



## **2026 Benefits Guide**

### **Whitman County DSA**

This benefit overview is a summary of your benefits as an eligible employee. It is intended to provide a brief description of 2026 coverage and is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which a program may be continued in force. This summary is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions, please refer to the applicable summary plan documents posted to [www.wcif.net](http://www.wcif.net). 2026 documents will be posted as they are approved by respective carriers.

# Whitman County DSA

## Welcome to the 2026 Benefits Overview!



Medical



Dental



Vision



Life & Disability



EAP



Worksite Plans



Value Add Plans



Resources

This is your opportunity as an employee to make thoughtful benefit elections for you and your family for the upcoming year. During this time current members may change plans, add or remove dependents to existing plans, enroll in a new line of coverage, terminate an existing line of coverage. All open enrollment plan changes will be effective January 1, 2026.

Take some time to review this Benefits Guide thoroughly to ensure you select the plan(s) that best meet you and your family's needs.

**Remember, this is your opportunity to make changes or enroll in any plans offered, otherwise you will have to wait until the next open enrollment period unless you experience a qualifying event.**

Look for this icon throughout the Guide for important information!



# 2026 Plan Changes

## Premera Plan Changes

- **SB 5213 Prescription Drug Mandate**
  - Outpatient Prescriptions: No mandatory mail order or specialty pharmacy requirements. Member may choose any in-network mail order or specialty pharmacy. Equivalent 90-day retail and mail order prices—90-day prescriptions can be filled at any in-network pharmacy at the same price as mail order. Retail/mail orders must have the same cost shares.
  - Mail order copays are all set at 3x's retail. This means the Tier 2 mail order copay will change from \$79 to \$105.
- **State Mandate — Clarification on Hearing Aids**
  - Hardware dollar limit removed. The benefit will now cover one device per ear with hearing loss, every 36 months; covered in full — deductible and coinsurance apply to HSA plans.
- **State Mandate — Clarification on Diagnostic Mammography & Supplemental Breast Exams**
  - Covered in full on HSA plans.
- **Federal Mandate — HSA Minimum Deductible Increase**
  - Adjustment made to HSA plan minimum deductible levels for 2026 — \$1,700 employee / \$3,400 family.

# Online Enrollment with SIMON



If your employer has granted you access to view your WCIF benefits through the SIMON portal, and you have completed your SIMON registration process, you may process your 2026 open enrollment changes online at <https://wcif.simon365.com>.

Once you log into SIMON you will see the following options located along the left side of the screen:



Click here to see the **Open Enrollment Status** showing how much time you have remaining to select your 2026 benefits.

Click on one of these options to view your personal information, your dependent information (if applicable), and your benefits. If you would like to make any 2026 open enrollment changes, click on **Open Enrollment** in the upper right corner on any of these pages.



Once you click on **Open Enrollment**, you'll be guided through the process to update demographic information then benefits selections for you and/or your dependents as needed. Once you are done, review your changes by clicking **Enrollment Summary**.

If everything looks good, click on **Sign Electronically**. Review the **Electronic Signature Disclosure and Consent** and click on **I Agree and Consent**. You will now be prompted to create your signature. You can either select one of the provided signatures, or draw your own electronic signature. Finally, click on **Sign Electronically and Submit** to submit your changes for review.

**IMPORTANT:** If you cancel or decline the electronic signing process, any changes you have made will not be saved. If you do not wish to electronically sign your enrollment form, you will not be able to process your open enrollment changes through SIMON.

## Need additional assistance?



Click here to download the **SIMON 3.0 Employee User Guide** for detailed instructions on using the SIMON portal.

*Please contact your employer for 2026 cost and benefit information.*

# BENEFITS RESOURCE CENTER

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## Check out our NEW Benefits Resource Center!

We're thrilled to announce our new partnership with BeneBits™ to bring your employees engaging, bite-sized benefits videos that are sure to capture their attention!

In addition, we have a library of Carrier Resources from our medical, dental, vision, life & disability, and ancillary carriers.



# WELLNESS RESOURCE CENTER

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## Welcome to your new go-to hub for all things Wellness!

- Centralized wellness resources on wCIF.net
- Self-service for admins & employees
- Organized by category – Mind, Fitness, Nutrition, Preventive, Financial, Community
- Carrier + WCIF programs



# MEDICAL / Premera Blue Cross



## Heritage Network

The highlight summary below shows **in-network benefits only**. For Out-of-network benefits, please refer to the Summary of Benefits and Coverage for this plan on the WCIF website.

IN-NETWORK BENEFITS	WCIF 500
<b>Deductible (Ded)</b> Individual Family	\$500 \$1,000
<b>Coinsurance (Coins)</b>	20%
<b>Out-of-pocket max</b> (includes copay and deductible) Individual Family	\$2,750 \$5,500
<b>Office Visit (OV)</b>	\$30 Copay
<b>Preventive Care</b>	Covered in Full
<b>Manipulations (spinal)</b> 20 visits Per Calendar Year	\$30 Copay
<b>Diagnostic Lab and X-ray Services</b> Some services may require pre-authorization	Deductible / Coinsurance
<b>Inpatient Hospital</b>	Deductible / Coinsurance
<b>Outpatient Surgery Facility</b>	\$75 Copay; Deductible / Coinsurance
<b>Emergency Care Copay</b> (copay waived if admitted)	\$150 Copay; Deductible / Coinsurance
<b>Bariatric Surgery</b> (\$25,000 Lifetime Maximum)	Covered as Any Other Service
<b>Hearing Hardware</b> (1 device / per ear / 36 months)	Covered in Full

New member ID cards will be issued in January 2026.

Please note: Active employer group medical coverage can only be waived if you have other group coverage. The Federal Summary of Benefits and Coverage (SBC) for this plan is located on the WCIF website using the following QR code.



SCAN CODE to view the  
Summary of Benefits and  
Coverage!





## Prescription Drug Coverage

Your medical insurance includes comprehensive prescription drug coverage. The level of coverage depends on whether the drug is generic or brand name, and whether it is on the Premera formulary, or preferred drug list. Your out-of-pocket cost is lowest when you buy generic drugs, and highest when you buy brand name drugs that are not on the formulary. To find out if your medication is on the formulary, [SCAN CODE below](#).

When filling a prescription, present your Premera member ID card to any participating pharmacy. Out-of-Network pharmacy is not covered under the WCIF plans.

PRESCRIPTION DRUGS	PPO Plans except HSA Plans
<b>Drug List</b>	Preferred B3 Tier 1 = generic Tier 2 = preferred brand Tier 3 = non-preferred brands
<b>Retail Cost Shares</b>	\$5/\$35/\$70
<b>Mail Cost Shares</b>	\$15/\$105/\$210
<b>Day Supply</b>	Retail: 90 Days / Mail: 90 Days / Specialty: 30 Days
<b>Individual Deductible PCY</b>	No Individual Deductible
<b>Family Deductible PCY</b>	No Family Deductible
<b>Out of Pocket Maximum</b>	Applies to the medical out of pocket maximum
<b>Annual Benefit Maximum</b>	Unlimited

### Lower your prescription drug costs today!

Rx Savings Solutions is a benefit that helps you and others on your health plan easily find the lowest-price options for prescription drugs.

1. Check out what **lower-cost prescriptions** may be available and compare prices at different pharmacies.
2. **Rx Savings Solutions will handle everything** with your doctor and pharmacy to switch to a lower-cost pharmacy.
3. You'll receive an email (or text message) any time you can spend less, **taking the burden off you** to find the lowest price!

Activate your account at [myrxss.com/premera](https://myrxss.com/premera) or scan this QR code:



So simple. So easy.



*SCAN CODE to find out if your medication is on the formulary!*



# RESOURCES

## MEDICAL / Premera Blue Cross

[premera.com](http://premera.com) | 1.877.500.9247 (customer service)  
1.800.841.8343 (24-hour nurseline)

### CLAIMS ADDRESS

PO Box 91059  
Seattle WA, 98111

### PRESCRIPTION DRUG CLAIMS

Express Scripts, Attn: Commercial Claims  
PO Box 14711  
Lexington KY, 40512



## Create an Account

Everything you need to get the most out of your health plan is right at your fingertips at [premera.com](http://premera.com)

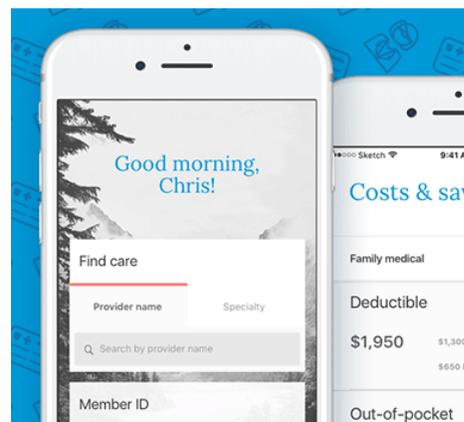
- Estimate the cost of certain treatments.
- Manage and order your prescriptions.
- Track claims and plan spending activity.
- Use the Find a Doctor tool to locate in-network healthcare providers.

Get started by setting up your account online. You will need your **Premera ID card**. Go to [premera.com](http://premera.com) and select the **Log In** button, then select **Create Account**.

## Premera Mobile App

You'll have convenient, anywhere access to your health plan information – and more:

1. **Find Care:** Know where to go for care. Find in-network doctors, hospitals, urgent care, and more.
2. **Access your ID card** digitally.
3. **Check claims** information and status.
4. **Track your spending:** Know exactly how close you are to meeting your deductible and out-of-pocket maximum.
5. **Sign in easily** and securely using Touch or Face ID.



### In-Person Visit:

1. Go to <http://www.premera.com/>
2. Click "FIND CARE" at the top of the screen, then "FIND A DOCTOR."
3. Fill in as much information as possible to narrow the search with the network.
  - A. Be sure to select the correct network: *Heritage PLUS* or *Heritage PRIME*
4. Click "START SEARCH".

### Virtual Visit:

1. Go to <http://www.premera.com/>
2. Click "FIND CARE" at the top of the screen, then "VIRTUAL CARE."
3. Select which form of virtual care you are interested in.
4. Create an Account.



# RESOURCES

## MEDICAL / Premera Blue Cross

[premera.com](https://www.premera.com) | **1.877.500.9247 (customer service)**  
**1.800.841.8343 (24-hour nurseline)**

**CLAIMS ADDRESS**  
PO Box 91059  
Seattle WA, 98111

**PRESCRIPTION DRUG CLAIMS**  
Express Scripts, Attn: Commercial Claims  
PO Box 14711  
Lexington KY, 40512



### Online Features & Virtual Care

Virtual care gives members immediate and convenient access to care whenever and wherever they need it. You can avoid any drive times and wait times you might experience at an urgent care center or emergency room. Members who are covered by this service receive care virtually from their own doctor (if available) or from a doctor with one of Premera's contracted vendors for virtual care.

*Find out more and connect to the virtual providers below via the Premera mobile app or at [premera.com](https://www.premera.com)*

#### Primary/urgent care + mental health

##### 98point6

Video and text-based primary/urgent care from a doctor

##### Spring Health

Video and phone based mental health therapy

##### Talkspace

Mental health therapy via messaging and live video

#### Substance use disorder

##### Boulder Care\*

Treatment for opioid use disorder and alcohol use disorder. Includes video visits and messaging with a clinician and dedicated peer coach support

##### Workit Health\*

Treatment for opioid use disorder and alcohol use disorder. Includes video visits and messaging with a clinician, online group therapy, and self-led evidence based trainings

#### **NEW!** Health & Wellness Discount Program

##### Blue365

Offers year-round discounts on gym memberships, fitness gear, hearing aids, prescription glasses, healthy eating options and more

\*Services provided by Boulder Care and Workit, including medically assisted treatment (MAT) is dependent on a member's location. Contact Premera for more information.



# RESOURCES

## Waiver of Medical Coverage

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Active employer group medical coverage can only be waived if you have other group coverage.

### Group coverage can be:

- Another employer plan
- Coverage through a spouse's/domestic partner's employer plan
- Government health plan
- Tricare
- VA (with ACA letter)
- Medicaid (Washington Apple Health)
- HealthPlanFinder (State marketplace plan)
- Medicare\*

\*If an employee waives active group coverage through the employer in favor of Medicare, Medicare Secondary Payer rules prohibit the employer from providing any incentive to waive active coverage. This includes HRA contributions and premium reimbursement for Medicare Supplement plans.

## Beneficiary Designation

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Setting up beneficiaries is not a one-time thing. **Be sure to review your beneficiary designations regularly, especially after life events such as marriage, divorce, birth, and death.** Circumstances might have changed for you or your beneficiaries, and you may need to alter your designations to reflect that.

This is a great time of year to review and make any necessary changes.

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Members are only eligible for guarantee issue coverage in disability plans ***within their first 31 days of benefit eligibility***. Members who do not enroll within the guarantee issue period and decide to enroll at a later date will be subject to medical underwriting. Applications received after the first 31 days of eligibility or applicants requesting more than the guarantee issue limits must submit a Medical History Statement and be approved by the carrier before coverage becomes effective. Please review each benefit for specifics under your plan.



# DENTAL / Delta Dental of Washington



Delta Dental of Washington

Delta Dental PPO	Plan D		
<b>Effective Date</b>	January 1, 2026		
<b>Benefit Period</b>	January 1, 2026 — December 31, 2026		
<b>Benefit Period Deductible</b>	None		
<b>Benefit Period Maximum (Per Person)</b> Class I Services do not apply toward benefit period maximum	\$2,000		
Orthodontia — Adults & Children Lifetime Maximum	50% \$2,000		
	Dental Network		
	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist
Class I — Diagnostic & Preventive do not apply toward benefit period maximum			
Exams	100%	100%	100%
Cleaning (2x per benefit period)			
Fluoride (2x per benefit period)			
X-Rays			
Sealants (on permanent teeth are covered up to age 15)			
Class II — Restorative			
Fillings (including Composite Fillings)	90%	80%	80%
Endodontics (Root Canal)			
Periodontics			
Oral Surgery			
General Anesthesia/IV Sedation			
Class III — Major			
Dentures	50%	50%	50%
Partial Dentures			
Implants			
Bridges			
Crowns & Onlays			

**Keep in mind, you will likely experience the greatest savings when you see a Delta Dental PPO Dentist!**

**Please Note:** Delta Dental uses Digital ID Cards. See “Resources” at the back of this booklet for more information.



SCAN CODE for information  
on Delta Dental's Tooth Fairy  
Program for parents!



# RESOURCES

## DENTAL / Delta Dental of Washington

[deltadentalwa.com](http://deltadentalwa.com)

1.800.554.1907 (customer service)

CLAIMS ADDRESS PO Box 75983  
Seattle, WA 98175



Delta Dental of Washington

### Your MySmile Account & Digital ID

Don't miss out on anywhere access to your virtual ID card, benefit info, and easy to use digital tools. Here's why people are choosing to use MySmile:



#### No more waiting

Avoid delays and waiting for paper 'snail mail'.



#### Anytime, anywhere access

24/7 access to your ID card and benefit information.



#### Safe and secure

Your health information stays safe and secure digitally.



#### Don't miss a thing

Get live texting with customer service, email notifications, and helpful digital reminders.



#### Tools that really help you

Find the right dentist and estimate costs — so you always 'know before you go'.



#### Feel good eco-friendly

Go paperless for the planet, reduce waste and help protect our natural resources.



Ready to check out MySmile? Scan this QR Code or visit [deltadentalwa.com/mysmile](http://deltadentalwa.com/mysmile)

To get your virtual ID without signing into MySmile, visit [deltadentalwa.com/idcard/validation](http://deltadentalwa.com/idcard/validation)

### Find A Provider

1. Go to <https://www.deltadentalwa.com>
2. Hover over "ONLINE TOOLS" at the top of the screen, then "FIND A DENTIST"
3. Fill in as much information as possible to narrow the search with the network
  - A. Indicate the mile range of your search (i.w. within 5 miles)
  - B. Be sure to select the correct network: Delta Dental PPO
4. Click "SEARCH"
5. A list of providers will appear along with contact information



# DENTAL / Willamette Dental



HIGH PLAN	
Covered Benefits	Copays
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	\$10 per Visit
Diagnostic & Preventive Services	
Routine & Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
Restorative Dentistry	
Fillings	Covered with the Office Visit Copay
Porcelain-Metal Crown	Covered with the Office Visit Copay**
Prosthodontics	
Complete Upper or Lower Denture	Covered with the Office Visit Copay**
Bridge (per Tooth)	Covered with the Office Visit Copay**
Endodontics & Periodontics	
Root Canal Therapy - Anterior	Covered with the Office Visit Copay
Root Canal Therapy - Bicuspid	Covered with the Office Visit Copay
Root Canal Therapy - Molar	Covered with the Office Visit Copay
Osseous Surgery (per Quadrant)	Covered with the Office Visit Copay
Root Planing (per Quadrant)	Covered with the Office Visit Copay
Oral Surgery	
Routine Extraction (Single Tooth)	Covered with the Office Visit Copay
Surgical Extraction	Covered with the Office Visit Copay
Orthodontia Treatment	
Pre-Orthodontia Treatment	\$150***
Comprehensive Orthodontia Treatment	\$1,800
Dental Implants	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
Miscellaneous	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	\$20
Specialty Office Visit	\$30 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

\*Benefits for TMJ, implant surgery, and orthognathic surgery have a benefit maximum, if covered.

\*\*Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit.

\*\*\*Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

**Please note:** Willamette Dental does not issue ID cards. See "Resources" at the back of this booklet for more information.



# RESOURCES

## DENTAL / Willamette Dental

[willamettedental.com](http://willamettedental.com)

1.855.433.6825 (customer service)



### Willamette Dental Online

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Whether you're a new member or have been with us for some time, Willamette Dental invites you to learn more about how you can take advantage of your dental benefits!

- Convenient dental office locations
- Quality dental providers with patient star ratings and reviews
- Orthodontic services for adults and children
- Easy appointment scheduling



Check out the website by scanning this QR Code or visiting [willamettedental.com/new-member](http://willamettedental.com/new-member)

### Find A Provider

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1. Go to <https://www.willamettedental.com>
2. Click "LOCATIONS" at the top of the screen
3. Fill in your City, State or Zip Code
4. A list of Office Locations will appear. Select the Office your are interested in
5. A list of providers will appear along with Office contact information



# VISION / VSP Vision Care

## VSP Provider Network: VSP Choice Standard Plan



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>WELLVISION EXAM®</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> </ul>	\$0 Up to \$39	Every 12 months
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> </ul>	\$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>		<b>\$15</b>	<b>See frame and lenses</b>
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$195 frame allowance</li> <li>\$215 Featured Frame Brands allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$95 Walmart/Sam's Club/Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Anti-glare coating</li> <li>Scratch-resistant coating</li> <li>UV protection</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$0 \$0 \$0 \$95 – \$105 \$150 – \$175	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$155 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>COMPUTER VISIONCARE<sup>SM</sup> (EMPLOYEE-ONLY COVERAGE)</b>	<ul style="list-style-type: none"> <li><b>Exam:</b> Evaluates your needs related to prescription glasses for computer use</li> <li><b>Frame and Lenses:</b> \$100 frame allowance or \$120 Featured Frame Brands allowance</li> <li>20% savings on the amount over your allowance</li> <li>Single vision, lined bifocal, lined trifocal lenses, and occupational lenses</li> <li>Scratch-resistant coating is covered-in-full</li> </ul>	\$10	Every 12 months
<b>ADDITIONAL SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>		
	<p><b>Exclusive Member Extras</b></p> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing. Visit <a href="http://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>		



# VISION / VSP Vision Care

## VSP Provider Network: VSP Choice EasyOptions Plan



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>WELLVISION EXAM®</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> </ul>	\$10 Up to \$39	Every 12 months
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> </ul>	\$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>		<b>\$10</b>	<b>See frame and lenses</b>
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$200 frame allowance</li> <li>\$220 Featured Frame Brands allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Walmart/Sam's Club/Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Anti-glare coating</li> <li>Scratch-resistant coating</li> <li>UV protection</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$0 \$0 \$0 \$95 – \$105 \$150 – \$175	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>VSP EASYOPTIONS</b>	<p><b>Members can choose one of these upgrades</b></p> <ul style="list-style-type: none"> <li>An additional \$50 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or an additional \$50 contact lens allowance.</li> <li>This benefit is not available at Costco</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>VSP LIGHTCARE™</b>	<ul style="list-style-type: none"> <li>\$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>	\$10	Every 12 months
<b>ADDITIONAL SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul> <p><b>Exclusive Member Extras</b></p> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing. Visit <a href="http://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>		



# RESOURCES

## VISION / VSP Vision Care

[vsp.com](http://vsp.com) | 1.800.877.7195 (customer service)  
1.877.396.7194 (Tru Hearing)



### Using Your VSP Benefits

1. Create an account at [vsp.com](http://vsp.com). Once your plan is effective, review your benefit information.
2. It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premium Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.
3. At your appointment, tell them you have VSP. **There's no ID card necessary.** If you'd like a card as a reference, you can print one on [VSP.com](http://VSP.com)

#### Your VSP Dashboard

Once logged in, **My Dashboard** is your homepage. You'll find a quick view of your benefit information, access to your claim history, and you can print your Member ID Card, plus more.

#### Personalized Benefits Section

The **My Benefits** tab shows your benefits history and an explanation of how you and your dependents can use your benefits.

#### Special Offers and Savings

We put our members first by providing exclusive offers from VSP and leading industry brands, totaling more than \$3,000 in savings. Log in to your VSP account and take advantage of these offers and save even more.

#### Improved Find a Doctor Page

The search capabilities are endless on the **Find a Doctor** page. View a map and use the drop-pin functionality to find the right VSP network practice location for you. You can also filter by business hours or appointment availability. Look for the orange **VSP Premier Edge™** banner to find a VSP network eye doctor that will help you maximize your savings!

### Find A Provider

1. Go to <https://www.vsp.com>
2. Click "FIND A DOCTOR" at the top left of the screen
3. Click "ADVANCED SEARCH" in middle right of screen to choose network— Choice
4. Fill in your Zip Code or Street Address, City, State
5. A list of Office Locations will appear. Select the Office you are interested in
6. A list of providers will appear along with Office contact information

### Out of Network Claims

#### Online

It's the way to go. It's secure, you can check on claim status, get paid faster, and save on paper. Go to [www.vsp.com](http://www.vsp.com) to log into your account and complete an Internet form.

#### By Mail

Request for out-of-network reimbursement with VSP's fillable form, available on [www.vsp.com](http://www.vsp.com).



#### Your Coverage with Out-of-Network Providers

Visit [VSP.com](http://VSP.com) for details, if you plan to see a provider other than a VSP network provider

Exam .....	up to \$45
Frame.....	up to \$70
Single Vision Lenses.....	up to \$30
Lined Bifocal Lenses.....	up to \$50
Lined Trifocal Lenses.....	up to \$65
Progressive Lenses.....	up to \$50
Contacts .....	up to \$105
Lens Options.....	up to \$5

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [VSP.com](http://VSP.com) for details.

# Basic Life & AD&D / The Standard



## Basic Life & AD&D

Employer-paid life insurance is an important working benefit. It provides your loved ones with a little additional income if you pass away. It helps serve as a financial safety net during the most crucial income earning years. Your employer maintains a Basic Life/AD&D Plan for you that provides a 1x Annual Salary up to \$100k benefit. In addition, your employer also provides a \$1,000 Dependent Life Benefit.

<b>Age Reduction Schedule</b>	At Age: 70.....65% of original amount 75.....45% of original amount 80.....30% of original amount
<b>AD&amp;D Benefit</b>	The AD&D benefit is equal to the amount of your Life Insurance Benefit. Certain Losses are payable at an amount less than 100% of the AD&D insurance benefit. See AD&D Table of Losses in Certificate.
<b>Seat Belt Benefit</b>	The amount of the Seat Belt Benefit is the lesser of (1) \$25,000 or (2) the amount of AD&D Insurance Benefit payable for loss of your life.
<b>Air Bag Benefit</b>	The amount of the Air Bag Benefit is the lesser of (1) \$5,000 or (2) the amount of AD&D Insurance Benefit payable for loss of your life.
<b>Additional Features</b>	Waiver of Premium Portability and Conversion Options Career Adjustment Benefit Higher Education Benefit Occupational Assault Benefit Public Transportation Benefit
<b>Accelerated Benefit</b>	If you become terminally ill, you may be eligible to receive up to 75% of your basic life benefit to an overall maximum of \$500,000 (voluntary life included).
<b>Travel Assistance Benefit</b>	The Travel Assistance Program helps employees cope with emergencies when the employee and/or their dependents travel more than 100 miles from home or internationally for trips up to 180 days. The program can also help with non-emergencies, such as trip planning.
<b>Life Services Toolkit</b>	The Life Services Toolkit includes online tools and services that can help employees create a will, make advance funeral plans and put their finances in order. After a loss, their beneficiary can consult experts by phone or in person and obtain other helpful information online.

## Beneficiary Designation

Setting up beneficiaries isn't a one-time thing. **Be sure to [review your beneficiary designations regularly, especially after life events such as marriage, divorce, birth, and death.](#)** Circumstances might have changed for you or your beneficiaries, and you may need to alter your designations to reflect that. This is a great time of year to review and make any necessary changes.



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# Voluntary Life / The Standard



## Voluntary Life (VL)

The time you spend with your family is priceless, and you wouldn't trade those special moments together for anything in the world. But what would happen if you suddenly pass away?

Would your family have the funds to pay bills, your home mortgage, burial and funeral expenses? Would your family be able to live on one income and maintain their current lifestyle? What about medical expenses associated with a terminal illness? Would your family be financially prepared? Your employer offers you an excellent opportunity to help protect your loved ones by sponsoring group Voluntary Life (VL) coverage.

### How much coverage may I get for myself and my dependents?

- You may elect VL coverage for yourself in units of \$10,000 to a maximum of \$500,000 or 6 times your annual salary (whichever is less) when combined with your employer-provided Basic Life/AD&D coverage.
- You may elect VL coverage for your spouse in units of \$10,000 to a maximum of \$250,000, but not to exceed 100% of your VL coverage.

You may elect VL coverage for your children in units of \$2,000 to a maximum of \$10,000, but not to exceed 100% of your VL coverage.

If you enroll within 31 days of benefit eligibility and actively working, you will automatically qualify for up to a set amount of insurance coverage called the "guarantee issue amount."

### Guarantee issue coverage only applies during the

<b>Guarantee Issue Amount*</b>	Employee.....\$200,000 Spouse.....\$50,000 Children.....\$10,000	<b>Note: At Open Enrollment, coverage can be increased up to \$20k for employees and \$10k for spouse/DP, up to the Guarantee Issue limit without providing Evidence of Insurability (EOI).</b>
<b>Age Reduction Schedule</b>	At Age: 70.....65% of original amount 75.....45% of original amount 80.....30% of original amount Spouse coverage amount terminates the date your spouse reaches age 70.	
<b>Waiver of Premium</b>	If you become totally disabled while insured under the voluntary life plan, are under age 60 and complete a waiting period of 180 days, your voluntary life insurance may continue without premium payment until age 65 provided you give Standard satisfactory proof that you remain totally disabled.	
<b>Accelerated Benefit</b>	If you become terminally ill, you may be eligible to receive up to 75 percent of your voluntary life maximum benefit to an overall maximum of \$500,000 (basic life included).	
<b>Portability and Conversion</b>	You may continue your insurance if your employment with your employer terminates. Please see the Portability and Conversion page of this Guide for eligibility and timeline requirements.	

Premiums are deducted directly from your paycheck so you don't have to worry about mailing monthly payments.

Age as of December 31	Premium per \$10,000 of coverage		Age as of December 31	Premium per \$10,000 of coverage	
	Employee	Spouse		Employee	Spouse
Under 20	\$0.56	\$0.60	45 — 49	\$2.35	\$2.45
20 — 24	\$0.66	\$0.70	50 — 54	\$3.91	\$4.09
25 — 29	\$0.71	\$0.75	55 — 59	\$5.81	\$5.87
30 — 34	\$0.82	\$0.90	60 — 64	\$8.74	\$9.57
35 — 39	\$0.98	\$1.05	65 — 69	\$12.53	\$13.53
40 — 44	\$1.45	\$1.55	70 or Over	\$12.53	N/A



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# Voluntary AD&D / The Standard



## Voluntary Accidental Death & Dismemberment (VAD&D)

It's a fact of life. Accidents happen, often when you least expect them. Car wreck on the freeway, fall from a ladder at home, mishap with machinery. According to the Centers for Disease Control and Prevention accidents were the 3rd leading cause of death in 2017. What if it happened to you?

Would your family have the funds to pay bills, the home mortgage, burial and funeral expenses? Would your family be financially prepared? Your employer offers you an excellent opportunity to help protect your loved ones by sponsoring group Voluntary Accidental Death and Dismemberment (VAD&D) coverage. Premiums are deducted directly from your paycheck so you don't have to worry about mailing monthly payments.

<b>Coverage Amount</b>	Employee.....\$25,000 increments to \$500,000; Amounts over \$250,000 limited to 10x your earnings Spouse.....50% or 100% of your AD&D coverage amount Children.....10% of your AD&D coverage amount to a max of \$30,000
<b>Age Reduction Schedule</b>	At Age: 70.....65% of original amount 75.....45% of original amount 80.....30% of original amount 85.....20% of original amount 90.....15% of original amount 95.....10% of original amount
<b>Benefit Schedule</b>	Table of Losses  <i>Loss:</i> <span style="float: right;"><i>Percentage Payable</i></span> Loss of Life <span style="float: right;">100%</span> One hand or one foot <span style="float: right;">50%</span> Sight in one eye, speech, or hearing in both ears <span style="float: right;">50%</span> Two of more of the losses listed above <span style="float: right;">100%</span> Thumb and index finger of the same hand <span style="float: right;">25%</span> Quadriplegia <span style="float: right;">100%</span> Hemiplegia <span style="float: right;">50%</span> Paraplegia <span style="float: right;">50%</span>
<b>Additional Features</b>	Seat Belt Benefit Higher Education Benefit Career Adjustment Benefit Paralysis Benefit Common Disaster Benefit

Premiums are deducted directly from your paycheck so you don't have to worry about mailing monthly payments.

Rate per unit (unit = \$1,000)	
Employee	<b>\$0.025</b>
Spouse/Domestic Partner	<b>\$0.025</b>
Child(ren)	<b>\$0.030</b>



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# Base LTD / The Standard



Base Plan  
provided to  
employees  
enrolled in  
medical

## Base Long Term Disability (LTD)

Have you ever thought about how you would protect yourself, your lifestyle, and those who count on you from an unexpected loss of income? Would you be able to meet your financial obligations if you became disabled and unable to work? If you depend on your regular paycheck to pay your bills, what would happen if you became sick or injured and couldn't work? Your employer provides eligible employees with Base LTD coverage to help protect a certain level of income.

Benefit Waiting Period	180 Days
Benefit Percentage	40%
Maximum Pre-disability Earnings	\$10,000
Benefit Minimum	\$100
Benefit Maximum	\$4,000
Definition of Disability— Own Occupation Period	During benefit waiting period and first 24 months for which LTD benefits are paid, you will be considered disabled if you are unable to perform with reasonable continuity the material duties of your own occupation or suffering at least a 20% earnings loss of indexed pre-disability earnings.
Definition of Disability— Any Occupation Period	After the own occupation period, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation:  That you are able to perform due to education, training or experience  That is available at one or more locations in the local economy  In which you can be expected to earn at least 60% of pre-disability earnings within 12 months of returning to work, regardless of whether you are working in that, or any other occupation.
Maximum Benefit Period	Social Security Normal Retirement Age (SSNRA)
Return to Work Incentive	12 Months
Survivor Benefit	Lump sum equal to 3 times gross monthly benefit

*Guarantee issue coverage only applies during the initial eligibility period.*



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# Buy-Up LTD / The Standard



## Voluntary Buy-up Long Term Disability (Buy-up LTD)

Base Plan provided to eligible employees, Buy-Up Plan available to employees in Base Plan

Since every employee's needs are different, your employer also provides eligible employees with the opportunity to apply for coverage under a voluntary Buy-up LTD plan from The Standard. The advantages of the Voluntary Buy-up LTD coverage include choice, flexibility, convenience, and peace of mind.

If you are enrolled in the Base LTD plan, your employer offers you an opportunity to purchase Voluntary Buy-up LTD benefits on a discounted basis based on your salary. This is an excellent opportunity to help protect yourself and your lifestyle. The coverage under the Voluntary Buy-up LTD plan increase the Base LTD plan benefits.

Premiums are deducted directly from your paycheck so you don't have to worry about mailing monthly payments.

**Benefit Amount:** 60% of pre-disability earnings (up to \$10,000 monthly salary)

**Maximum Benefit:** \$6,000 per month      **Waiting Period:** 90 days from the date of disability

### Rates

If you elect the Buy-up LTD plan, your monthly premium rate for this plan is indicated in the tables below. Premiums for the Buy-up LTD plan will be deducted directly from your paycheck. If you do not enroll in the Buy-up LTD plan, subject to eligibility requirements, you will automatically be insured under the base LTD plan with no premium cost to you.

If your employer <b>IS OFFERING</b> medical coverage through WCIF	
Your Average Monthly Earnings (as of the prior December 31, or the date you become insured, whichever is later)	Monthly Premium Rate
\$999 or under	\$3.75
\$1,000 through \$1,499	\$6.25
\$1,500 through \$1,999	\$8.75
\$2,000 through \$2,499	\$11.25
\$2,500 through \$2,999	\$13.75
\$3,000 through \$3,499	\$16.25
\$3,500 through \$3,999	\$18.75
\$4,000 through \$4,499	\$21.25
\$4,500 through \$4,999	\$23.75
\$5,000 through \$5,499	\$26.25
\$5,500 through \$5,999	\$28.75
\$6,000 through \$6,499	\$31.25
\$6,500 through \$6,999	\$33.75
\$7,000 through \$7,499	\$36.25
\$7,500 through \$7,999	\$38.75
\$8,000 through \$8,499	\$41.25
\$8,500 through \$8,999	\$43.75
\$9,000 through \$9,499	\$46.25
\$9,500 or over	\$48.75



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# VSTD / The Standard



## Voluntary Short Term Disability (VSTD)

Can you go a month without a paycheck? How about three months? Or six months? The risk of disability is greater than you think. Recent statistics show that every 90 seconds someone files for bankruptcy in the wake of serious illness. Also, almost 3 in 10 of today's 20-year-olds will become disabled before reaching age 67. If you depend on your regular paycheck to pay your bills, what would happen if you became sick and couldn't work? Voluntary Short Term Disability (VSTD) insurance is designed to pay a weekly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you meet your financial commitments when you need it most.

<b>Benefit Waiting Period</b>	30 Days
<b>Benefit Percentage</b>	60% of weekly earnings
<b>Maximum Pre-disability Earnings</b>	\$1,667
<b>Benefit Minimum</b>	\$15
<b>Benefit Maximum</b>	\$1,000
<b>Definition of Disability</b>	You are disabled from your own occupation if, as a result of physical disease, injury, pregnancy or mental disorder you are unable to perform with reasonable continuity the material duties of your own occupation or suffer at least a 20% earnings loss of indexed pre-disability earnings.
<b>Maximum Benefit Period</b>	Option 1: 90 Days Option 2: 180 Days

Your employer offers you an opportunity to purchase VSTD benefits on a discounted basis based on your salary. This is an excellent opportunity to help protect yourself and your lifestyle. Premiums are deducted directly from your paycheck so you don't have to worry about mailing monthly payments.

Monthly Salary Range	Monthly Premium Due		Monthly Salary Range	Monthly Premium Due	
	180-Day Coverage	90-Day Coverage		180-Day Coverage	90-Day Coverage
	<i>coincides with Base LTD enrollment</i>	<i>coincides with Buy-Up LTD enrollment</i>		<i>coincides with Base LTD enrollment</i>	<i>coincides with Buy-Up LTD enrollment</i>
\$999 or under	\$0.95	\$0.80	\$4,000 — \$4,499	\$2.25	\$1.55
\$1,000 — \$1,499	\$1.10	\$0.90	\$4,500 — \$4,999	\$2.40	\$1.65
\$1,500 — \$1,999	\$1.35	\$1.00	\$5,000 — \$5,499	\$2.60	\$1.75
\$2,000 — \$2,499	\$1.50	\$1.15	\$5,500 — \$5,999	\$2.70	\$1.90
\$2,500 — \$2,999	\$1.75	\$1.25	\$6,000 — \$6,499	\$2.95	\$1.95
\$3,000 — \$3,499	\$1.85	\$1.35	\$6,500 — \$6,999	\$3.10	\$2.10
\$3,500 — \$3,999	\$2.10	\$1.45	\$7,500 or Over	\$3.35	\$2.20

Guarantee issue coverage only applies during the initial eligibility period.



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# RESOURCES

## Life, Disability / The Standard

[standard.com](http://standard.com) | (800) 848-5132 (customer service)



**POLICY NUMBERS**  
VAD&D: 645273-E

**Basic Life:** 645273-G  
LTD: 645273-F

**VL:** 645273-H  
**STD:** 645273-D

## Travel Assistance

[assistamerica.com](http://assistamerica.com) | 1.800.872.1414 (customer service)  
[medservices@assistamerica.com](mailto:medservices@assistamerica.com) (email)  
**01-AA-STD-5201**  
(Travel assist reference number)



**Things can happen on the road.** Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.

### Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico, US  
Virgin Islands and Bermuda

Everywhere else:  
+1.609.986.1234

Text:  
1.609.334.0807

Email:  
[medservices@assistamerica.com](mailto:medservices@assistamerica.com)

REFERENCE NUMBER:  
01-AA-STD-5201



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded

**Don't forget to download the Assist America mobile app** - access your Mobile ID Card, receive travel alerts, access to Assist America's Emergency Operations Center, and more!



# RESOURCES

## Portability / The Standard



### Portability & Conversion

WCIF offers various products that are underwritten by The Standard. Some plans are eligible for Portability/Conversion. Below is a table that outlines the availability by product.

	PORTABLE	CONVERTIBLE
Basic Life	Yes	Yes
Basic AD&D (this is built into Basic Life)	Yes	No
Voluntary Term Life	Yes	Yes
Long Term Disability (base)	No	Yes
Long Term Disability (buy-up)	No	Yes
Voluntary AD&D	No	No
Short Term Disability	No	No

#### Portability

Portability takes the group plan and rolls it over to a group portability policy. Those leaving employment due to disability or retirement are not eligible for portability, and coverage must have been in place for 12 continuous months. Employees must apply for portability within 31 days of the date of termination. Portability forms are available on WCIF's website: [WCIF.net](http://WCIF.net).

#### Conversion – Life

Conversion takes a group plan and converts it into an individual whole life plan. Those leaving employment due to disability or retirement are only eligible for conversion options. Employees must apply for conversion within 31 days of the date the coverage ends. Conversion forms are available on WCIF's website: [WCIF.net](http://WCIF.net).

#### Conversion – Disability

Conversion takes a group plan and converts into another policy through The Standard. Employees must apply for conversion within 31 days of the date coverage ends. Conversion forms are available on WCIF's website: [WCIF.net](http://WCIF.net). Premiums for this coverage are payable quarterly and are due, in advance, on the first day of each quarter. Long Term Disability benefit amounts over \$4,000.00 are subject to

**Please note, Life/AD&D and Disability products are not subject to COBRA.**  
If you are interested in continuing coverage through portability or conversion, please do the following:

- Confirm the coverage you are enrolled in with your HR department
- Call (800) 378-4668, elect option 7, and enter extension 6785
- Your policy number is: 645273
- Portability rates are listed in your Certificate. You can access a copy of your certificate at [WCIF.net](http://WCIF.net)
- When ready to apply for Portability employer to complete the employer also available at [WCIF.net](http://WCIF.net)



or Conversion, please work with your statement on the forms, which are

# RESOURCES

## Life Services Toolkit / The Standard



### Resources and Tools to Support you and your Beneficiary

Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of death. The Standard does more than help protect your family from financial hardship after a loss. Standard has partnered with Health Advocate<sup>SM</sup> to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

#### Services to Help You Now

Visit the Life Services Toolkit website at [standard.com/mytoolkit](http://standard.com/mytoolkit) and enter your user name “assurance” for information and tools to help you make important life decisions.

**Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents.

**Financial Planning:** Consult online services to help you manage debt, and take care of other financial matters with confidence.

**Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees.

**Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.

**Funeral Arrangements:** Use the website for guidance on how to begin, find funeral related services and make decisions in advance.

*If you are a recipient of an Accelerated Benefit<sup>1</sup>, you may access the services for beneficiaries.*

<sup>1</sup>An Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of their Life insurance proceeds while living, if all other eligibility requirements are met.

*The Life Services Toolkit is provided through an arrangement with Health Advocate<sup>SM</sup> and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. This service is not an insurance product.*

#### Services for Your Beneficiary

Life Insurance beneficiaries<sup>2</sup> can access services for 12 months after the beneficiary receives the Life claim letter. Recipients of an Accelerated Benefit can access services for 12 months after the date of payment.

**Grief Support:** Care Managers with advanced training are on call to provide grief sessions by phone in in-person. Beneficiaries are eligible up to six in-person confidential grief sessions.

**Legal Services:** Your beneficiaries can obtain legal assistance from experienced attorneys with a telephone consultation or in-person meeting for up to 30 minutes with a network attorney.

**Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues.

**Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. Work-life advisors can guide them to resources to manage other issues.

**Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries.

*The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, charities.*



# EAP / First Choice Health

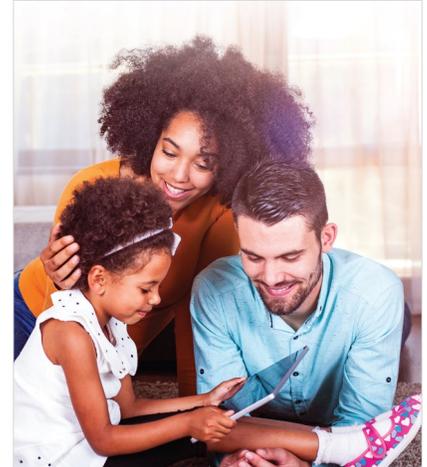


## EAP (Employee Assistance Program)

Welcome to the First Choice Health Employee Assistance Program (EAP). The plan offers up to 6 face to face sessions at no cost (no co-pay, deductible, or premium) with a qualified clinical expert who can assess your concerns and develop a plan of action.

**We want to be the first place you turn** when facing issues that interfere with your health, well-being, and productivity at work or home. Our professional staff and rich provider network ensure the right resources are available when you need them most.

The EAP program provides you, your household members, and children up to age 26, coaching and problem solving services that are free, convenient, and confidential with a licensed behavioral health provider.



**EAP helps with a variety of family, relationship, emotional, behavioral, mental health, and substance abuse concerns, including:**

• Anxiety/Depression/Other	• Alcohol/Drug/Other Addictions
• Mental Health Issues	• Grief and Loss
• Couples/Relationships/Parenting	• Work Conflict
• Crisis Support	• Domestic Violence

### ONLINE EAP SERVICES

To access **webinars, trainings, tools, and forms**, visit the EAP website at:

[fch.personaladvantage.com](http://fch.personaladvantage.com)

Enter username:

**WCIF**



**(800) 777-4114**



### 24/7 TELEHEALTH

Convenient, private virtual therapy. **Anytime, Anywhere.** Talk with a licensed, professional therapist online to get advice, guidance and counseling.



### HERE'S HOW IT WORKS:

1. **You can self-refer through our direct Talkspace link:** [www.talkspace.com/FirstChoiceHealthEAP](http://www.talkspace.com/FirstChoiceHealthEAP).
2. **You may also call** First Choice Health EAP at (800) 777-4114 or request a referral online at [www.firstchoiceEAP.com](http://www.firstchoiceEAP.com).
3. **Complete a brief matching questionnaire.**
4. **Match with a counselor and get started!** Communicate via whichever method best meets your needs.



# RESOURCES

## Employee Assistance Program (EAP / First Choice Health)

[firstchoicееap.com](http://firstchoicееap.com)

1.800.777.4114 (customer service) | [eap@fchn.com](mailto:eap@fchn.com)

 **First Choice Health**

### Employee Assistance Program

#### ONLINE EAP SERVICES

To access **webinars, trainings, tools, and forms**, visit the EAP website at:

[fch.personaladvantage.com](http://fch.personaladvantage.com)

Enter username:

**WCIF**



(800) 777-4114



#### 24/7 Telehealth with Talkspace

Convenient, private virtual therapy. Anytime, Anywhere. Talk with a licensed, professional therapist online to get guidance and counseling.



There are four communication methods available:

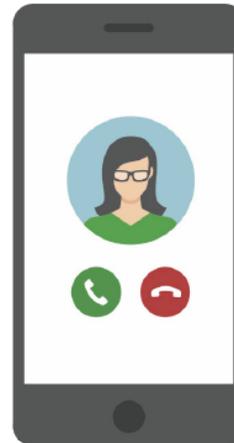
**Messaging**  
(Unscheduled)



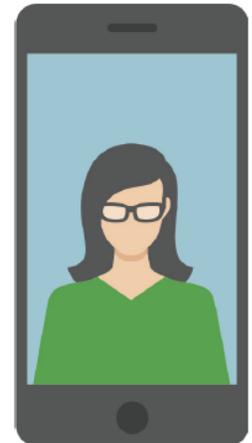
**Live Chat**  
(Scheduled)



**Live Phone**  
(Scheduled)



**Live Video**  
(Scheduled)



Ready to start? Call (800) 777-4114 or request a referral online





## Plan Highlights

### How it Works

A Legal Plan provides cost-effective legal help members can use to proactively handle expensive legal matters. The Legal Plan includes:

- No copays, deductibles or claim forms when using a network attorney for a covered matter.
- Unlimited consultations even for matters not covered under your plan.
- Access to our website for all employees, enrolled or not, to look at the plan design and the attorney network as well as use of MetLife's self-help document library.



With MetLife Legal Plans, you have **unlimited access** to 18,000+ experienced attorneys to help with a variety of legal issues **both simple and complex.**

### Covered Benefits

<p><b>Money Matters</b> </p> <ul style="list-style-type: none"> <li>• Identity theft</li> <li>• Negotiating with creditors</li> <li>• Tax audit representation</li> <li>• Financial planning workshops<sup>3</sup></li> </ul>	<p><b>Home and Real Estate</b> </p> <ul style="list-style-type: none"> <li>• Sale, purchase, or refinancing of a primary or vacation home</li> <li>• Property tax assessment</li> <li>• Foreclosure</li> </ul>	<p><b>Vehicle and Driving</b> </p> <ul style="list-style-type: none"> <li>• Defense of traffic tickets<sup>1</sup></li> <li>• License suspension due to DUI</li> <li>• Repossession</li> </ul>
<p><b>Estate Planning Documents</b> </p> <ul style="list-style-type: none"> <li>• Simple or complex wills</li> <li>• Living wills</li> <li>• Revocable or irrevocable trusts</li> </ul>	<p><b>Civil Lawsuits</b> </p> <ul style="list-style-type: none"> <li>• Civil litigation defense</li> <li>• Small claims assistance</li> <li>• Pet liabilities</li> </ul>	<p><b>Family and Personal</b> </p> <ul style="list-style-type: none"> <li>• Adoption</li> <li>• Prenuptial agreement</li> <li>• Personal property issues</li> </ul>
<p><b>Elder Care Issues<sup>2</sup></b> </p> <ul style="list-style-type: none"> <li>• Medicare</li> <li>• Nursing home agreements</li> <li>• Powers of attorney</li> </ul>	<p><b>Additional Services</b> </p> <ul style="list-style-type: none"> <li>• Law Firm E-Panel<sup>®</sup></li> </ul>	

*Offers your employees a highly valuable solution for \$20.75 a month.*

<sup>1</sup> Does not cover DUI.

<sup>2</sup> Consultation and document review for issues related to parents.

<sup>3</sup> Financial Planning Workshops are available through MetLife's PlanSmart Retirewise<sup>®</sup> Workshops program. MetLife administers the PlanSmart Retirewise<sup>®</sup> Workshops program, but has arranged for Massachusetts Mutual Life Insurance Company (MassMutual) to have specially trained financial professionals offer financial education and, upon request, provide personal guidance to employees and former employees of companies providing this program through MetLife.



SCAN THIS CODE  
FOR MORE INFO!



# IDENTITY THEFT & FRAUD PROTECTION / MetLife + Aura



## Plan Highlights

### What are some of the advantages of this protection?

Everything you do is online, which makes your personal info more vulnerable. Get peace of mind knowing that you've taken a big step in protecting yourself from online threats, identity theft, and fraud.

Aura offers robust protection by monitoring your personal info, credit, finances, and devices and alerting you of suspicious activity. It even takes proactive measures to help stop fraud before it happens. If you are a victim of fraud, an experienced Resolution Specialist will help you navigate credit bureaus, help initiate credit freezes or lock, and work with you to resolve your fraud incident.

	Protection Plus / Individual or Family	
<b>Identity Theft Protection</b>		
Personal Information and ID Monitoring		√
Online Account and Breach Monitoring		√
SSN Authentication Alerts		√
Criminal Court Record and Public Records Monitoring		√
Home Title and Vehicle Monitoring		√
<b>Financial Fraud Protection</b>		
Credit Monitoring & Alerts		3 Bureaus
Monthly Credit Tracker		√
High Risk Transaction Alerts		√
3B Credit Report		√
One-Tap Experian Credit Lock		√
Transaction Monitoring		√
<b>Privacy and Device Protection</b>		
Data Broker List Removal		√
Wi-Fi Security/VPN		Unlimited Devices
Antivirus		√
Password Manager		√
Safe Web Browsing		√
Email alias		√
Social Media Monitoring		√
<b>Services and Support</b>		
All-in-one Mobile Application		√
24/7/365 Customer Support (100% US-based)		√
White Glove Resolution Services		√
\$5M ID Theft Insurance per adult		√
Lost Wallet Protection		√

Employee Payroll Deduction	Protection Plus	
	Individual	Family
	\$8.45	\$13.95

No one can prevent all identity theft or monitor all transactions effectively. Aura is a product of Aura Sub, LLC. Aura Sub, LLC. is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.



SCAN THIS CODE  
FOR MORE INFO!



# RESOURCES

## MetLife

[metlife.com](http://metlife.com) | 1.800.438.6388 (customer service)  
**MyBenefits Portal** / [metlife.com/mybenefits](http://metlife.com/mybenefits)



### Online Access

**Start enjoying the convenience of using MyBenefits by registering today!** Benefits of registering online include faster processing time, less paper waste, submitting claims 7 days a week, and asking questions via email. Once you are registered, you can review your benefits, access your certificate of insurance, file a claim and designate a beneficiary.



#### Step 1

Go to [mybenefits.metlife.com](http://mybenefits.metlife.com) and enter your company name in the **Employer or Association** field. Click **Next**.



#### Step 2

Click **Register Now** to perform the one-time registration process. You'll be asked to enter your first and last name, identifying data and email address. You'll also create a unique username and password. For security purposes, you'll need to choose and answer 3 identity verification questions.



#### Step 3

Once you read and agree to the website's Terms of Use and you opt into electronic consent, we'll send you a registration confirmation to the email address you provided.

### Continuation of Insurance Provision

When you leave employment or wish to cancel your MetLife accident, hospital indemnity or critical illness insurance coverage, you have been continuously covered under a MetLife plan for six (6) months prior to your termination date and you are under age 75, you are eligible for continuation of coverage. MetLife will send you a letter reminding you of the Continuation of Insurance provision under your policy which allows you to continue coverage by paying premiums directly to MetLife. The policy/policies will be cancelled if you take no action when you receive the letter.

If you wish to elect Continuation of Insurance, you will need to complete and return the form provided in the mailed packet or contact MetLife at 1-800-GET-MET8 (1-800-438-6388) Monday through Friday. **MetLife must receive your completed Election of Continuation Insurance Form or you must call MetLife no later than 31 days from the date of termination. If you do not call or if MetLife does not receive the election form by the deadline, your coverage will be terminated.**



# RESOURCES

## LEGAL PLAN / MetLife

[metlife.com](https://www.metlife.com) | 1.800.821.6400 (customer service)



### Create an Account

1.

Visit [members.legalplans.com](https://members.legalplans.com) and click “Register.”

2.

Fill in your information.

3.

Explore the many resources available through your Legal Plan!

### Tax Preparation and Filing through TurboTax®

As a MetLife Legal Plans member, here are two ways you can save using TurboTax:



#### File your own taxes

- Prepare and file your federal and state taxes using TurboTax at **no additional cost**.\*
- Ideal for a wide range of tax filers—from those with simple tax returns to those with more complex returns, such as self-employed filers, independent contractors, freelancers, investors, landlords, and small business owners.



#### Get expert support

- File confidently, with expert help if you need it. Work with a dedicated TurboTax expert to prepare and file your taxes at a **substantial discount**.\*

#### To get started:

1. Log in or create your legal plans account at [members.legalplans.com](https://members.legalplans.com)
2. Go to “Debt Matters”
3. Select “Tax Preparation & Filing” and begin

\* The benefit cannot be applied to previously completed TurboTax filings. Visit [members.legalplans.com](https://members.legalplans.com) for a full description of TurboTax services available through the MetLife Legal Plan.



# RESOURCES

## LEGAL PLAN / MetLife

[metlife.com](https://www.metlife.com) | 1.800.821.6400 (customer service)



### Caregiving solutions to help manage the care of you and your loved ones

To help caregivers and their families, your **MetLife Legal Plans benefit now includes unlimited access to Family First, a robust caregiving solution, at no additional cost**<sup>1</sup> With Family First, you get digital tools and a confidential, multi-disciplinary team of highly trained experts who will evaluate your unique caregiving situation, create holistic care plans and provide the resources and guidance needed to make care-related decisions, delivering better outcomes for all.

#### Benefits of Caregiving Services



Family First has **30+ years of experience** solving acute and complex caregiving challenges from start to finish.



Access to an Expert Care Team of accredited professionals whom all have over **20+ years of experience**.



Innovative technology to identify caregiving gaps and **provide more precise care advice and plan**.



**Unlimited access** to highly trained experts and digital tools with no out-of-pocket costs.

#### How Family First Can Help You



Eldercare



Family Dynamics & Resolution



Counseling & Mental Health



Legal & Financial Challenges



Insurance & Medicare Navigation



Social Determinants of Health



Childcare



Expert Homecare & Placement

### Getting started is easy!

Take advantage of your **UNLIMITED** caregiving access today



Step 1

Scan the QR code or visit **members.legalplans.com** under 'Injury & Insurance' or call **1-800-821-6400**

Step 2

Select **Caregiving Support & Resources** to be redirected to the Family First landing page

Step 3

Connect with your dedicated **Care Expert**

1. Unlimited access refers to Family First coverage only



# RESOURCES

## IDENTITY THEFT & FRAUD PREVENTION / MetLife + Aura

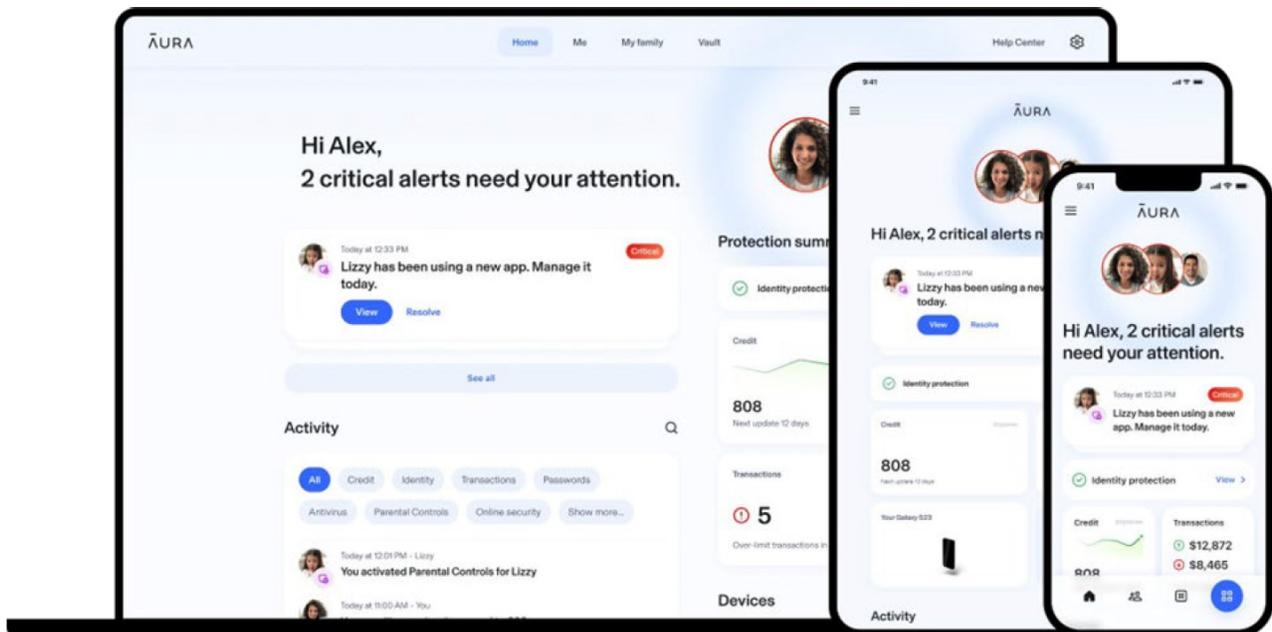
metlife.com | 844.931.2872 (customer service)  
support@aura.com



### Create Your Account

All-in-one digital security in an app that's **SIMPLE** to use so it's **EASY** to stay safe online.

1. Create your user ID and password by going to [my.aura.com/start](https://my.aura.com/start).
2. Activate and utilize additional features, view alerts & set your contact preferences, add members to a family plan, and more.
3. Download the Aura app for convenient access to your features from anywhere.



# VALUE ADD PLAN – PET INSURANCE / MetLife

Available to all employees



## Plan Highlights



### What is Pet Insurance?

Similar to health insurance for you and your family, Pet Insurance is coverage for dogs and cats that can help you be prepared for unexpected vet costs.

### Why MetLife Pet Insurance?

With MetLife, pet parents have the power of choice to customize their Pet Insurance to meet their needs.

### How much will it cost?

Each pet's premium will be unique based on the age, breed, location, as well as what coverage amount you select. Plus, if you go claim-free in a policy year, we'll automatically decrease your deductible by \$25 or \$50. There are also a variety of discounts available. You can set up automatic payment through the online portal.

### Coverage includes:

accidental injuries  
illnesses  
exam fees  
surgeries  
medications  
ultrasounds  
hospital stays  
X-rays and diagnostic

hip dysplasia  
hereditary conditions  
congenital conditions  
holistic care  
chronic conditions  
alternative therapies  
and much more!

### Can I still use my vet?

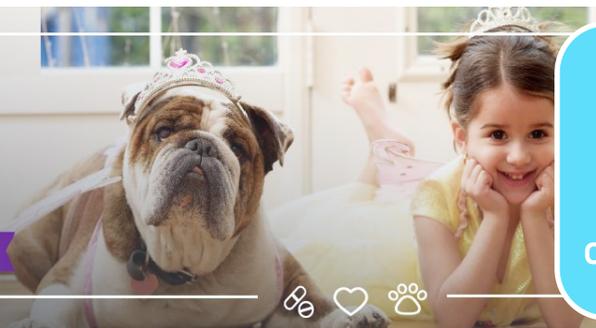
Yes! You can visit any U.S. licensed vet, emergency clinic, or specialist. Your coverage is also portable—you can take your coverage with you if you leave your employer.

SCAN THIS CODE FOR MORE INFO!



If he's always down to play dress up,

he deserves to be insured.



Pet parents spend *nearly \$4,500 a year* on annual care.

Get a quote by visiting:  
[metlifepetinsurance.com/WCIF](https://metlifepetinsurance.com/WCIF)  
OR Call 1-800-GET-MET8





Available to all employees

Check out BenefitHub for everyday savings!

## Tally Up Your Annual Savings to Over \$5,000!

With Worth Discount Marketplace, employees can save over \$5,000 a year! Receive access to exclusive discounts in almost every shopping category.



Ride in style with **auto** savings.



Travel to new destinations.



Spruce up your **home** and treat the fam.



Look stylish with new **apparel**.



Experience more with event **tickets**.



See you how much you can save!

Scan the QR code to enroll today!  
Use code: **IBWY7X**



# RESOURCES

## Dependent Eligibility

The following dependents are eligible for coverage after the employee has satisfied their initial waiting period required by the employer. Please note, dependents must be enrolled in the same plan(s) as the employee.

- A lawful spouse or domestic partner (legally separated spouses may not be eligible)
- Child(ren) of employee, spouse or domestic partner to the age of 26 including:
  - biological,
  - step,
  - foster,
  - adopted children from the date of assumption of legal obligation for total or partial support,
  - children required by court order or qualified medical child support order (QMCSO) to be covered by a participant
  - Disabled dependent child(ren) over age 26. See employer for details.

All other dependent children are not eligible without evidence of legal guardianship.

## Enrollment Changes for Qualified Life Events

Many benefits are regulated by Section 125 regulations (if applicable) and other plan rules require that elections not be changed except during new hire or annual open enrollment periods. However, certain qualified events allow you to change your elections during the plan year. Below is a chart of the Life Events that allow for a mid-year change. Please reach out to your Human Resources Department with any questions and specific timeframe requirements.

Dependent	Enrollment Deadline
Newborn Child	Within 60 days of birth
Adopted Child	Within 60 days of placement in an employee's home
Foster child	Within 60 days of placement in an employee's home
Child Under Legal Guardianship	Within 60 days of legal guardianship being granted to employee
Spouse	Within 31 days of the date of marriage
Domestic Partner	Within 31 days of Washington State registration <i>or</i> within 31 days of the date of completed Affidavit of Domestic Partnership
Dependent of Spouse / Domestic Partner	<i>If existing dependent</i> , same rules as spouse/domestic partner (31 days – as shown above)
	<i>If acquired after</i> spouse's/domestic partner's effective date (60 days – as shown above)
Event	Enrollment Deadline
Involuntary Loss of Other Coverage	Within 31 days of the date the other coverage ended
State Medical Assistance and Children's Health Insurance Program (CHIP)	Within 60 days from the date of event



# RESOURCES

## GLOSSARY OF HEALTH COVERAGE & MEDICAL TERMS

This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. In either case, the policy or plan governs. The full six-page glossary can be found on the WCIF website under Plan Information. **Bold** text indicates a term defined in the full Glossary.

### Allowed Amount

Maximum amount on which payment is passed for covered health care services. This may be called "eligible expense," "payment allowance," or "negotiated rate". If your provider charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**)

### Formulary

A list of drugs your **health insurance** or **plan** covers. A formulary may include how much you pay for each drug. If the plan uses "tiers," the formulary may list which drugs are in which tiers. For example, a formulary may include generic drug and brand name drug tiers.

### Balance Billing

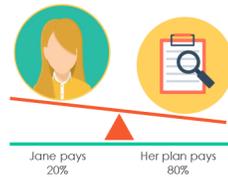
When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

### Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

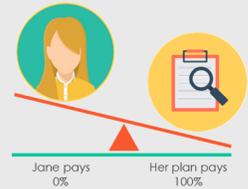
### Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the **allowed amount** for the service. You generally pay coinsurance plus any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100, and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



### Out-of-pocket Limit

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services.



After you meet this limit, the **plan** will usually pay 100% of the **allowed amount**. This limit helps you plan for health care costs. This limit never includes your **premium**, your **balance-billed charges**, or health care your **health insurance** or plan doesn't cover. Some health insurance or plans don't count all of your **copayments**, **deductibles**, **coinsurance payments**, **out-of-network payments** or other expenses toward this limit.

### Copayment

A fixed amount (for example, \$20) 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.

### Deductible

The amount you **could** owe during a coverage period (usually one year) for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



### Preferred Provider

A **provider** who has a contract with your health insurance or **plan** to provide services to you at a discount. Check your health insurance policy or plan documents to see if you can see all preferred providers without paying extra or if your health insurance or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may be smaller, so you may have to pay more. Your policy may use the term 'in-network' instead of "preferred".



# REQUIRED ANNUAL NOTIFICATIONS

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## Important Notice from Washington Counties Insurance Fund About Your Prescription Drug Coverage and Medicare Part D

If you or a covered family member are, or will soon become Medicare Part D eligible, please read this notice carefully and keep it with your records. This notice has information about your current prescription drug coverage with Washington Counties Insurance Fund (WCIF) 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 through Medicare Prescription Drug Plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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. The carriers have determined that the prescription drug coverage offered by **Washington Counties Insurance Fund** is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is **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.

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### 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 15 to December 7. However, if you lose your 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 sign up for a Medicare prescription drug plan.

### What Happens to your Current Coverage If You Decide to Join a Medicare Drug Plan?

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. If you do decide to join a Medicare drug plan, your current coverage through the Trust will not be affected.

However, if you decide to join a Medicare drug plan and drop your current coverage through WCIF, please be aware that you and your dependents may not be able to get this coverage back until open enrollment. Contact the Administration office for more information if necessary.

### When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?

You can continue your existing coverage and choose not to enroll in a Part D plan. However, please know that if you drop or lose your coverage with WCIF and don't enroll in a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay more (a penalty) to enroll in a Medicare prescription drug coverage 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 coverage, your premium may be consistently at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

### For More Information about This Notice or Your Current Prescription Drug Coverage:

For further information, call the Customer Service number of the back of your ID card. You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare drug coverage and if your current coverage through WCIF should change. You also may request a paper 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. When you become Medicare eligible, you will be mailed a copy of the handbook every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

# REQUIRED ANNUAL NOTIFICATIONS

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For more information about Medicare prescription drug plans:

- Visit [MEDICARE.gov](https://www.MEDICARE.gov)
- Call your State Health Insurance Assistance Program (see 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

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information about this extra help, visit Social Security online at [SOCIALSECURITY.gov](https://www.SOCIALSECURITY.gov), or by phone 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).**

Effective Date:	October 1, 2025 for Plan Year 2026
Name of Entity/Sender:	Washington Counties Insurance Fund
Contact—Position/Office	Vimly Administration Office
Address:	PO Box 6, Mukilteo, WA 98275
Phone Number:	1.855.623.6334

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## Women’s Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women’s Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act.

As specified in the Women’s Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following benefits:

- 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

Health plans must provide coverage of mastectomy-related benefits in a manner determined in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan. If you would like more information on WHCRA benefits, please call your Plan Administrator for more information.

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## HIPAA / GINA

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.

# REQUIRED ANNUAL NOTIFICATIONS

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## Health Insurance Marketplace Coverage Options and Your Health Coverage

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

The 2026 open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1, 2025, through January 15, 2026. From December 15, 2025 to January 15, 2026, coverage will be effective February 1, 2026. After January 15, 2026, you can get coverage through the Marketplace for 2026 only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

If the cost of our medical plan to cover yourself (and not any other members of your family) is more than 9.96 percent of your household income, or our coverage does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.) **All WCIF health plans currently meet the "minimum value standard".**

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, you lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

If you are not eligible for our Plan, you may want to look at the Health Insurance Marketplace as an option. In some cases you may qualify for a subsidy if you meet certain requirements. You will need to consult with an Insurance Navigator at the Health Insurance Marketplace to understand better your plan options as well as any subsidies which may apply to you.

**How Can I Get More Information?** Please visit [WAHEALTHPLANFINDER.org](http://WAHEALTHPLANFINDER.org) or [HEALTHCARE.gov](http://HEALTHCARE.gov) for more information.

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## Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer sponsored health coverage, but need assistance in paying their health premiums. 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 [HEALTHCARE.gov](http://HEALTHCARE.gov).

If you or your dependents are already enrolled in Medicaid or CHIP you can 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, you can contact your State Medicaid or CHIP office or dial **1.877.KIDS NOW (1.877.543.7669)** or [INSUREKIDSNOW.gov](http://INSUREKIDSNOW.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

To see if any more States have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, you can 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

# REQUIRED ANNUAL NOTIFICATIONS

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## Notice of Special Enrollment Rights

If you acquire a new dependent, or if you decline WCIF health coverage for yourself or an eligible dependent (including your spouse\*) while other coverage is in effect and later lost that other coverage for certain qualifying reasons, you have the right to enroll in a plan under its *Special Enrollment Provision*.

This notice also advises you of some of the other consequences of declining coverage, including your responsibility for any claims you might incur.

### Loss of Other Coverage

If you decline enrollment for yourself or for an eligible dependent (including your spouse\*) while other health insurance or health plan coverage is in effect, you may be able to enroll yourself and your dependents in a WCIF health plan if you or your dependents lost eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). You must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

### New Dependent

If you have a new dependent as a result of marriage, you may be able to enroll yourself or your new dependent if you request enrollment within 31 days after the marriage\*\*. Step children may also be added within 31 days of the marriage\*\*. You must request enrollment within 60 days after: Birth, Adoption / placement for adoption, Foster child placement, Grant of legal guardianship.

### State Medical Assistance and Children's Health Insurance Program (CHIP)

If you meet any of the following scenarios, you and your dependents may be able to enroll in WCIF health plans within 60 days if:

- You become eligible for state medical assistance and the Washington State Department of Social and Health Services (DSHS) determines that it is cost-effective to enroll you in this plan.
- You qualify for premium assistance under the state's medical assistance program of Children's Health Insurance Program (CHIP).
- You no longer qualify for health coverage under the state's medical assistance program or CHIP.

To request special enrollment or to obtain more information about WCIF health plans' *Special Enrollment Provisions*, contact your employer's Human Resources Department.

\*or *Qualified Domestic Partner*

\*\*or *Qualified Domestic Partnership*

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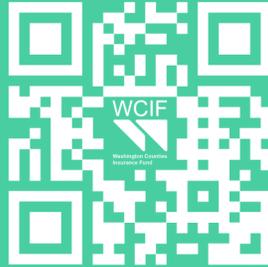
## Newborns' and Mothers' Health Protection Act of 1996

The Newborns' Act and its regulations provide that health plans and insurance issuers may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. However, the attending provider (who may be a physician or nurse midwife) may decide, after consulting with the mother, to discharge the mother or newborn child earlier.

The Newborns' Act, and its regulations, prohibit incentives (either positive or negative) that could encourage less than the minimum protections under the Act as described above.

A mother cannot be encouraged to accept less than the minimum protections available to her under the Newborns' Act and an attending provider cannot be induced to discharge a mother or newborn earlier than 48 or 96 hours after delivery.





## QUESTIONS?

Contact your Human Resource Department or visit [WCIF.net](http://WCIF.net)

800.344.8570 (toll free)

[info@wcif.net](mailto:info@wcif.net)

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