SEIU 775
BENEFITS GROUP

Health Benefits Guide

OPEN ENROLLMENT 2024

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Call 1-877-606-6705 if you have questions or need help applying.

myseiu.be/oe

Dear Caregiver,

I love hearing how SEIU 775 Benefits Group's healthcare coverage strengthens the health, peace of mind and financial security of caregivers. As you explore your health benefits, I'd like to share a few of their inspiring stories.

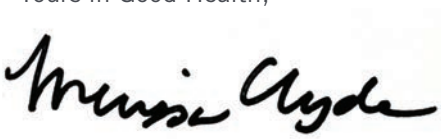
After Dani R. from Asotin had her second child, she enrolled her newborn and older son in Coverage for Kids — our extended coverage for caregivers' children. She praises our "great rates for dependent healthcare", allowing her family to save significantly more each month.

And Deborah M. from Vancouver recently needed to undergo open-heart surgery. Although the surgery costs totaled hundreds of thousands of dollars, she paid much less out of pocket. Without having to worry about costs, she says "I was able to focus on myself and my healing." Today Deborah is breathing easier – physically and financially.

I'm thrilled to share the latest coverage updates, including an expanded fertility benefit, increased hearing, dental and vision benefits, plus access to more free programs.

Whether you are signing up for the first time or making a change to existing coverage, it's my hope that you – like Dani and Deborah – will make the most of the healthcare coverage you get as a caregiver.

Yours in Good Health,



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

SEIU 775 BENEFITS GROUP

Open Enrollment for Healthcare Coverage July 1-20

Open Enrollment changes will be effective on August 1, 2024

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.
- ✓ Add medical and/or dental coverage for your children, if you work 120 hours or more per month.

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, language support or have questions? Call Customer Service at 1-877-606-6705.

Easily Apply for Coverage or Make Changes

myseiu.be/oe-online

Apply for or make changes to coverage, check eligibility, access forms and documents and self-pay invoices. Learn how to get started on page 10.

2024 Benefit Enhancements

- ✓ **Vision hardware limit increased to $600 every 12 months.**
- ✓ **Hearing hardware limit increased to $3,000 each ear every 3 years.**
- ✓ **Delta Dental annual benefit period limit and orthodontia lifetime limit increased to $5,000.**
- ✓ **Willamette Dental orthodontia co-pay reduced to $1,500.**
- ✓ **Diabetic supplies and Durable Medical Equipment (DME) reduced to $0.**
- ✓ **NEW! Fertility and Family Building Benefit**

  From fertility and family planning to menopause—your new benefit provides coverage for the latest treatments, personalized support, guidance from dedicated Patient Care Advocates and access to high-quality care.

Alyssa E.
Caregiver, Mount Vernon

In addition to access to high-quality healthcare coverage, you have other benefits available at no cost to you*—designed to help you reduce stress, be safe in the workplace and improve your quality of life.

Learn more at **myseiu.be/oe-benefits**.

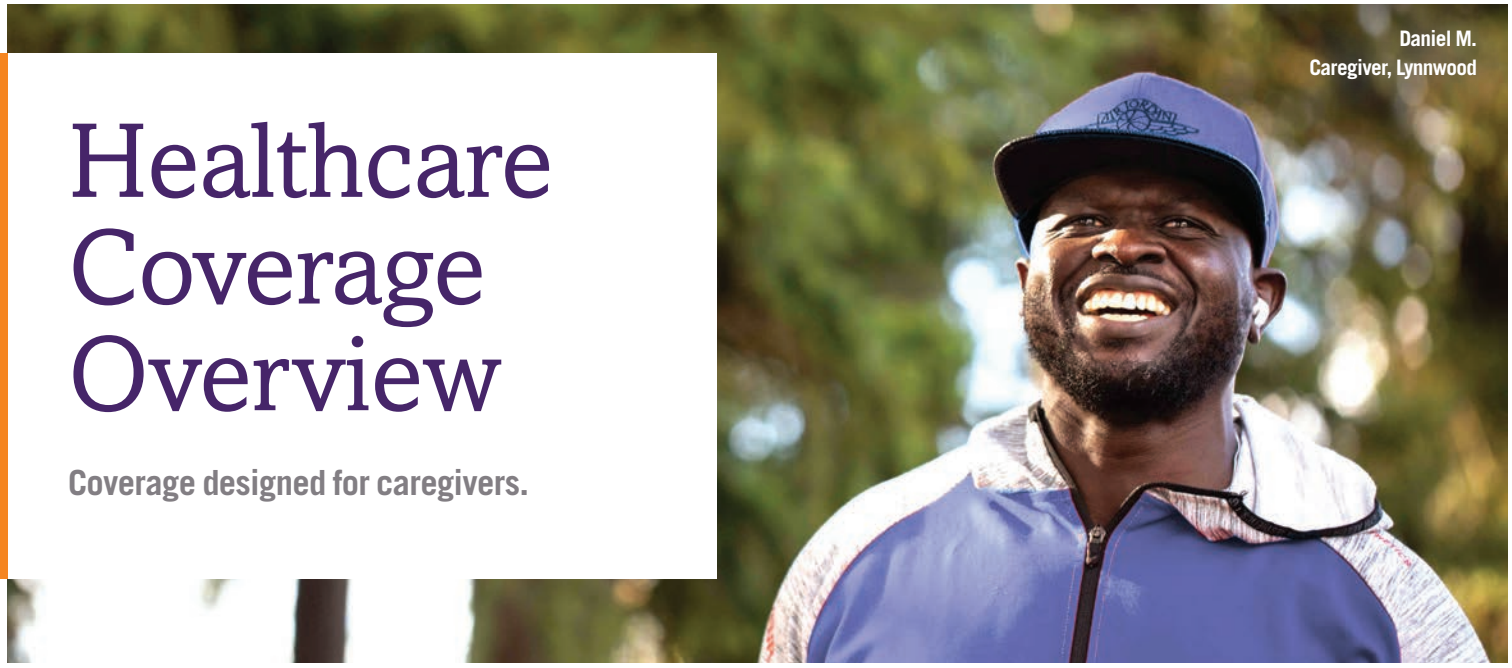
*Eligibility rules apply.

Caregiver Kicks
Free Shoes for Caregivers

Get a free pair of slip-resistant shoes every year! Caregiver Kicks are available in over 70 styles from Reebok to Sketchers, and designed to keep you safer at work while reducing foot and back pain.

Healthcare Coverage Overview

Coverage designed for caregivers.



What are my healthcare coverage options and how much does it cost?

The health plan available to you is based on your home ZIP code. Your plan offers many ways to get care and support for your health and wellbeing. Coverage includes the following benefits plus access to wellness coaching, personalized programs and more.

- ✓ Preventive Care
- ✓ Medical
- ✓ Dental
- ✓ Orthodontia
- ✓ Prescription Drug
- ✓ Emotional Health
- ✓ Vision
- ✓ Hearing
- ✓ Fertility and Family Building
- ✓ Gender-Affirming Care
- ✓ Chiropractic and Massage
- ✓ Physical Therapy

Individual Coverage
Medical and Dental
$25/mo.

Get high-quality healthcare coverage for just $25 a month.

Coverage for Kids
Medical and Dental
$100/mo.

You can add medical and dental coverage for eligible children for an additional $100 a month.

Monthly Co-premium Deduction: $125

$25 for individual coverage + $100 for all your kids

Coverage for Kids
Dental-Only
$10/mo.

You can add dental-only coverage for eligible children for an additional $10 a month.

Monthly Co-premium Deduction: $35

$25 for individual coverage + $10 for all your kids

THE COST IS THE SAME, NO MATTER HOW MANY KIDS YOU ADD!

Monthly Co-premium Deduction: This is the amount that your employer will automatically deduct from your wages each month.

How do I become eligible for coverage?

Individual Coverage

You must work **80 hours or more a month** for 2 months in a row to become eligible for individual coverage.

Coverage for Kids

You must work **120 hours or more a month** to become eligible for Coverage for Kids.

When can I apply and when will coverage begin?

You can apply when you become eligible for the first time, during Open Enrollment or if you have a Qualifying Life Event.

Initial Eligibility Period

When you become eligible for the first time, information on healthcare coverage and how to apply will then be sent to you.

You must complete and submit your Health Benefits Application within 60 days from when initial eligibility was met. The next opportunity for you to apply is Open Enrollment or a QLE Special Enrollment Period.

When coverage begins is based on the date your completed application is received.

It takes approximately 2 weeks to process your application and coverage can only begin on the first day of a month. It is recommended that you submit your completed application prior to the 15th so your coverage can begin on the first day of the following month.

For example, if your completed application is received:

- **By March 15:** Coverage will begin April 1.
- **Between March 16 - March 31**: Coverage will begin May 1.

Open Enrollment: July 1-20

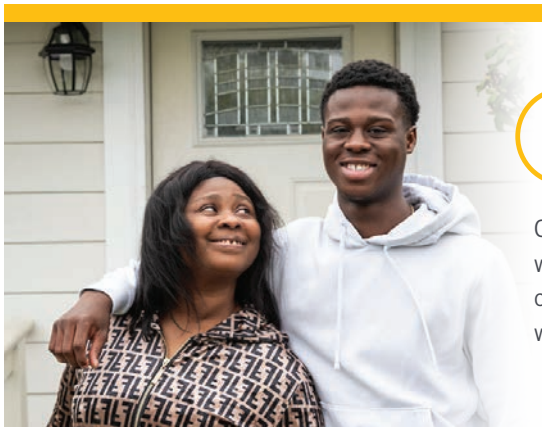
Open Enrollment is your yearly chance to apply or make changes to your coverage. July 20 is your deadline to apply for healthcare coverage or make changes if you are already enrolled. Changes include changing your dental plan or adding Coverage for Kids.

Coverage will begin August 1, 2024.

Qualifying Life Event (QLE) 30-Day Special Enrollment Period

A Qualifying Life Event is a change in your life situation that can make you eligible for a Special Enrollment period. Examples of life events include adopting a baby, losing other healthcare coverage or getting a divorce. For a full list of QLEs visit **myseiu.be/qle**.

The easiest way to submit a QLE is using your online account, and QLEs must be submitted within 30 days of your event.



Not Eligible Now?

You can still apply for coverage during Open Enrollment.

Complete a Health Benefits Application for yourself and individual coverage will begin when you start working 80 hours or more a month. You can also add children to your Health Benefits Application and Coverage for Kids will begin when you start working 120 hours or more a month.

How do I apply?

The easiest way to apply or make changes to coverage is online. Get started at myseiu.be/oe-online.

To apply or make changes by mail or fax: If you received a printed Health Benefits Guide, you can use the Health Benefits Application included in your mailing. Mail or fax your completed application to the address or fax number listed on the Health Benefits Application. U.S. postage is required.

If you choose to add Coverage for Kids, you will need to submit additional documents. Learn more on page 9.

How do I pay my monthly co-premium deduction?

Your employer will automatically deduct your monthly co-premium deduction (the amount you pay each month) from your wages. If your employer is not able to make the deduction, you will receive a self-pay letter in the mail and by email directing you to pay your co-premium. You can pay by check, or using your online account (learn more on page 10).

If you are an IP with CDWA: Your first monthly payment will be a self-pay.

How do I keep my coverage?

Once you have coverage, you must continue to work the required hours per month and pay your monthly co-premium deduction on time to maintain continuous coverage. Because individual coverage and Coverage for Kids have different hours requirements, you can lose Coverage for Kids but keep individual coverage. Learn more about how work hours effect your coverage on the next page.

To keep individual coverage, you need to:

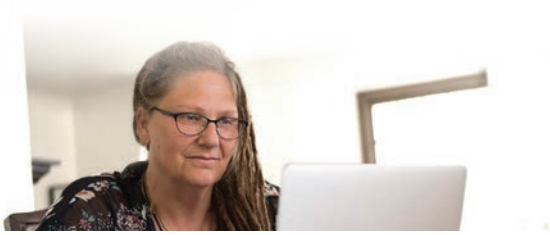
- ✓ Work 80 hours or more per month.
- ✓ Report your hours within 60 days of the month worked.
- ✓ Pay your $25 monthly co-premium deduction.

To keep Coverage For Kids, you need to:

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

Report your hours on time
to keep your coverage

You will lose your coverage if you don't report hours on time. You can submit late hours or make adjustments with your employer within 60 days of the month worked.



Get more hours
to keep your coverage

If you are an Individual Provider (IP) and need more hours to get or keep coverage, try Carina, a free job-matching website that helps you find more clients.

Learn more at **myseiu.be/oe-carina**.

CARINA

How do the hours I work affect keeping coverage?

Work Month	Coverage Month
The hours you work in this month:	Determine coverage in this month:
January →	March
February →	April
March →	May
April →	June
May →	July
June →	August
July →	September
August →	October
September →	November
October →	December
November →	January
December →	February

Once you are enrolled in coverage, the hours you work determine your coverage status 2 months later.

See the examples below of how your hours in June affect coverage in August.

Loss of Individual Coverage

Work Month: June	Coverage Month: August
You work less than 80 hours.	You lose coverage.

Loss of Coverage for Kids

Because individual coverage and Coverage for Kids have different hours requirements, you can lose Coverage for Kids but keep individual coverage.

Work Month: June	Coverage Month: August
You work more than 80 but less than 120 hours.	You keep individual coverage but lose Coverage for Kids.

Automatic Coverage Reinstatement

If you lose coverage due to insufficient hours, the next time you work the required hours in a Work Month, your coverage will automatically resume in the associated Coverage Month.

Work Month: June	Coverage Month: August
You work the required hours.	Coverage automatically resumes.

When coverage is reinstated, your employer is not able to automatically deduct the monthly co-premium and you will receive a self-pay notice.

If you have a gap in coverage of 12 months or more, you will have to reapply for healthcare coverage.

What happens if I lose coverage?

If you lose healthcare coverage, you will get information about continuing coverage through COBRA.

COBRA: (Consolidated Omnibus Budget Reconciliation Act) helps caregivers and their children who have lost healthcare coverage. Through COBRA, when you lose your coverage or Coverage for Kids you can get continued healthcare coverage for a monthly payment. Your COBRA benefit is administered by Ameriflex. For questions about COBRA call customer service: **1-877-606-6705**.

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

Coverage for Kids

Get the same great coverage for your dependent children.

If you would like to add children to your healthcare coverage:

- ✓ **Work at least 120 hours per month.** If you are not eligible now, you can complete an application during Open Enrollment and Coverage for Kids will begin when you start working 120 hours or more a 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 or dental-only).
- ✓ **Submit Dependent Verification document(s)** to verify your relationship to your child(ren) with your application.
- ✓ **Pay the monthly co-premium required** for the coverage option you chose for your children.

Medical & Dental Coverage For Kids

$125/mo.

$25 for you + $100 for all your kids

Dental-Only Coverage For Kids

$35/mo.

$25 for you + $10 for all your kids

THE COST IS THE SAME, NO MATTER HOW MANY KIDS YOU ADD!

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 and children of your domestic partner.

What is required for dependent verification?

When you enroll your children for the first time, you will need to verify your relationship to them before coverage can begin.* It is recommended that you submit your Dependent Verification document(s) with your completed Health Benefits Application by July 20. If you are unable to do so, you must submit your documents by **September 30** and make sure to label them with your first and last name and the last four digits of your Social Security number.

*If you have already submitted verified documents, you do not need to resend your documentation unless it is requested.

Accepted documents for Dependent Verification

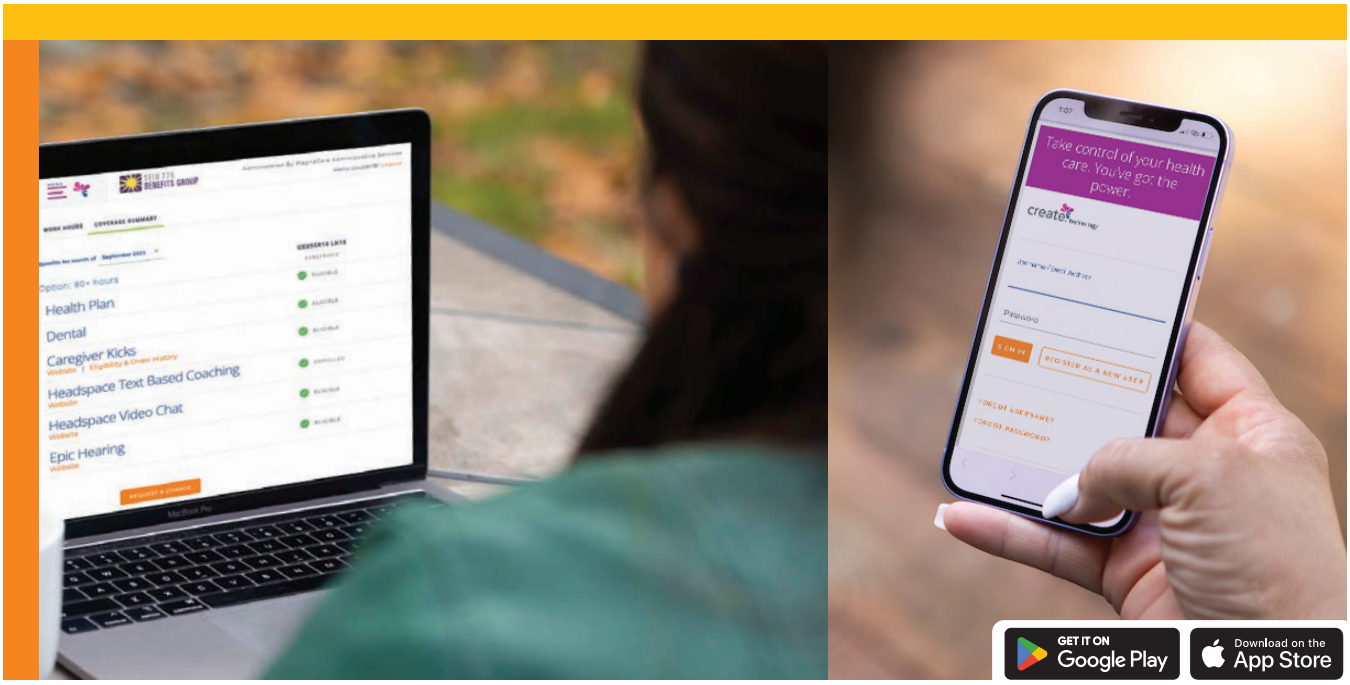
You need to submit one Dependent Verification document for each child you enroll. Some examples of documents that can be used for Dependent Verification include:

- 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).
- Additional documents may be needed, if you are adding the child of a domestic partner.

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

Manage Your Health Benefits with an Online Account

Get started at myseiu.be/oe-online



With an account, you can:

- ✓ View hours and eligibility for healthcare coverage, Caregiver Kicks and Headspace Care.
- ✓ Apply for or make changes to healthcare coverage.
- ✓ Add children to your coverage.
- ✓ Access plan documents and forms.
- ✓ Pay co-premiums and view payment history.
- ✓ Sign up for email communications about coverage.

Making an account is easy —it only takes 5 minutes!

Visit **myseiu.be/oe-online** for an instructional video on making a new account.

Online accounts are part of MagnaCare's CREATE website. MagnaCare is the administrator of your healthcare coverage. The website is available in English. If you need help making an account or language support, call Customer Service: **1-877-606-6705.**

Health Plan Highlights

KAISER PERMANENTE®

Make the Most of Your Kaiser Permanente of Washington (KPWA) Healthcare Coverage.

Beyond preventive care, your coverage includes many ways to get care and support, like wellness coaching and personalized management programs for chronic conditions like diabetes, hypertension and back pain.

Be sure to familiarize yourself with all aspects of your health plan and make the most of your great benefits!

Use Your Member ID to Get Started

Once you are enrolled, Kaiser Permanente will send you a Member ID card by mail. If you do not get your card within 10 business days from the coverage start date, call Kaiser Permanente Member Services.

With your Member ID card, you can make a secure account and manage your health online at **kp.org/wa** and with the Kaiser Permanente smartphone app.

Kaiser Permanente of Washington (KPWA) is the health plan available to you based on your home ZIP code.

Free Primary Care Visits*

With Kaiser Permanente, 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 and when you are sick. Kaiser Permanente also offers virtual care options in many cases so you can get care from the comfort of home.

*Visits with your PCP have no co-pay, however if your doctor orders tests or lab work, you may have to pay a co-pay on those services.

Urgent and Emergency Care

If you can't get a same-day appointment with your doctor or have immediate health needs, your closest Kaiser Permanente urgent care center is an affordable solution.

Primary Care Provider/Online Visits	**$0 Co-Pay**
Urgent Care Visits	**$0 Co-Pay**
Emergency Room Visits	**$200 Co-Pay**

Prescription Benefits

Prescription medication (Rx) benefits are included in your coverage and transferring your prescriptions is simple! Just sign into your Kaiser Permanente online account or call Member Services.

Mail order is the most affordable option for you to get your prescriptions. Fill your prescriptions online, by phone or with the Kaiser Permanente app.

Rx Co-pay	Pharmacy 30-day supply	Mail Order 30-day supply
Generic Contraceptives*	$0	$0
Value-Based Drugs**	$4	$0
Preferred Generic	$8	$3
Preferred Brand	$25	$20

*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 Kaiser Permanente, as long as you are enrolled in a health plan. **Value-based drugs are generic medications for treating various health conditions.

Mental Health and Wellness Benefits

Your emotional health is as important as your physical health. Kaiser Permanente coverage includes professional support, medication, group therapy and alternative care, as well as:

- Access to free emotional health and self-care apps like Calm, for mindfulness, and Headspace Care, for one-on-one emotional coaching.
- Mental Health Care Chat, where you can easily arrange mental health care online.
- Virtual assessments and e-visits to review your symptoms and get options that are right for you.

Learn more at **myseiu.be/kaiser-bh**.

Vision Benefits

Kaiser Permanente provides comprehensive eye care. This includes 1 free eye exam every 12 months, and $600 every 12 months for vision hardware (like lenses, frames and contacts). You can choose from an extensive collection of high-quality eyewear that suits your style and budget. Adjustments and repairs are always complimentary.

Hearing Benefits

Hearing loss is a common condition but it's also very treatable. Through EPIC Hearing, you and your kids can get a no-cost annual hearing exam from an EPIC hearing partner care provider and up to $3,000 of hearing hardware per ear every 36 months at no cost to you. Get started at **myseiu.be/epic**.

EPIC HEARING HEALTHCARE

Take Control of Your Health

Chronic conditions like diabetes, chronic pain or hypertension can affect your quality of life and require special treatment. Fortunately, they can be effectively treated through a healthy lifestyle, preventive care and ongoing management.

In addition to primary care visits for general care and specialist referrals, your plan also offers:

Wellness coaching for individualized guidance to get and stay healthy.

Programs and guidance from a personalized care team to help manage your condition.

Smartphone apps for custom stretching programs, meditation, counseling and more.

Learn more at **myseiu.be/oe-cc**.

Sandra C.
Caregiver, Kennewick

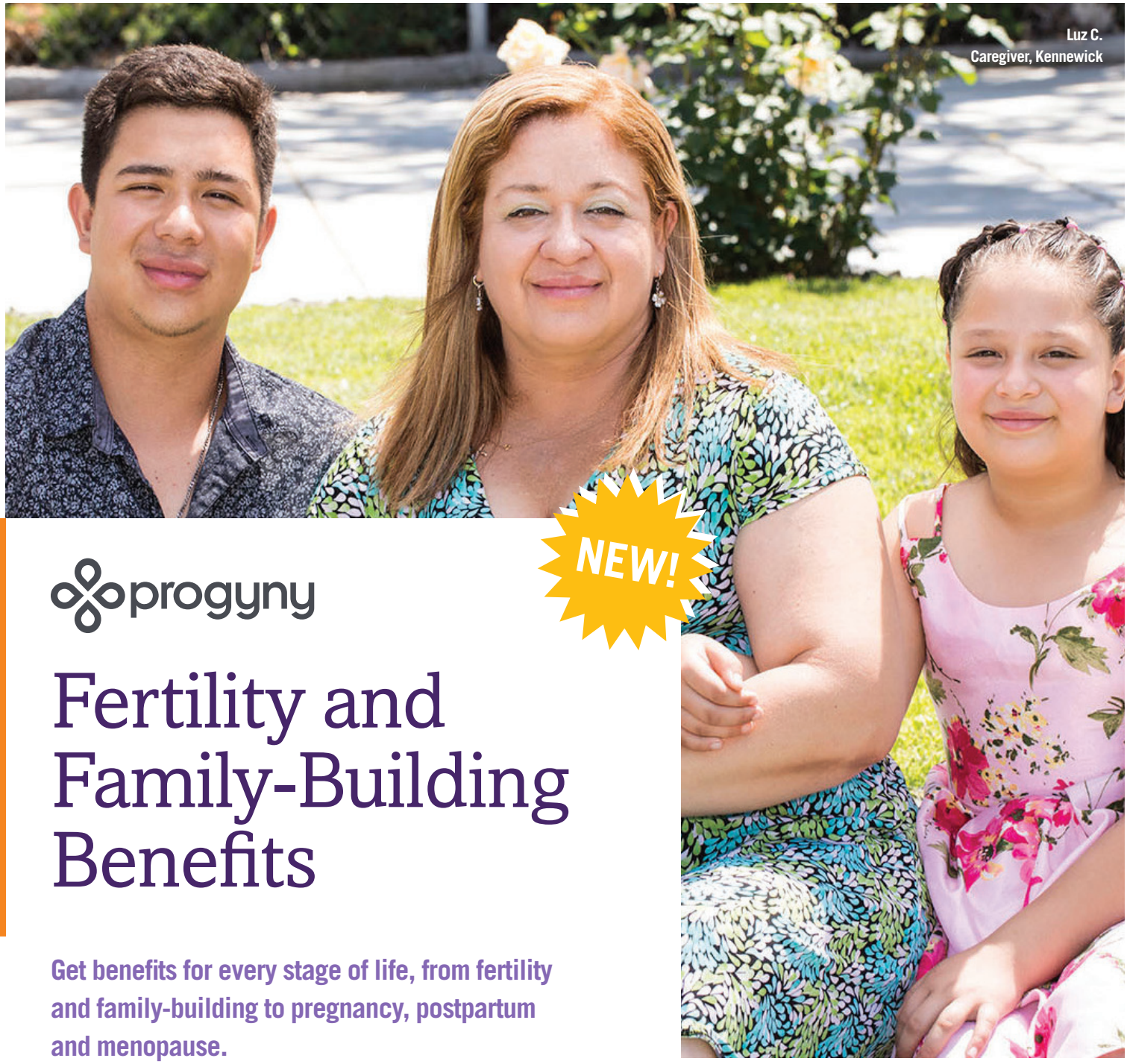
KAISER PERMANENTE®

Self-Funded HMO Plan Summary
Effective Date 8/1/2024

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	Inside Network
Plan deductible	No annual deductible
Individual deductible carryover	Not applicable
Plan coinsurance	No plan coinsurance
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
Pre-existing condition (PEC) waiting period	No PEC
Lifetime maximum	Unlimited
Outpatient services (Office visits)	No co-pay primary/$15 co-pay specialty
Hospital services	**Inpatient services:** $100 co-pay, per day for up to 5 days per admit. Pre-authorization required or will not be covered. **Outpatient surgery:** $50 co-pay
Prescription drugs (some injectable drugs may be covered under Outpatient services)	Value based/preferred generic (Tier 1)/preferred brand (Tier 2) $4/$8/$25 co-pay per 30 day supply Preferred generic (Tier 1)/Preferred brand (Tier 2) $0/$0 Co-Pay
Prescription mail order	$5 discount per 30 day supply
Acupuncture	Covered up to 20 visits per medical diagnosis per calendar year without prior authorization; additional visits when approved by the plan - covered in full.
Ambulance services	Plan pays 80%, you pay 20%
Chemical dependency	**Inpatient:** $100 co-pay, per day for up to 5 days per admit, pre-authorization required or will not be covered. **Outpatient:** $0 co-pay
Devices, equipment and supplies	Covered at 100%. Pre-authorization required or will not be covered. • Durable medical equipment • Orthopedic appliances • Post-mastectomy bras limited to two (2) every six (6) months • Ostomy supplies • Prosthetic devices
Diabetic supplies	Insulin, needles, syringes and lancets-see Prescription drugs. External insulin pumps, blood glucose monitors, testing reagents and supplies—see Devices, equipment and supplies. When Devices, equipment and supplies or Prescription drugs are covered and have benefit limits, diabetic supplies are not subject to these limits.
Diagnostic lab and X-ray services	**Inpatient:** Covered under Hospital services **Outpatient:** Covered in full, MRI/PET/CT $50 co-pay High end radiology imaging services such as CT, MR and PET must be determined Medically Necessary and require prior authorization except when associated with Emergency care or inpatient services.

Benefits	Inside Network
Emergency services (co-pay waived if admitted)	$200 co-pay at a designated facility $200 co-pay at a non-designated facility
Hearing exams (routine)	$0 co-pay
Hearing hardware	Covered through a separate benefit: EPIC Hearing. No co-pay, up to $3,000 per ear every 3 years toward the cost of a hearing aid. Learn more at myseiu.be/epic.
Home health services	Covered in full. No visit limit. Pre-Authorization required or will not be covered.
Hospice services	Covered in full. Pre-authorization required or will not be covered.
Infertility services	Covered through a separate benefit: Progyny Fertility and Family Building. 2+1 Smart Cycles to help members through their Fertility and Family Building journey. Learn more at myseiu.be/progyny
Manipulative therapy	Covered up to 20 visits per calendar year without prior authorization - $0 co-pay.
Massage services	See Rehabilitation services
Maternity services	**Inpatient:** $100 co-pay, per day for up to 5 days per admit **Outpatient:** $0 co-pay. Routine care not subject to outpatient services co-pay.
Mental Health	**Inpatient:** $100 co-pay, per day for up to 5 days per admit. Pre-authorization required or will not be covered. **Outpatient:** $0 co-pay
Naturopathy	Unlimited visits per calendar year without preauthorization. Covered in full.
Newborn Services	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine wellness care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.
Obesity Related Services	Covered at cost shares when medical criteria is met
Organ transplants	Unlimited, no waiting period **Inpatient:** $100 co-pay, per day for up to 5 days per admit **Outpatient:** $0 co-pay
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.
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. Pre-authorization required or will not be covered. **Outpatient:**60 visits per calendar year. Services with mental health diagnoses are covered with no limit. No co-pay primary/$15 co-pay specialty
Skilled nursing facility	Covered in full up to 60 days per calendar year.
Sterilization (vasectomy, tubal ligation)	Covered in full.
Temporomandibular Joint (TMJ) services	**Inpatient:** $100 co-pay, per day for up to 5 days per admit **Outpatient:** $0 co-pay
Tobacco cessation counseling	Quit for Life Program - covered in full
Routine vision care (1 visit every 12 months)	$0 co-pay
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:** $600 per 12 months



progyny

NEW!

Fertility and Family-Building Benefits

Get benefits for every stage of life, from fertility and family-building to pregnancy, postpartum and menopause.

Enhanced fertility benefits are now available to you through Progyny.

Progyny provides coverage for the latest treatments, personalized support and guidance from dedicated Patient Care Advocates (PCAs) and access to high-quality in-person and virtual care.

PCAs are the first touchpoint of your family-building journey. They will guide you through your entire fertility, family-building or menopausal journey by providing education about available programs, treatment options, care coordination and dedicated support.

In addition to the PCA support, you have access to the Progyny member portal and app, where you can view coverage details, review upcoming appointments, communicate directly with your PCA and access fertility and family-building education.

Pre-Conception and Support

Starting to think about building a family can feel overwhelming. Through Progyny, you can access a 12-month program for personalized support, education and resources for healthy pregnancies and happy babies.

Fertility and Family-Building

Whether you want to learn more about fertitlity preservation, are trying to conceive or are seeking fertility treatment, Progyny can support you every step of the way with:

- Convenient access to a network of fertility specialists.
- Unlimited clinical and emotional support from a dedicated PCA.
- All individual services, tests and treatments you may need.

Menopausal and Mid-Life Care

Get virtual care at all stages of menopause with Progyny's network of certified physicians, dieticians and nurses. After an initial assessment, you will receive a personalized care plan that utilizes a combination of:

- Non-hormonal supplements and hormonal medications.
- Lifestyle support for nutrition, weight, sleep and emotional health.
- Screenings for age-related health risks. You can continue to receive medication refills and on-demand support as long as you need.

Transition of Care

If you are currently receiving fertility treatments through your health plan and your treatment will not be complete by the end of the plan year (July 31, 2024), Progyny provides transition of care coordination to provide continued support in your fertility and family-building journey.

Call **1-833-233-0517** to speak with a PCA who will be able to assist you in the transition of care process and ensure there is no interruption in care.

Learn more or start using your benefit by calling

1-833-233-0517

Caregivers enrolled in healthcare coverage can access this benefit starting August 1, 2024.

Sandra C.
Caregiver, Kennewick

progyny

Summary of Benefits and Coverage

Coverage Period: 08/01/2024 – 07/31/2025

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. This is only a summary. For more information about your coverage, please contact your dedicated Progyny Patient Care Advocate (PCA) at (833) 233-0517.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	**Individual $0 / Family $0**	There is no deductible with your Progyny plan.
Do I have a copayment?	No	There is no coinsurance with your Progyny plan.
Do I have coinsurance?	No	There is no coinsurance with your Progyny plan.
Are there services covered before you meet your deductible?	No	You will pay out-of-pocket for your eligible fertility services until you reach the $0 annual per person deductible.
Are there other deductibles for specific services?	No	There is only the deductible required for the Progyny HRA plan.
What is the out-of-pocket limit for this plan?	Individual $0 / Family $0	There is no out-of-pocket limit with your Progyny plan.
Will you pay less if you use a network provider?	Not applicable.	Progyny's Center of Excellence Network providers are all included in this plan. You must use an in-network provider.

Excluded Services & Other Covered Services:
Exclusions include home ovulation prediction kits, services and supplies furnished by an out-of-network provider, and treatments considered experimental by the American Society of Reproductive Medicine. All charges associated with services for a gestational carrier, including but not limited to fees for laboratory tests, are not covered. If your doctor requests services that are not listed in this guide, please check with your PCA to confirm coverage. There are some services that do not fall under Progyny's coverage; however, they may be provided through your medical plan.

Your Rights to Continue Coverage:
There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Healthcare.gov: www.HealthCare.gov or call 1-800-318-2596 or state health insurance marketplace or SHOP. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights:
There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, go to www.dol.gov/ebsa/healthreform and http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants.

Does this plan provide Minimum Essential Coverage? Not Applicable.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Not Applicable.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Dental Plan Options

Compare dental plans and choose the one that is best for you.

Dental coverage is included in your $25 monthly co-premium deduction.

Use the chart below and review the plan benefit summaries to help you compare plans and understand your potential out-of-pocket costs. If you are already enrolled in coverage and would like to switch your dental plan, submit your application by July 20.

	DELTA DENTAL®	Willamette Dental Group
Annual Maximum Benefit	**$5,000**	**None**
Deductible	**$0**	**$0**
Routine Exams	**Covered In Full**	**Covered In Full**
Orthodontia Benefits	**Yes**	**Yes**
Provider Network	Delta Dental has a broad network of providers, including in rural areas. You'll want to find a Delta Dental PPO dentist to maximize your benefit.	Willamette Dental has many convenient locations in western Washington, making it easy to find a Willamette dentist if you live along the I-5 corridor.
Find a Dentist Near You	Visit **deltadentalwa.com/fad/search** and select 'Delta Dental PPO' to filter your search results.	Visit **locations.willamettedental.com** and enter your ZIP code into the search bar.
For Questions or More Information	**1-800-554-1907** **DeltaDentalWA.com**	**1-855-433-6825** **myseiu.be/oe-willamette**

DELTA DENTAL®

PPO Plan

Effective Date 8/1/2024

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 **1-800-554-1907** or visit **DeltaDentalWA.com** if you have any questions.

Benefit Period:
1/1/2025-12/31/2025

Benefit Period Maximum*
(per person; does not apply to Class I):
$5,000

Orthodontia—Adults & Children:
50% with a lifetime maximum of $5,000 per person

*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.

Delta Dental Network

Your benefits go the furthest with the Delta Dental PPO network. You also get access to the Delta Dental Premier® network, which helps you expand your options.

Get a Free Sonicare Toothbrush

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**.

	Delta Dental PPO	Delta Dental Premier	Out-of-Network
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%

Features			
Least out-of-pocket costs	O		
Files claims forms for you	O	O	
Quality management and cost protection	O	O	

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.

Willamette Dental Group

Dental Plan

Effective Date 8/1/2024

Underwritten by Willamette Dental of Washington, Inc., this plan provides extensive coverage. The below list gives information for some of the most common procedures covered in your plan. Call **1-855-433-6825** or 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
Prosthondotics	
Complete Upper or Lower Denture	You pay a $400 Co-pay
Bridge (per Tooth)	You pay a $250 Co-pay
Endotontics & 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 $1,500 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.

Resources and Support

Customer Service

Get help with applying, questions about coverage, COBRA and more.

1-877-606-6705

SEIU775BG-caregiver@magnacare.com

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

Health Benefits Online Account
myseiu.be/oe-online

Login to apply or make changes and access plan information. You can also chat online with a customer service representative.

Common Health Insurance Terms
myseiu.be/oe-terms

Learn the definitions of common terms to better understand your healthcare coverage.

Kaiser Permanente of Washington		
Member Services	1-888-901-4636	myseiu.be/kp-member
New Member Services	1-888-844-4607	myseiu.be/kp-new-member
Mental Health Services	1-888-287-2680	myseiu.be/kaiser-bh
Nurse Helpline	1-800-297-6877	myseiu.be/kp-nurse
Member Language Assistance	1-888-901-4636	myseiu.be/kp-language

Dental		
Delta Dental	1-800-554-1907	deltadentalwa.com
Willamette Dental	1-855-433-6825	myseiu.be/oe-willamette

Other Benefits		
EPIC Hearing	1-866-956-5400	myseiu.be/epic
Progyny (Fertility and Family-building)	1-833-233-0517	myseiu.be/progyny

Get Support in Your Language

Call Customer Service at 1-877-606-6705 or email SEIU775BG-caregiver@magnacare.com. You will be connected to a representative who speaks your language and can assist with questions about applying for and managing your benefits.

Once you have been enrolled in healthcare coverage, language support will be available through your health plan.