2021 Open Enrollment
July 1-20 for Agency Providers

This packet includes information for:
- Caregivers already enrolled in health coverage.
- Caregivers who are eligible and can apply for coverage.

During Open Enrollment you can:
- Apply for health insurance (if you are not already enrolled).
- Make optional changes to your dental plan (if you are enrolled).
- Learn how to get the most value from your health benefits.

Complete and return your Health Benefits Application online or by mail on or before July 20.
New enrollees will receive coverage starting August 1. If you are currently enrolled, you will continue to receive the same coverage you have now if no action is taken.

If you do not have health insurance yet and would like to apply:
- Complete and submit the Health Benefits Application.
- Pay $25 a month.
- Continue working 80 hours a month to remain eligible.*
- Enjoy your Kaiser Foundation Health Plan of the Northwest health insurance coverage!

*To get more information on eligibility criteria, please refer to the Open Enrollment webpage at myseiu.be/oe2021.
Your packet includes highlights about your health plan, medical and dental plan summaries and common health insurance terms. You will also get the forms you need to enroll yourself if you are not enrolled or make optional changes to your plan if you are enrolled already.

How to Enroll or Make Changes

Online
You can fill out an online form using My Plan. Visit myseiu.be/oe-myplan to learn more.

Mail or Fax
Send your application to the address listed on the Health Benefits Application. U.S. postage is required. Or fax it to 516-723-7395.

For questions, call SEIU 775 Benefits Group Customer Service | 1-877-606-6705 | 8 a.m. - 6 p.m., Mon-Fri | myseiubenefits.org
Enroll or Make Changes With My Plan!

Create a login for My Plan

Go to myseiu775.org/my-plan to register as a new user by following these steps:

Step 1: Select Register as a New User.

Step 2: Enter Member ID or Social Security Number (SSN).

Step 3: Enter Zip Code and Date of Birth.

Step 4: Review and Accept Terms & Conditions.

Step 5: Fill out username, password and security question.

Step 6: Fill out contact info and Save Communication.

* At least one phone number and email address is required.

Step 7: Save Acknowledgements.

Questions? Call 1-877-606-6705, 8 a.m. to 6 p.m. Pacific time, Monday to Friday, or email SEIU775BG-caregiver@magnacare.com.

Enroll in coverage

Step 1: Log in and view your health coverage information or enroll in coverage.

If you are eligible to enroll, you will have the option to click on Start Enrollment.

Step 2: Go through enrollment with My Plan

- Select your Home Employer. This is the employer who will deduct your $25 monthly co-premium from your paycheck. Your home employer may be reassigned in the future to a secondary employer, based on your number of monthly hours worked.
- For each benefit you will see eligibility information for both Agency Providers (APs) and Individual Providers (IPs).

Step 3: Edit your preferences, such as:

- How you want to be reached – by email, phone or mail.
- Your preferred language.

Step 4: Enroll in health coverage:

- Medical plan – Your plan is chosen based on where you live.
- Dental plan – Compare the plans and choose from the available dental plan options.
- Other health resources available to you, such as Caregiver Kicks, EPIC Hearing and Ginger.

Step 5: Review your selections.

Step 6: Sign your name using your mouse or touchscreen to complete enrollment.

You will see a confirmation screen and be sent a confirmation email and letter.

View and make changes to your plan

Step 1: Log into My Plan to view or make changes to your coverage.

Step 2: Use the menu icon on the upper left corner to:

- Find your Coverage Summary.
- View your eligibility and benefit information.
- Change your dental plan.
- View your work hours.
- Make self-payments and more!

Download the MyCreateHealth mobile app on your smartphone to easily use My Plan.

The MyCreateHealth mobile app is available in the App Store on your iPhone, or in the Google Play Store on your Android phone.
Health Plan Highlights

Get High-quality Health and Dental Coverage for Just $25 Per Month

Your coverage includes the following benefits:

- Free Doctor Visits
- Medical
- Orthodontia
- Dental
- Vision
- Hearing
- Infertility
- Prescription Drug
- Emotional Support

Get the Most Out of Your Coverage

Find a Doctor You Love

Care begins with you. Build a relationship with a doctor you trust by choosing a primary care doctor, who you can then see with no co-pay. You can see this doctor for wellness visits, if you get sick or if you need a referral to a specialist.

You can choose a primary care doctor through the Kaiser Foundation Health Plan of the Northwest website. Choosing a primary care doctor is quick and easy. For help creating an account or finding a doctor, visit myseiu.be/oe-doctor.

Healthcare Anywhere

With your health coverage you get convenient, free or low-cost healthcare anywhere – by phone, tablet or computer – in addition to in-person visits. You can enjoy high-quality personalized care, safe and convenient visits and a choice of technology options. See myseiu.be/ha-2021 for more information.

More Benefits Designed Just For You

Self-care matters: Emotional Health Benefits

Emotional health is just as important as physical health. Coverage includes psychotherapy, medication, group therapy and complementary and alternative medicines, as well as:

- The Ginger app, which makes it easy to connect with an expert coach who can give advice and support through free, secure text messaging. Learn more at myseiu.be/oe-ginger.
- Call Kaiser Foundation Health Plan of the Northwest Mental Health Services at 1-855-632-8280 or visit myseiu.be/kpnw-bh.
- Personal life help with Resource Finder*. Through Resource Finder, you can get access to emotional health resources, childcare, legal help and more. Visit myseiu.be/oe-resource to learn more.

Manage Your Prescriptions Wisely

Make the most of your prescription benefits by understanding all your choices and how much they cost.

<table>
<thead>
<tr>
<th>Rx Co-pay (In-network) for 30 day supply</th>
<th>At the Pharmacy</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Contraceptives*</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Preferred Generic</td>
<td>$5</td>
<td>$10 for up to 90 day supply</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$25</td>
<td>$50 for up to 90 day supply</td>
</tr>
<tr>
<td>Non-Preferred</td>
<td>$50</td>
<td>$100 for up to 90 day supply</td>
</tr>
</tbody>
</table>

*If you work for a religious-based organization, your health plan excludes contraceptive coverage, as permitted under the religious exemption of the Affordable Care Act. However, you will receive these at no cost to you (and without taking any additional action) from Sav-Rx, as long as you are enrolled in a health plan.

NEW!

Visits to your Primary Care Doctor (also called a Primary Care Provider) are free with your coverage.

Alternatives to Using the Emergency Room

Save $170 with Urgent Care.
If you are in need of immediate care, look for your closest urgent care center or make a same-day appointment with your doctor. You can save up to $170.

Immediate care is not the same as emergency care.
If you are suffering a life-threatening condition, such as heart attack or stroke, you should go to the emergency room. If you have a minor physical injury, like a sprained ankle, visit urgent care.
**Medical Plan Benefit Summary**

Kaiser Foundation Health Plan of the Northwest Summary
Effective Date: 08/01/2021

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.

### In-Network Coverage

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Deductible</th>
<th>Cost Share</th>
<th>Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Services (per transport)</td>
<td>$75</td>
<td>$200 (Waived if admitted)</td>
<td>$500</td>
</tr>
<tr>
<td>Emergency department visit</td>
<td>$100 per admission</td>
<td>$150</td>
<td>$1,000 per admission</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>$100 per admission</td>
<td>$15</td>
<td>$2,000 per admission</td>
</tr>
<tr>
<td>Chemotherapy/radiation therapy visit</td>
<td>$200</td>
<td>20% Coinsurance</td>
<td>$2,500 per therapy per Calendar Year</td>
</tr>
<tr>
<td>Durable medical equipment, external prosthetic devices, and orthotic devices</td>
<td>$200</td>
<td>20% Coinsurance</td>
<td>$500 per device</td>
</tr>
<tr>
<td>Physical, speech, and occupational therapies (up to 20 visits per therapy per Calendar Year)</td>
<td>$200</td>
<td>20% Coinsurance</td>
<td>$100 per therapy</td>
</tr>
</tbody>
</table>

### Skilled Nursing Facility Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Deductible</th>
<th>Cost Share</th>
<th>Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient skilled nursing services (up to 100 days per Calendar Year)</td>
<td>$0</td>
<td>$0</td>
<td>$1,250 per admission</td>
</tr>
</tbody>
</table>

### Chemical Dependency Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Deductible</th>
<th>Cost Share</th>
<th>Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Services</td>
<td>$0</td>
<td>$0</td>
<td>$500 per admission</td>
</tr>
<tr>
<td>Inpatient hospital &amp; Residential Services</td>
<td>$100 per admission</td>
<td>$150</td>
<td>$2,000 per admission</td>
</tr>
</tbody>
</table>

### Mental Health Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Deductible</th>
<th>Cost Share</th>
<th>Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Services (Group visit 15 co-pay)</td>
<td>$0</td>
<td>$0</td>
<td>$1,250 per admission</td>
</tr>
<tr>
<td>Inpatient hospital &amp; Residential Services</td>
<td>$100 per admission</td>
<td>$150</td>
<td>$2,000 per admission</td>
</tr>
</tbody>
</table>

### Alternative Care

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Deductible</th>
<th>Cost Share</th>
<th>Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative care (self-referred)</td>
<td>$15 per chiropractor visit up to 12 visits, additional visits require pre-authorization</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Vision Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Deductible</th>
<th>Cost Share</th>
<th>Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine eye exam (through first month of age 19)</td>
<td>$0</td>
<td>$0</td>
<td>$500 per exam</td>
</tr>
<tr>
<td>Vision hardware and optical services (through first month of age 19)</td>
<td>$0</td>
<td>$0</td>
<td>$500 per exam</td>
</tr>
<tr>
<td>Routine eye exam (age 19 and older)</td>
<td>$0</td>
<td>$0</td>
<td>$500 per exam</td>
</tr>
<tr>
<td>Vision hardware and optical services (ages 19 years and older)*</td>
<td>$0</td>
<td>$0</td>
<td>$500 per exam</td>
</tr>
</tbody>
</table>

### Hearing Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Deductible</th>
<th>Cost Share</th>
<th>Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing hardware</td>
<td>Covered through a separate benefit: EPIC Hearing. No co-pay, up to $1,200 per ear every 3 years toward the cost of a hearing aid. Learn more at mykaiser.hearing</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Additional Features

- Online Access anytime, anywhere: Schedule appointments, Health Risk Assessments – personal online tool for members, Access medical records, Refill Prescriptions, Email doctor, Check lab results, 37 Medical offices, 17 Dental offices, 8 Urgent Care locations.
- Fitness club discounts, Vitamins & supplements, Alternative and chiropractic care.

### Exclusions and Limitations

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

### Medical and surgical services for the treatment of infertility

Covered subject to the applicable outpatient services cost shares, limited to $30,000 per lifetime maximum. Includes artificial insemination, in-vitro fertilization, and assisted reproduction, including gamete intrafallopian transfer (GIFT) and oocyte intrafallopian transfer (ZIFT).

### Fertility drugs

Covered subject to 50% plan coinsurance, limited to a lifetime maximum of $5,000.

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Kaiser Foundation Health Plan of the Northwest Benefit Summary, continued.

### Covered subject to the applicable outpatient services cost shares, limited to $30,000 per lifetime maximum. Includes artificial insemination, in-vitro fertilization, and assisted reproduction, including gamete intrafallopian transfer (GIFT) and oocyte intrafallopian transfer (ZIFT). Fertility drugs: Covered subject to 50% plan coinsurance, limited to a lifetime maximum of $5,000.
Your Choice of Dental Plans

<table>
<thead>
<tr>
<th>Providers</th>
<th>Annual Maximum</th>
<th>Deductible</th>
<th>Co-pay for routine exams</th>
<th>Special Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental</td>
<td>$2,000</td>
<td>$0</td>
<td>Covered in Full</td>
<td>• Broad network of providers, including rural areas</td>
</tr>
<tr>
<td>Willamette</td>
<td>None</td>
<td>$0</td>
<td>Covered in Full</td>
<td>• Convenient for caregivers who live on the I-5 corridor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• No annual maximum for caregivers with high dental expenses</td>
</tr>
</tbody>
</table>

Your dental plan is included in your $25 monthly co-premium.

Both dental plans offer orthodontia benefits.

Want to switch your dental plan? Complete and return the Health Benefits Application by July 20, 2021.

PPO Plan

Effective Date 8/1/2021

Your plan gives you access to the Delta Dental PPO network. However, benefits go farthest when you visit a Delta Dental PPO dentist. Visit DeltaDentalWA.com to find a dentist in your network (learn how on the next page).

Your plan also comes with access to the Delta Dental Premier® network, which helps you find a PPO dentist outside of your area if needed. This means you can avoid higher out-of-network costs (see chart below).

More dental work is covered

Class I costs do not count toward your Annual Maximum, which means more of your Class II and III expenses are covered by insurance.

Get the most from your benefits!

Create a MySmile® account

It gives you secure, 24/7 access to your ID card, benefits information, out-of-pocket cost estimates and more! Our “Find your member ID” tool makes registration easy. Visit DeltaDentalWA.com to create your account.

Choose an in-network dentist

Your plan gives you access to the Delta Dental PPO network. However, benefits go farthest when you visit a Delta Dental PPO dentist. Visit DeltaDentalWA.com to find a dentist in your network (learn how on the next page).

Your plan also comes with access to the Delta Dental Premier® network, which helps you find a PPO dentist outside of your area if needed. This means you can avoid higher out-of-network costs (see chart below).

More dental work is covered

Class I costs do not count toward your Annual Maximum, which means more of your Class II and III expenses are covered by insurance.

Find an in-network dentist near you:

1. Visit DeltaDentalWA.com
2. Click on ‘Online Tools’ and use our ‘Find a Dentist’ tool
3. Select ‘Delta Dental PPO’ to filter your search results

Visit your dentist regularly.

Your plan covers preventive care visits each year. Regular cleanings and check-ups are essential to keeping your smile healthy and preventing painful, expensive problems down the road.

Get out-of-pocket cost estimates.

Knowing your cost helps you and your dentist plan treatments to maximize your benefits.

MySmile Cost GenieSM gives you instant, cost estimates. It’s great for basic treatments like fillings. Simply sign in to your MySmile account to get your personalized estimate.

When you need extensive treatment, like a crown, ask your dentist for a “Predetermination.” You will get a Confirmation of Treatment and Cost from your dentist. It details your treatment plan, what your benefits cover and how much you may owe your dentist for the treatment.

Questions?

Call Delta Dental

1-800-554-1907

Monday-Friday, 7 a.m. to 5 p.m.

Pacific time

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 book which provides more details of your Delta Dental PPO plan. Please feel free to call our customer service department or visit our website at DeltaDentalWA.com if you have any questions.

Providers | Annual Maximum | Deductible | Co-pay for routine exams | Special Features |
----------|----------------|------------|--------------------------|-----------------|
Delta Dental | $2,000 | $0 | Covered in Full | • Broad network of providers, including rural areas |
Willamette | None | $0 | Covered in Full | • Convenient for caregivers who live on the I-5 corridor |
| | | | • No annual maximum for caregivers with high dental expenses |

Benefit Period: 1/1/2022 – 12/31/2022

Benefit Period Maximum* (per person; does not apply to Class I): $2,000

Orthodontia—Adults & Children: 50%

Lifetime Maximum (per person): $2,000

Providers Annual Maximum Deductible Co-pay for routine exams Special Features

<table>
<thead>
<tr>
<th>Benefit Period Deductible</th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Non-Participating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not apply to class 1 in network—no deductible out of network—$50 per benefit period</td>
<td>$0/$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Class I - Diagnostic &amp; Preventative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams Cleaning Fluoride X Rays Sealants</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Class II - Restorative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restorations Posterior Composite Fillings Endodontics (Root Canal) Periodontics Oral Surgery</td>
<td>100%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Class III - Major</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures Partial Dentures Implants Bridges Crowns</td>
<td>80%</td>
<td>40%</td>
<td>40%</td>
</tr>
</tbody>
</table>

*New this year! Your Annual Maximum is the maximum amount your insurance will cover per year. For dental work over this amount, you will have to pay out of pocket except for Class I costs.

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 book which provides more details of your Delta Dental PPO plan. Please feel free to call our customer service department or visit our website at DeltaDentalWA.com if you have any questions.
**Benefits**

<table>
<thead>
<tr>
<th>Co-pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Maximum</td>
</tr>
<tr>
<td>Deductible</td>
</tr>
<tr>
<td>General &amp; Orthodontic Office Visit</td>
</tr>
</tbody>
</table>

**Diagnostic and Preventative Services**

- Routine and Emergency Exams, X-rays, Teeth Cleaning, Fluoride Treatment, Sealants (Per tooth), Head and Neck Cancer Screening, Oral Hygiene Instruction, Periodontal Charting, Periodontal Evaluation: Covered with the Office Visit Co-pay
- Restorative Dentistry:
  - Filings (Amalgam): Covered with the Office Visit Co-pay
  - Porcelain-Metal Crown: You pay a $250 Co-pay
- Prosthodontics:
  - Complete Upper or Lower Denture: You pay a $400 Co-pay
  - Bridge (per Tooth): You pay a $250 Co-pay

**Endodontics & Periodontics**

- Root Canal Therapy – Anterior: You pay a $85 Co-pay
- Root Canal Therapy – Bicuspid: You pay a $105 Co-pay
- Root Canal Therapy – Molar: You pay a $130 Co-pay
- Osseous Surgery (per Quadrant): You pay a $150 Co-pay
- Root Planning (per Quadrant): You pay a $75 Co-pay

**Oral Surgery**

- Routine Extraction (Single Tooth): Covered with the Office Visit Co-pay
- Surgical Extraction: You pay a $100 Co-pay

**Orthodontia Treatment**

- Pre-Orthodontia Treatment: You pay a $150 Co-pay**
- Comprehensive Orthodontia Treatment: You pay a $2,500 Co-pay

**Dental Implant**

- Dental Implant Surgery: Implant benefit maximum of $1,500 per calendar year

**Miscellaneous**

- Local Anesthesia: Covered with the Office Visit Co-pay
- Dental Lab Fees: Covered with the Office Visit Co-pay
- Nitrous Oxide: You pay a $40 Co-pay
- Specialty Office Visit: You pay a $30 Co-pay per Visit
- Out of Area Emergency Care Reimbursement: You pay charges in excess of $250

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

**Co-pay credited towards the Comprehensive Orthodontia Treatment co-pay 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, maintenanceand dental implant-related services.
- Endodontic services, prosthetic servicesand implants that were provided prior to the effective date of coverage. Endodontic therapy completed more than 60 days after termination of coverage. Exams or consultations needed solely in connection with a service that is not covered. Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees. Maxillofacial prosthetic services.
- Nightguards.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services or supplies, which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and premedications.
- Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.
- Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- Replacement of sound restorations.
- Services and related exams or consultations that are not within the prescribed treatment plan and/or are not recommended and approved by a Willamette Dental Group dentist.
- Services and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.
- Services by any person other than a licensed dentist, denturist, hygienist, or dental assistant.
- Services for the treatment of 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 co-payments.

General anesthesia is covered with the co-payments 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 co-payments 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 plan treatments to maximize your benefits.
Common Insurance Terms

Learn the definitions of some common insurance terms to better understand your insurance policy.

Co-insurance
Co-insurance is the percentage of costs you pay for medical services after you have met your deductible (if your plan has one).

Co-pay
A co-pay is the amount you pay for doctor’s visits, emergency room visits and often for prescriptions. Some plans require you to pay co-pays instead of meeting a deductible. Other plans may require you to do both. Your co-pays do not count toward the deductible amount, but do count toward your out-of-pocket limit.

Deductible
The deductible is the amount you pay during a coverage period (usually one year) for covered healthcare services before your plan begins to pay. The deductible may not apply to all services and not all plans have a deductible. For some plans, the deductible may only apply to out-of-network services.

Eligibility
You are eligible for health coverage with SEIU 775 Benefits Group after you work for a minimum of 80 paid hours per month for at least two months in a row. To stay eligible for your coverage, you must continue to work 80 hours per month.

In-Network vs Out-Of-Network
In-network services are services that your health plan covers that you can get at lower or no co-pay/co-insurance. Out-of-network services are those that are still covered by your plan, but may have a higher co-pay or co-insurance than in-network services.

Member ID
Your member ID is a unique number connected to you that allows healthcare providers and their staff to verify your coverage and arrange payment for services. It’s also the number health insurance companies use to look up specific members and answer questions you may have about your claims and benefits. Your member ID number can be found on your member ID card.

Network
Your health plan network is made up of the facilities, providers (doctors, nurses) and suppliers your health plan has contracts with to provide health care services.

Out-Of-Pocket Limit
The out-of-pocket limit is the total you must pay for before your plan begins paying 100% of covered health costs for the rest of the year. Generally, co-pays, your deductible, co-insurance and covered in-network payments count toward this limit.

Primary Care Provider or Provider (Doctor)
A primary care provider is a doctor or other healthcare provider that you can see for continued care. You can choose your primary care provider through your health plan’s website. Some plans may automatically assign one to you, but you can change it at any time.

Premium/Co-premium
A premium (or co-premium) is the amount you pay for health insurance coverage every month, whether or not you go to the doctor. For caregivers covered through SEIU 775 Benefits Group, their co-premium is just $25 a month.

Outpatient Services vs Inpatient Services
An inpatient service is one that requires you to stay at a hospital overnight. Some examples may be delivering a baby or some surgeries. An outpatient service is any service that does not require you to stay at a hospital.

Waiver or Waiving Coverage
If you do not want to enroll in health coverage or would like to end your coverage (if you are already enrolled), you can fill out an online form on My Plan or call Customer Service to request a paper form. If you choose to waive coverage, you may not be able to enroll again until Open Enrollment 2022.
Open Enrollment is July 1 – July 20
Enroll or make changes to your coverage online with My Plan!
myseiu.be/oe-myplan

Questions? Call 1-877-606-6705