For more detailed information about our benefits, visit www.hrconnection.com and enter ygs as the username.
WHAT’S INSIDE

This Benefits Guide provides benefit plan highlights and is intended for summary purposes only. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail.

ELIGIBILITY 1
MEDICAL 6
PRESCRIPTION DRUGS 10
HEALTH SAVINGS ACCOUNT (HSA) 12
VISION 16
DENTAL 17
LIFE AND AD&D 18
VOLUNTARY LIFE AND AD&D 18
WA PAID FAMILY & MEDICAL LEAVE 19
LONG-TERM DISABILITY (LTD) 20
EMPLOYEE ASSISTANCE PROGRAM (EAP) 21
FLEXIBLE SPENDING ACCOUNT (FSA) 22
TRAVEL ASSISTANCE & ID THEFT PROTECTION SERVICES 23
WORKSITE BENEFITS 24
RESOURCES ON THE GO 25
CONTACTS 26
COST OF COVERAGE 27
ANNUAL COMPLIANCE NOTICES 29
HOW TO MAKE A CHANGE

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Change in residence
- Birth or adoption of a child
- Marriage, divorce or legal separation
- Death of a spouse, child or other qualified dependent
- Change in child’s dependent status
- Change in employment status or a change in coverage under another employer-sponsored plan
DOMESTIC PARTNERSHIP

If you have a domestic partner, they are eligible to enroll in these plans as a dependent.

• There are no specific gender requirements for Domestic Partners.

• You must live together and meet all criteria outlined in the domestic partner affidavit.

• If your domestic partner is not your tax dependent, the IRS requires that the portion of the premium you pay toward their coverage be deducted from your paychecks on a post-tax basis.

• Any amount your employer pays toward their coverage must also be added (imputed) to your taxable wages. As a result, your taxable income will be higher than the cash wages you actually receive through each paycheck.

Please contact benefits@seattleymca.org for more information.
VIRTUAL CARE
Get Care Without Leaving Home

It’s easy to get high-quality Kaiser Permanente care when you want it.

**CLICK**

**E-VISIT**
For common medical issues, answer a series of questions online and get appointment recommendations, self-care advice, or other guidance on what care is right for your situation.

kp.org/wa/onlinecare

**CALL**

**CONSULTING NURSE**
When you need advice or help figuring out where to get care, our 24/7 consulting nurse service is here for you.

Call 1.800.297.6877 or 206.630.2244 (TTY 711). We’re available 24 hours a day, 365 days a year.

**E-VISIT**
Care Chat is an online messaging feature that lets you get real-time medical care from a Kaiser Permanente care provider. It’s available 24/7.

kp.org/wa/onlinecare

**EMAIL YOUR DOCTOR**
You can email your Kaiser Permanente care team nonurgent questions whenever it’s convenient for you. You’ll get an answer within 2 business days and often that same day.

Sign in at kp.org/wa

**FOR MORE INFORMATION ABOUT THESE CARE OPTIONS, VISIT KP.ORG/WA/GETCARE.**

¹ When appropriate and available.
**MEDICAL –
Traditional vs. Health Savings Account (HSA)**

We offer you the choice of three medical plans through Kaiser Permanente. You will have the option to choose one of two Traditional plan options or a Qualified High Deductible Health Plan (QHDHP) with a Health Savings Account (HSA). Below are a few key differences between Traditional plans and HSA plans.

Ultimately, the choice is yours...

<table>
<thead>
<tr>
<th>QHDHP W/HSA</th>
<th>TRADITIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Premiums</td>
<td>Higher Premiums</td>
</tr>
<tr>
<td>Higher Deductible</td>
<td>Lower Deductible</td>
</tr>
<tr>
<td>Office Visits: Subject to deductible/coinsurance</td>
<td>Office Visits: Copay applies (deductible waived)</td>
</tr>
<tr>
<td>Prescription drugs: Subject to deductible/coinsurance</td>
<td>Prescription drugs: Copays/Coinsurance apply (deductible waived)</td>
</tr>
<tr>
<td>Preventive Care: Covered in full</td>
<td>Preventive Care: Covered in full</td>
</tr>
</tbody>
</table>

**Aggregate Family Deductible:**
The total family deductible must be met before insurance starts to pay for any one individual family member; when there is one or more dependent enrolled.

**Embedded Deductible:**
Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.

**Aggregate Family Out-of-Pocket Limit:**
When there is one or more dependents enrolled, coinsurance will apply until the total out-of-pocket amount of $7,000 (2022) has been paid. Any one member, or a combination of members, can satisfy the total out-of-pocket maximum.

Once the total family out-of-pocket has been met, the insurance plan will pay 100% of all allowed claims through the end of the calendar year.

**Embedded Out-of-Pocket Limit:**
Each covered family member only needs to satisfy his or her individual out-of-pocket maximum.

Once an individual out-of-pocket has been met, the insurance plan will pay 100% of that member’s allowed claims through the end of the calendar year.

Once the total family out-of-pocket has been met, the insurance plan will pay 100% of ALL allowed claims through the end of the calendar year.

**YMCA contributes up to $1,000 per year to your HSA**

You can also contribute to your HSA with triple tax-advantaged dollars, through payroll deductions.

Note: **You** own the HSA!!!

---

* $250.00 will be deposited into your Health Savings Account quarterly; the first paychecks in September, December, March, and June.
You will have the option to enroll in one of three Kaiser medical plans:

- **$100 CORE HMO**
  - Includes quality care from the high-performing physicians at Kaiser Permanente medical facilities plus thousands of network providers. This is an “IN-NETWORK plan Only. There is no Out of Network coverage on this plan.
  - Please click the link below to find and review those providers.

- **$500 ACCESS PPO**
  - Ability to choose from an extensive network of preferred primary and specialty care providers, including Kaiser’s exclusive medical group at Kaiser Permanente medical facilities.
  - Please click on the link below to find and review those providers.

- **$1,400 ACCESS PPO HDHP**
  - You can seek care from First Health Network, with providers in all other states.
  - Please click on the link below to find and review those providers.
Get access to high-quality primary and specialty care clinicians who are dedicated to helping you stay healthy — and caring for you when you’re not. You can choose the doctor you want and change doctors at any time, for any reason.

Our Core HMO network includes quality care from the high-performing physicians at Kaiser Permanente medical facilities plus thousands of network providers.¹

1. Kaiser Permanente Medical Facility

Kaiser Permanente medical facilities and pharmacies¹

1,600
Kaiser Permanente doctors and other clinicians²

16,000
Additional network providers¹

Go to kp.org/wa/find-a-doctor to search for doctors, medical facilities, pharmacies, hospitals, and more.

¹OIC Provider Network Form A
²Washington Permanente Medical Group personnel records
With Access PPO you can choose from an extensive network of preferred primary and specialty care providers, including our exclusive medical group at Kaiser Permanente medical facilities. You also have the option to get care through our regional and national networks.

1. Care with Kaiser Permanente clinicians
   - Nearly 1,600 Kaiser Permanente doctors and other clinicians¹
   - 37 Kaiser Permanente medical facilities and pharmacies²
   - Visit kp.org/wa/find-a-doctor.

2. Care from other network providers
   - 26,000 additional network providers
   - Includes most major providers and designated pharmacies in our service area
   - Visit kp.org/wa/find-a-doctor.

3. Care from First Choice Health network
   - Regional care in Alaska, Idaho, Montana, Oregon, and Washington
   - Visit kp.org/wa/find-a-doctor.

4. Care from First Health network
   - Care in all other states
   - More than 5,000 hospitals
   - More than 1 million health professionals
   - Visit myfirsthealth.com

5. Care from nonparticipating providers
   - Care from any licensed provider in the United States
   - Covered at the out-of-network benefit level; balance billing may apply

**Pharmacy access**
With Access PPO, you have in-network access to the OptumRx pharmacy network at kp.org/wa/optumrx-wa in addition to the many pharmacies listed at kp.org/wa/find-a-doctor.

**Safe travels**
You’re covered for emergency care and medically necessary urgent care anywhere in the world.

YMCA Greater Seattle Benefits Overview 2022-2023
### Kaiser Foundation Health Plan of Washington

**Defined network (HMO)**

- CORE (same as Kaiser Permanente)
  - Kaiser Permanente medical offices and pharmacies in Washington (outside the Vancouver/Longview area)
  - Kaiser Permanente contracted providers and designated pharmacies
  - Includes Providence
  - Excludes MultiCare Hospital locations but does include Sacred Heart and Holy Family

### Kaiser Foundation Health Plan of Washington Options, Inc.

**PPO Network**

- Access PPO
  - Kaiser Permanente medical offices and pharmacies in Washington (outside the Vancouver/Longview area)
  - Includes MultiCare Health System and Providence Health Care (Spokane)
  - Kaiser Permanente contracted providers, including major health organizations and providers in our service area, and designated pharmacies
  - First Choice Health for Oregon, Alaska, Montana, Idaho, and additional Washington providers outside our service area
  - First Health Network for all other states in the U.S.
  - OptumRx® pharmacies
  - Any other licensed provider in the U.S.*

Visit [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor) to see which providers, medical facilities, and pharmacies are in network.

To find Kaiser Permanente locations in Washington state, go to [kp.org/wa/locations](https://kp.org/wa/locations).

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Balance billing may apply.
Traveling?
You’re covered on the go.

Best options for nonemergency urgent care away from home
Before accessing care outside of the Kaiser Permanente Washington service area, call Member Services at 1-888-901-4436. You’ll get help finding the closest care option.

Travel within the Kaiser Permanente Washington service area
Pay your standard copay or coinsurance:
• Nearest Kaiser Permanente urgent care or First Choice Health network provider

Travel in another Kaiser Permanente region
Before accessing care at a Kaiser Permanente facility outside the Kaiser Permanente Washington service area, call Member Services to get a visiting member ID number.
Pay your standard copay or coinsurance:
• Nearest Kaiser Permanente urgent care
• Nearest First Choice Health or First Health network provider
Pay upfront for services, then file for reimbursement:
• Nearest CVS MinuteClinic or Concentra urgent care center²

Travel in a state without Kaiser Permanente
Pay your standard copay or coinsurance:
• Nearest First Choice Health or First Health network provider
• Nearest CVS MinuteClinic¹ or Concentra urgent care center
• Nearest urgent care⁴

International travel
• Nearest urgent care⁴
• Nearest hospital

Call 24/7 for care advice from a nurse.
Chat 24/7 with a clinician via secure online messaging.¹
Email your Kaiser Permanente care team with nonurgent questions.²
Learn more about these care options at kp.org/wa/getcare.

Emergency care while traveling³
• In the United States, call 911.
• If abroad, call the local emergency number of the country you’re visiting or go to the closest emergency room.
• If admitted to a hospital, call our Hospital Notification Line at 1-888.457.9516 as soon as reasonably possible.
WHERE YOU CAN FIND CARE

Alaska, Idaho, Montana, Oregon, Washington:
First Choice Health network

All other states:
First Health network

To find a provider: Go to fchn.com. Click “Find Care” and fill out search information. Select “Entire First Choice Health PPO Network” and view your results.

To find a provider: Go to myfirsthealth.com. Click on “Start now” and fill out type of provider and location information. Click on “Search now” to view results.

For more information:
Call Kaiser Permanente Washington Member Services at 1-888-901-4636 or visit kp.org/wa/travel

*When appropriate and available. If you travel out of state, virtual care could be limited due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.
*This feature is available when you get care from Kaiser Permanente doctors and care teams.
*The urgent care network is available in participating states where Kaiser Permanente operates, you’ll be asked to pay up front for the service you receive and file a claim for reimbursement.
*Urgent care services are covered subject to out-of-area cost share.
*If you reasonably believe you have an emergency medical condition, which is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health, call 911 or go to the nearest emergency department. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage.
**VISITING ANOTHER KAISER REGION?**

<table>
<thead>
<tr>
<th>For Care From A Kaiser Provider in Another Region</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The 1st Step is to Get a Visiting Member ID #</strong></td>
</tr>
<tr>
<td>1. Call the Washington Visiting Member Line at 1-800-446-4296</td>
</tr>
<tr>
<td>2. They can provide additional information and your visiting member identification number.</td>
</tr>
<tr>
<td>3. You’ll use that same number each time you receive care in the other region.</td>
</tr>
<tr>
<td>4. There are some differences in experience and covered benefits.</td>
</tr>
</tbody>
</table>

For details, check out our website at kp.org/wa/travel

Examples of services not available outside the Kaiser Permanente Washington service area:
- Services not covered by your plan
- Dental services and dental x-rays
- Alternative medicine and complementary care
- Hearing aids.

Get a Visiting Member ID #

**KPWA Visiting Member Line**
1-800-446-4296

kp.org/wa/travel

This is provided as a reference only. For specific information, including benefit details and coverage available, please refer to your benefit plan documents or contact Member Services at 1-888-901-4636 or our Washington Visiting Member Line at 1-800-446-4296.
MEDICAL – Kaiser Permanente

Below is a highlight of the Health Savings Account (HSA) medical plan. With an HSA qualified plan, the deductible applies to all services (except Preventive care) including prescriptions, until the deductible is met. Once the deductible is met, the plan will pay 80%, and you will pay 20%. Preventive care is covered in full (deductible waived).

<table>
<thead>
<tr>
<th>KAISER PERMANENTE</th>
<th>ACCESS $1,400 PPO - HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE &amp; ACCESS PPO NETWORKS</td>
<td>IN-NETWORK</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$1,400/Individual</td>
</tr>
<tr>
<td></td>
<td>$2,800/Family (aggregate)</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Max (includes deductible, copays &amp; coinsurance)</td>
<td>$3,500/Individual</td>
</tr>
<tr>
<td></td>
<td>$7,000/Family (aggregate)</td>
</tr>
<tr>
<td>Office Visits (includes Telemedicine)</td>
<td>20%, after the deductible</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Covered in Full (DW)</td>
</tr>
<tr>
<td>Virtual Care Services</td>
<td>20% (10% Kaiser), after the deductible</td>
</tr>
<tr>
<td>Telemedicine/General Medical</td>
<td>20% after the deductible</td>
</tr>
<tr>
<td>Chiropractic / Acupuncture Services (up to 12 visits each, per calendar year)</td>
<td>20%, after the deductible</td>
</tr>
<tr>
<td>Diagnostic Lab &amp; X-Ray Services</td>
<td>20%, after the deductible</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>20%, after the deductible</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>20% (10% Kaiser), after the deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>20%, after the deductible</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>20% (10% Kaiser), after the deductible</td>
</tr>
<tr>
<td>Mental Health Inpatient Care</td>
<td>20%, after the deductible</td>
</tr>
<tr>
<td>Mental Health Outpatient Care</td>
<td>20% (10% Kaiser), after the deductible</td>
</tr>
<tr>
<td>Vision Exam</td>
<td>$10 copay (DW)</td>
</tr>
<tr>
<td>1 exam per calendar year</td>
<td></td>
</tr>
<tr>
<td>Vision Hardware</td>
<td>$150 allowance per calendar year (DW)</td>
</tr>
</tbody>
</table>

Aggregate = until the total family annual deductible is met, benefits (coinsurance) will not be provided for any family member

DW = Deductible Waived
Below is a highlight of the Access $500 PPO medical plan. This plan has a $500 deductible; however the deductible is waived for most in-network outpatient services. Copays apply to office visits and Rx. Preventive care is covered in full.

<table>
<thead>
<tr>
<th>KAISER PERMANENTE</th>
<th>ACCESS $500 PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORE &amp; ACCESS PPO NETWORKS</strong></td>
<td><strong>IN-NETWORK</strong></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$500/Individual</td>
</tr>
<tr>
<td>$1,000/Family</td>
<td>$2,000/Family</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Max</td>
<td>$3,000/Individual</td>
</tr>
<tr>
<td>(includes deductible, copays &amp; coinsurance)</td>
<td>$6,000/Family</td>
</tr>
<tr>
<td>Office Visits (includes Telemedicine)</td>
<td>$20 copay ($10 Kaiser) Primary (DW)</td>
</tr>
<tr>
<td>$40 copay ($20 Kaiser) Specialty (DW)</td>
<td></td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Covered in Full (DW)</td>
</tr>
<tr>
<td>Virtual Care Services</td>
<td>Covered in Full (DW)</td>
</tr>
<tr>
<td>Telemedicine/General Medical</td>
<td></td>
</tr>
<tr>
<td>Chiropractic / Acupuncture Services (up to 12 visits each, per calendar year)</td>
<td>$20 copay (DW)</td>
</tr>
<tr>
<td>Diagnostic Lab &amp; X-Ray Services</td>
<td>20%, after the deductible</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>20%, after the deductible</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>20% (10% Kaiser), after the deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$150 copay then 20%, after the deductible</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$20 copay ($10 Kaiser) Primary (DW)</td>
</tr>
<tr>
<td>$40 copay ($20 Kaiser) Specialty (DW)</td>
<td></td>
</tr>
<tr>
<td>Mental Health Inpatient Care</td>
<td>20%, after the deductible</td>
</tr>
<tr>
<td>Mental Health Outpatient Care</td>
<td>$20 copay ($10 Kaiser) DW</td>
</tr>
<tr>
<td>Vision Exam</td>
<td>$10 copay, DW</td>
</tr>
<tr>
<td>1 exam per calendar year</td>
<td></td>
</tr>
<tr>
<td>Vision Hardware</td>
<td>$150 allowance per calendar year (DW)</td>
</tr>
</tbody>
</table>

DW = Deductible Waived
Below is a highlight of the Core $100 HMO medical plan. Copays apply to office visits and RX. Preventive care is covered in full.

<table>
<thead>
<tr>
<th>KAISER PERMANENTE</th>
<th>CORE $100 HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE NETWORK</td>
<td>IN-NETWORK</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$100/Individual</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Max</strong></td>
<td>$2,500/Individual</td>
</tr>
<tr>
<td><strong>(includes deductible, copays &amp; coinsurance)</strong></td>
<td>$5,000/Family</td>
</tr>
<tr>
<td><strong>Office Visits (includes Telemedicine)</strong></td>
<td>$20</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>Covered in Full (DW)</td>
</tr>
<tr>
<td><strong>Virtual Care Services</strong></td>
<td>Covered in Full (DW)</td>
</tr>
<tr>
<td><strong>Telemedicine/General Medical</strong></td>
<td></td>
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<tr>
<td><strong>Chiropractic / Acupuncture Services</strong></td>
<td>$20 copay (DW)</td>
</tr>
<tr>
<td><strong>(up to 12 visits each, per calendar year)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic Lab &amp; X-Ray Services</strong></td>
<td>10%, after the deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services</strong></td>
<td>10%, after the deductible</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>10%, after the deductible</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$150 copay then 10%, after the deductible</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$20 copay (DW)</td>
</tr>
<tr>
<td><strong>Mental Health Inpatient Care</strong></td>
<td>10%, after the deductible</td>
</tr>
<tr>
<td><strong>Mental Health Outpatient Care</strong></td>
<td>$20 copay (DW)</td>
</tr>
<tr>
<td><strong>Vision Exam</strong></td>
<td>$10 copay (DW)</td>
</tr>
<tr>
<td><strong>1 exam per calendar year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Vision Hardware</strong></td>
<td>$150 allowance per calendar year (DW)</td>
</tr>
</tbody>
</table>

DW = Deductible Waived
Our medical plans each include a prescription drug plan through Kaiser Permanente. Below are the details on how each plan covers prescription drugs.

You can find specific formulary drug lists at [https://healthy.kaiserpermanente.org/washington/health-wellness/drug-formulary](https://healthy.kaiserpermanente.org/washington/health-wellness/drug-formulary) or by logging into your Kaiser Permanente account. Select Large employer group (51+ employees) plans - 2022-2023 Drug Formulary for Larger Employer Groups (4-Tier).

<table>
<thead>
<tr>
<th>KAISER PERMANENTE</th>
<th>HSA MEDICAL PLAN IN-NETWORK / OUT-OF-NETWORK</th>
<th>CORE $100 HMO MEDICAL PLAN IN-NETWORK ONLY</th>
<th>ACCESS $500 PPO MEDICAL PLAN IN-NETWORK ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Medical deductible applies</td>
<td>No deductible</td>
<td></td>
</tr>
<tr>
<td>Retail Pharmacy</td>
<td>Up to a 90-day supply</td>
<td>Up to a 30-day supply</td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>20% (10% Kaiser) after the deductible</td>
<td>$10 copay</td>
<td>$15 ($10 Kaiser)</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>20% (10% Kaiser) after the deductible</td>
<td>$25 copay</td>
<td>$25 ($20 Kaiser)</td>
</tr>
<tr>
<td>Non-Preferred Brands</td>
<td>20% (10% Kaiser) after the deductible</td>
<td>$50 copay</td>
<td>$45 ($40 Kaiser)</td>
</tr>
<tr>
<td>Specialty (30-day supply)</td>
<td>10%, after the deductible</td>
<td>$50 copay</td>
<td>$45 copay</td>
</tr>
<tr>
<td>Mail Order</td>
<td>Up to a 90-day supply</td>
<td>Up to a 90-day supply</td>
<td></td>
</tr>
<tr>
<td>Preferred Generic</td>
<td>10%, after the deductible / Not Covered</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>10%, after the deductible / Not Covered</td>
<td>$50 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Non-Preferred Brands</td>
<td>10%, after the deductible / Not Covered</td>
<td>$100 copay</td>
<td>$80 copay</td>
</tr>
<tr>
<td>Specialty (30-day supply)</td>
<td>10%, after the deductible / Not Covered</td>
<td>$100 copay</td>
<td>$90 copay</td>
</tr>
</tbody>
</table>
CONTRACEPTIVE COVERAGE AND COSTS

Preventive health services and screenings can help you stay healthy. The Affordable Care Act (ACA) made many of these services available to women at no cost. This means that there isn’t a copay, coinsurance, or deductible payment for these services. In addition, Washington state laws have expanded contraceptive coverage for certain plans.

Exceptions to ACA coverage: Many changes required by the ACA do not apply if your health plan was created or sold before March 23, 2010. In that case, you may have a copay, coinsurance, or deductible payment for covered contraceptive benefits. Please check your benefit information for specific details about your plan.

Also, ACA requirements do not apply to Medicare plans.

CONTRACEPTIVE METHODS COVERED UNDER THE ACA WITH NO COST TO YOU

Most Kaiser Foundation Health Plan of Washington plans cover all FDA-approved contraceptive drugs and devices:

- Oral contraceptive drugs (including emergency “morning after” pills such as EContra EZ, which are available over the counter without a prescription)
- Internally implanted time release drugs, intrauterine devices (IUD), injectable contraceptive drugs, diaphragms, and cervical caps*
- Trans-cervical procedures (for example, IUD insertion and removal)
- Trans-abdominal procedures (such as tubal ligation)
- Birth control counseling or consultations, when given by an in-network provider
- Services related to contraception, such as removal of IUDs and follow-up visits

CONTRACEPTIVE BENEFITS COVERED UNDER WA STATE LAW

- 12-month supplies of prescribed contraceptive drugs
- Coverage of over-the-counter contraceptives, such as spermicide, sponges and female and male condoms without a prescription.

NON-PREVENTIVE SERVICES THAT HAVE A COPAY, COINSURANCE, OR DEDUCTIBLE PAYMENT

- Non-preventive services done along with a sterilization procedure
- Any other lab, imaging, or other services associated with sterilizations
- Complications that come up after sterilization

WHICH DRUGS AND MEDICAL DEVICES ARE COVERED?

If your plan offers ACA benefits, all prescribed FDA-approved contraceptive methods from the Kaiser Permanente Washington formulary will be covered in full when obtained in-network. For plans with out-of-network (OON) benefits, contraceptives will be subject to the OON cost share. The list of preventive medications covered in full is available at kp.org/wa/formulary.

Please consult your benefit information or call Member Services if you have questions about your coverage for these drugs. If you request coverage for a non-preferred contraceptive, we will contact your provider to recommend a preferred generic or therapeutically equivalent product. If you and your provider determine that the preferred contraceptive(s) would be medically inappropriate, your provider must request a contraceptive waiver. If a waiver is completed, the requested non-preferred contraceptive will be covered in full.

QUESTIONS

Check your benefit information or call Member Services:
1.888.901.4636
TTY 711
Monday through Friday, 8 a.m. to 5 p.m.

*If the office visit is only to have a contraceptive device implanted or removed, or includes a preventive well-care visit, you will not have a copay or coinsurance. If the office visit is for non-preventive services, but you also have a contraceptive device inserted or removed, you may have an office visit copay.
GENERIC DRUGS

Generic drugs are copies of brand-name drugs with the same effects as the original drug. The Food & Drug Administration requires generic drugs to have the same performance and quality as brand-name counterparts.

BRAND-NAME DRUGS

These are drugs for which generic equivalents are not available. There are generally two categories of brand-name drugs:

- Preferred Brand-Name: Been on the market for a while and are widely accepted.
- Non-Preferred Brand-Name: More expensive than preferred brand-name and newer to the market.

SPECIALTY MEDICATIONS

Specialty medications are high-cost prescription drugs used to treat complex or chronic conditions. Many health plans have a separate tier or higher contribution requirement depending on your plan. Please contact your insurance provider to understand how your plan covers these medications and what your out-of-pocket responsibility may be.

FORMULARY INFORMATION

A drug formulary is a list of prescription drugs, both generic and brand name, used by practitioners and insurers to identify drugs that offer the greatest overall value. Use your insurer’s Rx search tool to get information about specific prescription drugs on your plan’s formulary, including how a drug may be covered and alternate drugs you can choose from.
If you enroll on the HSA medical plan, a HSA bank account will be opened for you with Health Equity. Once you receive your welcome packet in the mail with your debit card, follow the instructions to create an online banking account. This access will allow you to manage your funds, see account balance and more.

- Present your ID card at the time of service
- Wait for the provider to submit the claim to the insurance company
- Pay your provider with your HSA card
- Save your receipts
WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

A HSA or Health Savings Account is a unique tax-advantaged account that can be used to pay for current or future healthcare expenses. When combined with a Qualified High-Deductible Health Plan (QHDHP), it offers savings and tax advantages that a traditional health plan can’t duplicate. With a HSA, you will have:

- A tax-advantaged savings account that you can use to pay for eligible medical expenses as well as deductible, co-insurance, prescriptions, vision and dental care.
- Unused funds that will roll over year to year. There’s no “use it or lose it” penalty.
- Potential to build more savings through investing. You can choose from a variety of HSA self-directed investment options (minimum balance requirements apply).
- Additional retirement savings. After age 65, funds can be withdrawn for any purpose without penalty but may be subject to income tax if not used for qualified medical expenses.

The IRS sets limits annually on the amount you can contribute. Below are the amounts you can contribute, including the contributions made by the YMCA of Greater Seattle.

<table>
<thead>
<tr>
<th></th>
<th>HEALTH SAVINGS ACCOUNT CONTRIBUTION LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>TOTAL ANNUAL MAXIMUM CONTRIBUTIONS</td>
</tr>
<tr>
<td></td>
<td>EMPLOYEE ANNUAL MAXIMUM CONTRIBUTION</td>
</tr>
<tr>
<td></td>
<td>YMCA OF GREATER SEATTLE ANNUAL CONTRIBUTION*</td>
</tr>
<tr>
<td>Individual</td>
<td>$3,650 ($3,860 in 2023)</td>
</tr>
<tr>
<td></td>
<td>$2,300 ($2,860 in 2023)</td>
</tr>
<tr>
<td></td>
<td>$1,000</td>
</tr>
<tr>
<td>Family</td>
<td>$7,300 ($7,700 in 2023)</td>
</tr>
<tr>
<td></td>
<td>$5,950 ($6,700 in 2023)</td>
</tr>
<tr>
<td></td>
<td>$1,000</td>
</tr>
<tr>
<td>Catch-up (Age 55+)</td>
<td>Additional $1,000</td>
</tr>
<tr>
<td></td>
<td>Additional $1,000</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

The YMCA of Greater Seattle will deposit $250.00 into your Health Savings Account on a quarterly basis; generally this will occur on the first paychecks in September, December, March, and June.
HSA ELIGIBILITY AND DISTRIBUTIONS

You are not eligible to set up or contribute to an HSA if any of the following situations apply to you:

- You are claimed as a dependent on someone else’s tax return
- You are eligible to receive benefits from any plan other than a qualified high deductible health plan, including:
  - Coverage through your spouse’s non-qualified health plan.
  - Enrollment in a full purpose flexible spending account (FSA) by either you or your spouse.
  - Coverage through Medicare or Medicaid.
  - Coverage through a military or veteran’s healthcare program (e.g. TRICARE).

You can use your HSA funds, at any time, for tax-free reimbursement of qualified health expenses (even if you are later covered under a health plan that is not a qualified high deductible health plan). Please note the following:

- The money must be in your account before you can claim a reimbursement.
- You cannot make claims for services incurred before your HSA becomes active.
- A debit card is typically included (additional cards and checks may be ordered, fees may apply).
- Overdraft fees and other charges may apply if your claims exceed your account balance.
- A 20% penalty applies to non-qualified related expenses.
MORE ABOUT HSA’S

GENERAL
Because this is an actual bank account, your employer will have only the ability to contribute to the account. Just as any other account would be, your HSA is subject to account fees (paid by YMCA). Additional fees that apply for things like NSFs, paper statements, etc. will be paid by the account holder.

INTEREST AND INVESTMENTS
Your HSA will accrue a small amount of interest; rates increase with account size.

FILING YOUR TAXES
Each year you’ll receive an IRS Form 1099-SA and IRS Form 5498-SA, which are used to complete IRS Form 8889.

• IRS Form 1099-SA provides you with the distributions made from your Health Savings Account in that tax year. You will receive a separate 1099-SA for each type of distribution made during the tax year.

• IRS Form 5498-SA provides you with all the contributions made to your Health Savings Account in that tax year.

• IRS Form 8889 is attached to your IRS 1040 Form when you file your taxes.

Note: Your employer does not provide tax advice. Please consult your tax advisor!

For a complete list of IRS qualified expenses please visit www.irs.gov and review Publication 502.
**WELLNESS**

**MySTRENGTH**
MyStrength is a personalized program that includes interactive activities, in-the-moment coping tools, inspirational resources, and community support. You can track preferences and goals, current emotional state, and ongoing life events to improve your awareness and change behaviors. MyStrength helps with:

- Depression
- Anxiety
- Sleep
- Stress
- Substance use
- Chronic pain

Log onto [www.kp.org/wa/mhw](http://www.kp.org/wa/mhw) to access MyStrength

**CALM**
Calm is the #1 app for meditation and sleep — designed to help lower stress, reduce anxiety, and more. Kaiser Permanente members can access all the great features of Calm at no cost, including:

- The Daily Calm, exploring a fresh mindful theme each day
- More than 100 guided meditations
- Sleep Stories to soothe you into deeper and better sleep
- Video lessons on mindful movement and gentle stretching

Log onto [www.kp.org/wa/mhw](http://www.kp.org/wa/mhw) to access Calm

**CLASSPASS**
Fitness industry leader ClassPass makes it easier for you to work out from anywhere. ClassPass partners with 30,000 gyms and studios around the world, offering a range of classes including yoga, dance, cardio, boxing, Pilates, boot camp, and more. With this ClassPass offer, Kaiser Permanente members can get:

- Unlimited on-demand video workouts at no cost
- Reduced rates on livestream and in-person fitness classes

Get started at [www.kp.org/exercise](http://www.kp.org/exercise).
WELLNESS

CHOOSEHEALTHY
Kaiser Permanente members can get reduced rates on a variety of fitness, health, and wellness products through the ChooseHealthy program. This includes:

- Activity trackers — Save on activity trackers from brands such as Fitbit, Garmin, and more.
- Workout apparel — Save on clothing and accessories from brands like Skechers, 2XU, PRO Compression, and more.
- Exercise equipment — Save on equipment from brands such as TRX, Gaiam, BOSU, and more.

Get started at www.kp.org/exercise

ACTIVE & FIT DIRECT
With the ChooseHealthy® program*, you also have access to contracted fitness centers in the Active&Fit Direct network. Get access to more than 11,000 gyms with one membership. When Kaiser Permanente members sign up for an Active&Fit Direct gym membership, they can visit any of the 11,000 participating fitness centers in the nationwide Active&Fit Direct network. Participating gyms may include Gold's Gym, Curves, Anytime Fitness, and more

Get started at www.kp.org/exercise

WELLNESS COACHING
Get one-on-one guidance and support from a dedicated wellness coach who can help you set goals, stick to them, and, most importantly, see results. And you can do it all from the comfort of home.

Partnering with a wellness coach can help you:

- Manage your weight
- Reduce stress
- Quit tobacco
- Eat healthier
- Increase activity

BENEFITS OF WELLNESS COACHING
- Convenient. Make the call from any location that works for you.
- Hassle-free. No need to worry about driving, parking, or using public transportation.
- Flexible. Phone appointments are based on your schedule.
- Nonjudgmental. Coaches accept and acknowledge wherever you are in the change process.
- Tailored. Sessions are based on your readiness to make a change.

Connect with a wellness coach today. Call 866-862-4295 to make an appointment. Wellness Coaching by Phone is available at no cost to Kaiser Permanente members – and no referral is required.
There is an annual exam and $150 hardware vision benefit included in the Premera medical plans.  

If you would like more coverage, or have waived the medical plan, you can purchase the voluntary vision plan through Sun Life / VSP. To locate a network provider visit www.vsp.com

<table>
<thead>
<tr>
<th></th>
<th>VSP PROVIDERS</th>
<th>NON-VSP PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FREQUENCIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam</td>
<td>Once per 12 months</td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td>Once per 12 months</td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>Once per 12 months</td>
<td></td>
</tr>
<tr>
<td>Contacts</td>
<td>Once per 12 months in lieu of glasses</td>
<td></td>
</tr>
<tr>
<td><strong>Exam</strong></td>
<td>$10 copay</td>
<td>After $10 copay, reimbursed up to $52</td>
</tr>
<tr>
<td><strong>Hardware (lenses and frames)</strong></td>
<td>$25 copay</td>
<td>After $25 copay, reimbursed up to amounts below</td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered in full</td>
<td>Up to $30</td>
</tr>
<tr>
<td>Standard Bifocal</td>
<td>Covered in full</td>
<td>Up to $75</td>
</tr>
<tr>
<td>Standard Trifocal</td>
<td>Covered in full</td>
<td>Up to $95</td>
</tr>
<tr>
<td>Frames</td>
<td>$130 allowance ($70 allowance at Costco)</td>
<td>Up to $57</td>
</tr>
<tr>
<td>Contacts</td>
<td>Up to $60 copay for contact lens fitting</td>
<td></td>
</tr>
<tr>
<td>Elective (in lieu of glasses)</td>
<td>$130 allowance</td>
<td>Up to $105</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Covered in full</td>
<td>Up to $210</td>
</tr>
</tbody>
</table>
The YMCA of Greater Seattle providers a PPO dental plan through Delta Dental. To locate an in-network dentist, visit www.deltadentalwa.com/tools-and-resources/find-a-dentist

Choose either the Delta Dental PPO or Delta Dental Premier Network.

<table>
<thead>
<tr>
<th></th>
<th>DELTA DENTAL PPO</th>
<th>DELTA DENTAL PREMIER NETWORK ALL OTHER DENTISTS*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td>$50/Individual</td>
<td>$150/Family</td>
</tr>
<tr>
<td><strong>Calendar Year Maximum</strong></td>
<td>$1,500 per year</td>
<td>(per enrolled person)</td>
</tr>
</tbody>
</table>
| **Diagnostic & Preventive Services:**  
  Exams, Cleanings, X-Rays & Sealants | Covered in full | Covered in full                               |
| **Basic Services:**            |                  |                                              |
| Fillings, Endodontics, Periodontics & Oral Surgery | 15%, after deductible | 20%, after deductible                         |
| **Major Services:**            |                  |                                              |
| Dentures, Crowns, Bridges, Implants | 50%, after deductible | 50%, after deductible                         |
| Orthodontia (Children up to age 26) | $50 lifetime deductible; 50% up to $1,500 (lifetime maximum) |                                                                 |

*If you see an out of network provider, you may be responsible for any additional amounts (also called balance billing).
The YMCA of Greater Seattle provides a Basic Life/AD&D plan to full-time employees working 30 or more hours per week. YMCA of Greater Seattle is proud to provide this benefit at no cost to you. Enrollment in this plan is automatic, but we do require you designate a beneficiary.

### BASIC LIFE AND AD&D – Sun Life

<table>
<thead>
<tr>
<th>SUN LIFE</th>
<th>BASIC LIFE AND AD&amp;D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Amount</td>
<td>1x your basic annual earnings</td>
</tr>
<tr>
<td>Maximum Amount</td>
<td>Up to $500,000</td>
</tr>
<tr>
<td>Age Reduction Schedule</td>
<td>65% at age 65</td>
</tr>
</tbody>
</table>

### VOLUNTARY LIFE AND AD&D – Sun Life

In addition to the Basic Life/AD&D plan, you have the option to purchase additional Life and AD&D (Accidental Death & Dismemberment) protection. Life insurance pays your beneficiary a benefit should you pass away, and AD&D insurance pays a benefit should your death result from an accident or if you are severely injured in an accident. Age may affect coverage levels. If you enroll after you are originally eligible, all amounts are subject to Evidence of Insurability.

<table>
<thead>
<tr>
<th>SUN LIFE</th>
<th>VOLUNTARY LIFE AND AD&amp;D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Benefit Amount</td>
<td>Increments of $10,000</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>Lesser of $500,000 or 5x annual earnings</td>
</tr>
<tr>
<td>Employee Guarantee Issue</td>
<td>$200,000</td>
</tr>
<tr>
<td>Spouse Benefit Amount</td>
<td>Increments of $5,000 up to $250,000</td>
</tr>
<tr>
<td>Spouse Guarantee Issue</td>
<td>$50,000</td>
</tr>
</tbody>
</table>
| Spouse Benefit Amount | 0 - 14 days old: $0  
14 days - 6 months: $500  
6 months - age 26: $10,000 |

*During your initial eligibility period, the Guarantee Issue is the amount of coverage that can be elected without Evidence of Insurability (EOI). EOI is required for anyone enrolling more than 30 days after their original eligibility date, or for anyone who wants to increase existing amounts. It involves completion of a health questionnaire, and sometimes it will also require a Paramed exam or information from your physician. The amount above the Guarantee Issue is not effective until the carrier reviews the information and approves your coverage. You will not be charged for the additional coverage until it’s approved.
WA PAID FAMILY & MEDICAL LEAVE

HERE FOR YOU.
Paid time off when you need it most.
Learn about your new benefit.

HERE FOR YOUR FAMILY.
Take paid time off to care for a family member when they need you most.

Paid Family and Medical Leave provides paid time off when you need it most. It’s there for you when a serious health condition prevents you from working or when you need time to care for a family member or a new child, or for certain military-related events.

Find out how paid leave works at https://paidleave.wa.gov

<table>
<thead>
<tr>
<th>SUN LIFE</th>
<th>WASHINGTON PAID FAMILY &amp; MEDICAL LEAVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Begin</td>
<td>After your “waiting week”</td>
</tr>
<tr>
<td>Percentage of Income Replaced</td>
<td>You will receive up to 90 percent of your weekly pay</td>
</tr>
<tr>
<td>Benefit Amount</td>
<td>Up to $1,327 per week (2022)</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>Up to 12 weeks</td>
</tr>
<tr>
<td></td>
<td><em>Up to 16 weeks if you give birth to a baby</em></td>
</tr>
</tbody>
</table>
The YMCA of Greater Seattle provides LTD for all full-time employees.

A long-term disability is an illness or injury that prevents you from working for an extended period.

<table>
<thead>
<tr>
<th>SUN LIFE</th>
<th>LONG-TERM DISABILITY (LTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Begin</td>
<td>After a 90-day elimination period</td>
</tr>
<tr>
<td>Percentage of Income Replaced</td>
<td>60% of your monthly earnings</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Maximum Duration</td>
<td>24 Months Own Occupation then, Any Occupation to Social Security Normal Retirement Age (SSNRA)</td>
</tr>
</tbody>
</table>

Pre-existing condition limitations apply. See the Sun Life booklet for more details.
LONG-TERM DISABILITY (LTD) – Sun Life

HOW TO FILE YOUR LONG-TERM DISABILITY CLAIM

If you’re unable to work for a period of time due to a covered illness or injury, please contact your benefits administrator to report your disability.

SUBMITTING YOUR CLAIM

In order to process your request for benefits, you must complete all required claims forms in order for your claim to be considered for Sun Life’s approval. To file your claim you may use our online claim system or submit a paper claim.

FILING YOUR CLAIM ONLINE

1. Visit www.sunlife.com/account
2. Click Submit a disability/absence claim
3. Complete the required information about yourself, your condition, education, and training and work experience. You will be given an opportunity to review/edit your information. Once you confirm everything is correct select Continue.
4. Certify that you read the fraud warning and then select Submit.
5. To complete your claim, you’ll need to print out some additional forms that you and your healthcare provider will fill in.
6. Submit your completed forms.

FILING YOUR CLAIM BY FAX OR MAIL

1. Visit www.sunlife.com/us
2. Under Client support, select Find a form
3. Select Long-Term Disability from the drop-down menu
4. Complete and print the Disability Claim Statement – Employee
5. Include a copy of your photo ID (e.g., license or passport) when you submit all completed paperwork to Sun Life
6. Ask your employer to complete the Disability Claim Statement – Employer and then submit the completed form and a job description to Sun Life
7. Ensure that your healthcare provider completes the Long-Term Disability Claim – Attending Physician’s Statement. It is your responsibility to make sure that the form is completed and submitted to Sun Life in order for us to evaluate your claim request.
8. Submit your completed forms to Sun Life by email, fax, mail or online.

WHAT HAPPENS NEXT?

Review

Once we receive your completed claims information, a claims professional will evaluate your long-term disability claim. During the evaluation process, we will request additional information from your treatment providers and may also contact your employer for clarification of occupational requirements.

Determination

You can check your claim and payment status at www.sunlife.com/account.

All inquiries or follow-up questions can be directed to Client Services at 800.247.6875, Monday through Friday, from 8 a.m. to 8 p.m. ET.
EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP is a confidential & professional resource—available 24/7—paid for by your company and available to you and eligible dependents without cost. Benefits include:

COUNSELING ASSESSMENTS
Up to three (3) in-person or virtual meetings (video, telephonic, asynchronous text, or live chat) with a counselor you will be referred to based on your needs.

LEGAL SERVICES
Free initial 30-minute phone consultation; ongoing consultations with a lawyer at 25% off attorney’s regular fees; unlimited access to do-it-yourself legal documents online.

FINANCIAL SERVICES
Free initial 30-minute phone consultation, and access to financial calculators and resource documents.

ID THEFT VICTIM RESOURCES
Free initial 60-minute phone consultation, ID theft response kit, and prevention information. Employer or benefit provider breaches are not covered.

DAILY LIVING INFORMATION SERVICES
Unlimited phone or live chat consultations/requests for finding consumer services and resources.

CHILDCARE & PARENTING RESOURCES
Unlimited phone or live chat consultations.

OLDER ADULT & ELDERCARE RESOURCES
Unlimited phone or live chat consultations

WEBSITE ACCESS
Unlimited access to online resources including:
• Live chat with a resource consultant (for Childcare, Eldercare & Daily Living)
• Online referral request

• Skill builders/online trainings
• Well-being & productivity content
• Monthly live & on-demand webinars
• Search tools

SUBSCRIPTIONS
Monthly emails featuring the webinar of the month, spotlight on an EAP benefit, and a feature article on well-being or productivity, with direct links to the website.

WELLSPRING STRESS CENTER™
Unlimited access to an online stress management and prevention center, including instant relief tools and long-term solutions.

IN-THE-MOMENT SUPPORT
24/7 access to a professional, masters-level therapist who will help you manage your distress, create a plan of action, & provide resources (which may include referrals for further services).

FOR SUPPORT:
1.800.553.7798
wellspringeap.org

USERNAME:
YMCA of Greater Seattle
EMPLOYEE ASSISTANCE PROGRAM (EAP)

TALKSPACE VIRTUAL COUNSELING SERVICES
Now Available
We’ve expanded our virtual counseling offerings with a partnership with Talkspace – a digital space for private and convenient mental health support. With Talkspace, employees can choose their therapist from a list of recommended, licensed providers and receive support day and night from the convenience of their device (iOS, Android, and Web). Talkspace is an addition to the existing virtual therapy service platform available to employees through BetterHelp.

EMPLOYEE ACCESS TO SPECIALIZED CARE FOR BIPOC, LGBTQIA+ YOUTH, AND FAMILIES
As part of our ongoing commitment to DEIA, trauma-informed care, and supporting underserved populations, we have established a Wellspring Community, Access, and Recovery for Everyone Services (CARES) Clinic comprised of a dedicated team of therapists serving LGBTQIA+ and BIPOC youth and families. CARES Clinic therapists are a valuable addition to our existing network of providers for client employees and their benefits-eligible family members who need specialized counseling.

EMPLOYEE STABILITY PROGRAMSM
Wellspring EAP is proud to offer the Employee Stability ProgramSM (ESP), designed to address employee financial crises earlier.
Wellspring EAP offers you and your eligible family members access to virtual counseling through Talkspace. Features include:

**Personalized Matching**
Talkspace’s QuickMatch™ experience combines a questionnaire with a proprietary algorithm to match members with available therapists based on location and clinical needs.

**Convenient Access**
96% of members are matched with an available provider within 24 hours. Therapists send their first messages within one business day and then engage daily, 5 days per week.

**Ease of Communication**
Members can send unlimited private messages (text, audio, or video) and schedule live sessions (video, chat, audio) within 7 days of booking.

**Self-guided Exercises**
Meditation, journaling, and in-app exercises are available to use anytime, whether or not members engage with a therapist. Talkspace also offers Lasting, the #1 self-guided relationship tool.

**A 50-state Network**
Our diverse network includes full-time licensed providers in every state, representing 100+ areas of expertise.

Online: wellspringap.org • Your username is your company name
Toll-free 1-800-553-7798 • TTY 1-855-684-5661
Care Continuity
Through our large payer partnerships, 55 million members can continue care with the same provider under Talkspace behavioral health benefits or a direct-pay plan.

What is covered?
Your EAP sessions can be used for Talkspace in the same way you would use it for traditional counseling. Live/scheduled meetings count as 1 session, and unlimited asynchronous text over a period of 1 week counts as 1 session.

For questions, call Wellspring EAP at 1-800-553-7798 or visit the website at www.wellspringeap.org and login with your username.
Wellspring EAP offers you and your eligible family members access to virtual counseling through BetterHelp. You can talk to a counselor anytime, anywhere—on your computer, tablet, or smartphone.

**Personalized Matching**
Get matched with a licensed therapist based on your own preferences, including gender, age, orientation, ethnicity, faith, and needs related to, for example, stress, anxiety, LGBTQIA+, depression, couples therapy, teen counseling, addictions, grief, and more.

**How Does it Work?**
To access your BetterHelp benefit, call the Wellspring EAP access line. Going directly to the BetterHelp website without calling Wellspring will not activate the benefit.

When you call, a Wellspring EAP counselor will assess your concerns to determine whether online counseling is clinically appropriate. If you don’t meet the criteria, you will be offered a traditional counseling referral.

Otherwise, upon qualification, you will immediately receive an email with instructions to complete the signup process.

You can expect to be connected with a BetterHelp therapist within an average of 48 hours.

---

**Online:** wellspringeap.org • Your username is your company name

**Toll-free** 1-800-553-7798 • TTY 1-855-684-5661
How Do I Communicate With My Therapist?

You can engage with your BetterHelp therapist in four different ways:

- **Messaging:** (Unscheduled) Message your therapist anytime from anywhere (1 week of unlimited, unscheduled texts counts as 1 session)
- **Chat:** (Live & scheduled) Text conversations with your counselor in real-time (counts as 1 session)
- **Phone:** (Live & scheduled) Talk with your counselor over the phone (counts as 1 session)
- **Video:** (Live & scheduled) Talk with your counselor in a virtual face-to-face setting (counts as 1 session)

What is covered?

Your EAP sessions can be used for BetterHelp in the same way you would use it for traditional counseling. Live/scheduled meetings count as 1 session, and unlimited asynchronous text over a period of 1 week counts as 1 session.

Eligibility

This service can be used for individual and couples counseling. It is inappropriate for children under 13 years old, those in crisis, or family therapy.
THE PROBLEM
More than 1 in 10 employees face a financial crisis that could lead to homelessness every year. Most crises are small – an unexpected expense of $2,000 or less. However, the financial cost for employers is significant.

A destabilizing financial crisis distracts employees during work hours, reducing productivity and increasing the risk of mistakes. The stress can cause mental and physical health issues that employees bring to the workplace. In some cases, the impact on an employee so significantly impacts their ability to perform their job that they leave their position. The employer bears the cost of turnover, including temporary staffing, recruiting costs, and even legal expenses.

THE IMPACT
- The average cost of anxiety on employee performance: $150 per employee per year.
- Employees who are forced to move for financial reasons are 11% to 22% more likely to lose their jobs.
- The cost of filling employment vacancy is 15% to 21% of annual wages.

THE SOLUTION
Wellspring’s Employee Assistance Program is proud to offer the Employee Stability Program, designed to address employee financial crises earlier, help employees retain or regain housing stability, and reduce the costs associated with lost productivity and turnover for employers. Services are available for employees who meet the Housing... (over)

(cont.) and Urban Development definition of low income and employees escaping domestic violence. This service is designed to complement existing EAP services, whether purchased through Wellspring EAP or elsewhere.

Basic services are funded through a per employee per month fee. Existing Wellspring EAP clients receive a discount for services. Crisis-related costs are covered through a fund established with donations from employers, employees, or others, or billed directly to the employer.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Included</th>
<th>Additional Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Domestic Violence Intervention</td>
<td>Services</td>
<td>Lodging fees</td>
</tr>
<tr>
<td>Resource Identification</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Plan of Action</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Crisis Resolution</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Emergency Assistance</td>
<td>Services</td>
<td>Financial Assistance</td>
</tr>
<tr>
<td>Housing Retention</td>
<td>Services</td>
<td>Rental assistance, application costs, moving fees, and related costs</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>Services</td>
<td>Emergency shelter costs, rental assistance, application costs</td>
</tr>
</tbody>
</table>

sales@wellspringeap.org • 1-855-282-3109 • https://eap.solutions
FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts (FSAs) help employees save up to 40% on health and dependent care expenses. For employees enrolled in traditional health plans, health care FSAs are used to pay for prescription drugs, copays, deductibles, and other out-of-pocket costs. Dependent care FSAs are great options to save and pay for childcare. Employees enrolled in qualified HDHPs can use limited-purpose FSAs for vision and dental expenses, thereby maximizing their HSA savings.

Please Note: FSA elections and changes can only be made during the FSA open enrollment (August) for a September 1st effective date, unless you have a Qualifying Life Event!

Use your funds on eligible expenses by swiping your debit card or paying up front and submitting for reimbursement.

Submit IRS-required documentation to substantiate your claims and collect your reimbursement.

HEALTH CARE FSA & LIMITED PURPOSE FSA

HEALTH FSA
Out-of-pocket medical, Rx, dental & vision expenses such as copays, deductibles and coinsurance. You can set aside up to $2,850 per year.

LIMITED-PURPOSE FSA
Out-of-pocket dental & vision expenses such as copays, and coinsurance. You can set aside up to $2,850 per year.

HSA plan enrollment required.

DEPENDENT CARE ACCOUNT PROGRAM (DCAP)

DCAP
Covers children up to age 13, disabled children of any age, or a disabled spouse. You can set aside up to $5,000 per year.

DCAP ELIGIBILITY
Both you and your spouse (if applicable) must be working, be looking for work, or be full-time student.
TRAVEL ASSISTANCE & ID THEFT PROTECTION SERVICES

ASSIST AMERICA

You and your family have access to worldwide medical emergency assistance whenever you travel 100+ miles from home. Travel assistance does NOT replace your medical insurance – it is there to help you access health care, such as:

- Prescription replacement assistance
- Medical referrals to Western-trained, English-speaking medical providers
- Hospital admission guarantee
- Emergency medical evacuation
- Critical care monitoring
- Care and transport of unattended minor children
- Emergency message service
- Transportation for friend/family member to join the hospitalized patient
- Legal and interpreter referrals

Prescription & medical services will be paid by your medical insurance; the services provided by AssistAmerica simply help with the arrangements for access to health care. If you would like more information about this service, a flyer is included with your open enrollment materials.
WORKSITE BENEFITS

VOLUNTARY BENEFITS
You have the opportunity to enroll for additional voluntary benefits like accident, critical illness and pet insurance. You get discounted group rates and you can pay for them directly from your paycheck.

ACCIDENT INSURANCE - SUNLIFE
Accident insurance is designed to pay you a cash benefit in the event you experience an injury and need medical attention. Based upon the injury and the services performed, the plan will pay you based upon a schedule of benefits. You receive a check in the mail and can spend the money on anything you wish!

CRITICAL ILLNESS - SUNLIFE
Similar to the Accident Insurance, the Critical Illness plan will pay you cash in the event you are diagnosed or experience a critical illness like a heart attack, stroke or cancer. You pick the benefit amount ($5,000 to $20,000), and you can cover your family as well. Rates are based upon age, coverage amount, and tobacco use status.

PET INSURANCE - NATIONWIDE
It’s easy to take good care of your pets! We offer pet insurance through Nationwide. The plan will reimburse you for covered expenses related to your pet. Visit www.petinsurance.com/seattleymca to enroll or call 877-738-7874 and mention that you are an employee of the YMCA to receive a preferred pricing quote, to enroll, or ask general questions.
VIRTUAL VISITS
Kaiser Permanente offers multiple ways to connect virtually with your providers when you are unable to have an in-person visit.

CARE CHAT
Care Chat is a free online messaging tool that you can use through your online account with Kaiser to get real-time care from a provider. Once you sign in you can access Care Chat 24/7 and consult with a provider, who can even provide some prescriptions. Chat is available through the mobile app or the full site.

ONLINE VISITS
If you have a common general health issue you need to be seen for (things like sore throats or allergies) you can have full online visits with a Kaiser provider. These visits go through a full diagnosis and treatment plan (prescriptions if needed), typically within two hours. You can start your visit any time and responses happen daily between 9AM-9PM, including holidays.

EMAIL YOUR KAISER DOCTOR
Kaiser has a non-urgent email feature that allows you to communicate directly with your care team at Kaiser. This feature is available on the full site and through the mobile app. Your care team typically responds within two business days.

CONSULTING NURSE LINE
If you are unsure of where to seek care, Kaiser offers a 24/7 consulting nurse line that you can call (800-297-6877) to get advice on where to go for help. They can advise if you should have an online appointment or if you should seek in-person.

MOBILE APP
How to get online access via the mobile app:
- Download the Kaiser Permanente Washington app. 
  (Note: Only the Kaiser Permanente Washington app will work for Washington members. You won’t be able to sign in with the Kaiser Permanente app.)
- Launch the app
- Register using your member ID number to access your online account.
- Start accessing great services, right from your phone!
## CONTACTS

Refer to this list when you need to contact a benefits vendor. For general information, contact Human Resources.

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>ADMINISTRATOR</th>
<th>PHONE NUMBER</th>
<th>WEBSITE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Prescription Drugs</td>
<td>Kaiser Permanente</td>
<td>888-844-4607</td>
<td><a href="http://www.kp.org/wa">www.kp.org/wa</a></td>
</tr>
<tr>
<td>Consulting Nurse Line</td>
<td>Kaiser Permanente</td>
<td>800-297-6877</td>
<td></td>
</tr>
<tr>
<td>Rx Mail Order</td>
<td>Kaiser Permanente</td>
<td>888-901-4636</td>
<td></td>
</tr>
<tr>
<td>Care Chat</td>
<td>Kaiser Permanente</td>
<td>888-287-2680</td>
<td><a href="http://www.kp.org/wa/onlinecare">www.kp.org/wa/onlinecare</a></td>
</tr>
<tr>
<td>Mental Health, Alcohol, Drug Addiction Resources</td>
<td>Kaiser Permanente</td>
<td>866-862-4295</td>
<td><a href="http://www.kp.org/wa/wellness-coach">www.kp.org/wa/wellness-coach</a></td>
</tr>
<tr>
<td>Wellness Coaching</td>
<td>Kaiser Permanente</td>
<td>888.316.0451</td>
<td>Both apps available at no extra cost. Learn more at <a href="http://www.kp.org/wa/mhw">www.kp.org/wa/mhw</a></td>
</tr>
<tr>
<td>Mindfulness and Meditation Apps</td>
<td>Calm, myStrength</td>
<td>866-346-5800</td>
<td><a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a></td>
</tr>
<tr>
<td>Fitness Memberships/Gear</td>
<td>Delta Dental of Washington</td>
<td>800-554-1907 Call</td>
<td><a href="http://www.kp.org/wa/exercise">www.kp.org/wa/exercise</a></td>
</tr>
<tr>
<td>Dental</td>
<td>Vision Service Plan</td>
<td>800-877-7195</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
<tr>
<td>Dental</td>
<td>Delta Dental of Washington</td>
<td>833-604-1246 Text</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>Vision Service Plan</td>
<td>800-554-1907</td>
<td></td>
</tr>
<tr>
<td>Flexible Spending Arrangement (FSA)</td>
<td>BAC</td>
<td>206-625-1800 x 307</td>
<td><a href="http://www.flexcs@baclink.com">www.flexcs@baclink.com</a></td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>Health Equity</td>
<td>866-346-5800</td>
<td><a href="http://www.healthequity.com">www.healthequity.com</a></td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>Health Equity</td>
<td>866-346-5800</td>
<td><a href="http://memberservices@healthequity.com">memberservices@healthequity.com</a></td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>Wellspring</td>
<td>800.553.7798</td>
<td><a href="http://www.wellspringeap.org">www.wellspringeap.org</a></td>
</tr>
<tr>
<td>Travel Assistance</td>
<td>Assist America</td>
<td>800.872.1414</td>
<td>Ref #: 01-AA-SUL-100101</td>
</tr>
<tr>
<td>Life/AD&amp;D Insurance and Long-Term Disability</td>
<td>SunLife</td>
<td>800-786-5433 Option 2</td>
<td><a href="http://www.sunlife.com">www.sunlife.com</a></td>
</tr>
<tr>
<td>Identity Theft Protection</td>
<td>Assist America</td>
<td>877-409-9597</td>
<td><a href="http://www.assistamerica.com/sunlife">www.assistamerica.com/sunlife</a></td>
</tr>
<tr>
<td>Identity Theft Protection</td>
<td>Assist America</td>
<td>614-823-5227</td>
<td></td>
</tr>
<tr>
<td>Benefits Advocacy</td>
<td>Todd Syvrud, Parker, Smith &amp; Feek</td>
<td>425.709.3633</td>
<td><a href="http://www.psfinc.com">www.psfinc.com</a></td>
</tr>
</tbody>
</table>

*Not all website links or URL’s will work with Internet Explorer, please use Chrome, Firefox, Safari or Edge.*
COST OF COVERAGE

The YMCA of Greater Seattle is proud to make a significant contribution towards you and your family’s monthly premiums. Below are your costs per pay period; based on 24 annual deductions. Months with three pay cycles, deductions only are processed twice in that month.

Your premium contributions are deducted automatically from your paycheck on a pre-tax basis for you and your covered tax dependents.

<table>
<thead>
<tr>
<th>DEDUCTED PER PAY PERIOD (24 PAY PERIODS ANNUALLY)</th>
<th>KAISER $1,400 HDHP HSA PPO PLAN</th>
<th>KAISER $500 PPO PLAN</th>
<th>KAISER $100 HMO PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Cost*</td>
<td>Your Cost*</td>
<td>Your Cost*</td>
<td></td>
</tr>
<tr>
<td>Employee Only (EE)</td>
<td>$63.14</td>
<td>$75.41</td>
<td>$68.11</td>
</tr>
<tr>
<td>EE + Spouse or Domestic Partner</td>
<td>$233.61</td>
<td>$279.01</td>
<td>$252.00</td>
</tr>
<tr>
<td>EE + Child or Children</td>
<td>$189.41</td>
<td>$226.22</td>
<td>$204.33</td>
</tr>
<tr>
<td>EE + Family</td>
<td>$359.88</td>
<td>$429.82</td>
<td>$388.22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEDUCTED PER PAY PERIOD (24 PAY PERIODS ANNUALLY)</th>
<th>DELTA DENTAL</th>
<th>VSP VOLUNTARY VISION</th>
<th>ACCIDENT INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Cost*</td>
<td>Your Cost*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only (EE)</td>
<td>$0.00</td>
<td>$3.74</td>
<td>$3.95</td>
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<tr>
<td>EE + Spouse or Domestic Partner</td>
<td>$24.43</td>
<td>$7.49</td>
<td>$6.38</td>
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<tr>
<td>EE + Child or Children</td>
<td>$16.38</td>
<td>$8.24</td>
<td>$7.37</td>
</tr>
<tr>
<td>EE + Family</td>
<td>$41.35</td>
<td>$11.99</td>
<td>$9.81</td>
</tr>
</tbody>
</table>

*Please note: If your domestic partner is not your tax dependent, the IRS requires that the portion of the premium you pay toward their coverage be deducted from your paychecks on a post-tax basis.

Any amount your employer pays toward their coverage must also be added (imputed) to your taxable wages. As a result, your taxable income will be higher than the cash wages you actually receive through each paycheck.
GENERAL TERMS

DEDUCTIBLE
The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay.

COINSURANCE
Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service.

COPAY
A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

OUT-OF-POCKET LIMIT/MAX
The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount.

ALLOWED AMOUNT
The maximum amount upon which our Medical Plan bases payments for covered services. This may also be called "eligible expense," "payment allowance," or "negotiated rate." If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.

IN-NETWORK
The doctors, hospitals, laboratories, pharmacies, etc., that are members of the plan’s provider network. When you see an in-network provider, the plan pays a higher benefit.
**ANNUAL COMPLIANCE NOTICES**

**NOTICE OF SPECIAL ENROLLMENT RIGHTS**

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

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60-days after the marriage, birth, adoption, or placement for adoption.

If you or your dependent(s) lose coverage under a state Children’s Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60-days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60-days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact benefits@seattlemca.org

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**WOMEN’S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICES**

**Enrollment Notice**

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;
- Prostheses; 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 your plan administrator at (206) 839-8911.

**Annual Notice**

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at (206) 839-8911 for more information.
MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA) DISCLOSURE

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as copays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the YMCA of Greater Seattle Flexible Benefits Plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (206) 839-8911.

NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT NOTICE

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Newborn children are covered automatically for the first 3 weeks from birth when the mother is eligible to receive obstetrical care benefits under this plan. To continue benefits beyond the 3-week period, please see the dependent eligibility and enrollment guidelines outlined in the Who Is Eligible For Coverage? and When Does Coverage Begin? sections of the Regence medical booklet.

If the mother isn’t eligible to receive obstetrical care benefits under this plan, the newborn isn’t automatically covered for the first 3 weeks. For newborn enrollment information, please see the Who Is Eligible For Coverage? and When Does Coverage Begin? sections of the Regence medical booklet.

Benefits are provided on the same basis as any other care, subject to the child’s own cost-shares, if any, and other provisions as specified in this plan. Services must be consistent with accepted medical practice and ordered by the attending provider in consultation with the mother.

GENETIC INFORMATION NONDISCRIMINATION ACT (GINA) DISCLOSURES

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.
MEDICARE PART D CREDIBLE COVERAGE NOTICE

Important Notice from YMCA of Greater Seattle About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Regence 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. YMCA of Greater Seattle has determined that the prescription drug coverage offered by Premera BlueCross 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 to 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 decide to join a Medicare drug plan, your current Premera BlueCross coverage may be affected. Plan participants can retain their existing coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, the other coverage. If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the Premera BlueCross benefit plan during the open enrollment period.

If you do decide to join a Medicare drug plan and drop your current Premera BlueCross coverage, be aware that you and your dependents will be able to get this coverage back.

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 YMCA of Greater Seattle 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.
MEDICARE PART D CREDITABLE COVERAGE NOTICE  (continued)

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 YMCA of Greater Seattle 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 (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
• Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 them at 1-800-772-1213 (TTY 1-800-325-0778).

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: 9/1/2022
Name of Entity/Sender: YMCA of Greater Seattle
Contact-Position: Rae Weston, Sr,
                   Director of Human Resources, Employee Services
Address: 909 4th Ave.
         Seattle, WA. 98104
Email: benefits@seattleymca.org
PREMIUM ASSISTANCE UNDER MEDICAID AND CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60-days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-4BSA (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, 2022. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>ALABAMA – MEDICAID</th>
<th>CALIFORNIA – MEDICAID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Website:</strong> <a href="http://myalhipp.com/">http://myalhipp.com/</a></td>
<td><strong>Website:</strong> <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a></td>
</tr>
<tr>
<td><strong>Phone:</strong> 1-855-692-5447</td>
<td><strong>Phone:</strong> 1-800-541-5555</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALASKA – MEDICAID</th>
<th>COLORADO – HEALTH FIRST COLORADO (COLORADO’S MEDICAID PROGRAM) &amp; CHILD HEALTH PLAN PLUS (CHP+)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Website:</strong> <a href="http://myakhipp.com/">http://myakhipp.com/</a></td>
<td><strong>Health First Colorado Website:</strong> <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></td>
</tr>
<tr>
<td><strong>Phone:</strong> 1-866-251-4861</td>
<td><strong>Health First Colorado Member Contact Center:</strong> 1-800-221-3943/ State Relay 711</td>
</tr>
<tr>
<td><strong>Email:</strong> <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a></td>
<td><strong>CHP+:</strong> <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a></td>
</tr>
<tr>
<td><strong>Medicaid Eligibility:</strong> <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></td>
<td><strong>CHP+ Customer Service:</strong> 1-800-359-1991/ State Relay 711</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ARKANSAS – MEDICAID</th>
<th>FLORIDA – MEDICAID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phone:</strong> 1-855-MyARHIPP (855-692-7447)</td>
<td><strong>Phone:</strong> 1-877-357-3268</td>
</tr>
</tbody>
</table>
## PREMIUM ASSISTANCE UNDER MEDICAID AND CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

<table>
<thead>
<tr>
<th>State</th>
<th>Program Details</th>
</tr>
</thead>
</table>
| **GEORGIA – MEDICAID** | Website: [https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)  
Phone: 678-564-1162 ext 2131 |
| **INDIANA – MEDICAID** | Healthy Indiana Plan for low-income adults 19-64  
Website: [http://www.in.gov/fssa/hip/](http://www.in.gov/fssa/hip/)  
Phone: 1-877-438-4479  
All other Medicaid  
Website: [http://www.indianamedicaid.com](http://www.indianamedicaid.com)  
Phone 1-800-403-0864 |
| **IOWA – MEDICAID AND CHIP (HAWKI)** | Medicaid Website: [https://dhs.iowa.gov/ime/members](https://dhs.iowa.gov/ime/members)  
Medicaid Phone: 1-800-338-8366  
Hawki Website: [http://dhs.iowa.gov/Hawki](http://dhs.iowa.gov/Hawki)  
Hawki Phone: 1-800-257-8563 |
| **KANSAS – MEDICAID** | Website: [http://www.kdheks.gov/hcf/default.htm](http://www.kdheks.gov/hcf/default.htm)  
Phone: 1-800-792-4884 |
| **KENTUCKY – MEDICAID** | Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: [https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)  
Phone: 1-855-459-6328  
Email: KIHIPP.PROGRAM@ky.gov  
KCHIP Website: [https://kidshealth.ky.gov/Pages/index.aspx](https://kidshealth.ky.gov/Pages/index.aspx)  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: [https://chfs.ky.gov](https://chfs.ky.gov) |
| **LOUISIANA – MEDICAID** | Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: [https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)  
Phone: 1-855-459-6328  
Email: KIHIPP.PROGRAM@ky.gov  
KCHIP Website: [https://kidshealth.ky.gov/Pages/index.aspx](https://kidshealth.ky.gov/Pages/index.aspx)  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: [https://chfs.ky.gov](https://chfs.ky.gov) |
Phone: 1-800-442-6003  
TTY: Maine relay 711 |
Phone: 1-800-862-4840 |
[Under ELIGIBILITY tab, see “what if I have other health insurance?”]  
Phone: 1-800-657-3739 |
| **MISSOURI – MEDICAID** | Website: [http://www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)  
Phone: 573-751-2005 |
| **MONTANA – MEDICAID** | Website: [http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)  
Phone: 1-800-694-3084 |
| **LOUISIANA – MEDICAID** | Website: [https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)  
Phone: 678-564-1162 ext 2131 |
| **INDIANA – MEDICAID** | Healthy Indiana Plan for low-income adults 19-64  
Website: [http://www.in.gov/fssa/hip/](http://www.in.gov/fssa/hip/)  
Phone: 1-877-438-4479  
All other Medicaid  
Website: [http://www.indianamedicaid.com](http://www.indianamedicaid.com)  
Phone 1-800-403-0864 |
| **IOWA – MEDICAID AND CHIP (HAWKI)** | Medicaid Website: [https://dhs.iowa.gov/ime/members](https://dhs.iowa.gov/ime/members)  
Medicaid Phone: 1-800-338-8366  
Hawki Website: [http://dhs.iowa.gov/Hawki](http://dhs.iowa.gov/Hawki)  
Hawki Phone: 1-800-257-8563 |
| **KANSAS – MEDICAID** | Website: [http://www.kdheks.gov/hcf/default.htm](http://www.kdheks.gov/hcf/default.htm)  
Phone: 1-800-792-4884 |
| **KENTUCKY – MEDICAID** | Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: [https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)  
Phone: 1-855-459-6328  
Email: KIHIPP.PROGRAM@ky.gov  
KCHIP Website: [https://kidshealth.ky.gov/Pages/index.aspx](https://kidshealth.ky.gov/Pages/index.aspx)  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: [https://chfs.ky.gov](https://chfs.ky.gov) |
| **LOUISIANA – MEDICAID** | Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: [https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx](https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx)  
Phone: 1-855-459-6328  
Email: KIHIPP.PROGRAM@ky.gov  
KCHIP Website: [https://kidshealth.ky.gov/Pages/index.aspx](https://kidshealth.ky.gov/Pages/index.aspx)  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: [https://chfs.ky.gov](https://chfs.ky.gov) |
### NEVADA – MEDICAID
- Medicaid Website: [http://dhcfp.nv.gov](http://dhcfp.nv.gov)
- Medicaid Phone: 1-800-992-0900

### NEW HAMPSHIRE – MEDICAID
- Website: [https://www.dhhs.nh.gov/oii/hipp.htm](https://www.dhhs.nh.gov/oii/hipp.htm)
- Phone: 603-271-5218
- Toll free number for the HIPP program: 1-800-852-3345, ext 5218

### NEW JERSEY – MEDICAID AND CHIP
- Medicaid Website: [http://www.state.nj.us/humanservices/dmahs/clients/medicaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)
- Medicaid Phone: 609-631-2392
- CHIP Website: [http://www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)
- CHIP Phone: 1-800-701-0710

### NEW YORK – MEDICAID
- Website: [https://www.health.ny.gov/health_care/medicaid](https://www.health.ny.gov/health_care/medicaid)
- Phone: 1-800-541-2831

### NORTH CAROLINA – MEDICAID
- Website: [https://medicaid.ncdhhs.gov](https://medicaid.ncdhhs.gov)
- Phone: 919-855-4100

### NORTH DAKOTA – MEDICAID
- Website: [http://www.nd.gov/dhs/services/medicalserv/medicaid](http://www.nd.gov/dhs/services/medicalserv/medicaid)
- Phone: 1-844-854-4825

### OKLAHOMA – MEDICAID AND CHIP
- Website: [http://www.insureoklahoma.org](http://www.insureoklahoma.org)
- Phone: 1-888-365-3742

### OREGON – MEDICAID
- Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHiPP)

### RHODE ISLAND – MEDICAID AND CHIP
- Website: [http://www.eohhs.ri.gov](http://www.eohhs.ri.gov)
- Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

### SOUTH CAROLINA – MEDICAID
- Website: [https://www.scdhhs.gov](https://www.scdhhs.gov)
- Phone: 1-888-549-0820

### SOUTH DAKOTA – MEDICAID
- Website: [http://dss.sd.gov](http://dss.sd.gov)
- Phone: 1-888-828-0059

### TEXAS – MEDICAID
- Website: [http://gethipptexas.com](http://gethipptexas.com)
- Phone: 1-800-440-0493

### UTAH – MEDICAID AND CHIP
- Medicaid Website: [https://medicaid.utah.gov](https://medicaid.utah.gov)
- CHIP Website: [http://health.utah.gov/chip](http://health.utah.gov/chip)
- Phone: 1-877-543-7669

### VERMONT – MEDICAID
- Website: [http://www.greenmountaincare.org](http://www.greenmountaincare.org)
- Phone: 1-800-250-8427

### VIRGINIA – MEDICAID AND CHIP
- Website: [https://www.coverva.org/hipp](https://www.coverva.org/hipp)
- Medicaid Phone: 1-800-432-5924
- CHIP Phone: 1-855-242-8282

### WEST VIRGINIA – MEDICAID
- Medicaid Website: [http://www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)
- Medicaid Phone: 1-855-632-7633
- Lincoln: 402-473-7000
- Omaha: 402-595-1178
PREMIUM ASSISTANCE UNDER MEDICAID AND
CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

<table>
<thead>
<tr>
<th>State</th>
<th>Program</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>PENNSYLVANIA — MEDICAID</td>
<td></td>
<td><a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a></td>
<td>1-800-692-7462</td>
</tr>
<tr>
<td>WASHINGTON — MEDICAID</td>
<td></td>
<td><a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></td>
<td>1-800-562-3022</td>
</tr>
</tbody>
</table>

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

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

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

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