2021 Open Enrollment
July 1-20 for Individual 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 for IPs: You can only make changes to your coverage during Open Enrollment. 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.
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.

New for IPs:
Your enrollment window is changing! Before 2021, Individual Providers (IP) were able to enroll in health coverage or make changes to their coverage throughout the year. Starting July 2021, you will only be able to enroll in benefits or make changes to your coverage during Open Enrollment or if you have a qualifying life event.

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.
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.
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.
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.
Manage Your Prescriptions Wisely

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

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

John R.
Caregiver, Seattle

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

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.

Manage Your Prescriptions Wisely

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

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

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 $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.

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

<table>
<thead>
<tr>
<th>Drug Type</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>

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.

Caregiver Kicks

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.

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 get access to emotional health resources, childcare, legal help and more. Visit myseiu.be/oe-resource to learn more.

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.

• 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 get access to emotional health resources, childcare, legal help and more. Visit myseiu.be/oe-resource to learn more.

Caregiver Kicks

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.

Alternatives to Using the Emergency Room

<table>
<thead>
<tr>
<th>Emergency Room</th>
<th>Urgent Care</th>
<th>Primary Doctor / Online Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200 Co-pay</td>
<td>$0 Co-pay</td>
<td>Free</td>
</tr>
</tbody>
</table>

#6

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

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.
**Medical Plan Benefit Summary**

**HMO Plan 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.

### Benefits

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Inside Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan deductible</td>
<td>No annual deductible</td>
</tr>
<tr>
<td>Individual deductible carryover</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Plan coinsurance</td>
<td>No plan coinsurance</td>
</tr>
<tr>
<td>Out-of-pocket limit</td>
<td>Individual out-of-pocket limit: $1,200, Family out-of-pocket limit: $2,400</td>
</tr>
<tr>
<td>Pre-existing condition (PEC) waiting period</td>
<td>No PEC</td>
</tr>
<tr>
<td>Lifetime maximum</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Outpatient services (Office visits)</td>
<td>No co-pay primary/$15 co-pay specialty</td>
</tr>
<tr>
<td>Hospital services</td>
<td>Inpatient services: $100 co-pay, per day for up to 5 days per admit, Outpatient surgery: $50 co-pay</td>
</tr>
<tr>
<td>Prescription drugs (some injectable drugs may be covered under Outpatient services)</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>Prescription mail order</td>
<td>$5 discount per 30 day supply</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Covered up to 8 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan - $15 co-pay</td>
</tr>
<tr>
<td>Ambulance services</td>
<td>Plan pays 80%, you pay 20%</td>
</tr>
<tr>
<td>Chemical dependency</td>
<td>Inpatient: $100 co-pay, per day for up to 5 days per admit, Outpatient: $0 co-pay</td>
</tr>
</tbody>
</table>
| Devices, equipment and supplies               | Covered at 50%  
  - Durable medical equipment  
  - Orthopedic appliances  
  - Post-mastectomy bras limited to two (2) every six (6) months  
  - Ostomy supplies  
  - Prosthetic devices |
| 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. |
| Newborn Services                              | Covered in full |
| Outpatient services                           | $100 co-pay, per day for up to 5 days per admit |
| Preventive care                               | Covered in full  
  - Well-care physicals, immunizations, Pap smear exams, mammograms |
| Rehabilitation services                       | Inpatient: 60 days per calendar year. Services with mental health diagnoses are covered with no limit. $100 co-pay, per day 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 co-pay specialty |
| Skilled nursing facility                      | Covered in full up to 60 days per calendar year |
| Sterilization                                 | Covered in full  
  - Vasectomy, tubal ligation  
  - Temporomandibular Joint (TMJ) services |
| Tobacco cessation counseling                  | Inpatient: $100 co-pay, per day for up to 5 days per admit  
  - Outpatient: $0 co-pay |
| Routine vision care                           | Quit for Life Program - covered in full |
| Optical hardware                              | $0 co-pay |
| Lenses, including contact lenses and frames   | Members under 19: 1 pair of frames and lenses per year or contact lenses covered at 50% coinsurance  
  - Members age 19 and over: $300 per 12 months |

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

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Inside Network</th>
</tr>
</thead>
</table>
| Diagnostic lab and X-ray services             | Inpatient: Covered under Hospital services  
  - Outpatient: Covered in full, MRI/CT: $50 co-pay, High end radiology imaging services such as CT, MR and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services. |
| Emergency services                            | $200 co-pay at a designated facility  
  - $200 co-pay at a non-designated facility |
| (co-pay waived if admitted)                   | $0 co-pay |
| Hearing exams (routine)                       | 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. |
| Hearing hardware                              | Covered in full  
  - No visit limit. Pre-authorization required or will not be covered. |
| Home health services                          | Medical and surgical services for the treatment of sterility and 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. |
| Hospice services                              | Fertility drugs are covered subject to deductible and 20% plan coinsurance, limited to a lifetime maximum of $5,000. |
| Infertility services                          | Covered up to 10 visits per calendar year prior to authorization - $0 co-pay. |
| Manipulative therapy                          | 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. |
| Massage services                              | 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 |
| Maternity services                            | Covered up to 3 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan $15 co-pay. |
| Naturalpath                                    | 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. |
| Newborn Services                              | Covered at cost shares when medical criteria is met  
  - Unlimited, no waiting period |
| Obesity Related Services                      | Inpatient: $100 co-pay, per day for up to 5 days per admit  
  - Outpatient: $0 co-pay |
| Organ transplants                              | Covered in full  
  - Women’s preventive care services (including contraceptive devices and drugs and sterilization) are covered in full. |
| Preventive care                               | Inpatient: 60 days per calendar year. Services with mental health diagnoses are covered with no limit. $100 co-pay, per day 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 co-pay specialty |
| Rehabilitation services                       | Covered in full  
  - 60 visits per calendar year. Services with mental health diagnoses are covered with no limit. |
| Rehabilitation visits are a total of         | Combined therapy visits per calendar year  
  - Unlimited, no waiting period |
| Skilled nursing facility                      | Covered in full up to 60 days per calendar year |
| Sterilization                                 | Covered in full  
  - Vasectomy, tubal ligation  
  - Temporomandibular Joint (TMJ) services |
| Tobacco cessation counseling                  | Inpatient: $100 co-pay, per day for up to 5 days per admit  
  - Outpatient: $0 co-pay |
| Routine vision care                           | Quit for Life Program - covered in full |
| Optical hardware                              | $0 co-pay |
| Lenses, including contact lenses and frames   | Members under 19: 1 pair of frames and lenses per year or contact lenses covered at 50% coinsurance  
  - Members age 19 and over: $300 per 12 months |
Your Choice of Dental Plans

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.

### Providers

<table>
<thead>
<tr>
<th>Delta Dental</th>
<th>Annual Maximum</th>
<th>Deductible</th>
<th>Co-pay for routine exams</th>
<th>Special Features</th>
</tr>
</thead>
<tbody>
<tr>
<td></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 Dental Group</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>
</tbody>
</table>

Your plan's dental network

**Beneﬁts go farthest which means least out-of-pocket costs**

Files claims forms for you

Comes with our quality management and cost protection

**PPO Plan**

Effective Date 8/1/2021

<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>

**Class I - Diagnostic & Preventative**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Non-Participating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Fluoride</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-Rays Sealants</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Class II - Restorative**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Non-Participating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restorations</td>
<td>100%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Posterior Composite Filings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endodontics (Root Canal)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Class III - Major**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Non-Participating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentures</td>
<td>80%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Partial Dentures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Effective Date 8/1/2021**

**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

### 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 Genie** 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

---

*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.
Willamette Dental Group

Dental Plan  Effective Date 8/1/2021

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  Co-pays
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
Retro 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

*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.

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 medications.

Provider charges for missed appointments 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.

Endodontic services, prosthetic services and implants that were installed or delivered more than 60 days after termination of coverage.

Bridges, crowns, inlays, onlays, 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.

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.

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.

Endodontic services, prosthetic services and implants that were installed or delivered more than 60 days after termination of coverage.

Bridges, crowns, inlays, onlays, 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.

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.

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.

Endodontic services, prosthetic services and implants that were installed or delivered more than 60 days after termination of coverage.

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.

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.

Endodontic services, prosthetic services and implants that were installed or delivered more than 60 days after termination of coverage.

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.

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.

Endodontic services, prosthetic services and implants that were installed or delivered more than 60 days after termination of coverage.
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.

**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.

**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.

**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