



Focus on You



2024 BENEFIT ENROLLMENT GUIDE



YOUR HEALTH



YOUR INCOME SECURITY



YOUR LIFESTYLE

OPEN ENROLLMENT BEGINS NOVEMBER 20 TO DECEMBER 1

NOW IS THE TIME TO FOCUS ON YOU.

Your physical, emotional, and financial health are important, especially during challenging times. EvergreenHealth Monroe cares about you and your overall well-being, that's why we offer a comprehensive benefits package that can help provide you with the stability and security to be prepared for the unexpected.

Open Enrollment is the time to add or change benefits for the 2024 plan year. We understand how important it is to have resources to help make the best decisions for you and your family. Review your options presented in this benefits guide, compare plans, and choose what works best for you.



INITIAL ENROLLMENT

For new employees, this is your chance to enroll in the EvergreenHealth Monroe Employee Benefits Plan. You must enroll yourself and your dependents within 30 days of becoming eligible for benefits. You can enroll eligible dependents at the same time you enroll yourself. If you don't enroll, or you waive coverage, you'll receive the benefits shown below:

- Basic life insurance and AD&D
- Long-term disability
- Employee assistance plan

Once you're enrolled in benefits, you generally aren't allowed to make changes until the next annual Open Enrollment. Open Enrollment is your one chance each year to review your coverage and make changes to your benefits. It's also your chance to enroll if you declined coverage when you first became eligible. Open Enrollment changes take effect on January 1 each year.



Be Ready For Enrollment

EvergreenHealth Monroe provides a full range of benefits that address your needs now and in the future.

FOR YOUR HEALTH

- Medical & prescription drug insurance
- Dental insurance
- Vision insurance
- Flexible spending accounts (FSAs)

FOR YOUR WEALTH

- Long-term disability insurance (LTD)
- Basic life and accidental death and dismemberment (AD&D) insurance
- Supplemental life and accidental death and dismemberment (AD&D) insurance

FOR YOUR LIFESTYLE

- Employee assistance program (EAP)

NO VENDOR CHANGES FOR 2024:

- Medical/Rx benefits are provided by Premera Blue Cross
- Dental benefits are provided by Premera Blue Cross and Willamette Dental
- Vision benefits are provided by VSP
- Life/AD&D and supplemental life coverage is provided by Symetra
- Long-term disability is provided by Symetra
- Flexible spending accounts are available and administered by Navia Benefits
- An employee assistance program (EAP) is provided by Wellspring EAP



Take Action!

All employees are strongly encouraged to complete an Open Enrollment session to review, elect, or waive coverages for 2024. All elections made during Open Enrollment will become effective January 1, 2024. If you do not actively enroll, your benefits and dependent enrollments will remain unchanged from what you have today. Note that FSA benefits will not automatically carry over and must be elected each year.



ENROLLMENT INFORMATION

Do I Need to Enroll?

Before deciding whether you need to enroll in EvergreenHealth Monroe’s health and group benefits, take a close look at all the benefits and options we offer you. You may experience changes from year to year, and there likely will be changes to what you pay for coverage each year. It’s a good idea to make sure your benefits still fit you – and that you’re not paying for more coverage than you need.

You must enroll if you want to:

- Change your medical, dental, or vision coverage for next year
- Contribute to the health care and/or dependent care FSAs
- Change your optional employee life Insurance, spouse/domestic partner supplemental life insurance, AD&D insurance, or STD insurance choices

If you don’t enroll, you may be assigned coverage that won’t meet your needs.

When Can I Enroll?

As a benefits-eligible employee, you have the opportunity to enroll in or make changes to your benefit plans during our annual benefits enrollment period. Open Enrollment is November 20 to December 1 with your benefit choices being effective January 1, 2024. Our benefits plan year is January 1, 2024 to December 31, 2024.

If you’re enrolling as a new employee, contact Human Resources for your waiting period to be eligible for benefits.

Who We Cover

Employees:

Employees who work 20 hours per week or more are eligible for the benefits described in this guide.

Dependents:

- Your legal spouse or domestic partner (if enrolling a domestic partner, please complete an affidavit of domestic partnership)
- Your children up to age 26 (children may include biological, adopted, step-children, and children for whom you have legal guardianship)
- Your children over age 26 who are not able to support themselves due to a physical or mental disability



Additional Information

SPOUSE/DOMESTIC PARTNER COVERAGE

If your spouse/domestic partner has access to other health coverage, such as through their employer, and that coverage meets the minimum requirements of the Affordable Care Act, you will not be able to cover them under your EvergreenHealth Monroe health plans. You may still enroll your spouse/domestic partner in EvergreenHealth Monroe dental or vision coverage.



MEDICAL BENEFITS

Each person's health care needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation.

DID YOU KNOW?

Medical debt currently affects **1 in 4** individuals. Make sure you choose the correct health plan.

National Patient Advocate Foundation 2021



BENEFIT	PREMERA BLUE CROSS		
	In-Network	Out-of-Network	
Annual/Calendar Year Deductible (Individual/Family)	\$250/\$750	Shared with in-network	
Out-of-Pocket Maximum (Individual/Family)	\$2,000/\$4,000	Shared with in-network	
Coinsurance	10% coinsurance	40% coinsurance	
Physician Services			
Doctor's Office Visit	10% coinsurance	40% coinsurance	
Specialist Office Visit	10% coinsurance	40% coinsurance	
Preventive Care	Covered in full	Not covered	
Lab & X-ray Services	10% coinsurance	40% coinsurance	
Hospital Services			
Inpatient	\$200 copay per day (up to \$600) + 10% coinsurance	40% coinsurance	
Outpatient	10% coinsurance	40% coinsurance	
Emergency Care	Hospital-based: \$75 copay/visit Freestanding center: 10% coinsurance	Hospital-based: \$75 copay/visit Freestanding center: 40% coinsurance	
Pregnancy & Maternity Care (Prenatal)	10% coinsurance	40% coinsurance	
PRESCRIPTION DRUGS	PREMERA BLUE CROSS		
	In-Network	Out-of-Network	
Retail (30-Day Supply)			
Generic	\$10, deductible waived	\$10 copay + 40% coinsurance, deductible waived	
Preferred Brand	\$25, deductible waived	\$25 copay + 40% coinsurance, deductible waived	
Non-preferred Brand	\$50, deductible waived	\$50 copay + 40% coinsurance, deductible waived	
Mail Order (90-Day Supply)			
Generic	\$20, deductible waived	Not covered	
Preferred Brand	\$50, deductible waived	Not covered	
Non-preferred Brand	\$100, deductible waived	Not covered	
MONTHLY PAYCHECK DEDUCTIONS	Total Monthly Cost	Company Pays	Your Monthly Cost
Employee Only	\$1,186.04	\$1,186.04	\$0.00
Employee + Spouse/Domestic Partner	\$2,668.57	\$2,180.29	\$488.28
Employee + Child(ren)	\$2,075.58	\$1,782.60	\$292.98
Family	\$3,558.14	\$2,776.88	\$781.26

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, customary, and reasonable charges apply for all out-of-network benefits.



TELEMEDICINE

When you need medical advice, but don't have the time or want the cost associated with a trip to the doctor's office, video visits are available through Doctor on Demand. These can be done in just minutes with no travel time. It's quick, convenient, and saves you money.

Doctors are available to treat many common medical conditions at times that are convenient for you.

Get Care For:

- Cold, flu, and sinus infections
- Nausea and vomiting
- Asthma, allergies, and rashes
- Urinary tract infections
- Headaches and migraines
- Stress and anxiety
- Trauma and grief counseling
- Insomnia, depression, and mood swings

To learn more, visit www.doctorondemand.com/premera. Make an appointment today by downloading the Doctor on Demand app.

CONTROLLING HEALTH CARE COSTS

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:



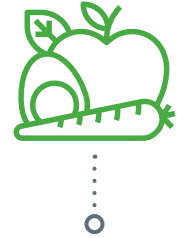
Use network providers. You will receive a higher level of benefits if you use providers who participate in the network.



Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.



Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.



Exercise and maintain a proper diet. The healthier you are, the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.





DENTAL BENEFITS

Your dental health is an important part of your overall wellness. You may choose from the following dental insurance plans through Premera Blue Cross and Willamette Dental.

BENEFIT	PREMERA BLUE CROSS DENTAL (IN-NETWORK)			WILLAMETTE DENTAL		
	Total Monthly Cost	Company Pays	Your Monthly Cost	Total Monthly Cost	Company Pays	Your Monthly Cost
Annual/Calendar Year Maximum	\$1,750 PCY			No annual maximum		
Annual/Calendar Year Deductible (Individual/Family)	\$50/\$150			No deductible		
Preventive Services	Covered in full			\$5 copay		
Basic Services	Deductible, then 20%			\$10 - \$150 copay		
Major Services	Deductible, then 50%			\$100 - \$175 copay		
Orthodontia Lifetime Maximum	\$1,750			\$1,500 copay		
MONTHLY PAYCHECK DEDUCTIONS	Total Monthly Cost	Company Pays	Your Monthly Cost	Total Monthly Cost	Company Pays	Your Monthly Cost
Employee Only	\$49.86	\$49.86	\$0.00	\$56.25	\$56.25	\$0.00
Employee + Spouse/Domestic Partner	\$106.76	\$78.30	\$28.46	\$112.45	\$84.35	\$28.10
Employee + Child(ren)	\$135.50	\$92.67	\$42.83	\$112.45	\$84.35	\$28.10
Family	\$190.05	\$119.95	\$70.10	\$168.70	\$112.47	\$56.23

What Does Preventive Dental Care Typically Cover?

Preventive care can save you money later on procedures that are more urgent, complex, and costly.



Routine dental checkups and cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.



Professional fluoride treatments can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.



Dental sealants go a step beyond fluoride by providing a thin, coating to the surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.



X-ray images of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.



VISION BENEFITS

EvergreenHealth Monroe offers vision coverage through Vision Service Plan (VSP). Benefits include eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction.

BENEFIT	VSP CHOICE		
Exam	\$10 copay		
Lenses	\$25 copay		
Frames	Up to \$130 allowance		
Contact Lenses Instead of Glasses			
Conventional/Disposable	\$130 allowance		
Medically Necessary	\$130 allowance		
MONTHLY PAYCHECK DEDUCTIONS	Total Monthly Cost	Company Pays	Your Monthly Cost
Employee Only	\$6.43	\$6.43	\$0.00
Employee + Spouse/Domestic Partner	\$10.28	\$8.34	\$1.94
Employee + Child(ren)	\$10.50	\$8.46	\$2.04
Family	\$16.93	\$11.67	\$5.26

NOTE: ID Card not required for vision services.



5 Tips for a Lifetime of Healthy Vision

1. Schedule yearly eye exams. Visiting your eye doctor regularly helps you see your best, protects your sight, and even detects serious health conditions such as diabetes.
2. Protect your eyes against UV rays. No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
3. Give your eyes a break from digital devices. Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.
4. Quit smoking. Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
5. Practice safe wear and care of contact lenses. Keep them clean, and follow the recommendations for use and wear.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Reduce your tax bill while putting aside money for health care, dependent care needs.

Flexible spending accounts (FSAs) allow you to put aside money for important expenses and help you reduce your income taxes at the same time. EvergreenHealth Monroe offers two types of accounts – a health care FSA and a dependent care FSA.



Deductibles, copays, prescription drugs, medical equipment, etc.*



Babysitters, day care, day camp, home nursing care, etc.*

How Flexible Spending Accounts (FSAs) Work

1. Each year during the Open Enrollment period, you decide how much to set aside for health care or dependent care expenses.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the calendar year.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.

Please note that these accounts are separate – you may choose to participate in one, both, or neither. You cannot use money from the health care FSA to cover expenses eligible under the dependent care FSA or vice versa.

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Health Care Flexible Spending Account	\$3,200	Copays, deductibles, orthodontia, over-the-counter medications, etc.*
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, etc.*

NOTE: See IRS Publications 502 and 503 for a complete list of covered expenses.

Use It or Lose It!

Be sure to calculate your FSA contributions carefully. These funds do not roll over from year-to-year, and you must actively enroll on a yearly basis. You are not automatically re-enrolled.



Health Care Items You Might Not Realize are FSA Eligible:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts and other foot grooming treatments
- Travel pillows
- Motion sickness bands

Go to www.benefitsquest.com/fsa for a complete list of covered expenses.



DISABILITY INSURANCE

Your ability to bring home a paycheck is a valuable asset. We help you protect it.

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages.

Voluntary Short-Term Disability Buy-Up

Depending on your household budget, you may need additional disability coverage. To help you increase your disability protection, EvergreenHealth Monroe has negotiated a special rate that allows eligible employees to purchase additional short-term coverage at an affordable cost.

This voluntary coverage allows you to choose the amount of extra coverage you need and a cost you can afford. You also can keep this policy if you leave EvergreenHealth Monroe.

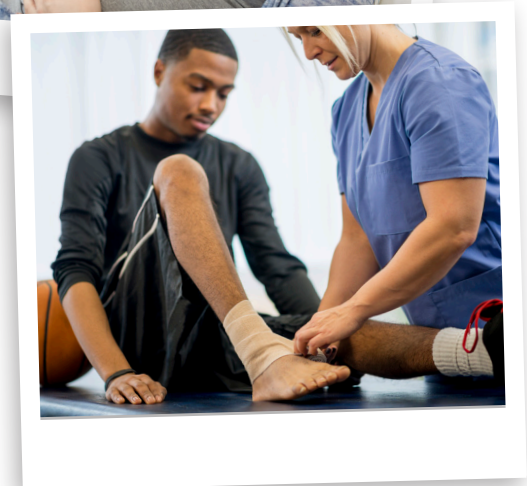
Long-Term Disability (LTD)

Long-term disability (LTD) insurance helps protect your finances when your disability continues beyond the period covered by the STD plan. This benefit is also fully paid for by the company and enrollment is automatic. The benefit is equal to 60% of your base monthly earnings to a maximum of \$10,000 per month.

DID YOU KNOW?

It is estimated that **1 in 4** 20 year olds will experience a disability for 90 days or more before they reach age 67.

Social Security Administration, Disability Insurance, Facts 2021





LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Always be there financially for your loved ones.

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Life insurance ensures your family's future is financially secure if you're no longer there to provide for them.

EvergreenHealth Monroe provides basic term life insurance and offers additional options to give you the ability to assemble a complete life insurance portfolio.

Basic Term Life and AD&D Insurance

EvergreenHealth Monroe provides eligible employees with basic term life and accidental death and dismemberment (AD&D) coverage at no cost to you and enrollment is automatic.

- **Basic Term Life:** The benefit is \$35,000.
- **AD&D:** If you are seriously injured or lose your life in an accident, you will be eligible for up to \$35,000.

Supplemental Life and AD&D Insurance

You may also choose to purchase supplemental life insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions.

- **Employee:** \$10,000 to \$500,000, in increments of \$10,000, not to exceed 5 times earnings.
- **Spouse/Domestic Partner:** \$5,000 to \$100,000, in increments of \$5,000, not to exceed 50% of employee supplemental life amount.
- **Child(ren) 15 days to 25 years:** \$10,000.

LIFE INSURANCE PLAN COMPARISON CHART	
Basic Term Life	Supplemental Life
The premiums are fully company paid.	The premiums increase as you age.
This plan replaces your income so that your family can cover items like mortgage, tuition, and household expenses.	This plan replaces your income so that your family can cover items like mortgage, tuition, and household expenses.
Coverage ends when you leave the company.	You may have the option to change to an individual policy that you can continue.



ADDITIONAL BENEFITS

Employee Assistance Program (EAP) through Wellspring EAP

Balancing the demands of work, family, and personal needs can be challenging, especially during uncertain times. EvergreenHealth Monroe knows how important it is to have support when you need it most. Our employee assistance program (EAP) is available at no cost to you and your family members and provides confidential counseling and resources to help you with concerns such as:

- Anxiety and depression
- Grief and loss
- Substance abuse
- Financial and legal concerns
- Relationship and family matters
- Parenting
- Work-related issues
- Child and elder care

PLAN FEATURES

- Provided at no cost to you and your household members
- Includes up to 3 in-person or virtual counseling sessions
- Confidential services provided by licensed professionals
- Available 24/7/365

To access the EAP, call **800-553-7798** or visit wellspringeap.org (User Name: EvergreenHealth Monroe).





GET MORE INFORMATION

BENEFIT	WHO TO CALL	WEBSITE	PHONE NUMBER
Medical & Prescription Drug	Premera Blue Cross	www.premera.com	800-722-1471
Dental	Premera Blue Cross	www.premera.com	800-722-1471
	Willamette Dental	www.willamettedental.com	855-433-6825
Vision	VSP	www.vsp.com	800-877-7195
Flexible Spending Accounts	Navia Benefit Solutions	www.naviabenefits.com	800-669-3539
Short & Long-Term Disability Claims	Symetra	www.symetra.com	800-426-7784
Basic Life & Accidental Death & Dismemberment Claims	Symetra	www.symetra.com	800-426-7784
Supplemental Life Claims	Symetra	www.symetra.com	800-426-7784
Employee Assistance Program	Wellspring	www.wellspringeap.org Username: EvergreenHealth Monroe	800-553-7798
Human Resources	EvergreenHealth Monroe HR	dptehmhumanresources@evergreenhealthcare.org	360-794-1412

ABOUT THIS GUIDE: This guide highlights all employee benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan description (SPD), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Updated 11/2023

IMPORTANT NOTICES

ABOUT THIS GUIDE

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WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call Premera Blue Cross customer service at **800-722-1471**.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted and you will continue to pay the same amount as if you were not absent. If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact EvergreenHealth Monroe HR for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

YOUR OPTIONS

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with EvergreenHealth Monroe and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. EvergreenHealth Monroe has determined that the prescription drug coverage offered by the EvergreenHealth Monroe Employee Benefit Plan through Premera Blue Cross is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you do decide to join a Medicare drug plan, your current EvergreenHealth Monroe coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back outside of Open Enrollment or a qualifying life event.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with EvergreenHealth Monroe and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through EvergreenHealth Monroe changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- Call **800-MEDICARE (800-633-4227)** TTY users should call **877-486-2048**

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at:

- www.socialsecurity.gov
- or call: **800-772-1213** (TTY: **800-325-0778**)

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 10/15/23

Contact: Human Resources

Address: 14701 179th Ave SE, Monroe, WA 98272

Phone: **360-794-1412**

GLOSSARY

AFFORDABLE CARE ACT AND PATIENT PROTECTION (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime limits on medical benefits, reduced FSA contributions, covering preventive care without cost-sharing, etc., among other requirements.

BRAND NAME DRUG

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

COINSURANCE

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

COPAYMENT (COPAY)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

DEDUCTIBLE

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

EMPLOYER CONTRIBUTION

Each month, the company provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

GENERIC DRUG

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

HEALTH SAVINGS ACCOUNT (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

OUT-OF-POCKET MAXIMUM

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

PLAN YEAR

The year for which the benefits you choose during Open Enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next Open Enrollment.

PREVENTIVE CARE

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the American Medical Association.

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 **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 **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 July 31, 2023. Contact your state for more information on eligibility –

1. ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447
2. ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>
3. ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)
4. CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website:
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov
5. COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.mycobibi.com/>
HIBI Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268
7. GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2
8. INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone: 1-800-457-4584
9. IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
11. KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
12. LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
13. MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711
14. MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com
15. MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739
16. MISSOURI – Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005
17. MONTANA – Medicaid
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HHSHIPPPProgram@mt.gov
18. NEBRASKA – Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
19. NEVADA – Medicaid
Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900
20. NEW HAMPSHIRE – Medicaid
Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
21. NEW JERSEY – Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710
22. NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid
Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid
Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742
26. OREGON – Medicaid
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP
Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
29. SOUTH CAROLINA – Medicaid
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820
30. SOUTH DAKOTA – Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059
31. TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493
32. UTAH – Medicaid and CHIP
Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669
33. VERMONT – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427
34. VIRGINIA – Medicaid and CHIP
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924
35. WASHINGTON – Medicaid
Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022
36. WEST VIRGINIA – Medicaid and CHIP
Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
37. WISCONSIN – Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002
38. WYOMING – Medicaid
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61566



Care From Anywhere— Without Ever Leaving Home

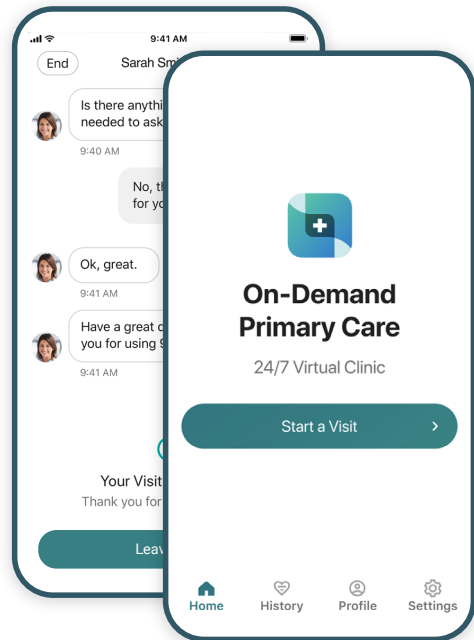
98point6® is now available.

98point6 is on-demand, text-based primary care from the convenience of an app. Our board-certified physicians can:

- ✓ Diagnose and treat
- ✓ Order prescriptions and labs as necessary
- ✓ Provide answers and peace of mind

Our doctors are here 24/7 to deliver diagnosis and treatment without setting foot in a doctor's office, ER or urgent care—avoiding unnecessary exposure.

Visits are available to you and your family ages 1+ at little to no cost.



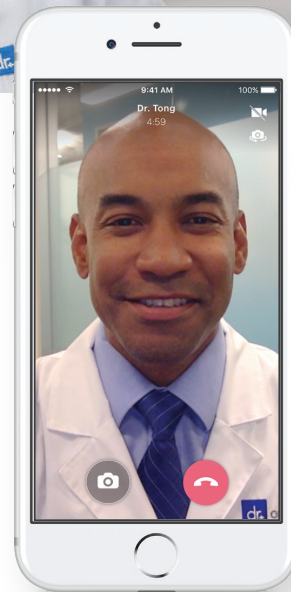
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98point6 app today.





A doctor who is with you always - every day.

Connect with our board-certified doctors and licensed psychologists via live video right from your phone, tablet or computer on demand 24/7 or by appointment.



How we can help

Some examples of how our doctors and psychologists can help:

- + Colds & Allergies
- + Migraines & Headaches
- + Urinary Tract Infections
- + Acne & Skin Conditions
- + Anxiety & Depression
- + Heart Health
- + Labs & Screenings
- + Prescription Refills*

What it costs

Doctor On Demand video visits cost far less than a trip to the emergency room or urgent care. The cost of your visit is provided up front, so you won't have any surprises after your visit. There are no setup or monthly fees.

For more information, visit:
doctorondemand.com

Get started

Join Doctor On Demand in 3 easy steps.



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Sign up and create an account



Add your coverage

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Doctor On Demand operates subject to state laws. Doctor On Demand offers medical care in all 50 states and the District of Columbia. Doctor On Demand offers behavioral health care in all states where behavioral health care is available to Doctor On Demand's patient population at large. Doctor On Demand is not intended to replace an annual, in-person visit with a primary care physician. *Doctor On Demand physicians do not prescribe Controlled Substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate. **Doctor on Demand is available to participants enrolled the Well Care, Out-of-Area, Prime and Wichita Preferred medical plans.

Therapy as close as your phone

TALKSPACE VIRTUAL THERAPY FOR BEHAVIORAL HEALTH

One in five U.S. adults experience mental illness every year.*
At Premera Blue Cross, we are committed to making it easier for people to find the help that works for them.

Our expanded behavioral health network now includes Talkspace. With Talkspace, you can easily connect to therapists and psychiatrists by video and text for about the same cost as an in-person visit.

When you need Talkspace—regardless of the time of day or where you are—you can reach your dedicated therapist.

Here's how to get started:

- Sign up for Talkspace at talkspace.com/premera
- Get matched with the best therapist for you
- Start messaging your therapist right away

You can also visit the mental health resource center at premera.com/mentalhealth to find additional information on navigating your benefits, finding care, and more.

You can also access Talkspace via the **Premera MyCare** app. Download Premera MyCare now from the Apple Store or Google Play.



*<https://www.nami.org/mhstats>

The service is subject to plan eligibility and benefits.

Talkspace is an independent company that provides virtual mental health care on behalf of Premera Blue Cross.

If you are experiencing a life-threatening mental health or medical emergency, call 911.

If you are experiencing an emotional distress crisis, call or text the **Suicide and Crisis Lifeline** (24/7) at 988. You can also chat with a counselor at 988lifeline.org.

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BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

049177 (11-30-2022)

NOW AVAILABLE VIRTUALLY!




Primary, Urgent, and Mental Health Care

The Premera Blue Cross virtual care network delivers low cost, convenient, high-quality care while keeping our members needs top of mind. This network—as well as telemedicine offered through your in-network doctor—are available as part of your plan.

Illness can occur at any time. But with constant access to care from the Premera network of virtual care providers, you don't have to wait for office hours to be seen. Board certified providers are just a few clicks away.

Want to find out more?

Ask your HR representative for more information or log in to your account at premera.com.

	On-demand, text-based primary care. 98point6.com/premera	What it's for: General medicine and primary care providers who can answer your questions; they can also treat and diagnose you when you're sick or if you have chronic condition.
	Video chat with a doctor. doctorondemand.com/premera	What it's for: Cold and flu symptoms, pediatric care for ages 1+, skin conditions, allergies, headaches, diet and nutrition, medication management, and mental health therapy.
	Virtual access to a licensed therapist through text or video. talkspace.com/premera	What it's for: Non-urgent mental health care.

*If you already have the 98point6 or Doctor On Demand apps downloaded, you can continue using as is. You are not required to access through the Premera app.



053655 (09-01-2021)

Substance use disorder treatment is now available virtually

Achieve recovery with virtual care – wherever you are. Now you can get the care you need from the comfort of home. Take advantage of short wait times and no waiting room through your Premera Blue Cross health plan.

Geography, time, or day are not barriers. You have access 24/7/365 to substance use disorder treatment with the support of a licensed professional.

75%
of adults with substance use disorder are in the workforce.¹

Struggling with addiction? A licensed professional is ready to help.

Boulder

Boulder

Boulder is a digital clinic offering long-term support and telehealth treatment for substance use disorders, including alcohol use and opioid use. Dedicated care teams deliver evidence-based care and help you work toward your unique recovery goals.

boulder.care/premera

Getting Started

Get connected to your Boulder Care app directly on the Premera mobile app.² If you haven't already, download the app from the App Store or Google Play.

¹ "Implications of Substance Use Disorders for Employers." National Safety Council, <https://www.nsc.org/work-safety/safety-topics/drugs-at-work/substances>

² If you already have the Boulder Care app downloaded, you can continue using as is. You are not required to access through the Premera app.

Boulder Care is an independent company that provides virtual opioid use and alcohol use disorder care services on behalf of Premera Blue Cross.



Matchmaker for Behavioral Health



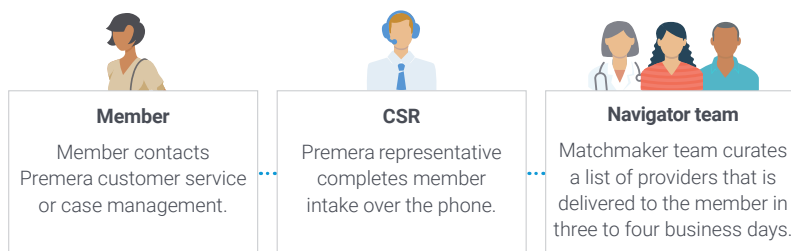
Matchmaker™ for Behavioral Health by Premera Blue Cross is an expansion of our commitment to improve access and lessen the hurdles that members face when seeking behavioral health services. With Matchmaker for Behavioral Health, members receive a highly personalized list of behavioral health providers based on their plan, needs, and preferences.

A measurable meaningful solution

Matchmaker for Behavioral Health:

- Removes the burden on the member to find behavioral health providers
- Connects members with providers based on religious preferences, therapeutic specialties, proximity, and more
- Supports members and their dependents including children

Matchmaker for Behavioral Health experience



Matchmaker for Behavioral Health is the ideal solution to provide employees access to behavioral health providers that meet their own unique needs.

Contact your Premera representative for more information.

2 out of 3

employers rank employee behavioral health as a top priority.¹

The Matchmaker for Behavioral Health intake asks about:

- ✓ Religious preference
- ✓ In-person or virtual appointment preference
- ✓ Gender, race, and ethnicity
- ✓ Language preference
- ✓ And more

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¹ 2022 Best Practices in Healthcare Employer Survey, 2022 Global Benefit Attitudes Survey



 EvergreenHealth
Monroe