

Dora P.
Caregiver, Tacoma

2025-2026

Healthcare Coverage Guide



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

Get healthcare coverage information in
your language.

احصل على معلومات تغطية الرعاية
الصحية بلغتك.

获取以您使用的语言提供的健康保险信息。

ទទួលបានព័ត៌មានអំពីការបានរៀបចំនូវភាពជាប្រជាជាតិ។

한국어로 된 의료 보험 정보를 확인하
십시오.

અપણી ભાષા વિંચ હૈલ્યક્સેઅર કર્વરેઝ બારે
જાણવારી પ્રાપ્ત કરો।

Получите информацию о медицинском
страховом покрытии на вашем языке.

Ku hel macluumadaad ceymiska daryeelka
caafimaadka luqaddaada.

Obtenga información sobre la cobertura
de atención médica en su idioma.

Отримайте інформацію про покриття
медичної страховки своєю мовою.

Nhận thông tin về bảo hiểm chăm sóc
sức khỏe bằng ngôn ngữ của bạn.

myseiu.be/oe

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Easily apply, update coverage or manage benefits online.

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Deborah needed open-heart surgery that would have cost hundreds of thousands of dollars without coverage. Worrying less about the costs, she says "I was able to focus on myself and my healing".

Deborah M.
Caregiver, Vancouver



Wellness Benefits



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 at work and improve your quality of life.



Caregiver Kicks: Free Shoes for Caregivers

Get a free pair every year! Available in 90+ styles from Reebok to Sketchers, Caregiver Kicks are slip-resistant shoes designed to keep you safer and more comfortable on the job. myseiu.be/kicks



Self-care Benefits

Caregivers often put others first, but self-care matters too. There are many free and low-cost benefits for caregivers that can help address stress, anxiety and depression. myseiu.be/self-care

More Caregiver Benefits



Learn more about caregiver retirement, learning and job-matching benefits and how to access them at seiu775benefitsgroup.com.

Step-by-Step Guide to Applying for Coverage

The enrollment process was fairly easy. I just went through the booklet and highlighted things that were important to me. Being able to do it online was simple.”

Acacia V., Caregiver

1 Learn about your coverage

- Explore your coverage options and benefit highlights in this guide.
- Check eligibility details on page 8 to see if you qualify.
- Review the Plan Details Booklet to understand your plan's out-of-pocket costs for prescriptions, treatments and services.
- Select a coverage option and dental plan.

Health Benefits Customer Service: 1-877-606-6705

Get help with questions about coverage, eligibility and applying.

2 Prepare to apply

- Gather your information. You will need your Social Security number and employer name to apply.
- **Coverage for Kids:** Gather your Dependent Verification documents. See a list of accepted documents and instructions at myseiu.be/cfk.

3 Create a health benefits account

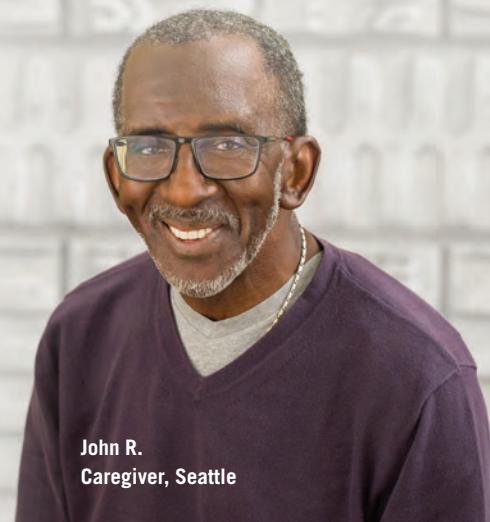
- Visit myseiu.be/hba to learn how to create an account. Once you have an account, you can log in anytime at myseiu.be/magnacare.

4 Submit your application

- Complete an application before the deadline at myseiu.be/magnacare. Learn more about deadlines and how to submit by mail on page 8.
- **Coverage for Kids:** Submit Dependent Verification documents when you apply. Learn how to submit your documents at myseiu.be/cfk.

5 Receive application notifications

- You'll receive an application receipt by email or through your health benefits account within 1 day and a coverage decision by letter or email within 30 days. If not, call 1-877-606-6705.



John R.
Caregiver, Seattle

Healthcare Coverage Plan Options

Get high-quality healthcare coverage starting at just \$25 a month. You can choose to cover just yourself or add Coverage for Kids for your dependent children.



After her second child, Dani enrolled both kids in Coverage for Kids, praising the "great rates" that help her family save monthly.

Dani R.
Caregiver, Asotin



Individual Coverage Medical and Dental

\$25/mo.

Monthly Co-premium

Get medical and dental coverage for yourself for just \$25 a month.

Monthly Co-premium: the amount you pay each month for your health coverage, see page 9 for details.

Eligibility

Work 80 hours or more a month.

Option 2



Individual Coverage + Coverage for Kids Medical and Dental

\$125/mo.

Monthly Co-premium

Get medical and dental coverage for yourself, plus your kids, for just \$125 a month.

Option 3



Individual Coverage + Coverage for Kids Dental-Only

\$35/mo.

Monthly Co-premium

Get medical and dental coverage for yourself, plus dental coverage for your kids, for just \$35 a month.

It's the same cost, no matter how many kids you add!

You can add eligible dependent children up to their 26th birthday, including biological, adopted, stepchildren and domestic partners' children.

KPWA POS members must switch plans to add Coverage for Kids.

Eligibility

Work 120 hours or more a month.

2025
**New and
Improved
Benefits**

Coverage Benefit Highlights

Coverage Reliability

Caregivers now receive 2 Coverage Reliability Credits per year. Each credit extends healthcare coverage for 1 month if you don't meet required work hours—providing continuous coverage for you and your dependents.

Progyny Adoption Benefit

Get up to \$15,000 for adoption-related expenses (lifetime benefit¹).

¹The maximum amount covered for adoption-related expenses for as long as you're enrolled in the plan.

Lowered Prescription Costs

Reduced costs for non-preferred brand inhalers, EpiPens and HIV post-exposure drugs and therapies.

Gender-Affirming Care Benefits

All plans now cover a variety of procedures and therapies.

Caregivers deserve access to high-quality, reliable healthcare that allows them to focus on delivering exceptional care—without the stress of managing their benefits. These latest enhancements reflect our continued commitment to offering coverage that truly supports the caregiver experience.

Merissa Clyde
CEO,
SEIU 775
Benefits Group



The health plan available to you is based on your home ZIP code. Your assigned plan offers many ways to support your health and well-being. Coverage includes the following benefits:

- ✓ Medical
- ✓ Preventive Care
- ✓ Dental & Orthodontia
- ✓ Prescription Drug
- ✓ Mental Health
- ✓ Vision
- ✓ Hearing
- ✓ Family-building & Reproductive Health Benefits
- ✓ Gender-Affirming Care
- ✓ Massage & Chiropractic
- ✓ Physical Therapy

Free Primary Care Visits

There is no cost* to see your primary care provider (PCP). You can see your PCP for wellness check-ups and when you're sick. Your coverage also includes virtual care options, 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

Your plan covers urgent care and emergency room visits. Urgent care is a low-cost option for non-emergency issues like minor injuries or flu symptoms when your doctor isn't available. Emergency room visits have a \$200 co-pay and should be used for serious conditions like chest pain, difficulty breathing or severe injuries.

A deductible or co-pay may apply.

Prescription Benefits

You have access to a wide range of prescription medication (Rx) at little-to-no cost, depending on the medication tier. Generic medications typically have the lowest co-pay, while brand name and specialty drugs may have higher costs. Mail-order options are also available, allowing you to receive a 90-day supply of medications delivered to your home.

Mental Health Benefits

Your emotional and mental health is as important as your physical health. Your coverage includes professional support, medication, group therapy and alternative care, as well as access to self-care apps and other programs and resources.

Vision Benefits

Your coverage 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).

Hearing Benefits

Through EPIC Hearing, you and your kids can get a no-cost annual hearing exam with consultation from an in-network provider. Plus up to \$3,000 of hearing hardware with extended warranty per ear every 36 months.



"One time, I was really sick and was in the hospital for 45 days. Because I have health coverage, I only paid a little bit and insurance paid most of it. That's why it's really important to have coverage."

Amy L.
Caregiver, Seattle

Wellness Coaching & Programs

Wellness benefits and coaching can help you address chronic conditions like diabetes or high blood pressure, as well as improve your physical health. Your plan includes:

- One-on-one wellness coaching for personalized guidance to reach your goals.
- Support from a care team to help manage your condition.
- Programs and apps for easy management and tracking.

Massage & Chiropractic

Muscle and joint pain can be treated and prevented with low-cost physical therapy, massage, chiropractic, acupuncture and virtual wellness programs.

Check your plan details for visit limits or referral requirements and confirm with your provider that they accept your insurance when scheduling an appointment.

Family-building & Reproductive Health Benefits

Get benefits for every stage of life, from fertility and family-building to pregnancy, postpartum and menopause. Get coverage for the latest treatments, personalized support from dedicated Patient Care Advocates (PCAs) and in-person or virtual care. And now you can get up to \$15,000 for adoption-related expenses (lifetime benefit).



See the Plan Details Booklet for a Full List of Benefits.

The Plan Details Booklet provides a full breakdown of your medical and dental plans, including out-of-pocket costs, and coverage for prescriptions, visits and treatments.

Dental Plan

**Dental is included in your healthcare coverage.
Select the plan that's right for you.**

Use the chart to compare plans and review your potential out-of-pocket costs for common services in the Plan Details Booklet.

If you're already enrolled in coverage and would like to switch your dental plan, you can do so during Open Enrollment.



	 DELTA DENTAL®	 Willamette Dental
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.willametedental.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/willamette



Apply for Coverage Online



Learn how to create an account at myseiu.be/hba

Accounts are currently available in English. If you need help making an account or language support call **1-877-606-6705**.

Your online account is managed by MagnaCare, the administrator of your health benefits.

In addition to being able to apply for healthcare coverage or make changes, you can pay co-premiums, view payment history, access plan documents and sign up for email communications.



Check Your Eligibility

View your work hours and eligibility for coverage and other wellness benefits like Caregiver Kicks.



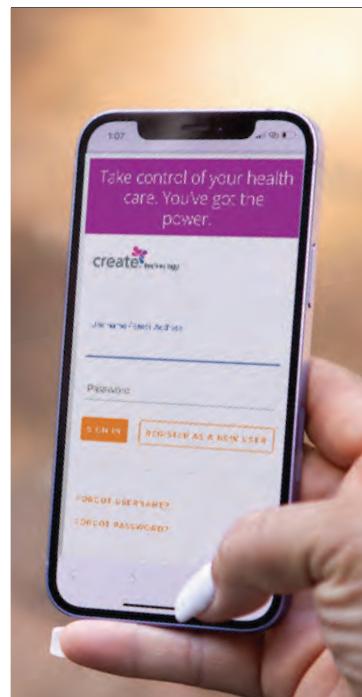
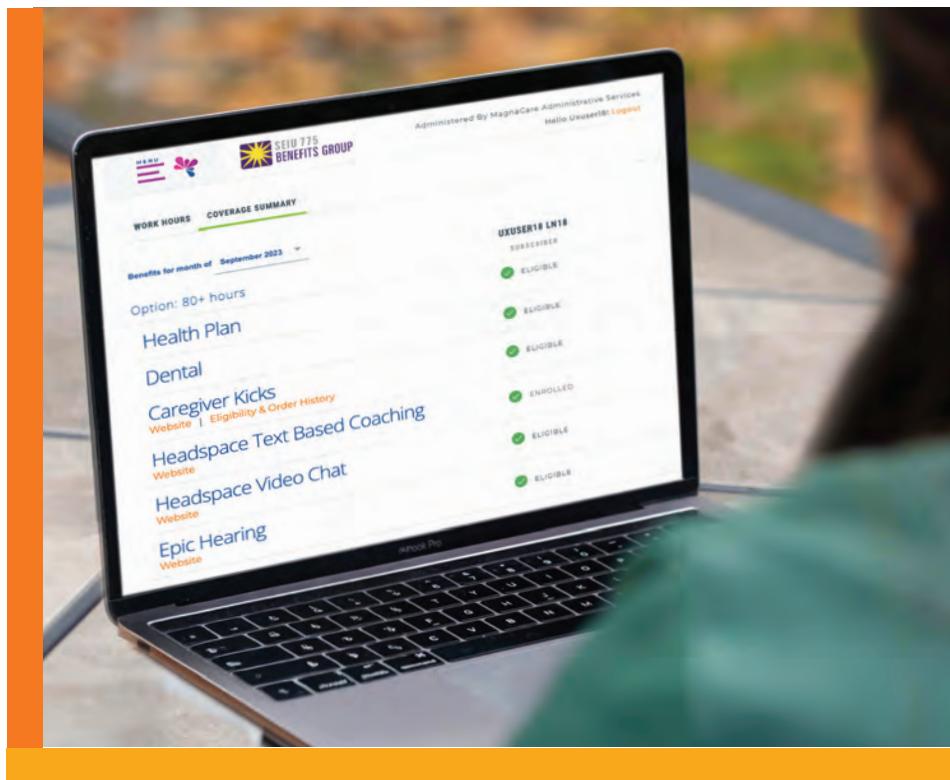
Apply or Update Coverage

Access your account to easily apply online or make changes to existing coverage.



Get Live Chat Support

Get help with questions about applying, eligibility and more from Health Benefits Customer Service.



Healthcare Coverage FAQ

How do I become eligible for individual coverage?

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

How do I apply?

Apply or make changes online at myseiu.be/magnacare.

If you receive a Health Benefits Application you can mail or fax the completed application to the address or fax number listed on the application. U.S. postage is required.

You'll receive an application receipt by email or through your health benefits account within 1 day and a coverage decision by letter or email within 30 days. If not, call 1-877-606-6705.

When can I apply?

There are 3 times when you can apply for coverage:

1. Initial Eligibility: Within 60 days of the date on your newly eligible enrollment materials. Initial eligibility is when you become eligible for the first time.

2. Open Enrollment: July 1-20 each year.

If you're already enrolled your coverage renews automatically, no action is needed unless you want to make changes.

3. Qualifying Life Event (QLE): Within 30 days of a QLE that changes your health insurance needs. Examples of QLEs include adopting a baby, losing other healthcare coverage or getting a divorce. For more information, visit myseiu.be/qle.

Not Eligible Yet? You can still apply during Open Enrollment, July 1-20.

Complete a Health Benefits Application* and your individual coverage will start when you work 80+ hours a month. If you want to add Coverage for Kids, dependent coverage begins when you work 120+ hours a month.

*If you don't currently work 80+ a month, you can't complete an application online. Email SEIU775BG-caregiver@magnacare.com to request a copy of the application form.

How do I become eligible for Coverage for Kids?

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

Who can I add to Coverage for Kids?

You can add eligible children through their 26th birthday. Eligible dependent children include biological, adopted, stepchildren and children of your domestic partner.

Children are enrolled in the same plan as you and can only be enrolled under one caregiver. Coverage can coordinate with outside plans. For more information, call 1-877-606-6705.

How do I add Coverage for Kids?

1. Complete the Coverage for Kids section of the application.

2. Choose a coverage option, medical and dental or dental-only.

3. Submit your Dependent Verification document(s) with your application or within 60 days of applying**. Examples of accepted documents include copies of government-issued birth certificates and tax returns listing the dependents you want to add to your coverage.

**Dependent Verification is needed when enrolling children for the first time. You don't need to resubmit previously verified documents, unless requested.

Visit myseiu.be/cfk for detailed information on:

- How to apply for Coverage for Kids.
- Who you can add to coverage.
- A list of accepted verification documents.
- How to submit your documents.



When will coverage begin?

Open Enrollment: Submit applications or changes by July 20 for coverage starting August 1.

Initial Eligibility and Qualifying Life Events: Coverage begins on the 1st of the month after your application is received and processed, which takes about 2 weeks. For example, if your completed application is received:

- by March 15, coverage will begin April 1.
- between March 16 - 31, coverage will begin May 1.

Coverage for Kids can't begin until after your dependent verification is received and processed.

What if I want to end coverage?

To end coverage for yourself or your children, submit a Waive Coverage form. Waiver received:

- by the 15th ends coverage on the 1st of the next month.
- after the 15th ends coverage on the 1st of the second month.

Important: You can only re-enroll during Open Enrollment or after a Qualifying Life Event. Waivers received before July 1 of the current year reset during Open Enrollment. If you had coverage in the past 12 months, you will be automatically re-enrolled unless you submit a new Waive Coverage form.

How do I pay my monthly co-premium?

Your employer will automatically deduct your monthly co-premium (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 health benefits account.

If you're an individual provider (IP) with CDWA, your first monthly payment will be a self-pay.

What happens if I lose coverage?

You'll receive information about COBRA (Consolidated Omnibus Budget Reconciliation Act), administered by Ameriflex (1-877-606-6705). COBRA allows caregivers and their children to maintain coverage for a monthly payment.

If you stop caregiving and need long-term coverage, check eligibility for free Washington Apple Health or explore other options at wahealthplanfinder.org.

How do the hours I work affect my coverage?

Once you're enrolled in coverage, the hours you work in one month determine your coverage status 2 months later. Example: January's hours determine coverage in March.

Work Month	Coverage 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

The paid hours you work this month:
Determine coverage this month:

Get more hours to maintain your coverage.

If you're 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/carina.





Maintain Your Healthcare Coverage

Once you have coverage, you must do the following to maintain continuous healthcare coverage.

!✓ Work your required hours.

Individual coverage: You must work 80 paid hours or more per month to keep your coverage. **Coverage for Kids:** You must work 120 paid hours or more per month to keep dependent coverage. If your hours fall below 120, but remain above 80, you will lose Coverage for Kids but keep your own coverage.

!✓ Report your hours on time.

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

!✓ Pay your full monthly co-premium.

See the previous page for more information.

Learn more about maintaining your coverage at myseiu.be/maintain

See examples of what happens when you can't work your required hours with and without Coverage Reliability credits.

Coverage Reliability

Unpredictable schedules can make it difficult to meet required work hours. The Coverage Reliability benefit helps ensure continuous healthcare coverage, even when you're unable to work as planned.

How Coverage Reliability Works:

- You get **2 credits per coverage year** (August–July).
- Each credit **extends coverage for 1 month** if you don't meet the required work hours. A credit covers both you and your dependents' coverage.
- **Credits apply automatically**—no action is needed.
- You can **check your credit balance** anytime by logging into your health benefits account.

Frequently Asked Questions:

When do my credits reset?

Your 2 credits reset on August 1 of each year. They are available as soon as you're enrolled.

Do unused credits carry over to the next year?

No. Each year on August 1, you receive 2 new credits. Unused credits don't roll over.

Can I use my credits for consecutive months?

No, you cannot use credits 2 months in a row.

What if I work enough hours for individual coverage, but not enough for Coverage for Kids?

In this case 1 credit will be applied to extend your children's coverage for that month.

If I use a credit, do I still pay my monthly co-premium?

Yes, you are still responsible for your co-premium that month. See page 9 for more information on co-premiums.

HEALTH BENEFITS



Customer Service

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

Customer service is available Monday-Friday, 8 a.m. to 6 p.m.

1-877-606-6705

In-language support available.

Live Chat Support

Log in to myseiu.be/magnacare for chat support.

SEIU775BG-caregiver@magnacare.com

Can't contact customer service during business hours?

Email and get a response within 2 business days.



Additional Resources

Common Insurance Terms

Better understand your coverage by learning the definitions of common health insurance terms.

myseiu.be/hc-terms

Coverage for Kids

Learn how to apply for Coverage for Kids and what documents are needed to complete your application.

myseiu.be/cfk

Use Your Coverage

Get tips on making the most of your benefits to support your well-being once you're covered.

myseiu.be/covered



2025-2026 HEALTHCARE COVERAGE

Plan Details Booklet

This booklet includes important documents to help you understand your healthcare coverage:

Summary of Material Modifications (SMM):

Lists any updates or changes to your plan starting August 1, 2025.

Medical & Dental Plan Snapshot:

A quick, easy-to-read overview of your benefits for your medical plan and dental options, created by SEIU 775 Benefits Group.

Summary of Benefits and Coverage (SBC):

A detailed explanation of your plan, including:

- How common medical needs and prescriptions (like doctor visits, labs, diabetes care, etc.) are covered.
- What you pay and what the plan pays (deductibles, co-pays, coinsurance).
- What's included—and what's not (limitations or exclusions to coverage).

Plan Resources:

Contact numbers and websites to use once you're enrolled.

You're eligible for the Aetna medical plan. This plan is effective from August 1, 2025, to July 31, 2026.

For more information about the SBC, SMM or other coverage questions, please contact Health Benefits Customer Service at:

1-877-606-6705

Monday – Friday, 8:00am – 6:00pm PST

SEIU775BG-caregiver@magnacare.com



Maila C.
Caregiver, Seattle

Summary of Material Modifications

**to Health Insurance Coverage provided through
the SEIU Healthcare NW Health Benefits Trust for
Consumer Direct of Washington (CDWA) Individual
Providers (IPs) and Agency Providers (APs)**

This Summary of Material Modifications (“SMM”) modifies some of the information contained in the Summary Plan Description (“SPD”) for the Core Plan health insurance coverage (the “Plan”) that describes the Plan as of August 1, 2025.

Effective August 1, 2025, plan benefits and the eligibility rules for healthcare coverage will change. APs and IPs should be aware of the following benefit enhancements:

Coverage Reliability provides caregivers with 2 credits per year. Each credit extends healthcare coverage for 1 month if you don't meet required work hours—providing continuous coverage for you and your dependents.

A \$15,000 lifetime adoption benefit offered by Progyny.

Reduced prescription cost shares for:

- Inhalers and EPI pens.
- 1 regimen of HIV post-exposure drugs and therapies will be reduced to \$0.

If you are enrolled in Aetna coverage, you can now access expanded Gender-Affirming Care:

- Second-tier medical necessity documentation requirements are removed.
- Voice modification therapy and body contouring procedures now available.

For further information regarding these changes, please contact Customer Service at 1-877-606-6705 Monday through Friday, 8:00am – 6:00pm PST or email SEIU775BG-caregiver@magnacare.com.



2025-2026 HEALTHCARE COVERAGE

Medical & Dental Plan Snapshot

A quick, easy-to-read overview of your medical plan and dental options, created by SEIU 775 Benefits Group.



Alyssa E.
Caregiver, Mount Vernon



Self-Insured Aetna Plan Snapshot
Effective Date 8/1/2025

This is a brief summary of benefits provided by SEIU 775 Benefits Group. 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.

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
Urgent Care	\$15 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 Inhalers & EPI Pens: preferred generic (Tier 1)/preferred brand (Tier 2)/non-preferred (Tier 3) \$8/\$25/\$35 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 Inhalers & EPI Pens: Preferred generic/preferred brand/non-preferred \$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	\$200 co-pay	Same as preferred provider benefit

Benefits	Preferred Provider Network	Non-Preferred Provider Network
Chemical dependency	Inpatient: \$100 co-pay, per day for up to 5 days per admit Outpatient: \$0 co-pay	Inpatient: \$100 co-pay, per day for up to 5 days per admit, deductible and coinsurance apply Outpatient: \$15 co-pay, deductible and coinsurance apply
Devices, equipment and supplies <ul style="list-style-type: none">• Durable medical equipment• Orthopedic appliances• Post-mastectomy bras limited to two (2) every six (6) months• Ostomy supplies• Prosthetic devices	Covered at 100%	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 \$3,000 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 \$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 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	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	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

Benefits	Preferred Provider Network	Non-Preferred Provider Network
Naturopathy	\$0 co-pay. Unlimited visits per calendar year	Shared with preferred provider visit limit \$15 co-pay, deductible and coinsurance apply
Newborn Services	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.	Initial hospital stay: See Hospital Services; Office visits: See Outpatient Services; Routine well care: See Preventive care. Any applicable cost share for newborn services is separate from that of the mother.
Obesity-related 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.	Not covered 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)	All Members: \$600 per 12 months	Shared with preferred provider benefit



PPO Dental Plan Snapshot
Effective Date 8/1/2025

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 I- 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	●		
Files claims forms for you	●	●	
Quality management and cost protection	●	●	

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.

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
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 \$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.

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 Pregnancy and Postpartum coach or your 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 copayment with your Progyny Pregnancy and Postpartum plan.
Do I have coinsurance?	No	There is no coinsurance with your Progyny Pregnancy and Postpartum plan.
Are there services covered before you meet your deductible?	No	You will not pay an out-of-pocket for your Progyny Pregnancy and Postpartum services. All services provided under the plan are preventive care services and not subject to cost share.
Are there other deductibles for specific services?	No	There is no deductible required for the Progyny Pregnancy and Postpartum HRA plan. All services provided under the plan are preventive care services and not subject to cost share.
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 Pregnancy and Postpartum coaches and care providers are all included in this plan. There are no benefits available for non-Progyny coaches.

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.

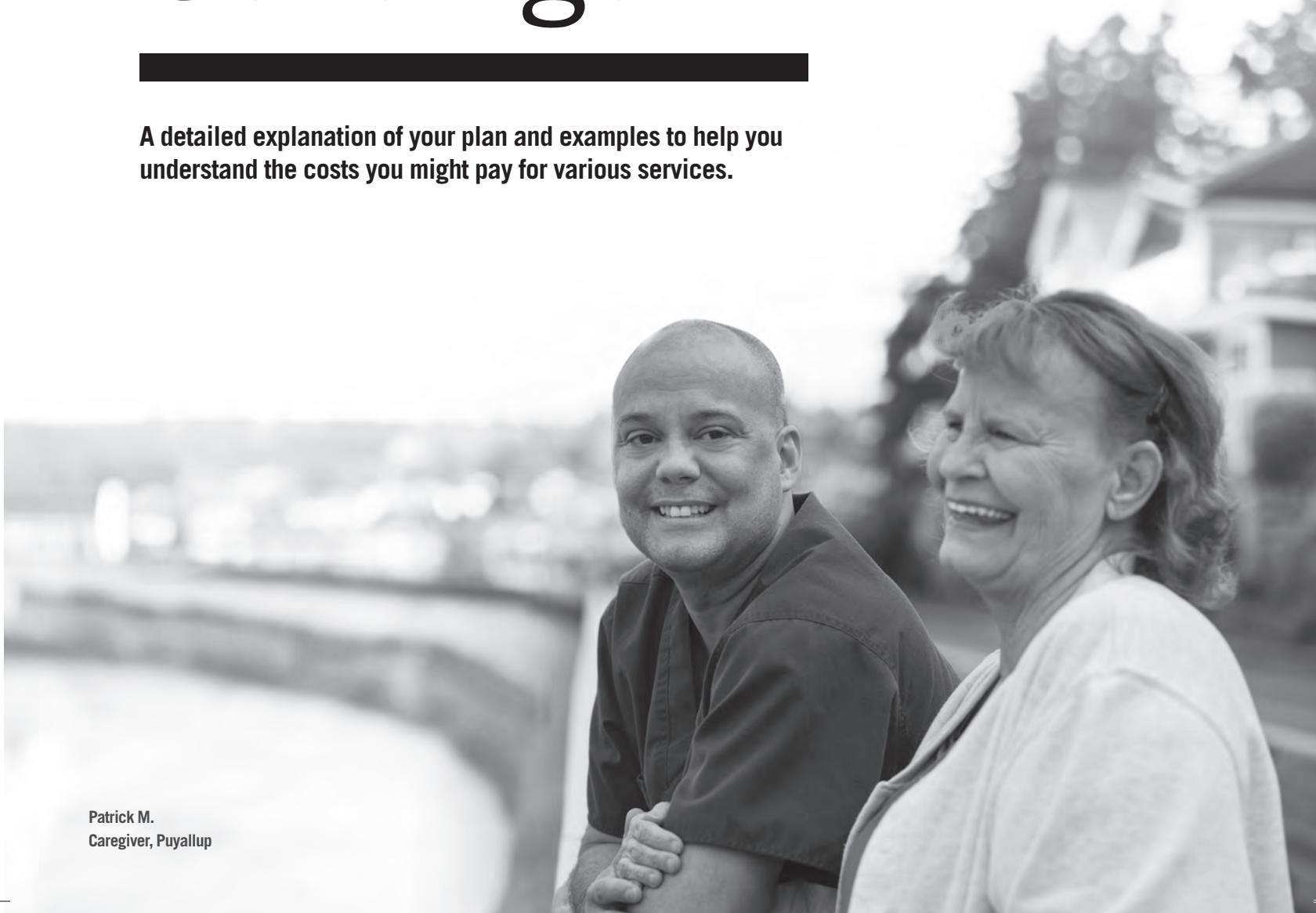
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.



2025-2026 HEALTHCARE COVERAGE

Summary of Benefits and Coverage

A detailed explanation of your plan and examples to help you understand the costs you might pay for various services.



Patrick M.
Caregiver, Puyallup



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. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.HealthReformPlanSBC.com or by calling 1-800-370-4526. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-370-4526 to request a copy.

Important Questions	Answers	Why This Matters:
<u>What is the overall deductible?</u>	\$0. Out-of-Network: Individual \$500 / Family \$1,000.	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<u>Are there services covered before you meet your deductible?</u>	Yes. Emergency care & <u>prescription drugs</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/
<u>Are there other <u>deductibles</u> for specific services?</u>	No.	You don't have to meet <u>deductibles</u> for specific services.
<u>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</u>	In-Network: Individual \$800 / Family \$1,600. Out-of-Network: Individual \$800 / Family \$1,600. <u>Prescription drugs</u> : Individual \$400 / Family \$800.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<u>What is not included in the <u>out-of-pocket limit</u>?</u>	<u>Premiums</u> , <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover & penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<u>Will you pay less if you use a <u>network provider</u>?</u>	Yes. See www.aetna.com/docfind or call 1-800-370-4526 for a list of in-network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<u>Do you need a <u>referral</u> to see a <u>specialist</u>?</u>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 <u>copay</u> /visit, <u>deductible</u> doesn't apply, except no charge for Selected PCP	20% <u>coinsurance</u> after \$15 <u>copay</u> /visit	No charge for in-network Virtual Primary Care telemedicine <u>provider</u> visits for certain services.
	<u>Specialist</u> visit	\$15 <u>copay</u> /visit, <u>deductible</u> doesn't apply	20% <u>coinsurance</u> after \$15 <u>copay</u> /visit	None
	<u>Preventive care /screening</u> /immunization	No charge	Not covered, except no charge for mammograms	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	No charge	20% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p><u>Prescription drug coverage</u> is administered by Sav-Rx</p> <p>More information about <u>prescription drug coverage</u> is available at www.savrx.com</p>	Generic drugs	<u>Copay/prescription, deductible</u> doesn't apply: Value Based \$4 for 30 day supply, \$8 for 60 day supply, \$12 for 90 day supply (retail), \$8 for 31-90 day supply (mail order); Preferred Generic \$8 for 30 day supply, \$16 for 60 day supply, \$24 for 90 day supply (retail), \$16 for 31-90 day supply (mail order) Insulin: no charge	<u>Copay/prescription, deductible</u> doesn't apply: \$13 for 30 day supply, \$26 for 60 day supply, \$39 for 90 day supply (retail) Insulin: \$13 <u>copay/prescription</u>	Covers 90 day supply (retail & mail order). Excludes contraceptive drugs & devices obtainable from a pharmacy. No women's contraceptives. Step therapy required. Your cost will be higher for choosing Brand over Generics.
	Preferred brand drugs	<u>Copay/prescription, deductible</u> doesn't apply: \$25 for 30 day supply, \$50 for 60 day supply, \$75 for 90 day supply (retail); \$50 for 31-90 day supply (mail order) Insulin: no charge	<u>Copay/prescription, deductible</u> doesn't apply: \$30 for 30 day supply, \$60 for 60 day supply, \$90 for 90 day supply (retail) Insulin: \$30 <u>copay/prescription</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Non-preferred brand drugs	Copay/prescription, <u>deductible</u> doesn't apply: \$50 for 30 day supply, \$100 for 60 day supply, \$150 for 90 day supply (retail); \$100 for 31-90 day supply (mail order) Insulin: \$25 <u>copay/prescription</u>	Copay/prescription, <u>deductible</u> doesn't apply: \$55 for 30 day supply, \$110 for 60 day supply, \$165 for 90 day supply (retail) Insulin: \$35 <u>copay/prescription</u>	
	<u>Specialty drugs</u>	Applicable cost as noted above for generic or brand drugs	Applicable cost as noted above for generic or brand drugs	First prescription fill at a retail pharmacy or Sav-Rx Prescription Services. Subsequent fills must be through Sav-Rx Prescription Services.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% <u>coinsurance</u>	None
	Physician/surgeon fees	\$50 <u>copay/visit</u> , <u>deductible</u> doesn't apply	20% <u>coinsurance</u> after \$50 <u>copay/visit</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	\$200 <u>copay/visit</u> , <u>deductible</u> doesn't apply	\$200 <u>copay/visit</u> , <u>deductible</u> doesn't apply	Out-of-network emergency use paid the same as in-network.
	<u>Emergency medical transportation</u>	\$200 <u>copay/trip</u> , <u>deductible</u> doesn't apply	\$200 <u>copay/trip</u> , <u>deductible</u> doesn't apply	Out-of-network emergency use paid the same as in-network. Non-emergency transport: not covered, except if pre-authorized.
	<u>Urgent care</u>	\$15 <u>copay/visit</u> , <u>deductible</u> doesn't apply	20% <u>coinsurance</u> after \$15 <u>copay/visit</u>	No charge for in-network Virtual 24/7 Care telemedicine <u>provider</u> visits for certain services
If you have a hospital stay	Facility fee (e.g., hospital room)	\$100 <u>copay/day</u> first 5 days, <u>deductible</u> doesn't apply; no charge thereafter	\$100 <u>copay/day</u> first 5 days; 20% <u>coinsurance</u> thereafter	Penalty of \$400 for failure to obtain pre-authorization for out-of-network care.
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office & other outpatient services: no charge	Office: 20% coinsurance after \$15 copay/visit; other outpatient services: 20% coinsurance	
	Inpatient services	\$100 copay/day first 5 days, deductible doesn't apply; no charge thereafter	\$100 copay/day first 5 days; 20% coinsurance thereafter	Penalty of \$400 for failure to obtain pre-authorization for out-of-network care.
If you are pregnant	Office visits	No charge	20% coinsurance	
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	\$100 copay/day first 5 days, deductible doesn't apply; no charge thereafter	\$100 copay/day first 5 days; 20% coinsurance thereafter	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). Penalty of \$400 for failure to obtain pre-authorization for out-of-network care may apply.
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	20% coinsurance	130 visits/calender year. Penalty of \$400 for failure to obtain pre-authorization for out-of-network care.
	<u>Rehabilitation services</u>	\$15 copay/visit, deductible doesn't apply	20% coinsurance after \$15 copay/visit	60 visits/calender year for Physical, Occupational & Speech Therapy combined, including outpatient hospital services.
	<u>Habilitation services</u>	\$15 copay/visit, deductible doesn't apply	20% coinsurance after \$15 copay/visit	None
	<u>Skilled nursing care</u>	No charge	20% coinsurance	60 days/calender year. Penalty of \$400 for failure to obtain pre-authorization for out-of-network care.
	<u>Durable medical equipment</u>	No charge	50% coinsurance	Limited to 1 durable medical equipment for same/similar purpose. Excludes repairs for misuse/abuse.
	<u>Hospice services</u>	No charge	20% coinsurance	Penalty of \$400 for failure to obtain pre-authorization for out-of-network care.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$15 <u>copay</u> /visit, <u>deductible</u> doesn't apply	20% <u>coinsurance</u> after \$15 <u>copay</u> /visit	1 routine eye exam/12 months.
	Children's glasses	No charge	No charge	\$600 maximum/12 months.
	Children's dental check-up	Not covered	Not covered	Not covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Dental care (Adult & Child)
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture - 20 visits/calendar year for disease, injury & chronic pain.
- Bariatric surgery - Limited to in-network providers.
- Chiropractic care - 20 visits/calendar year.
- Cosmetic surgery - Limited coverage, see policy document or call number on your ID card.
- Routine eye care (Adult) - 1 routine eye exam/12 months.

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:

- For more information on your rights to continue coverage, contact the plan at 1-800-370-4526.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <http://www.dol.gov/ebsa/healthreform>
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

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, contact:

- If your group health coverage is subject to ERISA, you may contact Aetna directly by calling the toll-free number on your Medical ID Card, or by calling our general number at 1-800-370-4526. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <http://www.dol.gov/ebsa/healthreform>
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- Additionally, a consumer assistance program can help you file your appeal. Contact information is at: <http://www.aetna.com/individuals-families-health-insurance/rights-resources/complaints-grievances-appeals/index.html>.

Does this plan provide Minimum Essential Coverage? Yes.

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 Minimum Value Standards? Yes.

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.

To see examples of how this plan might cover costs for a sample medical situation, see the next section

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's overall deductible</u>	\$0
■ <u>Specialist copayment</u>	\$15
■ <u>Hospital (facility) copayment</u>	\$100
■ <u>Other copayment</u>	\$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost **\$12,700**

In this example, Peg would pay:

<u>Cost Sharing</u>
<u>Deductibles</u>
<u>Copayments</u>
<u>Coinsurance</u>
<i>What isn't covered</i>
Limits or exclusions
The total Peg would pay is

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's overall deductible</u>	\$0
■ <u>Specialist copayment</u>	\$15
■ <u>Hospital (facility) copayment</u>	\$100
■ <u>Other copayment</u>	\$0

This EXAMPLE event includes services like:

Primary care provider office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Diabetic supplies (*glucose meter*)

Total Example Cost **\$5,600**

In this example, Joe would pay:

<u>Cost Sharing</u>
<u>Deductibles</u>
<u>Copayments</u>
<u>Coinsurance</u>
<i>What isn't covered</i>
Limits or exclusions
The total Joe would pay is

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's overall deductible</u>	\$0
■ <u>Specialist copayment</u>	\$15
■ <u>Hospital (facility) copayment</u>	\$100
■ <u>Other copayment</u>	\$0

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost **\$2,800**

In this example, Mia would pay:

<u>Cost Sharing</u>
<u>Deductibles</u>
<u>Copayments</u>
<u>Coinsurance</u>
<i>What isn't covered</i>
Limits or exclusions
The total Mia would pay is

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 1-800-370-4526.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-800-370-4526.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, disability, gender identity or sexual orientation.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: P.O. Box 24030, Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

TTY: 711

Language Assistance:

To access language services at no cost to you, call 1-800-370-4526.

Albanian -	Për shërbime përkthimi falas për ju, telefononi 1-800-370-4526.
Amharic -	የኢትዮጵያ አገልግሎቶችን የለከናዸ ለማግኘት በ 1-800-370-4526 ይደውሉ::
Arabic -	للحصول على خدمة ترجمة دون أي تكلفة، الرجاء التصال على رقم 1-800-370-4526
Armenian -	Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-800-370-4526 հեռախոսահամարով:
Bahasa Indonesia -	Untuk bantuan dalam bahasa Indonesia, silakan hubungi 1-800-370-4526 tanpa dikenakan biaya.
Bantu-Kirundi -	Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-800-370-4526.
Bengali-Bangala -	আপনাকে বিনামূলক ভাষা পরিক্ষা প্রক্রিয়া প্রক্রিয়া কর্তৃত এই নম্বরের প্রেসিডেন্সি নম্বরে আপনাকে বিনামূলক ভাষা পরিক্ষা প্রক্রিয়া প্রক্রিয়া কর্তৃত এই নম্বরে আপনাকে বিনামূলক ভাষা পরিক্ষা প্রক্রিয়া প্রক্রিয়া কর্তৃত এই নম্বরে 1-800-370-4526।
Bisayan-Visayan -	Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-800-370-4526.
Burmese -	သနိုင်အော်မြန်း အခေါ်ကူး၏၆၆ မေးရပ် ဘာသာစကားဝန်ဝေဆာင်းမှုး ရရှိုံးစိုးနဲ့ 1-800-370-4526 သို့၍ ဖုန်းဝေခဲ့စွာပါ။
Catalan -	Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-800-370-4526.
Chamorro -	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1-800-370-4526.
Cherokee -	GEONDA SEOHOMONDA OGOTSEOMALI L AGONDA LGEGWALI JA, OIHEWOM 1-800-370-4526.
Chinese -	如欲使用免費語言服務，請致電 1-800-370-4526.
Choctaw -	Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-800-370-4526.
Cushite -	Tajaajiiloota afaanii garuu bilisaa ati argaachuuf,bilbili 1-800-370-4526.
Dutch -	Voor gratis toegang tot taaldiensten, bell 1-800-370-4526.
French -	Afin d'accéder aux services langagiers sans frais, composez le 1-800-370-4526.
French Creole -	Pou jwenn sèvis lang gratis, rele 1-800-370-4526.
German -	Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-800-370-4526 an.
Greek -	Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-800-370-4526.
Gujarati -	તમારેકોઇ જાતના ખર્ચવિના ભાષાની સેંચિયની પહોર માટે, કોલ કરો 1-800-370-4526.

Hawaiian -	No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i kēia helu kelepona 1-800-370-4526. Kāki ‘ole ‘ia kēia kōkua nei.
Hindi -	आपकेलिए बिना कक्सी कीमत केभाषा सेवाओंका उपयोग करनेकेलिए, 1-800-370-4526 पर कॉल करें।
Hmong -	Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-800-370-4526.
Igbo -	Iji nwetaòhèrè na ọru gasị asusụ n'efu, kpọọ 1-800-370-4526
Ilocano -	Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti 1-800-370-4526.
Indonesian -	Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1-800-370-4526.
Italian -	Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-800-370-4526.
Japanese -	言語サービスを無料でご利用いただくには、1-800-370-4526までお電話ください。
Karen -	လာတ်ကမ္မန်ကြို့အတ်မာစာအတ်ပံးတ်မာဘ်လာတ်အိုးအပြောလာကဘ်ဟု့အိုးကြို့ဘ်နှု့ ကို 1-800-370-4526 တက်။
Korean -	무료 언어 서비스를 이용하려면 1-800-370-4526 번으로 전화해 주십시오.
Kru-Bassa -	ℳ dyi wuɖu-dù kà kò dò bě dyi mɔú nì Pídyi ní, níí, qá nòbà nià ke: 1-800-370-4526
Kurdish -	بۆ هەمەرگیھەن بە خز مەنگوز اری ز مارن بەمەنی جو ورن بۆتۆ بی ون دی بک م ھ ژ مارھی 1-800-370-4526
Laotian -	ເພື່ອຂັ້ນໃຈກໍານົບວິການພາກສາໄດ້ລັບເນັດລົກ່າກັບທ່ານ, ໃຫ້ໃຫ້ທ່ານເປີ 1-800-370-4526
Marathi -	कोणत्याही शलुकालशवाय भाषा सेवा प्राप्त करण्यासाठी,, 1-800-370-4526 वर फोन करा.
Marshallese -	Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlok 1-800-370-4526.
Micronesian- Pohnpeyan -	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-800-370-4526.
Mon-Khmer, Cambodian -	ដើម្បីទទួលបានសេវាគម្ពោះភាសាដែលត្រួតពេលវេលាដែលស្ថិតនៅក្នុងប្រទេសកម្ពុជា 1-800-370-4526 ។
Navajo -	T'áá ni nizaad k'ehjí bee níká a'doowoł doo báqh ílínígóó koji' hólne' 1-800-370-4526.
Nepali -	निःशुल्क भाषा सेवा प्राप्त गर्न 1-800-370-4526 मा टेलिफोन गर्नुहोस् ।
Nilotic-Dinka -	Të koɔr yin wɛɛr de thokic ke cín wëu kɔr keek tënɔŋ yin. Ke cɔl kɔc ye kɔc kuɔny ne nɔmba 1-800-370-4526.
Norwegian -	For tilgang til kostnadsfri språktjenester, ring 1-800-370-4526.
Pennsylvania Dutch -	Um Schprooch Services zu griege mitaus Koscht, ruff 1-800-370-4526.
Persian -	برای دسترسی به خدمات زبانی طور ریگن، با شماره 800-370-4526 اتماس بگویید.
Polish -	Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-800-370-4526.
Portuguese -	Para acessar os serviços de idiomas sem custo para você, ligue para 1-800-370-4526.

Punjabi -	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-800-370-4526 'ਤੇ ਫੋਨ ਕਰੋ।
Romanian -	Pentru a accesa gratuit serviciile de limbă, apelați 1-800-370-4526.
Russian -	Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-800-370-4526.
Samoan -	Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-800-370-4526.
Serbo-Croatian -	Za besplatne prevodilačke usluge pozovite 1-800-370-4526.
Spanish -	Para acceder a los servicios de idiomas sin costo, llame al 1-800-370-4526.
Sudanic-Fulfude -	Heeba a nasta jangirde djey wolde wola chede bo apelou lamba 1-800-370-4526.
Swahili -	Kupata huduma za lugha bila malipo kwako, piga 1-800-370-4526.
Syriac -	جَلْ يَلْجِيَّنْ َجَلْ بَكْرَنْ حَلْقَنْ بَطْ، مَبْحَثْ 1-800-370-4526
Tagalog -	Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-800-370-4526.
Telugu -	మీరు భాష స్వలను ఉచితంగా అందుకున్నాదు, 1-800-370-4526 కు కాల్ చేయండి.
Thai -	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-800-370-4526.
Tongan -	Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he 1-800-370-4526.
Trukese -	Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori 1-800-370-4526.
Turkish -	Sizin için ücretsiz dil hizmetlerine erişebilmek için, 1-800-370-4526 numarayı arayın.
Ukrainian -	Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-800-370-4526.
Urdu -	بلقیت زبان ساتھیلے خدمات حصل کرنے کے لیے، 800-370-4526۔ پرباتکریں۔
Vietnamese -	Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-800-370-4526.
Yiddish -	זו צוֹטְרִיט שְׁפָרָאָר בְּאַדִּינָגָעָן אַיִן קִיִּין פֿרִיעַץ צּוֹ אַיִר, רַופָּן 1-800-370-4526
Yoruba -	Lati wọnú awọn isé èdè l'ofe fun ọ, pe 1-800-370-4526.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: **08/01/2025 – 07/31/2026**

Coverage for: **SEIU Healthcare NW Health Benefit Trust - Progyny Fertility and Pregnancy & Postpartum Health Reimbursement Arrangement**

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 Pregnancy & Postpartum coach or your Progyny Fertility 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 plans.
Do I have a copayment?	No.	There is no copayment with your Progyny Fertility and Pregnancy & Postpartum plans.
Do I have coinsurance	No.	There is no coinsurance with your Progyny Fertility and Pregnancy & Postpartum plans.
Are there services covered before you meet your deductible?	No.	You will not pay an out-of-pocket for your Progyny Fertility and Pregnancy & Postpartum services. All services provided under the plan are preventive care services and not subject to cost share.
Are there other deductibles for specific services?	No.	There is no deductible required for the Progyny Fertility and Pregnancy & Postpartum HRA plans. All services provided under the plan are preventive care services and not subject to cost share.
What is the out-of-pocket limit for this plan?	Individual \$0 / Family \$0	There is no out-of-pocket limit with your Progyny plans.
Will you pay less if you use a network provider?	Not applicable.	Progyny's Fertility and Pregnancy & Postpartum coaches and care providers are all included in this plan. There are no benefits available for non-Progyny coaches.

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](#).

Plan Resources

Health Benefits Customer Service

MAGNACARESM

Phone	1-877-606-6705 (8 a.m. to 6 p.m., Monday-Friday)
Email	SEIU775BG-caregiver@magnacare.com
Health Benefits Account	myseiu.be/magnacare

Aetna

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Member Services	1-855-736-9469	aetna.com
Mental Health Services	1-800-424-4047	aetna.com
24 Hour Nurse Line	1-800-556-1555	aetna.com
Find the Right PCP	1-888-982-3862	aetna.com
Member Language Assistance	1-855-736-9469	myseiu.be/aetna-language

Dental

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

Other Benefits

EPIC Hearing	1-877-363-5638	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.