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 Permanente health insurance coverage!

*To get more information on eligibility criteria, please refer to the Open Enrollment webpage at myseiu.be/oe2021.
Information and Instructions in Your Language

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.

Online
You can fill out an online form using My Plan. Visit myseiubenefits.org 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.

How to Enroll or Make Changes
Enroll or Make Changes
With My Plan!

Create a login for My Plan

Go to myseiu.be/oe-myplan to register as a new user by following these steps:

**Step 1:** Select Register as a New User.

- Username / Email Address
- Password

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

- Member ID on your health card or ID
- Name
- Zip Code
- Date of Birth

**Step 3:** Enter Zip Code and Date of Birth.

- Member ID on your health card or ID
- Name
- Zip Code
- Date of Birth

**Step 4:** Review and Accept Terms & Conditions.

- Review and Accept Terms & Conditions

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

- Username / Email Address
- Password
- Secret Question

**Step 6:** Fill out contact info and Save Communication.

- Home Phone
- Mobile Phone
- Work Phone
- Extension
- Preferred method of communication
- English

**Step 7:** Save Acknowledgements.

- SEIU 775 Benefits Group

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.

- Home Employer
- Medical plan
- Dental plan
- Other health resources

**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 though the Kaiser Permanente 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 the Behavioral Health Access Line at Kaiser at 1-888-287-2680 or visit myseiu.be/kaiser-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>Value-Based Drugs**</td>
<td>$4</td>
<td>$0 per 30 day supply</td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>$8</td>
<td>$3 per 30 day supply</td>
</tr>
<tr>
<td>Formulary Brand Name Drugs</td>
<td>$25</td>
<td>$20 per 30 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.

**These value-based drugs are generic medications for treating various health conditions.

Alternatives to Using the Emergency Room

Save $200 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 $200.

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.

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

Health Plan

Get your free pair of Caregiver Kicks — slip-resistant shoes — every year! They are comfortable, keep you safer on the job and look great. Available over 70 styles, from popular brands like Reebok and Skechers. Get your Caregiver Kicks at myseiu.be/oe-kicks.

*The Employee Assistance Program through Health Advocate will no longer be available to caregivers starting August 1, 2021.

Rx Co-pay (In-network) for 30 day supply

Emergency Room

$200 Co-pay

Urgent Care

$0 Co-pay

Primary Doctor / Online Visits

Free

6

7
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**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Inside Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan deductible</strong></td>
<td>No annual deductible</td>
</tr>
<tr>
<td><strong>Individual deductible carryover</strong></td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>Plan coinsurance</strong></td>
<td>No plan coinsurance</td>
</tr>
<tr>
<td><strong>Out-of-pocket limit</strong></td>
<td>Individual out-of-pocket limit: $1,200</td>
</tr>
<tr>
<td></td>
<td>Family out-of-pocket limit: $2,400</td>
</tr>
<tr>
<td><strong>Pre-existing condition (PEC) waiting period</strong></td>
<td>No PEC</td>
</tr>
<tr>
<td><strong>Lifetime maximum</strong></td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Outpatient services (Office visits)</strong></td>
<td>No co-pay primary/$15 co-pay specialty</td>
</tr>
<tr>
<td><strong>Hospital services</strong></td>
<td>Inpatient services: $100 co-pay, per day for up to 5 days per admit. Pre-authorization required or will not be covered.</td>
</tr>
<tr>
<td></td>
<td>Outpatient surgery: $50 co-pay</td>
</tr>
<tr>
<td><strong>Prescription drugs</strong></td>
<td>Value based/preferred generic (Tier 1)/preferred brand (Tier 2) $4-$8/$25 co-pay per 30 day supply</td>
</tr>
<tr>
<td><strong>Acupuncture</strong></td>
<td>$5 discount per 30 day supply</td>
</tr>
<tr>
<td><strong>Ambulance services</strong></td>
<td>Inpatient: $100 co-pay, per day for up to 5 days per admit, pre-authorization required or will not be covered.</td>
</tr>
<tr>
<td></td>
<td>Outpatient: $0 co-pay</td>
</tr>
<tr>
<td><strong>Chemical dependency</strong></td>
<td>Covered at 50%, Pre-authorization required or will not be covered.</td>
</tr>
<tr>
<td></td>
<td>• Durable medical equipment</td>
</tr>
<tr>
<td></td>
<td>• Orthopedic appliances</td>
</tr>
<tr>
<td></td>
<td>• Post-mastectomy bras limited to two (2) every six (6) months</td>
</tr>
<tr>
<td></td>
<td>• Ophthalmic supplies</td>
</tr>
<tr>
<td></td>
<td>• Prosthetic devices</td>
</tr>
<tr>
<td><strong>Devices, equipment and supplies</strong></td>
<td>Covered in full, MRI/PET/CT $50 co-pay</td>
</tr>
<tr>
<td><strong>Diagnostic lab and X-ray services</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Emergency services</strong></td>
<td>$200 co-pay at a designated facility</td>
</tr>
<tr>
<td></td>
<td>$200 co-pay at a non-designated facility</td>
</tr>
<tr>
<td><strong>Hearing exams (routine)</strong></td>
<td>$0 co-pay</td>
</tr>
<tr>
<td><strong>Hearing hardware</strong></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 myseiu.be/hearing.</td>
</tr>
<tr>
<td><strong>Home health services</strong></td>
<td>Covered in full.</td>
</tr>
<tr>
<td><strong>Hospice services</strong></td>
<td>Covered in full. Pre-authorization required or will not be covered.</td>
</tr>
<tr>
<td><strong>Infertility services</strong></td>
<td>Medical and surgical services for the treatment of infertility and all related services, including artificial insemination, in-vitro fertilization and drug therapy are covered subject to the applicable outpatient services cost shares, limited to $50,000 per lifetime maximum.</td>
</tr>
<tr>
<td><strong>Manipulative therapy</strong></td>
<td>Covered up to 10 visits per calendar year without prior authorization - $0 co-pay.</td>
</tr>
<tr>
<td><strong>Massage services</strong></td>
<td>See Rehabilitation services</td>
</tr>
<tr>
<td><strong>Maternity services</strong></td>
<td>Inpatient: $100 co-pay, per day for up to 5 days per admit.</td>
</tr>
<tr>
<td></td>
<td>Outpatient: $0 co-pay. Routine care not subject to outpatient services co-pay.</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>Inpatient: $100 co-pay, per day for up to 5 days per admit. Pre-authorization required or will not be covered.</td>
</tr>
<tr>
<td></td>
<td>Outpatient: $0 co-pay</td>
</tr>
<tr>
<td><strong>Naturopathy</strong></td>
<td>Covered up to 3 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan $0 co-pay</td>
</tr>
<tr>
<td><strong>Newborn Services</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Obesity Related Services</strong></td>
<td>Covered at cost shares when medical criteria is met</td>
</tr>
<tr>
<td><strong>Organ transplants</strong></td>
<td>Inpatient: $100 co-pay, per day for up to 5 days per admit.</td>
</tr>
<tr>
<td></td>
<td>Outpatient: $0 co-pay</td>
</tr>
<tr>
<td><strong>Preventive care</strong></td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Well-care physicals, immunizations</strong></td>
<td>Women's preventive care services (including contraceptive drugs and devices and sterilization) are covered in full.</td>
</tr>
<tr>
<td><strong>Pap smear exams, mammograms</strong></td>
<td>Inpatient: 60 days per calendar year. Services with mental health diagnoses are covered with no limit.</td>
</tr>
<tr>
<td></td>
<td>$100 co-pay, per day for up to 5 days per admit. Pre-authorization required or will not be covered.</td>
</tr>
<tr>
<td></td>
<td>Outpatient: 60 visits per calendar year. Services with mental health diagnoses are covered with no limit. No co-pay primary/$15 copay specialty</td>
</tr>
<tr>
<td><strong>Rehabilitation services</strong></td>
<td>Covered in full up to 60 days per calendar year.</td>
</tr>
<tr>
<td><strong>Skilled nursing facility</strong></td>
<td>Covered in full.</td>
</tr>
<tr>
<td><strong>Sterilization</strong></td>
<td>Inpatient: $100 co-pay, per day for up to 5 days per admit.</td>
</tr>
<tr>
<td></td>
<td>Outpatient: $0 co-pay</td>
</tr>
<tr>
<td><strong>Temporomandibular Joint (TMJ) services</strong></td>
<td>Quit for Life Program - covered in full</td>
</tr>
<tr>
<td><strong>Tobacco cessation counseling</strong></td>
<td>$0 co-pay</td>
</tr>
<tr>
<td><strong>Routine vision care</strong></td>
<td>Members under 19: 1 pair of frames and lenses per year or contact lenses covered at 50% co-insurance</td>
</tr>
<tr>
<td></td>
<td>Members age 19 and over: $300 per 12 months</td>
</tr>
</tbody>
</table>

**Notes:**

- The Summary Plan is a HIPAA-compliant plan. The Plan provides a description of major provisions of the plan. It does not describe or explain every aspect of the plan. If there is any discrepancy between the Summary Plan and the official plan document, the official plan document will control. See Kaiser Permanente of Washington HMO Health Plan Benefit Summary - Kaiser Permanente of Washington HMO Health Plan Benefit Summary - for the complete explanation of plan benefits, limitations, and exclusions.

**Kaiser Permanente of Washington HMO Health Plan Benefit Summary, continued.**

- **Diabetic supplies:** Insulin, needles, syringes and lancets—see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies—see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.
- **Diagnostic lab and X-ray services:** Inpatient: Covered under Hospital services. Outpatient: Covered in full, MRI/PET/CT $50 co-pay
- **Emergency services:** 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.
- **Hearing exams (routine):** $200 co-pay at a designated facility. $200 co-pay at a non-designated facility
- **Hearing hardware:** 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 myseiu.be/hearing.
- **Home health services:** Covered in full. No visit limit.
- **Hospice services:** Covered in full. Pre-authorization required or will not be covered.
- **Infertility services:** Medical and surgical services for the treatment of infertility and all related services, including artificial insemination, in-vitro fertilization and drug therapy are covered subject to the applicable outpatient services cost shares, limited to $50,000 per lifetime maximum.
- **Manipulative therapy:** Covered up to 10 visits per calendar year without prior authorization - $0 co-pay.
- **Massage services:** See Rehabilitation services
- **Maternity services:** Inpatient: $100 co-pay, per day for up to 5 days per admit. Outpatient: $0 co-pay. Routine care not subject to outpatient services co-pay.
- **Mental Health:** Inpatient: $100 co-pay, per day for up to 5 days per admit. Pre-authorization required or will not be covered. Outpatient: $0 co-pay
- **Naturopathy:** Covered up to 3 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan $0 co-pay
- **Newborn Services:** Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.
- **Obesity Related Services:** Covered at cost shares when medical criteria is met
- **Organ transplants:** Inpatient: $100 co-pay, per day for up to 5 days per admit. Outpatient: $0 co-pay
- **Preventive care:** Covered in full. Women's preventive care services (including contraceptive drugs and devices and sterilization) are covered in full. Inpatient: 60 days per calendar year. Services with mental health diagnoses are covered with no limit. $100 co-pay, per day for up to 5 days per admit. Pre-authorization required or will not be covered. Outpatient: 60 visits per calendar year. Services with mental health diagnoses are covered with no limit. No co-pay primary/$15 copay specialty
- **Rehabilitation services:** Covered in full up to 60 days per calendar year. Covered in full.
- **Skilled nursing facility:** Covered in full.
- **Sterilization (vasectomy, tubal ligation):** Inpatient: $100 co-pay, per day for up to 5 days per admit. Outpatient: $0 co-pay
- **Temporomandibular Joint (TMJ) services:** Quit for Life Program - covered in full
- **Tobacco cessation counseling:** $0 co-pay
- **Routine vision care** (1 visit every 12 months): Members under 19: 1 pair of frames and lenses per year or contact lenses covered at 50% co-insurance. Members age 19 and over: $300 per 12 months

**Summary of Benefits:** The Summary Plan is a HIPAA-compliant plan. The Plan provides a description of major provisions of the plan. It does not describe or explain every aspect of the plan. If there is any discrepancy between the Summary Plan and the official plan document, the official plan document will control. See Kaiser Permanente of Washington HMO Health Plan Benefit Summary - Kaiser Permanente of Washington HMO Health Plan Benefit Summary - for the complete explanation of plan benefits, limitations, and exclusions.
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.

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.

<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 PPO Dentist</td>
<td></td>
<td></td>
<td>Covered in Full</td>
<td>• Broad network of providers, including rural areas</td>
</tr>
<tr>
<td>Delta Dental Premier Dentist</td>
<td></td>
<td></td>
<td>Covered in Full</td>
<td>• Convenient for caregivers who live on the I-5 corridor</td>
</tr>
<tr>
<td>Non-Participating Dentist</td>
<td></td>
<td></td>
<td>Covered in Full</td>
<td>• No annual maximum for caregivers with high dental expenses</td>
</tr>
</tbody>
</table>

<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 I in network—no deductible out of network—$50 per benefit period</td>
<td>$0/$50</td>
<td>$50</td>
<td>$50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class I - Diagnostic &amp; Preventative</th>
<th>Benefit Period: 1/1/2022 - 12/31/2022</th>
<th>Benefit Period Maximum* (per person; does not apply to Class I): $2,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X Rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class II - Restorative</th>
<th>Restoration</th>
<th>Posterior Composite Fillings</th>
<th>Endodontics (Root Canal)</th>
<th>Periodontics</th>
<th>Oral Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100%</td>
<td>60%</td>
<td>60%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class III - Major</th>
<th>Dentures</th>
<th>Partial Dentures</th>
<th>Implants</th>
<th>Bridges</th>
<th>Crowns</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>80%</td>
<td>40%</td>
<td>40%</td>
<td></td>
<td></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 booklet which provides more details of your Delta Dental PPO plan. Please feel free to call our customer service department or visit our website at DeltaDentalWA.com if you have any questions.

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
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**

- **Annual Maximum:** No Annual Maximum*  
- **Deductible:** No Deductible  
- **General & Orthodontic Office Visit:** No Co-pay per visit

**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 $1,000 annual maximum / $5,000 lifetime maximum

**Co-pay credited towards the Comprehensive Orthodontia Treatment co-pay if patient accepts treatment plan.

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**Exclusions**

- Bridges, crowns, dentures, or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.
- The completion or delivery of treatments or services initiated prior to the effective date of coverage Dental implants, including attachment devices, maintenance and dental implant-related services.
- Endodontic services, prosthetic services and implants that were provided prior to the effective date of coverage. Endodontic therapy completed more than 60 days after termination of coverage. Exams or consultations needed solely in connection with a service that is not covered. Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees. Maxillofacial prosthetic services.
- Nightguards.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services or supplies, which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and premedications.
- Provider charges for a missed appointment or appointment 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, or other governmental program, unless required by law.
- 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.

Crows, 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.
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