

Guide to Home Care Training,  
Health & Retirement Benefits

# Your Benefits



*Home Care Aides Lorraine (left) and Vivian (right) with Frankie (center)*

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**SEIU 775  
BENEFITS GROUP**

2017-2018

# Who to Contact for Your Benefits

Looking for answers to your training, health and retirement questions? Keep this guide handy for the important contact information for your caregiver benefits.

## Training Questions

Member Resource Center Certification, class registration support	1-866-371-3200 (8 a.m. to 6 p.m., Mon–Fri) mrc@myseiubenefits.org
Peer Mentors Basic training skills support, general encouragement	855-803-2095 (10 a.m. to 5 p.m., Mon–Fri) peer.mentorship@myseiubenefits.org
Individual Provider One Payroll questions, updating contact info	844-240-1526 (7 a.m. to 7 p.m., Mon–Fri, 8 a.m. to 1 p.m., Sat)
Department of Health Home Care Aide certification support	360-236-2700
Prometric Scheduling Home Care exam support	1-800-324-4689

## Health Questions

Member Resource Center Health plan eligibility, enrollment	1-866-371-3200 (8 a.m. to 6 p.m., Mon–Fri) mrc@myseiubenefits.org
Kaiser Permanente of Washington HMO, POS plan information	1-888-901-4636 or visit <a href="http://www.kp.org/wa">www.kp.org/wa</a>
Kaiser Permanente Northwest Plan information (Clark, Cowlitz counties)	1-800-813-2000 or visit <a href="http://www.kp.org">www.kp.org</a>
Aetna: PPO plan information	855-736-9469 or visit <a href="http://www.aetna.com">www.aetna.com</a>
Delta Dental plan information	1-800-547-9515, <a href="http://www.deltadental.com">www.deltadental.com</a>
Willamette Dental plan information	1-855-433-6825, <a href="http://www.willamettedental.com">www.willamettedental.com</a>

## Retirement Questions

Retirement plan administrator Eligibility, plan information	1-866-770-1917 (Option 3) (8 a.m. to 6 p.m., Mon–Fri)
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# My Benefits

## Important Information

### My Training Account ([www.myseiubenefits.org](http://www.myseiubenefits.org))

Student ID number / username:	Password:
Provider ID (payroll) number:	
Home Care Credential (HM) number:	
OCA (fingerprint) number:	

### My Yearly Continuing Education Deadline

\_\_\_\_\_  
(Your birthday)

### My Health Plan

Health plan name:	Health plan number:
Doctor's name:	Doctor's phone number:
Closest urgent care center:	
Dentist's name:	Dentist's phone number:



*Home Care Aide Francis with her client, Joey,  
and his mother, Geri*

# Welcome to Your Benefits!

Your work as a home care professional plays a vital role in the health and happiness of your client. We know that caregiving is challenging work.

**We want you to have the resources you need to succeed — personally and professionally.**

We work closely with caregivers like you, caregiver unions such as SEIU 775, the state of Washington and home care employers to improve and expand your training, health and retirement benefits.

“

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

-Annette, Home Care Aide.

**Thank you for caring for others!**

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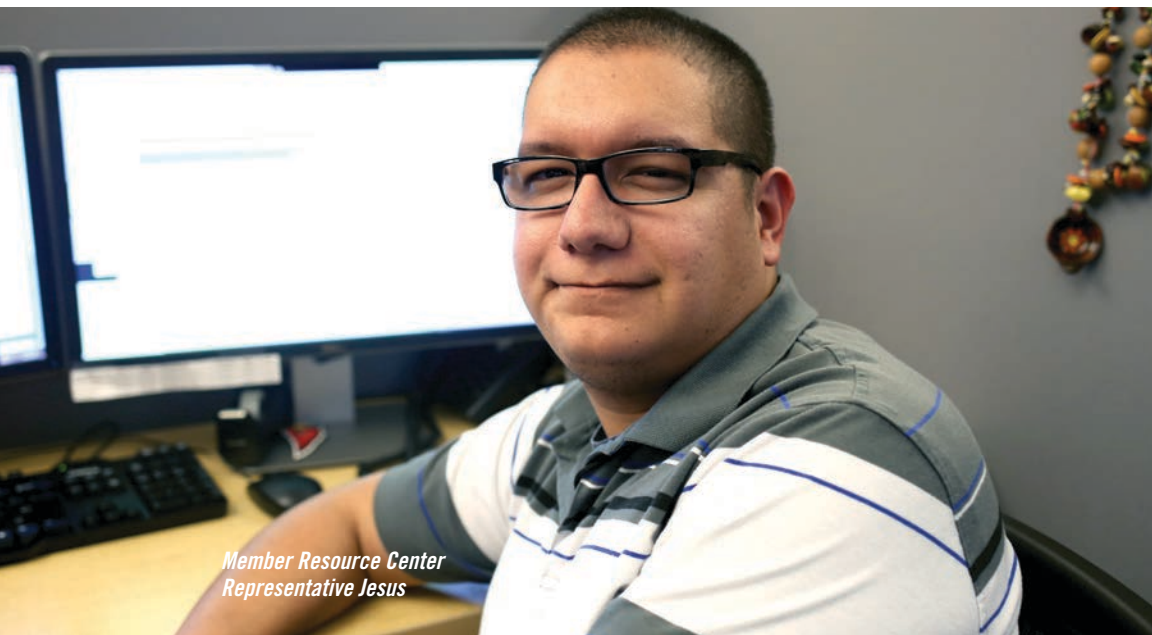
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*Member Resource Center  
Representative Jesus*

# Member Resource Center

The Member Resource Center (MRC) is available to support you by resolving issues and answering your questions from home care certification to health plan eligibility.

**1-866-371-3200**

8 a.m. to 6 p.m.

Monday–Friday

The MRC is closed on the following holidays:

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

Check [www.myseiubenefits.org/help](http://www.myseiubenefits.org/help) for office closures and the most current hours.



## 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  
សមាជិក 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.

**ព័ត៌មានសមាជិក (Member Resource Center) តំបន់ 1-866-371-3200 ផ្តល់  
នូវការបណ្តុះបណ្តាលសម្រាប់ការងាររបស់អ្នក  
ដែលបានបញ្ជាក់ពីការងាររបស់អ្នក  
ដែលអ្នកបានបញ្ជាក់ពីការងាររបស់អ្នក**

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.

# Connect with the Caregiving Community

## Home Care InSight Magazine

Look for this caregiver magazine in your mailbox! InSight magazine is packed full of stories from caregivers like you around the state. You will also find:

- Updates on your benefits.
- New program opportunities.
- Healthy recipes and tips.
- Career advice and skill sharing.

Read all issues online at [www.homecaremag.org](http://www.homecaremag.org).



## Connect with us on Facebook

Like SEIU 775 Benefits Group on Facebook for the latest caregiver stories, tips and news.

Visit: [www.fb.com/SEIU775BenefitsGroup](http://www.fb.com/SEIU775BenefitsGroup)





## Looking to connect with a new client? We can help.

A lasting bond can make a major difference for home care clients, their families and care providers. We know it can be difficult for care providers and clients to find the right match.

Carina is an online platform for Individual Providers and state-funded home care clients to find each other for work and support. This is a service brought to you through an agreement between the state of Washington and SEIU 775.

**[www.carinacare.com](http://www.carinacare.com)**

For more information, email [info@carinacare.com](mailto:info@carinacare.com) or call 1-844-797-8901.



*Home Care Aide  
with client*

# Welcome to Home Care!

## Your Path to Home Caregiving

Welcome to the field of home care! You have important work ahead of you as a future certified Home Care Aide.

“Taking care of people is my life passion. I can give somebody a high-quality of life, while they can remain in their home.”

- Norma, Home Care Aide.

For many, Home Care Aide Certification is your first **stepping stone in a healthcare career**. For others, this certification will connect you to tools and community support to **provide care for a loved one**.



### What is a Home Care Aide Certification?

With this professional certificate, you can provide care to a client (a person receiving care) as a paid Home Care Aide in Washington state.

# Suggested Timeline for New Hires

There are many steps to becoming trained as a caregiver. This book has helpful information and tips to help you succeed. Below is a suggested timeline with important dates to help you plan the upcoming months.

## DAYS CHECKLIST

1

Your Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ **Step 1:** Complete a Background Check & Fingerprinting
- ☐ **Step 2:** Get Your Student ID Number: \_\_\_\_\_
- ☐ **Step 3:** Create Your Training Account
- ☐ **Step 4:** Take Orientation & Safety
- ☐ **Step 5:** Prepare for First Day with Your Client

14

**Application Deadline (14 days after hire):** \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ **Step 6:** Mail Your Home Care Aide Certification Application\*
- ☐ **Step 7:** Register for Basic Training
- ☐ **Step 8:** Prepare for First Day of Basic Training

30

**Suggested Steps Between Days 30-120**

- ☐ **Step 9:** Start Basic Training  
**Class Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ Complete all Your Basic Training Classes  
**BY DAY 120:** Your deadline to finish all Basic Training classes

120

- ☐ **Step 10:** Prepare for Your Exam
- ☐ **Step 11:** Take Your Exam  
**Exam Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

200

**Certification Deadline (200 days after hire):** \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ **Step 12:** Receive Your Home Care Aide Certification!

**By Day 200:** Standard Home Care Aides are required to receive certification.

*\*If you are a limited English speaker, you can check "Provisional Certificate" on your Home Care Aide application to apply for additional days to receive certification.*

**You are not alone on this path. We are here to help!**

If at any point you feel stuck, anxious or confused, please call the

Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).

1

2

3

4

5

6



You are here!

On these two pages, you'll find Steps 1 and 2 on your path to Home Care Aide Certification. These numbers light up as you make progress.

**Mark it up! Tear it Up!** Use this book to take notes, tear out handy pages to stick on your fridge and jot down all of your ID numbers. (Page 3 is great for that).

## Step 1: Complete a Background Check & Fingerprinting

Before providing care, your first step is to complete a background check and a fingerprinting appointment.

1. Your employer will provide steps to complete a background check.
2. Then you will schedule a fingerprint appointment.
3. Keep your fingerprint receipt for your records.

It contains your Originating Case Agency (OCA) number. We recommend you record it in the front of this book or below.

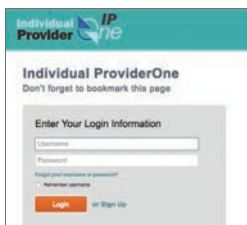


**My Fingerprint OCA Number:** \_\_\_\_\_

## Step 2: Get Your ID Numbers

You will receive a lot of information, custom identification numbers and paperwork in your first days and weeks of caregiving.

**Here are a few websites and ID numbers to bookmark:**



**IPOne:** Individual Provider One is your payroll and hours-tracking website. (For Individual Providers only.)

**URL:** [www.ipone.publicpartnerships.com](http://www.ipone.publicpartnerships.com)

**Provider ID or IP number:** Use this number for your payroll account.



**My Provider ID Number:** \_\_\_\_\_



**SEIU 775 Benefits Group website:** Register for training and learn more about your benefits.

**URL:** [www.myseiubenefits.org](http://www.myseiubenefits.org).

**Student ID number:** Use this number to create your training account at [www.myseiubenefits.org](http://www.myseiubenefits.org).

Your Welcome Letter mailed to your home contains your Student ID number. You will also receive a phone call with your Student ID number. Write it below or in the front of this book.



**My Student ID Number:** \_\_\_\_\_

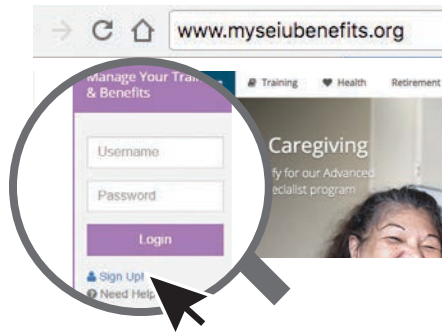


## Step 3: Create Your Training Account

Your training account is your home for registering for classes and taking online classes throughout your caregiving career.

### To create your training account:

1. Go to [www.myseiubenefits.org](http://www.myseiubenefits.org).
2. Click on “Sign Up!” under the login box in the top left corner.
3. Use either your Provider ID or your Student ID number.
4. Follow instructions to provide your language preferences.



It is a good idea to use the same email address for all your work-related accounts, as that is how we will keep you informed. (For help in creating an email address, see page 40.)

You will be asked to create a custom password. We recommend writing your password below or in the front of this book.



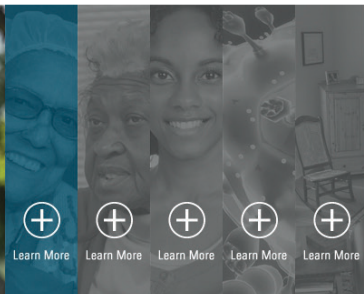
**My Student ID Number:** \_\_\_\_\_

**My Training Account Password:** \_\_\_\_\_

*Tech Tip: Make passwords both complex and easy to remember by using words that paint an image in your head. (E.g., “horsebatteryfishtank” would be nearly impossible to crack.) See page 42 for more digital security tips.*



## ORIENTATION AND SAFETY



## Step 4: Take Orientation & Safety Training Online

You are now ready to take your first caregiving class! Orientation & Safety provides you with basic safety skills before you start caring for your client.

Skills you will learn in this class:

- Emergency readiness.
- How to stop the spread of infectious diseases.
- Accident prevention.



Take this class **as soon as possible**.

You'll need to complete this before providing care for your client.

### Do I need to take the Orientation & Safety class?

Most caregivers are required to take the Orientation & Safety class before providing care. The classes you will take are based on what type of care you provide. See page 32 for your training requirements by provider type.

Next page: How to take Orientation & Safety Online.





## Take Orientation & Safety Training Online (continued)

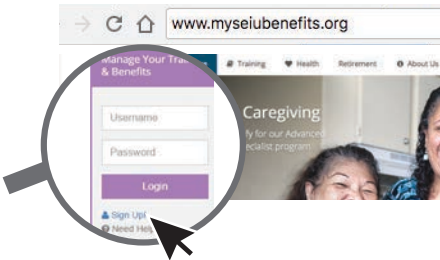
### Tech Tip: Use Google Chrome for Your Online Classes

Your online classes work best on the Chrome browser.

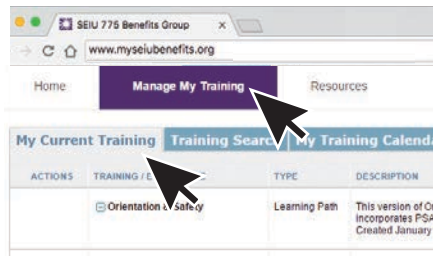
Chrome is easy to install. Learn how on page 38.



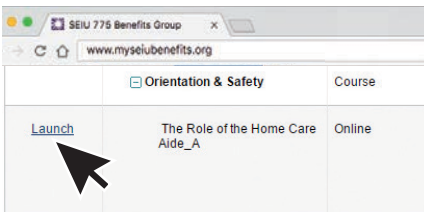
1. Create a learner account at [www.myseiubenefits.org](http://www.myseiubenefits.org). Then choose the language you would like for training.



2. Open “My Current Training.”



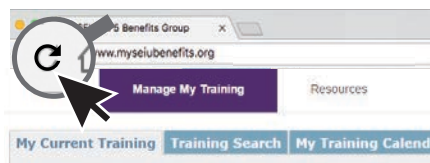
3. Click “Launch” to begin. The lesson will open in a new window.



4. After each lesson, close the window by clicking the “X” button.



5. Refresh “Manage My Training” screen for the next lesson. After all lessons are complete, your training certificate will be available under “My Training History.”



If you have any technical problems, please call the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).

## Step 5: First Day Tips with Your Client

This can be a stressful day, whether you are meeting your client for the first time or beginning to provide care for someone you already know.



I had no idea if I was doing things right,” said one caregiver about her first day on the job.

### Four Tips for meeting your client

1. Dress professionally. Consider wearing scrubs, minimal makeup and avoiding strong scents in case your client has scent sensitivities.
2. Share a little about yourself and, to get to know your client, ask questions such as:
  - What are your expectations of me?
  - Do you have any restrictions I should be aware of?
  - What food/shows/activities do you like?
3. Go over their **Care Plan** together. Make sure you both understand your role. Set boundaries and expectations.



4. Gather your supplies, such as:

- ☐ Closed-toe, non-slip shoes
- ☐ Care Plan / task sheet
- ☐ Water bottle
- ☐ Snacks
- ☐ Work bag



### Perfect time to call your Peer Mentor!

Peer Mentors are certified Home Care Aides trained to support you as you get started in home care. Call 855-803-2095, 10 a.m. to 5 p.m., Monday–Friday, or email [peer.mentorship@myse iubenefits.org](mailto:peer.mentorship@myse iubenefits.org).



## Step 6: Mail Your Home Care Aide Certification Application

You are now on your way to becoming a Certified Home Care Aide!

Your next step to certification is mailing your Department of Health “Home Care Aide Certification Application.”

*(All Standard Home Care Aides need to complete this step. All other providers jump to Step 7.)*



### What is the Department of Health (DOH)?

This is the state agency that issues your Home Care Aide Certification.



You have **14 days from when you were hired** to mail your application.

Mail my DOH application by:

\_\_\_\_/\_\_\_\_/\_\_\_\_

### Application Tips:

- Get your application from your employer or download and print it at [www.myseiu.be/DOHApp](http://www.myseiu.be/DOHApp).
- Check the box for “State Pay.” You do not need to mail any payment with your application.
- Check “Provisional Certificate” if you are a Limited English Proficiency student. You may be allowed extra days for certification.
- Use the name on your state ID, such as your drivers license or passport.
- Write the **email address you check regularly** for updates. It is a good idea to use the same email address for all caregiver-related accounts such as your payroll and training accounts. *(For help creating an email address, see page 40.)*

Revenue 0299100001

☒ **Provisional Certificate**

**Home Care Aide Certification Application**

Fingerprint-based background check (if you are unemployed with CA #) / Fingerprint-based background OCA #, check the box in section three of the application.

I am applying for a provisional certificate which is available for home care aides whose ability to read, write and speak English is limited. ☐ Yes ☐ No

Select if the following applies: ☐ State pay ☐ Self Pay

Select if the following applies: ☐ Spouse or Registered Domestic Partner of Military Personnel

**1. Demographic Information**

Social Security Number (If you do not have a SSN) (restrictions) National Provider Identifier Number (NPI) (Enter 10 digit number) ☐ Male ☐ Female

Name: ☒ **State pay** Last

Birth date (mm/dd/yyyy) City State Country

## Respond to Your Confirmation Email within Two Weeks

After mailing your application to the Department of Health, watch for an email confirmation in the following weeks.

**You must respond to this email** in order to complete your home care application with the state.



This email will also have your Home Care Credential (HM) number with the state of Washington.

**My HM Number:** \_\_\_\_\_



### Why is this application so important?

This application is critical to becoming a Certified Home Care Aide with the state of Washington. Without this application, you will not receive a testing date and may experience delays and barriers to working as a paid caregiver.

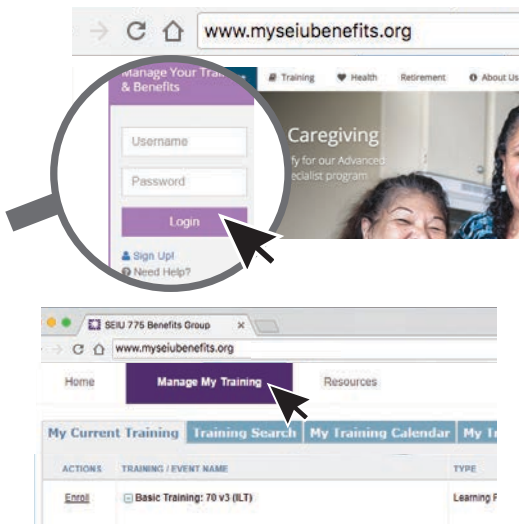
Confused about filling out the application? Call the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).



## Step 7: Register for Basic Training

Congratulations! You made it through some tricky steps on your path to home caregiving!

Now it is time to get you in a classroom, learning alongside your peers and an experienced instructor.



### How to register for Basic Training:

1. Visit [www.myseiubenefits.org](http://www.myseiubenefits.org).
2. Login with your Username / Student ID number and the password you created in Step 2.
3. Click on “Manage My Training” to enroll in a Basic Training class in your area.
4. Make a note of your first day of class details on the next page.

### What type of Basic Training do I need to take?

Your Basic Training class will depend on the type of care you provide. Refer to page 32 for a chart of all of your training requirements by provider type.



#### Don't See a Class in Your Language?

Request a free, personal interpreter by calling the Member Resource Center (info below).

Need a hand registering for class? Call the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).



7

8

9

10

11

12



Basic Training students

## Step 8: Preparing for Class

The first day of Basic Training is exciting and sometimes stressful. One student shared, “I haven’t been in school for over 20 years. I’m anxious about being in a learning environment again.” This is very common and your skilled instructors work hard to create a positive experience for you!

### First day tips from instructors:

- ☐ Talk with your employer as soon as possible about finding a respite caregiver for your client while in class.
- ☐ Map your route to class and plan on **arriving 15 minutes early.**
- ☐ Bring a state-issued ID.
- ☐ Wear comfortable clothes.
- ☐ Bring snacks and water.
- ☐ Plan on having fun learning with other caregivers.



**You might meet Instructor Christy in your classroom. “The work we do is hard, but oh so rewarding. It’s a hands-on job. You’re protecting your client and letting them do the most they can for themselves.”**

### My Class Details:

**Class Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Start Time:** \_\_\_\_\_ AM / PM

**Address:**

Ask your Peer Mentor questions about your first day in training at 855-803-2095 (10 a.m. to 5 p.m., Monday–Friday)



*Home Care Aides Pamela,  
Nichole and Teresa*



## Step 9: Go to Class!

It's time to dig into the good stuff of caregiver skillbuilding in Basic Training. This course will equip you with caregiving best practices and hands-on skills practice to pass your Home Care Aide exam. (Don't stress about the exam. We will help you along the way!)

### Some skills you will learn include:

- Using safety tools and body mechanics to lift your client without injuring yourself.
- Providing medication assistance.
- Understanding your client's health rights and encouraging independence.

### What is the classroom like?

Your classroom might be in a SEIU 775 Benefits Group building or in one of our mobile hotel conference classrooms.

You will see lots of stations for trying hands-on skill building. Your instructor will have all of your learning guides and supplies in the classroom.

Stay in touch with your Peer Mentor during Basic Training. They can provide extra skills coaching, practice tests and a positive boost of encouragement when you need it. Call 855-803-2095 (10 a.m. to 5 p.m., Monday–Friday) or email [peer.mentorship@myseiubenefits.org](mailto:peer.mentorship@myseiubenefits.org).



## Step 10: Prepare for Your Exam

Well done on completing your Basic Training class!

It is no easy task to learn all these new caregiving skills while balancing your day-to-day life. If you are a Standard Home Care Aide, your next step is passing the certification exam.

Your Home Care Aide exam is the final phase of becoming a certified Home Care Aide. We are here to help you pass!

### In Your Email: Your Exam Date & Location



After finishing your Basic Training classes, check your email often for your **“Authorization to Test” email** from the Department of Health.

*If you do not get this email within 14 days of completing Basic Training, call the Department of Health at 360-236-2700.*



Within 14 days of receiving your “Authorization to Test” email, you will get your **“Admission to Test” email** from an agency called “Prometric.” It will have your exam time, date and location.

*If you do not receive your “Admission to Test” email, check your Junk and Spam folders before calling Prometric at 1-800-324-4689.*



*If you are testing in a language other than English, it may take up to 30 days to schedule your exam.*



#### What is Prometric?

Prometric is the testing agency, with locations around the state, where you will complete your Home Care Aide certification exam.

Next Page: Exam Study Tips. 



## Study Tips for Your Exam

**Call Your Peer Mentor.** They know the exam, can provide practice tests and help coach you on any skills you would like. Call 855-803-2095 (10 a.m. to 5 p.m., Monday–Friday).

Home Care Aide Theresa was struggling with foot care skills when she called her Peer Mentor Tammy.

“ I wouldn’t have passed the test without peer mentor help.”  
– Home Care Aide Theresa

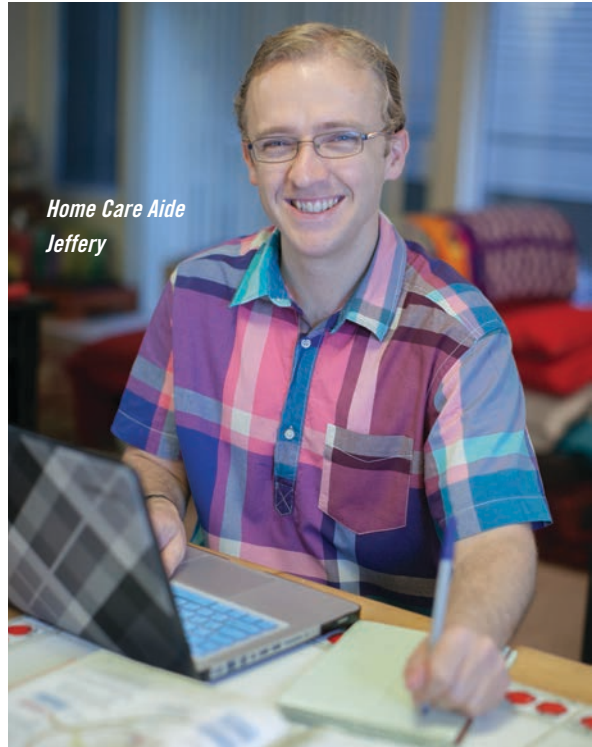
**Visit [www.prometric.com/WADOH](http://www.prometric.com/WADOH)** for practice exam questions (such as the one below) and skills checklists.

Sample Test Question:



**True or False: Proper body mechanics include bending at the knees.**

Answer: True



*Home Care Aide  
Jeffery*

Optional: **Take a free, 2-hour Basic Training Skills Refresher class** in your area. This class gives you extra practice and coaching before you take your exam. You can find a class in your area by calling the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).



10

11



## Step 11: Take Your Exam

As your exam day approaches, here are a few tips to help you prepare.



### Exam Day Checklist:

- ☐ Wear socks with flat, non-skid, closed-toed shoes.  
(Prometric requirement)
- ☐ Bring your “Admission to Test” email. (Step 10)
- ☐ Bring two forms of ID:
  1. Government-issued ID. (Drivers license, passport, etc.)
  2. ID with your name and signature.  
(Credit card, Social Security card, etc.)
- ☐ Bring snacks. Testing can take several hours.
- ☐ Plan your commute to the test location.
- ☐ **Plan on arriving 30 minutes early** so you do not miss your exam.

### **FYI: No phones or bags are allowed in the testing area.**

Many locations have a secured area to leave your valuables. Consider leaving them at home if possible.



### My Exam Details:

Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exam Time: \_\_\_\_\_ AM / PM

Exam Testing Address:

## You got this!

After finishing your exam: You will see your exam results shortly after completion. When you pass, the Department of Health will also send you a letter confirming your certification and provide your official HM (Home Care Aide) number. If you do not pass on your first try, you can try again after more practice.



## Step 12: Your Official Home Care Certification

Go ahead, do a little dance! You deserve it!

Your professional expertise and growing experience are vital to your client's health and happiness and to the growing community of home care professionals.

As you grow and nurture your caregiving relationship with your client, know that **you are not alone!**



The work can feel isolating, tiring and exhausting. But when I go to bed and think about what I have done that day, I smile, because I am helping my client live with dignity.”

- Christy, Home Care Aide & Instructor





# What's Next?

## Here are some ways to stay connected to the caregiver community:

Call your Peer Mentor as you begin to apply your new skills at 855-803-2095 (10 a.m. to 5 p.m., Monday–Friday).

Sign up for Power of You caregiver health, wellness and training events and programs. (See tear-out card by page 8.)

Like SEIU 775 Benefits Group on Facebook for caregiver stories, tips and news at [www.fb.com/SEIU775BenefitsGroup](https://www.facebook.com/SEIU775BenefitsGroup).

## Caregiver benefits to look forward to:

After two months of caregiving (at 80 hours/month), you qualify for our **caregiver health plan**, packed full of high-quality medical and dental benefits. (See page 59 for details.)

After three years of caregiving, you will be vested in the **caregiver retirement plan**. (See page 44 for details.)

Next Up: Learn about your continuing education options!





*Home Care Aide Penny*

# Growing Your Care Skills

## Your Guide to Continuing Education

As you advance and deepen your caregiving experience, these continuing education classes can connect you to skills and resources for specific challenges.

**Each year by your birthday, you will need to:**

1. Complete 12 hours of continuing education. See the chart on page 32 for requirements by provider type.
2. Renew your certification with the Department of Health if applicable.

**My Yearly Continuing Education Deadline:**

\_\_\_\_\_/\_\_\_\_

*(Your birthday)*

# Try Instructor-Led Classes in Your Area

These courses are great opportunities for you to learn a new caregiving skill and have your questions answered by a seasoned instructor.

## HCA Best Practices Annual Training

Learn how to minimize exposure to bloodborne pathogens, report exposures, prevent overexertion injuries and apply state and federal privacy laws. (2 hours)

*Most Recommended Class*

## Working Safely in a Hoarding Environment

Learn to safeguard yourself in a hoarding environment, conduct safety assessments in the home and apply interpersonal skills with your client. (2 hours)

## Positive Behavioral Support in Caring for People with Autism

Learn ways to reinforce small changes in behavior and facilitate self-management and appropriate techniques for reducing challenging behavior. (2 hours)

## Pros of Taking an Instructor-Led Class

- ✓ Have your questions answered by a subject-matter expert.
- ✓ Practice skills.
- ✓ Receive instant feedback.
- ✓ Learn and connect with caregivers in your area.

Look for these advanced courses:

## Nurse Delegation Core

Learn how to administer Registered Nurse specific tasks to your client. (10 hours)

## Nurse Delegation Diabetes

After completing the Nurse Delegation Core class, learn how to administer insulin and diabetes-related care to your client. (3 hours)



### Bring a Community Interpreter (friend or relative):

Select “Bringing an Interpreter” when enrolling in a course online or call the Member Resource Center at 1-866-371-3200.



To enroll, log on to your training account at [www.myseiubenefits.org](http://www.myseiubenefits.org).



## Explore All-New Online Courses

Topics ranging from nutrition to end-of-life care to self-care are available in your training account. Here are a few highlights.



### **Providing Care Using a Person-Centered Approach**

Identify skills related to a person-centered approach, determine what is important to inform client care, identify key information needed to create a one-page profile and analyze the importance of a one-page profile in supporting your client. (1 hour)



### **Environmental Sensitivities**

Collaborate with your client to utilize environmental control measures and reduce exposure to allergies and triggers. (1 hour)



## Self-Care & Creating a Plan to Handle Stress

Learn how you handle stress through taking a self-assessment on your self-care behaviors. Learn about the types of self-care for all aspects of your life including emotional, physical, psychological and spiritual relationships. (2 hours)

### Accident Prevention

Learn how to prevent three of the most common types of home accidents: falls, burns and poisoning. (1 hour)

### Food Allergies & Sensitivities

Develop skills necessary to read food labels, cook food with appropriate substitutions, avoid cross-contact and assist your client in managing food allergies outside of the home. (2 hours)

### Problem Solving Using the ADAPT Model

Utilize the ADAPT model for problem solving to increase your ability to apply constructive problem-solving techniques. (1 hour)

### Family Boundaries

Identify unclear family boundaries, recognize ways to establish healthy boundaries and identify ways to set boundary limits. (2 hours)

### Emergency Care & Disaster Preparedness

Learn how to recognize and respond to medical emergencies and disasters. (1 hour)

### End of Life Care

Recognize and support the grief process, understand and adapt to the different feelings and attitudes about death, identify basic guidelines in caring for a dying client and recognize how to treat your client and their family with dignity. (2 hours)



#### Tip: Course Repeat

You can now revisit any course in your Training Account to refresh your skills.



# Training Standards

Individual Provider or Agency Provider	Provider Type	Orientation & Safety <i>5 hours online training</i>	Required Basic Training <i>Within 120 days of starting to provide care</i>	HCA Credential <i>State Certification</i>	Continuing Education <i>12 hour annual requirement</i>
	Standard HCA hired on or after 1/7/2012	Complete prior to providing care	Basic Training 70 hours	Yes*	By your birthday: Your first CE requirement is due on your second birthday after initial certification**
	Standard HCA who worked between 1/1/2011 - 1/6/2012 <i>Categorized as "exempt by employment history"</i>	Complete prior to providing care	Fundamentals of Caregiving or required training by employer at the time of hire	No	By your birthday

\*Standard HCAs are required to renew certification with Department of Health (DOH) each year by your birthday to remain in good standing.

\*\*If your initial certification is issued on your birthday then your CE is due on your next birthday.

Individual Providers Only	Adult Child Provider	Complete prior to providing care	Basic Training 30 hours	No	By your birthday: CE requirement starts in the calendar year after completing Basic Training
	Limited Service Provider	Complete prior to providing care	Basic Training 30 hours	No	Not Required
	Respite Provider (DDA) <i>updated requirements effective July 23, 2017</i>	Complete prior to providing care	Basic Training 9 hours	No	Not Required
	Parent Individual Provider (Non-DDA)	Complete prior to providing care	Basic Training 30 hours	No	Not Required
	Parent DD Individual Provider (DDA)	Complete prior to providing care	Basic Training 7 hours	No	Not Required

NOTE: If you work for more than one employer and / or have multiple roles or multiple consumers, you may have different training standards than indicated by the chart above.



**For workers who have a Certified Nursing Credential (NAC), the chart below applies (Not LPN, RN, ARNP)\*\*\***  
 Providers working in long-term care with a higher credential must maintain their credential or receive HCA certification before their credential expires in order to remain in compliance.

Individual Provider or Agency Provider	Provider Type	Orientation & Safety <i>5 hours online training</i>	Required Basic Training <i>Within 120 days of starting to provide care</i>	HCA Credential <i>State Certification</i>	Continuing Education <i>12 hour annual requirement</i>
	Providers with a NAC or Special Education Endorsement (OSPI)	Not required	Not required	No	If CE is required in the table above, then your CE is due by your first birthday after you start working as an HCA.
	Providers with a initial NAC or Special Education Endorsements (OSPI)	Not required	Not required	No	If CE is required in the table above, then your first CE is due by your second birthday following your initial NAC certification.

\*\*\*If you are currently certified as an LPN or RN, CE is not required for your role as an Individual Provider or Agency Provider. 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 category. They must meet the higher requirements for training and certification.

### Accommodation Process

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 SEIU 775 Benefits Group’s programs and activities.

To request reasonable accommodation, a student with a disability should request accom-  
 modation by completing the “ADA Request Form” found at [www.myseiu.be/adapolicy](http://www.myseiu.be/adapolicy) or  
 by calling the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m.,  
 Monday–Friday). Once the request is received, the accommodation process will start,  
 during which time 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 SEIU 775 Benefits Group will confer with the  
 student to identify appropriate and reasonable accommodations that may be warranted  
 under the particular circumstances. SEIU 775 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  
 information on the accommodation process can be found at [www.myseiu.be/adapolicy](http://www.myseiu.be/adapolicy).

# Learning Commitment & Classroom Norms

Thank you for taking your valuable time to come to class. The following policies are designed to ensure a positive learning environment where everyone can support each other and be successful.

## Preparing for Class

- Students are required to be registered for class and on the class roster in order to take a class.
- One week before class starts, plan your transportation and know the class location.
- If you need help with scheduling, contact the Member Resource Center or your agency employer.
- Students are expected to show a state-issued picture ID to sign in for class. It can be a state ID, a drivers license, or a passport.
- You'll receive textbooks on the first day of class. Be prepared for all classes by bringing relevant books, files, pens and supplies.

## Late Policy

- Instructors will close class for attendance 10 minutes after the scheduled class start time. Basic Training is the exception. You have an additional 10-minute grace period on the first day.
- If you arrive more than 10 minutes late to class after the first day, you will be considered late, not be permitted to attend and need to reschedule the class.

## Attendance

- Only registered students and registered interpreters are allowed in the class.
- Students may not bring clients, children, pets (excluding service animals) or other visitors to the class.
- Make sure to sign in and out of each module to receive class credit.

## Safety

- Students and staff have the right to a safe and secure environment. Any behavior that compromises this is unacceptable.
- Drugs, alcohol, firearms or other weapons may not be brought into the classroom.
- SEIU 775 Benefits Group reserves the right to remove those who are disruptive or compromising the safety of others.

### Student Participation During Class Time

- Treat instructors, support staff and fellow students with respect at all times.
- Students are expected to fully participate in the learning experience.
- Students will practice skills and assessments to help prepare for the state exam.
- Class time is the opportunity to hear from other perspectives. Please be respectful of others by listening when others are talking and waiting your turn.
- Return promptly from breaks and lunches.

### Phones

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

### Facilities

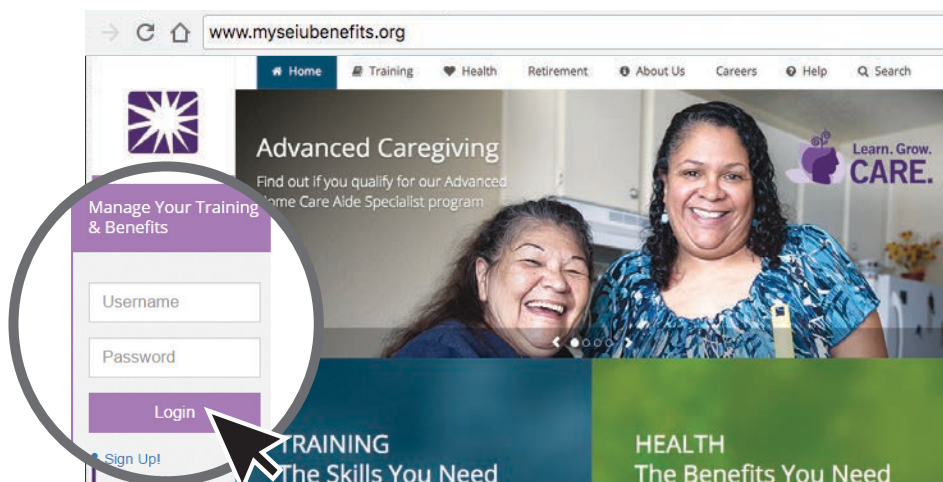
- Respect the property / classroom / restrooms. Pick up after yourself (coffee cups, food, paper, etc.).
- Smoking, including vapor cigarettes and chewing tobacco, is not allowed in the facility or within 25 feet of its entrances.
- Use designated smoking areas only.

### Class Cancellation

- If you are unable to attend class, call the Member Resource Center as soon as possible to reschedule.
- If the SEIU 775 Benefits Group has to cancel a class, we will call you. Please keep an updated number on file with the Member Resource Center.
- We will work with you to reschedule the class.
- Inclement Weather: In the event of bad weather, our policy is to follow determinations made by the local public school district where the class is being held. If your local school district announces a school closure due to bad weather, we will cancel class in that area.

For classroom support, call the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).

# TechTips



## How to Log in to Your Training Account

Go to [www.myseiubenefits.org](http://www.myseiubenefits.org)

In the top left corner you will find your login box. Use your Student ID number (username) and password to login.

If you are brand new to the site, click on “Sign Up!” to create your profile.

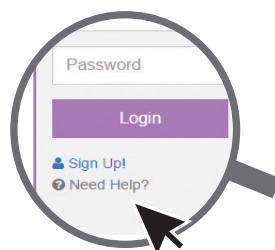
If you would like a video walk-through, click on “Need Help?” for a lesson on how to log in.

For support, call at the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).

# Forgot Your Password?

Go to [www.myseiubenefits.org](http://www.myseiubenefits.org)

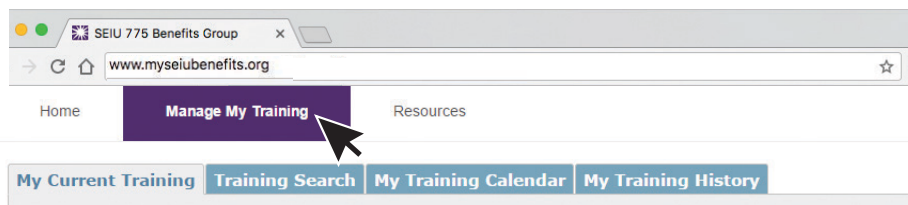
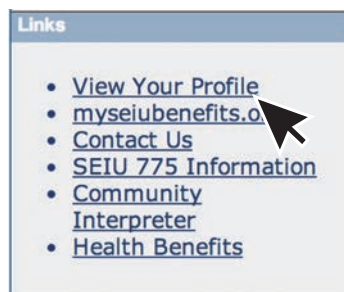
Below the login box, click on “Need Help?”



On the next screen, click on “Reset Your Password” and complete the steps to create a new password for your account.

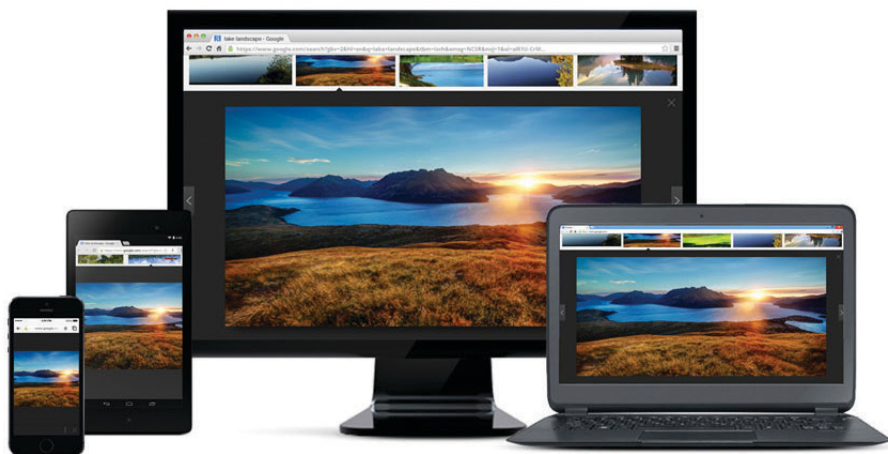
## How to Update Your Contact Information

1. Log in to your training account at [www.myseiubenefits.org](http://www.myseiubenefits.org).
2. On the gray bar on the left side of the screen, click on “View Your Profile.”
3. On this page, you can update your email and language preferences.



## How to Enroll in Continuing Education Classes

1. Log in to your training account at [www.myseiubenefits.org](http://www.myseiubenefits.org).
2. Click on “Manage My Training.”
3. Click on “Training Search” to see classes available to you.
4. Click “My Training Calendar” to see all your enrolled classes.
5. If taking an online course, click “Launch” to begin.



## 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**

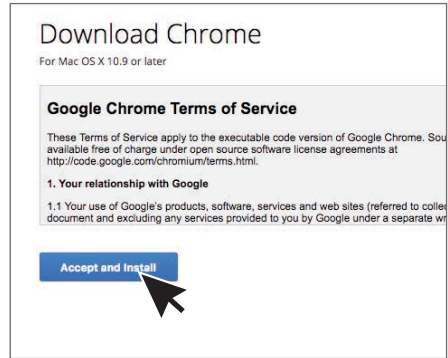
Open your computer's current internet browser. (Most likely Internet Explorer if you use a PC or Safari if you use a Mac.)

Visit [www.google.com/chrome](http://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 promoted, click “Run” or “Save.”

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



## Step 3: Open Chrome

Windows 7: A Chrome window opens once everything is set up.

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

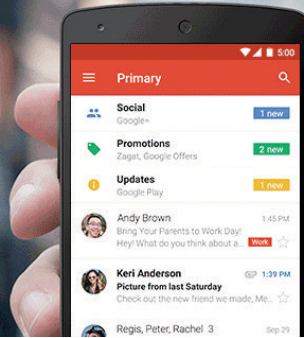
You are now ready to register and complete your Online Continuing Education courses.

Visit [www.myseiubenefits.org](http://www.myseiubenefits.org) and log in to your Training Account. From there you will find a full list of courses.

Need Help? Call the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).



The ease & simplicity  
of Gmail, available  
across devices



# How to Create Your First Email Account

From registering for your Home Care Aide certification exam to submitting your payroll hours online with Provider One, having your own email account is an effective way to stay connected.

If you are new to the game, don't worry. Here are a few simple steps to get your account up and running.

## Step 1: Create Your Account

Go online to [www.mail.google.com](http://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.

Create your Google Account

Name

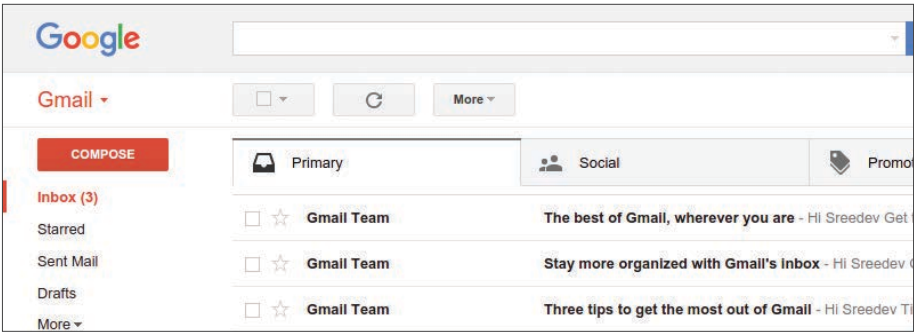
Choose your username

@gmail.com

Create a password

**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 good idea.

**Password tip:** Make passwords both complex and easy to remember by using words that paint an image in your head. (E.g., “horsebatteryfishtank” would be nearly impossible to crack.)



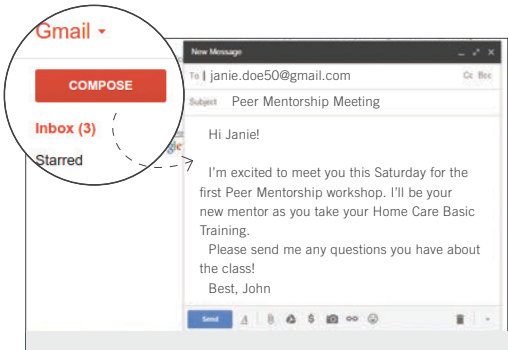
### Step 2: Welcome to Your Inbox

You will see a few welcome emails from Gmail with tips on how to use your account. To view an email, 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 the email. If you see an email that is from an unknown address, or is offering prizes you did not 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 the email address you want to send it to and a subject line that lets the receiver know what is in the email.



### 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.myseiubenefits.org](http://www.myseiubenefits.org). Check your email at least a few times a week for new emails and responses.



Home Care Aide Eva

## Tech Tips

# 9 Ways to Protect Your Identity Online

## 1. Create strong passwords for your online accounts

A password is like a lock — if it's weak, it's no good at keeping you safe. When making passwords, make them both complex and easy to remember by using words that paint an image in your head (e.g., “horsebatteryfishtank” would be nearly impossible to crack). Also, use a password manager to store all your passwords securely.

## 2. Use an anti-virus program on your computer

An anti-virus program scans the files on your computer at regular intervals to make sure that no viruses or malware have been installed. Whether you use Windows, a Mac or a Chromebook, there are many good options for securing your computer.

## 3. Be cautious when clicking on links in e-mails and text messages

Sending malicious links through e-mail or text message is what's known as a “phishing” attack. Through these links, criminals can install viruses on your computer or steal the passwords to your accounts.

## 4. When available, use two-factor authentication

This makes your accounts more secure by requiring two “factors” or authentication to access your account, such as a fingerprint scan or a security code texted to your phone.

## 5. Make sure your connection is secure when logging into an online account

The popular browsers (Chrome, Firefox, Edge, Safari and Internet Explorer) will tell you if you are connecting to a valid account by displaying a “lock” icon in the address bar. Look for this symbol when entering passwords or financial information.

## 6. Back up your data regularly

Use either a cloud storage service (e.g., Google Drive, Dropbox, etc.) or an external hard drive to make a copy of the files on your computer. This will protect you if your computer crashes or becomes corrupted.

## 7. Update your computer & mobile phone regularly

Both your phone and your computer can get viruses that could make them inoperable or steal your information. Updates for both these devices routinely include security updates that make them safer.

## 8. Review your sharing & privacy settings in social media accounts

Review your sharing and privacy settings on these sites so you don't share private information with an unintended audience.

## 9. Be suspicious of public & free Wi-Fi

Avoid doing your banking or other sensitive digital transactions on public connections. Wait to connect to Wi-Fi that you own and trust.

# Perks of Getting Online

While the tips above can help you stay safe, digital accounts can also help you:



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



Pay bills and manage your banking.



Shop online for grocery delivery, clothes and home goods.

A photograph of a woman with long dark hair, wearing a colorful patterned headband and a dark blue zip-up jacket with 'HH' logos. She is standing outdoors in a snowy residential area with houses and trees in the background.

Home Care Aide Juana

# Your Secure Retirement

SEIU 775 Benefit Group's Secure Retirement Plan is the first of its kind in the nation for homecare workers. We want to help provide additional financial security when you retire.

Your employer's contribution is based on the hours you work and is not based on your payroll deductions.

This plan is **solely funded by employer contributions** and trustees direct the investment of those funds.

# Getting to Know Your Retirement Plan

1. Your retirement benefit is based on your account balance in the plan at retirement. In addition to employer contributions, your account receives a proportionate share of investment gains and is reduced by investment losses, if any, as well as administrative expenses of operating the plan.
2. The amount contributed on your behalf is determined by the Collective Bargaining Agreement between your employer(s) and SEIU 775.
3. Your retirement plan is NOT a government-sponsored pension plan. Your participation does not prevent you from taking a Social Security benefit.
4. Your plan only accepts employer contributions. You cannot contribute to the plan at this time. You may wish to increase your retirement savings by contributing to another savings vehicle such as an IRA (Individual Retirement Account) or a Roth IRA (a post-tax income account).



## What is the Collective Bargaining Agreement?

This is a written agreement between SEIU 775 and an employer or employers that includes their obligation to contribute to the retirement plan.

More information about your retirement plan can be found at [www.myseiubenefits.org/retirement](http://www.myseiubenefits.org/retirement) or by calling our plan administrator at 1-866-770-1917, option 3 (8 a.m. to 6 p.m., Monday–Friday).

 Next page: Retirement Eligibility & FAQs.

## How do I participate in the retirement plan?

You must work for an employer required by terms of a Collective Bargaining Agreement with SEIU 775 to make contributions to the plan.

Check [www.seiu775.org/findyourcontract](http://www.seiu775.org/findyourcontract) to see if your employer is included.

**You are considered a participant with your first hour worked on or after March 1, 2016,** under one of the above referenced Collective Bargaining Agreements.

## How do I receive retirement payments from the retirement plan?

You must be vested to be eligible for a retirement benefit and reach the plan's normal retirement age of 65 to begin benefit payments.

**To become vested, you must work at least 300 hours per plan year (March to February) for three years.**

Only hours worked on and after March 1, 2016, for employers covered by terms of the Collective Bargaining Agreement are included.

Unfortunately, years of service as a caregiver before that date do not count toward vesting in your retirement benefit. We recommend checking [www.ssa.gov](http://www.ssa.gov) to understand the best strategy for your situation to maximize your Social Security benefit.

## What if I leave homecare work before I reach normal retirement age?

If you are vested, your account is paid to you even if you leave before retirement age. If your account is \$2,400 or less, it will be paid out to you after you have had no work hours for 24 calendar months.



### What does vested mean?

Vesting in a retirement plan means you have a non-forfeitable right to amounts in your account. This percentage is small at first, but grows the longer you work as a caregiver.



## What type of hours count for the 300-hours vesting requirement?

In addition to your hours providing service to clients, similar to the health care eligibility calculations, training hours and paid time off (PTO) hours count toward satisfying the 300 hours requirement for a year of vesting service.

However, contributions to the retirement plan's trust are not made for training hours and paid time off.

This means you may have more hours for vesting than for contributions you are owed. Your Collective Bargaining Agreement determines the hours for which your employer is required to make a contribution to the plan.

## What happens if I don't have enough hours to vest?

If you don't earn 300 hours in a given plan year, that year will be considered a "break in service."

A break in service means contributions will be credited to your account, but the year will not count toward the three-year vesting requirement.

If you don't meet the hours requirement for five plan years in a row, you will experience a "permanent break in service." At that point, your accumulated balance will be forfeited to the plan.

## Am I still able to contribute to an IRA (Individual Retirement Account) or another employer retirement plan while I participate in this retirement plan?

You should consult a tax advisor regarding your unique situation, but in general, participating in this plan will not prevent you from making those types of contributions.

Next page: Advice for nearing retirement. 

## If I am at or near retirement age (65), what does the retirement plan mean for me?

This will depend on a variety of factors: how many hours you work, future collective bargaining agreement contribution levels, when you actually choose to retire (assuming you meet plan requirements) and investment performance over time.

### **You will need to meet the following criteria to receive a retirement benefit:**

1. You must be age 65 or older, and
2. You must be fully vested in the plan. (See previous page.)

The federal law also states participants also vest when they reach “normal retirement age” as defined by the law.

**If you have not vested through the three-year service rule, you vest at the later of the date you reach 65, or the fifth anniversary of the first day of the plan year in which you became a plan participant. This is provided you are still active in the plan on that date and that you don't have a permanent break in service.**

## How is the benefit paid to me?

If your account is more than \$2,400, it will be paid in monthly installments. If your account is \$2,400 or less, it will be paid in a single-lump sum.

## If I am nearing retirement age, what can I do to improve my levels of retirement income?

You might be able to increase the number of hours/years you work to increase the amount of money contributed.

You may also want to check [www.ssa.gov](http://www.ssa.gov) to understand the best strategy for maximizing your Social Security benefit.



Home Care Aide Tammy

## Can I both contribute to and withdraw money from the plan?

Once you are both vested and attain normal retirement age (65), you may apply for a retirement benefit even if you are still working for an employer who is contributing on your behalf.

Your benefit will continue as long as you have a balance in your account.

## Am I required to take required minimum distributions at age 70½ if I am still working?

No. You can delay beginning payments until as late as April 1 of the calendar year after the year in which you stop working.

Under federal tax law, you may be subject to a 50% excise tax if you do not begin payment of your benefit by this date.

## Who pays for the plan's administrative costs?

The administrative costs of the plan are shared by all participants on a pro-rata basis.

More information about your retirement plan can be found at [www.myseiubenefits.org/retirement](http://www.myseiubenefits.org/retirement) or by calling our plan administrator at 1-866-770-1917, option 3 (8 a.m. to 6 p.m., Monday–Friday).



*Home Care Aide Lorraine*



# Your Health

## Supporting Home Care Aides' Quality of Life

You work hard to make sure your client's 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!**

SEIU 775 Benefits Group provides high-quality, affordable health and dental coverage focused on keeping you healthy.



# When You're Hurt at Work

## A Guide to Reporting an Injury to L&I

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

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 treat your injury.



### Did You Know?

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.



# Steps to Reporting Your Injury

**Step 1: Get first aid.** If you are injured at work, go to your doctor or 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](http://www.LNI.WA.gov)**.

**Individual Providers:** Ask your doctor for the "Report of Injury or Occupational Disease" form.

**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 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 appeal any decision made about your claim online at [www.lni.wa.gov](http://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](http://www.LNI.WA.gov)**





*Home Care Aide Bob*

# Tuning in to Your Mental Health

As caregivers, you look after your client's physical and emotional wellness. Taking time for your emotional and mental health may not be your top priority.

“ Depression can kind of sneak up on you. You don't even realize you're depressed, you just go and go and think things will get better and better.”

- Alice, Home Care Aide

Depression is very common among caregivers, with **one in three caregivers reporting they have moderate to severe depression**. Symptoms look different for everyone, according to Kaiser Permanente.

Signs of depression can include:

- Unexplained physical aches and pain
- Eating or sleeping less or more than usual
- Agitation
- Loss of energy
- General sadness



Take a quick mental health checkup at  
[www.myseiu.be/checkmymentalhealth](http://www.myseiu.be/checkmymentalhealth).

# Finding the Right Support for You

Home Care Aide Bob (left) manages his clinical depression through counseling, medication and self-care activities. “It helps me take care of myself.”

## What do Mental Health Services look like?

Mental health care 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.

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.

## When You’re Ready, Make the Call:



There is no copay (cost to you) for mental health visits for Kaiser Permanente and Aetna members.

### Kaiser Permanente WA members:

Call 1-888-287-2680 or 206-901-6300 for first-time appointments.

### Kaiser Permanente NW members:

Call 855-632-8280 to schedule therapy and counseling services.

### Aetna members:

Call 1-800-624-0756 or search for mental health providers at [www.aetna.com](http://www.aetna.com).

### Apple Health (Medicaid):

You have access to mental health services through your Behavioral Health Organization—sometimes called your BHO.

To find services in your area, visit [www.dshs.wa.gov/BHOcontacts](http://www.dshs.wa.gov/BHOcontacts) or call 1-360-725-3700.

**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.



*Home Care Aides  
Nancy & Victor*

# Find Your Health Plan

Veteran caregivers say the key to providing great care for their clients begins with taking great care of their own body and mind.

“ It’s amazing what we go through and what we do. You only have one body. If you don’t take care of yourself, no one else will.”

- Monique, Home Care Aide & caregiver health advocate

Whether you are looking for your first health insurance plan or considering changing plans, there are multiple ways to learn about your health coverage.

# Your Health Plan Options



	SEIU 775 BENEFITS GROUP PLAN	MEDICAID/ APPLE HEALTH	WASHINGTON HEALTHPLANFINDER
YOUR COST	\$25/month	Free, depending on your household income.	Varies depending on the plan you choose.
COVERAGE	Dependents covered only for Agency Providers who pay for full premium of their dependents.	Spouse and children covered.	Spouse and children covered.
ELIGIBILITY	<p>Work 80 hours for 2 months in a row.</p> <p>See page 60 for more details.</p>	<ul style="list-style-type: none"> <li>• Depends on household income.</li> <li>• Enroll anytime when eligible.</li> </ul>	<ul style="list-style-type: none"> <li>• If you do not qualify for insurance through an employer, you may be eligible for a subsidy for health coverage purchased on Washington Healthplanfinder.</li> <li>• Open from Nov. 1, 2017 to Jan. 15, 2018. Or when you have a “qualifying event” such as marriage, a child, or loss of coverage.</li> </ul>
APPLY	See page 60 for eligibility information. Apply by visiting <a href="http://www.myseiubenefits.org">www.myseiubenefits.org</a>	Visit Washington Healthplanfinder for more information at <a href="http://www.wahealthplanfinder.org">www.wahealthplanfinder.org</a>	Visit Washington Healthplanfinder for more information at <a href="http://www.wahealthplanfinder.org">www.wahealthplanfinder.org</a>

Questions about your health plan options? Call at the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).





*Home Care Aide Cerise*

## The SEIU 775 Benefits Group Health Plan

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 Kaiser Permanente or Aetna.

Some of these services may be covered in full, or you may have a copay (small cost to you) for:

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



Next page: See if you are eligible to enroll!



Home Care Aide Francis

# Health Plan 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?

No

Yes

## Question 2:

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

No

Yes



Although you don't qualify for the SEIU 775 Benefits Group plan yet, you can still find affordable health insurance through **Washington Apple Health (Medicaid)** or the **Washington Healthplanfinder**. See page 58 for more information.

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



## ➔ Congratulations! You Are Now Eligible!

You meet the first eligibility requirement for the **SEIU 775 Benefits Group health plan** for caregivers.

**IP ENROLLMENT APPLICATION**  
Medical, Prescription Drugs, Vision & Dental Benefits

**SEIU 775 BENEFITS GROUP**

**PARTICIPATION RULES**

To be eligible for this Plan, home care workers must work at least 80 hours per month for 2 consecutive months.  
Your coverage will begin once your enrollment application is processed. It typically takes 1 month after your application is received and after you have met your initial requirements of 80 hours for 2 consecutive months before your coverage will start.

This insurance does not cover family members or dependents.  
If you currently have other health insurance, you must cancel that insurance when your new coverage starts. If you sign up for a different health insurance plan while you are covered on this Plan, you must notify the Health Benefits Trust immediately at 1-866-770-1917.  
Once your enrollment application is received, we will mail you a letter confirming your application has been processed. If you do not receive a confirmation letter within 45 days of submitting this application, please contact the Health Benefits Trust at 1-866-770-1917.

**QUESTIONS?**  
If you have questions about this form or benefits, call the Member Resource Center toll free at 1-866-371-3200.

**PERSONAL INFORMATION** Please print clearly and in English

First Name		Middle Initial		Last Name	
Age #		City		State Zip	
Street		Date of Birth (MM-DD-YY)		Day Phone ( ) Cell Phone ( )	
				Gender <input type="checkbox"/> M <input type="checkbox"/> F	
				Preferred Language	

## How to Apply:

**Individual Providers:** Apply for health benefits at anytime by completing an enrollment application at [www.myseiu.be/healthenrollment](http://www.myseiu.be/healthenrollment) or call the Member Resource Center at 1-866-371-3200.

**Agency Providers:** You can apply when you meet the eligibility questions above. You can also apply if you are eligible during Open Enrollment in July 2018. Call the Member Resource Center for your Agency Provider specific enrollment application.

Questions about your health plan eligibility or options? Give us a call at the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).

# Eligibility & Enrollment Frequently Asked Questions

## **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.

## **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.

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

You will lose coverage the second 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.

## **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?**

Notify us through the Member Resource Center at 1-866-371-3200, 8 a.m. to 6 p.m., Monday–Friday. A representative will guide you through the steps to mail your monthly payment.

## **Can I be covered by another plan at the same time that I'm enrolled in the SEIU 775 Benefits Group plan and use it as secondary coverage?**

Participants may not have healthcare benefits or insurance through other individual, family, employment-based, military, or veterans coverage or insurance. The only exceptions are Medicare and Medicaid. If enrolled in Medicare or Medicaid, you may enroll in the SEIU 775 Benefits Group plan and your Medicare or Medicaid coverage becomes secondary to your SEIU 775 Benefits Group plan coverage.

**If I have coverage through my spouse, can I cancel that coverage and sign up for the SEIU 775 Benefits Group plan?**

Yes. Please keep in mind the initial eligibility requirements when determining your cancellation date.

**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 fifteenth of the month will stop further payroll deductions.

Mail to: Zenith American Solutions, 201 Queen Anne Ave. N, Suite 100, Seattle, WA 98109-4896.

**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.

**How can I change my dental provider?**

Call the Member Resource Center at 1-866-371-3200, 8 a.m. to 6 p.m.,

Monday–Friday about options for changing dental providers. **For Agency**

**Providers**, this is typically only allowed during the annual open enrollment period that takes place in July of each year with an Aug. 1 effective date.

**When You Have an Appeal:**

**For health plan appeals**, call your health and dental carriers for information on their appeal processes. Their numbers are listed in the front of this book.

**For eligibility and enrollment appeals**, call the Member Resource Center at 1-866-371-3200, 8 a.m. to 6 p.m., Monday–Friday for more information on how to file your appeal.

Find more information about your rights when filing an appeal at [www.myseiu.be/planappeal](http://www.myseiu.be/planappeal).

Questions about your health plan eligibility or options? Call the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).



*Home Care Aide Kevin*

For Current Health Plan Members

# Your Guide to 2017-18 Health & Dental Benefits

Did you know that your health plan includes \$200 worth of optical supplies every two years, free mental health visits and \$15 copays for acupuncture and massage services?



A lot of caregivers don't know what they have in their insurance.  
A lot of caregivers don't know where to go."

- Monique, Home Care Aide & caregiver health advocate



## The Family of Benefit Providers

Explore all of your covered health and dental benefits by finding your plan in the following section.

Depending on where you live, you are in one of these three plans:

- Kaiser Permanente of Washington  
HMO or POS plan (formerly Group Health)
- Kaiser Permanente Northwest  
(if you live in Clark and Cowlitz counties)
- Aetna PPO plan



### Not sure which plan you're in?

Take a look at your health plan card to find your plan name.

Questions about your health plan? Call at the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).



# Kaiser Permanente of Washington

## Changes this Year: HMO & POS Plan Members

### Group Health Is Now Kaiser Permanente

The biggest change to your health plan this year is that Kaiser Permanente bought Group Health. What does this mean for you?

- You should have received a new medical card in the mail. Your member number is the same. You can continue using your current card until you receive your new one.
- Your plan is the same under Kaiser Permanente. Your premium, benefits and costs are exactly the same as last year.
- You can keep your current doctors. You will continue to receive care from the doctors and care teams you count on.
- You can visit the same locations.

### New Benefit: Obesity Related Services

Your Kaiser medical insurance now includes Obesity Related Services. With approval from your doctor, Kaiser offers a holistic program with surgery options, support groups and nutrition counseling.

**Save \$185 by Using Urgent Care Instead of the Emergency Room**

When you need immediate care, look for your closest urgent care center, a CareClinic inside Bartell drugs, make a same-day appointment or schedule a free online visit with your primary care provider.

<b>Emergency Room</b> \$200 copay	<b>Urgent Care / Doctor Visit / Bartell CareClinic</b> \$15 copay	<b>Online Doctor Visit</b> Free
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**Get Free, Quick Care with Online Visits**

You can chat with your doctor online for free about common conditions like cold/flu symptoms, cough, sore throat, female bladder symptoms and yeast infections. You can even get a prescription if needed.

Go to [www.kp.org/wa](http://www.kp.org/wa) and under “Need Care Now?” click “Care Options,” then “Online Visit.”

**Save on Your Prescription Costs**

Use a Kaiser Permanente pharmacy or mail order services for the best prices on your prescriptions.

<b>Rx copay (in-network) for 30-day supply</b>	<b>At the pharmacy</b>	<b>Mail order</b>
Formulary Contraceptives*	\$0	\$0
Value-Based Drugs**	\$4	\$0
Generic Drugs	\$8	\$3
Formulary Brand Name Drugs	\$25	\$20
Non-Formulary Brand Name Drugs	\$50	\$45

*\*Catholic Community Services Employees: Your employer does not pay for contraceptive and sterilization services. Instead, Kaiser Permanente will provide separate payments for contraceptive services that you use, at no other cost to you, as long as you are enrolled in your group’s health plan.*

*\*\*Value-based drugs are generic brands that treat diabetes, high blood pressure, high cholesterol and heart failure.*

Questions about your health plan? Call at the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).



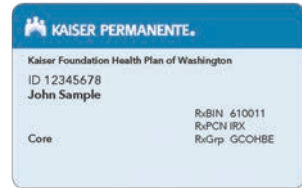
# Kaiser Permanente of Washington HMO Plan Summary

**Effective Date:** 8/1/2017

**Health plan:** Kaiser Permanente HMO

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.
- 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.



Member Card Example

<b>Benefits</b>	Inside network
<b>Plan deductible</b>	No annual deductible
<b>Individual deductible carryover</b>	Not applicable
<b>Plan coinsurance</b>	No plan coinsurance
<b>Out-of-pocket limit</b>	Individual out-of-pocket limit: \$1,200 Out-of-pocket expenses including deductible, coinsurance and copay amounts apply towards your out-of-pocket limit for covered services.
<b>Pre-existing condition (PEC) waiting period</b>	No PEC
<b>Lifetime maximum</b>	Unlimited
<b>Outpatient services (Office visits)</b>	\$15 copay
<b>Hospital services</b>	Inpatient services: \$100 copay, per day for up to 5 days per admit Outpatient surgery: \$50 copay
<b>Prescription drugs (some injectable drugs may be covered under outpatient services)</b>	Value based/preferred generic (Tier 1) / preferred brand (Tier 2) \$4 / \$8 / \$25 copay per 30 day supply
<b>Prescription mail order</b>	\$5 discount per 30 day supply

## Kaiser Permanente of Washington HMO

<b>Acupuncture</b>	Covered up to 8 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan – \$15 copay
<b>Ambulance services</b>	Plan pays 80%, you pay 20%
<b>Chemical dependency</b>	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$0 copay
<b>Devices, equipment &amp; supplies</b>	Covered at 50% <ul style="list-style-type: none"> <li>• Durable medical equipment</li> <li>• Orthopedic appliances</li> <li>• Post-mastectomy bras limited to two every six months</li> <li>• Ostomy supplies</li> <li>• Prosthetic devices</li> </ul>
<b>Diabetic supplies</b>	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
<b>Diagnostic lab and X-ray services</b>	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
<b>Emergency services</b> (copay waived if admitted)	\$200 copay at a designated facility \$200 copay at a non-designated facility
<b>Hearing exams (routine)</b>	\$15 copay
<b>Hearing hardware</b>	Not covered
<b>Home health services</b>	Covered in full. No visit limit
<b>Hospice services</b>	Covered in full
<b>Infertility services</b>	Not covered
<b>Manipulative therapy</b>	Covered up to 10 visits per calendar year without prior authorization \$15 copay
<b>Massage services</b>	See rehabilitation services
<b>Maternity services</b>	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$15 copay. Routine care not subject to outpatient services copay
<b>Mental health</b>	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$0 copay
<b>Naturopathy</b>	Covered up to 3 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan. \$15 copay

# Kaiser Permanente of Washington HMO

<b>Newborn services</b>	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
<b>Obesity related services</b>	Covered at cost shares when medical criteria is met
<b>Organ transplants</b>	Unlimited, no waiting period Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$15 copay
<b>Preventive care</b> 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
<b>Rehabilitation services</b> 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 five days per admit Outpatient: 60 visits per calendar year. Services with mental health diagnoses are covered with no limit \$15 copay
<b>Skilled nursing facility</b>	Covered in full up to 60 days per calendar year
<b>Sterilization</b> (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
<b>Temporomandibular joint (TMJ) services</b>	Inpatient: \$100 copay, per day for up to 5 days per admit Outpatient: \$15 copay
<b>Tobacco cessation counseling</b>	Quit for Life Program – covered in full
<b>Routine vision care</b> (1 visit every 12 months)	\$15 copay
<b>Optical hardware</b> Lenses, including contact lenses & frames	Members under 19: One pair of frames and lenses per year or contact lenses covered at 50% coinsurance Members age 19 and over: \$200 per 24 months

Note: Catholic Community Services does not pay for contraceptive and sterilization services.



# Kaiser Permanente of Washington POS Plan Summary

**Effective Date:** 8/1/2017

**Health Plan:** Kaiser Permanente Options

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.
- 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 allowed amount
Out-of-pocket limit	Individual out-of-pocket limit: \$1,200 Out-of-pocket expenses including deductible, coinsurance and copay amounts apply towards your out-of-pocket limit for covered services.	Out-of-pocket limit is shared with in-network Out-of-pocket expenses including deductible, coinsurance and copay amounts apply towards your out-of-pocket limit for covered services.
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

<b>Hospital services</b>	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
<b>Prescription drugs</b> (some injectable drugs may be covered under Out-patient 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
<b>Prescription mail order</b>	\$5 discount per 30 day supply	Not covered
<b>Acupuncture</b>	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
<b>Ambulance services</b>	Plan pays 80%, you pay 20%	Same as in-network
<b>Chemical dependency</b>	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
<b>Devices, equipment &amp; supplies</b>	Covered at 50% <ul style="list-style-type: none"> <li>• Durable medical equipment</li> <li>• Orthopedic appliances</li> <li>• Post-mastectomy bras limited to two (2) every six (6) months</li> <li>• Ostomy supplies</li> <li>• Prosthetic devices</li> </ul>	Covered at 50%, deductible applies
<b>Diabetic supplies</b>	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

<b>Diagnostic lab and x-ray services</b>	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
<b>Emergency services</b> (copay waived if admitted)	\$200 copay	\$200 copay
<b>Hearing exams (routine)</b>	\$15 copay	\$15 copay, deductible and coinsurance apply
<b>Hearing hardware</b>	Not covered	Not covered
<b>Home health services</b>	Covered in full. No visit limit	No visit limit Deductible and coinsurance apply
<b>Hospice services</b>	Covered in full	Deductible and coinsurance apply
<b>Infertility services</b>	Not covered	Not covered
<b>Manipulative therapy</b>	Covered up to 10 visits per calendar year without prior authorization \$15 copay	Visit limits shared with in-network \$15 copay, deductible and coinsurance apply
<b>Massage services</b>	See rehabilitation services	See rehabilitation services
<b>Maternity services</b>	Inpatient: \$100 copay, per day for up to five days per admit  Outpatient: \$15 copay. Routine care not subject to outpatient services copay	Inpatient: \$100 copay, per day for up to five days per admit Deductible and coinsurance apply  Outpatient: \$15 copay, deductible and coinsurance apply Routine care not subject to outpatient services copay
<b>Mental health</b>	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
<b>Naturopathy</b>	Covered up to three 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

<b>Newborn services</b>	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
<b>Obesity related services</b>	Covered at cost shares when medical criteria is met	Covered at cost shares when medical criteria is met
<b>Organ transplants</b>	Unlimited, no waiting period Inpatient: \$100 copay, per day for up to five 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
<b>Preventive care</b> 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
<b>Rehabilitation services</b> 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
<b>Skilled nursing facility</b>	Covered in full up to 60 days per calendar year	Day limits shared with in-network benefit, deductible and coinsurance apply
<b>Sterilization</b> (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	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



<b>Temporomandibular joint (TMJ) services</b>	Inpatient: \$100 copay, per day for up to five 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
<b>Tobacco cessation counseling</b>	Quit for Life Program covered in full	Applicable cost shares apply
<b>Routine vision care</b> (1 visit every 12 months)	\$15 copay	\$15 copay, deductible and coinsurance apply
<b>Optical hardware</b> Lenses, including contact lenses and frames	Members under 19: One 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

Note: Catholic Community Services does not pay for contraceptive and sterilization services.



Home Care Aide Sylvia

## Kaiser Permanente Northwest

### Another Year of the Same Great Benefits!

This year you can expect to receive the same high-quality medical, prescription and dental benefits. Here's a reminder of some of the services available to you.

- FREE mental health and chemical dependency visits (in-network / outpatient)
- \$15 doctor visit copays
- \$200 worth of vision supplies every two years
- Acupuncture
- Allergy shots
- Chiropractor visits
- Gastric bypass
- Hearing exams
- Hospitalization
- Laboratory services
- Mammograms
- Maternity services
- Rehabilitative therapies
- Routine immunizations
- X-rays and diagnostic imaging

### Save \$185 by Using Urgent Care Instead of the Emergency Room

When you need immediate care, look online at [www.kp.org](http://www.kp.org) and search for urgent care to find your closest facility or make a same-day appointment with your primary care provider.

**Emergency room**  
\$200 copay

**Urgent care / doctor visit**  
\$15 copay

Save on Your Prescription Costs

Use a Kaiser Permanente pharmacy or mail-order services for the best prices on your prescriptions.

Rx copay (in-network) for 30-day supply	At the pharmacy	Mail order
Formulary Contraceptives*	\$0	\$0
Value-Based Drugs**	\$5	\$10 for 90 day supply
Generic Drugs	\$5	\$10 for 90 day supply
Formulary Brand Name Drugs	\$25	\$50 for 90 day supply
Non-Formulary Brand Name Drugs	\$50	\$100 for 90 day supply

*\*Catholic Community Services Employees: Your employer does not pay for contraceptive and sterilization services. Instead, Kaiser Permanente will provide separate payments for contraceptive services that you use, at no other cost to you, as long as you are enrolled in your group's health plan.*

*\*\*Value-based drugs are generic brands that treat diabetes, high blood pressure, high cholesterol and heart failure.*

How to Schedule Your Free Mental Health Visits

When you think about staying healthy, is your mental health part of the equation? Mental healthcare can include psychotherapy, medication, group therapy and complimentary and alternative medicines.

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, your doctor can help guide you to the care that is best for you.

Make an appointment with your doctor online at [www.kp.org](http://www.kp.org) or call:

1-855-6320-8280

Questions about your health plan? Call at the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).

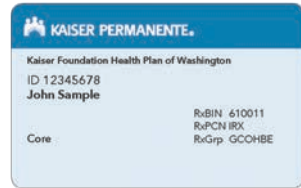
# Kaiser Permanente Northwest Plan Summary

**Effective Date:** 8/1/2017

**Health Plan:** Kaiser Permanente Northwest

**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.

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.



Member Card Example

<b>Out-of-pocket maximum</b> (Note: 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
<b>Office visits</b>	
Routine preventative physical exam	\$0
Primary care	\$15
Specialty care	\$15
Urgent care	\$30
<b>Tests (outpatient)</b>	
Preventive tests	\$0
Laboratory	\$0
X-ray, imaging & special diagnostic procedures	\$0
CT, MRI, PET scans	\$50 per department visit
<b>Medications (outpatient)</b>	
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 non-preferred brand
Administered medications, including injections (all outpatient settings)	\$0
Nurse treatment room visits to receive injections	\$5
<b>Maternity care</b>	
Scheduled prenatal care & first postpartum visit	\$0
Laboratory	\$0
X-ray, imaging & special diagnostic procedures	\$0

Inpatient hospital services	\$100 per admission
<b>Hospital services</b>	
Ambulance services (per transport)	\$75
Emergency department visit	\$200 (waived if admitted)
Inpatient hospital services	\$100 per admission
<b>Services</b>	
Outpatient surgery visit	\$50
Chemotherapy / radiation therapy visit	\$15
Durable medical equipment, external prosthetic devices & orthodontic devices	20% coinsurance
Physical, speech & occupational therapies (up to 20 visits per therapy per calendar year)	\$15
<b>Skilled nursing facility services</b>	
Inpatient skilled nursing services (up to 100 days per calendar year)	\$0
<b>Chemical dependency services</b>	
Outpatient services (group visit ½ copay)	\$0
Inpatient hospital & residential services	\$100 per admission
<b>Mental Health Services</b>	
Outpatient Services (group visit ½ copay)	\$0
Inpatient hospital & residential Services	\$100 per admission
<b>Alternative care</b>	
Alternative care (self-referred)	\$15 per chiropractor visit
<b>Vision services</b>	
Routine eye exam (through first month of age 19)	\$0
Vision hardware & optical services (through first month of age 19)	No charge for eyeglass lenses or frames or contact lenses every 12 months
Routine eye exam (age 19 and older)	\$10
Vision hardware & optical services (ages 19 years and older)*	Balance after \$200 allowance, once every two calendar years

\* Any amount you pay for covered services does not count toward the out-of-pocket maximum.

Note: Catholic Community Services does not pay for contraceptive and sterilization services.



# Aetna POS Plan Members

## Same Great Benefits, Now Provided by Aetna

Your same health plan benefits are now provided by Aetna. Here are the important changes.

- Your benefits are the same with Aetna. Your premium, benefits and costs are exactly the same from last year.
- Your doctor and provider options have expanded. See instructions on the next page to find providers in the Aetna network or call Aetna Customer Service at 855-736-9469.
- Sav-RX is your new prescription service. Your prescription copays will remain the same.

## Save \$185 by Using Urgent Care Instead of the Emergency Room

When you need immediate care, look online at [www.kp.org](http://www.kp.org) and search for urgent care to find your closest facility or make a same-day appointment with your primary care provider.

**Emergency room**  
\$200 copay

**Urgent care / doctor visit**  
\$15 copay

How to Find Your Doctor, Therapist and Nearby Facilities

1. Call Aetna Customer Service at 855-736-9469 or visit **www.aetna.com** and click **Find A Doctor.**
2. In the center of the page, under “Or search without logging in”, click **Plans through your job.**
3. Search “**Find a Doctor or Facility**”: Enter the name or type of provider, your ZIP code or city and state.
4. A pop-up window will ask you to choose an Aetna plan to find providers that accept it.
  - Under the heading “Aetna Open Access Plans,” select **Aetna Choice POS II (Open Access).** then click **Continue.**
5. Use filters under “Narrow Your Results” on the left side of the page. You can filter using any category listed, like distance, language and gender.

Save on Your Prescription Costs

Rx copay (in-network) for 30-day supply	At the pharmacy	Mail order
Formulary Contraceptives*	\$0	\$0
Value-Based Drugs**	\$4	\$0
Generic Drugs	\$8	\$3
Formulary Brand Name Drugs	\$25	\$20
Non-Formulary Brand Name Drugs	\$50	\$45

*\*Catholic Community Services Employees: Your employer does not pay for contraceptive and sterilization services. Instead, Kaiser Permanente will provide separate payments for contraceptive services that you use, at no other cost to you, as long as you are enrolled in your group’s health plan.*

*\*\*Value-based drugs are generic brands that treat diabetes, high blood pressure, high cholesterol and heart failure.*

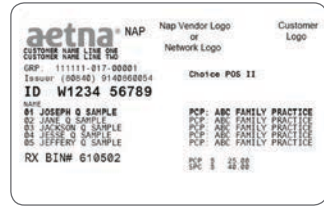
Questions about your health plan? Call at the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).



**Effective Date:** 8/1/2017

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.
- 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.



Member Card Example

Benefits	Preferred Provider Network	Non-Preferred Provider Network
<b>Plan deductible</b>	No annual deductible, applies only to medical expenses	Individual deductible: \$500 per calendar year, applies only to medical expenses
<b>Individual deductible carryover</b>	Not applicable	4th quarter carryover applies
<b>Plan coinsurance</b>	No plan coinsurance	Plan pays 80%, you pay 20% of the allowed amount.
<b>Out-of-pocket limit</b>	Medical out-of-pocket maximum: Individual \$800, Family \$1,600 Prescription drugs out-of-pocket maximum: Individual \$400, Family \$800	Shared with in-network
<b>Pre-existing condition (PEC) waiting period</b>	No PEC	Same as preferred provider network
<b>Lifetime maximum</b>	Unlimited	Same as preferred provider maximum
<b>Outpatient services (Office visits)</b>	\$15 copay	\$15 copay, deductible and coinsurance apply
<b>Hospital services</b>	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

<b>Prescription drugs</b> (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
<b>Prescription mail order</b>	2 x prescription cost share per 90 day supply	Not covered
<b>Acupuncture</b>	12 visits per calendar year \$15 copay	Shared with preferred provider visit limit \$15 copay, deductible and coinsurance apply
<b>Ambulance services</b>	Plan pays 80%, you pay 20%	Same as preferred provider benefit
<b>Chemical dependency</b>	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
<b>Devices, equipment and supplies</b> <ul style="list-style-type: none"> <li>• Durable medical equipment</li> <li>• Orthopedic appliances</li> <li>• Post-mastectomy bras limited to two every six months</li> <li>• Ostomy supplies</li> <li>• Prosthetic devices</li> </ul>	Covered at 50%	Covered at 50%, deductible applies
<b>Diabetic supplies</b>	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
<b>Diagnostic lab &amp; x-ray services</b>	Inpatient: covered under hospital services Outpatient: covered in full	Inpatient: covered under hospital services Outpatient: deductible and coinsurance apply
<b>Emergency services</b> (copay waived if admitted)	\$200 copay	\$200 copay
<b>Hearing exams</b> (routine)	\$15 copay	\$15 copay, deductible and coinsurance apply
<b>Hearing hardware</b>	Not covered	Not covered

<b>Home health services</b>	Covered in full up to 130 visits total per calendar year	Shared with preferred provider visit limit deductible and coinsurance apply
<b>Hospice services</b>	Covered in full	Deductible and coinsurance apply
<b>Infertility services</b>	Not covered	Not covered
<b>Manipulative therapy</b>	Covered up to 12 visits per calendar year without prior authorization \$15 copay	Shared with preferred provider visit limit \$15 copay, deductible and coinsurance apply
<b>Massage services</b>	12 visits per calendar year \$15 copay	Shared with preferred provider visit limit \$15 copay, deductible and coinsurance apply
<b>Maternity services</b>	Inpatient: \$100 copay, per day for up to five days per admit Outpatient: \$15 copay. Routine care not subject to outpatient services copay	Inpatient: \$100 copay, per day for up to five days per admit deductible and coinsurance apply Outpatient: \$15 copay, deductible and coinsurance apply. Routine care not subject to outpatient services copay
<b>Mental health</b>	Inpatient: \$100 copay, per day for up to five days per admit Outpatient: \$0 copay	Inpatient: \$100 copay, per day for up to five days per admit deductible and coinsurance apply Outpatient: \$15 copay, deductible and coinsurance apply
<b>Naturopathy</b>	12 visits per calendar year \$15 copay	Shared with preferred provider visit limit \$15 copay, deductible and coinsurance apply
<b>Newborn services</b>	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.
<b>Obesity-related surgery (bariatric)</b>	Covered at cost shares when medical criteria is met	Not covered
<b>Organ transplants</b>	Unlimited, no waiting period Inpatient: \$100 copay, per day for up to five days per admit Outpatient: \$15 copay	Not covered

Note: Catholic Community Services does not pay for contraceptive and sterilization services.

<b>Preventive care</b> 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	Not covered 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
<b>Rehabilitation services</b> 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 five 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 preferred provider benefit limit \$100 copay, per day for up to five days per admit Deductible and coinsurance apply Outpatient: Visit limits shared with preferred provider benefit limit \$15 copay, deductible and coinsurance apply
<b>Skilled nursing facility</b>	Covered in full up to 60 days per calendar year	Day limits shared with preferred provider benefit, deductible and coinsurance apply
<b>Sterilization</b> (vasectomy, tubal ligation)	Inpatient: \$100 copay, per day for up to five days per admit  Outpatient: \$15 copay  Women's sterilization procedures are covered in full	Inpatient: \$100 copay, per day for up to five 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
<b>Temporomandibular joint (TMJ) services</b>	Inpatient: \$100 copay, per day for up to five days per admit  Outpatient: \$15 copay	Inpatient: \$100 copay, per day for up to five days per admit deductible and coinsurance apply  Outpatient: \$15 copay, deductible and coinsurance apply
<b>Tobacco cessation counseling</b>	Quit for Life Program—covered in full	Applicable cost shares apply
<b>Routine vision care (One visit every 12 months)</b>	\$15 copay	\$15 copay, deductible and coinsurance apply
<b>Optical hardware</b> Lenses, including contact lenses and frames	Members under 19: One 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 preferred provider benefit



# Delta Dental & Willamette Dental

## Give Your Teeth Some Love with These High-Quality Benefits

These in-network services are covered at no or minimal 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 Comparison	Willamette Dental	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 88-91.

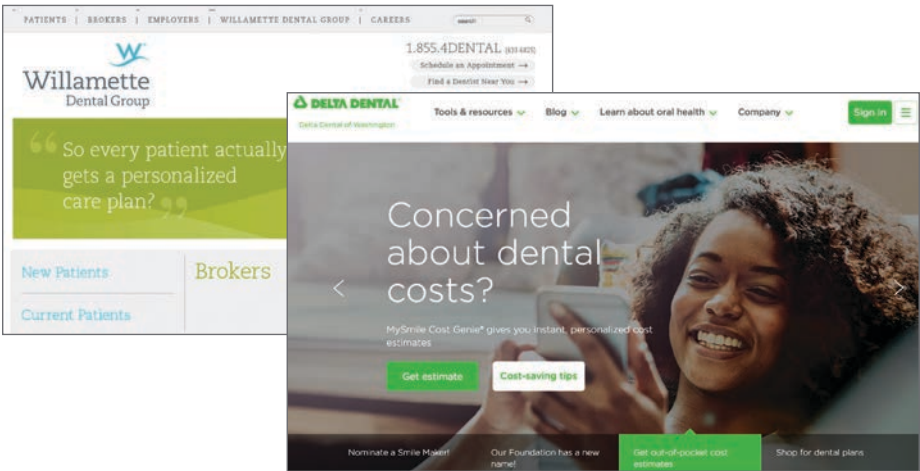
# Boost Your Health with a Dental Cleaning

Dental cleanings not only prevent cavities and tooth loss, but they can also boost your overall health. Health studies show dental cleanings may lower your risk for diseases like heart disease and stroke.



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 & Home Care Aide



Visit the Delta Dental or 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

Questions about your dental plan? Call the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m., Monday–Friday).



# Delta Dental Plan Summary

**Effective Date:** 8/1/2017

**Benefit Period Maximum (per person):** \$2,000

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 at 800-554-1902, 7 a.m. to 5 p.m., Monday–Friday or visit the website at [DeltaDentalWA.com](http://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 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	100%	80%	80%
Cleaning			
Fluoride			
X-rays			
Sealants			
Class II – Restorative			
Restorations	100%	60%	60%
Endodontics (root canal)			
Periodontics			
Oral surgery			
Class III – Major			
Dentures	80%	40%	40%
Partial dentures			
Implants			
Bridges			
Crowns			



**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 [DeltaDentalWA.com](http://DeltaDentalWA.com) and using the 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. You are 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 non-participating 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 are 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 shows 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?**

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

# Willamette Dental Plan Summary

**Effective Date:** 8/1/2017

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.

BENEFITS	COPAYS
Annual maximum	No annual maximum*
Deductible	No deductible
General & orthodontic office visit	You pay a \$15 copay per visit
DIAGNOSTIC & PREVENTIVE SERVICES	
Routine & emergency exams	Covered with the office visit copay
X-rays	
Teeth cleaning	
Fluoride treatment	
Sealants (per tooth)	
Head & neck cancer screening	
Oral hygiene instruction	
Periodontal charting	
Periodontal evaluation	
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 & 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 planning (per quadrant)	You pay a \$75 copay
ORAL SURGERY	
Routine extraction (single tooth)	Covered with the office visit copay
Surgical extraction	Surgical extraction

ORTHODONTIA TREATMENT	
<b>Pre-Orthodontia treatment</b>	Not covered
<b>Comprehensive orthodontia treatment</b>	Not covered
MISCELLANEOUS	
<b>Local anesthesia</b>	Covered with the office visit copay
<b>Dental lab fees</b>	Covered with the office visit copay
<b>Nitrous oxide</b>	You pay a \$40 copay
<b>Specialty office visit</b>	You pay a \$30 copay per visit
<b>Out-of-area emergency care reimbursement</b>	You pay charges in excess of \$250

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

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

### 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 pre-medications. 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, dentist, 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.

# 欢迎学习家庭护理！

在成为持证家庭护工之前，您有重要的工作需要完成。  
这是建议的时间表和关键日期，以帮助您获得家庭护工证书。

## 天数      建议的认证检查表

1

您的雇佣日期：\_\_\_\_\_

- ☐ 步骤 1: 完成背景检查和指纹验证
- ☐ 步骤 2: 获取您的学生 ID 编号：\_\_\_\_\_
- ☐ 步骤 3: 创建您的培训账户 (下一页)
- ☐ 步骤 4: 参加入职与安全培训 (下一页)
- ☐ 步骤 5: 为首次与客户见面做准备

14

申请截止日期 (雇佣后 14 天)：\_\_\_\_\_

- ☐ 步骤 6: 提交您的卫生部申请  
*请在第二个问题上选择“是”：“我要申请临时证书。”这样做可以额外给您几天的时间，以便您使用母语完成认证和测试。*
- ☐ 步骤 7: 注册基础培训课程
- ☐ 步骤 8: 为首次基础培训课程做准备

30

建议在第 30-120 天采取的步骤：

- ☐ 步骤 9: 参加基础培训  
*在第 120 天之前：完成所有基础训练课程*

120

- ☐ 步骤 10: 准备测试
- ☐ 步骤 11: 开始测试  
测试日期：\_\_\_\_\_

200

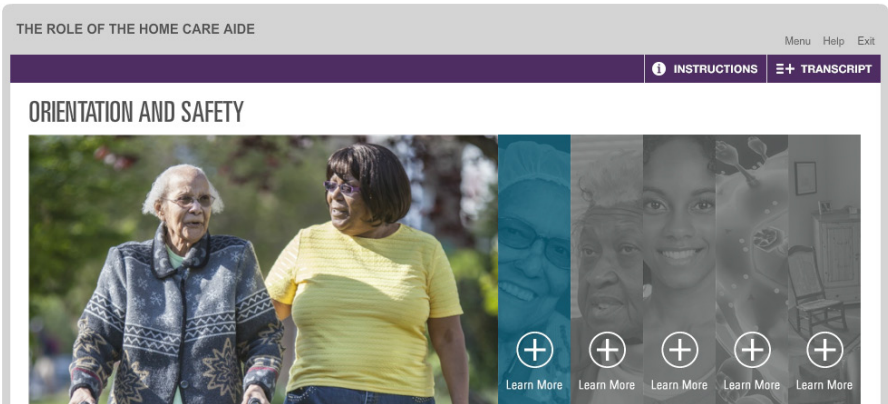
认证截止日期 (雇佣后 200 天)：\_\_\_\_\_

- ☐ 步骤 12: 获得证书！

*在第 200 天之前：标准家庭护工需要获得认证  
如果“临时证书”获得批准，您可能额外有几天的时间。*

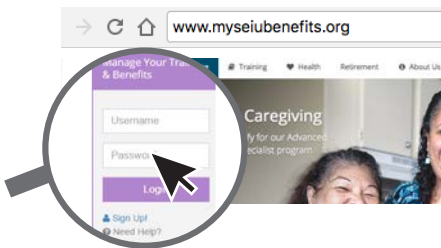


您并不孤独。我们会提供帮助！  
致电会员资源中心联系我们，电话：1-866-371-3200  
周一至周五，上午 8 点至下午 6 点。

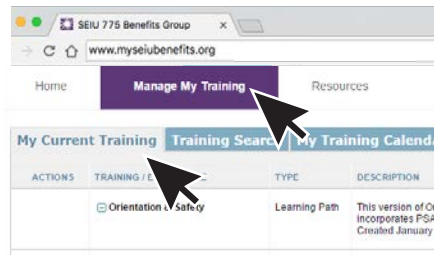


## 如何参加在线入职与安全培训

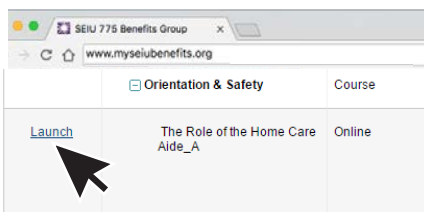
- 1 创建学习者账户，网址：  
www.myseiubenefits.org。  
然后选择您需要的培训语言。



- 2 打开 “My Current Training”



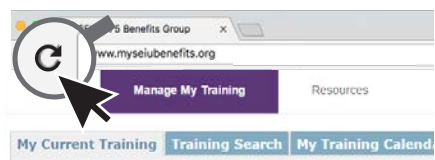
- 3 点击 “Launch” 以开始。  
课程将在一个新窗口中打开。



- 4 当课程完成后，请使用 “X” 按钮  
关闭窗口。



- 5 刷新“管理我的培训”页面，以进入下一课。所有课程完成后，您的培训证书将呈现在 “My Training History” 中。



# 供您选择的 健康计划



SEIU 775 BENEFITS  
GROUP 计划

州医疗补助  
(MEDICAID)/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。

根据您的选择的计划而有所不同。

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

连续 2 个月工作  
80 小时。

个人服务提供者可随时参加。

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。

- 取决于家庭收入。
- 当符合资格时可随时参加。

- 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。
- 2017 年 11 月 1 日至 2018 年 1 月 15 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

查看第 50 页的资格信息,如果要申请,请访问:  
[www.myseiubenefits.org](http://www.myseiubenefits.org)

更多信息请访问 Washington Healthplanfinder, 网址:  
[www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)

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# 健康计划资格

我有资格获得 SEIU 775 Benefits Group 保险吗？

问题 1:

问题 2:

作为家庭护工，您曾经连续工作 2 个月或更久吗？

这几个月里，您的工作时长是否不少于每月 80 个小时？

否

是

否

是



您仍然可以通过**华盛顿州 Apple Health (州医疗补助)**或**华盛顿州 Healthplanfinder** 获得医疗保险。

如需获取更多信息，请查看第 48 页。



恭喜您！您满足 **SEIU 775 Benefits Group 健康计划** 对护理人员的第一条资格要求。

如果您既是私人护理服务提供者也是机构服务提供者，您可以将两份工作的时长相加，以满足 80 小时的要求。

**个人服务提供者：**要申请健康福利，可随时登录 [www.myse iubenefits.org](http://www.myse iubenefits.org) 或致电会员资源中心，电话：1-866-371-3200。

**机构服务提供者：**您可以在首次满足以上资格要求时申请。您也可以 在 2018 年 7 月的开放登记期间（如果符合资格）申请。



# 가정 관리에 오신 것을 환영합니다!

미래의 공인 가정 관리 도우미로서 여러분들 앞에는 중요한 업무들이 기다리고 있습니다! 이것은 여러분들이 가정 관리 도우미 인증을 계획하는 일을 도와줄 중요한 날짜가 담긴 권장 시간표입니다.

## 일 권장 인증 확인 목록

1

본인의 고용 날짜: \_\_\_\_\_

- ☐ 1단계: 배경 조사 및 지문 채취 완료하기
- ☐ 2단계: 본인의 학생 ID 번호 받기: \_\_\_\_\_
- ☐ 3단계: 본인의 교육 계정 개설하기 (다음 페이지)
- ☐ 4단계: 오리엔테이션 및 안전 교육 받기 (다음 페이지)
- ☐ 5단계: 고객과의 첫날 준비하기

14

신청서 마감일 (고용된 지 14일 후): \_\_\_\_\_

- ☐ 6단계: 보건부에 신청서 제출하기  
*두 번째 질문에 "예"라고 표기하십시오: "임시 인증서를 신청합니다." 이를 통해 본인의 언어로 인증과 시험을 완료할 시간을 더 받게 될 수 있습니다.*
- ☐ 7단계: 기본 교육을 위해 등록하기
- ☐ 8단계: 기본 교육의 첫날 준비하기

30

30일-120일째 간의 권장 단계:

- ☐ 9단계: 기본 교육 참가하기  
*120일째까지: 모든 기본 교육 수업 완료하기*

☐ 10단계: 시험 준비하기

☐ 11단계: 시험 치르기  
시험 날짜: \_\_\_\_\_

120

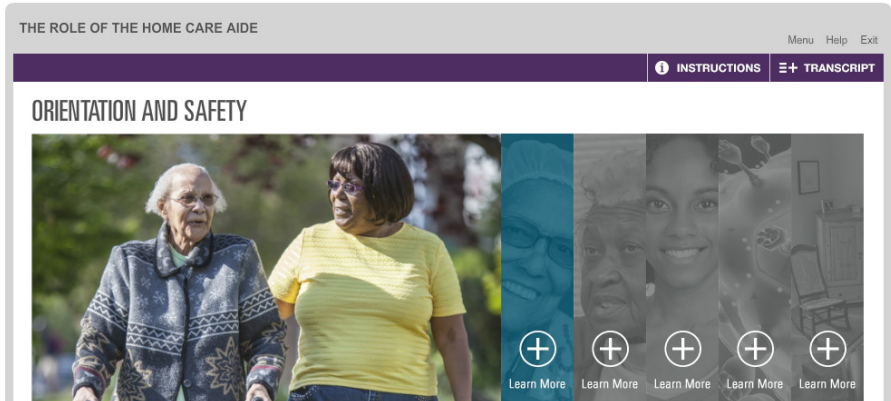
인증 마감일 (고용된 지 200일 후): \_\_\_\_\_

☐ 12단계: 인증 받기!

*200일째까지: 일반 가정 간병인들은 인증을 받아야 할 의무가 있습니다  
"임시 인증서" 허가를 받는 경우, 추가로 며칠을 더 받을 수 있습니다.*

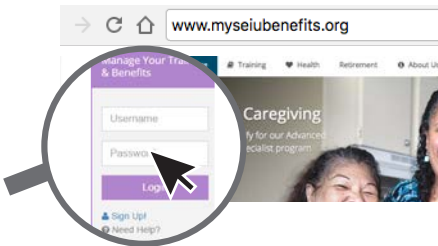


당신은 혼자가 아닙니다. 저희가 도와드리겠습니다!  
저희에게 회원 자원 센터로 1-866-371-3200번으로 전화하십시오  
오전 8시 ~ 오후 6시, 월요일~금요일.

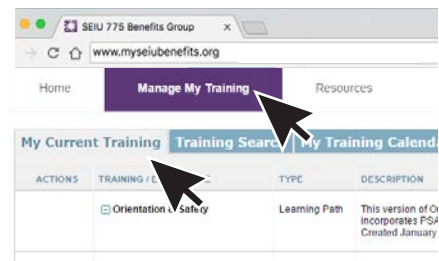


## 오리엔테이션 및 안전 교육 온라인 수강 방법

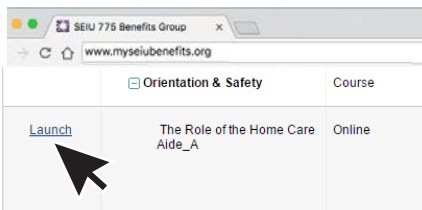
- 1 www.myseiubenefits.org에서 학습자 계정을 개설하십시오. 그리고나서 본인이 교육받기를 희망하는 언어를 선택하십시오.



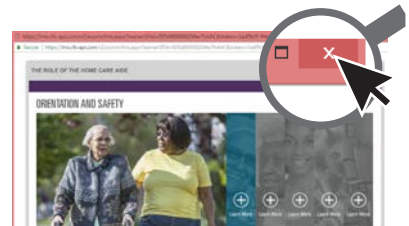
- 2 "My Current Training" 열기



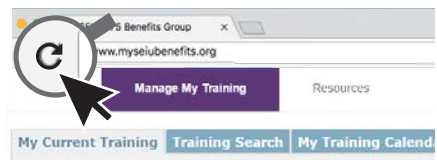
- 3 "Launch" 클릭하고 시작하기. 수업은 새로운 창에서 열립니다.



- 4 각 수업이 끝난 후 "X" 버튼을 눌러 창을 닫으십시오.



- 5 다음 수업을 위해 "Manage My Training" 화면을 새로고침 하십시오. 모든 수업을 완료하신 후에는, "My Training History"에서 본인의 교육 수료증을 보실 수 있습니다.



# 건강 보험 선택권들



SEIU 775 베네팅  
그룹 플랜

메디케이드/  
애플 헬스

워싱턴 헬스  
플랜 파인더

보인 부담비용

\$25/월.

가정 수입에 따라 무료.

선택한 보험에 따라  
다릅니다.

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.
- 2017년 11월 1일부터  
2018년 1월 15일까지는  
일반 신청 기간입니다.  
또는 결혼, 출산, 보험  
상실과 같은 “자격 충족  
사건”이 있는 경우 신청  
가능합니다.

신청하기

자격요건 정보는 50쪽을  
참조하시고 신청하려면  
다음을 방문하십시오:  
[www.myseiubenefits.org](http://www.myseiubenefits.org)

자세한 정보는 워싱턴  
헬스 플랜 파인더  
([www.wahealthplanfinder.org](http://www.wahealthplanfinder.org))  
를 방문하십시오

자세한 정보는 워싱턴  
헬스 플랜 파인더  
([www.wahealthplanfinder.org](http://www.wahealthplanfinder.org))  
를 방문하십시오

# 건강 플랜 자격요건

저는 SEIU 775 베네핏 그룹 보험을 받을 자격이 있습니까?

문제 1:

가정 관리 도우미로서 연달아  
2개월 이상 일하셨습니까?

아니요

예



그래도 **Washington 애플 헬스 (메디케이드) 또는 Washington 헬스 플랜 파인더**를 통해 건강 보험을 받으실 수 있습니다!

추가 정보는 48쪽을 참조하십시오.



축하드립니다! 간병인을 위한 **SEIU 775 베네핏 그룹 헬스 플랜**의 첫 번째 자격요건을 충족하셨습니다!

만일 개인 및 기관 제공자로 양쪽 다 일하신다면, 80시간 요건을 채우기 위해 근무 시간을 합쳐서도 됩니다.

문제 2:

그 달 동안에, 최소한 매달 80  
시간을 일하셨습니까?

아니요

예

**개인 제공자:** [www.myseiubenefits.org](http://www.myseiubenefits.org)를 방문하시거나 회원 자원 센터로 1-866-371-3200번으로 전화하여 언제든지 건강 혜택을 신청하십시오.

**기관 제공자:** 위의 자격요건 질문들을 먼저 충족하실 경우 신청하실 수 있습니다. 또한 만일 자격이 있다면, 2018년 7월에 있을 일반 신청기간 동안에도 신청하실 수 있습니다.

# Добро пожаловать в программу медицинской помощи на дому!

Вам предстоит выполнить важную работу для получения сертификата по специальности «Патронажный работник»! Предлагаемый график с указанием важных дат поможет вам в планировании получения сертификата патронажного работника.

ДНИ

1

## ПРЕДЛАГАЕМЫЙ КОНТРОЛЬНЫЙ СПИСОК ВОПРОСОВ ДЛЯ СЕРТИФИКАЦИИ

Дата приема на работу: \_\_\_\_\_

- ☐ Шаг 1: Пройдите проверку биографических данных и снятие отпечатков пальцев
- ☐ Шаг 2: Получите идентификационный номер учащегося: \_\_\_\_\_
- ☐ Шаг 3: Создайте учебную учетную запись (следующая страница)
- ☐ Шаг 4: Пройдите вводное обучение и инструктаж по технике безопасности (следующая страница)
- ☐ Шаг 5: Подготовьтесь к первому дню работы с клиентом

Крайний срок для подачи заявления  
(через 14 дней после приема на работу): \_\_\_\_\_

- ☐ Шаг 6: Подайте заявление в Департамент здравоохранения

**Отметьте ответ «Да» на второй вопрос:** «Я подаю заявление на получение временного сертификата». Это даст вам дополнительные дни для получения сертификата и прохождения теста на вашем родном языке.

- ☐ Шаг 7: Зарегистрируйтесь для прохождения базового обучения
- ☐ Шаг 8: Подготовьтесь к первому дню базового обучения

30

Шаги, которые рекомендуется выполнить между днями 30-120:

- ☐ Шаг 9: Пройдите базовое обучение  
**выполнить до дня 120:** Пройдите все уроки в рамках базового обучения

- ☐ Шаг 10: Подготовьтесь к сдаче экзамена

- ☐ Шаг 11: Сдайте экзамен

Дата экзамена: \_\_\_\_\_

120

Крайний срок для получения сертификата  
(через 200 дней после приема на работу): \_\_\_\_\_

- ☐ Шаг 12: Получите сертификат!

**выполнить до дня 200:**

СТАНДАРТНЫЕ ПАТРОНАЖНЫЕ РАБОТНИКИ ДОЛЖНЫ ПОЛУЧИТЬ СЕРТИФИКАТ  
Если будет одобрено получение вами «временного сертификата», вам могут быть предоставлены дополнительные дни.

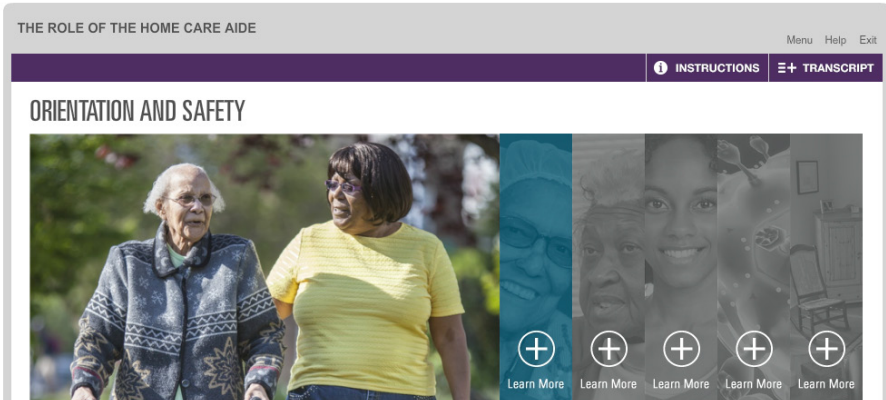
200



**Вы не одни. Мы всегда готовы помочь!**

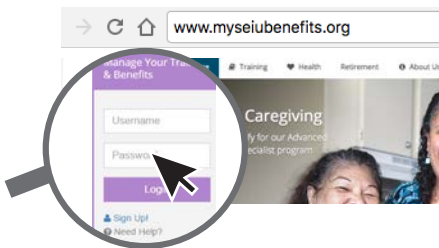
Звоните в информационно-ресурсный центр по тел. 1-866-371-3200

С 8:00 до 18:00, с понедельника по пятницу.

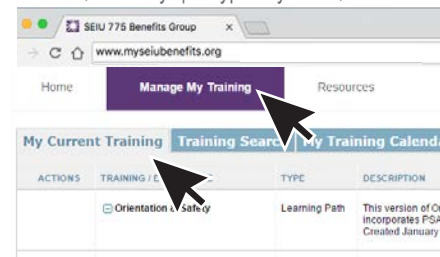


## Как пройти вводный курс и инструктаж по технике безопасности в режиме онлайн

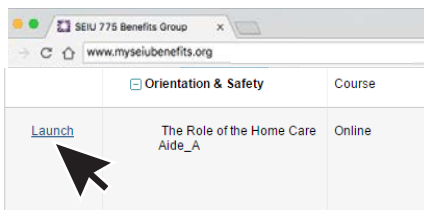
- 1 Создайте учетную запись учащегося на веб-сайте [www.myseiubenefits.org](http://www.myseiubenefits.org). Выберите язык, на котором вы хотели бы пройти обучение.



- 2 Откройте раздел «My Current Training» (Мой текущий курс обучения)



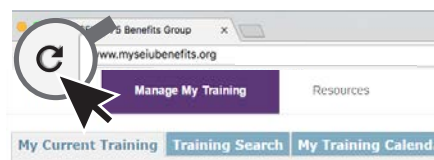
- 3 Нажмите «Launch» (Запуск), чтобы начать. Урок будет открыт в новом окне.



- 4 После завершения каждого урока закройте окно, нажав кнопку «X».



- 5 Для того чтобы перейти к следующему уроку, обновите экран «Manage My Training» (Управление моим обучением). После прохождения всех уроков ваш сертификат об обучении будет доступен «My Training History» (Моя история обучения).



# Опции вашего плана медицинского страхования



## ПЛАН СТРАХОВАНИЯ SEIU 775 BENEFITS GROUP

## MEDICAID/ APPLE HEALTH

## ИНСТРУМЕНТ ДЛЯ ПОИСКА ПЛАНОВ СТРАХОВАНИЯ WASHINGTON HEALTH PLAN FINDER

ВАШИ РАСХОДЫ

25 долларов США в месяц.

Бесплатно, в зависимости от  
вашего семейного дохода.

Различается, в зависимости от  
выбранного вами плана.

СТРАХОВОЕ ПОКРЫТИЕ

Покрытие включает иждивенцев  
только в случае, если сотрудники  
агентства в полном размере  
выплачивают страховые взносы  
за своих иждивенцев.

Покрытие включает супругов  
и детей.

Покрытие включает супругов  
и детей.

СООТВЕТСТВИЕ КРИТЕРИЯМ

Работа 80 часов в течение  
2 месяцев подряд.

Индивидуальные сиделки  
могут зарегистрироваться в  
любое время.

Сотрудники агентства могут  
зарегистрироваться по  
достижении соответствия  
предварительным критериям  
или во время открытой  
регистрации (при условии  
соответствия критериям).

- В зависимости от семейного  
дохода.
- Если вы соответствуете  
критериям, вы можете  
зарегистрироваться в любое  
время.

- Если вы не соответствуете  
критериям для получения  
страховки от работодателя,  
возможно, у вас есть право  
на получение субсидии для  
приобретения медицинской  
страховки на бирже.
- Открыто с 1 ноября 2017 г.  
до 15 января 2018 г.  
Либо когда у вас наступает  
«квалифицирующее событие»,  
такое как заключение брака,  
рождение ребенка или утрата  
страхового покрытия.

ПОДАЧА ЗАЯВЛЕНИЯ

Смотрите информацию о  
соответствии критериям  
на стр. 50, а для подачи  
заявления посетите веб-сайт:  
**[www.myseiubenefits.org](http://www.myseiubenefits.org)**

Посетите веб-  
сайт Washington  
Healthplanfinder  
**[www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)**  
для получения более подробной  
информации

Посетите веб-сайт  
Washington  
Healthplanfinder  
**[www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)**  
для получения более  
подробной информации





## Соответствие критериям для регистрации в плане медицинского страхования

Соответствую ли я критериям плана страхования SEIU 775 Benefits Group?

### Вопрос 1:

Вы работали патронажным работником в течение **2 или более месяцев** подряд?

Нет

Да



Вы все еще можете получать медицинское страхование через **Washington Apple Health (Medicaid)** или **Washington Healthplanfinder!**

*Смотрите более подробную информацию на стр. 48.*



**Поздравляем! Вы соответствуете первоначальным критериям для регистрации в плане медицинского страхования SEIU 775 Benefits Group для лиц, осуществляющих уход!**

*Если вы одновременно работаете как индивидуальная сиделка и как сотрудник агентства, вы можете сложить ваши рабочие часы для соответствия требованию о 80 часах.*

### Вопрос 2:

В эти месяцы вы работали как минимум **80 часов в месяц**?

Нет

Да

**Индивидуальные сиделки:** Подайте заявление на получение страховых льгот в любое время, посетите веб-сайт [www.myseiubenefits.org](http://www.myseiubenefits.org) или позвонив в информационно-ресурсный центр по телефону 1-866-371-3200.

**Сотрудники агентства:** Вы можете подать заявление по достижении соответствия первоначальным критериям, указанным выше. Если вы соответствуете критериям, вы также можете зарегистрироваться во время открытой регистрации в июле 2018 г.

# Ku soo dhowow Daryeelka Guriga!

Waxaa leedahayshaqo muhiim ah oo kaa horaysa oo ah Kaaliyaha Mustaqbalka Daryeelka Guriga oo shahaadaysan! Tani waa jadwalka wakhtiga wata taariikhaha muhiimka ah si ay kaaga caawiyaan qorshaynta Shahaadada Kaaliyaha Daryeelka Guriga.

## MAALMAHA LIISKA-HUBINTASHAHAADADA LA SOO JEEDINAYO

1

Taariikhdaada Shaqaalaynta: \_\_\_\_\_

- ☐ Tallaabada 1: Buuxi Baadhitaanka Asalka & Sawirka faraha
- ☐ Tallaabada 2: RaadiLambarkaaga Aqoonsiga ee Ardayga: \_\_\_\_\_
- ☐ Tallaabada 3: Samee Kootadaada Tababarka (bogga xiga)
- ☐ Tallaabada 4: Qaado Tababarka Jihaynta & Badbaadada (bogga xiga)
- ☐ Tallaabada 5: Maalinta U horaysa ee Macmiilkaaga

14

Muddada loo qabtay Codsiga  
(14 maalmood ka dib shaqaalaynta): \_\_\_\_\_

- ☐ Tallaabada 6: Gudbi Codsigaada Waaxdaada Caafimaadka  
*Sax "Haa" Su'aasha labaad: "Waxaan codsanayaa shahaada waxbarashadda."  
Tani waxay ku siin kartaa maalmood badan si aad u dhammaystirto shahaadada oo aad imtixaan ugu gasho luqaddaada.*
- ☐ Tallaabada 7: IskudiiwaangeliTababarka Bilowga ah
- ☐ Tallaabada 8: U diyaar garow Maalinta Koowaad ee Tababarka Bilowga ah

30

Maalmaha La soo jeediyay oo U dhexayan 30-120:

- ☐ Tallaabada 9: Xaadir Tababarka Bilowga ah  
*MAALINTA 120: Dhammaystir dhammaan fasaladaada Tababarka Bilowga ah*
- ☐ Tallaabada 10: U diyaar Garow Imtixaankaaga
- ☐ Tallaabada 11: Imtixaankaaga Hagaaji

120

Taariikhda Imtixaanka: \_\_\_\_\_

200

Muddada ugu dambeysa shahaadaynta  
(200 maalmood ka dib marka la shaqaaleeyo): \_\_\_\_\_

- ☐ Tallaabada 12: Qaado Shahaadadaada!

**MAALINTA 200:**  
KAALIYAYAASHA DARYEELKA GURIGA CAADIGA WAXAA LOOGA BAAHAN YAHAY INAY HELAAN SHAHAADO  
Haddii lagu ansixiyo adiga "Shahaadada Waxbarashadda," markaa waxaad haysan kartaa  
maalmood dheeraad ah.

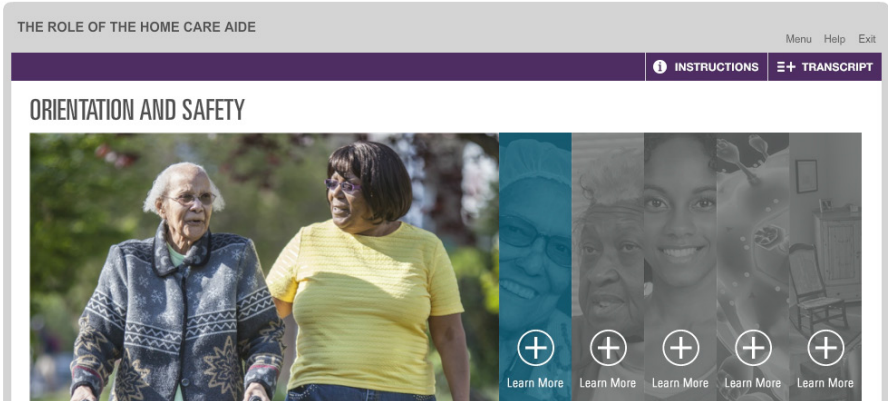


**Keligaa ma tihid. Waxaan halkan u joognaa caawimo!**

Naga soo wac lambarkan Xarunta Kheyraadka Xubnaha

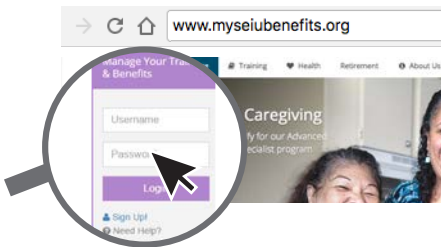
(Member Resource Center) 1-866-371-3200

8 subaxnimo. ilaa 6 galabnimo, Isniinta–Jimcaha.

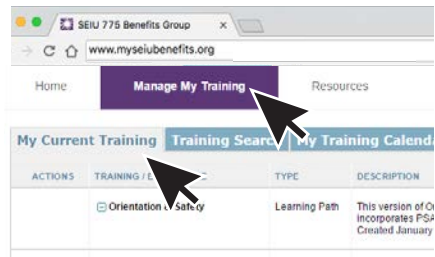


## Sida loo qaato tababarka Jihaynta & Badbaadada Onlaynka

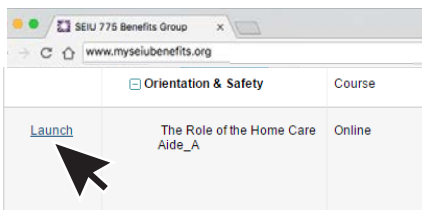
- 1 Ka samee kootada ardayga bogga [www.myseiubenefits.org](http://www.myseiubenefits.org). Ka dib dooro luqadda aad jeclaan lahayd wixii tababar ah.



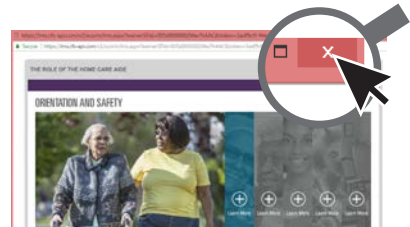
- 2 Fur "Tababarkayga hadda (My Current Training)"



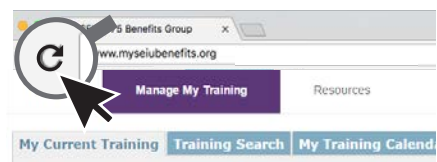
- 3 Riix "Fur (Launch)" si aad u bilowdo. Casharku waxa uu ka furmi doonaa shaashad cusub.



- 4 Cashar kasta ka dib, xidh shaashada addoo isticmaalaya batanka "X".



- 5 Bogga dib ugu celi shaashada "Maareey Tababarkeyga (Manage My Training)" wixii ah casharka xiga. Ka dib markay dhammaan casharadu dhammaadaan, shahaadadaada tababarka waxaa laga heli karaa "Taariikhdayda Tababarka (My Training History)."



# Fursadaha Qorshaha Caafimaadkaaga



SEIU 775 BENEFITS GROUP  
PLAN (QORSHAHA KOOXDA  
FAA'IIDOOYINKA SEIU 775)

MEDICAID/  
APPLE HEALTH

WASHINGTON HEALTH PLAN  
FINDER (RAADIYAHA QORSHAHA  
CAAFIMAAD EE WASHINGTON)

KHARASHKAAGA

\$25/bishii.

Bilaash, iyaddoo ku xidhan  
dakhligaaga qoyska.

Kala duwan iyaddoo ku  
xidhan qorshaha aad  
doorato.

CAYMISKA

Dadka ku tiirsan waxaa  
keliya loo caymiyaa adeeg  
bixiyayaasha wakaalada  
kuwaas oo bixiya caymiska  
buuxa ee dhammaan  
dadka ku tiirsan.

Xaasaska iyo carruuta  
la daboolo.

Xaasaska iyo carruuta  
la daboolo.

U QALMIDA

Shaqee 80 saacadood ilaa  
2 bilood oo isku xiga.

Adeeg bixiyayaasha  
Gaarka ah waxay is  
diiwaan gelin karaan u  
wakhti kasta.

Adeeg bixiyayaasha  
Wakaalada ah, waxay is  
diiwaangelin karaan u  
qalmida hore marka ugu  
horaysa ee la buuxiyo  
ama diiwaangelinta furan  
haddii loo qalmo markaas.

- Waxay ku xidhantahay  
dakhliga qoyska.
- Is diiwaangeli wakhti kasta  
marka aad u qalanto.

- Haddii aanad u qalmin  
caymiska iyadoo loo  
maraayo shaqeeyaha  
waxaad u qalmi kartaa  
laca-dhimista caymiska  
caafimaadka ee la iibsaday  
oo beddelka ah.
- Furan laga bilaabo  
Noofambar 1, 2017,  
ilaa Janaayo 15, 2018.  
Ama marka aad “u  
qalantay dhacdada”  
sida guurka, ilmaha,  
ama waayida caymiska.

CODSO

Eeg bogga 50  
macluumaadka u qalmida  
iyo in la codsado booqasho:  
[www.myseiubenefits.org](http://www.myseiubenefits.org)

Booqo Washington  
Healthplanfinder wixii  
macluumaad dheeraad ah  
[www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)

Booqo Washington  
Healthplanfinder wixii  
macluumaad dheeraad ah  
[www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)



# U qalmida Qorshaha Caafimaadka Miyaan u qalmaa Caymiska Kooxda Faa'iidooyinka SEIU 775?

## Su'aasha 1:

Ma shaqaysay **2 bilood ama ka badan** oo isku xiga Shaqaalaha Daryeelka Guriga ahaan?

**Maya**

**Haa**



Weli waxaad ku heli kartaa caymiska caafimaadka dhexda **Washington Apple Health (Medicaid)** ama **Washington Healthplanfinder!**

*Eeg bogga 48 wixii macluumaad dheeraad ah.*



Hambalyo! Waxaad buuxisay u qalmida koowaaad ee **qorshaha caafimaadka Kooxda Faa'iidooyinka SEIU 775** ee daryeelayaasha!

*Haddii labbada aad u shaqayso shakhsi ahaan iyo Adeeg bixiye Wakaalad ah, waxaad isku dari kartaa saacadahaaga si loo tiriyo dhanka 80 saacadood oo shuruuda aht.*

## Su'aasha 2:

Bilahan, ma shaqaysay ugu yaraan **80 saacadood bishiiba?**

**Maya**

**Haa**

**Adeeg bixiyayaasha Gaarka ah:** Codso faa'iidooyinka wakhti kasta addoo booqanaya **www.myseiubenefits.org** ama adigoo wacaya Xarunta Kheyraadka Xubnaha (Member Resource Center) 1-866-371-3200.

**Adeeg bixiyayaasha Wakaalada:** Waad codsan kartaa marka aad ugu horayn u qalanto su'aalaha sare. Sidoo kale waad codsan kartaa, haddii aad u qalanto, muddada Diiwaangelinta Furan Juulay 2018.

## ¡Le damos la bienvenida a Cuidados a domicilio!

¡Tiene por delante un importante trabajo como futuro asistente de cuidados a domicilio con certificación! A continuación, presentamos un cronograma sugerido con las fechas fundamentales que le ayudarán a planificar su certificación como asistente de cuidados a domicilio.

### DÍAS LISTA DE VERIFICACIÓN SUGERIDA PARA LA CERTIFICACIÓN

1

Su fecha de contratación: \_\_\_\_\_

- ☐ Paso 1: Complete la verificación de antecedentes y la toma de huellas digitales
- ☐ Paso 2: Obtenga su número de identificación de estudiante: \_\_\_\_\_
- ☐ Paso 3: Cree su cuenta de capacitación (próxima página)
- ☐ Paso 4: Realice la capacitación en orientación y seguridad (próxima página)
- ☐ Paso 5: Prepárese para el primer día con su cliente

14

Fecha límite para presentar la solicitud  
(14 días después de la contratación): \_\_\_\_\_

- ☐ Paso 6: Presente la solicitud ante el Departamento de Salud  
*Marque "Sí" en la segunda pregunta: "Solicito un certificado provisorio".  
Esto podría darle más días para completar su certificación y el examen en su idioma.*
- ☐ Paso 7: Regístrese para realizar la Capacitación básica
- ☐ Paso 8: Prepárese para el primer día de Capacitación básica

30

Pasos sugeridos entre los días 30 y 120:

- ☐ Paso 9: Asista a la Capacitación básica  
*ANTES DEL DÍA 120: Complete todas sus clases de la Capacitación básica*

- ☐ Paso 10: Prepárese para el examen

- ☐ Paso 11: Realice el examen  
Fecha del examen: \_\_\_\_\_

120

Fecha límite para la certificación  
(200 días después de la contratación): \_\_\_\_\_

- ☐ Paso 12: ¡Reciba su certificación!

*ANTES DEL DÍA 200:  
SE REQUIERE QUE LOS ASISTENTES DE CUIDADOS A DOMICILIO GENERALES RECIBAN LA CERTIFICACIÓN  
Si aprobó su "Certificado provisorio", podría tener días adicionales.*

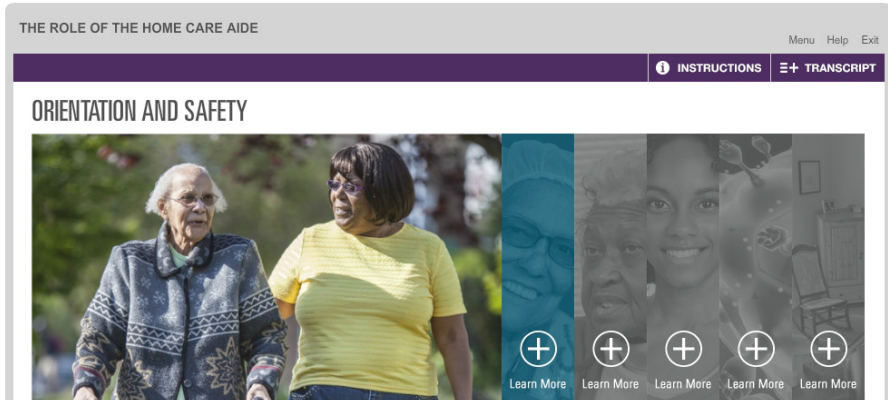
200



**Usted no está solo. ¡Estamos aquí para ayudarlo!**

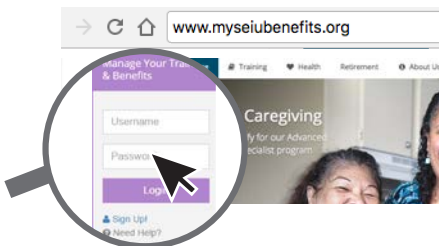
Llámenos al Member Resource Center al 1-866-371-3200  
de lunes a viernes de 8:00 a. m. a 6:00 p. m.



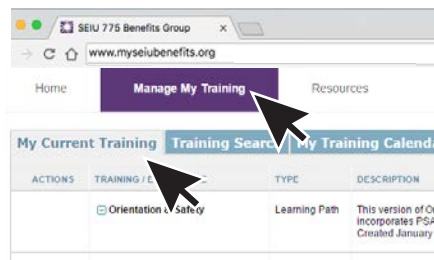


## Cómo realizar la capacitación en orientación y seguridad en línea

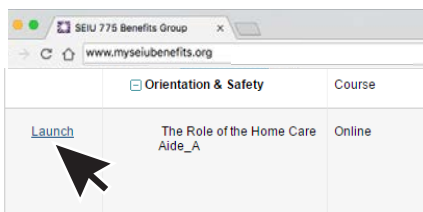
- 1 Cree una cuenta de aprendiz en [www.myseiubenefits.org](http://www.myseiubenefits.org). A continuación, elija el idioma que desee para la capacitación.



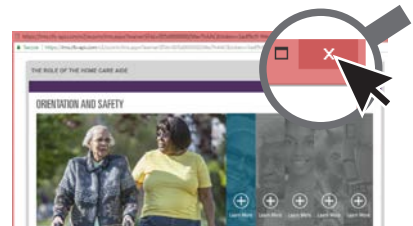
- 2 Abra "My Current Training"



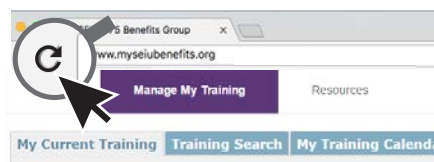
- 3 Haga clic en "Launch" para comenzar. La lección se abrirá en una ventana nueva.



- 4 Después de cada lección, cierre la ventana; para ello, use el botón "X".



- 5 Actualice la pantalla de "Manage My Training" para ver la lección siguiente. Después de completar todas las lecciones, su certificado de capacitación estará disponible en la sección "My Training History".





# Sus opciones de planes de salud



	SEIU 775 BENEFITS GROUP PLAN	MEDICAID/APPLE HEALTH	WASHINGTON HEALTH PLAN FINDER
COSTO PARA USTED	\$25 por mes.	Gratis, según los ingresos de su grupo familiar.	Varía según el plan que usted elija.
COBERTURA	Solo están cubiertos los dependientes que se atienden con los proveedores de la agencia para aquellos que pagan la prima total de sus dependientes.	Cubre al cónyuge y a los hijos.	Cubre al cónyuge y a los hijos.
ELEGIBILIDAD	<p>Trabajar 80 horas durante 2 meses consecutivos.</p> <p>Los proveedores individuales pueden inscribirse en cualquier momento.</p> <p>Los proveedores de la agencia pueden inscribirse cuando cumplen la elegibilidad inicial por primera vez o durante la inscripción abierta, si en ese momento son elegibles.</p>	<ul style="list-style-type: none"><li>• Depende de los ingresos de su grupo familiar.</li><li>• Permite inscribirse en cualquier momento en que sea elegible.</li></ul>	<ul style="list-style-type: none"><li>• Si usted no reúne los requisitos para el seguro a través de un empleador, podría ser elegible para recibir un subsidio para cobertura de salud adquirido en el mercado.</li><li>• Abierta del 1 de noviembre de 2017 al 15 de enero de 2018. O bien, cuando usted tenga un “evento que califique”, como matrimonio, nacimiento de un hijo o pérdida de la cobertura.</li></ul>
SOLICITUD	Consulte la página 50 para obtener información sobre la elegibilidad; para presentar la solicitud, visite el sitio web: <a href="http://www.myseiubenefits.org">www.myseiubenefits.org</a>	Para obtener más información, visite Washington Healthplanfinder en <a href="http://www.wahealthplanfinder.org">www.wahealthplanfinder.org</a>	Para obtener más información, visite Washington Healthplanfinder en <a href="http://www.wahealthplanfinder.org">www.wahealthplanfinder.org</a>



# Elegibilidad para el plan de salud

¿Reúno los requisitos para recibir la cobertura del SEIU 775 Benefits Group?

## Pregunta 1:

¿Ha trabajado **2 meses consecutivos o más** como trabajador de Cuidados a domicilio?

No

Sí



¡Todavía puede recibir cobertura de seguro médico de **Washington Apple Health (Medicaid) o de Washington Healthplanfinder!**

*Consulte la página 48 para obtener más información.*



¡Felicitaciones! ¡Usted cumple con los primeros requisitos de elegibilidad del **plan de salud del SEIU 775 Benefits Group** para cuidadores!

*Si usted trabaja como proveedor individual y proveedor de la agencia, puede combinar sus horas para que se contabilicen en el requisito de 80 horas.*

## Pregunta 2:

En esos meses, ¿usted ha trabajado al menos **80 horas por mes**?

No

Sí

**Proveedores individuales:** Solicite los beneficios de salud en cualquier momento; para ello, visite el sitio web **www.myseiubenefits.org** o llame al Member Resource Center al 1-866-371-3200.

**Proveedores de la agencia:** Puede presentar la solicitud cuando cumpla por primera vez con los requisitos de elegibilidad indicados en las preguntas anteriores. Si es elegible, también puede presentar la solicitud durante la inscripción abierta en julio de 2018.

## Chào mừng bạn đến với Chăm sóc Tại gia!

Bạn có công việc quan trọng ở phía trước, đó là trở thành Hộ lý Chăm sóc Tại gia được chứng nhận! Đây là thời gian biểu đề xuất với các mốc ngày quan trọng nhằm giúp bạn lập kế hoạch cho quá trình lấy Chứng chỉ Hộ lý Chăm sóc Tại gia của mình.

### NGÀY DANH MỤC CHỨNG CHỈ ĐỀ XUẤT

1

Ngày bạn được thuê tuyển: \_\_\_\_\_

- ☐ Bước 1: Hoàn thành Kiểm tra Lý lịch & Lấy dấu vân tay
- ☐ Bước 2: Nhận Mã số Học viên của bạn: \_\_\_\_\_
- ☐ Bước 3: Tạo Tài khoản Đào tạo của bạn (trang tiếp theo)
- ☐ Bước 4: Tham gia khóa học Định hướng & An toàn (trang tiếp theo)
- ☐ Bước 5: Chuẩn bị cho Ngày Đầu tiên với Khách hàng

14

Hạn chót nộp Hồ sơ  
(14 ngày sau khi được thuê tuyển): \_\_\_\_\_

- ☐ Bước 6: Nộp Hồ sơ xin phép Bộ Y tế

**Chọn "Có" ở câu hỏi thứ hai:** "Tôi đang nộp đơn xin cấp chứng chỉ tạm thời."  
Việc này có thể giúp bạn có thêm nhiều ngày hơn để hoàn thành chứng chỉ và bài kiểm tra bằng ngôn ngữ của bạn.

- ☐ Bước 7: Đăng ký Đào tạo Cơ bản
- ☐ Bước 8: Chuẩn bị cho Ngày Đầu tiên của Đào tạo Cơ bản

30

Các bước đề xuất trong khoảng ngày 30 đến 120:

- ☐ Bước 9: Tham gia Đào tạo Cơ bản  
**ĐẾN NGÀY 120:** Hoàn thành tất cả các lớp Đào tạo Cơ bản

- ☐ Bước 10: Chuẩn bị cho Kỳ thi của bạn

120

- ☐ Bước 11: Tham gia Kỳ thi  
Ngày Thi: \_\_\_\_\_

200

Hạn chót cấp Chứng chỉ  
(200 ngày sau khi được thuê tuyển): \_\_\_\_\_

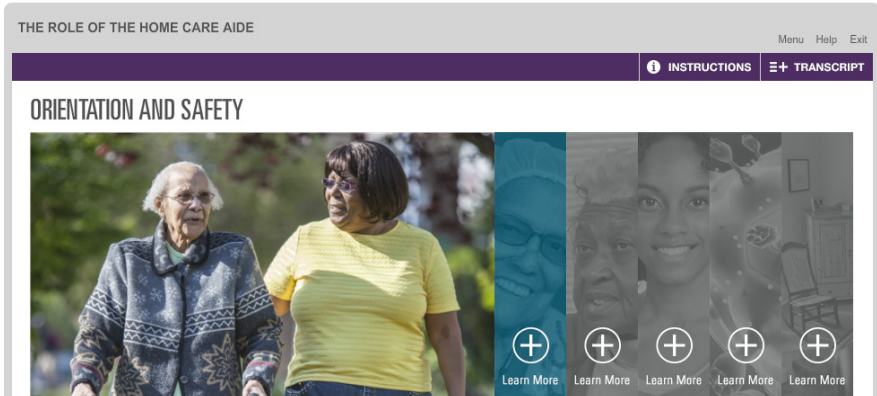
- ☐ Bước 12: Nhận Chứng chỉ của bạn!

**ĐẾN NGÀY 200:** HỘ LÝ CHĂM SÓC TẠI GIA TIÊU CHUẨN YÊU CẦU PHẢI LÀ NGƯỜI NHẬN ĐƯỢC CHỨNG CHỈ  
Nếu được phê duyệt "Chứng chỉ Tạm thời", bạn sẽ có thêm thời gian.



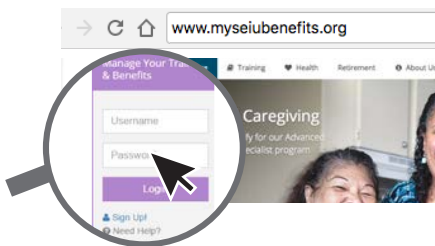
**Bạn không đơn độc. Chúng tôi ở đây để giúp đỡ!**

Hãy gọi cho chúng tôi tại Trung tâm Hỗ trợ Thành viên theo số 1-866-371-3200  
8 giờ sáng đến 6 giờ chiều, từ Thứ Hai đến Thứ Sáu.

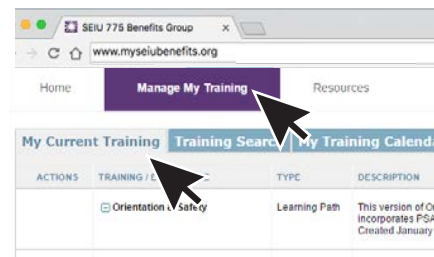


## Cách tham gia khóa học Định hướng & An toàn trực tuyến

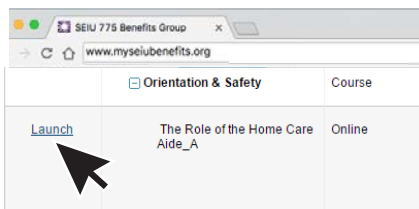
- 1 Tạo tài khoản học viên tại [www.myseiubenefits.org](http://www.myseiubenefits.org). Sau đó chọn ngôn ngữ bạn muốn sử dụng.



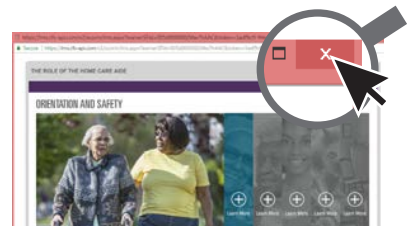
- 2 Mở "My Current Training" (Đào tạo Hiện tại của Tôi)



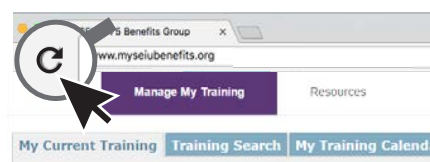
- 3 Nhấp "Launch" (Bắt đầu) để bắt đầu. Bài học sẽ mở trên một cửa sổ mới.



- 4 Sau mỗi bài học, sử dụng nút "X" để đóng cửa sổ.



- 5 Làm mới màn hình "Manage My Training" (Quản lý Đào tạo của Tôi) để đến bài học tiếp theo. Sau khi hoàn thành tất cả các bài học, bạn sẽ có chứng chỉ đào tạo ở mục "My Training History" (Lịch sử Đào tạo của Tôi).



# Các Tùy chọn cho Chương trình Chăm sóc Sức khỏe của Bạn



## CHƯƠNG TRÌNH NHÓM PHÚC LỢI SEIU 775

## MEDICAID/ APPLE HEALTH

## WASHINGTON HEALTH PLAN FINDER

CHI PHÍ

\$25/tháng.

Miễn phí, phụ thuộc vào thu  
nhập hộ gia đình của bạn.

Thay đổi tùy theo chương  
trình mà bạn lựa chọn.

PHẠM VI BẢO HIỂM

Người phụ thuộc chỉ được  
bảo hiểm khi Nhà cung cấp  
dịch vụ cho cơ quan thanh  
toán đầy đủ phí bảo hiểm cho  
những người phụ thuộc.

Vợ/chồng và con cái đều  
được bảo hiểm.

Vợ/chồng và con cái đều  
được bảo hiểm.

ĐIỀU KIỆN

Làm việc 80 giờ trong 2  
tháng liên nhau.

Nhà cung cấp dịch vụ cá  
nhân có thể đăng ký bất  
kỳ lúc nào.

Nhà cung cấp dịch vụ cho  
cơ quan có thể đăng ký  
khi ngay từ đầu đáp ứng  
được điều kiện ban đầu,  
hoặc trong thời điểm đăng  
ký tự do nếu khi đó đủ  
điều kiện.

- Phụ thuộc vào thu nhập hộ  
gia đình.
- Đăng ký bất kỳ khi nào đủ  
điều kiện.

- Nếu bạn không đủ điều kiện  
tham gia bảo hiểm thông qua  
chủ sử dụng lao động, bạn  
có thể đủ điều kiện được  
hưởng trợ cấp bảo hiểm sức  
khỏe được mua theo diện  
trao đổi.
- Bắt đầu từ ngày 01/11/2017  
đến ngày 15/01/2018. Hoặc  
khi bạn có "sự kiện hội đủ  
điều kiện" chẳng hạn như  
kết hôn, sinh con hoặc mất  
bảo hiểm.

NỘP ĐƠN

Xem trang 50 để biết thông  
tin về các điều kiện. Để nộp  
đơn, vui lòng truy cập:  
[www.myseiubenefits.org](http://www.myseiubenefits.org)

Truy cập Washington  
Healthplanfinder để  
biết thêm thông tin tại  
[www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)

Truy cập Washington  
Healthplanfinder để  
biết thêm thông tin tại  
[www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)



## Hội đủ Điều kiện cho Chương trình Chăm sóc Sức khỏe

Tôi có đủ điều kiện được bảo hiểm theo Chương trình Nhóm Phúc lợi SEIU 775 không?

### Câu hỏi 1:

Bạn có làm việc **2 tháng trở lên** với cùng một công việc là Nhân viên Chăm sóc Tại gia không?

Không

Có



Bạn vẫn có thể nhận được bảo hiểm sức khỏe thông qua **Washington Apple Health (Medicaid) hoặc Washington Healthplanfinder!**

Xem trang 48 để biết thêm thông tin.

Xin chúc mừng! Bạn đáp ứng các điều kiện đầu tiên cho **chương trình chăm sóc sức khỏe Nhóm Phúc lợi SEIU 775** dành cho các chăm sóc viên!

Nếu vừa là Nhà cung cấp dịch vụ cá nhân, vừa là Nhà cung cấp dịch vụ cho cơ quan, bạn có thể cộng tổng lại để đủ tổng thời gian yêu cầu là 80 giờ.

### Câu hỏi 2:

Trong những tháng đó, bạn có làm việc ít nhất **80 giờ một tháng** không?

Không

Có

**Nhà cung cấp dịch vụ Cá nhân:** Nộp đơn xin hưởng trợ cấp y tế vào bất kỳ thời điểm nào bằng cách truy cập [www.myseiubenefits.org](http://www.myseiubenefits.org) hoặc gọi đến Trung tâm Hỗ trợ Thành viên theo số 1-866-371-3200.

**Nhà cung cấp dịch vụ cho cơ quan:** Bạn có thể nộp đơn đăng ký khi trước hết đáp ứng các câu hỏi về hội đủ điều kiện trên đây. Bạn cũng có thể nộp đơn đăng ký, nếu bạn hội đủ điều kiện, trong thời gian Đăng ký Tự do vào tháng 7 năm 2018.



# Notes







# Training Standards

Individual Provider or Agency Provider	Provider Type	Orientation & Safety <i>5 hours online training</i>	Required Basic Training <i>Within 120 days of starting to provide care</i>	HCA Credential <i>State Certification</i>	Continuing Education <i>12 hour annual requirement</i>
	Standard HCA hired on or after 1/7/2012	Complete prior to providing care	Basic Training 70 hours	Yes*	By your birthday: Your first CE requirement is due on your second birthday after initial certification**
	Standard HCA who worked between 1/1/2011 - 1/6/2012 <i>Categorized as "exempt by employment history"</i>	Complete prior to providing care	Fundamentals of Caregiving or required training by employer at the time of hire	No	By your birthday

\*Standard HCAs are required to renew certification with Department of Health (DOH) each year by your birthday to remain in good standing.

\*\*If your initial certification is issued on your birthday then your CE is due on your next birthday.

Individual Providers Only	Adult Child Provider	Complete prior to providing care	Basic Training 30 hours	No	By your birthday: CE requirement starts in the calendar year after completing Basic Training
	Limited Service Provider	Complete prior to providing care	Basic Training 30 hours	No	Not Required
	Respite Provider (DDA) <i>updated requirements effective July 23, 2017</i>	Complete prior to providing care	Basic Training 9 hours	No	Not Required
	Parent Individual Provider (Non-DDA)	Complete prior to providing care	Basic Training 30 hours	No	Not Required
	Parent DD Individual Provider (DDA)	Complete prior to providing care	Basic Training 7 hours	No	Not Required

NOTE: If you work for more than one employer and / or have multiple roles or multiple consumers, you may have different training standards than indicated by the chart above.

**For workers who have a Certified Nursing Credential (NAC), the chart below applies (Not LPN, RN, ARNP)\*\*\***  
 Providers working in long-term care with a higher credential must maintain their credential or receive HCA certification before their credential expires in order to remain in compliance.

	Provider Type	Orientation & Safety <i>5 hours online training</i>	Required Basic Training <i>Within 120 days of starting to provide care</i>	HCA Credential <i>State Certification</i>	Continuing Education <i>12 hour annual requirement</i>
Individual Provider or Agency Provider	Providers with a NAC or Special Education Endorsement (OSPI)	Not required	Not required	No	If CE is required in the table above, then your CE is due by your first birthday after you start working as an HCA.
	Providers with a initial NAC or Special Education Endorsements (OSPI)	Not required	Not required	No	If CE is required in the table above, then your first CE is due by your second birthday following your initial NAC certification.

\*\*\*If you are currently certified as an LPN or RN, CE is not required for your role as an Individual Provider or Agency Provider. 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 category. They must meet the higher requirements for training and certification.

### Accommodation Process

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 SEIU 775 Benefits Group’s programs and activities.

To request reasonable accommodation, a student with a disability should request accom-  
 modation by completing the “ADA Request Form” found at [www.myseiu.be/adapolicy](http://www.myseiu.be/adapolicy) or  
 by calling the Member Resource Center at 1-866-371-3200 (8 a.m. to 6 p.m.,  
 Monday–Friday). Once the request is received, the accommodation process will start,  
 during which time 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 SEIU 775 Benefits Group will confer with the  
 student to identify appropriate and reasonable accommodations that may be warranted  
 under the particular circumstances. SEIU 775 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  
 information on the accommodation process can be found at [www.myseiu.be/adapolicy](http://www.myseiu.be/adapolicy).



SEIU Healthcare NW Training Partnership  
215 Columbia, Suite 300, Seattle, WA 98104

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**SEVENTH EDITION**

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Nếu quý vị cần được hỗ trợ bằng tiếng Việt, vui lòng xem trang 112

如果您需要中文帮助，请见第XX页。92

Если Вам нужна помощь на русском языке, пожалуйста, смотрите стр. 100

Haddii aad ugu baahan tahay caawimaad af Soomaali fadlan eeg bogga 104

Si necesita asistencia en español, vea la página 108