



SEIU 775
BENEFITS GROUP



Sonja T.
Daryeel bixiye, Renton

2026-2027

Tusaha Caymiska Daryeelka Caafimaad



Sahmi fursadahaaga iyo
tallaabooyinkaada xiga.

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කොටසක් ලබන්න.

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ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰੋ।

Получите информацию о медицинском
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Ku hel macluumaadka seymiska daryeelka
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Daryeel-bixiyeyaashu maalin kasta ayay u yimaadaan inay daryeelaan dadka kale, adiguna sidoo kale waxaad mudan tahay daryeel iyo taageero.

Yoolkeena waa inaan kuu fududeyno inaad hesho daryeel caafimaad oo tayo sare leh oo kharash ahaan la awoodi karo, si aad diiradda u saarto caafimaadkaaga, qoyskaaga, iyo shaqada muhiimka ah ee aad qabato.

Hagahan wuxuu ku siinayaa faham ku saabsan xulashooyinka caymiskaaga iyo tallaabooyinka aad qaadi karto si aad u codsato. Waxaan ku faraxsanahay inaan ku taageerno adiga iyo daryeelka muhiimka ah ee aad bixiso.

Ka dib markaad dib u eegto caymiskaaga caafimaad, qaado waqti aad ku sahmisoo dheefaha kale ee daryeel-bixiyeyaasha. Laga bilaabo fursadaha tababarka iyo dheefaha hawlgabka ilaa kabo bilaash ah oo aan simbiririxshon lahayn iyo sheqo ku beegga iyadoo loo maraayo Carina, dheefahan waxaa loogu talagalay inay ku taageeraan. Booqo myseiu.be/bg si aad wax badan u ogaato.



Merissa Clyde,
Maamulaha Guud
SEIU 775 Benefits Group

Tilmaamo Tallaabo-ka-Tallaabo ah oo ku aadan Codsashada Caymiska

1) Wax badan ka ogoow caymiskaaga

- **Sahmi xulashooyinka caymiskaaga oo dib u eeg Faahfaahinta Qorshahaaga** si aad u fahanto kharashaadka aad adigu jeebka ka bixineyso kahor magdhawga caymiska ee la xiriira daawo qoritaanka, daaweynta iyo adeegyada caadiga ah.
- **Dib uga eeg faahfaahinta u qalmitaanka** bogga 5 si aad u aragto haddii aad u qalanto.
- **Dooro ikhtiyaarka caymiska iyo qorshaha ilkaha.**

2) Isu diyaari inaad codsato

- **Soo ururi macluumaadkaaga.** Waxaad u baahan tahay lambarkaaga Soshal Sekuritiga iyo magaca shaqo-bixiyaha si aad u codsato.
- **Coverage for Kids (Caymiska Ilmaha): Soo ururi dukumentiyada Xaqiijinta Ku Tiirsanaanta.** Wax badan baro oona ka hel tilmaamo barta myseiu.be/cfk.

3) Samayso koontada dheefaha caafimaadka

- **Baro sida looga sameysto koonto barta myseiu.be/hba.** Acoonkaaga waxaa maareeya MagnaCare, maamulahaaga dheefaha caafimaadka. Koontooyinka hadda waxaa lagu heli karaa Af-Ingiriisi. Haddii aad u baahan tahay caawin ama taageerada luuqadda wac 1-877-606-6705.

4) Gudbi codsigaaga

- **Ka buuxi codsi ka hor waqtiga kama dambaysta ah** barta myseiu.be/magnacare ama iimayl ahaan. Wax badan ka baro bogga 5.
- **Coverage for Kids (Caymiska Ilmaha): Soo gudbi dukumiintiyada Xaqiijinta ku Tiirsanaanta** marka aad codsaneyso. Ka baro sidaad u soo gudbin lahayd dukumiintiyadaada barta myseiu.be/cfk.

Waxaad ku heli doonta rasiidka codsiga iimayl ahaan 1 maalin gudaheed iyo go'aanka caymiska iimayl ahaan 30 maalmood gudahood. Haddii kale, wac 1-877-606-6705.



Ka dib ilmaheedii labaad, Dani waxay labadeedii canug ka qorte Coverage for Kids (Caymiska Ilmaha), iyadoo amaanaysa "heerka wayn" ee ka caawiya qoyskeeda inay lacag keysadaan bil kasta.

Dani R.
Daryeel bixiye, Asotin

Xulashooyinka Daryeelka Caafimaad

Hel caymis daryeel caafimaad oo tayo sare leh oo ka billaabma kaliya \$25 bishii. Waxaad dooran kartaa inaad naftaada uun daboosho ama ku darto Coverage for Kids (Caymiska Ilmaha) ee caruurta kugu tiirsan.

Fursada 1



Ceymiska Shakhsi Ahaaneed Caafimaadka iyo Ilkaha

\$25/bishii.

Kharashka Wada Bixinta Billaha

Ku hel caymiska caafimaadka iyo ilkaha naftaada kaliya \$25 bishii.

Kharashka Wada Bixinta Billaha ah: qaddarka aad bixiso bil kasta ee loogu talagalay ceymiska caafimaadkaaga ah. Ka eeg bogga 6-aad wixii faahfaahin ah.

Xaq u yeelashada

Shaqee 80 saacadood ama ka badan bishii.

Fursada 2



Ceymiska Shakhsi Ahaaneed + Coverage for Kids (Caymiska Ilmaha): Caafimaadka iyo Ilkaha

\$125/bishii.

Kharashka Wada Bixinta Billaha

Ku hel caymiska caafimaadka iyo ilkaha naftaada, oo lagu daray carruurtaada, kaliya \$125 bishii.

Waa qarash isku mid ah, xitaa haddii aad carruur badan ku darto!

Waxaad ku dari kartaa carruurta xaq u leh ee kugu tiirsan illaa dhalashadooda 26-aad, oo ay ku jiraan carruurta si dhabta ah loo dhalay, kuwa la korsaday, carruurta lammaanahaaga iyo carruurta uu dhalay lammaanaha aad wada nooshihiin.

Xaq u yeelashada

Shaqee 120 saacadood ama ka badan bishii.

Fursada 3



Ceymiska Shakhsi Ahaaneed + Coverage for Kids (Caymiska Ilmaha): Ilkaha-Kaliya

\$35/bishii.

Kharashka Wada Bixinta Billaha

Ku hel caymiska caafimaadka iyo ilkaha naftaada, oo lagu daro caymiska ilkaha ee carruurtaada, oo keliya \$35 bishii.

Dheefaha Caymiska

Booqashooyinka Daryeelka Aasaasiga ee Bilaashka ah

Ma jiro wax kharash ah oo lagaa qaadayo markaad booqato bixiyahaaga daryeelka aasaasiga ah si loo hubiyo caafimaadkaaga ama markaad xanuunsan tahay. Sidoo kale waxaa jira adeegyo daryeel oo lagu bixiyo si fogaan arag ah oo kuu oggolaanaya inaad daryeel ka hesho adigoo guriga jooga.

Tijaabooyinka ama adeegyada dheeraadka ah waxay yeelan karaan kharash.

Daryeelka Xaalada Degdegga ah & Gurmadka Degdegga Ah

Qorshahaagu wuxuu daboolayaa daryeelka degdegga ah iyo booqashada qolka gurmadka degdegga ah. Daryeelka degdegga ah waa xulasho u habboon oo loogu talagalay arrimaha aan gurmadka deg degga ahayn marka dhakhtarkaaga aan la heli karin. Daryeelka xaaladda degdegga ah waxaa la siiyaa xaaladaha halista ah ama kuwa nolosha halista geliya.

Daawo qorista

Waxaad marin u heli kartaa noocyo badan oo daawo qoritaan ah, oo ay ku jiraan ikhtiyaarro sahlan oo boosto ahaan laguugu soo diro gurigaaga.

Caafimaadka Dhimirka

Caymiskaagu wuxuu daboolayaa taageero xirfadeed oo caafimaadka maskaxda ah, maaraynta daawooyinka, daaweyn kooxeed, daryeel kale oo beddel ah, iyo helitaanka qalabyada is-daryeelka iyo barnaamijyo.

Tababarka Fayoqabka & Barnaamijyada

Hel taageero kuu gaar ah si aad u maareyso xaaladaha daba-dheeraada oo aadna u wanaajiso caafimaadkaaga guud. Qorshahaagu wuxuu ka kooban yahay tababar caafimaad, hagid koox daryeel iyo qalab kaa caawinaya inaad la socoto horusocodkaaga.

Daliigista & Daawaynta Lafaha

Waxaa jira ikhtiyaarro qiimo jaban oo loogu talagalay daawaynta jirka, duugis, daryeelka lafaha iyo murqaha, daaweyn dhaqameedka la adeegsado irbaddaha iyo barnaamijyada caafimaad ee lagu bixiyo sida fogaan araga ah.

Aragga

Caymiska aragga ee loo maraayo VSP waxaa ka mid ah baaritaannada indhaha oo joogto ah, gunno loogu talagalay in lagu soo gato ookiyaalo ama bikaacyada indhaha, iyo helitaanka shabakad ballaaran oo dhakhaatiirta indhaha ay ka tirsan yihiin.

Maqalka

Idinko u maraaya EPIC Hearing, adiga iyo carruurtaadu waxaad heli kartaan baaritaanno maqalka ah iyo taageero qalabka maqalka ah iyada oo loo marayo bixiyeyaasha ku jira shabakadda.

Daryeelka Guriga Qoyska, Taranka & Badhtamaha Nolosha

Markaad adeegsaneyso Progyny waxaad u heli kartaa dheefo marxalad kasta oo nolosha ah, laga bilaabo tarmida iyo qoys-dhisida ilaa uur qaadida, dhalmada ka dib iyo xilliga caado joogsiga. U hel caymis daaweynti ugu dambeeyse, taageero shakhsiyadeed iyo qof ahaan ama daryeelka fogaan aragga.

Eeg faahfaahinta qorshahaaga si aad u aragto liiska buuxa ee dheefaha.

Waxay bixisaa faahfaahin buuxda oo ku saabsan qorshahaaga caafimaadka iyo ilkaha, oo ay ku jiraan kharashyada jeebka ka baxsan, iyo caymiska dawooyinka, booqashooyinka iyo daawaynta.

Deborah waxay u baahnayd qaliin wadnaha furan ah oo ku kici lahaa boqolaal kun oo doolar haddii aan caymis loo helin. Iyadoo in yar ka walwalsan kharashaadka, ayay tiri "Waxaan awood u yeeshay inaan diiradda saaro naftayda iyo bogsashadayda".

Deborah M.
Daryeel bixiye, Vancouver





Melissa E.
Daryeel bixiye, Seattle

Noocyada Qorshaha Ceymiska Ilkaha

Daryeelka ilkaha waxay ka mid tahay daryeelkaaga caafimaadka. Isticmaal jaantuska si aad iskula barbar dhigto qorshayaasha oo aad u doorato qorshaha adiga kugu habboon.

	 DELTA DENTAL®	 Willamette Dental
Dheefta Ugu Badan Sanadka	\$5,000	Waxbo
Lacagta la jaro	\$0	\$0
Baaritaanada Joogtada ah	Waxaa Loo Dabaraa Si Dhameystiran	Waxaa Loo Dabaraa Si Dhameystiran
Dheefaha Qurxinta Ilkaha	Haa	Haa
Bixiyeyaasha ah Shirkada Ceymiska	Delta Dental waxa ay leedahay shabakad ceymis oo balaadhan oo bixiyayaal ah, oo ay ku jiraan goobaha miyiga ah. Waxaad u baahan doontaa inaad hesho Dhakhtarka Ilkaha ee Delta Dental PPO si aad faa'iidada ugu badan uga hesho dheeftaada.	Willamette Dental waxay goobo badan ku leedahay galbeedka Washington, taasoo kuu sahlaya inaad hesho dhakhtarka ilkaha ee Willamette hareeraha wadada I-5 corridor.
Hel Dhakhtarka Ilkaha ee Kuu Dhaw	deltadentalwa.com/fad/search Guji 'Delta Dental PPO' si aad u kala shaandaysid natiijooyinka kaaga soo baxaya raadinta.	locations.willamettedental.com Geli koodhka ZIP-ka goobta baaritaanka.
Macluumaad Dheeraad ah	1-800-554-1907 DeltaDentalWA.com	1-855-433-6825 myseiu.be/willamette

Su'aalaha Badanaa La'is Weydiiyo (FAQ) ee Caafimaadka Caymiska

Sideen ugu qalmaa caymiska shaqsiyeed?

Waa inaad shaqeysaa **80 saacadood oo mushaar ah ama ka badan bishii** muddo 2 bilood ah si aad u noqoto mid u qalma caymiska shaqsi ahaaneed.

Sidee ayaan u codsadaa?

Ka codso barta internetka myseiu.be/magnacare. Haddii aad hesho Codsiga Manfacyada Caafimaadka, waxaad boostada ama fakis ahaan ugu diri kartaa codsiga oo dhammeystiran cinwaanka ama lambarka fakiska ee ku qoran codsiga. Khidmada boostada Mareykanka ayaa la iska rabaa.

Waxaad ku heli doonta rasiidka codsiga iimayl ahaan 1 maalin gudaheed iyo go'aanka caymiska warqad ahaan ama iimayl ahaan 30 maalmood gudahood. Haddii kale, wac 1-877-606-6705.

Goorma ayaan codsan karaa?

Waxaa jira 3 jeer oo aad codsan karto caymiska:

- 1. U qalmitaankiHore:** 60 maalmood gudaheed laga billaabo taariikhda laga bilaabo qalabkaaga diiwaangelinta ee cusub ee u qalma. U-qalmitaanka hore waa marka ugu horreysa ee aad xaq u yeelato.
- 2. Open Enrollment (Muddada Diiwaangelinta Sanadlaha ah ee Ceymiska Caafimaadka):** Luulyo 1-20 sanad walba. **Haddii aad horey isu diiwaan gelisay caymiskaaga si toos ah ayaa loo cusbooneysiinayaa, wax tallaabo ah** looma baahna illaa aad rabto inaad isbeddel sameyso.
- 3. Dhacdada Nolasha ee u Qalanta (Qualifying Life Event, QLE):** 30 maalmood gudahooda ee QLE oo wax ka beddeleysa baahiyahaaga caymiska caafimaadka. Tusaalooyinka QLEs waxaa ka mid ah korsashada ilmo, luminta caymiska kale ee daryeelka caafimaadka ama imaanshaha furriin. Wixii warbixin dheeraad ah, booqo myseiu.be/qle.

Ma'u Qalantid Weli? Waxaad weli codsan kartaa inta lagu jiro Open Enrollment (Muddada Diiwaangelinta Sanadlaha ah ee Ceymiska Caafimaadka).

Soo gudbi codsi* si aad u bilowdo caymis shaqsiyeed marka aad shaqeyso 80+ saacadood bishii. Coverage for Kids (Caymiska Carruurta) wuxuu bilaabmaa marka aad shaqeyso 120+ saacadood bishii.

* Haddii aadan hadda shaqeynin 80+ saacadood bishii, ma buuxin kartid codsi khadka tooska ah. Ka codso nuqulka foomka codsiga barta SEIU775BG-caregiver@magnacare.com.

Sideen ugu qalmi karaa caymiska Coverage for Kids (Caymiska Ilmaha)?

Waa inaad shaqeysaa **120 saacadood oo mushaar ah ama ka badan bishii** si aad u noqoto mid uqalma Coverage for Kids (Caymiska Ilmaha).

Yaan ku dari karaa Coverage for Kids (Caymiska Ilmaha)?

Waxaad ku dari kartaa carruurta xaq u leh ilaa iyo taariikhdooda dhalashada ee 26^{aad}. Carruurta u qalma ee ku tiirsan waxaa ka mid ah carruurta aad dhashay, kuwa aad korsatay, carruurta adeerka ama eedada aad u tahay iyo carruurta uu dhalay lammaanahaaga.

Waxay ka diiwaan gashan yihiin qorshaha aad ku jirto, waxaana kaliya lagu diiwaangelin karaa si hoos imaata 1 daryeele. Caymiska wuxuu isku xiri karaa qorsheyaal dibadda ah. Wixii macluumaad dheeraad ah, wac 1-877-606-6705.

Sideen ayaa ugu daraa Coverage for Kids (Caymiska Ilmaha)?

- 1. Buuxi qaybta Coverage for Kids (Caymiska Ilmaha)** ee onleen ahaan ama codsiga daabacan ahaan.
- 2. Dooro ikhtiyaarka caymiska** caafimaad iyo ilkaha ama ilkaha kaliya.
- 3. Ku soo gudbi dukumiintiyadaada Xaqiijinta Ku Tiirsanaanta** iyadoo codsigaaga ama 60 maalmood gudahood marka aad codsanayso**. Dokumentiyada ay aqbali karto waxaa tusaale ahaan noqon doona caddaynta dhalashada ee ay dowladdu bixisay iyo ogaysiinta canshuuraha oo ay ku qoran tahay kuwa aad dooneyso in lagu daro kuwa dowladda ka faa'ideysatay.

** Xaqiijinta Ku Tiirsanaanta ayaa loo baahan yahay marka la diiwaangelinayo carruurta markii ugu horreysay. Uma baahnid inaad dib u laba-jibaarto dukumentiyada hore loo xaqiijiyey, in la codsado mooyee.

Booqo myseiu.be/cfk si aad u hesho faahfaahin dheeraad ah:

- Sida loo dalbado Coverage for Kids (Caymiska Ilmaha).
- Cidda aad ku dari karto caymiska.
- Soo gudbinta dukumiintiyada cadeynta.



Sandra C.

Daryeel bixiye, Kennewick



Goorma ayaa caymisku billaaban doonaa?

Open Enrollment (Muddada Diiwaangelinta Sanadlaha ah ee Ceymiska Caafimaadka): Soo gudbi codsiyada ama isbeddellada ugu dambeyn 20-ka Luulyo si aad u hesho caymiska laga billaabo 1-da Agoosto.

U-qalmiitaanka Hore iyo Dhacdooyinka Noloshaha ee U qalma: Daboolidu waxay billaabantaa 1-da bisha ka dib marka codsigaaga la helo oo la farsameeyo, taas oo qaadanaysa qiyaastii 2 toddobaad. Tusaale ahaan, haddii codsigaagii la dhameystiray la helo:

- Ugu dambeyn Maarso 15, daboolidu waxay billaabnaysaa 1-da Abriil.
- inta u dhaxaysa Maarso 16 - 31, caymisku waxay billaaban doontaa 1-da Maajo.

Coverage for Kids (Caymiska Ilmaha) ma billaaban karto illaa ka dib marka la helo xaqijinta ku tiirsanaantaada oo laga shaqeeyo.

Sideen u bixiyaa kharashkayga wada bixinta bil kasta?

Shaqo-bixiyuhu si toos ah ayuu mushaarkaaga uga jari doonaa lacagta wada bixinta ah ee bil kasta aad bixiso (lacagta aad bixiso bil kasta) mushaarkaaga. Haddii loo-shaqeeyahaagu uusan awoodin inuu lacagta jaro, waxaad boostada laguugu soo diri doonta warqad aad iskaga bixiso iyo iimayl kugu hagaya inaad bixiso qaybtaada lacag-wadaaga khidmada ceymiska billaha ah. Waxaad ku bixin kartaa jeeg, ama adigoo isticmaalaya koontadaada faa'idooyinka caafimaadka ee internetka.

Daryeel-bixiyayaasha CDWA: Lacag-bixintaada ugu koowaad adiga ayaa iska bixin doonaa.

Sidee saacadaha shaqadu saameyn ugu yeeshaan caymiskayga?

Marka lagu diiwaan geliyo caymiska, saacadaha aad bil gudahood ku shaqaynayso waxay go'aaminayaan xaaladdaada caymiska 2 bilood ka dib. Tusaale: Saacadaha Janaayo ayaa go'aamiya caymiska Maarso.

Maxaa dhacaya haddii aan doonayo inaan joojiyo caymiska?

Si aad uga joojiyo caymiska naftaada ama carruurtaada, soo gudbi foomka Ka-dhaafida Caymiska. Haddii la helo ugu dambeyn 15-ka caymisku waxa uu dhamaanayaa 1-da bisha xigta. Haddii la helo kadib 15-ka caymisku waxa uu dhamaanayaa 1-da bisha soo socota.

Muhiim ah: Dib ayaad iska diiwaangelin kartaa oo kaliya inta lagu jiro Open Enrollment (Muddada Diiwaangelinta Sanadlaha ah ee Ceymiska Caafimaadka) ama Dhacdada Noloshaha ee U qalanta. Ka dhaafitaanada la helo ka hor Luulyo 1 dib ayaa loo cusboonaysiinayaa inta lagu jiro Open Enrollment (Muddada Diiwaangelinta Sanadlaha ah ee Ceymiska Caafimaadka). Waa inaad soo gudbisaa foom cusub oo Ka-dhaafitaanka Caymiska ah si aad u sii heysato ka-dhaafitaankaada. Haddii aad heysate caymis 12-kii bilood ee la soo dhaafay, si otomaatig ah ayaa lagu diiwaangelinayaa inaad soo gudbiso foom cusub oo ka-dhaafitaan ah mooyee.

Ka waran haddii aanan shaqeynin saacado igu filan?

Bilaha Dib u dhigista waxay bixiyaan ilaa 2 kordhin hal bil oo caymiska caafimaadka sanad kasta, taasoo ka caawinaysa adiga iyo dadka kugu tiirsan inaad sii haysataan caymiska haddii aadan buuxin saacadaha shaqo ee loo baahnaa. Wax badan ka baro myseiu.be/gm.

Haddii aad lumiso caymiska, waxaa lagu soo gudbin doonaa macluumaad COBRA haddii aad rabto inaad sii wadato caymiska adigoo bixinaya lacag bille ah. Haddii aad joojiyo daryeel-bixinta, ka eeg u-qalmiitaankaaga Washington Apple Health ama booqo wahealthplanfinder.org.

Hel saacado dheeraad ah si aad u heysato caymiskaaga.

Haddii aad u baahan tahay saacado dheeraad ah si aad u hesho ama u sii heysato daboolidda, isku day Carina, dheef shaqo-beegid bilaash ah oo kaa caawinaya inaad hesho macaamiil badan.



Bisha Shaqada	Bisha Caymiska
JANAAYO →	MAARSO
FEBRAAYO →	ABRIIL
MAARSO →	MA SAMAYN
ABRIIL →	JUUN
MA SAMAYN →	LUULYO
JUUN →	AGOSTO
LUULYO →	SEBTEMBAR
AGOSTO →	OKTOOBAR
SEBTEMBAR →	NOOFEMBAR
OKTOOBAR →	DISEMBAR
NOOFEMBAR →	JANAAYO
DISEMBAR →	FEBRAAYO

Saacadaha aad bishan mushaarka ku shaqayso: (left side)
Go'aami caymiska bishan: (right side)

Patrick M. Bixiyaha daryeelka, Puyallup

U hel Taageero

wixii ah su'aalaha aad ka qabto caymiska daryeelka caafimaadka, u-qalmitaanka, codsashada iyo wax kaloo badan.

Adeegga macaamiisha wuxuu diyaar yahay Isniin-Jimce, 8 subaxnimo illaa 6 fiidnimo.

1-877-606-6705

Taageero luuqad ahaan ah waa la heli karaa.

Taageerada Sheekeysiga Tooska ah

Gal myseiu.be/magnacare si aad u hesho taageerada sheekeysiga.

SEIU775BG-caregiver@magnacare.com

Ma awoodi weyday inaad la xiriirto adeegga macaamiisha inta lagu jiro saacadaha shaqada? Iimayl dir oo hel jawaab 2 maalmood oo shaqo gudahood.



Faham Erayada Guud ee Ceymiska

Eeg qeexitaannada erayada guud si aad si wanaagsan ugu fahamto caymiskaaga.

myseiu.be/hc-terms

Wax badan Ka Ogoow Coverage for Kids (Caymiska Ilmaha)

Baro sida loo codsado oona buuxi codsigaaga.

myseiu.be/cfk

Marin u hel Akoonkaaga Dheefaha Caafimaadka

Baro sida loo sameysto akoon oona ka codso caymiska onlaynka.

myseiu.be/hba



Caregiver Kicks: Kabo Bilaash ah oo Loogu Talagalay Daryeel Bixiyeyaasha

Waxaa lagu heli karaa in ka badan 90 qaab oo ka socda Reebok illaa Sketchers, Caregiver Kicks waa kabo aan simbiririxasho lahayn oo loogu talagalay inay kuugu ilaaliyaan si ammaan ah oo raaxo leh aad dareento inta aad shaqada ku jirto. Daryeel bixiyeyaasha u qalma waxeey heli karaan joog sannad kasta!

myseiu.be/kicks

2026-2027

CAYMISKA DARYEELKA CAAFIMAAD

Faahfaahinta Qorshaha



Buuggan waxa uu ka kooban yahay dukumiintiyo muhiim ah oo kaa caawin doona fahamkaada caymiskaaga daryeelka caafimaadka:

Soo Koobitaanka Isbeddelada Qorshaha (SMM):

Wuxuu sheegaa wax kasta oo cusboonaysiin ah ama wax ka beddelo ah oo ku imaada qorshahaaga laga bilaabo Agoosto 1, 2026.

Sawirka Guud ee Caafimaadka iyo Qorshaha Caymiska Ilkaha:

Dulmar degdeg ah, oo fudud in la akhriyo oo ku saabsan dheefahaaga ee loogu talagalay qorshahaaga caymiska caafimaad iyo noocyada caymiska ilkaha, oo ay diyaarisay SEIU 775 Benefits Group.

Soo Koobitaanka Dheefaha iyo Ceymiska (SBC):

Waa sharaxaad faahfaahsan oo ku saabsan qorshahaaga caymiska, oo ay ka mid yihiin:

- Sida guud ee loo daboolo baahiyaha caafimaad iyo daawooyinka (sida booqashada dhakhtarka, shaybaarada, daryeelka sokorow, iwm).
- Waxa aad bixinayso iyo waxa qorshuhu uu bixinayo (khidmadaha kaa go'aayo, lacagaha hore-loo bixiyo, iyo lacag caymiska lawada bixiyo).
- Waxa qorshuhu daboolayo—iyo waxa aanu daboolin (xadidaadaha ama wax laga reebay caymiska).

Khayraadka Qorshaha:

Lambarrada taleefanka iyo mareegaha aad isticmaali karto marka lagu diiwaangeiliyo.

Waxaad xaq u leedahay qorshaha caafimaad ee Kaiser Permanente Northwest. Qorshahan waxa uu dhaqangalayaa laga bilaabo Agoosto 1, 2026 ilaa Luulyo 31, 2027.

Wixii macluumaad dheeraad ah ee ku saabsan SBC, ama su'aalo kale oo ku saabsan caymiska, fadlan kala xidhiidh Adeegga Macaamiisha Dheefaha Caafimaadka:

1-877-606-6705

Isniin-Jimco, 8 a.m. ilaa 6 p.m.

SEIU775BG-caregiver@magnacare.com



Soo Koobitaanka Wax-ka-beddelka Sheyada iyo Yaraynada

**ku socoto Caymiska Caafimaadka ee lagu bixiyo SEIU
Healthcare NW Health Benefits Trust ee loogu talagalay
Adeeg Bixiyeyaasha Shaqsiyadeed (IPs) ee Consumer Direct of
Washington (CDWA) iyo Adeeg Bixiyeyaasha Hay'ada (AP-yada)**

Soo Koobitaanka Isbeddelada Qorshaha ("SMM") wuxuu wax ka beddelayaa qaar ka mid ah macluumaadka ku jira Soo Koobitaanka Sharaxaada Qorshaha ("SPD") ee loogu talagalay kharash dabarida caymiska ee Qorshaha Asaasiga ah ("Qorshaha") kaas oo qeexaaya Qorshaha laga bilaabo Agoosto 1, 2026.

Waxay dhaqan gelyasaa laga bilaabo Agoosto 1, 2026, dheefaha qorshaha iyo xeerarka u-qalmiinta ee caymiska daryeelka caafimaadka ayaa is beddeli doona. APs and IPs waa inay ka warqabaan horumarinada dheefaha soo socda:

- Daryeelka Araga VSP waxay noqon doontaa bixiyahaaga cusub ee aragga ee joogtada ah, oo bixiya baaritaannada indhaha, qalabka indhaha, iyo muraayadaha indhaha ee la xidho.
- Xadka doolarka ee qalabka maqalka ee EPIC waa laga qaaday.
- Waxaad awoodi doontaa inaad hesho ilaa 12-bilood oo daaweynta hormoonka ama daawooyinka ka-hortagga uurka hal mar la qaadanayo.

Soo Koobitaanka Yareynada Sheyada ("SMR") wuxuu wax ka beddelayaa qaar ka mid ah macluumaadka ku jira Soo Koobitaanka Sharaxaada Qorshaha ("SPD") ee loogu talagalay kharash dabarida caymiska ee Qorshaha Asaasiga ah ("Qorshaha") kaas oo qeexaaya Qorshaha laga bilaabo Agoosto 1, 2026.

Waxay dhaqan gelyasaa laga bilaabo Agoosto 1, 2026, dheefaha qorshaha iyo xeerarka u-qalmiinta ee caymiska daryeelka caafimaadka ayaa is beddeli doona. APs and IPs waa inay ka warqabaan waxyaabahaan soo socda:

- SEIU Healthcare NW Health Benefits Trust hadda dib dambe kuma bixinayso adeegyada iyada oo loo marayo Headspace.

Wixii faahfaahin dheeri ah ee ku saabsan isbeddeladan, fadlan kala xiriir Adeegga Macaamiisha lambarka 1-877-606-6705 (Isniin Jimce, 8 a.m ilaa 6 p.m.) ama iimail u dir SEIU775BG-caregiver@magnacare.com.

Kani waa soo koobid kooban oo ku saabsan dheefooyinka ay bixisay SEIU 775 Benefits Group. KANI MA AHAN HESHIIS AMA SHAHAADO CEYMIS. Dhammaan dheefooyinka, oo ay ka mid yihiin daryeelka baddelka ah, waxaa loogu talaglay adeegyo caafimaad ahaan muhiim ah. Qofka Xubnaha ah waxaa laga qaadi doonaa qiima wadaaga qaybta yar ee adeega ceymiska leh ama qiimaha saxda ah ee adeegaas. Si aad u hesho qodobadda ceymiska oo dhameystiran, oo ay ku jiraan xadidaadaha, fadlan ka tixraac shahaadadaada ceymiska.

Ceymiska Bixiyaha U Shaqeeya Shirkada Ceymiska	
Inta Ugu Badan Lacagta Jaabka Laga Bixiyo	
Halki Xubne	\$1,250
Qoyska oo Dhan	\$2,500
Lacagta la jaro	\$0
Booqashooyinka Xafiiska	
Jadwalka baaritaanka Jireed kahortagga ah	\$0
Daryeelka Assaasiga ah	\$0
Daryeelka Gaarka ah	\$15
Daryeelka Degdegga ah	\$30
Baaritaanada	
Baaritaanada Kahortagga ah	\$0
Sheybaar	\$0
Raajo, sawirid, habraacyada cudur ogaanshaha gaarka ah	\$0
Baaritaanada CT, MRI, PET	\$50 halki booqasho waaxeed. Adeegyada qaarkood waxay u baahnaan karaan oggolaansho horudhac ah.
Daawooyinka (bukaan socodka)	
Daawada dhakhtarku qoro (siinta ilaa iyo 30-ka maalmood ah)	\$5 daawooyinka baddelka u ah kuwa kale ee la doorbidayo/\$25 daawooyinka shirkadaha gaarka ah ee la doorbidayo/\$50 shirkadaha aan la doorbideynin Insuliin: \$0 daawooyinka baddelka u ah kuwa kale ee la doorbidayo/\$0 daawooyinka shirkadaha gaarka ah ee la doorbidayo/\$0 shirkadaha aan la doorbideynin Booriyaasha neefsiga iyo cirbadda EPI \$5 daawo guud ah/\$25 daawooyinka shirkadaha gaarka ah ee la doorbidayo
Ku Iibso Boostada Daawada dhakhtarku qoro (siinta ilaa iyo 90-ka maalmood ah)	\$10 daawooyinka baddelka u ah kuwa kale ee la doorbidayo/\$50 daawooyinka shirkadaha gaarka ah ee la doorbidayo/\$100 shirkadaha aan la doorbideynin
Dawooyinka la bixiyay, oo ay ku jiraan cirbadaha (dhammaan xarumaha bukaan socodka)	\$0
Booqashooyinka qolka daaweynta ee kalkaalisada si loo qaato cirbad	\$0
Daryeelka Dhalmada	
Daryeelka dhalmada iyo booqashada koowaad ee dhalmada ka-gadaal ee qorsheysan	\$0
Sheybaar	\$0

Raajo, sawirid, habraacyada cudur ogaanshaha gaarka ah	\$0
Adeegyada Isbitaalka ee Bukaani Jiiifka	\$100 halki isbitaal dhigis
Dhalmo la'aanta	
Adeegyada caafimaadka iyo qalliinka ee lagu daaweeyo madhalaysnimada iyo dhalmo la'aanta iyo dhammaan adeegyada la xiriira	Lagu dabaro dheef gaar ah: Taranka iyo Qoys Dhisida ee Progyny. Dheefta 2+1 Smart Cycles si looga caawiyo xubnaha safarkooda Taranka iyo Qoys Dhisida. Wax badan ka baro myseiu.be/progyny
Adeegyada Isbitaalka	
Adeegyada Isbitaalka (halki gaadiidba)	\$75
Booqashada waaxda gurmadka dedgdegga ah	\$200 (Oo laga dhaafayo haddii la seexiyo)
Adeegyada Isbitaalka ee Bukaani Jiiifka	\$100 halki isbitaal dhigis
Booqashada dawaynta kiimikada/dawaynta shucaaca	\$15
Dalabka caafimaadka ee raaga, qalabyada isbeerka jirka ee banaanka ah, iyo qalabyada cuuryaanka ee socodka saacideeya	0% Lacagaha haraaga lacag jarista kadib
Daaweynta jirka, hadal, iyo fayo-qabka shaqada (Ilaa iyo 20 booqashooyin halki Mudda Sanadeedba)	\$15
Adeegyada Xarunta Dadka Lagu Xanaaneeyo	
Adeegyada xarunta dadka lagu xanaaneeyo ee bukaan jiiifka (ilaa iyo 100 maalmood Halki Mudda sanadeedba)	\$0
Adeegyada Balwada Maandooriyaha	
Adeegyada Bukaani Socodka	\$0
Adeegyada Isbitaalka iyo deegaanka ee bukaan jiiifka	\$100 halki isbitaal dhigis.
Adeegyada Caafimaadka Dhimirka	
Adeegyada Bukaani Socodka (Booqashada kooxeed ½ khidmada adeegga ceymiska)	\$0
Adeegyada Isbitaalka iyo deegaanka ee bukaan jiiifka	\$100 halki isbitaal dhigis
Daryeelka Baddelka ah	
Adeegyada Daawaynta Jir Duridda ah	\$0 khidmada adeegga ceymiska, ilaa iyo 20 booqasho oo uu qofka is-geeyo sanadkiiba
Adeegyada Daryeelka U Jimcinta	\$0 khidmada adeegga ceymiska, ilaa iyo 20 booqasho oo uu qofka is-geeyo sanadkiiba
Daaweynta Daliigista	\$25 khidmada adeegga ceymiska, ilaa iyo 12 booqasho oo uu qofka is-geeyo sanadkiiba
Daawada Dabiiciga Ah	\$0 khidmada adeegga ceymiska, booqasho aan xad lahayn
Adeegyada Aragga	
Jadwaleynta Baaritaannada indhaha, qalabka aragga, iyo adeegyada indhaha	Lagu dabaro dheef gaar ah: Jadwalka daryeelka VSP. Wax badan ka baro myseiu.be/vsp
Adeegyada Maqalka	
Qalabka maqal-kaaliyaha	Lagu dabaro dheef gaar ah: Ceymiska maqalka EPIC. Ma lahan khidmada adeegga ceymiska, mal ahan xaddid hashi dhagba 3 sano oo kasta oo laga bixinayo kharashka maqal-kaaliyaha. Wax badan ka baro myseiu.be/epic

Tani waa guudmar kooban oo ku saabsan dheefaha la heli karo si la iskula barbardhigo oo kaliya oo kama dhigna heshiis. Marka lagaa diiwaangeliyo qorshe ceymis waxaad awood u yeelan doontaa inaad isticmaasho buug-yarahaaga dheefaha kaas oo faahfaahin dheeraad ah ka bixin doona Qorshahaaga Ceymiska Delta Dental PPO. Ka wac waaxda Adeegga Macaamiisha ee Delta Dental lambarka **1-800-554-1907** ama booqo **DeltaDentalWA.com** haddii aad qabto wax su'aalo ah.

Muddada Dheefta:

Janaayo 1 - Diseembar 31

Qiimaha Ugu Badan ee Muddada Dheeft*

(halki qofba; ma khuseyso Class I): \$5,000

Toosinta Ilkaha—

Dadka wawayn iyo Carruurta:

50% oo leh qiimaha ugu badan inta aad nooshahay oo ah \$5,000 qofkiiba

*Daryeelka ilkaha ee laga helo dhakhtarka ilkaha ee PDA ayaa si buuxdo loo dabari doonaa ilaa iyo \$2,000 ugu badnaan, iyada oo lacagaha haraaga lacag jarista kadib laga dhaafay Class III - Adeegyada Wawayn.

Delta Dental Network

Dheefahaaga waxay ugu faa'iido badan yihiin marka aad adeegsanayso shabakadda Delta Dental PPO. Sidoo kale waxaad heli kartaa adeegga Delta Dental Premier® network, kaas oo kaa caawinaya inaad ballaarisoo xulashooyinkaaga.

Hel Burushka Ilkaha Sonicare oo Bilaash Ah



Xubnaha Delta Dental ee booqda adeeg bixiyaha Pacific Dental Alliance (PDA) bukaan cusub ahaan, waxay heli karaan burushka ilkaha ee Sonicare oo bilaash ah.

Eeg liiska adeeg bixiyaha PDA oo dhamaystiran:

myseiu.be/oe-pda

	Delta Dental PPO	Delta Dental Premier	Ka-Baxsan-Shabakadda
Lacag Jarista Muddada Dheefta			
Ma Khuseyso Class I & Toosinta Ilkaha Aan U Shaqeynin Shirkada (\$50 Halki Qofba)	\$0	\$50	\$50
Class I - Cudur Ogaansho iyo Kahortag			
Baaritaano Nadiifinta Foloraydh Raaajooyinka Bacda la saaro ilkaha	100%	80%	80%
Class II - Ilka Soo Celinta			
Soo celinta ilkaha Buuxinta Cadeynta ee Ilkaha Danbe Cilmiga Cudurada iyo Daaweynta Iliga Gudihisa (Xidid Dilidda) Cilmiga Cudurada Iliga Waxa Ku Wareegsan Qalliinka Afka	100%	60%	60%
Class III - Adeegyada Wawayn			
Ilkaha la gashto Ilkaha Qeybta Ahaan la gashto Bir Geliinada Iliga Lafaha Ilkaha Xiriiriya Lafaha Iliga Laga Dul Galiyo	80%	40%	40%

Sifooyinka

Kharashyada jeebka laga bixiyo ee ugu yar	○		
Wuxuu kuu dirayaa foomyaasha xaqsheegashada	○	○	
Maarayn tayo leh iyo ilaalinta kharashka	○	○	

Xaalada Ilkaha ee Gargaarka Degdegga Ah: Adeeg Bixiyayaasha Shirkada La Shaqeynaya waxay bixin doonaan daawaynta Xaalada Ilkaha ee Gargaarka Degdegga Ah inta lagu jiro saacaha shaqada. Shirkada ayaa bixin doonta dheefaha Adeegyada La Dabaro ee ay ku bixiyaan Adeeg Bixiyayaasha Shirkada La Shaqeynaya daawaynta Xaalada Ilkaha ee Gargaarka Degdegga Ah. Qofka Diiwaangashan ayaa raadsan kara daawaynta Xaalada Ilkaha ee Gargaarka Degdegga Ah ee laga helo Adeeg Bixiye Aan La Shaqaynin Shirkada haddii Qofka Diiwaangashan uu 50 mayl ka badan u jiro Xafiiska Adeeg Bixiyaha Shirkada La Shaqeynaya.

Iyada oo ay damaanad qaadeyso Willamette Dental of Washington, Inc. Qorshahan ceymiska wuxuu bixiyaa ceymiska adeegyo oo balaaran. Liiska hoose wuxuu macluumaad kaa siinayaa qaar ka mid ah habraacyada ugu badan ee lagu dabaro qorshahaaga. Wac **1-855-433-6825** ama booqo **myseiu.be/oe-willamette** si aad u hesho macluumaad dheeraad ah. Si aad u hesho liiska xadidaadaha iyo waxyaabaha reeban, booqo **myseiu.be/willamette-exclusions**.

Dheefaha	Khidmadaha adeega ceymiska
Qiimaha Ugu Badan Sanadka	Ma Lahan Qiimaha Ugu Badan Sanadka*
Lacagta la jaro	Ma lahan Lacagta la jaro
Booqashada Xafiiska ee Guud iyo Ilka Simmida	Ma Lahan Khidmadaha adeega Ceymiska booqashadiiba
Adeegyada Cudur Ogaanshaha iyo Kahortagga	
Jadwalka Baaritaanada iyo kuwa Gurmadka Dededegga ah, Raajooyinka, Ilka naadiifinta, Daaweynta Foloraydh, Bacda La Saaro Ilkaha (Halki iligba), Baaritaanka Kansarka ee Madaxa iyo Luqunta, Tilmaamta Nadaafadda Afka, Cabirka Ciirdka iyo Iliga u Dhaxeeya, Qiimeynta Caafimaadka Ciirdka iyo Ilkaha	Waxaa lagu Dabaraa Khidmadaha adeega ceymiska ee Booqashada Xafiiska
Daawaynta Ilkaha ee Ilka Soo Celinta	
Ilka buuxinta (Amalgam)	Waxaa lagu Dabaraa Khidmadaha adeega ceymiska ee Booqashada Xafiiska
Birta Dhoobka Leh ee La Geliyo Ilkaha	Waxaad bixineysaa \$250 oo ah Khidmada Adeegga Ceymiska
Cilmiga Buuxinta Ilkaha Macmalka ah	
Ilkaha Hoose ama Kore oo Dhameystiran	Waxaad bixineysaa \$400 oo ah Khidmada Adeegga Ceymiska
Lafaha Ilkaha Xiriiriya (halki Iligba)	Waxaad bixineysaa \$250 oo ah Khidmada Adeegga Ceymiska
Cilmiga Cudurada iyo Daaweynta Iliga Gudhiisa & Cilmiga Cudurada Iliga Waxa Ku Wareegsan	
Daweynta Xidid Dilidda - Ilkaha hore	Waxaad bixineysaa \$85 oo ah Khidmada Adeegga Ceymiska
Daweynta Xidid Dilidda - Ilkaha dhexe	Waxaad bixineysaa \$105 oo ah Khidmada Adeegga Ceymiska
Daweynta Xidid Dilidda - Goosaha dambe	Waxaad bixineysaa \$130 oo ah Khidmada Adeegga Ceymiska
Qalliinka Lafta Ciridka (Ilkaha halki Geesba)	Waxaad bixineysaa \$150 oo ah Khidmada Adeegga Ceymiska
Ilka Sifeynta (Ilkaha halki Geesba)	Waxaad bixineysaa \$75 oo ah Khidmada Adeegga Ceymiska
Qalliinka Afka	
Jadwalka Ilig Bixinta (Hal Ilig)	Waxaa lagu Dabaraa Khidmadaha adeega ceymiska ee Booqashada Xafiiska
Qalliinka Ilig Bixinta	Waxaad bixineysaa \$100 oo ah Khidmada Adeegga Ceymiska
Daaweynta Toosinta Ilkaha	
Daaweynta Ka Hor Toosinta Ilkaha	Waxaad bixineysaa \$150 oo ah Khidmada Adeegga Ceymiska**
Daaweynta Toosinta Ilkaha ee Dhameystiran	Waxaad bixineysaa \$1,500 oo ah Khidmada Adeegga Ceymiska
Bir Gelinta Iliga	
Qalliinka Bir Gelinta Iliga	Dheefta bir gelinta iliga ee ugu badan oo ah \$1,500 halki Mudda sanadeedba
Waxyaabo kala duwan	
Kawaawiso	Waxaa lagu Dabaraa Khidmadaha adeega ceymiska ee Booqashada Xafiiska
Lacagaha Shaybaarka Ilkaha	Waxaa lagu Dabaraa Khidmadaha adeega ceymiska ee Booqashada Xafiiska
Nitrous Oxide	Waxaad bixineysaa \$40 oo ah Khidmada Adeegga Ceymiska
Booqashada Xafiiska Takhasuslaha	Waxaad bixineysaa \$30 oo ah Khidmada Adeegga Ceymiska halki Booqashaba
Madhawga Daryeelka Gurmadka Degdegga ah ee Goobta Ka Baxsan	Waxaad bixineysaa khidmado ka badan \$250

*TMJ waxay leedahay \$1000 oo ah qiimaha ugu badan sanadka/ \$5000 oo ah qiimaha ugu badan inta aad nooshahay **Khidmada adeegga ceymiska waxaa lagu shubayaa khidmada Daaweynta Toosinta Ilkaha ee Dhameystiran haddii macmiilka uu aqbal qorshaha ceymiska ee daaweynta. **Xaalada Ilkaha ee Gargaarka Degdegga Ah:** Adeeg Bixiyayaasha Shirkada La Shaqeyaa waxay bixin doonaan daawaynta Xaalada Ilkaha ee Gargaarka Degdegga Ah inta lagu jiro saacaha shaqada. Shirkada ayaa bixin doonta dheefaha Adeegyada La Dabaro ee ay ku bixiyaan Adeeg Bixiyayaasha Shirkada La Shaqeyaa daawaynta Xaalada Ilkaha ee Gargaarka Degdegga Ah. Qofka Diiwaangashan ayaa raadsan kara daawaynta Xaalada Ilkaha ee Gargaarka Degdegga Ah ee laga helo Adeeg Bixiye Aan La Shaqayn Shirkada haddii Qofka Diiwaangashan uu 50 mayl ka badan u jiro Xafiiska Adeeg Bixiyaha Shirkada La Shaqeyaa.



**SEIU 775
BENEFITS GROUP**

vsp vision

Faahfaahinta Qorshaha

VSP Advantage

Taariikhda Dhaqangalka ah 8/1/2026


Kani waa soo koobitaan kaliya. Macluumaad dheeraad ah oo ku saabsan caymiskaaga aragga ee cusub, fadlan kala xiriir VSP Vision lambarka 800-785-0699.

Adeeg Buuxa ee Qorshaha VSP Advantage


Lacagaha Wadabixinta (Baaritaano / Muraayado)	\$0 / \$0
Inta jeer	
Imtixaan	12 Bilood Walba
Muraayadaha Indhaha	12 Bilood Walba
Galka Muraayadda	12 Bilood Walba
Faa'iidooyinka marka aad isticmaasho Bixiye ka tirsan Shabakadda VSP	
Baaritaan Indho oo Dhameystiran	\$0 Khidmada Adeegga Ceymiska
Baaritaanka Muraayadaha Indhaha	\$0
Baadhista Isha Qeybta Dambe	\$0
Daryeelka Indhaha ee Caafimaad Muhiim ah	Waxaa Lagu Daboolay Qorshaha Caafimaadka Waxay ku xiran tahay Kharash Wadaagga ee Booqashooyinka Xafiiska ee Khuseeya
Muraayadaha Indhaha	
Hal Arag	Waa la daboolay
Laba Arag La isku Leemiyay	Waa la daboolay
Seddex Arag La isku Leemiyay	Waa la daboolay
Gunnooyinka*	
Gunnada Galka Muraayadda	\$250
Gunnada Nooca Galka Muraayadda ee La Xushay	\$270
Galka Muraayadda ee Costco	\$250
Weenaysooyinka Muraayada Indhaha ee La Dooran Karo Badal muraayadaha ama galalka muraayadda	\$600
Qurxinada Muraayada Indhaha ee Kharashka Laga Bixiyay Jeebka	
Polycarbonate	Waa la daboolay
Daboolka Ka-hortagga Muraayad-Aan Iftiinka Soo Celin	\$40 Khidmada Adeegga Ceymiska
Xoqdinta iyo Dahaarka Cadceeda Qoraxda (UV)	Waa la daboolay
Lifaaq Sare	Waa la daboolay
Ookiyaalaha Photochromic	Waa la daboolay
Muraayadaha Caadiga ah	Waa la daboolay
Custom/Premium Progressives	\$55 Khidmada Adeegga Ceymiska
Dhammaan Qurxinada Muraayadaha Kale ee La Qiimo Dhimay	30%

Gunnooyinka Bixiyaha aan VSP ahayn	
Imtixaan	\$45
Hal Arag	\$30
Laba Arag	\$50
Seddex Arag	\$65
Muraayada Shucaaca Leh	\$100
Muraayadaha Caadiga ah (Progressive Lenses)	\$50
Galka Muraayadda	\$70
Muraayado indho oo Ikhtiyaar Leh Badal muraayadaha ama galalka muraayadda	\$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.
	Habilitation 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) 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> • 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.)		
<ul style="list-style-type: none"> • Acupuncture (20 visit limit/year) • Bariatric surgery 	<ul style="list-style-type: none"> • Chiropractic care (20 visit limit/year) • Hearing aids (1 aid / ear / 36 months) 	<ul style="list-style-type: none"> • Routine eye care (Adult)

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.cciio.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 (Deutsch): Fer Hilf griegie in Deitsch, ruf 1-800-813-2000 (TTY: 711) uff

NAVAJO (Dine): Dinek’ehgo 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 allis reel kapasal Falawasch au fafaingi tilifon ye 1-800-813-2000 (TTY: 711)

CHAMORRO (Chamoru): Para un ma ayuda gi finu Chamoru, à’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 መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-813-2000** ይደውሉ (TTY: 711)።

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

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. با **1-800-813-2000** تماس بگیرید (TTY 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 Sprachassistentz 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 រួមទាំងជំនួយនិងសេវាសមស្រប 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 ລວມທັງອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. 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। ਕਾਲ ਕਰੋ **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, включно 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**).

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

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](#).



OGEYSIISKA HIPAA EE XUQUUQDA DIIWAANGELINTA KHAASKA AH

Haddii aad diiddid is-diiwaangelinta naftaada ama dadka kugu tiirsan (oo ay ku jiraan xaaskaaga) sabab ah caymis caafimaad oo kale ama daboolida qorshaha caafimaadka koox, waxaa laga yaabaa inaad iska diiwaangeliso naftaada iyo kuwa kugu tiirsan qorshahan haddii adiga ama dadka kugu tiirsan aad weysaan u-qalmitaanka caymiska kale (ama haddii uu shaqo-bixiyuhu joojiyo lacag bixinta caymiskaaga ama dadka kugu tiirsan). Hase yeeshee, waa in aad codsataa is-diiwaangelinta 30 maalmood gudohood laga billaabo markii uu kaa dhamaado caymiska kale ee adiga ama kuwa ku tiirsansanaa (ama marka uu shaqo-bixiyuhu joojiyo in uu ka qaybqaato lacag bixinta ceymiska kale).

Intaa waxaa dheer, haddii aad leedahay ku-tiirsane cusub guur, dhalasho, korsasho, ama meelaynta korsashada awgeed, waxaa laga yaabaa in aad awoodo in aad diiwaangeliso naftaada iyo kuwa kugu tiirsan. Hase yeeshee, waa in aad codsatid diiwaangelinta 30 maalmood gudahooda ka dib guurka, dhalashada, korsashada, ama meelaynta korsashada.

Haddii adiga ama kuwa kugu tiirsan aad u-qalintaan kabida khidmada kaalmada ee gobolka ee Medicaid ama barnaamijka caymiska caafimaadka carruurta ee gobolka marka la eego caymiska hoos yimaada qorshahan, ama haddii adiga ama kuwa kugu tiirsan aad weydaan Medicaid ama barnaamijka caymiska caafimaadka carruurta sabab ah inaad hadda u qalmin, waxaa laga yaabaa inaad awoodo inaad iska diiwaan geliso naftaada iyo kuwa kugu tiirsanba qorshahan. Hase yeeshee, waa inaad codsatid isdiiwaangelinta 60 maalmood gudahooda ka dib go'aanka adiga ama kuwa kugu tiirsan ee u-qalmitaanka gargaarkan.

Si aad u codsato is-diiwaangelin gaar ah ama aad u hesho macluumaad dheeraad ah, fadlan la xiriir Maamulaha Ururka:

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

Qoraal Muhiim ah Oo ku Saabsan Dib u Celinta

Fadlan la soco in haddii aad doorato caymiska sii wadida COBRA ee u laabanaya dhacdadaada u qalmidda COBRA ama diiwaangelinta gaarka ah ee ku tiirsane cusub oo ku saleysan dhalashada ama korsashada illaa taariikhda dhalashada ama korsashada, waa inaad bixisaa wixii khidmadaha ah ee loo baahan yahay bilaha oo dhan ka hor inta aan lagu siin caymiska dib u celinta. Caymiska dib u celinta waa in uu ahaadaa mid joogto ah laga billaabo waqtiga ugu horreeya ee dib u celinta. Waxaa laga yaabaa inaad soo gudbiso cabashooyinka adeegyada muddada la hakiyey, laakiin waa lagaa hayn doonaa illaa aad bixiso lacagaha khidmadaha habboon.

Haddii aad qabto wax su'aalo ah oo ku saabsan sida macluumaadkan kuu khuseeyo, fadlan kala xiriir Adeegga Macaamiisha SEIU 775 barta (877) 606-6705.

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

**Kaalmada Khidmada Caymiska ee hoos timaada Medicaid
iyo Barnaamijka Caymiska Caafimaadka Carruurta
(Children’s Health Insurance Program, CHIP)**

Haddii adiga ama ilmaha aad u qalantaan Medicaid ama CHIP oo aad u qalantaan caymiska caafimaadka cida aad u shaqayso, gobolkaagu waxaa laga yaabaa inuu haysto barnaamij caawimaad khidmada oo kaa caawin kara bixinta khidmada caymiska, iyadoo isticmaalaya lacagaha laga helo barnaamijyadooda Medicaid ama CHIP. Haddii adiga ama ilmahaaga aanad u qalmin Medicaid ama CHIP, uma qalmi doontaan barnaamijyadan kaalmada khidmada caymiska laakiin waxaa laga yaabaa inaad ka gadataan caymiska shakhsi ahaaneed ee Shirkadaha Caymiska Caafimaadka. Wixii macluumaad dheeraad ah, booqo www.healthcare.gov.

Hadii adiga ama dadka kugu tiirsan aad hore uga diiwaangashan tihii Medicaid ama CHIP oo aad ku nooshahay Gobolka hoos ku qoran, la xiriir Gobolkaaga Medicaid ama xafiiska CHIP si aad u ogaato haddii kaalmada khidmada caymiska la heli karo.

Haddii adiga ama dadka kugu tiirsan AYSAN hada ka diiwaangashanayn Medicaid ama CHIP, oo aad u malaynayso in adiga ama mid kamid ah kuwa kugu tiirsan uu u qalmo mid ka mid ah barnaamijyadan, la xiriir xafiiska gobalka ee Medicaid ama CHIP ama wac **1-877-KIDS NOW** ama www.insurekidsnow.gov si loo ogaado sida loo codsado. Hadii aad u qalanto, weydii gobolkaaga haddii uu leeyahay barnaamij kaa caawin kara inaad bixiso khidmadaha qorshaha kafaala-qaadaha qofka loo shaqeeyo.

Hadii adiga ama dadka kugu tiirsan aad u qalantaan kaalmada khidmada caymiska ee hoos yimaada Medicaid ama CHIP, iyo sidoo kale aad ugu qalantaan qorshahaaga qofka loo shaqeeyo, qofka loo shaqeeyo waa inuu kuu ogolaadaa inaad iska diiwaangaliso qorshahaaga qofka loo shaqeeyo haddii aanad hore u diiwaangashanayn. Tan waxaa loogu yeeraa fursad “diiwaangalin gaar ah”, oo **waana inaad ku codsataa caymis 60 maalmood gudahooda markaad go'aansato inaad u qalanto kaalmada khidmada caymiska**. Haddii aad hayso su'aalo ku saabsan isu diiwaangalinta qorshahaaga loo shaqeeyaha, kala xiriir Waaxda Shaqada barta www.askebsa.dol.gov ama wac **1-866-444-EBSA (3272)**.

Haddii aad ku nooshahay mid kamid ah gobolada soo socda, waxa laga yaabaa inaad u qalanto kaalmada bixinta khidmadaha qorshaha caafimaadka qofka loo shaqeeyo. Liiska soo socda ee gobollada ayaa shaqayn doonaa laga bilaabo Janaayo 31, 2026. Kala xiriir Gobolkaaga si aad u hesho macluumaad dheeraad ah oo ku saabsan u qalmitaanka –

MONTANA – Medicaid	OREGON – Medicaid iyo CHIP
Websaytka: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Taleefonka: 1-800-694-3084 Iimaylka: HSHIPPProgram@mt.gov	Websaytka: http://healthcare.oregon.gov/Pages/index.aspx Taleefonka: 1-800-699-9075
WASHINGTON – Medicaid	
Websaytka: https://www.hca.wa.gov/ Taleefonka: 1-800-562-3022	

Si aad u aragto haddii gobollo kale ay ku dareen barnaamijka kaalmada caymiska illaa Janaayo 31, 2026, ama macluumaad dheeraad ah oo ku saabsan xuquuqaha isdiiwaangalinta gaarka ah, la xiriir mid ka kamid ah kuwan:

U.S. Department of Labor (Waaxda Shaqaalaha ee Mareykanka)
Maamulka Amniga ee Dheefaha Shaqaalaha
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services (Waaxda Caafimaadka iyo Adeegyada Aadanaha ee Maraykanka)
Xarumaha Adeegyada Medicare iyo Medicaid
www.cms.hhs.gov
1-877-267-2323, Ikhtiyaarka Menu-ga 4,
Lambar-hoosaadka. 61565

Bayaanka Xeerka Dhimitaanka Shaqooyinka Warqadaha Lagu Sameeyo


Sida waafaqsan Xeerka Dhimitaanka Shaqooyinka Warqadaha lagu Qabto ee 1995 (Pub. L. 104-13) (PRA), qofna loogama baahna inay ka jawaabaan uruurinta macluumaadka ilaa ururintaas ay muujiso lambarka xakameynta Xafiiska Maamulka iyo Miisaaniyadda (OMB) oo sax ah. Waaxdu waxay xustaa in hay'ada dawlada dhexe aysan samayni karin ama kafaala-qaadi karin uruurinta macluumaadka ilaa ay ka ogolaato OMB sida waafaqsan PRA, oo ay muujiso lambarka Xakamaynta OMB ee hada, dadweynahana loogama baahna inay ka jawaabaan uruurinta macluumaadka ilaa ay ku qoran lambarka xakamaynta OMB ee hada mooyaane. Ka eeg 44 U.S.C. 3507. Sidoo kale, iyadoon loo eegin xeerarka kale oo sharciga ah, qofna laguma ciqaabi karo ku guuldareysiga inuu u hogaansamo ururinta macluumaadka haddii ururinta macluumaadka aysan muujin lambarka xakamaynta OMB ee hada oo sax ah. Ka eeg 44 U.S.C. 3512.

Culayska soo wargalinta dadwaynaha ururinta macluumaadkan waxa lagu qiyaasaa celcelis ahaan todobada daqiiqo ee jawaab bixiye kasta. Dhinacyada danaynaya waxa lagu dhiirigelinayaa inay kusoo diraan faalooyin ku saabsan qiyaasta culayska ama dhinac kasta oo kale ee macluumaad ururintan ah, oo ay kamid yihiin talooyinka lagu dhimayo culayskan, 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 ama iimaylka ebsa.opr@dol.gov iyagoo tixraac uga dhigaya lambarka xakamaynta OMB 1210-0137.

Lambarka Xakamaynta OMB 1210-0137 (wuxuu dhacayaa 3/31/2026)

Khayraadka Qorshaha

Adeega Macmiilka Dheefaha Caafimaadka		MAGNACARE™
Telefoon	1-877-606-6705 Isniin- Jimce, 8 a.m ilaa 6 p.m.	
Iimaylka	SEIU775BG-caregiver@magnacare.com	
Akoonka Dheefaha Caafimaadka	myseiu.be/magnacare	

Kaiser Permanente Northwest		 KAISER PERMANENTE®
Adeegyada Xubinta Cusub	1-888-491-1124	myseiu.be/kp-new-member
Member Services	1-800-813-2000	myseiu.be/kp-member
Adeegyada Caafimaadka Dhimirka	1-800-813-2000	myseiu.be/kpnw-bh
Khadka Caawinta Kalkaaliyaha	1-800-324-8010	myseiu.be/kp-nurse
Caawimaadda Luuqadda ee Xubinta	1-800-813-2000	myseiu.be/kp-language

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

Dheefaha Kale		
Epic Hearing	1-877-363-5638	myseiu.be/epic
Progyny	1-833-233-0517	myseiu.be/progyny
Daryeelka Araga VSP	1-800-785-0699	myseiu.be/vsp

Ku Hel Taageero Luuqadaada

Ka wac Adeegga Macaamiisha lambarka 1-877-606-6705 ama iimayl u dir SEIU775BG-caregiver@magnacare.com.

Waxa lagugu xidhiidhin doonaa wakiil ku hadla afkaaga oo kaa caawin kara su'aalaha ku saabsan codsashada iyo maaraynta dheefahaaga.

Marka lagugu diiwaan geliyo caymiska daryeelka caafimaadka, taageerada luqadda ayaa laga heli doonaa gudaha qorshahaaga caafimaad.