



OPEN ENROLLMENT 2023

Health Benefits Guide



Evelyn K.
Caregiver, Des Moines

Enroll or make changes to your health coverage July 1 – July 20 at myseiu.be/oe.

If you do not want to make changes, no action is required.

New this year - Coverage for Kids!

Get the same high-quality medical and dental coverage that you have, for your kids! Open Enrollment is your chance to add this new benefit.

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Questions or Language Help:

Call 1-877-606-6705

8 a.m. - 6 p.m., Monday to Friday



**SEIU 775
BENEFITS GROUP**

Dear Caregiver,

July 1-20 is your chance to get high-quality, affordable healthcare coverage during open enrollment.

Caregivers do important work to make sure our loved ones and communities are healthy and safe. You deserve great care, too!

That's why SEIU 775 Benefits Group's health plans are designed with caregivers in mind. Medical, dental, orthodontia, vision, hearing, emotional health, prescription benefits and more are all included - for the low cost of \$25 per month for coverage for you.

You've shared how important it is that your children also have healthcare coverage, and I'm thrilled to share this year's big news — Coverage for Kids! Coverage for Kids gives your children the same great coverage that you have. Learn all about this new benefit on page 4.

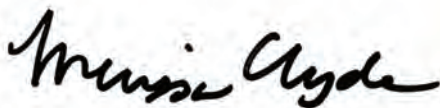
Each year, we strive to make sure improvements are made to your healthcare coverage that make a difference for you and your family.

Use this Health Benefits Guide to:

- Better understand your health plan.
- Enroll in healthcare coverage for the first time, add kids to your current coverage or change your dental plan.
- Learn more about other great benefits available to you.

On behalf of SEIU 775 Benefits Group, thank you for taking care of others! It's an honor to offer healthcare coverage designed for the health and wellbeing needs of you and your children.

Yours in Good Health,



Merissa Clyde
Chief Executive Officer (CEO),
SEIU 775 Benefits Group



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Maureen C.
Caregiver, Spokane

New This Year!

Get Coverage for Kids

If you work 120 hours or more per month, you can add your children (through their 26th birthday) to your coverage!

Choose from 2 coverage options:

- **Full medical and dental coverage** for just \$100 a month, for all of your kids (plus \$25 for your coverage).*
- **Dental-only coverage** for just \$10, for all of your kids (plus \$25 for your coverage).

Learn more about how to get Coverage for Kids on page 4 and 5.

*Your monthly payment (co-premium) with coverage for you and Coverage for Kids is \$125.

New Benefits for You

Changes to your coverage this year:

- \$0 co-pay for preferred generic and preferred brand insulin.
- Increased alternative care (such as acupuncture and chiropractic care) is now covered for up to 20 visits per year.
- Unlimited naturopathic care.
- An improved infertility benefit, including a new pharmacy benefit for fertility needs.

See what else is covered in your Plan Summary on page 13.

Open Enrollment for Healthcare Coverage: July 1-20

This July 20 is your deadline to:

- ✓ Apply for coverage, if you are eligible and not already enrolled.
- ✓ Change your dental plan, if you are already enrolled.
- ✓ Get Coverage for Kids! Add medical and/or dental coverage for your children, if you work 120 hours or more per month.

Submit your completed Health Benefits Application by July 20 online or by mail. See page 7 for details on how to apply.

Changes made during Open Enrollment will be effective on August 1, 2023. No action is required if you do not want to change your current coverage. If you do not take action, you will not be able to apply or make changes until the next Open Enrollment period, unless you have a Qualifying Life Event, like having a baby or losing other healthcare coverage.

**Need help applying or have questions?
Call 1-877-606-6705.**

Coverage for You

Get high-quality health and dental coverage for just \$25 per month with the following benefits:

Free Primary Doctor Visits

Medical

Dental

Orthodontia

Emotional Health

Vision

Hearing

Infertility

Gender-Affirming Care

Prescription Drug

Alternative Care

Chiropractic Care

See more about your Health Plan Highlights on page 11.

How do I become and stay eligible?

You are eligible for healthcare coverage through SEIU Healthcare NW Health Benefits Trust when you **work 80 hours or more a month**, 2 months in a row and continue to work 80 or more hours a month to stay covered.

When can I apply?

You can apply for your coverage at any of these times:

- ✓ **During the Open Enrollment period**, July 1-20 every year.
- ✓ **When you become eligible** for coverage for the first time.
- ✓ **If you have a “Qualifying Life Event”** like losing coverage you had through a spouse or other insurance provider. Learn more on page 6.

How do I apply?

You can apply for coverage:

- Online through Health: *My Plan* at myseiu.be/oe-myplan.
- Using the Health Benefits Application in this packet.

Application instructions can be found on page 7.

When will my coverage begin?

If you meet eligibility criteria and completed a Health Benefits Application during Open Enrollment, your coverage will start on August 1, 2023.

How do I keep my coverage?

To maintain your coverage you must:

- ✓ Continue working 80 hours or more per month.
- ✓ Continue paying your monthly \$25 payment (co-premium).

What happens if I lose coverage?

If you lose coverage, you will get information about continuing coverage through COBRA. Read more on page 22. If you start working at least 80 hours per month again within 12 months, your coverage will automatically resume. For more information, reference page 9.

Coverage for Kids

New this year! You can add your children to your coverage (through their 26th birthday).

With Coverage for Kids, your kids can get medical and dental coverage for \$100 a month or dental-only coverage for just \$10 a month. Your kids get all the same great benefits you do, including emotional health, orthodontia, wellness visits and much more.

How much does it cost?

If you enroll your kids in medical and dental, the monthly payment is \$100 a month, plus \$25 for your coverage. If you enroll your kids in dental only, the monthly payment is \$10 a month, plus \$25 for your coverage. **The monthly payment for Coverage for Kids is the same amount, no matter how many kids you have!**

	Medical & Dental	Dental Only
Just You	\$25	Not Available
You+ 1 kid	\$125	\$35
You+ 2 kids	\$125	\$35
You+ 3+ kids	\$125	\$35

If you have questions or need help applying for Coverage for Kids, call **1-877-606-6705**.

How do I get Coverage for Kids?

To get Coverage for Kids, you must work **120 hours or more a month** and continue to work 120 or more hours a month to keep it.

If you are not currently working 120 hours or more but would like to get Coverage for Kids, complete a Health Benefits Application during Open Enrollment. Coverage for Kids will start when you start working 120 hours or more a month.

When can I apply?

You can apply for Coverage For Kids:

- ✓ **During the Open Enrollment period**, July 1-20 every year.
 - ✓ **When you become eligible** for coverage for the first time.
 - ✓ **If you have a “Qualifying Life Event”** like having a baby or adopting a child.
- Learn more on page 6.

How do I apply?

You can apply for coverage:

- Online through Health: *My Plan* at myseiu.be/oe-myplan.
- Using the Health Benefits Application in this packet.

If you choose to add children to your coverage, you will need to submit a Dependent Verification document that verifies your relationship for each child you add. Application instructions and more information about Dependent Verification can be found on page 5.

When will Coverage for Kids begin?

If you meet eligibility criteria and submit a completed Health Benefits Application during Open Enrollment, coverage will start on August 1, 2023.

How do I keep Coverage for Kids?

To maintain Coverage For Kids you must:

- ✓ Continue working 120 hours or more per month.
- ✓ Continue paying the monthly payment (co-premium) for you and your dependent children.

What happens if I lose Coverage for Kids?

If you lose Coverage for Kids, you will get information about continuing their coverage through COBRA. Read more on page 22. If you start working at least 120 hours per month again, Coverage for Kids will automatically resume. As long as you work at least 80 hours per month, your personal coverage will continue.

How to Get Coverage for Kids

Get the same high-quality medical and dental coverage you have, for your kids! If you work 120 hours or more per month, you can get medical and/or dental coverage for your dependent children (through their 26th birthday)!

How to get Coverage for Kids

If you would like to add children to your coverage:

- ✓ Work at least 120 hours per month.
- ✓ Fill out the Coverage for Kids section of the Health Benefits Application, online or by mail. You will need to choose a coverage option for your children (medical and dental for \$100 or dental-only for \$10).
- ✓ Submit a Dependent Verification document that verifies your relationship to your child(ren) with your completed Health Benefits Application.
- ✓ Pay the monthly amount required for the coverage option you chose for your children (\$100 for medical and dental coverage, or \$10 for dental-only coverage). This does not include your individual co-premium amount. For more information, reference page 4.

Who can I add to Coverage for Kids?

You can add eligible children (through their 26th birthday).

Some examples of qualified dependent children are:

- Biological children.
- Adopted children.
- Stepchildren or children of your domestic partner.

For a full list of who qualifies as dependent children, visit myseiu.be/cfk.

Dependent Verification

When you enroll your dependent children, you will need to verify your relationship to them before coverage can begin. You must send a document for each child you enroll.

It is recommended that you submit your Dependent Verification document(s) with your completed Health Benefits Application. If you are unable to do so, you must submit your Dependent Verification document(s) by **September 30**. If you send your Dependent Verification separately, please make sure to label it with your first and last name and the last four digits of your Social Security number.

Accepted documents for Dependent Verification

Some examples of documents that can be used for Dependent Verification include:

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

If you are adding the child of a domestic partner, you will need to fill out an additional form. For a full list of accepted documents, visit myseiu.be/cfk. You need to submit one Dependent Verification document for each child you enroll.

When to Apply or Make Changes

You can apply for high-quality, affordable healthcare coverage when you become eligible for the first time, during Open Enrollment or if you have a Qualifying Life Event.

Open Enrollment: July 1-20

Open Enrollment is your yearly chance to apply for or make changes to your coverage. July 20 is your deadline to:

- Apply for coverage, if you are eligible and not already enrolled.
- Change your dental plan, if you are already enrolled.
- Get Coverage for Kids! Get the same high-quality coverage for your children, if you work 120 hours or more per month.

Your completed Health Benefits Application must be received by July 20 to be processed. Changes made during Open Enrollment will be effective on August 1, 2023.

If you do not want to change your coverage, no action is required.

You will continue to get the same coverage you have now! You will not be able to apply or make changes until the next Open Enrollment period, unless you have a Qualifying Life Event (QLE).

Qualifying Life Event (QLE) Special Enrollment Period

A Qualifying Life Event is a change in your life situation — like having a baby or losing other coverage — that can make you eligible for a 30-day Special Enrollment period, allowing you to enroll in health coverage outside the yearly Open Enrollment. The 30-day period begins at the time of your event and you must complete and submit your application within the 30-day time frame.

Life events that may qualify you for a QLE Special Enrollment Period:

- Having or adopting a baby.
- Losing other healthcare coverage.
- Getting a divorce.

Luz C.
Caregiver, Kennewick



Create a Login for Health: *My Plan*



When you create a login for Health: *My Plan*, you can easily apply or make changes to your coverage.
Go to myseiu.be/oe-myplan or scan the QR code and follow these steps:

Step 1: Select Register as a New User.

Username / Email Address

Password

SIGN IN **REGISTER AS A NEW USER**

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 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@seiu.be. 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 6: Fill out contact information 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 Acknowledgments.

create technology SEIU 775 Benefits Group

☒ YOU MAY RECEIVE ELECTRONIC COMMUNICATIONS FROM US

SAVE ACKNOWLEDGEMENTS **CONTINUE LATER**

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.



How to Apply or Make Changes

The easiest way to make changes or apply for coverage for yourself or your children is online using Health: *My Plan*.

Health: *My Plan* myseiu.be/oe-myplan

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. Your Home Employer will deduct your monthly co-premium from your paycheck. If you have more than one employer, your Home Employer is automatically set to the employer you work the most hours with. You can change your Home Employer by calling 1-877-606-6705.
- You will see eligibility information for each benefit.

Step 3: Edit your preferences, such as:

- Confirm your communication preferences - phone, email or mail.
- Designate your preferred language.
- Add your children's information (if applicable).

Step 4: Enroll in or make changes to your health coverage.

- Medical plan: Your plan is based on your ZIP code.
- Dental plan: Compare the plans and choose from the available dental plan options.
- Add a child or children to your coverage (if applicable).

Step 5: Review your selections.

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

Step 7: Verify your relationship with children you have added to coverage.

- Learn more on page 5.

View and Make Changes 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.
- Report a Qualified Life Event (if applicable).
- View your work hours.
- Make self-payments and more!

Questions?

1-877-606-6705

Monday-Friday, 8 a.m. to 6 p.m.
Pacific time

SEIU775BG-caregiver@magnacare.com.

To Apply or Make Changes by Mail or Fax:

Mail or fax your completed application (with your Dependent Verification documents if applicable) to the address or fax number listed on the Health Benefits Application. U.S. postage is required. Your application must be received by July 20 to be processed.

How To Keep Coverage

Once you have coverage, you must continue to work the required hours per month and pay your monthly payment (co-premium) on time to keep continuous health coverage. It's important to report your hours on time with your employer to avoid losing your coverage, or coverage for your kids.

To keep your coverage:

- ✓ Work 80 hours or more per month.
- ✓ Report your hours within 60 days of the month worked.
- ✓ Pay your \$25 monthly payment.

To keep Coverage For Kids:

- ✓ Work 120 hours or more per month.
- ✓ Report your hours within 60 days of the month worked.
- ✓ Pay the full monthly payment for you and your dependent children.

If you work fewer than 120 hours but at least 80 hours (80 – 119) in a month, your coverage will still be active, but Coverage for Kids will end.

The hours you work: how and when coverage is impacted.

The hours you work in Month 1 affect coverage in Month 3. For example, the hours you work in January affect March coverage. If you lose coverage because you did not work enough hours, your coverage will automatically start again when you start working the required hours again.

Hours worked in:	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Provide coverage in:	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb

Because your healthcare coverage and Coverage for Kids have different hours requirements, you can lose Coverage for Kids and still keep your healthcare coverage.

For example: if you work more than 80 but less than 120 hours in month 1, Coverage for Kids will end in month 3 but you are still covered.

MONTH 1 You work between 80 and 119 hours.	MONTH 2 You work 120 hours or more.	MONTH 3 Based on hours worked in month 1, Coverage for Kids drops but you are still covered.	MONTH 4 Based on hours worked in month 2, Coverage for Kids is reinstated.
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NOTE: If you have a gap in coverage of 12 months or more, you will have to reapply for healthcare coverage. You may also be eligible for COBRA, healthcare coverage available to people who lose their coverage. See page 22 for more information.

Need more hours?

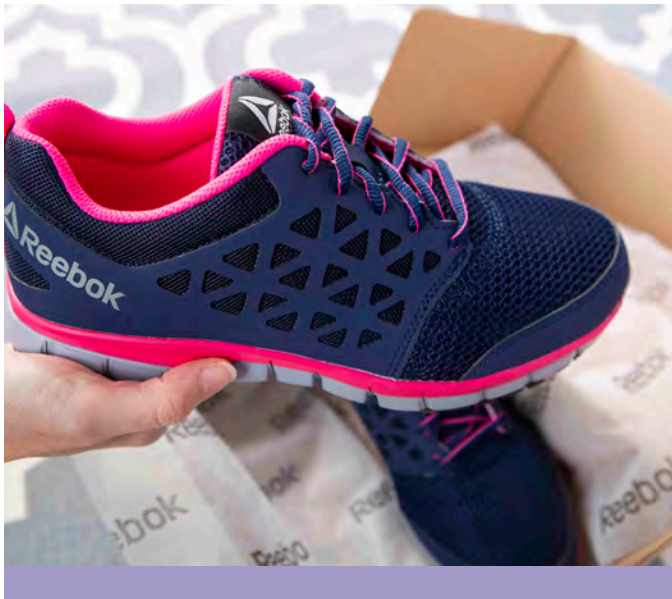
If you are short a few hours, you may be able to use paid time off (PTO) or paid training hours to meet your required hours.



If you are an Individual Provider (IP) and need more hours from another client to keep coverage, try Carina, a free job-matching website that helps you find more clients. See myseiu.be/oe-carina for more.

Other Great Benefits

You have access to more benefits at no cost to you, designed to help you stay healthy, reduce stress, be safe in the workplace and improve your quality of life. You can get these benefits even if you do not have healthcare coverage through SEIU Healthcare NW Health Benefits Trust (eligibility rules apply).



Caregiver KICKS™



Free Shoes for Caregivers

Get a free pair of Caregiver Kicks, slip-resistant shoes, every year! Whether they are clogs, sneakers, high-tops or flats, Caregiver Kicks:

- Are comfortable.
- Keep you safer on the job.
- Can reduce foot and back pain.

Plus they are available in over 70 styles from popular brands like Reebok and Skechers.

To become eligible, you must work 80 hours per month, 2 months in a row.



Learn more about
Caregiver Kicks:
myseiu.be/oe-kicks

ginger

Emotional Health App

If you are feeling stressed or overwhelmed try Ginger, the free smartphone app for your emotional health. With Ginger, you can chat with a coach through secure text messaging 24/7. Your family members over the age of 18 can also get Ginger for free.

If you have healthcare coverage through SEIU Healthcare NW Health Benefits Trust, you can also get secure and confidential video visits with a licensed therapist.

To be eligible for Ginger, you must work at least one hour a month.



Learn more about
Ginger:
myseiu.be/oe-ginger

Health Plan Highlights

Aetna is the health plan available to you, based on your zip code.



Your healthcare coverage offers many ways to get care and support for your health and wellbeing— with access to programs, resources and discounts to enhance your life and keep a healthy lifestyle.

Once you are enrolled, Aetna will send you a Member ID card by mail. This card has important information you will need whenever you are getting care. You will also use your Member ID to create an Aetna account online. If you do not get your card call **855-736-9469**.

Connect with your care by creating an account on the Aetna member website at **MyAetnaWebsite.com**, or use the Aetna Health smartphone app to access your benefits.



See Your Doctor for Free

With your Aetna coverage there is no co-pay when you see your primary care doctor (also called a primary care provider, or PCP). You can see your PCP for wellness check-ups, when you are feeling sick. It's easy to find a PCP at **myseiu.be/oe-doctor**.

With your coverage, you also get convenient high-quality care online or by phone. This includes phone or video visits and 24/7 phone advice.

Emotional Health Benefits

Your emotional health is as important as your physical health. Aetna coverage includes 24/7 professional support, in-person or virtual counseling, and helpful online resources, as well as:

- **The Aetna AbleTo Support Program.** Get real help that fits your schedule with a convenient, 8-week phone/video counseling and coaching program. Call **855-736-9469** to learn more.
- **The Aetna Behavioral Health Condition Management Program.** During this confidential program, work side-by-side with your care team to get early screening and the care and support you need.



Hearing Benefits with No Co-pay!

Through EPIC hearing, you can get up to \$1,200 worth of hearing hardware for each ear with no co-pay as well as in-person or online visits. Get started at **myseiu.be/epic**.



Sean B.
Caregiver, Seattle

Save money with these alternatives to using the emergency room.

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 a 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.

Primary Doctor / Online Visits	Free*
Urgent Care	\$15 Co-pay
Emergency Room	\$200 Co-pay

*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.

Your Prescription Benefits

Aetna uses the Sav-Rx Retail Pharmacy Network for prescription benefits. The network includes 75,000 pharmacies nationwide. It is important that you present your Sav-Rx ID Card at your pharmacy to access your benefit. You will receive a separate Sav-Rx card in the mail.

Register for an account on the Sav-Rx portal for greater access and control over your pharmacy. Visit savrx.com to get started. If you have questions, contact Sav-Rx at 800-228-3108.

Rx Co-pay (In-Network)	Pharmacy 30 Day Supply	Mail Order 90 Day Supply
Generic Contraceptives*	\$0	\$0
Value-Based Drugs**	\$4	\$8
Generic Drugs	\$8	\$16
Preferred brand name drug	\$25	\$50
Non-Preferred generic and brand name drugs	\$50	\$100

*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.



Learn more about your coverage at myseiu.be/oe



Self-Insured Aetna Plan Summary

Effective Date 8/1/2023

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: Dependent children are eligible to enroll in this plan through their 26th birthday.

Benefits	Preferred Provider Network	Non-Preferred Provider 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	Medical out-of-pocket limit: Individual: \$800 Family: \$1,600 Prescription drugs out-of-pocket limit: Individual: \$400 Family: \$800 Out-of-pocket expenses for the following covered services are included in the out-of-pocket limit. All cost shares for covered services.	Shared with in-network
Pre-existing condition (PEC) waiting period	No PEC	Same as preferred provider network
Lifetime maximum	Unlimited	Same as preferred provider maximum
Outpatient services (Office visits)	\$15 co-pay. If you designate a primary care doctor on the Aetna website, all visits with this doctor will have a \$0 co-pay	\$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 Insulin: Preferred generic (Tier 1)/preferred brand (Tier 2)/non-preferred (Tier 3) \$0/\$0/\$25 co-pay	Preferred generic/preferred brand/non-preferred \$13/\$30/\$55 co-pay Insulin: Preferred generic (Tier 1)/preferred brand (Tier 2)/non-preferred (Tier 3) \$13/\$30/\$35 co-pay
Prescription mail order	2 x prescription cost share per 90 day supply	Not covered
Acupuncture	20 visits per calendar year \$0 co-pay	Shared with preferred provider visit limit \$15 co-pay, deductible and coinsurance apply
Ambulance services	Plan pays 80%, you pay 20%	Same as preferred provider benefit
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 Outpatient: \$15 co-pay, deductible and coinsurance apply

Benefits	Preferred Provider Network	Non-Preferred Provider Network
Devices, equipment and supplies <ul style="list-style-type: none"> Durable medical equipment Orthopedic appliances Post-mastectomy bras limited to 2 every 6 months Ostomy supplies Prosthetic devices 	Covered at 50%	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	Inpatient: Covered under hospital services Outpatient: Deductible and coinsurance apply
Emergency services (co-pay waived if admitted)	\$200 co-pay	\$200 co-pay
Hearing exams (routine)	\$15 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/epic .	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/epic .
Home health services	Covered in full up to 130 visits total per calendar year	Shared with preferred provider 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 \$35,000.	Not covered
Manipulative therapy	Covered up to 20 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	\$15 co-pay (20 visits per calendar year)	Shared with preferred provider visit limit \$15 co-pay, deductible and coinsurance apply
Maternity services	Inpatient: \$100 co-pay, per day for up to 5 days per admit Outpatient: \$15 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. Outpatient: \$15 co-pay, deductible and coinsurance apply. Routine care not subject to outpatient services co-pay.
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. Unlimited visits per calendar year	Shared with preferred provider visit limit \$15 co-pay, deductible and coinsurance apply

Benefits	Preferred Provider Network	Non-Preferred Provider Network
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 surgery (bariatric)	Covered at cost shares when medical criteria is met	Not covered
Organ transplants	Unlimited, no waiting period Inpatient: \$100 co-pay, per day for up to 5 days per admit Outpatient: \$15 co-pay	Not covered
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.	Women's preventive care services (including contraceptive drugs and devices and sterilization) are subject to the applicable Preventive Care cost share and benefit maximums. Routine mammograms: Deductible and coinsurance apply
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. \$15 co-pay	Inpatient: Day limits shared with preferred provider benefit limit. \$100 co-pay, per day for up to 5 days per admit. Deductible and coinsurance apply Outpatient: Visit limits shared with preferred provider benefit limit. \$15 co-pay, deductible and coinsurance apply
Skilled nursing facility	Covered in full up to 60 days per calendar year	Day limits shared with preferred provider benefit, deductible and coinsurance apply.
Sterilization (vasectomy, tubal ligation)	Inpatient: \$100 co-pay, per day for up to 5 days per admit Outpatient: \$15 co-pay Women's sterilization procedures are covered in full.	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 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: \$15 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
Tobacco cessation counseling	Quit for Life Program - covered in full	Applicable cost shares apply
Routine vision care (1 visit every 12 months)	\$15 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 preferred provider benefit



Luz C.
Caregiver, Kennewick

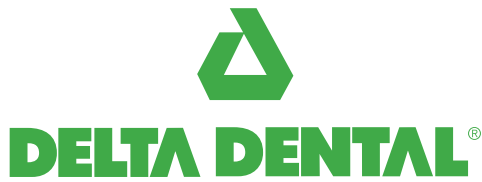
Dental Plan Options

Your choice of dental coverage is included in your \$25 monthly payment (co-premium).

See the table below to compare dental plans and choose the one that is best for you and your children.

- Both dental plans offer orthodontia benefits.
- If you are already enrolled and would like to switch your dental plan, submit a completed Health Benefits Application. Your completed application must be received by July 20 to be processed.
- **COVERAGE FOR KIDS:** You can also add your children to the same dental coverage as yourself for an additional \$10. Learn more on page 4.

	
Annual Maximum: \$2,000	Annual Maximum: None
Deductible: \$0	Deductible: \$0
Routine Exams: Covered in Full	Routine Exams: Covered in Full
Highlights <ul style="list-style-type: none">• Broad network of providers, including rural areas.• Get a free Sonicare toothbrush when you visit a PDA dentist.	Highlights <ul style="list-style-type: none">• Convenient for caregivers who live on the I-5 corridor.• Must see a Willamette Dental provider.



PPO Plan Effective Date 8/1/2023

Benefit Period: 1/1/2024-12/31/2024

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

Orthodontia—Adults & Children:
50% with a lifetime maximum
of \$2,000 per person

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. Call the Delta Dental customer service department at **800-554-1907** or visit **DeltaDentalWA.com** if you have any questions.

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist
Benefit Period Deductible			
Does Not Apply to Class I & Orthodontia Out of Network - \$50 (Per Person)	\$0	\$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%

Dental Emergency: Participating Providers will provide treatment for Dental Emergencies during office hours. The Company will provide benefits for Covered Services provided by Participating Providers for treatment of a Dental Emergency. The Enrollee may see treatment for a Dental Emergency from a Non-Participating Provider if the Enrollee is more than 50 miles from any Participating Provider Office.

Dental care received at a PDA dentists will be covered in full up to the \$2,000 maximum, with coinsurance waived with Class III - Major services.

Get The Most From Your Delta Dental Benefits

Choose an in-network dentist

Your plan gives you access to the Delta Dental PPO network. Your benefits go the furthest when you visit a Delta Dental PPO dentist. 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.

To find an in-network dentist near you:

- 1. Visit **DeltaDentalWA.com**.
- 2. Click on 'Online Tools' and use the 'Find a Dentist' tool.
- 3. Select 'Delta Dental PPO' to filter your search results

	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			●

Create a MySmile® account at DeltaDentalWA.com

Get secure, 24/7 access to your ID card, benefits information, out-of-pocket cost estimates and more! The "Find your member ID" tool makes registration easy.

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 problems in the future.

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.



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



View the complete PDA provider list: myseiu.be/oe-pda

Questions?
Call Delta Dental
800-554-1907

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

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. The below list gives information for some of the most common procedures covered in your plan. Visit myseiu.be/oe-willamette for more information. For a list of limitations and exclusions, visit myseiu.be/willamette-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	
Fillings (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. **Dental Emergency:** Participating Providers will provide treatment for Dental Emergencies during office hours. The Company will provide benefits for Covered Services provided by Participating Providers for treatment of a Dental Emergency. The Enrollee may see treatment for a Dental Emergency from a Non-Participating Provider if the Enrollee is more than 50 miles from any Participating Provider Office.

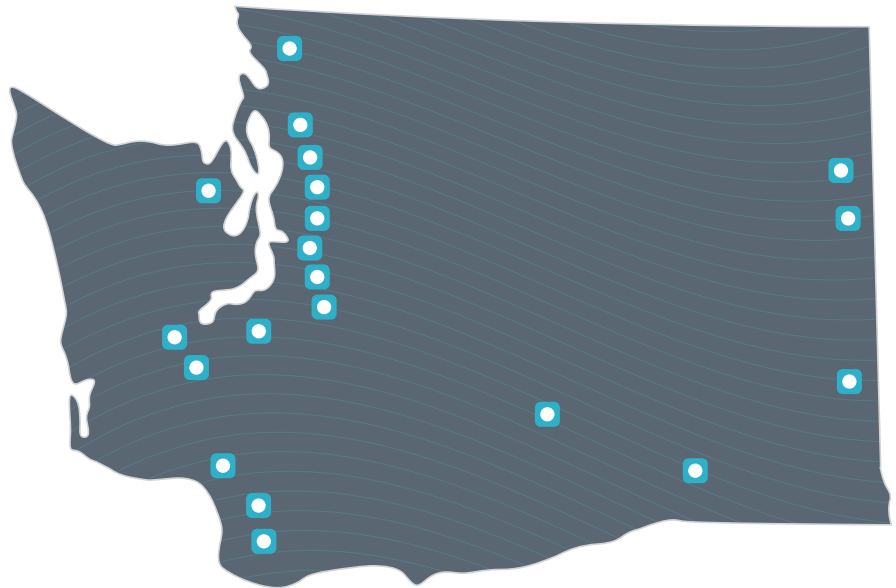
Get The Most From Your Willamette Dental Benefits

High-quality, Affordable Dental Coverage

With Willamette Dental, you will have no annual maximums. This means that if you need a lot of dental work, like surgery or multiple cleanings a year, your costs will continue to be covered.

Find a Dentist Near You

Willamette Dental has many convenient locations in western Washington, making it easy for you to find a Willamette dentist if you live along the I-5 corridor. To find the dentist that is closest to you, visit locations.willamettedental.com and enter your ZIP code into the search bar. You can also find up-to-date information about Willamette dentists, including address, directions, hours, and patient ratings and comments.



Schedule an Appointment

Schedule your first dental appointment by calling 1-855-433-6825, Monday - Friday, 7 a.m. to 5:30 p.m. and Saturday, 7 a.m. to 1 p.m. Pacific time.



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

Common Insurance Terms

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. If you choose to enroll dependents, dental coverage is \$10 and Coverage for Kids is \$100.

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 Healthcare NW Health Benefits Trust. For a full list of qualified dependents, visit myseiu.be/cfk.

Eligibility

You are eligible for personal health coverage with SEIU Healthcare NW Health Benefits Trust after you work 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. If you work 120 hours or more per month, you are eligible to enroll your dependent(s) in coverage.

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.

Primary Care Provider

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 versus 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.



Teresa M.
Caregiver, Spokane

Other Healthcare Coverage

If you have stopped caregiving and need to find long-term healthcare coverage, visit Washington Healthplanfinder. You can find out if you are eligible for free Washington Apple Health or compare other healthcare options at wahealthplanfinder.org.

COBRA

What is COBRA?

COBRA (Consolidated Omnibus Budget Reconciliation Act) helps caregivers and their children who have lost healthcare coverage through SEIU Healthcare NW Health Benefits Trust. Through COBRA, when you lose your coverage or Coverage for Kids you can get continued healthcare coverage for a monthly payment.

Your SEIU Healthcare NW Health Benefits Trust coverage will end if:

You do not work enough hours in a month required for your coverage (80 hours for your coverage, or 120 hours for Coverage for Kids)

If you have Coverage for Kids and your hours drop below 120 per month, your children's coverage will drop but your coverage will continue if you work 80 or more hours a month. Because of this, it is important to report your hours on a timely basis.

Your coverage ends 2 months after your hours drop. If this happens, you will get information about COBRA and how to apply for it in the mail.

Need more hours?

If you are an Individual Provider (IP) and need more hours to keep coverage through SEIU Healthcare NW Health Benefits Trust, try Carina, a free and secure website that matches caregivers to clients in their area. Learn more at myseiu.be/oe-carina.

Current Monthly Cost of COBRA (as of Aug. 1, 2023)

COBRA	Medical	Delta Dental	Willamette Dental
Caregiver	\$973.08	\$60.18	\$59.16
Caregiver and Child(ren)	\$1,673.82	\$140.76	\$131.58

Questions about COBRA Coverage?

Call Customer Service at **1-877-606-6705**.



**SEIU 775
BENEFITS GROUP**

Important Contacts

Customer Service

Get help applying, language assistance, questions about coverage, COBRA and more.

1-877-606-6705
(8 a.m. to 6 p.m., Monday-Friday)

SEIU775BG-caregiver@magnacare.com

Aetna

Member Services	855-736-9469	aetna.com
Behavioral Health	800-424-4047	aetna.com
24 Hour Nurse Line	800-556-1555	aetna.com
Find the Right PCP	888-982-3862	aetna.com

Delta Dental 1-800-554-1907 deltadentalwa.com

Willamette Dental 1-855-433-6825 myseiu.be/oe-willamette

EPIC Hearing 1-866-956-5400 myseiu.be/epic



Lucky M.
Caregiver, Goldendale

Questions or Language Help:
Call 1-877-606-6705

8 a.m. - 6 p.m., Monday to Friday

Ver en español: myseiu.be/oe-es
 查看中文版: myseiu.be/oe-zh
 한국어로 보기: myseiu.be/oe-ko
 Посмотреть на русском: myseiu.be/oe-ru
 Переглянути укр: myseiu.be/oe-ua
 Xem bằng Tiếng Việt: myseiu.be/oe-vi
 Ku eeg Af-Soomaali: myseiu.be/oe-so
 ਪੰਜਾਬੀ ਵਿੱਚ ਪੜ੍ਹੋ: myseiu.be/oe-pa
 អានជាភាសាខ្មែរ: myseiu.be/oe-kh
 عرض باللغة العربية: myseiu.be/oe-ar

For questions about this
application or language
assistance, call
1-877-606-6705

Health Benefits Application

If you are already enrolled, you do not need to fill out an application unless you want to make changes to your coverage. The fastest and easiest way to enroll or make changes is online using Health: *My Plan* at myseiu.be/oe-myplan.

THIS IS AN APPLICATION, NOT A GUARANTEE OF ENROLLMENT FOR COVERAGE.

- If you submit an application and are eligible, you will receive an enrollment confirmation letter at the beginning of your coverage month. If you do not get a letter within 30 days of submitting an application please call **1-877-606-6705**.
- If you are not eligible at this time, you can still submit a completed application, but coverage will not be effective until you become eligible. Your application will remain on file until you become eligible, for up to 1 year.

I am Applying for coverage Changing my dental plan Adding/removing a child (dependent)	Check One Open Enrollment New Employee Qualifying Life Event	Check One for Qualifying Life Event (Documents may be required) Marriage/Domestic Partnership Involuntary Loss of Coverage Birth Divorce Court Order/Adoption/Legal Guardianship
For more information or if your Qualifying Life Event is not listed here, call 1-877-606-6705.		

1. HOME EMPLOYER* INFORMATION (Required)

Employer Name:	Agency Branch (APs) or IPOne # (IPs):
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*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.

2. CONTACT INFORMATION

First Name:	MI:	Last Name:
Social Security Number:	Gender: Male Female	Date of Birth:
Home Address:	City:	State: ZIP:
Phone (Home): (Cell):	Preferred Language:	
Preferred Method of Contact: Phone Email	Personal Email Address:	

3. MEDICAL AND DENTAL PLANS

Medical: Your plan is assigned by ZIP code and is Aetna Life Insurance Company		
Dental: Select your plan*	Delta Dental of Washington	Willamette Dental of Washington, Inc.**

*If you are enrolling and have not selected a dental plan, Delta Dental of Washington will be selected for you.

**Willamette Dental requires use of in-network dentists. For more information, please reference your Health Benefits Guide.

PLEASE CONTINUE TO FOLLOWING PAGE TO COMPLETE AND SIGN YOUR HEALTH BENEFITS APPLICATION.

4. COVERAGE FOR KIDS (DEPENDENT) ENROLLMENT INFORMATION

ELIGIBILITY FOR COVERAGE FOR KIDS

If you work 120 hours or more per month, you can enroll your dependent children for coverage. Dependent children can be covered up to their 26th birthday regardless of marital status, student status or eligibility for other group coverage. If children of the primary insured are covered, children of Domestic Partners are covered on the same basis. Caregivers and their children can only be on one plan through SEIU Healthcare NW Health Benefits Trust at a time.

You can choose between 2 coverage types for each child:

- Medical and dental Coverage for Kids for \$100 per month, plus \$25 for your medical and dental coverage.
- Dental-only Coverage for Kids for just \$10 per month, plus \$25 for your medical and dental coverage.

Your total monthly premium cost for coverage will not exceed \$100 for all dependents covered, plus \$25 for your coverage.

	Medical & Dental	Dental Only
Just You	\$25	-
You + 1 kid	\$125	\$35
You + 2 kids	\$125	\$35
You + 3 or more kids	\$125	\$35

YOU CAN ADD KIDS TO YOUR COVERAGE:

- When you enroll for the first time.
- If you have a Qualifying Life Event
- During the annual Open Enrollment period (July 1-20).

If you are not currently working at least 120 hours per month and you want Coverage for Kids, you can still apply and submit your Dependent Verification; Coverage for Kids will begin when you start working at least 120 hours per month.

KEEPING COVERAGE

If you fall below 120 hours worked per month, your child(ren) will be automatically be dropped from your coverage. To get and keep coverage for yourself, you only need to work 80 hours or more per month.

For questions about this application or language assistance, call
1-877-606-6705

TO ADD CHILD DEPENDENT(S), YOU MUST:

- ✓ Submit your **Health Benefits Application** online using Health: *My Plan* at myseiu.be/oe-myplan or by using this paper form. Paper applications must be mailed to the address on the last page.
- ✓ Submit a **Dependent Verification** document that verifies your relationship to your child(ren).
- ✓ Begin paying your **monthly payment (co-premium)** through automatic payroll deduction.

APPLICATION

For each child you enroll, you must provide their information, Social Security number and select the coverage type. This is required by federal regulations.

You can add up to 3 children on one application. If you want to add more dependent children, you can use additional applications to do so.

DEPENDENT VERIFICATION

When you enroll your dependent children, you will need to submit a document that verifies your relationship to them before coverage can begin. You must send a document for each child you enroll.

Some examples of documents that can be used for Dependent Verification include:

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

If you are adding the child of a domestic partner, you will need to fill out an additional form. Contact customer service at 1-877-606-6705 for more information.

It is recommended that you submit your Dependent Verification document(s) with your Health Benefits Application. If you are unable to do so, you must submit your Dependent Verification document(s) within 60 days of submitting your Application. If you send your Dependent Verification separately, please make sure to label it with your first and last name and the last four digits of your Social Security number.

PLEASE CONTINUE TO FOLLOWING PAGE TO COMPLETE AND SIGN YOUR HEALTH BENEFITS APPLICATION.

COVERAGE FOR KIDS ENROLLMENT INFORMATION

If you are adding Coverage for Kids, you will need to choose between medical and dental coverage for \$100 or dental-only for \$10, for each child you enroll. If you do not choose an option, you will automatically get the medical and dental option (\$100).

1. Name (Last, First, MI):		Relationship to Employee:	Gender:
Add Remove		Child	Male Female
Social Security Number:	Select Coverage:	Date of Birth (MM/DD/YY):	
	Medical and Dental (\$100) Dental-only (\$10)		
2. Name (Last, First, MI):		Relationship to Employee:	Gender:
Add Remove		Child	Male Female
Social Security Number:	Select Coverage:	Date of Birth (MM/DD/YY):	
	Medical and Dental (\$100) Dental-only (\$10)		
3. Name (Last, First, MI):		Relationship to Employee:	Gender:
Add Remove		Child	Male Female
Social Security Number:	Select Coverage:	Date of Birth (MM/DD/YY):	
	Medical and Dental (\$100) Dental-only (\$10)		

VERY IMPORTANT: YOU MUST READ AND SIGN THIS FORM FOR COVERAGE TO TAKE EFFECT

I hereby apply for enrollment or change of enrollment in SEIU Healthcare NW Health Benefits Trust health coverage as indicated on this application. I understand that the SEIU Healthcare NW Health Benefits Trust and its claims administrators may collect, use and disclose protected health information about each individual enrolled under this application in order to carry out their routine business functions, including but not limited to, determining eligibility for benefits, paying claims, coordinating benefits with other insurance carriers or payers, underwriting and conducting case management, care management and quality reviews. The undersigned acknowledges that the Trust will rely on the information provided. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

By signing below, I agree to the required monthly payroll deduction for my health coverage. In the event of an involuntary loss of Trust coverage, if minimum hour eligibility requirements are met again within 12 months from the date of coverage loss, coverage will be automatically reinstated. I understand if my hours drop below 80 through my primary employer, the Trust may combine my hours from other home care agencies or the state to meet the 80 hour requirement and keep me enrolled in my health plan. I understand that if I do not work 120 hours, and/or do not pay the premium, my eligible dependent will lose their health coverage. I understand that in order for them to be reinstated, I am responsible for paying the owed co-premiums for said dependents. I understand that if I voluntarily drop coverage, I will not have COBRA rights and will not be able to apply for coverage again until the next annual Open Enrollment or if there is a qualifying life event.

PLEASE RETURN YOUR FORM BY MAIL TO:

SEIU 775 Benefits Group
PO Box 24811, Seattle WA 98124
Or fax it to: 516-723-7395

Signature

Date Signed

Name (please print)