

Open Enrollment 2022



July 1-20 for Caregivers and their Dependents



Luz C.
Caregiver, Kennewick

NEW THIS YEAR
\$10 Dental for Dependents
If you change your plan and work
120 hours or more per month.*

*For Agency Providers (AP) and CDWA Individual Providers (IP) only.

July 1-20: Your Only Chance This Year

Open Enrollment is your annual chance to make optional changes to your coverage or change your health plan*.

If you are already enrolled, you do not need to take action unless you want to add a dependent, make optional changes to your coverage or change your health plan.

*If you do not take action, you may not be able to make changes until the next Open Enrollment period, unless you have a Qualifying Life Event.



SEIU 775
BENEFITS GROUP

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NOTE: Coverage offered by SEIU 775 Healthcare NW Health Benefits Trust meets the minimum essential coverage and minimum value coverage of the Affordable Care Act. This means that if you are eligible for coverage through SEIU 775 Healthcare NW Health Benefits Trust but choose not to enroll, it may affect your eligibility for a premium tax credit for coverage received through the Washington Health Benefit Exchange.

For more information, please contact the Exchange at **1-855-923-4633** or online at **wahealthplanfinder.org**.



Instructions and Highlights

Your packet includes highlights about your health plan, medical and dental plan summaries and common health insurance terms. You will also get the application you need to enroll any dependents, make optional changes to your coverage or change your health plan

NEW THIS YEAR \$10 Dental for Dependents

If you change your health plan and work 120 hours or more per month. Learn more on page 4.

During Open Enrollment you can:

- ✓ Change your health plan and get \$10 dental for your dependent(s) (if eligible).
- ✓ Add a dependent to your coverage at the full cost of the premium.
- ✓ Make optional changes to your dental plan (if you are enrolled).

Changes are Effective August 1.

If you are already enrolled, you do not need to take action unless you want to add a dependent, make optional changes to your coverage or change your health plan.



*To get more information on eligibility criteria, please visit the Open Enrollment webpage at **myseiu.be/oe2022** or use the camera on your phone to scan the code.

How to Make Changes

Your application must be received by July 20 to be processed.



Online

Fill out an online application by July 20 using Health: *My Plan*. Use the camera on your phone to scan the code or visit **myseiu.be/oe-myplan-22** to learn more.

Mail or Fax

Send your application to the address listed on the Health Benefits Application by July 20. U.S. postage is required. Or fax it to 516-723-7395.

For questions or language help: Call **1-877-606-6705**, 8 a.m. - 6 p.m., Monday to Friday or visit **myseiubenefits.org**

Dependent Coverage



If you change your plan and work 120 hours or more, you are eligible for \$10 a month dental coverage for your dependents! Apply between July 1-20.

- On your current plan, you can enroll your dependent in medical and dental coverage at full cost of the premium.
- If you want to enroll your dependent in \$10 dental (the 120 Hour Option), you will need to change your plan, call **1-877-606-6705** for help. Coverage for your dependent will start when you work 120 hours or more per month.
- If your monthly payment is not received or your hours worked drops below what is required, your dependent will lose coverage.

Choose from 2 Dependent Coverage Options.	
<p>The 80 Hour Option:</p> <p>Available on your current plan. Best for caregivers who work 80-119 hours per month. Coverage for your dependent will not begin until you work 80 hours or more per month.</p> <ul style="list-style-type: none">• Full medical and dental package at the full premium cos (\$686-\$786 per month, plus \$25 per month for your coverage).	<p>The 120 Hour Option:</p> <p>To enroll your dependent(s) in the 120 Hour Option, you will need to change your health plan. Call 1-877-606-6705 for help. Please note: if you change plans, you will not be able to rejoin the KPWA POS plan (your current plan) at a later time.</p> <ul style="list-style-type: none">• Full medical and \$10 dental (\$628-\$697 per month, plus \$25 per month for your coverage).• OR Dental coverage only for \$10 per month (plus \$25 per month for your coverage).



NEW: \$10 Dental Coverage for Dependents If You Change Your Plan and Work 120 Hours or More.

Learn more about Dependent Dental at myseiu.be/oe-dep-dental or scan the code with your phone.

How to Enroll and Verify a Dependent

Enroll a Dependent Online

1. Fill out the dependent section of the Health Benefits Application and submit it using Health: *My Plan* at myseiu.be/oe-myplan-22 by July 20.
2. You will get a confirmation letter within 30 days.

Enroll a Dependent by Mail or Fax

1. Fill out the dependent section of the Health Benefits Application and send it to the address on the Health Benefits Application by July 20.
2. Send a document that verifies your relationship to your dependent(s) within 60 days of sending your Application to the address on the Health Benefits Application.
3. Begin paying through payroll deduction.

NOTE: Your application must be received by July 20 to be processed.

Who Can I Add to My Coverage?

You can enroll eligible children (through their 26th birthday) in dependent coverage. If you choose to enroll your dependent(s), you will need to verify your relationship to them. For a full list of qualified dependents, visit myseiu.be/oe-dv-22.

Dependent Verification

If you want to enroll a dependent, you will need to send a document that verifies your relationship to them. Your application is not complete until you send your dependent verification. You can do this at the same time that you submit your application (online with Health: *My Plan* or by mail), but you have 60 days after your application is received to verify your dependent.

Types of accepted documents for Dependent Verification

Below are some accepted documents for Dependent Verification. For a full list of accepted documents, visit myseiu.be/oe-dep-ver.

- A copy of your dependent's birth certificate.
- A copy of your dependent's foster, legal guardianship or adoption certificate.
- A copy of your most recent federal tax return.



Learn More About Enrolling a Dependent

Get a full list of dependents and accepted documents at myseiu.be/oe-dep-ver.

Enroll or Make Changes With Health: *My Plan*!



Create a Login for Health: *My Plan*

Go to myseiu.be/oe-myplan-22 or use the camera on your phone to scan the code to register as a new user by following these steps:

Step 1: Select Register as a New User.

Username / Email Address

Password

SIGN IN

REGISTER AS A NEW USER

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

Member ID on your health card or SSN

NEXT

CANCEL

Step 3: Enter Zip Code and Date of Birth.

Member ID or SSN:

Name:

Zip Code:

Date of Birth:

NEXT

CANCEL

Step 4: Review and Accept Terms & Conditions.

Please read and accept Terms & Conditions

CREATE will occasionally update this Privacy Policy to reflect changes in the law or feedback. CREATE encourages you to periodically review this Statement to be informed of how CREATE is protecting your information. Your continued use of this web portal and/or mobile app after we make changes is deemed to be acceptance of those changes, so please check the policy periodically for updates.

CONTACT INFORMATION

CREATE welcomes your comments regarding this Statement of Privacy. If you believe that CREATE has not adhered to this Statement, please contact CREATE at CREATE@compliance.tcgbrighthouse.com. We will use commercially reasonable efforts to promptly determine and remedy the problem.

View full screen

☒ I accept Terms & Conditions

☐ I do not accept Terms & Conditions

NEXT

CANCEL

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

Username or Email Address:

Confirm Username or Email Address:

Password (at least 8 characters)

Confirm Password:

Secret Question:

Answer:

NEXT

CANCEL

Step 6: Fill out contact info and Save Communication.

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

Home Phone

Mobile Phone

Work Phone

Extension

Preferred Phone Number for Communication:

☐ HOME ☐ MOBILE ☐ WORK

Personal Email Address

Work Email Address

Preferred Email for Communication:

☐ PERSONAL ☐ WORK

Preferred Method of Communication:

-Select-

English

SAVE COMMUNICATION

CONTINUE LATER

Step 7: Save Acknowledgements.

create technology

SEIU 775 Benefits Group

☒ YOU MAY RECEIVE ELECTRONIC COMMUNICATIONS FROM US

SAVE ACKNOWLEDGEMENTS

CONTINUE LATER

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 Health: *My Plan*.

- Select your Home Employer. This is the employer who will deduct your monthly co-premium from your paycheck. Your home employer may be reassigned in the future to another employer, based on your number of monthly hours worked.
- You will see eligibility information for each benefit.

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.
- Add a dependent to your coverage and verify your relationship to them. Learn more on page 4.
- Learn about other health benefits 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 MakeChanges to Your Plan

Step 1: Log into Health: *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 Health: *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.



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

Health Plan Highlights

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

Your coverage includes the following benefits:

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

Get the Most Out of Your Coverage

Find a Doctor You Love

Build a relationship with a doctor you trust by choosing a primary care doctor (also called a primary care provider or PCP), 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 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 healthcare 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-2022 for more information.

Hearing Benefits with No Co-pay!

Through EPIC hearing, you can get up \$1,200 worth of hearing hardware for each ear with no co-pay. Learn more at myseiu.be/hearing.

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.
- **NEW THIS YEAR!** Use the Mental Health Care chat to talk with a therapist. Visit kpwa.org to learn more.



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

Not sure if you are eligible?

Visit myseiu.be/oe-myplan-22 to check your eligibility.

*The cost for personal coverage is \$25 per month (also called a co-premium). If you choose to enroll dependents, your monthly cost will be higher. See page 4 for details on prices. **Visits to with your primary care doctor have no co-pay, however if your doctor orders tests or lab work, you may have to pay a co-pay on those services.

Janie H.
Caregiver, Spokane



Manage Your Prescriptions Wisely

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

*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.

Rx Co-pay (In-network) for 30 day supply	At the Pharmacy	Mail Order
Generic Contraceptives*	\$0	\$0
Value-Based Drugs**	\$4	\$0 per 30 day supply
Generic Drugs	\$8	\$3 per 30 day supply
Formulary Brand Name Drugs	\$25	\$20 per 30 day supply

Alternatives to Using the Emergency Room

Emergency Room \$200 Co-pay	Urgent Care \$0 Co-pay	Primary Doctor / Online Visits Free
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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: 08/01/2022

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:

- Agency Providers and CDWA Individual Providers only: Dependent children are eligible to enroll in this plan through their 26th birthday. You will be responsible for paying the full cost of the premium for your dependents. Contact your employer for premium rates.


Benefits	Inside Network	Outside Network
Plan deductible	No annual deductible	Individual deductible: \$500 per calendar year Family deductible: \$1,000 per calendar year
Individual deductible carryover	Not applicable	4th quarter carryover applies
Plan coinsurance	No plan coinsurance	Plan pays 80%, you pay 20% of the Allowed Amount.
Out-of-pocket limit	Individual out-of-pocket limit: \$1,200 Family out-of-pocket limit: \$2,400 Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit: All cost shares for covered services	Out-of-pocket limit is shared with in-network Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit: All cost shares for covered services
Pre-existing condition (PEC) waiting period	No PEC	Same as in-network
Lifetime maximum	Unlimited	Same as in-network maximum
Outpatient services (Office visits)	No co-pay primary/\$15 co-pay specialty	\$15 co-pay, deductible and coinsurance apply
Hospital services	Inpatient services: \$100 co-pay, per day for up to 5 days per admit Outpatient surgery: \$50 co-pay	Inpatient services: \$100 co-pay, per day for up to 5 days per admit. Deductible and coinsurance apply Outpatient surgery: \$50 co-pay, deductible and coinsurance apply
Prescription drugs (some injectable drugs may be covered under Outpatient services)	Value based/preferred generic (Tier 1)/preferred brand (Tier 2)/non-preferred (Tier 3) \$4/\$8/\$25/\$50 co-pay per 30 day supply	Preferred generic/preferred brand/non-preferred \$13/\$30/\$55 co-pay per 30 day supply
Prescription mail order	\$5 discount per 30 day supply	Not covered
Acupuncture	Covered up to 8 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan - \$0 co-pay	\$15 co-pay, deductible and coinsurance apply
Ambulance services	Plan pays 80%, you pay 20%	Same as in-network

Kaiser Permanente of Washington POS Health Plan Benefit Summary, continued.

Benefits	Inside Network	Outside Network
Chemical dependency	Inpatient: \$100 co-pay, per day for up to 5 days per admit Outpatient: \$0 co-pay	Inpatient: \$100 co-pay, per day for up to 5 days per admit, deductible and coinsurance apply Deductible and coinsurance apply Outpatient: \$15 co-pay, deductible and coinsurance apply
Devices, equipment and supplies	Deductible waived on diabetic supplies Home phototherapy equipment is fully covered	Covered at 50%, deductible applies
Diabetic supplies	Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.	Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies-see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.
Diagnostic lab and X-ray services	Inpatient: Covered under Hospital services Outpatient: Covered in full High end radiology imaging services such as CT, MR and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services.	Inpatient: Covered under Hospital services Outpatient: Deductible and coinsurance apply High end radiology imaging services such as CT, MR and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services.
Emergency services (co-pay waived if admitted)	\$200 co-pay	\$200 co-pay
Hearing exams (routine)	\$0 co-pay	\$15 co-pay, deductible and coinsurance apply
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	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.	No visit limit Deductible and coinsurance apply
Hospice services	Covered in full	Deductible and coinsurance apply
Infertility 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. Fertility drugs are covered subject to deductible and 20% plan coinsurance, limited to a lifetime maximum of \$5,000	Not covered
Manipulative therapy	Covered up to 10 visits per calendar year without prior authorization \$0 co-pay	Visit limits shared with in-network \$15 co-pay, deductible and coinsurance apply
Massage services	See Rehabilitation 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.	Inpatient: \$100 co-pay, per day for up to 5 days per admit, deductible and coinsurance apply Deductible and coinsurance apply Outpatient: \$15 co-pay, deductible and coinsurance apply. Routine care not subject to outpatient services co-pay.

Benefits	Inside Network	Outside Network
Mental Health	Inpatient: \$100 co-pay, per day for up to 5 days per admit Outpatient: \$0 co-pay	Inpatient: \$100 co-pay, per day for up to 5 days per admit Deductible and coinsurance apply Outpatient: \$15 co-pay, deductible and coinsurance apply
Naturopathy	\$0 co-pay. Covered up to 3 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan	\$15 co-pay, deductible and coinsurance apply
Newborn Services	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.
Obesity Related Services	Covered at cost shares when medical criteria is met	Covered at cost shares when medical criteria is met
Organ transplants	Unlimited, no waiting period Inpatient: \$100 co-pay, per day for up to 5 days per admit Outpatient: \$0 co-pay	Shared with in-network Inpatient: \$100 co-pay, per day for up to 5 days per admit Deductible and coinsurance apply Outpatient: \$15 co-pay, deductible and coinsurance apply
Preventive care Well-care physicals, immunizations, Pap smear exams, mammograms	Covered in full Women's preventive care services (including contraceptive drugs and devices and sterilization) are covered in full.	Deductible and coinsurance apply Women's preventive care services (including contraceptive drugs and devices and sterilization) are subject to thenaplicable Preventive Care cost share and benefit maximums. Routine mammograms: Deductible and coinsurance apply
Rehabilitation services Rehabilitation visits are a total of combined therapy visits per calendar year	Inpatient: 60 days per calendar year. Services with mental health diagnoses are covered with no limit. \$100 co-pay, per day for up to 5 days per admit Outpatient: 60 visits per calendar year. Services with mental health diagnoses are covered with no limit. No co-pay primary/\$15 co--pay specialty	Inpatient: Day limits shared with in-network \$100 co-pay, per day for up to 5 days per admit Deductible and coinsurance apply Outpatient: Visit limits shared with in-network \$15 co-pay, deductible and coinsurance apply
Skilled nursing facility	Covered in full up to 60 days per calendar year	Day limits shared with in-network benefit, deductible and coinsurance apply
Sterilization (vasectomy, tubal ligation)	Covered in full.	Inpatient: \$100 co-pay, per day for up to 5 days per admit, deductible and coinsurance apply Deductible and coinsurance apply Outpatient: \$15 co-pay, deductible and coinsurance apply Women's sterilization procedures are covered subject to the applicable Preventive Care cost share and benefit maximums.
Temporomandibular Joint (TMJ) services	Inpatient: \$100 co-pay, per day for up to 5 days per admit Outpatient: \$0 co-pay	Inpatient: \$100 co-pay, per day for up to 5 days per admit, deductible and coinsurance apply Deductible and coinsurance apply Outpatient: \$15 co-pay, deductible and coinsurance apply
Tobacco cessation counseling	Quit for Life Program - covered in full	Applicable cost shares apply
Routine vision care (1 visit every 12 months)	\$0 co-pay	\$15 co-pay, deductible and coinsurance apply
Optical hardware Lenses, including contact lenses and frames	Members under 19: 1 pair of frames and lenses per year or contact lenses covered at 50% coinsurance Members age 19 and over: \$300 per 12 months	Shared with in-network

Your Choice of Dental Plans

Providers	Annual Maximum	Deductible	Co-pay for routine exams	Special Features
	\$2,000	\$0	Covered in Full	<ul style="list-style-type: none">• Broad network of providers, including rural areas.• Get a free Sonicare toothbrush when you visit a Pacific Dental Alliance (PDA) dentist. Learn more at myseiu.be/oe-pda• Get free dental care from a PDA dentist up to your \$2,000 maximum!
	None	\$0	Covered in Full	<ul style="list-style-type: none">• Convenient for caregivers who live on the I-5 corridor.• No annual maximum for caregivers with high dental expenses.• Must see a Willamette Dental provider.

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

- Both dental plans offer orthodontia benefits.
- To switch your dental plan, complete and return the Health Benefits Application.Your application must be received by July 20 to be processed.
- **NEW THIS YEAR:** APs and CDWA IPs who choose the 120 hour option can now enroll their dependent in dental only coverage for just \$10 a month (must change their plan). Learn more at myseiu.be/oe-dep-dental.



PPO Plan Effective Date 8/1/2022

Benefit Period: 1/1/2023 - 12/31/2023
Benefit Period Maximum* (per person; does not apply to Class I): \$2,000
Orthodontia—Adults & Children: 50%
Lifetime Maximum (per person): \$2,000

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

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

Get the most from your benefits!

Create a MySmile® account
Get 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 PO 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.

	PPO	Premier	Out-of-network
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	✓	✓	
No cost protection which means greatest out-of-pocket costs			✓

- 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

For Delta Dental members who visit a Pacific Dental Alliance (PDA) provider as a new patient: you can receive a free Sonicare toothbrush.



Visit **myseiu.be/oe-pda** for the complete PDA provider list.

Willamette Dental Group

Dental Plan Effective Date 8/1/2022

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.



Questions? Learn more at
myseiu.be/oe-willamette.

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
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

*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 injuries sustained while practicing for or competing in a professional athletic contest.

Services for the treatment of an injury or disease that is covered under workers' compensation or that are an employer's responsibility.

Services for the treatment of intentionally self-inflicted injuries.

Services for which coverage is available under any federal, state, or other governmental program, unless required by law.

Services not listed as covered in the contract.

Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

Limitations

If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group dentist is covered.

Services listed in the contract, which are provided to correct congenital or developmental malformations which impair functions of the teeth and supporting structures will be covered for dependent children if dental necessity has been established. Orthognathic surgery is covered as specified in the contract when the Willamette Dental Group dentist determines it is dentally necessary and authorizes the orthognathic surgery for treatment of an enrollee, under age 19, with congenital or developmental malformations.

Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.

When the initial root canal therapy was performed by a Willamette Dental Group dentist, the retreatment of the root canal therapy will be covered as part of the initial treatment for the first 24 months. When the initial root canal therapy was performed by a non-participating provider, the retreatment of such root canal therapy by a Willamette Dental Group dentist will be subject to the applicable 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.

Must see a Willamette Dental provider.

Common Insurance Terms

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

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.

Co-premium/Premium

Premium is the full cost of your health coverage every month. The co-premium is a percentage or set amount of your total health coverage that you pay. For example, the co-premium for your personal coverage is just \$25 a month. However, if you choose to enroll dependents in coverage, your monthly co-premium will be higher. See page 4 for costs.

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.

Dependent

A dependent is a child (through their 26th birthday) who is eligible for coverage on your plan through SEIU 775 Benefits Group. For a full list of qualified dependents, visit myseiu.be/oe-dv-22.

Eligibility

You are eligible for personal 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, and you can get at a lower or no co-pay/co-insurance. Out-of-network services are those that may or may not still be 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. Your member ID number can be found on your member ID card.

Network

Your 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.



Dora P.
Caregiver, Tacoma

Primary Care Provider or Provider (Doctor)

A primary care provider is a doctor or other healthcare provider, like a nurse or a physician's assistant, that you can see for continued care. You can choose your primary care provider through your health plan's website. Some plans may assign one to you, but you can change it at any time.

Outpatient Services vs Inpatient Services

An inpatient service is one that requires you to stay at a hospital or medical facility 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 or medical facility.

Waiver or Waiving Coverage

If you do not want to enroll in health coverage or would like to end coverage for you or your dependent(s) (if enrolled), you can fill out an online form on Health: *My Plan* or call Customer Service to get a paper form. If you choose to waive coverage, you may not be able to enroll again until the next Open Enrollment period (every year July 1-20), or you have a Qualifying Life Event.



SEIU 775
BENEFITS GROUP

Learning – Health – Retirement – Jobs



Betty F.
Caregiver, Spokane Valley



Open Enrollment is July 1 – July 20

Make changes to your coverage online
with Health: *My Plan!*

myseiu.be/oe-myplan-22

Questions? Call 1-877-606-6705