



Sonja T.
Caregiver, Renton

2026-2027

Healthcare Coverage Guide

Explore your options and next steps.

Call 1-877-606-6705 if you have questions 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。

ទទួលបានព័ត៌មានអំពីការធានារ៉ាប់រងសុខភាពជា
ភាសាបស់អ្នក។

한국어로 된 의료 보험 정보를 확인하
십시오.

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਹੈਲਥਕੇਅਰ ਕਵਰੇਜ ਬਾਰੇ
ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰੋ।

Получите информацию о медицинском
страховом покрытии на вашем языке.

Ku hel macluumaadka 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/hc

Caregivers show up every day to care for others, and you deserve care and support too.

Our goal is to make it easier for you to access high-quality, affordable healthcare so you can focus on your health, your family and the important work you do.

This guide will walk you through your coverage options and the steps to apply. We're proud to support you and the essential care you provide.

After reviewing your healthcare coverage, take time to explore your other caregiver benefits. From training opportunities and retirement benefits to free slip-resistant shoes and job-matching through Carina, these benefits are designed to support you. Visit myseiu.be/bg to learn more.



Merissa Clyde, CEO
SEIU 775 Benefits Group

A Step-by-Step Guide to Applying for Coverage

1) Learn about your coverage

- **Explore your coverage options and review your Plan Details** to understand the out-of-pocket costs for prescriptions, treatments and common services.
- **Review your eligibility** details on page 5 to see if you qualify.
- **Select a coverage option and dental plan.**

2) Prepare to apply

- **Gather your information.** You'll need your Social Security number and employer name to apply.
- **Coverage for Kids: Gather your Dependent Verification documents.** Learn more and find instructions at myseiu.be/cfk.

3) Create a health benefits account

- **Learn how to create an account at myseiu.be/hba.** Your account is managed by MagnaCare, your health benefits administrator. Accounts are currently available in English. If you need help or language support call 1-877-606-6705.

4) Submit your application

- **Complete an application before the deadline** at myseiu.be/magnacare or by mail. Learn more on page 5.
- **Coverage for Kids: Submit Dependent Verification documents** when you apply. Learn how to submit your documents at myseiu.be/cfk.

You'll receive an application receipt by email within 1 day and a coverage decision email within 30 days. If not, call 1-877-606-6705.



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

Healthcare Coverage 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.

Option 1



**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 6 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.

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.

Eligibility

Work 120 hours or more 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.

Coverage Benefits

Free Primary Care Visits

There's no cost to see your primary care provider for wellness visits or when you're sick. Virtual care options are also available, so you can get care from home.

Tests or additional services may have a cost.

Urgent & Emergency Care

Your plan covers urgent care and emergency room visits. Urgent care is a convenient option for non-emergency issues when your doctor isn't available. Emergency care is for serious or life-threatening conditions.

Prescription

You have access to a wide range of prescription medications, including convenient mail-order options delivered to your home.

Mental Health

Your coverage includes professional mental health support, medication management, group therapy, alternative care and access to self-care tools and programs.

Wellness Coaching & Programs

Get personalized support to manage chronic conditions and improve your overall health. Your plan includes wellness coaching, care team guidance and tools to help you track your progress.

Massage & Chiropractic

Low-cost options are available for physical therapy, massage, chiropractic care, acupuncture, and virtual wellness programs.

Vision

Vision coverage through VSP includes routine eye exams, an allowance for glasses or contact lenses and access to a large network of eye doctors.

Hearing

Through EPIC Hearing, you and your children can access hearing exams and support for hearing devices through in-network providers.

Family-building, Reproductive & Midlife Care

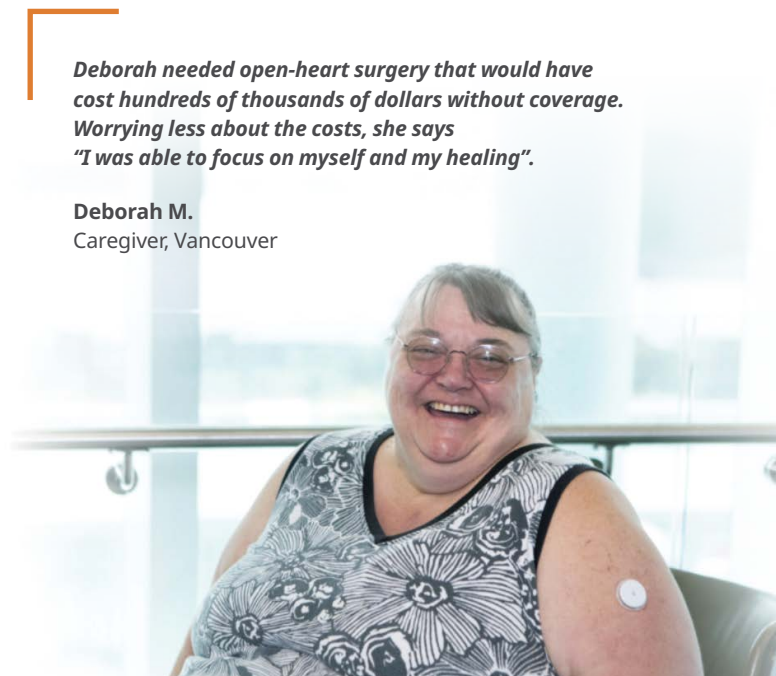
With Progyny you get benefits for every stage of life, from fertility and family-building to pregnancy, postpartum and menopause. Get coverage for the latest treatments, personalized support and in-person or virtual care.

See your plan details for a full list of benefits.

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

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







Melissa E.
Caregiver, Seattle

Dental Plan Options

Dental is included in your healthcare coverage. Use the chart to compare plans and select the plan that's right for you.

	 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 locations in western Washington, making it easy to find a Willamette dentist along the I-5 corridor.
Find a Dentist Near You	deltadentalwa.com/fad/search Select 'Delta Dental PPO' to filter your search results.	locations.willamettedental.com Enter your ZIP code into the search.
More Information	1-800-554-1907 DeltaDentalWA.com	1-855-433-6825 myseiu.be/willamette

Healthcare Coverage FAQ

How do I qualify 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 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 on the application. U.S. postage is required.

You'll receive an application receipt by email 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/qlc.

Not Eligible Yet? You can still apply during Open Enrollment.

Submit an application* to start individual coverage when you work 80+ hours a month. Coverage for Kids begins when you work 120+ hours a month.

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

How do I qualify 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.

They're enrolled in the same plan as you and can only be enrolled under 1 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 online or printed 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 more details:

- How to apply for Coverage for Kids.
- Who you can add to coverage.
- Submitting verification documents.



Sandra C.
Caregiver, Kennewick

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.

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'll receive a self-pay letter and email directing you to pay your co-premium. You can pay by check, or using your online health benefits account.

CDWA caregivers: your first payment will be a self-pay.

How do work hours 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: (vertical text on the left)

Determine coverage this month: (vertical text on the right)

What if I want to end coverage?

To end coverage for yourself or your children, submit a Waive Coverage form. If received by the 15th, coverage ends the 1st of the next month. If received after the 15th, coverage ends the 1st of the following month.

Important: You can only re-enroll during Open Enrollment or after a Qualifying Life Event. Waivers received before July 1 reset during Open Enrollment. You must submit a new Waive Coverage form to keep your waiver. If you had coverage in the past 12 months, you'll be automatically re-enrolled unless you submit a new waiver.

What if I don't work enough hours?

Grace Months provide up to 2 one-month extensions of healthcare coverage each year, helping you and your dependents stay covered if you don't meet the required work hours. Learn more at myseiu.be/gm.

If you lose coverage, COBRA information will be provided if you want to continue coverage for a monthly payment. If you stop caregiving, check eligibility for Washington Apple Health or visit wahealthplanfinder.org.

Get more hours to maintain your coverage.

If you need more hours to get or keep coverage, try Carina.org, a free job-matching benefit that helps you find more clients.



Patrick M.
Caregiver, Puyallup

Get Support

with questions about healthcare coverage,
eligibility, applying and more.

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

1-877-606-6705

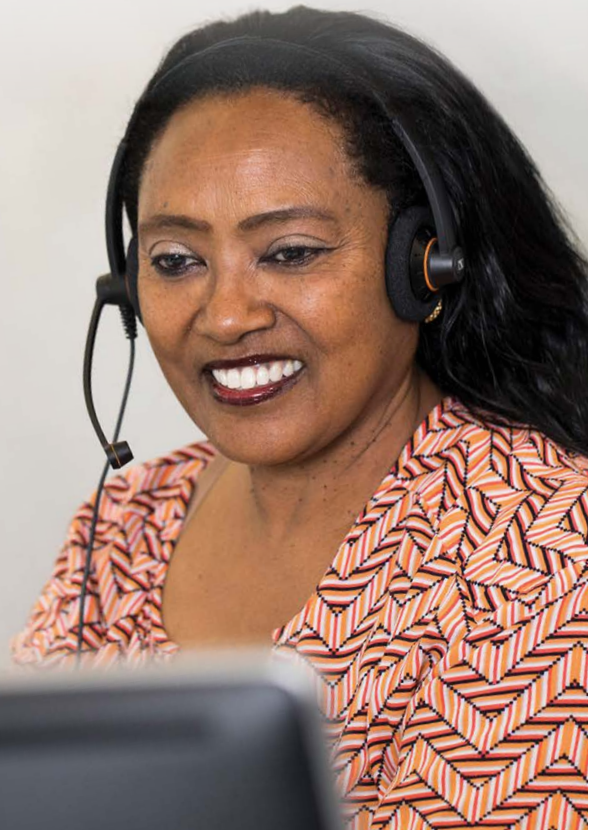
In-language support available.

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.



Understand Common Insurance Terms

See definitions of common terms to
better understand your coverage.

myseiu.be/hc-terms

Learn More About Coverage for Kids

Learn how to apply and
complete your application.

myseiu.be/cfk

Access Your Health Benefits Account

Learn how to create an account
and apply for coverage online.

myseiu.be/hba



Caregiver Kicks: Free Shoes for Caregivers

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. Eligible caregivers can get a free pair every year!

myseiu.be/kicks



2026-2027 HEALTHCARE COVERAGE

Plan Details



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, 2026.

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 Kaiser Permanente Northwest medical plan. This plan is effective from August 1, 2026, to July 31, 2027.

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

1-877-606-6705

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

SEIU775BG-caregiver@magnacare.com

Maila C.
Caregiver, Seattle



Summary of Material Modifications and Reductions

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, 2026.

Effective August 1, 2026, plan benefits and the eligibility rules for healthcare coverage will change. APs and IPs should be aware of the following benefit enhancements:

- VSP Vision Care will be your new routine vision provider for routine eye exams, hardware and contact lenses.
- The dollar limit on EPIC hearing aid coverage has been removed.
- You will be able to receive up to a 12-month supply of hormone therapy or contraceptive medications in a single fill.

This Summary of Material Reductions (“SMR”) 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, 2026.

Effective August 1, 2026, plan benefits and the eligibility rules for healthcare coverage will change. APs and IPs should be aware of the following:

- SEIU Healthcare NW Health Benefits Trust will no longer offer services through Headspace.

For further information regarding these changes, please contact Customer Service at 1-877-606-6705 (Monday-Friday, 8 a.m. to 6 p.m.) or email SEIU775BG-caregiver@magnacare.com.



Fully Insured HMO Plan Snapshot
Effective Date 8/1/2026

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.

In-Network Coverage	
Out-of-Pocket Maximum	
For one Member	\$1,250
For an entire Family	\$2,500
Deductible	\$0
Office Visits	
Routine preventative physical exam	\$0
Primary Care	\$0
Specialty Care	\$15
Urgent Care	\$30
Tests	
Preventive Tests	\$0
Laboratory	\$0
X-ray, imaging, and special diagnostic procedures	\$0
CT, MRI, PET scans	\$50 per department visit. Some services may require prior authorization.
Medications (outpatient)	
Prescription drugs (up to a 30 day supply)	\$5 generic/\$25 preferred brand/\$50 non-preferred brand Insulin: \$0 generic/\$0 preferred brand/\$0 non-preferred brand Inhalers & EPI Pens: \$5 generic/\$25 preferred brand
Mail Order Prescription drugs (up to a 90 day supply)	\$10 generic/\$50 preferred brand/\$100 non-preferred brand
Administered medications, including injections (all outpatient settings)	\$0
Nurse treatment room visits to receive injections	\$0
Maternity Care	
Scheduled prenatal care and first postpartum visit	\$0
Laboratory	\$0
X-ray, imaging, and special diagnostic procedures	\$0
Inpatient Hospital Services	\$100 per admission

Infertility	
Medical and surgical services for the treatment of sterility and infertility and all related 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
Hospital Services	
Ambulance Services (per transport)	\$75
Emergency department visit	\$200 (Waived if admitted)
Inpatient Hospital Services	\$100 per admission
Chemotherapy/radiation therapy visit	\$15
Durable medical equipment, external prosthetic devices, and orthotic devices	0% Coinsurance
Physical, speech, and occupational therapies (up to 20 visits per therapy per Calendar Year)	\$15
Skilled Nursing Facility Services	
Inpatient skilled nursing Services (up to 100 days per Calendar Year)	\$0
Chemical Dependency Services	
Outpatient Services	\$0
Inpatient hospital & residential Services	\$100 per admission.
Mental Health Services	
Outpatient Services (Group visit ½ co-pay)	\$0
Inpatient hospital & residential Services	\$100 per admission
Alternative Care	
Acupuncture Services	\$0 co-pay, up to 20 self-referred visits per year
Chiropractic Services	\$0 co-pay, up to 20 self-referred visits per year
Massage Therapy	\$25 co-pay, up to 12 self-referred visits per year
Naturopathic Medicine	\$0 co-pay, unlimited visits
Vision Services	
Routine eye exams, vision hardware and optical services	Covered through a separate benefit: VSP Vision Care. Learn more at myseiu.be/vsp
Hearing Services	
Hearing hardware	Covered through a separate benefit: EPIC Hearing. No co-pay, no limit per ear every 3 years toward the cost of a hearing aid. Learn more at myseiu.be/epic

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:

January 1 - December 31

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	○		
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.



Dental Plan Snapshot
Effective Date 8/1/2026

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.



This is only a summary. For more information about your new vision coverage, please contact VSP Vision at 800-785-0699.

VSP Advantage Plan Full Service	
Copays (Exams / Glasses)	\$0 / \$0
Frequencies	
Examination	Every 12 Months
Lenses	Every 12 Months
Frame	Every 12 Months
Benefits with a VSP Network Provider	
Comprehensive Eye Examination	\$0 Copay
Contact Lens Examination	\$0
Retinal Screening	\$0
Essential Medical Eye Care	Covered Under Medical Plan Subject to Applicable Office Visits Cost Share
Lenses	
Single Vision	Covered
Lined Bifocal	Covered
Lined Trifocal	Covered
Allowances*	
Retail Frame Allowance	\$250
Featured Frame Brand Allowance	\$270
Costco Equivalent Frame	\$250
Elective Contact Lenses In lieu of lenses or frames	\$600
Lens Enhancement Out-of-pocket Cost	
Polycarbonate	Covered
Anti-Reflective Coating	\$40 Copay
Scratch and UV Coating	Covered
High Index	Covered
Photochromic	Covered
Standard Progressives	Covered
Custom/Premium Progressives	\$55 Copay
All Other Discounted Lens Enhancements	30%

Non-VSP Provider Allowances	
Examination	\$45
Single Vision	\$30
Bifocal	\$50
Trifocal	\$65
Lenticular	\$100
Progressive Lenses	\$50
Frame	\$70
Elective Contact Lenses In lieu of lenses or frames	\$105




All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest



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 see <https://kp.org/plandocuments> or call 1-800-813-2000 (TTY: 711). 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 www.healthcare.gov/sbc-glossary/ or call 1-800-813-2000 (TTY: 711) to request a copy.

Important Questions		Answers	Why this Matters:
What is the overall deductible ?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.	
Are there services covered before you meet your deductible ?	Not Applicable.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .	
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.	
What is the out-of-pocket limit for this plan ?	\$1,250 Individual / \$2,500 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.	
What is not included in the out-of-pocket limit ?	Premiums , health care this plan doesn't cover, and services indicated in chart starting on page 2.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .	
Will you pay less if you use a network provider ?	Yes. See www.kp.org or call 1-800-813-2000 (TTY: 711) for a list of Participating Providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays balance billing . Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.	
Do you need a referral to see a specialist ?	Yes, but you may self-refer to certain specialists .	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .	

 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 Participating Provider (You will pay the least)	What You Will Pay Non-Participating Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge	Not covered	None
	Specialist visit	\$15 / visit	Not covered	None
	Preventive care/screening/immunization	No charge	Not covered	You may have to pay for services that aren't preventive . Ask your provider if the services needed are preventive . Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Xray: No charge. Lab tests: No charge	Not covered	None
	Imaging (CT/PET scans, MRI's)	\$50 / visit	Not covered	Some services may require prior authorization.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.kp.org/formulary	Generic drugs	\$5 (retail) & \$10 (mail order) / prescription .	Not covered	Up to a 30-day supply (retail) & up to a 90-day supply (mail order). Subject to formulary guidelines.
	Preferred brand drugs	\$25 (retail) & \$50 (mail order) / prescription .	Not covered	Up to a 30-day supply (retail) & up to a 90-day supply (mail order). Subject to formulary guidelines.
	Non-preferred drugs	\$50 (retail) & \$100 (mail order) / prescription .	Not covered	Up to a 30-day supply (retail) & up to a 90-day supply (mail order). Subject to formulary guidelines, when approved through exception process.
	Specialty drugs	\$50 (retail) / prescription	Not covered	Up to a 30-day supply (retail). Subject to formulary guidelines, when approved through exception process.

Common Medical Event	Services You May Need	What You Will Pay Participating Provider (You will pay the least)	What You Will Pay Non-Participating Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$50 / visit	Not covered	Prior authorization required.
	Physician/surgeon fees	No charge	Not covered	Physician/surgeon fees are included in the Facility fee.
If you need immediate medical attention	Emergency room care	\$200 / visit	\$200 / visit	Copayment waived if admitted directly to the hospital as an inpatient.
	Emergency medical transportation	\$75 / trip	\$75 / trip	None
	Urgent care	\$30 / visit	Not covered	Non-participating providers covered when temporarily outside the service area. \$30 / visit
If you have a hospital stay	Facility fee (e.g., hospital room)	\$100 / admission	Not covered	Prior authorization required.
	Physician/surgeon fee	No charge	Not covered	Physician/surgeon fees are included in the Facility fee.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge	Not covered	None
	Inpatient services	\$100 / admission	Not covered	Prior authorization required.
If you are pregnant	Office visits	No charge	Not covered	Depending on the type of services, a copayment , coinsurance , or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	No charge	Not covered	Professional services are included in the facility fee.
	Childbirth/delivery facility services	\$100 / admission	Not covered	None

Common Medical Event	Services You May Need	What You Will Pay Participating Provider (You will pay the least)	What You Will Pay Non-Participating Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	130 visit limit / year. Prior authorization required.
	Rehabilitation services	Outpatient: \$15 / visit Inpatient: \$100 / admission.	Not covered	Outpatient: 20 visit limit / year. Prior authorization required. Inpatient: Prior authorization required.
	Habitatation services	\$15 / visit	Not covered	20 visit limit / year. Prior authorization required.
	Skilled nursing care	No charge	Not covered	100 day limit / year. Prior authorization required.
	Durable medical equipment	No charge	Not covered	Subject to formulary guidelines. Prior authorization required.
	Hospice service	No charge	Not covered	Prior authorization required.
If your child needs dental or eye care	Children's eye exam	No charge for refractive exam	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

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 .)
<ul style="list-style-type: none"> Children's glasses Cosmetic surgery Dental care (Adult & Child)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)
<ul style="list-style-type: none"> Infertility treatment Private-duty nursing Long-term care Routine foot care Non-emergency care when traveling outside the U.S. Weight loss programs Chiropractic care (20 visit limit/year) Routine eye care (Adult) Hearing aids (1 aid / ear / 36 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 shown in the chart below. 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 the agencies in the chart below.

Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

Kaiser Permanente Member Services	1-800-813-2000 (TTY: 711) or www.kp.org/memberservices
Department of Labor’s Employee Benefits Security Administration	1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform
Department of Health & Human Services, Center for Consumer Information & Insurance Oversight	1-877-267-2323 x61565 or www.ccio.cms.gov
Oregon Department of Insurance	1-888-877-4894 or https://dfr.oregon.gov/
Washington Department of Insurance	1-800-562-6900 or www.insurance.wa.gov

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 the 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](#).

Language Access Services:

- SPANISH (Español): Para obtener asistencia en Español, llame al 1-800-813-2000 (TTY: 711)
- TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-813-2000 (TTY: 711)
- TRADITIONAL CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-813-2000 (TTY: 711)
- PENNSYLVANIA DUTCH (Deitsch): Fer Hilf griege in Deitsch, ruf 1-800-813-2000 (TTY: 711) uff
- NAVAJO (Dine): Dinekehgo shika at’ohwol ninisingo, kwijigo holne’ 1-800-813-2000 (TTY: 711)
- SAMOAN (Gagana Samoa): Mo se fesoasoani i le Gagana Samoa, vala’au mai i le numera telefoni 1-800-813-2000 (TTY: 711)
- CAROLINIAN (Kapasal Falawasch): ngere aukke ghut allilis reel kapasal Falawasch au fafaingi tilifon ye 1-800-813-2000 (TTY: 711)
- CHAMORRO (Chamoru): Para un ma ayuda gi finu Chamoru, a’gang 1-800-813-2000 (TTY: 711)

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 plan's overall deductible \$0
- Specialist copayment \$15
- Hospital (facility) copayment \$100
- Other (blood work) copayment \$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:	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$100
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$160

Managing Joe's Type 2 Diabetes

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

- The plan's overall deductible \$0
- Specialist copayment \$15
- Hospital (facility) copayment \$100
- Other (blood work) copayment \$0

This EXAMPLE event includes services like: [Primary care physician office visits \(including disease education\)](#), [Diagnostic tests \(blood work\)](#), [Prescription drugs](#), [Durable medical equipment \(glucose meter\)](#)

Total Example Cost	\$5,600
In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$300

Mia's Simple Fracture

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

- The plan's overall deductible \$0
- Specialist copayment \$15
- Hospital (facility) copayment \$100
- Other (x-ray) copayment \$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:	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$400
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$400

The plan would be responsible for the other costs of these EXAMPLE covered services.

Nondiscrimination Notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, braille, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Member Services at **1-800-813-2000** (TTY: **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at:

Member Relations Department
Attention: Kaiser Civil Rights Coordinator
500 NE Multnomah St., Suite 100
Portland, OR 97232-2099
Fax: **1-855-347-7239**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
Phone: **1-800-368-1019**
TDD: **1-800-537-7697**

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

For Washington Members:

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

This notice is available at <https://healthy.kaiserpermanente.org/oregon-washington/language-assistance/nondiscrimination-notice>

Help in Your Language

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-813-2000**(TTY: 711).

አማርኛ (Amharic) ትኩረት: አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጫዎችን እና አገልግሎቶችን ጨምሮ የዋናዎች ስነ ጽንሰ-ሀሳብ **1-800-813-2000** ይደውሉ (TTY: 711)።

1-800-813-2000 . اتصل بالرقم 1-800-813-2000 والخدمات المناسبة بالمجان. إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك وسائل المساعدة العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك وسائل المساعدة العربية (Arabic) تتيب: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك وسائل المساعدة العربية (711 :TTY)

中文 (Chinese) 注意事項： 如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-813-2000** (TTY: 711)。
فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است **1-800-813-2000** تماس بگیرید (تلفن متنی): **711**.

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-813-2000** (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenten mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-813-2000** an (TTY: 711).

日本語 (Japanese) 注意： 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-813-2000** までお電話ください (TTY: 711)。

ខ្មែរ (Khmer) យកចិត្តទុកដាក់: បើអ្នកនិយាយខ្មែរ សេវាជំនួយភាសា រួមទាំងជំនួយនិងសេវាសម្រួល ដោយឥតគិតថ្លៃ មានចំពោះអ្នក។ ហៅ **1-800-813-2000** (TTY: 711)។

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-813-2000**로 전화해 주세요 (TTY: 711).

ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານ ໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-800-813-2000** (TTY: 711).

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-800-813-2000** irratti bilbilaa (TTY:- **711**)

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਯੋਗ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ। ਆਲ ਵਰੋ **1-800-813-2000** (TTY:- 711)।

Română (Romanian) ATENȚIE: Dacă vorbiți română, vă sunt disponibile gratuit servicii de asistență lingvistică, inclusiv ajutoare și servicii auxiliare adecvate. Sunați la **1-800-813-2000** (TTY: 711).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-813-2000** (TTY: 711).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-813-2000** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-813-2000** (TTY: **711**).

ไทย (Thai) โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โทร **1-800-813-2000** (TTY: **711**).

Українська (Ukrainian) УВАГА! Якщо ви володієте українською мовою, вам доступні безкоштовні послуги з мовної допомоги, включено із відповідною додатковою допомогою та послугами. Зателефонуйте за номером **1-800-813-2000** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-813-2000** (TTY: **711**).

Make Eye Health a Priority with VSP!

Your health comes first with VSP and SEIU HBT ADVANTAGE PLAN. Take a look at your VSP vision care coverage.



VSP members save an annual average of

\$489*

More Ways to Save

Extra **\$20** to spend on **Featured Frame Brands†**

bebe Calvin Klein COLE HAAN
 DRAGON FLEXON LONGCHAMP

and more

Up to **40%** Savings on **lens enhancements‡**

See all brands and offers at vsp.com/offers.

Create an account today.

Questions?

vsp.com

800.877.7195 (TTY: 711)

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

With private practice doctors, Visionworks®, and Eyemart Express retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Get more at preferred in-network doctor locations

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.



Scan QR code or visit vsp.com to learn more.

*Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible. †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details. ‡Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply. VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. VSP Premier Edge™ is not available in all states. To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies. ©2026 Vision Service Plan. All rights reserved. VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare™ and VSP Premier Edge are trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners. 136668 VCCM

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through SEIU 775 BENEFITS GROUP - ADVANTAGE PLAN.

Provider Network:

VSP Choice

Effective Date:

08/01/2026



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
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YOUR COVERAGE WITH A VSP DOCTOR

WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$0	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed

PRESCRIPTION GLASSES

FRAME*	<ul style="list-style-type: none"> \$270 Featured Frame Brands allowance \$250 frame allowance 20% savings on the amount over your allowance 	\$0	Every 12 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses 	\$0	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium and Custom progressive lenses High Index Anti-glare coating Impact-resistant lenses Scratch-resistant coating UV protection Light-reactive lenses Average savings of 30% on other lens enhancements 	\$0 \$55 \$0 \$40 \$0 \$0 \$0 \$0	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$600 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	\$0	Every 12 months
RETINAL SCREENING	<ul style="list-style-type: none"> Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease. 	\$0	Every 12 months

ADDITIONAL SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. <p>Exclusive Member Extras for VSP Members</p> <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		
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COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to [vsp.com](https://www.vsp.com) to find an in-network doctor. Your plan provides the following out-of-network reimbursements:

Exam	up to \$45	Lined Bifocal Lenses	up to \$50	Progressive Lenses	up to \$50
Frame	up to \$70	Lined Trifocal Lenses	up to \$65	Contacts	up to \$105
Single Vision Lenses	up to \$30				

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
 Coverage Period: **08/01/2026 – 07/31/2027**
 Coverage for: **SEIU Healthcare NW Health Benefit Trust - Progyny Fertility and Pregnancy & Postpartum Health Reimbursement Arrangement**

<p>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.</p>		
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](http://www.HealthCare.gov). For more information about the [Marketplace](http://www.HealthCare.gov), 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](#).



HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependents become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, or if you or your dependents lose Medicaid or children's health insurance program coverage because you are no longer eligible, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, please contact the Trust Administrator:

MagnaCare
P.O. Box 24811
Seattle, WA 98124
Phone: (877) 606-6705
Fax: (516) 723-7395

Important Note Regarding Retroactivity

Please note that if you may elect COBRA continuation coverage back to your COBRA qualifying event or special enrollment for a new dependent based on birth or adoption back to the date of birth or adoption, you must pay any required premiums for all months before retroactive coverage will be provided. Retroactive coverage must be continuous from the time of first retroactive eligibility. You may submit claims for services during the suspended period, but they will be pended until you make the necessary premium payments.

If you have any questions about how this information applies to you, please contact SEIU 775 Customer Service at (877) 606-6705.

877-606-6705
seiu775benefitsgroup.org
PO Box 24811
Seattle, WA 98124

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –

MONTANA – Medicaid	OREGON – Medicaid and CHIP
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
WASHINGTON – Medicaid	
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Plan Resources

Health Benefits Customer Service

MAGNACARE™

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

Kaiser Permanente Northwest



New Member Services	1-888-491-1124	myseiu.be/kp-new-member
Member Services	1-800-813-2000	myseiu.be/kp-member
Mental Health Services	1-800-813-2000	myseiu.be/kpnw-bh
Nurse Helpline	1-800-324-8010	myseiu.be/kp-nurse
Member Language Assistance	1-800-813-2000	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	1-877-363-5638	myseiu.be/epic
Progyny	1-833-233-0517	myseiu.be/progyny
VSP Vision Care	1-800-785-0699	myseiu.be/vsp

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.