Care Plan, you can file for worker's compensation through the Department of Labor & Industries (L&I).

Benefits when you report your injury to Labor & Industries

L&I benefits can cover a range of medical expenses and wage replacement that your insurance does not cover. If your claim is accepted, you might receive:



Medical bill coverage for treatment of your injury.



Prescription medication necessary for your injury.



Wage replacement (60-70% of lost wages) if you miss work because of your injury.



Travel reimbursement if you travel more than 15 miles to a provider to treat your injury.

SEIU 775 Benefits Group plan members: You can use your health insurance coverage and collect L&I as long as you continue to work 80 hours per month. If you dip below 80 hours and have a claim accepted with L&I, you can still receive medical coverage for your injury but will no longer be eligible for the Benefits Group health plan. For plan specifics, talk with your employer or call the Member Resource Center at 866-371-3200.

Top 3 Myths About Reporting An Injury

Myth #1: L&I will talk to my consumer/client about my injury.

It is highly unlikely that L&I will talk to your consumer about your injury claim. They will discuss your claim with you directly. For Agency Providers, your employer will be notified of your claim.

Myth #2: I have to report my injury right away.

You have a full year to report your injury. If you are unsure of the timing, there is no harm in reporting it to L&I to see if you qualify.

Myth #3: I can't report my injury if I work in my home

You can qualify for L&I benefits coverage if you are injured performing any task on your consumer or client's care plan. For example, a back injury while making a bed or a broken arm from slipping while delivering care might be covered. Your doctor will be able to assist in identifying if your injury is related to the care plan.



Steps to Reporting Your Injury



Step 1: Get first aid. If you are injured at work, go to your doctor, nearest Urgent Care center, or for severe injuries, the Emergency Room.



Step 2: File a claim. You can file an accident report for your injury at your doctor's office, over the phone to the L&I office at 1-877-561-FILE or online at www.LNI.WA.gov

Individual Providers: Ask your doctor for the "Report of Injury or Occupational Disease" form. List your employer as:
 HCQA Negotiated Contract
 601 Union St., Suite 3500, Seattle, WA 98101.
 A company called Sedwick CMS will manage your claim.
 Contact them toll free at 1-866-897-0386.

Agency Providers: Let your employer know right away about your injury.



Step 3a: Your claim is approved. L&I will approve your claim if your doctor certifies that you were injured at a specific time and place at work, or if you have a disease or disorder caused by your work.



Step 3b: Your claim is rejected. Claims can be rejected if the doctor cannot certify your medical condition is related to something specific that happened at work or an occupational disease. You and/or your doctor have the right to protest any decision made about your claim online at www.lni.wa.gov.



Step 4: Get back to work. Some injured workers miss days of work while they recover. However, many can return to work gradually, while still receiving medical benefits.

Learn more and file your claim at
www.LNI.WA.gov



Who to Contact About Your Benefits

TYPE OF QUESTION	WHO TO CONTACT
How do I enroll in SEIU 775 Benefits Group insurance coverage?	<p>■ Individual Providers: Visit www.myseiubenefits.org or call MRC at 1-866-371-3200</p> <p>■ Agency Providers: Talk with your employer about how to enroll</p>
Group Health plans	<p>Call 1-888-901-4636 or visit www.ghc.org</p> <p>Mental Health Services: 206-901-6300</p>
Kaiser Permanente plans	<p>Call 1-800-813-2000 or visit www.kp.org</p> <p>Mental Health Services: 855-632-8280</p>
Delta Dental plans	<p>Call 1-800-554-1907 or visit www.deltadentalwa.com</p>
Willamette Dental plans	<p>Call 1-855-433-6825 or visit www.willamettedental.com</p>
Questions about your monthly co-premium or payroll deductions	<p>Individual Providers: Contact your DSHS contact</p> <p>■ Agency Providers: Contact your employer</p> <p>■</p>

FREQUENTLY ASKED QUESTIONS

Eligibility and Enrollment

1. Can I use authorized, unclaimed hours from a previous month to satisfy my hour requirement in a subsequent month?

No. For the purpose of health care insurance eligibility, hours are only applicable to the month in which they are authorized, not when they are claimed or paid.

However, if you had training during the month you can count those hours. You can also use accrued vacation hours.

2. When can I submit my enrollment form for coverage?

■ **Individual Providers** You can enroll as soon as you have authorization to work as an Individual Provider. See page 46 for details and to enroll.

■ **Agency Providers** Contact your employer to coordinate your enrollment.

3. Some months I don't work enough hours to keep my medical benefits. Do I have to meet the initial eligibility requirements again?

No. If you return to the plan (work 80 or more hours) within 12 months, you do not need to re-qualify. However, if you've been out of the plan for 12 months or more you will need to re-qualify by working two months of 80 hours and waiting the one month administrative period.

4. I work for a Home Care Agency that does not participate in the SEIU 775 Benefits Group plan (also known as Health Benefits Trust) and I'm also an Individual Provider. If I'm currently enrolled in my agency employer's plan, can I terminate that coverage and enroll in the Benefits Group plan as an Individual Provider instead of keeping my agency plan?

Yes, but please keep in mind the initial eligibility requirements when determining your cancellation date with your agency employer's plan. You should keep your current plan until your coverage as an Individual Provider begins.

NOTE: You cannot be covered under both the Benefits Group plan as an Individual Provider and another employer's plan.

5. What happens if I work less than 80 hours in a month after I am enrolled in the plan?

You will lose coverage the month after your hours reduction. If you choose to stay enrolled, you may choose to pay the full monthly (COBRA) premium. When your coverage ends, the SEIU 775 Benefits Group will send you a COBRA notice and election form explaining your coverage option and the cost.

FREQUENTLY ASKED QUESTIONS

6. I am an Individual Provider. What if I report my hours to the Individual Provider One payroll system so late that they don't make the \$25 deduction from my check?

You will need to notify us and mail in a check or money order for \$25 payable to SEIU Healthcare NW Benefits Trust, PO Box 6, Mukilteo, WA 98275. You will also need to send a copy of your paycheck stub and invoice showing you claimed at least 80 hours for that month.

As of Dec. 1, 2016: There will be a new address to send your payment. Please call the Member Resource Center for support at 1-866-371-3200.

It is important to report your hours to Individual Provider One in a timely manner to avoid having to make a payment by mail. Your health insurance provider may not be able to verify your eligibility and your coverage will be considered lapsed until we receive your check and supporting documentation.

7. Can I be covered by another plan at the same time that I'm enrolled in the Benefits Group plan and use it as secondary coverage?

No, participants may not have healthcare benefits or insurance through other individual, family, employment-based, military, or veterans coverage or insurance. The only exception is Medicare and Medicaid. If enrolled in Medicare or Medicaid, you may enroll in the Trust and your Medicare or Medicaid coverage becomes secondary to your Trust coverage.

8. Can I add dependents to my plan?

Individual Providers Dependents are not covered. The Individual Provider benefits do not allow coverage for dependents under this plan.

Agency Providers If you are covered by the Benefits Group through your employer, you can cover dependent children only by paying the full premium for them through payroll deduction. Dependent children can only be added when they are initially eligible or during the annual open enrollment period. Check with your employer for more information.

9. When will my coverage be effective?

See the example timeline below for how long it takes to begin coverage.

Individual Providers: You can apply at any time during the year			
Agency Providers: Contact your employer to coordinate your enrollment.			
January	February	March	April
You worked at least 80 hours	You worked at least 80 hours	First \$25 payroll deduction for April coverage	Coverage begins April 1
Submit an enrollment application any time before March 15			

10. Is there a waiting period for pre-existing conditions?

No. There is no waiting period.

11. If I have coverage through my spouse, can I cancel that coverage and sign up for the Benefits Group plan?

Yes, but please keep in mind the initial eligibility requirements when determining your cancellation date.

12. What if I am currently on COBRA through another plan? Can I cancel COBRA and enroll?

Yes. When you become eligible for Benefits Group coverage, you can cancel your COBRA coverage and enroll.

13. How do I cancel my coverage and the corresponding paycheck deductions?

The request must be made in writing and can be faxed or mailed. Requests received before the 15th of the month will stop further payroll deductions.

Fax: (206) 859-2637

Mail: SEIU Healthcare NW Health Benefits Trust

PO Box 6

Mukilteo, WA 98275

As of Dec. 1, 2016: There will be a new address to send your request. Please call the Member Resource Center for support at 1-866-371-3200.

14. If I cancel my insurance, can I enroll again later?

Yes, but if you have voluntarily canceled your coverage, you will have to meet the initial eligibility requirements again in order to regain coverage. If you are an Agency Provider, you must wait until the next annual open enrollment.

Plan Specifics

1. If I haven't received my medical ID card, who do I call?

If you do not receive your card by the 15th of the month that your coverage starts:

Group Health 1-888-901-4636

Kaiser 1-800-813-2000

Delta Dental Order your card online at www.deltadentalwa.com

Willamette Dental Does not issue cards. For more support, call 1-855-433-6825

2. I want to change my dental insurance provider. How can I do this?

■ **Individual Providers**, please call the Member Resource Center at 1-866-371-3200 about options for changing dental insurance providers.

■ **Agency Providers**, please contact your employer about open enrollment or qualifying events. Typically, this is only allowed during the annual open enrollment period that takes place in July of each year and has an Aug. 1 effective date.

FREQUENTLY ASKED QUESTIONS

4. Who do I contact if I have specific questions about my coverage or a claim?

Contact your insurance provider directly for an explanation of benefits and/or questions you have about claims.

Group Health (POS, PPO, HMO) 1-888-901-4636 www.ghc.org

Kaiser Permanente 1-800-813-2000 www.kp.org

Delta Dental (Dental) 1-800-554-1907 www.deltadentalwa.com

Willamette Dental 1-855-433-6825 www.willamettedental.com

5. My address has changed. Who do I notify?

If you are an Individual Provider, request for an address change must be made to either your DSHS case worker or to Individual Provider One directly. If you are an Agency Provider, contact your employer to make this change.

Group Health Specific Questions

What if I don't want to see any doctors who practice with Group Health Medical Centers?

If you are enrolled in the Group Health HMO Plan and you live within 30 miles of a Group Health Medical Center or contracted provider, you must see a network provider in order to receive coverage. There is no out-of-network coverage.

If you are enrolled in the Group Health PPO or POS plan, you can choose to use in-network providers, or not. You will receive the highest level of benefits (\$0 deductible) will be found using in-network providers: Group Health Physicians for the POS (Options) plan and First Choice Health Network of Providers for the PPO (Options PPO) plan.

You will pay more out-of-pocket costs by using an out-of-network provider. For example, you will have a \$500 deductible.

Kaiser Permanente Specific Questions

1. What is Kaiser Permanente's service area?

If you live or work in any of the following counties/ZIP codes, your medical coverage will be provided by Kaiser Permanente's HMO plan.

Washington counties: Clark, Cowlitz

Oregon counties: Multnomah, Polk, Washington, Yamhill

2. Do I have out-of-network coverage under Kaiser Permanente?

No (except for emergency services). To receive coverage, you must use a Kaiser Permanente provider/facility.

Find a provider today at www.kp.org or call Kaiser Permanente Membership Services toll free: 1-800-813-2000

When you have questions or complaints about medical or dental coverage:

Call the Customer Service Department of your insurer, or for the Trust's self-funded dental plan, Delta Dental:

Group Health
1-800-542-6312
www.ghc.org

Kaiser Permanente
1-800-813-2000
www.kp.org

Delta Dental
1-800-547-9515
www.deltadentalwa.com

Willamette Dental
1-855-433-6825
www.willamettedental.com

When you have an appeal:

An appeal is a request to reconsider a decision to deny, modify, reduce, or end payment, coverage, or authorization of coverage (known as an “adverse decision”).

The appeal process for each of the Trust's health and dental plans is different. You should review the Summary Plan Description of appeals procedures in your Benefits Summary provided by your insurer.

For appeals with Group Health and Delta Dental: call the Member Resource Center at 1-866-371-3200 for more information on how to file your appeal.

For appeals with Kaiser Permanente: call the insurer directly to file an appeal at 1-800-813-2000

For appeals with Willamette Dental: call the insurer directly to file an appeal at 1-855-433-6825

Find more information about your rights when filing an appeal at www.myseiu.be/planappeal



BENEFIT SUMMARIES

The following pages are benefit summaries only and are not intended to replace the specifics of the individual plan’s Certificate of Coverage, Contract, or Evidence of Insurance. If there is a contradiction, the Certificate of Coverage, Contract, or Evidence of Insurance will take precedence.

WHICH PLAN AND NETWORK APPLIES TO ME?		
Group Health Cooperative – HMO Plan For members who enroll 8/1/2012 or later:	Group Health “Options Select” – POS Plan If you have been previously enrolled prior to 8/1/2012:	Group Health “Options” – PPO Plan
Your network is called: “Group Health Cooperative.” If you are enrolling effective 8/1/2012 or later, you will be automatically enrolled in this plan if you live within 30 miles of a Group Health Facility or Contracted Provider.	Your network is called: “Group Health Options Select.” If you are enrolling effective 8/1/2012 or later, you will be automatically enrolled in this plan if you live within 30 miles of a Group Health Facility or Contracted Provider. Your in-network is called: “Options Select.”	Your in-network is called: “Options.” You will be automatically enrolled in this plan if you live farther than 30 miles from a Group Health Facility or Contracted Provider or live in Montana.
All care is provided at Group Health Medical Centers and from other Group Health contracted providers. No out-of-network coverage is available.	In-network care is provided at Group Health Medical Centers and from other Group Health contracted providers. Out-of-network care is provided by First Choice Health Network Providers. The First Choice Health Network has an extensive panel of preferred providers in WA, OR, ID, AK, and MT.	In-network care is provided by Group Health Medical Centers, other Group Health contracted providers, First Choice Health Network Providers, and First Health Network Providers. The First Choice Health Network has an extensive panel of preferred providers in WA, OR, ID, AK, and MT. Out-of-network care is any other licensed provider.

GROUP HEALTH COOPERATIVE HMO

Questions? 1-888-901-4636 www.ghc.org

NOTE: This is a benefit summary, only, and is not intended to replace the specifics of the plan's Certificate of Coverage, Contract, or Evidence of Insurance. If there is a contradiction, the Certificate of Coverage, Contract, or Evidence of Insurance will take precedence.

Effective Date: 8/1/2016	Health Plan: Group Health Cooperative HMO	Ref: RQ-105647
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This is a brief summary of benefits. THIS IS NOT A CONTRACT OR CERTIFICATE OF COVERAGE. All benefit descriptions, including alternative care, are for medically necessary services. The Member will be charged the lesser of the cost share for the covered service or the actual charge for that service. For full coverage provisions, including limitations, please refer to your certificate of coverage.

In accordance with the Patient Protection and Affordable Care Act of 2010,

- The lifetime maximum on the dollar value of covered essential health benefits no longer applies. Members whose coverage ended by reason of reaching a lifetime limit under this plan are eligible to enroll in this plan, and
- Agency Providers only: Dependent children who are under the age of twenty-six (26) are eligible to enroll in this plan. You will be responsible for paying the full cost of the premium for your dependents. Contact your employer for premium rates.

Benefits	Inside Network
Plan Deductible	No annual deductible
Individual deductible carryover	Not applicable
Plan coinsurance	No plan coinsurance
Out-of-pocket limit	Individual out-of-pocket limit: \$1,200 Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit: All cost shares for covered services
Pre-existing condition (PEC) waiting period	No PEC
Lifetime maximum	Unlimited
Outpatient services (Office visits)	\$15 copay
Hospital services	Inpatient services: \$100 copay, per day for up to 5 days per admit Outpatient surgery: \$50 copay
Prescription drugs (some injectable drugs may be covered under Outpatient services)	Value based/preferred generic (Tier 1)/preferred brand (Tier 2) \$4/\$8/\$25 copay per 30 day supply
Prescription mail order	\$5 discount per 30 day supply
Acupuncture	Covered up to 8 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan \$15 copay
Ambulance services	Plan pays 80%, you pay 20%
Chemical dependency	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$0 copay

* Catholic Community Services does not pay for contraceptive and sterilization services

Group Health HMO

Devices, equipment and supplies <ul style="list-style-type: none"> •Durable medical equipment •Orthopedic appliances •Post-mastectomy bras limited to two (2) every six (6) months •Ostomy supplies •Prosthetic devices 	Covered at 50%
Diabetic supplies	Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.
Diagnostic lab and X-ray services	Inpatient: Covered under Hospital services Outpatient: Covered in full, MRI/PET/CT \$50 copay High end radiology imaging services such as CT, MR and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services.
Emergency services (copay waived if admitted)	\$200 copay at a designated facility \$200 copay at a non designated facility
Hearing exams (routine)	\$15 copay
Hearing hardware	Not covered
Home health services	Covered in full. No visit limit.
Hospice services	Covered in full
Infertility services	Not covered
Manipulative therapy	Covered up to 10 visits per calendar year without prior authorization \$15 copay
Massage services	See Rehabilitation services
Maternity services	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$15 copay. Routine care not subject to outpatient services copay.
Mental Health	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$0 copay
Naturopathy	Covered up to 3 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan \$15 copay
Newborn Services	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.
Obesity-related surgery (bariatric)	Not covered

Organ transplants	Unlimited, no waiting period Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$15 copay
Preventive care* Well-care physicals, immunizations, Pap smear exams, mammograms	Covered in full Women's preventive care services (including contraceptive drugs and devices and sterilization) are covered in full.
Rehabilitation services Rehabilitation visits are a total of combined therapy visits per calendar year	Inpatient: 60 days per calendar year. Services with mental health diagnoses are covered with no limit. \$100 copay, per day for up to 5 days per admit Outpatient: 60 visits per calendar year. Services with mental health diagnoses are covered with no limit. \$15 copay
Skilled nursing facility	Covered in full up to 60 days per calendar year
Sterilization (vasectomy, tubal ligation)*	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$15 copay Women's sterilization procedures are covered in full.
Temporomandibular Joint (TMJ) services	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$15 copay
Tobacco cessation counseling	Quit for Life Program - covered in full
Routine vision care (1 visit every 12 months)	\$15 copay
Optical hardware Lenses, including contact lenses and frames	Members under 19: 1 pair of frames and lenses per year or contact lenses covered at 50% coinsurance Members age 19 and over: \$200 per 24 months

* Catholic Community Services does not pay for contraceptive and sterilization services

Group Health Options POS

Effective Date: 8/1/2016	Health Plan: Group Health Options POS	Ref: RQ-105653
<p>This is a brief summary of benefits. THIS IS NOT A CONTRACT OR CERTIFICATE OF COVERAGE. All benefit descriptions, including alternative care, are for medically necessary services. The Member will be charged the lesser of the cost share for the covered service or the actual charge for that service. For full coverage provisions, including limitations, please refer to your certificate of coverage.</p> <p>In accordance with the Patient Protection and Affordable Care Act of 2010,</p> <ul style="list-style-type: none"> • The lifetime maximum on the dollar value of covered essential health benefits no longer applies. Members whose coverage ended by reason of reaching a lifetime limit under this plan are eligible to enroll in this plan, and • Agency Providers only: Dependent children who are under the age of twenty-six (26) are eligible to enroll in this plan. You will be responsible for paying the full cost of the premium for your dependents. Contact your employer for premium rates. 		
Benefits	Inside Network	Outside Network
Plan deductible	No annual deductible	Individual deductible: \$500 per calendar year
Individual deductible carryover	Not applicable	4th quarter carryover applies
Plan coinsurance	No plan coinsurance	Plan pays 80%, you pay 20% of the Usual, Customary and Reasonable (UCR) charges.
Out-of-pocket limit	<p>Individual out-of-pocket limit: \$1,200</p> <p>Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit:</p> <p>All cost shares for covered services</p>	<p>Out-of-pocket limit is shared with in-network</p> <p>Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit:</p> <p>All cost shares for covered services</p>
Pre-existing condition (PEC) waiting period	No PEC	Same as in-network
Lifetime maximum	Unlimited	Same as in-network maximum
Outpatient services (office visits)	\$15 copay	\$15 copay, deductible and coinsurance apply
Hospital services	<p>Inpatient services: \$100 copay, per day for up to 5 days per admit</p> <p>Outpatient surgery: \$50 copay</p>	<p>Inpatient services: \$100 copay, per day for up to 5 days per admit</p> <p>Deductible and coinsurance apply</p> <p>Outpatient surgery: \$50 copay, deductible and coinsurance apply</p>
Prescription drugs (some injectable drugs may be covered under Outpatient services)	Value based/preferred generic (Tier 1)/preferred brand (Tier 2)/non-preferred (Tier 3) \$4/\$8/\$25/\$50 copay per 30 day supply	Preferred generic/preferred brand/non-preferred \$13/\$30/\$55 copay per 30 day supply
Prescription mail order	\$5 discount per 30 day supply	Not covered

*** Catholic Community Services does not pay for contraceptive and sterilization services**

Acupuncture	Covered up to 8 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan \$15 copay	\$15 copay, deductible and coinsurance apply
Ambulance services	Plan pays 80%, you pay 20%	Same as in-network
Chemical dependency	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$0 copay	Inpatient: \$100 copay, per day for up to 5 days per admit Deductible and coinsurance apply Outpatient: \$15 copay, deductible and coinsurance apply
Devices, equipment and supplies •Durable medical equipment •Orthopedic appliances •Post-mastectomy bras limited to two (2) every six (6) months •Ostomy supplies •Prosthetic devices	Covered at 50%	Covered at 50%, deductible applies
Diabetic supplies	Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.	Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.
Diagnostic lab and X-ray services	Inpatient: Covered under Hospital services Outpatient: Covered in full High end radiology imaging services such as CT, MR and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services.	Inpatient: Covered under Hospital services Outpatient: Deductible and coinsurance apply High end radiology imaging services such as CT, MR and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services.
Emergency Services (copay waived if admitted)	\$200 copay	\$200 copay
Hearing exams (routine)	\$15 copay	\$15 copay, deductible and coinsurance apply
Hearing hardware	Not covered	Not covered
Home health services	Covered in full. No visit limit.	No visit limit Deductible and coinsurance apply
Hospice services	Covered in full	Deductible and coinsurance apply

Group Health Options POS

Infertility services	Not covered	Not covered
Manipulative therapy	Covered up to 10 visits per year without prior authorization \$15 copay	Visit limits shared with in-network \$15 copay, deductible and coinsurance apply
Massage services	See Rehabilitation services	See Rehabilitation services
Maternity services	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$15 copay. Routine care not subject to outpatient services copay.	Inpatient: \$100 copay, per day for up to 5 days per admit Deductible and coinsurance apply Outpatient: \$15 copay, deductible and coinsurance apply. Routine care not subject to outpatient services copay.
Mental health	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$0 copay	Inpatient: \$100 copay, per day for up to 5 days per admit Deductible and coinsurance apply Outpatient: \$15 copay, deductible and coinsurance apply
Naturopathy	Covered up to 3 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan \$15 copay	\$15 copay, deductible and coinsurance apply
Newborn services	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.
Obesity-related surgery (bariatric)	Not covered	Not covered
Organ transplants	Unlimited, no waiting period Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$15 copay	Shared with in-network Inpatient: \$100 copay, per day for up to 5 days per admit Deductible and coinsurance apply Outpatient: \$15 copay, deductible and coinsurance apply
Preventive care* Well-care physicals, immunizations, Pap smear exams, mammograms	Covered in full Women's preventive care services (including contraceptive drugs and devices and sterilization) are covered in full.	Deductible and coinsurance apply Women's preventive care services (including contraceptive drugs and devices and sterilization) are subject to the applicable Preventive Care cost share and benefit maximums. Routine mammograms: Deductible and coinsurance apply

Rehabilitation services (Occupational, speech, physical including services for neurodevelopmentally disabled members) Rehabilitation visits are a total of combined therapy visits per calendar year	Inpatient: 60 days per calendar year. Services with mental health diagnoses are covered with no limit. \$100 copay, per day for up to 5 days per admit Outpatient: 60 visits per calendar year. Services with mental health diagnoses are covered with no limit. \$15 copay	Inpatient: Day limits shared with in-network \$100 copay, per day for up to 5 days per admit. Deductible and coinsurance apply Outpatient: Visit limits shared with in-network \$15 copay, deductible and coinsurance apply
Skilled nursing facility	Covered in full up to 60 days per calendar year	Day limits shared with in-network benefit, deductible and coinsurance apply
Sterilization (vasectomy, tubular ligation)*	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$15 copay Women's sterilization procedures are covered in full.	Inpatient: \$100 copay, per day for up to 5 days per admit Deductible and coinsurance apply Outpatient: \$15 copay, deductible and coinsurance apply Women's sterilization procedures are covered subject to the applicable Preventive Care cost share and benefit maximums.
Temporomandibular Joint (TMJ) services	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$15 copay	Inpatient: \$100 copay, per day for up to 5 days per admit Deductible and coinsurance apply Outpatient: \$15 copay, deductible and coinsurance apply
Tobacco cessation counseling	Quit for Life Program - covered in full	Applicable cost shares apply
Routine vision care (1 visit every 12 months)	\$15 copay	\$15 copay, deductible and coinsurance apply
Optical hardware Lenses, including contact lenses and frames	Members under 19: 1 pair of frames and lenses per year or contact lenses covered at 50% coinsurance Members age 19 and over: \$200 per 24 months	Shared with in-network

* Catholic Community Services does not pay for contraceptive and sterilization services

Group Health Options PPO

Effective Date: 8/1/2016	Health Plan: Group Health Options PPO	Ref: RQ-105661
<p>This is a brief summary of benefits. THIS IS NOT A CONTRACT OR CERTIFICATE OF COVERAGE. All benefit descriptions, including alternative care, are for medically necessary services. The Member will be charged the lesser of the cost share for the covered service or the actual charge for that service. For full coverage provisions, including limitations, please refer to your certificate of coverage. In accordance with the Patient Protection and Affordable Care Act of 2010,</p> <ul style="list-style-type: none">• The lifetime maximum on the dollar value of covered essential health benefits no longer applies. Members whose coverage ended by reason of reaching a lifetime limit under this plan are eligible to enroll in this plan, and• Agency Providers only: Dependent children who are under the age of twenty-six (26) are eligible to enroll in this plan. You will be responsible for paying the full cost of the premium for your dependents. Contact your employer for premium rates.		
Benefits	Preferred Provider Network (PPN)	Non-Preferred Provider Network
Plan deductible	No annual deductible	Individual deductible: \$500 per calendar year
Individual deductible carryover	Not applicable	4th quarter carryover applies
Plan coinsurance	No plan coinsurance	Plan pays 80%, you pay 20% of the Allowed Amount.
Out-of-pocket limit	Individual out-of-pocket limit: \$1,200 Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit: All cost shares for covered services	Shared with in-network
Pre-existing condition (PEC) waiting period	No PEC	Same as preferred provider network
Lifetime maximum	Unlimited	Same as preferred provider maximum
Outpatient services (office visits)	\$15 copay	\$15 copay, deductible and coinsurance apply
Hospital services	Inpatient services: \$100 copay, per day for up to 5 days per admit Outpatient surgery: \$50 copay	Inpatient services: \$100 copay, per day for up to 5 days per admit Deductible and coinsurance apply Outpatient surgery: \$50 copay, deductible and coinsurance apply
Prescription drugs (some injectable drugs may be covered under Outpatient services)	Preferred generic (Tier 1)/ preferred brand (Tier 2)/ nonpreferred (Tier 3) \$4/\$8/\$25/\$50 copay	Preferred generic/preferred brand/non-preferred \$13/\$30/\$55 copay
Prescription mail order	2 x prescription cost share per 90 day supply	Not covered
Acupuncture	12 visits per calendar year \$15 copay	Shared with preferred provider visit limit \$15 copay, deductible and coinsurance apply

Ambulance services	Plan pays 80%, you pay 20%	Same as preferred provider benefit
Chemical dependency	<p>Inpatient: \$100 copay, per day for up to 5 days per admit</p> <p>Outpatient: \$0 copay</p>	<p>Inpatient: \$100 copay, per day for up to 5 days per admit Deductible and coinsurance apply</p> <p>Outpatient: \$15 copay, deductible and coinsurance apply</p>
Devices, equipment and supplies <ul style="list-style-type: none"> •Durable medical equipment •Orthopedic appliances •Post-mastectomy bras limited to two (2) every six (6) months •Ostomy supplies •Prosthetic devices 	Covered at 50%	Covered at 50%, deductible applies
Diabetic supplies	<p>Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies.</p> <p>When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.</p>	<p>Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies.</p> <p>When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.</p>
Diagnostic lab and X-ray services	<p>Inpatient: Covered under Hospital services</p> <p>Outpatient: Covered in full</p>	<p>Inpatient: Covered under Hospital services</p> <p>Outpatient: Deductible and coinsurance apply</p>
Emergency Services (copay waived if admitted)	\$200 copay	\$200 copay
Hearing exams (routine)	\$15 copay	\$15 copay, deductible and coinsurance apply
Hearing hardware	Not covered	Not covered
Home health services	Covered in full up to 130 visits total per calendar year	Shared with preferred provider visit limit Deductible and coinsurance apply
Hospice services	Covered in full	Deductible and coinsurance apply
Infertility services	Not covered	Not covered
Manipulative therapy	<p>Covered up to 12 visits per calendar year without prior authorization</p> <p>\$15 copay</p>	<p>Shared with preferred provider visit limit</p> <p>\$15 copay, deductible and coinsurance apply</p>
Massage services	12 visits per calendar year \$15 copay	<p>Shared with preferred provider visit limit</p> <p>\$15 copay, deductible and coinsurance apply</p>

Group Health Options PPO

Maternity services	<p>Inpatient: \$100 copay, per day for up to 5 days per admit</p> <p>Outpatient: \$15 copay. Routine care not subject to outpatient services copay.</p>	<p>Inpatient: \$100 copay, per day for up to 5 days per admit Deductible and coinsurance apply</p> <p>Outpatient: \$15 copay, deductible and coinsurance apply. Routine care not subject to outpatient services copay.</p>
Mental health	<p>Inpatient: \$100 copay, per day for up to 5 days per admit</p> <p>Outpatient: \$0 copay</p>	<p>Inpatient: \$100 copay, per day for up to 5 days per admit Deductible and coinsurance apply</p> <p>Outpatient: \$15 copay, deductible and coinsurance apply</p>
Natropathy	12 visits per calendar year \$15 copay	Shared with preferred provider visit limit \$15 copay, deductible and coinsurance apply
Newborn services	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.
Obesity-related surgery (bariatric)	Not covered	Not covered
Organ transplants	<p>Unlimited, no waiting period</p> <p>Inpatient: \$100 copay, per day for up to 5 days per admit</p> <p>Outpatient: \$15 copay</p>	Not covered
Preventive care* Well-care physicals, immunizations, Pap smear exams, mammograms	<p>Covered in full</p> <p>Women's preventive care services (including contraceptive drugs and devices and sterilization) are covered in full.</p>	<p>Not covered</p> <p>Women's preventive care services (including contraceptive drugs and devices and sterilization) are subject to the applicable Preventive Care cost share and benefit maximums.</p> <p>Routine mammograms: Deductible and coinsurance apply</p>
Rehabilitation services (Occupational, speech, physical including services for neurodevelopmentally disabled members) Rehabilitation visits are a total of combined therapy visits per calendar year	<p>Inpatient: 60 days per calendar year. Services with mental health diagnoses are covered with no limit. \$100 copay, per day for up to 5 days per admit</p> <p>Outpatient: 60 visits per calendar year. Services with mental health diagnoses are covered with no limit. \$15 copay</p>	<p>Inpatient: Day limits shared with preferred provider benefit limit \$100 copay, per day for up to 5 days per admit Deductible and coinsurance apply</p> <p>Outpatient: Visit limits shared with preferred provider benefit limit \$15 copay, deductible and coinsurance apply</p>

Skilled nursing facility	Covered in full up to 60 days per calendar year	Day limits shared with preferred provider benefit, deductible and coinsurance apply
Sterilization (vasectomy, tubular ligation)*	<p>Inpatient: \$100 copay, per day for up to 5 days per admit</p> <p>Outpatient: \$15 copay</p> <p>Women's sterilization procedures are covered in full.</p>	<p>Inpatient: \$100 copay, per day for up to 5 days per admit Deductible and coinsurance apply</p> <p>Outpatient: \$15 copay, deductible and coinsurance apply</p> <p>Women's sterilization procedures are covered subject to the applicable Preventive Care cost share and benefit maximums.</p>
Temporomandibular Joint (TMJ) services	<p>Inpatient: \$100 copay, per day for up to 5 days per admit</p> <p>Outpatient: \$15 copay</p>	<p>Inpatient: \$100 copay, per day for up to 5 days per admit Deductible and coinsurance apply</p> <p>Outpatient: \$15 copay, deductible and coinsurance apply</p>
Tobacco cessation counseling	Quit for Life Program - covered in full	Applicable cost shares apply
Routine vision care (1 visit every 12 months)	\$15 copay	\$15 copay, deductible and coinsurance apply
Optical hardware Lenses, including contact lenses and frames	<p>Members under 19: 1 pair of frames and lenses per year or contact lenses covered at 50% coinsurance</p> <p>Members age 19 and over: \$200 per 24 months</p>	Shared with preferred provider benefit

*Catholic Community Services does not pay for contraceptive and sterilization services

KAISER PERMANENTE HMO - Benefit Summary

Questions? 1-800-813-2000 or (503) 813-2000 www.kp.org

NOTE: This is a benefit summary, only, and is not intended to replace the specifics of the plan's Certificate of Coverage, Contract, or Evidence of Insurance. If there is a contradiction, the Certificate of Coverage, Contract, or Evidence of Insurance will take precedence.

SEIU Healthcare NW Health Benefits Trust

August 1, 2016 - July 31, 2017

Group Number: 12420

Out-of-Pocket Maximum (All copayment, and Coinsurance amounts count toward the Out-of-Pocket maximum, unless otherwise noted.)	
For one Member	\$1,250
For an entire Family	\$2,500
Office visits	You Pay
Routine preventive physical exams	\$0
Primary Care	\$15
Specialty Care	\$15
Urgent Care	\$30
Tests (outpatient)	You Pay
Preventive Tests	\$0
Laboratory	\$0
X-ray, imaging, and special diagnostic procedures	\$0
CT, MRI, PET scans	\$50 per department visit
Medications (outpatient)	You Pay
Prescription drugs (up to a 30 day supply)**	\$5 generic/\$20 preferred brand/\$50 non-preferred brand
Mail Order Prescription drugs (up to a 90 day supply)	\$10 generic/\$40 preferred brand/\$100 nonpreferred brand
Administered medications, including injections (all outpatient settings)	\$0
Nurse treatment room visits to receive injections	\$5
Maternity Care	
Scheduled prenatal care and first postpartum visit	\$0
Laboratory	\$0
X-ray, imaging, and special diagnostic procedures	\$0
Inpatient Hospital Services	\$100 per admission
Hospital Services	
Ambulance Services (per transport)	\$75
Emergency department visit	\$200 (Waived if admitted)
Inpatient Hospital Services	\$100 per admission

*Catholic Community Services does not pay for contraceptive and sterilization services

Continued on next page

Outpatient Services (other)	
Outpatient surgery visit	\$50
Chemotherapy/radiation therapy visit	\$15
Durable medical equipment, external prosthetic devices, and orthotic devices	20% Coinsurance
Physical, speech, and occupational therapies (up to 20 visits per therapy per Calendar Year)	\$15
Alternative Care	
Alternative care (self-referred)	\$15 per chiropractor visit
Vision Services	
Routine eye exam (age 19 and older)	\$10
Routine eye exam (through first month of age 19)	\$0
Vision hardware and optical Services (through first month of age 19)	No charge for eyeglass lenses or frames or contact lenses every 12 months.
Vision hardware and optical Services (ages 19 years and older)**	Balance after \$200 allowance every 24 months
Skilled Nursing Facility Services (up to 100 days per Calendar Year)	\$0
Chemical Dependency Services	
Outpatient Services (Group visit ½ copay)	\$0
Inpatient hospital & residential Services	\$100 per admission
Mental Health Services	
Outpatient Services (Group visit ½ copay)	\$0
Inpatient hospital & residential Services	\$100 per admission

*Catholic Community Services does not pay for contraceptive and sterilization services

**Any amount you pay for covered Services does not count toward the Out-of-Pocket Maximum.

Additional Features

Online Access anytime, anywhere at no additional charge: www.kp.org

- Access medical records
- Check lab results
- Health Risk Assessments – personal online tool for members
- Refill Prescriptions
- Schedule appointments
- Email doctor

Member Discounts: www.kp.org/choosehealthy

- CHP Active and Healthy
- Fitness club discounts
- Alternative and chiropractic care
- Vitamins & supplements

Facilities and Services: www.kp.org/facilities

- 37 Medical offices
- 24-hour advice nurses
- Health coach services
- 8 Urgent Care locations
- 17 Dental offices

Kaiser Permanente Exclusions and Limitations

The Services listed below are either completely excluded from coverage or partially limited. This applies to all Services that would otherwise be covered and is in addition to the exclusions and limitations that apply only to a particular Service as listed in the description of that Service in the Evidence of Coverage (EOC). For a complete list and description of Exclusions and Limitations please refer to EOC.

Acupuncture unless your employer Group has purchased the "Alternative Care Services Rider".

Chiropractic unless your employer Group has purchased the "Alternative Care Services Rider" or the "Chiropractic Services Rider" (for self-referred chiropractic care). Cosmetic Services; This exclusion does SSOB WALGTRAD 0116_0415 Page 3 not apply to Services that are covered under "Reconstructive Surgery Services" in the "Benefits" section of the EOC. Custodial Services. Dental Services.

Designated Blood Donations. Employer Responsibility; We do not reimburse the employer for any Services that the law requires an employer to provide. Experimental or Investigational Services. Eye Surgery; Radial keratotomy, photorefractive keratectomy, and refractive surgery, including evaluations for the procedures. Family Services; Services provided by a member of your immediate family. Genetic Testing. Hearing Aids unless your Group has purchased the "Hearing Aid Rider." Hypnotherapy. Infertility Services unless your group has purchased the "Infertility Treatment Services Rider." Intermediate Services; Services in an intermediate care facility are excluded. Low-Vision Aids. Massage Therapy

Services unless your employer Group has purchased the "Alternative Care Services Rider." Naturopathy Services unless your employer Group has purchased the "Alternative Care Services Rider." Non-Medically Necessary Services. Services Related to a Non-Covered Service. Services That are Not Health Care Services, Supplies, or Items. Supportive Care and Other Services. Surrogacy. Services for anyone in connection with a Surrogacy Arrangement, except for otherwise-covered Services

provided to a Member who is a surrogate. Travel and Lodging. Travel Services. All travel-related Services including travel-only immunizations (such as yellow fever, typhoid, and Japanese encephalitis), unless your Group has purchased the "Travel Services Rider." Vision Hardware and Optical Services unless your Group has purchased an "Adult Vision Hardware and Optical Services Rider" and/or "Pediatric Vision Hardware and Optical Services Rider." Vision Therapy and Orthoptics or Eye Exercises.

Questions? Call Member Services (M-F, 8 am-6 pm) or visit www.kp.org

Portland area..503-813-2000. All other areas..1-800-813-2000. TTY..711.

Language Interpretation Services, all areas..1-800-324-8010

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Membership Services. In the case of conflict between this summary and the EOC, the EOC will prevail.

For Employees of Catholic Community Services

Your employer has certified that your group's health plan qualifies for an accommodation with respect to the federal requirement to cover all Food and Drug Administration-approved contraceptive services for women, as prescribed by a healthcare provider, without cost sharing. This means that your group will not contract, arrange, pay, or refer for contraceptive coverage.

Instead, Group Health will provide separate payments for contraceptive services that you use, at no other cost to you, as long you are enrolled in your group's health plan.

Your employer will not administer or fund these payments. If you have any questions please contact your employer.

WILLAMETTE DENTAL - Benefit Summary

Questions? 1-855-433-6825 www.willamettedental.com

NOTE: This is a benefit summary only and is not intended to replace the specifics of the Self-funded Dental Plan Document. If there is a contradiction, the Plan Document will govern.

BENEFIT	COPAYS
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General & Orthodontic Office Visit	You pay \$15 per Visit
DIAGNOSTIC AND PREVENTIVE SERVICES	
Routine and Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
RESTORATIVE DENTISTRY	
Fillings (Amalgam)	Covered with the Office Visit Copay
Porcelain-Metal Crown	You pay a \$250 Copay
PROSTHODONTICS	
Complete Upper or Lower Denture	You pay a \$400 Copay
Bridge (per Tooth)	You pay a \$250 Copay
ENDODONTICS AND PERIODONTICS	
Root Canal Therapy - Anterior	You pay a \$85 Copay
Root Canal Therapy - Bicuspid	You pay a \$105 Copay
Root Canal Therapy - Molar	You pay a \$130 Copay
Osseous Surgery (per Quadrant)	You pay a \$150 Copay
Root Planing (per Quadrant)	You pay a \$75 Copay
ORAL SURGERY	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	You pay a \$100 Copay
ORTHODONTIA TREATMENT	
Pre-Orthodontia Treatment	Not Covered
Comprehensive Orthodontia Treatment	Not Covered

*TMJ has a \$1000 annual maximum/ \$5000 lifetime maximum

**Copay credited towards the Comprehensive Orthodontic Treatment copay if patient accepts treatment plan.

Underwritten by Willamette Dental of Washington, Inc.

This plan provides extensive coverage of services to prevent, diagnose, and treat diseases or conditions of the teeth and supporting tissues. Presented are just some of the most common procedures covered in your plan. Please see the Certificate of Coverage for a complete plan description, limitations, and exclusions.

Exclusions

Bridges, crowns, dentures, or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.
The completion or delivery of treatments or services initiated prior to the effective date of coverage
Dental implants, including attachment devices, maintenance, and dental implant-related services.
Endodontic services, prosthetic services, and implants that were provided prior to the effective date of coverage.
Endodontic therapy completed more than 60 days after termination of coverage.
Exams or consultations needed solely in connection with a service that is not covered.
Experimental or investigational services and related exams or consultations.
Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees.
Maxillofacial prosthetic services.
Nightguards.
Personalized restorations.
Plastic, reconstructive, or cosmetic surgery and other services or supplies, which are primarily intended to improve, alter, or enhance appearance.
Prescription and over-the-counter drugs and premedications.
Provider charges for a missed appointment or appointment canceled without 24 hours prior notice.
Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
Replacement of sound restorations.
Services and related exams or consultations that are not within the prescribed treatment plan and/or are not recommended and approved by a Willamette Dental Group dentist.
Services and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.
Services by any person other than a licensed dentist, denturist, hygienist, or dental assistant.
Services for the treatment of injuries sustained while practicing for or competing in a professional athletic contest.
Services for the treatment of an injury or disease that is covered under workers' compensation or that are an employer's responsibility.
Services for the treatment of intentionally self-inflicted injuries.
Services for which coverage is available under any federal, state, or other governmental program, unless required by law.
Services not listed as covered in the contract.
Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

Limitations

If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group dentist is covered.
Services listed in the contract, which are provided to correct congenital or developmental malformations which impair functions of the teeth and supporting structures will be covered for dependent children if dental necessity has been established. Orthognathic surgery is covered as specified in the contract when the Willamette Dental Group dentist determines it is dentally necessary and authorizes the orthognathic surgery for treatment of an enrollee, under age 19, with congenital or developmental malformations.
Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist. When the initial root canal therapy was performed by a Willamette Dental Group dentist, the retreatment of the root canal therapy will be covered as part of the initial treatment for the first 24 months. When the initial root canal therapy was performed by a non-participating provider, the retreatment of such root canal therapy by a Willamette Dental Group dentist will be subject to the applicable copayments.
General anesthesia is covered with the copayments specified in the contract if it is performed in a dental office; provided in conjunction with a covered service; and dentally necessary because the enrollee is under the age of 7, developmentally disabled or physically handicapped.
The services provided by a dentist in a hospital setting are covered if medically necessary; pre-authorized in writing by a Willamette Dental Group dentist; the services provided are the same services that would be provided in a dental office; and applicable copayments are paid.
The replacement of an existing denture, crown, inlay, onlay, or other prosthetic appliance is covered if the appliance is more than 5 years old and replacement is dentally necessary.

Form No. 015-WA(5/15)
Contract No. 001L-WA(5/15), 001S-WA(5/15)

Delta Dental PPO Plan Benefit Summary

Questions? (800) 554-1907, Monday – Friday 8 a.m. to 5 p.m., Pacific Time

Please Note: This is a brief summary of benefits only and does not constitute a contract. You will receive a benefits booklet that completely details your Delta Dental PPO dental benefits. Please feel free to call our customer service department if you have any questions.

Plan #: 00018	Name: Delta Dental PPO	Effective Date: August 1, 2016
Benefit Period Maximum (Per Person): \$2,000		Benefit Period: January 1, 2017 – December 31, 2017

	Dental Network		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-participating Dentist
Benefit Period Deductible (Does not apply to Class I) In Network – No deductible Out of Network - \$50 per benefit period	\$0/\$0	\$50	\$50
Class I – Diagnostic & Preventive Exams, Cleaning, X-rays, Fluoride and Sealants	100%	80%	80%
Class II – Restorative Restorations, Endodontics (Root Canal), Periodontics, Oral Surgery	100%	60%	60%
Class III – Major Crowns, Dentures, Partial Dentures, Bridges and Implants	80%	40%	40%

Please Note: This is a brief summary of available benefits for comparison purposes only and does not constitute a contract. Once enrolled in a plan, you will have access to your benefits booklet which provides more details of your Delta Dental PPO plan. Please feel free to call our customer service department or visit our website at www.DeltaDentalWA.com if you have any questions.

You will likely experience the greatest out-of-pocket savings when you see a Delta Dental PPO dentist.

Delta Dental of Washington

PO Box 75983

Seattle, WA 98175-0983

Customer Service toll-free (800) 554-1907, Monday – Friday 7 a.m. to 5 p.m., Pacific Time

www.DeltaDentalWA.com

Here's some important information to help you use your benefits:

Finding a participating dentist

Under your plan, you can choose dentists from two networks: Delta Dental PPO or Delta Dental Premier®. You can find a participating, in-network dentist in your area by visiting www.DeltaDentalWA.com and using our Find a Dentist tool. We recommend you select the Delta Dental PPO network to filter your search results.

The advantages of seeing a Delta Dental PPO or Delta Dental Premier dentist

We encourage you to see a Delta Dental network dentist because they provide services at discounted rates and file all claims paperwork for you. We will pay our portion and you're only responsible for your stated deductibles, coinsurance and/or amounts in excess of the plan maximums. In most cases, you will experience the greatest out-of-pocket savings if you choose a dentist from the Delta Dental PPO network.

Visiting your participating, in-network dentist

Be sure to tell your dentist you're covered by Delta Dental of Washington and give them your member identification number, plan name and group number.

Visiting a non-participating, out-of-network dentist

You are not limited to using a Delta Dental network dentist. You may use any licensed dentist. If you choose a nonparticipating dentist, you will be responsible to have the dentist complete your claim forms and to ensure that the claims are sent to us. Claim payments will be based on actual charges or our maximum allowable fees for non-participating dentists, whichever is less. You're then responsible for any balance remaining after we pay. Unlike our participating dentists, we have no control over non-participating dentists' charges or billing procedures.

Confirmation of Treatment and Cost (Formerly called Predeterminations)

If you are considering extensive treatments such as crowns, oral surgery, periodontics or prosthodontics, we recommend you ask your dentist to request a predetermination from us. We will process the request and provide you and your dentist with a Confirmation of Treatment and Cost (Confirmation). The Confirmation will show you what procedures will be covered, an estimate of what Delta Dental of Washington will pay, and your expected financial responsibility. Confirmations are based on the treatment plan submitted by your dentist and the covered dental benefits available to you at the time the Confirmation is issued. Confirmations are estimates, not guarantees of payment.

Have a question?

Give us a call at 800-554-1907, Monday – Friday from 7 a.m. to 5 p.m., Pacific Time. We're happy to help.



您的培训指南

1

参加入职与安全培训

在签订合同之后，您的第一个步骤是完成入职与安全培训。该 5 小时的在线课程是培训要求的一部分，您可在任何连接到互联网的计算机上学习该课程。

1. 访问 www.myseiubenefits.org 创建您的培训账户。
2. 开展入职与安全培训
3. 在完成后，学分将自动授予，并且您将可以获得授权进行个人护理。

您可向机构雇主或与您签约、聘用您为个人服务提供者的办事处索取使用您的语言的 DVD。如果您使用 DVD 来完成入职与安全培训，您将需要：

1. 致电会员资源中心 (1-866-371-3200) 获取确认号码。
2. 致电 1-866-483-1397，使用您的确认号码和社会安全号码的最后 4 位获取学分。

会员资源中心 (1-866-371-3200) 也可帮助您参加使用您首选的语言进行的在线培训。

2

注册基础培训课程

在完成入职与安全培训后，您的下一个步骤是注册基础培训课程。基础培训是时长为 70 小时的付费课程，课程将以您的语言提供。

- **个人服务提供者** 在 www.myseiubenefits.org 注册使用您的语言的课程或致电会员资源中心 (1-866-371-3200) 通过电话进行注册。
- **机构服务提供者** 与您的雇主确认注册的最佳方式。您的雇主制定了关于培训安排的政策。

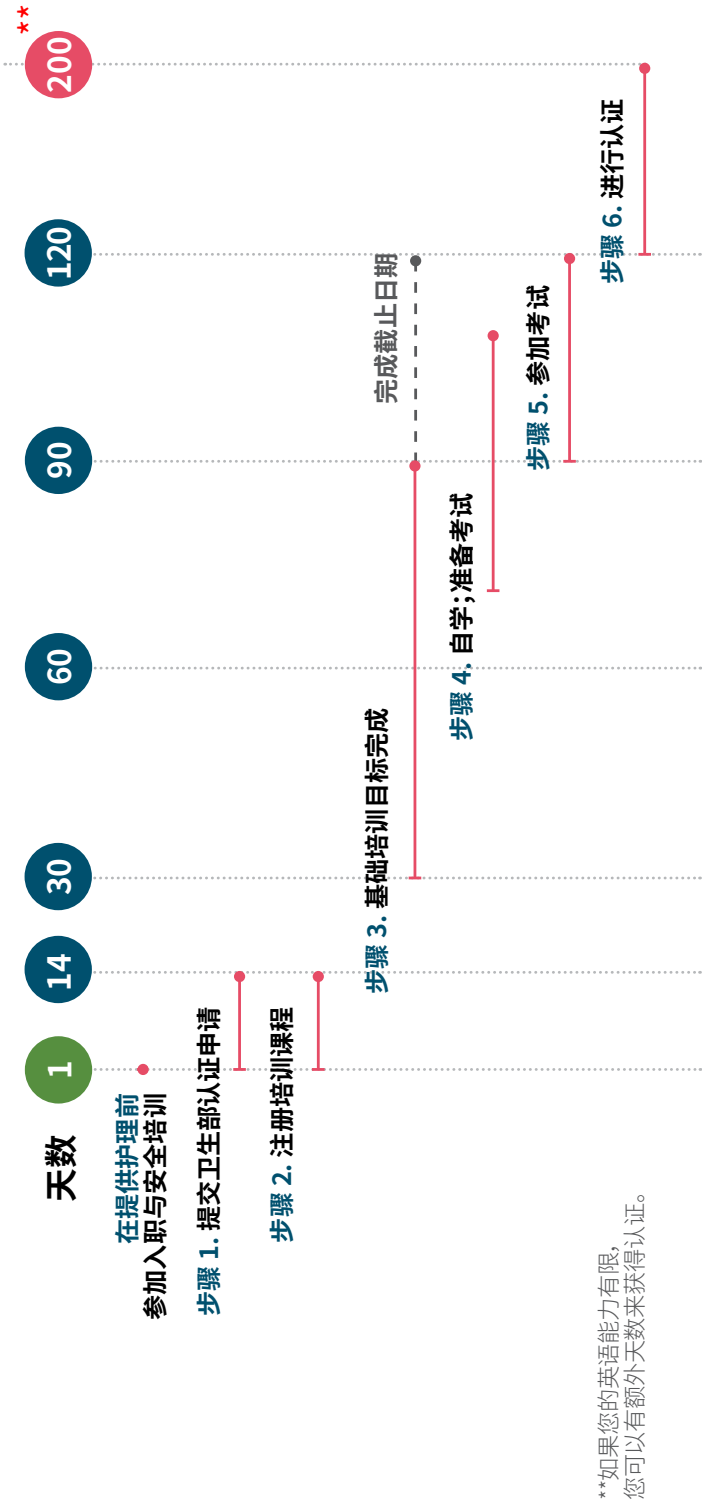
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坚持到底！

请您务必参加所安排的课程。一旦您签订合同，您有 120 天时间来完成规定的培训。马上开始吧！

第 200 天：标准家庭护工需要获得认证

建议的培训和认证时间表





供您选择的健康计划



	SEIU 775 BENEFITS GROUP 健康计划	MEDICAID (医疗补助计划)/APPLE HEALTH	WASHINGTON HEALTH PLAN FINDER
您的费用	25 美元/月。	是否免费取决于您的家庭收入。	根据您选择的计划而有所不同。银级计划对大多数人而言性价比最高。
承保范围	仅为支付家属全额保险费的机构服务提供者承保家属。	承保配偶和子女。	承保配偶和子女。
资格	<p>连续 2 个月工作 80 小时。</p> <p>■ 个人服务提供者可随时参加。</p> <p>■ 机构服务提供者可在第一次符合最初资格或开放登记 (如果当时符合资格) 时参加。</p>	<ul style="list-style-type: none">• 取决于家庭收入。• 当符合资格时可随时参加。	<ul style="list-style-type: none">• 如果您无资格通过雇主投保, 您可能有资格获得在交易所购买的健康保险的补助金。• 2015 年 11 月 1 日至 2016 年 1 月 31 日期间开放。或者当您发生了“符合资格的事件”, 比如结婚、有了孩子或失去保险。
申请	请致电会员资源中心, 电话: 866-371-3200 或访问 www.myseiubenefits.org	更多信息请访问 Washington Healthplanfinder, 网址: www.myseiubenefits.org	更多信息请访问 Washington Healthplanfinder, 网址: www.myseiubenefits.org



新健康福利亮点

SEIU 775 Benefits Group 健康计划会员新变动。



心理健康和药物依赖免费门诊就医

今年的一项新举措是，心理健康和药物依赖就诊无共付医疗费。您可以通过与您的初级医疗保健服务提供者 (PCP) 交谈或致电您的健康医疗服务提供者的以下号码开始。拨打该电话可能会是最难的步骤。

Group Health 会员：

- 首次预约：请致电 1-888-287-2680 或 206-901-6300
- 紧急或危急医疗保健服务，请致电 1-888-287-2680

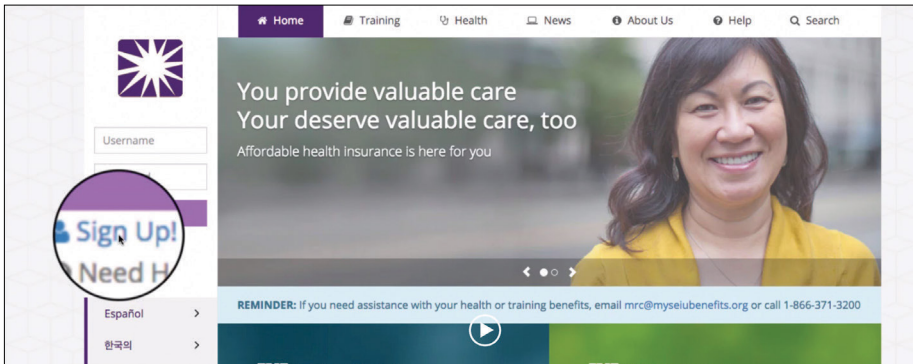
Kaiser Permanente 会员：

- 请致电 855-632-8280 安排治疗和咨询服务。
- 紧急精神病服务 (24 小时)，请致电 1-866-453-3932 (免费电话)



现在，个人服务提供者将在两个月后有资格参加计划

对于新近符合资格的个人服务提供者 (IP)，等待期将从 3 个月减少至 2 个月。您将需要连续工作两个月，每个月工作 80 小时，同时请为计划预留 1 个月的处理时间。



如何创建您的网上福利账户

通过 www.myseiubenefits.org, 您可以方便地更新您的信息、注册课程以及参加您的年度继续教育课程。

1.访问 www.myseiubenefits.org

在左上角, 您可以找到您的登录框。如果您第一次访问该网站, 请点击**注册!**创建您的档案。

如果您希望获得视频说明, 请点击**需要帮助?**获取关于如何登录的完整教程。

2.选择您的服务提供者类型

选择您的服务提供者类型 (机构服务提供者或个人服务提供者), 然后点击**下一步**。如果您既是机构服务提供者又是个人服务提供者, 您可以任选一个。

3.输入您的姓名和服务提供者编号或学号

您将需要您的服务提供者编号 (您用于获得报酬的 6 位号码) 或您的学号 (在您的欢迎包中的 12 位号码) 来创建您的档案, 然后点击**下一步**。

4.填写您的联系和个人信息

请提供您最合适的联系信息, 比如电子邮件、夜间电话和手机号码, 以及邮寄地址。在该页面上, 您还需选择您的密码和语言首选项。然后点击**下一步**。

5.现在您已做好登录准备!

请输入您的用户名 (服务提供者编号或学号) 和您在之前页面选择的密码。



귀하의 교육 안내

1

오리엔테이션과 안전 교육 참가

계약 후 첫 단계는 오리엔테이션과 안전 교육을 이수하는 것입니다. 본 교육은 5시간 온라인 과정으로서 교육 요구 사항에 가산되며 인터넷이 연결된 컴퓨터라면 어디서나 진행할 수 있습니다.

1. www.myseiubenefits.org을 방문하여 교육 계정을 개설 하십시오.
2. 오리엔테이션과 안전 교육을 시작해 주십시오
3. 교육 완료 후 크레딧이 자동 부여되며 개인 간병을 할 수 있도록 권한을 받게 됩니다.

본인의 기관 고용주 또는 개인 제공자로서 귀하와 계약한 사무실로부터 귀하의 언어로 된 DVD를 요청할 수도 있습니다. DVD를 사용하여 오리엔테이션과 안전 교육을 완료한 경우 다음을 따라야 합니다.

1. 회원 자원 센터 (1-866-371-3200) 에 전화하여 확인 번호를 받으십시오
2. 크레딧을 받기 위해 확인 번호와 사회 보장 번호를 가지고 1-866-483-1397 번으로 전화하십시오.

또한 회원 자원 센터 (1-866-371-3200) 는 귀하가 선호하는 언어로 온라인 교육을 받을 수 있게 도움을 줄 수도 있습니다.

2

기본 교육을 위해 등록하기

오리엔테이션과 안전 교육을 마친 후 다음 단계는 기본 교육에 등록하는 것입니다. 기본 교육은 70시간 짜리 유료 과정이며 귀하의 언어로 제공됩니다.

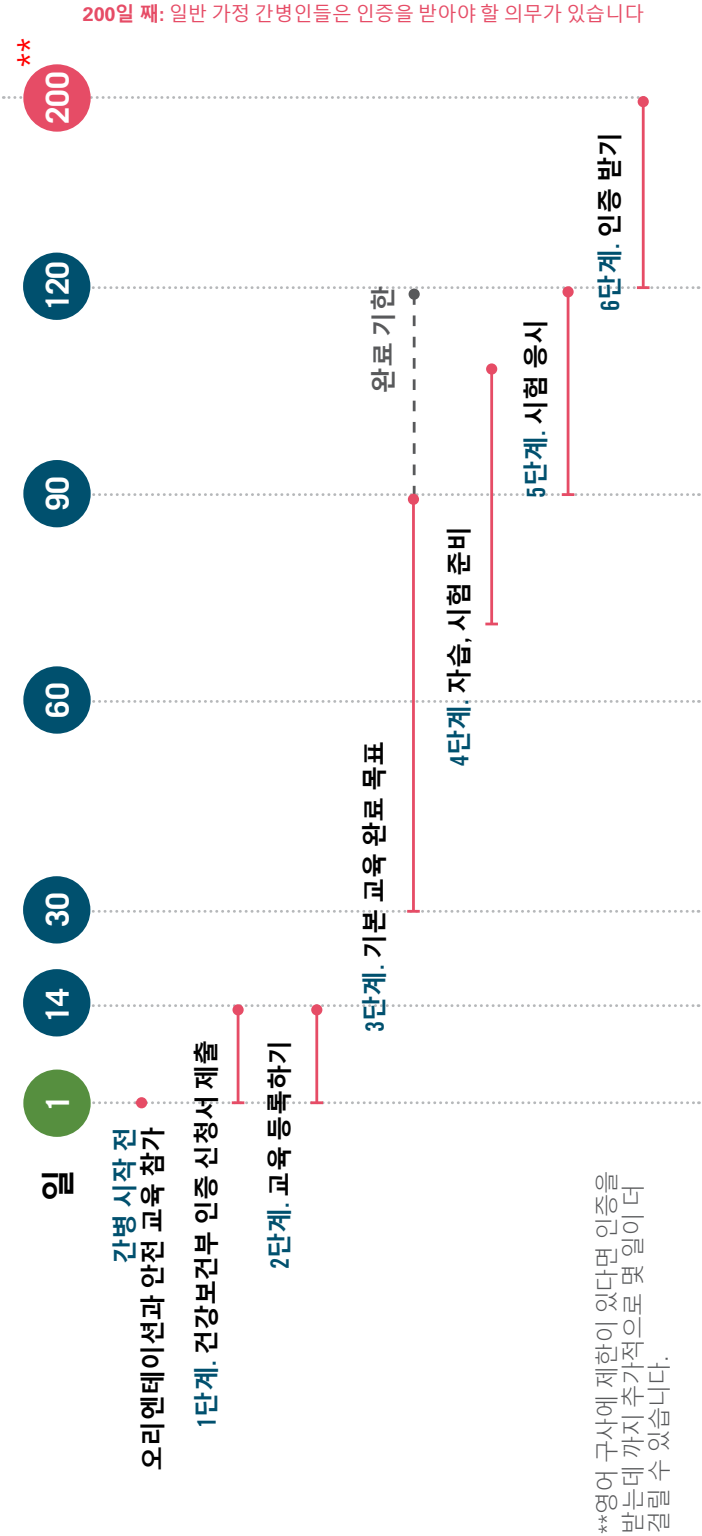
- **개인 제공자** www.myseiubenefits.org에서 귀하의 언어로 제공되는 교육에 등록하거나 회원 자원 센터 1-866-371-3200번으로 등록하십시오.
- **기관 제공자** 등록하는 최선의 방법에 대해 고용주와 확인하십시오. 고용주는 교육 일정을 잡는데에 대한 정책이 있습니다.

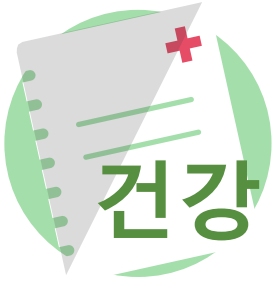
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강하게 마치세요!

일정을 잡으신 수업에 참석하십시오. 계약 후에는 120일 내에 필수 교육을 완료해야 합니다. 오늘 시작하십시오!

권장 사항 교육과 인증 절차 시간표





건강 보험 선택권들



SEIU 775 베네피트 그룹 헬스 플랜

메디케이드/애플 헬스

워싱턴 헬스 플랜 파인더

본인부담비용

\$25/월.

가정 수입에 따라 무료.

선택한 보험에 따라 다릅니다. 대부분의 분들 경우 실버 레벨 보험이 최선의 비용 대비 가치를 제공합니다.

보장 범위

부양 가족은 전액 보험료를 부담하는 기관 제공자에게만 부여됩니다.

배우자와 자녀들을 보장합니다.

배우자와 자녀들을 보장합니다.

자격

연속으로 2달 동안 80 시간을 일해야 합니다.

■ 개인 제공자는 언제라도 가입할 수 있습니다.

■ 기관 제공자는 초기 자격이 처음 충족된 때나 자격 충족이 된다면 일반 신청 기간 때 가입 가능합니다.

- 가정 수입에 따라 다릅니다.
- 자격이 있을 때 언제든지 가입하십시오.

- 고용주를 통한 보험이 자격 충족 되지 않는 경우 보험 거래소에서 구매한 보험의 지원금에 자격 충족을 받을 수도 있습니다.

- 2015년 11월 1일부터 2016년 1월 31일까지는 일반 신청 기간입니다. 또는 결혼, 출산, 보험 상실과 같은 "자격 충족 사건"이 있는 경우 신청 가능합니다.

신청하기

866-371-3200번으로 회원 자원 센터에 문의하거나 www.myseiubenefits.org를 방문하십시오

자세한 정보는 워싱턴 헬스 플랜 파인더 (www.wahealthplanfinder.org)를 방문하십시오

자세한 정보는 워싱턴 헬스 플랜 파인더 (www.wahealthplanfinder.org)를 방문하십시오



새로운 보험 혜택 주내용

SEIU 775 베네핏 그룹 건강 보험 가입자들을 위한 변경 사항.



정신 건강과 약물 의존증 치료소 방문 무료

올해부터 정신 건강 및 약물 의존증 치료소 방문에는 본인 부담 비용이 없습니다. 주치의를 얘기하거나 귀하의 건강 제공자를 찾기 위해 아래의 번호에 전화하여 절차를 시작할 수 있습니다. 이 전화를 거는 것이 가장 힘든 단계일 수 있습니다.

그룹 헬스 회원:

- 첫 예약: 1-888-287-2680 또는 206-901-6300번으로 전화하십시오
- 긴급 또는 위급한 상황은 1-888-287-2680번으로 전화하십시오

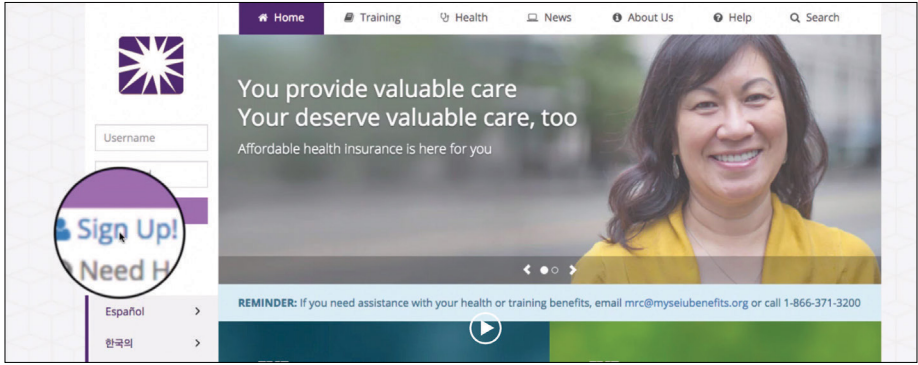
카이저 퍼머넌테 회원:

- 855-632-8280번으로 전화하여 치료와 상담 서비스 일정을 잡으십시오.
- 응급 정신과 서비스 (24 시간), 1-866-453-3932번으로 전화하십시오 (무료)



이제부터 개인 제공자들은 근무 2개월 후에 보험가입할 수 있습니다

새롭게 자격을 받은 개인 제공자 (IP) 의 경우 대기 기간이 3개월에서 2개월로 단축됩니다. 매달마다 80시간을 2개월 연속으로 근무해야 하며 처리 기간 1달을 기다려야 합니다.



귀하의 온라인 혜택 계정 개설 방법

www.myseiubenefits.org를 통해 손쉽게 개인 정보를 변경하고 수업에 등록하며 매년마다 들어야하는 평생 교육 과정을 수강할 수 있습니다.

1. www.myseiubenefits.org를 방문하십시오

왼쪽 상단 모서리에 로그인 상자가 있습니다. 사이트에 처음 방문하시는 것이라면 프로필을 개설하시기 위해 **Sign Up! (가입하기)**를 눌러주십시오.

로그인 방법에 대한 완전한 안내를 위해 동영상을 원하시는 경우 **Need Help? (도움이 필요합니까)**를 눌러주십시오.

2. 본인 제공자 유형을 선택하십시오

제공자 유형 두 가지 중 기관 제공자 또는 개인 제공자를 선택한 후 **Next (다음)**를 눌러주십시오. 둘 다 해당하는 경우 둘 다 선택하실 수 있습니다.

3. 이름과 제공자 번호 또는 학생 ID를 입력하십시오

제공자 번호(급여 지급 때 사용하는 6자리 숫자) 또는 학생 ID(환영 패키지에 포함된 12자리 숫자)로 프로필 개설 후 **Next (다음)**를 눌러주십시오.

4. 연락처와 개인 정보를 작성하십시오

본인에게 연락하기 제일 좋은 연락 정보, 예를 들어 이메일 주소, 자택 전화 및 휴대전화번호와 우편 주소를 제공해 주십시오. 이 화면에서 비밀번호와 선호 언어도 선택하실 것 입니다. **Next (다음)**를 눌러주십시오.

5. 이제 로그인 할 준비가 되었습니다!

사용자 이름 (제공자 번호 또는 학생 ID) 과 이전 화면에서 선택한 비밀번호를 입력하십시오.



Su guía de capacitación

1

Realice la capacitación en orientación y seguridad

El primer paso que debe realizar después de la contratación es completar la capacitación en orientación y seguridad. Este curso en línea de 5 horas cuenta como requisito de capacitación y puede completarlo en cualquier computadora que tenga conexión a internet.

1. Ingrese a www.myseiubenefits.org para crear su cuenta de capacitación.
2. Inicie la capacitación en orientación y seguridad
3. Cuando la haya completado, se le otorgará un crédito automáticamente y estará listo para obtener su autorización para los servicios de cuidado personal.

Puede solicitarle un DVD en su idioma al empleador de su agencia o a la oficina que lo contrató como proveedor individual. Si utiliza el DVD para completar la capacitación en orientación y seguridad, tendrá que realizar lo siguiente:

1. Llamar al Member Resource Center (Centro de recursos para miembros) al 1-866-371-3200 para obtener un número de confirmación.
2. Llamar al 1-866-483-1397 con su número de confirmación y los últimos 4 dígitos de su número de seguridad social para recibir el crédito.

El Member Resource Center (1-866-371-3200) también puede ayudarle a realizar la capacitación en línea en su idioma de preferencia.

2

Registrarse para la capacitación básica

Después de completar la capacitación en orientación y seguridad, el próximo paso es registrarse para realizar la capacitación básica. La capacitación básica es una clase paga de 70 horas que se ofrece en su idioma.

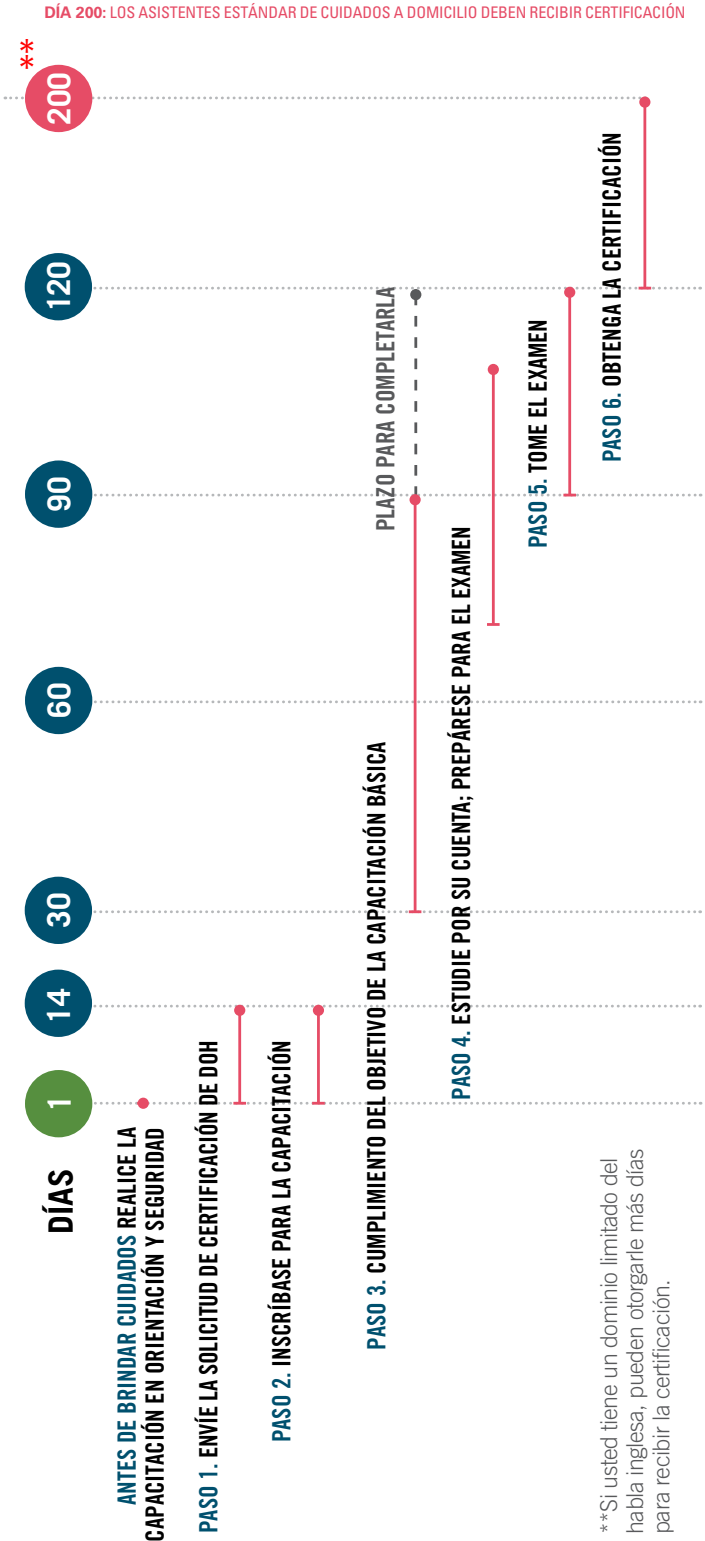
- **Proveedores individuales** Inscríbase para tomar clases en su idioma en www.myseiubenefits.org o inscríbase por teléfono llamando al Member Resource Center al 1-866-371-3200.
- **Proveedores de agencia** Consulte con su empleador cuál es la mejor manera de inscribirse. Su empleador tiene políticas sobre la programación de su capacitación.

3

¡Termine de la mejor manera!

Asegúrese de asistir a las clases programadas. Una vez que se contacten con usted, tendrá 120 días para completar la capacitación necesaria. ¡Empiece hoy mismo!

SUGERIDO CRONOGRAMA PARA LA CAPACITACIÓN Y LA CERTIFICACIÓN





Sus opciones de plan de salud



SEIU 775
BENEFITS GROUP



	PLAN DE SALUD SEIU 775 BENEFITS GROUP	MEDICAID/APPLE HEALTH	WASHINGTON HEALTH PLAN FINDER
COSTO PARA USTED	\$25 por mes.	Gratuito, según ingreso de su hogar.	Varía según el plan que elija. Los planes de nivel Silver brindan la mejor relación costo-beneficio para la mayoría de las personas.
COBERTURA	Dependientes cubiertos solo por proveedores que pertenecen a una agencia y que pagan la prima completa de sus dependientes.	Los cónyuges y niños están cubiertos.	Los cónyuges y niños están cubiertos.
ELEGIBILIDAD	<p>Trabaje 80 horas durante 2 meses consecutivos.</p> <p>■ Los proveedores individuales pueden inscribirse en cualquier momento.</p> <p>■ Los proveedores que pertenecen a una agencia pueden inscribirse cuando cumplan con la elegibilidad inicial o cuando las inscripciones estén abiertas, si fuesen elegibles en ese momento.</p>	<ul style="list-style-type: none">• Depende del ingreso del hogar.• Inscribise en cualquier momento cuando sea elegible.	<ul style="list-style-type: none">• Si no califica para obtener seguro mediante un empleador, puede ser elegible para un subsidio de cobertura de salud que se adquiere en el intercambio.• Abierto desde el 1 de noviembre de 2015 hasta el 31 de enero de 2016. O cuando ocurra un “evento calificativo”, como contraer matrimonio, tener un hijo/a o perder la cobertura.
SOLICÍTELO	Llame al Member Resource Center al 866-371-3200 o ingrese a www.myseiubenefits.org	Visite la página de Washington Healthplanfinder para obtener más información en www.wahealthplanfinder.org	Visite la página de Washington Healthplanfinder para obtener más información en www.wahealthplanfinder.org



Puntos importantes de las nuevas prestaciones de salud

Novedades para los miembros del Plan de salud SEIU 775 Benefits Group.



Visitas médicas GRATUITAS a las oficinas de salud mental y de farmacodependencia

La novedad de este año es que las visitas médicas de salud mental y de farmacodependencia no tienen copagos. Puede comenzar hablando con su proveedor de atención médica de cabecera o llamando a los números que se encuentran a continuación para contactar a su proveedor de salud. Realizar esta llamada puede ser el paso más difícil.

Miembros de Group Health:

- Para concertar una cita por primera vez: Llame al 1-888-287-2680 o al 206-901-6300
- Para recibir atención en casos de urgencia o crisis, llame al 1-888-287-2680

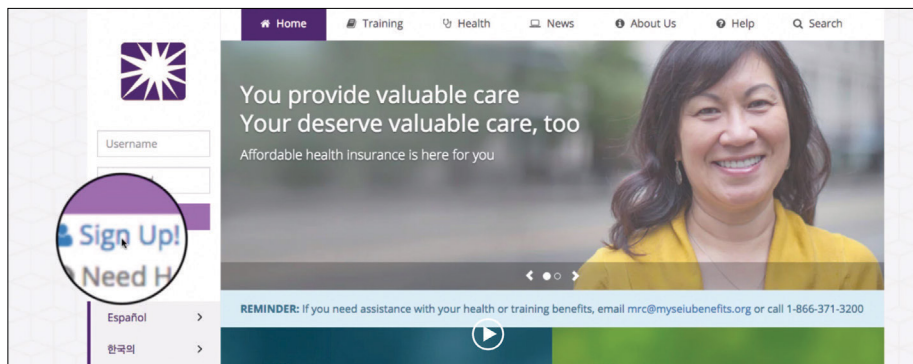
Si es miembro de Kaiser Permanente:

- Llame al 855-632-8280 para programar servicios de terapia y de asesoramiento.
- Para obtener servicios de psiquiatría de emergencia (24 horas), llame al 1-866-453-3932 (línea gratuita)



Los proveedores individuales ahora son elegibles para el plan después de dos meses

Para los proveedores individuales (PI) que ahora son elegibles, el período de espera se reducirá de 3 meses a 2 meses. Tendrá que trabajar 80 horas por mes durante dos meses consecutivos y contar con un mes para tramitación.



Cómo crear su cuenta de beneficios en línea

A través de www.mseiubenefits.org, puede actualizar su información fácilmente, inscribirse a clases y realizar los cursos anuales de Educación continua.

1. Ingrese a www.mseiubenefits.org

En la esquina superior izquierda encontrará el cuadro para iniciar sesión. Si es nuevo en el sitio, haga clic en **Sign up!** (Registrarse) para crear su perfil.

Si desea una demostración en video, haga clic en **Need Help?** (¿Necesita ayuda?) para ver un tutorial sobre cómo registrarse.

2. Seleccione su tipo de proveedor

Seleccione el tipo de proveedor que le corresponde, ya sea un proveedor de una agencia o un proveedor individual, luego haga clic en **Next** (Siguiente). Si es ambas, puede seleccionar la opción que desee.

3. Ingrese su nombre y número de proveedor o identificación de estudiante

Para crear su perfil, necesitará su número de proveedor (el número de 6 dígitos que utiliza para cobrar) o su identificación de estudiante (el número de 12 dígitos ubicado en su paquete de bienvenida). Luego haga clic en **Next** (Siguiente).

4. Complete el contrato y su información personal

Proporcione su mejor información de contacto, como su correo electrónico, número telefónico nocturno y de celular, y domicilio postal. En esta pantalla también elegirá su contraseña y preferencias de idioma. Luego haga clic en **Next** (Siguiente).

5. ¡Ya está listo para iniciar sesión!

Ingrese su nombre de usuario (número de proveedor o identificación de estudiante) y la contraseña que eligió en la pantalla anterior.



Ваше руководство по обучению

1

Пройдите вводный инструктаж и обучение технике безопасности

Ваше первое действие после заключения договора — пройти вводный инструктаж и обучение технике безопасности. Это 5-часовой онлайн-курс в рамках вашего обязательного обучения, который можно пройти на любом компьютере с доступом в Интернет.

1. Посетите веб-сайт www.myseiubenefits.org, чтобы создать учетную запись для обучения.
2. Запустите вводный инструктаж и обучение технике безопасности
3. После завершения курса вы автоматически получите зачет и будете готовы к получению разрешения на предоставление услуг личного ухода.

Вы можете запросить DVD-диск на вашем языке в агентстве, где вы работаете, или в офисе, который заключил с вами договор как с индивидуальной сиделкой. Если для прохождения вводного инструктажа и обучения технике безопасности вы используете DVD-диск, вам потребуется сделать следующее.

1. Позвоните в Центр медицинского реагирования (MRC) по телефону 1-866-371-3200, чтобы получить номер подтверждения.
2. Позвоните по телефону 1-866-483-1397 и сообщите свой номер подтверждения и последние 4 цифры номера социального обеспечения (SSN), чтобы получить зачет.

В Центре медицинского реагирования (1-866-371-3200) вам также могут помочь пройти онлайн-обучение на предпочитаемом вами языке.

2

Зарегистрируйтесь для прохождения основного обучения

Следующий шаг после прохождения вводного инструктажа и обучения технике безопасности — регистрация для прохождения основного обучения. Основное обучение представляет собой 70-часовой платный курс, предлагаемый на вашем языке.

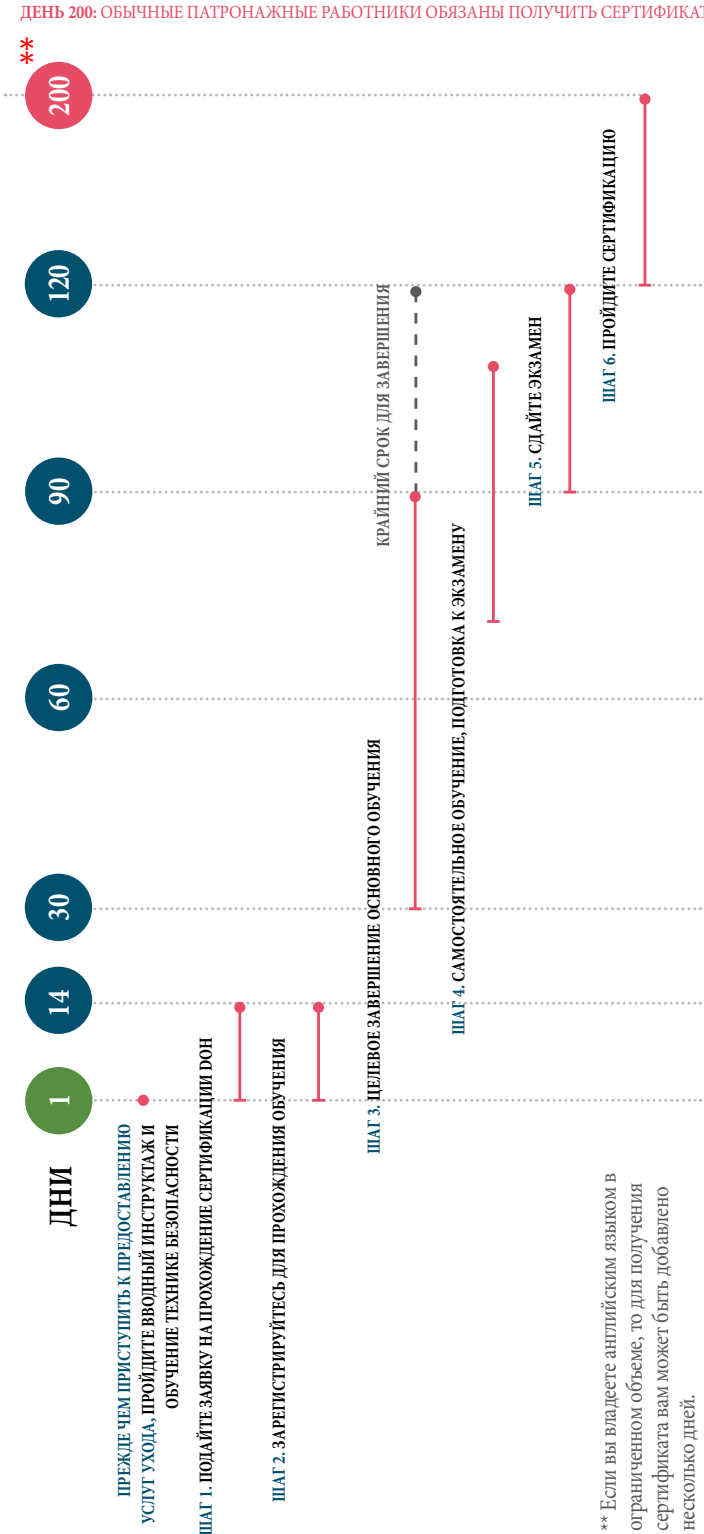
- **Индивидуальные сиделки.** Зарегистрируйтесь для прохождения курса на своем языке на веб-сайте www.myseiubenefits.org или в Центре медицинского реагирования (MRC), позвонив по телефону 1-866-371-3200.
- **Сотрудники агентства.** Уточните у своего работодателя наиболее оптимальный способ регистрации. У работодателя есть правила, касающиеся планирования обучения.

3

Учитесь прилежно!

Обязательно посещайте назначенные вам курсы. После заключения договора у вас есть 120 дней для прохождения обязательного обучения. Приступайте прямо сегодня!

РЕКОМЕНДУЕМЫЕ СРОКИ ДЛЯ ОБУЧЕНИЯ И СЕРТИФИКАЦИИ





** Если вы владеете английским языком в ограниченном объеме, то для получения сертификата вам может быть добавлено несколько дней.



Варианты планов медицинского обслуживания



	SEIU 775 BENEFITS GROUP HEALTH PLAN	MEDICAID/ APPLE HEALTH	WASHINGTON HEALTH PLAN FINDER
ВАШИ ЗАТРАТЫ	25 долларов в месяц.	Бесплатно, в зависимости от уровня дохода вашей семьи.	В зависимости от выбранного вами плана. Планы уровня Silver предлагают оптимальную цену для большинства людей.
СТРАХОВОЕ ПОКРЫТИЕ	Иждивенцы включаются в страховку только для сотрудников агентства, которые оплачивают страховую премию своих иждивенцев в полном объеме.	В страховку включаются супруги и дети.	В страховку включаются супруги и дети.
СООТВЕТСТВИЕ ТРЕБОВАНИЯМ	<p>Работа 80 часов в течение 2 месяцев подряд.</p> <p> Индивидуальные сиделки могут зарегистрироваться в любое время.</p> <p> Сотрудники агентства могут зарегистрироваться при первом случае соответствия исходным требованиям или в период открытой регистрации, если на тот момент они соответствуют требованиям.</p>	<ul style="list-style-type: none"> В зависимости от уровня дохода семьи. Регистрация в любое время при условии соответствия требованиям. 	<ul style="list-style-type: none"> Если вы не соответствуете требованиям для страхования через работодателя, возможно, вы имеете право на получение субсидии на медицинскую страховку, приобретенную на бирже. Открыто с 1 ноября 2015 г. по 31 января 2016 г. Либо если у вас произошло «событие, дающее право», например женитьба, рождение ребенка или потеря страховки.
ПОДАЧА ЗАЯВКИ	Позвоните в Центр медицинского реагирования (MRC) по телефону 866-371-3200 или посетите веб-сайт www.myseiubenefits.org	Посетите веб-сайт Washington Healthplanfinder www.wahealthplanfinder.org для получения дополнительной информации.	Посетите веб-сайт Washington Healthplanfinder www.wahealthplanfinder.org для получения дополнительной информации.



Новые важные факты о медицинских льготах

Новые изменения для участников плана медицинского обслуживания SEIU 775 Benefits Group Health Plan.



БЕСПЛАТНЫЕ приемы у врача по вопросам психического здоровья и химической зависимости

Новинка этого года — приемы по вопросам психического здоровья и химической зависимости проводятся без доплаты. Чтобы начать такое лечение, поговорите со своим основным лечащим врачом либо воспользуйтесь указанными ниже номерами для связи с поставщиком медицинских услуг. Сделать этот звонок может быть труднее всего.

Участники Group Health

- Для записи на первый прием: позвоните по телефону 1-888-287-2680 или 206-901-6300
- Для получения помощи в срочной или кризисной ситуации позвоните по телефону 1-888-287-2680

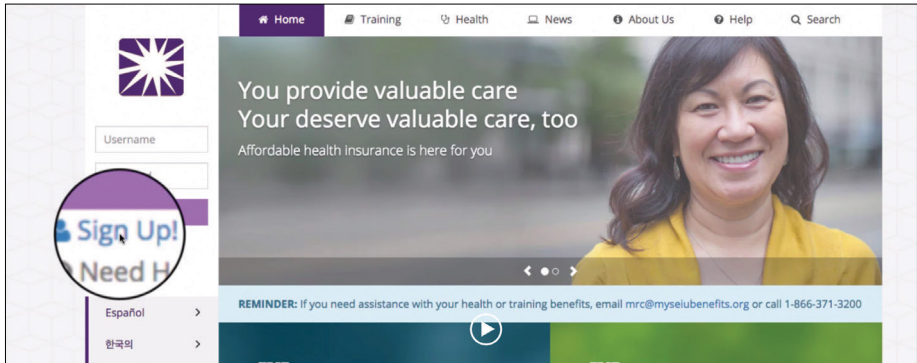
Участники Kaiser Permanente

- Чтобы записаться на получение терапевтических и консультационных услуг, позвоните по телефону 855-632-8280.
- Для получения услуг неотложной психиатрической помощи (круглосуточно) позвоните по телефону 1-866-453-3932 (бесплатно)



Индивидуальные сиделки теперь получают право на участие в плане через два месяца

Для новых индивидуальных сиделок, получивших право на участие, период ожидания будет сокращен с 3 до 2 месяцев. Вам потребуется отработать 80 часов в месяц в течение двух месяцев подряд и подождать один месяц, пока обрабатываются данные.



Как создать учетную запись в Интернете для получения льгот

На веб-сайте www.myseiubenefits.org вы можете без труда обновлять свои сведения, регистрироваться для прохождения обучения, а также проходить ежегодные курсы повышения квалификации.

1. Перейдите на сайт www.myseiubenefits.org

В левом верхнем углу находится поле ввода данных для входа. Если вы попали на сайт впервые, нажмите **Зарегистрироваться!**, чтобы создать свой профиль.

Если вы хотите просмотреть видеопроцедуру, нажмите **Нужна помощь?**, чтобы подробно узнать, как выполнить вход.

2. Выберите свой тип поставщика услуг.

Выберите свой тип поставщика услуг: сотрудник агентства или индивидуальная сиделка, затем нажмите **Далее**. Если вы являетесь и тем, и другим, можете выбрать оба типа.

3. Введите свои имя и фамилию, а также номер поставщика услуг или идентификатор учащегося.

Чтобы создать профиль, необходимо ввести свой номер поставщика услуг (6-значный номер, используемый для получения зарплаты) либо идентификатор учащегося (12-значный номер, находящийся в приветственном пакете), а затем нажать **Далее**.

4. Укажите свои контактные и личные сведения.

Сообщите наиболее полные контактные сведения о себе, такие как адрес электронной почты, телефон для связи в вечернее время, мобильный телефон и почтовый адрес. На этом экране также необходимо задать свой пароль и языковые настройки. Затем нажмите **Далее**.

5. Теперь вы готовы выполнить вход!

Введите свое имя пользователя (номер поставщика услуг или идентификатор учащегося) и пароль, заданный на предыдущем экране.



Hướng Dẫn Đào Tạo của Bạn

1 Tham gia chương trình Đào tạo Định hướng & An toàn

Bước đầu tiên của bạn sau khi ký hợp đồng là hoàn tất chương trình đào tạo Định Hướng và An Toàn. Đây là một khóa học trực tuyến kéo dài 5 giờ được xem là yêu cầu đào tạo của bạn và có thể tham gia trên bất kỳ máy vi tính nào có kết nối internet.

1. Truy cập www.myseiubenefits.org để tạo tài khoản đào tạo của bạn.
2. Khởi chạy chương trình đào tạo Định hướng và An toàn
3. Sau khi hoàn tất, tín chỉ sẽ tự động được cấp và bạn đã được cho phép tham gia chăm sóc cá nhân.

Bạn có thể đề nghị DVD bằng ngôn ngữ của mình từ chủ lao động của bạn hoặc từ văn phòng ký hợp đồng với bạn với tư cách là Nhà Cung Cấp Dịch Vụ Chăm Sóc Cá Nhân. Nếu bạn sử dụng DVD để hoàn tất chương trình đào tạo Định hướng & An toàn, bạn cần:

1. Gọi đến Trung Tâm Nguồn Thông Tin Thành Viên (1-866-371-3200) để có số xác nhận
2. Gọi đến số 1-866-483-1397 kèm theo số xác nhận của bạn và 4 số An Sinh Xã Hội cuối cùng của bạn để nhận tín chỉ.

Trung Tâm Nguồn Thông Tin Thành Viên (1-866-371-3200) cũng có thể giúp bạn tham gia chương trình đào tạo trực tuyến bằng ngôn ngữ yêu thích của bạn.

2 Đăng ký tham gia đào tạo cơ bản

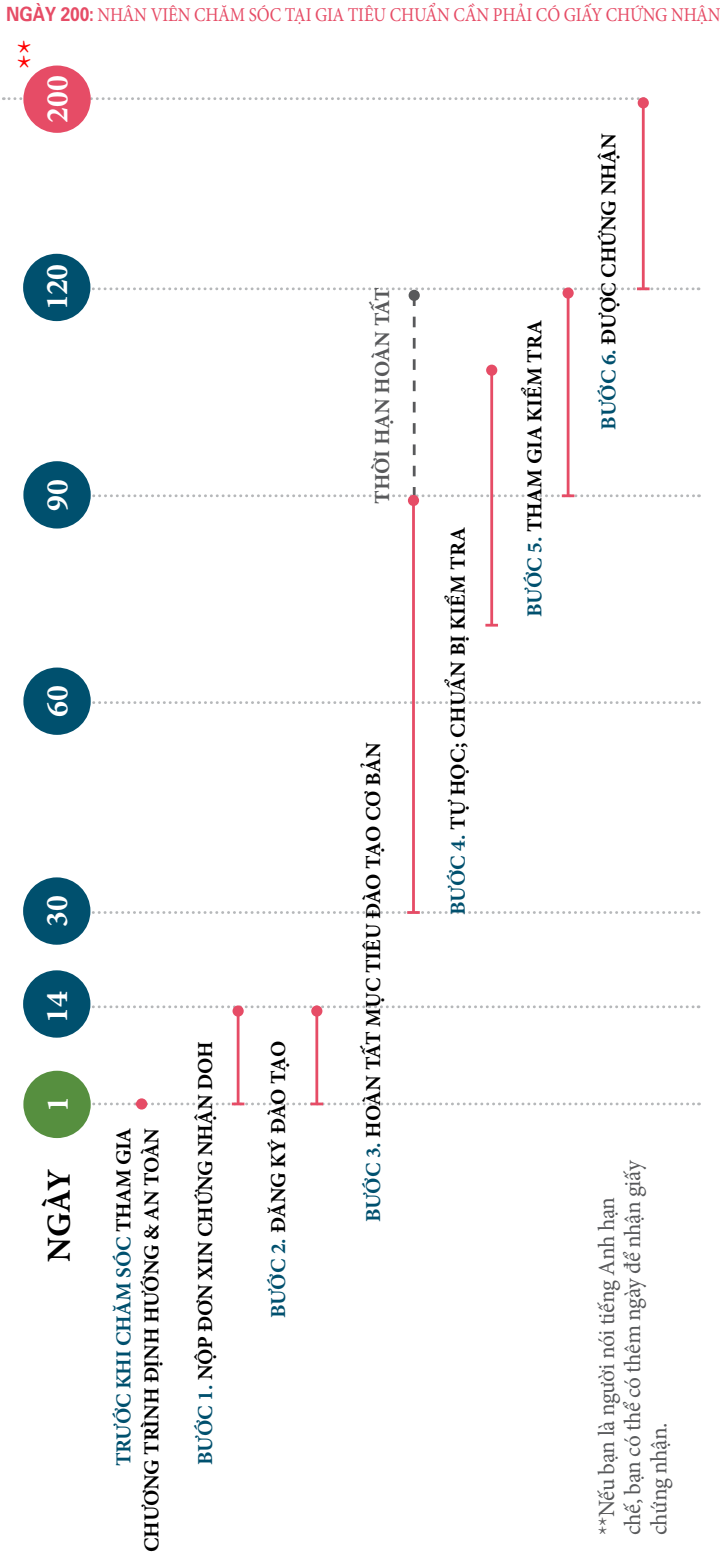
Sau khi hoàn tất chương trình Định hướng và An toàn, bước tiếp theo của bạn là đăng ký tham gia Đào tạo Cơ bản. Đào tạo Cơ bản là khóa học 70 giờ có học phí được thực hiện bằng ngôn ngữ của bạn.

- **Nhà cung cấp dịch vụ chăm sóc cá nhân** Đăng ký tham gia các lớp học bằng ngôn ngữ của bạn tại địa chỉ www.myseiubenefits.org hoặc đăng ký qua điện thoại bằng cách gọi đến Trung Tâm Nguồn Thông Tin Thành Viên theo số 1-866-371-3200.
- **Nhà cung cấp dịch vụ cho cơ quan** Kiểm tra với chủ lao động của bạn cách tốt nhất để đăng ký. Chủ lao động của bạn có các chính sách về việc xếp lịch đào tạo.

3 Hãy hoàn tất thành công!

Chắc chắn bạn đến các lớp học theo kế hoạch. Sau khi bạn đã được ký hợp đồng, bạn có 120 ngày để hoàn tất chương trình đào tạo theo yêu cầu của mình. Hãy bắt đầu ngay hôm nay!

THỜI GIAN ĐỀ NGHỊ ĐỐI VỚI CHƯƠNG TRÌNH ĐÀO TẠO VÀ CHỨNG NHẬN





Các lựa chọn kế hoạch chăm sóc sức khỏe của bạn



	CHƯƠNG TRÌNH CHĂM SÓC SỨC KHỎE SEIU 775 BENEFITS	MEDICAID/ APPLE HEALTH	WASHINGTON HEALTH PLAN FINDER
CHI PHÍ CỦA BẠN	\$25/tháng.	Miễn phí, tùy theo thu nhập hộ gia đình của bạn.	Khác nhau theo chương trình mà bạn chọn. Các chương trình bậc bạc cung cấp giá trị tốt nhất cho hầu hết mọi người.
BAO TRẢ	Người phụ thuộc được bao trả chi đối với nhà cung cấp dịch vụ cho cơ quan thanh toán đầy đủ phí bảo hiểm của người phụ thuộc.	Vợ/chồng và con trẻ được bao trả.	Vợ/chồng và con trẻ được bao trả.
ĐIỀU KIỆN HỘI ĐỦ	<p>Làm việc liên tục 80 giờ trong 2 tháng.</p> <p>■ Nhà cung cấp dịch vụ chăm sóc cá nhân có thể đăng ký vào bất kỳ lúc nào.</p> <p>■ Nhà cung cấp dịch vụ cho cơ quan có thể đăng ký khi đáp ứng trước tiên điều kiện hội đủ ban đầu hoặc vào thời gian đăng ký mở nếu đủ điều kiện sau đó.</p>	<ul style="list-style-type: none">• Tùy theo nhu cầu hộ gia đình.• Đăng ký bất kỳ lúc nào khi đủ điều kiện.	<ul style="list-style-type: none">• Nếu bạn không đủ điều kiện được bảo hiểm thông qua chủ lao động, bạn có thể đủ điều kiện được hưởng tiền trợ cấp bảo hiểm y tế mua ở cơ quan bảo hiểm.• Mở cửa từ ngày 1 tháng 11 năm 2015 đến ngày 31 tháng 1 năm 2016. Hoặc khi bạn có "sự kiện đủ điều kiện" như kết hôn, có con, hoặc mất bảo hiểm.
NỘP ĐƠN XIN	Gọi đến Trung Tâm Nguồn Thông Tin Thành Viên theo số 866-371-3200 hoặc truy cập trang www.myseiubenefits.org	Truy cập trang Washington Healthplanfinder để biết thêm thông tin tại địa chỉ www.wahealthplanfinder.org	Truy cập trang Washington Healthplanfinder để biết thêm thông tin tại địa chỉ www.wahealthplanfinder.org



Điểm nổi bật về quyền lợi y tế mới

Những thay đổi mới đối với thành viên của chương trình chăm sóc sức khỏe SEIU 775 Benefits Group.



Thăm khám MIỄN PHÍ tại phòng khám sức khỏe tâm thần và phụ thuộc hóa chất

Điểm mới trong năm nay, thăm khám về sức khỏe tâm thần và phụ thuộc hóa chất không có khoản đồng thanh toán. Bạn có thể bắt đầu bằng cách trao đổi với Nhà Cung Cấp Dịch Vụ Chăm Sóc Chính hoặc gọi đến số dưới đây để gặp nhà cung cấp dịch vụ chăm sóc sức khỏe của bạn. Việc gọi điện có thể là bước khó khăn nhất.

Thành viên Health Group:

- Lịch hẹn lần đầu: Gọi số 1-888-287-2680 hoặc 206-901-6300
- Chăm sóc khẩn cấp hoặc khủng hoảng, gọi số 1-888-287-2680

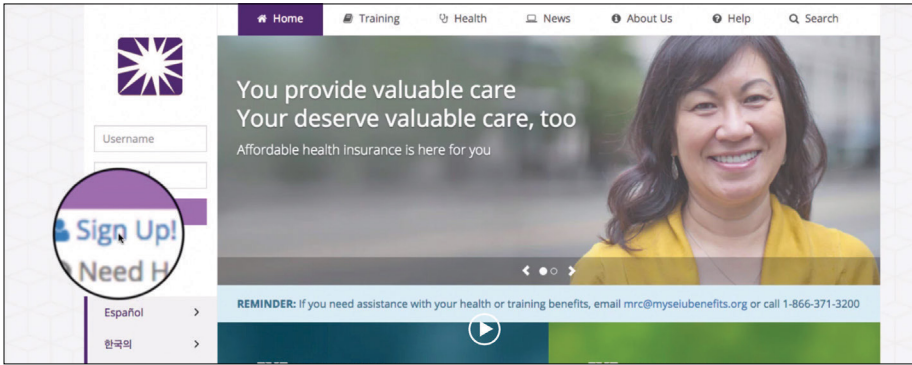
Thành viên Kaiser Permanente:

- Gọi số 855-632-8280 để xếp lịch dịch vụ trị liệu và tư vấn.
- Dịch vụ tâm thần cấp cứu (24 giờ), gọi số 1-866-453-3932 (điện thoại miễn phí)



Nhà cung cấp dịch vụ chăm sóc cá nhân hiện đủ điều kiện tham gia chương trình sau hai tháng

Đối với các Nhà cung cấp dịch vụ chăm sóc cá nhân (IP) mới đủ điều kiện, thời gian chờ sẽ giảm xuống từ 3 tháng đến 2 tháng. Bạn cần làm việc 80 giờ một tháng trong vòng hai tháng liên tục và cho phép một tháng để xử lý.



Cách tạo tài khoản quyền lợi trực tuyến

Qua trang web www.myseiubenefits.org, bạn có thể cập nhật để dàng thông tin của mình, đăng ký tham gia lớp học, và tham gia các khóa Giáo Dục Thường Xuyên hàng năm của bạn.

1. Vào trang www.myseiubenefits.org

Ở góc trên bên trái, bạn sẽ nhìn thấy ô đăng nhập. Nếu bạn mới tham gia trang này, hãy nhấp vào **Đăng ký!** để tạo hồ sơ của mình.

Nếu bạn muốn xem qua video, hãy nhấp vào **Cần trợ giúp?** để được hướng dẫn đầy đủ cách đăng nhập.

2. Chọn loại nhà cung cấp của bạn

Chọn Loại nhà cung cấp của bạn, nhà cung cấp dịch vụ cho cơ quan hoặc nhà cung cấp dịch vụ chăm sóc cá nhân, sau đó nhấp vào **Tiếp theo**. Nếu bạn là cả hai, bạn có thể chọn một trong hai.

3. Nhập tên của bạn và Số của nhà cung cấp hoặc ID học viên

Bạn cần có Số của nhà cung cấp (6 số mà bạn sử dụng để được thanh toán) hoặc ID học viên của bạn (12 số ở gói tài liệu chào mừng của bạn) để tạo hồ sơ, sau đó nhấp vào **Tiếp theo**.

4. Điền đầy đủ thông tin liên lạc và cá nhân của bạn

Vui lòng cung cấp thông tin liên lạc thích hợp nhất của bạn như email, số điện thoại ban đêm và số điện thoại di động, và địa chỉ gửi thư. Trên màn hình này, bạn cũng chọn mật khẩu và ngôn ngữ ưu tiên của mình. Sau đó nhấp vào **Tiếp theo**.

5. Bây giờ bạn đã sẵn sàng để đăng nhập!

Nhập Tên người dùng (Số của nhà cung cấp hoặc ID học viên) và mật khẩu mà bạn chọn ở màn hình trước.



Jaheynta Tababrkaaga

1

Qaado Tababarka Jaheynta iyo Badbaadada

Tallaabadaada koowaad marka aad qandaraaska qaadato waa buuxinta tababarka Jaheynta iyo Badbaadada. Tani waa 5-saacadood koorsada onleenka ah oo lagu tiriyay dhinaca tababarka sharuudaada oo waxaad ku qaadan kartaa kumbiyuutar walba ee xiriirka internetka.

1. Booqo www.myseiubenefits.org si aad u aasaasid akoonkaaga tababarka.
2. Bilowga tababarka Jaheynta iyo Badbaadada
3. Kadib dhameystirka, buundo ayaa si toos lagu siiyay oo waxaad diyaar u tahay in lagu oggolaado daryeelka gaarka ah.

Waxaad ku codsan kartaa DVD luuqadaada ee loo shaqeeyaha hay'adaada ama xafiiska kula soo qandaraasgalay adiga sida Adeeg Bixiyaha Gaarka ah. Haddii aad isticmaashid DVD si aad u dhameystirtid tababarka Jaheynta iyo Badbaadada, waxaad u baahanaysaa:

1. Inaad wacdo Xarunta Illaha Xubinta (1-866-371-3200) si aad u heshid lambarka xaqiijinta
2. Ku soo wac 1-866-483-1397 lambarka xaqiijintaada iyo 4 lambar ee ugu dambeysa Lambarka Amniga Bulshada si aad u heshid buundo.

Xarunta Illaha Xubinta (1-866-371-3200) waxay sidoo kale kuugu caawin karaan in aad qaadatid tababarka onleenka ee luuqadaada aad doorbidayso.

2

Iska diiwaangeli Tababarka Bilowga ah

Kadib markaad dhameystirtid Jaheynta iyo Amniga, tallaabadaada xigta waa ka diiwaangelinta Tababarka bilowga ah. Tababarka bilowga ah waa 70-saacadood, fasalada la bixiyay lacagtooda ee lagu bixiyay luuqadaada.

- **Adeeg Bixiyayaasha Gaarka ah** Diiwaanka fasalada ee luuqadaada ee www.myseiubenefits.org ama iska diiwaangeli taleefonka adiga oo wacayo Xarunta Illaha Xubinta ee 1-866-371-3200.
- **Adeeg Bixiyayaasha Hay'ada** La hubi loo shaqeeyahaaga wadada ugu wanaagsan ee lagu diiwaangeliyo. Loo shaqeeyahaagu wuxuu leeyahay xeerar balansiga tababarka ah.

3

Si xoogan U dhameey!

Iska hubi in aad aadid fasaladaada balansan. Marka qandaraas lagugu qaato, waxaad heysataa 120 maalmood si aad u buuxisid tababarkaaga loo baahanyahay. Maanta bilow!

LA S00 JEEDIYAY JADWALKA WAQTIGA EE TABABARKA IYO SHAHAADADA



**Haddii uu yaryahay ku hadalkaaga af Ingiriiska, waxaad heli kartaa maalmo dheeraad ah si loo helo shahaadada.



Dookhyada Qorshaha Caafimaadkaaga



**SEIU 775
BENEFITS GROUP**



SEIU 775 QORSHAHA CAAFIMAADKA KOOXDA FAA'IDOOYINKA

MEDICAID/ APPLE HEALTH

HELAHA QORSHAHA CAAFIMAADKA WASHINGTON

QARASHKAAGA

\$25/bisha.

Bilaash, waxay ku xirantahay daqligaaga qoyska.

Kala duwanaanshaha waxay ku xirantahay qorshaha aad dooritid. Qorshooyinka heerka Silver wuxuu bixiyaa qiyamka ugu wanaagsan dadka inta ugu badan.

DABOOLIDA KHARASHKA

Ku tiirsanayaasha lagu daboolay kaliya adeeg bixiyayaasha Hay'ada ee bixiyo lacagta caymiska buuxo ee ku tiirsanayaashooda.

Xaasaska iyo carruurta daboolan.

Xaasaska iyo carruurta daboolan.

XAQ U LAHAANSHAHA

Shaqada 80 saacadood oo 2 bilood ah ee isku xigga.

■ Adeeg Bixiyayaasha Gaarka laga yaabo in laga diiwaangeliyo xili walba.

■ Adeeg Bixiyayaasha Hay'ada, laga yaabo in laga diiwaangeliyo markii xaq ulahaanshaha koowaad ugu horayn la buuxiyo ama furnaanshaha diiwaangelinta haddii xaq looleeyahay markaa.

- Waxay ku xirantahay daqliga qoyska.
- Iska diiwaangeli xili walba markii xaq loo leeyahay.

- Haddii aadan u qalmin caymiska illaa loo shaqeeyaha, waxaa laga yaabaa in aad u qalantid kaalmada caymiska caafimaadka ee lagu iibsaday baddelida.

- Waxay furmeysaa laga bilaabo Noofeembar. 1, 2015, ilaa Janaayo. 31, 2016. Ama marka aad heysatid "dhacdada u qalmida" sida guurka, canug, ama lumitaanka caymiska.

CODSO

Ka soo wac Xarunta Illaha Xubinta ee 866-371-3200 ama booqo www.myseiubenefits.org

Ka booqo helaha caafimaadka Washington wixii macluumaad dheeraad ah www.wahealthplanfinder.org

Ka booqo helaha caafimaadka Washington wixii macluumaad dheeraad ah www.wahealthplanfinder.org



Faa'idooyinka Caafimaadka Cusub ee La tilmaamay

Isbeddelada cusub ee xubnaha SEIU 775 qorshaha caafimaadka Faa'idooyinka Kooxda.



Caafimaadka maskaxda BILAASHKA ah iyo xafiiska booqashooyinka ku tiirsanida kiimikada

Ku cusub sannadkan, caafimaadka maskaxda iyo booqashooyinka ku tiirsanida kiimikada malahan canshuur go'an. Waxaad bilaabi kartaa midkood adiga oo la hadlayo Adeeg Bixiyaha Daryeelkaaga Koowaad ama wacitaanka lambarada hoose ee adeeg bixiyaha caafimaadkaaga. Sameynta wacitaankaan waxay noqon kartaa tallaabada ugu adag.

Xubnaha Caafimaadka Kooxda:

- Balamaha waqtiga koowaad: Soo wac 1-888-287-2680 ama 206-901-6300
- Daryeel degdega ama dhibaataada, soo wac 1-888-287-2680

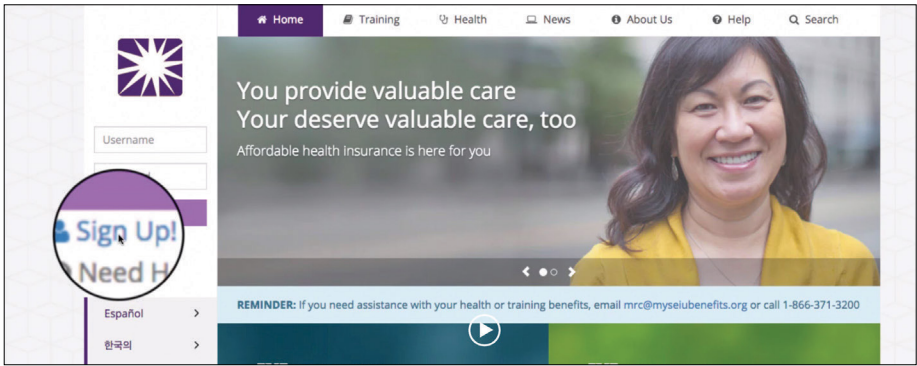
Xubnaha Kaiser Permanente:

- Soo wac 855-632-8280 si aad u balansatid adeegyada daaweynta iyo la talinta.
- Gurmada adeegyada maskaxda (24 saacadood), soo wac 1-866-453-3932 (taleefon bilaash ah)



Adeeg Bixiyayaasha Gaarka ah hadda waxay xaq u leeyihiin qorshaha labo bilood kadib

Adeeg Bixiyayaasha gaarka ah ee mardhow xaq u lahaaday (IPs), muddada sugitaanka way isu dhimeysaa laga bilaabo 3 bilood ilaa 2 bilood. Waxaad u baahanaysaa in aad shaqeysid 80 saacadood bishiiba oo labbo bilood oo isku xiga oo oggolow hal bil oo habbaynta ah.



Sida loo aasaaso Akoonkaaga Onleenkaaga ah ee Faa'idooyinka

Illaa www.myseiubenefits.org, waxaad si fudud u cusbooneysiin kartaa macluumaadka, diiwaanka fasalada, iyo qaado koorsooyinka Waxbarashada Joogtada sannadlaha ah.

1. Booqo www.myseiubenefits.org

Geeska kore ee bidix waxaad ka helayaa sanduuqaaga gelitaanka. Haddii aad ku cusubtahay bogga, riix **Sign Up!** si aad u u abuurtid boggaaga.

Haddii aad jeclaan laheyd socodka fiidiyowga ee-dhinaca, riix **Need Help?** Sharaxaad buuxdo oo sida loo galo.

2. Dooro Nooca Adeeg Bixiyahaaga

Doorro Nooca Adeeg Bixiyahaaga, midkood Adeeg Bixiyaha Hay'ada ama Adeeg Bixiyaha gaarka, kadib riix **Next**. Haddii labo tihiin, waxaad dooran kartaa midkood.

3. Geli magacaaga iyo Lambarka Adeeg Bixiyahaaga ama Aqoonsiga Ardayga

Waxaad u baahanaysaa midkood Lambarka Adeeg Bixiyahaaga (6-da Imabar ee aad isticmaashid si aad lacag u heshid) ama Aqoonsiga Ardaygaada (12-ka lambar ee ku yaala baakida soo dhaweynataada) si aad u aasaastid boggaaga, kadib riix **Next**.

4. Buuxi xiriirkaaga iyo macluumaadka gaarka ah

Fadlan sheeg macluumaadka xiriirkaaga ugu wanaagsan sida i-meelkaaga, taleefonkaaga iyo mobeelkaaga fiidka, iyo ciwaankaaga boostadda. Shaashadan waxaad sidoo kale dooraneysaa furaha sirtaada iyo luuqada aad doorbidid. Kadib riix **Next**.

5. Hadda waxaad diyaar u tahay in aad gashid!

Geli magacaaga isticmaalka (Lambarka Adeeg Bixiyaha ama Aqoonsiga Ardayga) iyo kadib lambarkaaga fiiraha sirta ee aad ka dooratay shahaashadii hore.

TRAINING STANDARDS

UPDATED JULY 2016

	ORIENTATION AND SAFETY		BASIC TRAINING			CREDENTIAL	INITIAL CONTINUING EDUCATION (CE)	ONGOING CE
	Orientation 2 Hours	Safety Training 3 Hours	Accelerated Basic Training 30 Hours	Basic Training 70 Hours	Parent Provider (DDD Only) Class 7 Hours			
Standard HCA Individual Provider (IP) & Agency Provider (AP) hired on/after 1/7/2012 in process or Newly Issued HCA credential	Completed prior to providing care	Completed prior to providing care	Not applicable	Within 120 days of starting to provide care	Not required	HCA Credential Required? Yes	Continuing Education 12 Hours If your first renewal period is less than a full year from the date of certification, no CE will be due for the first renewal period**	Continuing Education 12 Hours By your birthday
Standard HCA IP or AP hired on/after 1/7/2012 renewed certification	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Yes	By your birthday following your last HCA credential renewal date	By your birthday
Standard HCA IP or AP hired before 1/7/2012	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	No	By your birthday in next calendar year after completing Basic Training	By your birthday
Parent Individual Provider (HCS/AAA)*	Completed prior to providing care	Completed prior to providing care	Within 120 days of starting to provide care	Not required	Not required	No	Not required, unless you voluntarily obtain your HCA credential	Not required, unless you voluntarily obtain your HCA credential
Parent DD Individual Provider (DDD)*	Completed prior to providing care	Completed prior to providing care	Not required	Not required	Within 120 days of starting to provide care	No	Not required, unless you voluntarily obtain your HCA credential	Not required, unless you voluntarily obtain your HCA credential
Limited Service Provider*	Completed prior to providing care	Completed prior to providing care	Within 120 days of starting to provide care	Not required	Not required	No	Not required, unless you voluntarily obtain your HCA credential	Not required, unless you voluntarily obtain your HCA credential
Adult Child Individual Provider*	Completed prior to providing care	Completed prior to providing care	Within 120 days of starting to provide care	Not required	Not required	No	By your birthday in next cal- endar year after completing Accelerated Basic Training	By your birthday
Respite	Completed prior to providing care	Completed prior to providing care	Within 120 days of starting to provide care	Not required	Not required	No	Not required	Not required

*NOTE: If you work for multiple employers or have multiple roles or multiple consumers, you may have different training standards than the chart indicates below.

** If you are credentialed on your birthday then your CE is due on your first birthday following your Current NAC Credential issuance date.

For Workers Who Have a Current NAC Credential, the Chart Below Applies (Not LPN or RN)***

Providers with a renewed NAC or Special Education Endorsements	Not required	Not required	Not required	Not required	Not required	No	If CE is required in table above, then your CE is due by your first birthday after you start working as an HCA IP or AP.	By your birthday
Providers with a new NAC or Special Education Endorsements	Not required	Not required	Not required	Not required	Not required	No	If CE is required in the table above, then your CE is due by your second birthday following your NAC Credential issuance date.**	By your birthday

***If you are currently certified as an LPN or RN, CE is not required for your role as an Individual Provider (IP) or Agency Provider (AP). You must maintain your LPN or RN credential and be in good standing with the state of Washington. Note: A provider may fall into more than one of these definitions. They must meet the higher requirements for training and certification.

HOME CARE AIDE DEFINITIONS

Home Care Aide (HCA)	Provides care to a consumer living in his or her home. Employed by a private, Medicaid homecare agency or DSHS.
HCA Credentialed	A worker who has successfully passed a test and been credentialed by the Department of Health as a Home Care Aide.
Non-HCA Credentialed	This is an HCA with a current healthcare credential, such as a Registered Nurse (RN), Licensed Practical Nurse (LPN), or Nursing Assistant Certified (NAC).
Agency Provider (AP)	Home Care Aide (HCA) employed by a private, Medicaid homecare agency.
Individual Provider (IP)	Home Care Aide (HCA) whose employer of record is DSHS.
Standard HCA	Home Care Aide who does not work with their own parent or child. Works more than 20 hours a month or has more than one consumer.
Parent Individual Provider (HCS/AAA)	This is an IP who provides care to his/her own adult child and is contracted through Home and Community Services (HCS) and/or an Area Agency on Aging (AAA). This is often referred to as a non-DDD Parent Provider.
Parent DD Individual Provider (DDA)	This is an IP who provides care to his/her own adult child with a developmental disability and is contracted through the Developmental Disability Administration.
Limited Service Provider	This is any IP who provides care 20 hours a month or less for one consumer.
Adult Child Individual Provider	An adult child providing care for his/her biological, step, or adoptive parent.
Respite	This is an IP that provides DDA Respite services at 300 hours or less in a calendar year.



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한국어로 도움이 필요하시면 **93** 페이지를 보아 주십시오

Nếu quý vị cần được hỗ trợ bằng tiếng Việt, vui lòng xem trang **108**

如果您需要中文帮助，请见第XX页。 **88**

Если Вам нужна помощь на русском языке, пожалуйста, смотрите стр. **103**

Haddii aad ugu baahan tahay caawimaad af Soomaali fadlan eeg bogga **113**

Si necesita asistencia en español, vea la página **98**