

# 2023 BENEFITS GUIDE



PUGET SOUND  
**kidney centers**

*Care. Compassion. Community.*



# BENEFITS OVERVIEW

**Puget Sound Kidney Centers** is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental, vision), and Puget Sound Kidney Centers provides other benefits at no cost to you (life, accidental death & dismemberment).

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## BENEFITS OFFERED

- Medical (HMO, PPO and HDHP)
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Dental
- Vision
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Long Term Disability
- Employee Assistance Program (EAP)
- Travel Assistance Program
- 403(b) Retirement Plan
- Paid Vacation Leave (PVL)
- Paid Sick Leave (PSL)
- Holidays
- Educational Assistance
- Retirement Plan

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

# NEW HIRE ENROLLMENT OVERVIEW

*You must enroll when you're initially eligible (within 31 days of your eligibility date). Otherwise, you will have to wait until the plan's next open enrollment period to enroll in the group benefit plans unless you have a qualifying life event. All benefit eligible employees will automatically be enrolled in PSKC's employer-paid Life/AD&D, long term disability and employee assistance program (EAP) when eligible.*

## THE BENEFITS PLANS OFFERED ARE:

- Medical plans covering a broad network of doctors through Healthcare Management Administrators, Inc. and Kaiser Permanente Insurance Company
- Prescription drug benefit with four levels of copays
- Comprehensive dental coverage through Delta Dental of Washington
- Vision benefits through VSP
- Life and Accidental Death & Dismemberment insurance (AD&D) through Prudential
- Long Term Disability Insurance through Prudential
- Employee Assistance Program (EAP) through ComPsych/Prudential
- Travel Assistance Program through IMG Global

### IMPORTANT

Enrollment timeline may vary in certain situations. Please see "Special Enrollment Rights" on page 19.

Please follow the steps below to choose your benefits and enroll.

## 1. PREPARE EVERYTHING YOU WILL NEED

- Social Security numbers for you and any dependents whom you want to cover
- Dates of birth for dependents you want to cover
- Other insurance plan information under which you or your dependents are covered
- Supporting documentation is required at enrollment (example: birth certificate, marriage certificate, etc.)

## 2. CHOOSE YOUR BENEFITS

Take the time to review the benefit outlines in this guide and the Summary of Benefits and Coverage from the insurance company. This will help you understand the plans and how they will fit your lifestyle and budget. To make sure your family doctor and dentist are covered by the plans you have chosen, check the Provider Directories online or call customer service (see "Your Benefits Contacts" toward the back of this Guide).

## 3. COMPLETE YOUR ENROLLMENT FORM(S)

Complete your enrollment via the enrollment form. FSA medical and dependent care spending and Health Savings Account (HSA) elections will need a specific designation amount that you wish to set aside for 2023.

## 4. SUBMIT YOUR ENROLLMENT FORM(S)

Submit your enrollment form(s) to the Human Resources department within **31 days** of your eligibility date.

## 5. YOU ARE DONE!

### QUESTIONS

Contact a Benefit Advocate at:  
[bac.pskc@ajg.com](mailto:bac.pskc@ajg.com) or by phone: (Toll Free) 833.830.1382  
 8 am – 6: pm (Pacific Time)  
 Monday – Friday

In addition, you are also encouraged to visit our benefits portal at [c2mb.ajg.com/pskc/home/](https://c2mb.ajg.com/pskc/home/) where we have additional benefit information available.

# OPEN ENROLLMENT OVERVIEW

## *For employees already enrolled.*

Open Enrollment occurs annually and is in late November. This is your only opportunity to make changes to your benefits for the year unless you have specific life events, including:

- Birth or adoption of a child
- You, your spouse and/or a dependent loses coverage under another group plan
- Change in marital status, including legal separation
- Relocation out of the service area
- Change of employment status to benefits eligible
- You, your spouse and/or dependent become eligible for other group coverage including loss of eligibility for Medicaid, including becoming eligible for Medicaid or a covered child reaches age 26
- Death of a covered dependent (spouse, child, or domestic partner)
- Open Enrollment through your spouse's employer

## IMPORTANT

Enrollment timeline may vary in certain situations. Please see "Special Enrollment Rights" on page 19.

## THE BENEFIT PLANS OFFERED ARE:

- Medical plans covering a broad network of doctors through Healthcare Management Administrators, Inc. and Kaiser Permanente Insurance Company
- Prescription drug benefit with three levels of copays
- Choice of dental plans through Delta Dental of Washington
- Vision benefits through VSP
- Life and Accidental Death & Dismemberment insurance (AD&D) through Prudential
- Disability Insurance through Prudential
- Employee Assistance Program (EAP) through ComPsych/Prudential
- Travel Assistance Program through IMG Global

## MEDICAL / DENTAL / FLEXIBLE SPENDING ACCOUN (FSA / SECTION 125) / HEALTH SAVINGS ACCOUNT (HSA) / VOLUNTARY BENEFITS

Unless you are making Open Enrollment changes (i.e. changing from one medical plan to another, adding/removing a spouse/ domestic partner or child), there is no needed action from you. Please note for your voluntary benefits some are based upon factors that change yearly (i.e. age and salary), so your benefits and premiums may change accordingly.

If you are making Open Enrollment election changes AND/OR want to participate in the Flexible Spending Account or Health Savings Account for the 2023 - 2024 plan year (prior year FSA or HSA participation does not automatically carry over) you will need to complete the enrollment online that reflects the changes you want to make.

Use the online calculator at [naviabenefits.com](https://naviabenefits.com) to help determine how much money you should put into your FSA to save on taxes when paying for health and dependent care expenses.

## OPEN ENROLLMENT FORM

Complete your enrollment via the enrollment form. FSA medical and dependent care spending and Health Savings Account (HSA) elections will need a specific designation amount that you wish to set aside for 2023.

## 2023 CHANGES

- All three medical plans (HMO, PPO and HDHP) have a few benefit changes; please refer to the Medical Benefits pages in the guide.
- HSA contribution limit (total combined) goes up to \$3,850 (EE only) and \$7,750 (family)
- FSA Healthcare and Limited FSA increases to \$3,050
- BAC (Gallagher provided call center) and Benefits Portal for additional benefit information!

# ELIGIBILITY

- **Salaried (Exempted) employees** scheduled to work a minimum of 30 hours per week are eligible for benefits the first (1<sup>st</sup>) of the month following or coincident with 60 days of employment (date of hire).
- **Regular Full-time and Part Time (Non-Exempted) employees** scheduled to work 30+ hours per week are eligible for benefits the first (1<sup>st</sup>) of the month following or coincident with 60 days of employment (date of hire).
- **Variable Per Diem (Non-Exempted) employees** scheduled to work less than 30 hours per week will be eligible for benefits after first averaging 30+ hours worked over the previous 12 months. Variable Per Diem employees are eligible for benefits the first (1<sup>st</sup>) of the month following or coincident with 13 months of employment (date of hire).

You may enroll your eligible dependents in medical/vision, dental and voluntary vision. They are also eligible to receive Employee Assistance Program (EAP) services. Your eligible dependents include:

- Legal spouse or domestic partner\* (Health benefits are extended to employees' domestic partners. However, the value of these benefits minus post-tax contributions made by the employee must be included in employee's gross income, subject to federal income tax withholding and FICA tax, unless the domestic partner is the employee's tax dependent). In addition, you may be required to complete an Affidavit of Domestic Partnership. (*\*please note that domestic partner is eligible for Kaiser HMO plan participant only*)
- Children up to age 26
- Any dependent child who is incapable of self-support because of a physical or mental disability (not eligible for life insurance).

## MAKING CHANGES TO YOUR BENEFITS

You may make changes to your benefits once a year during Open Enrollment. All benefits you select will be effective for a full 12 months, unless you have a "qualified change in status" or are no longer eligible under the plan (e.g. leave employment). Because many of your benefits are available on a pre-tax basis, the IRS requires you to have a qualified change in status in order to make changes to your benefit elections during the year.

If you have a qualified change in status, you can make changes to your benefits by contacting Human Resources within 30 days of the change. The change to your benefits must be consistent with the qualified change in status. For example, if you have a new baby, you can enroll the child as a dependent under your current health plan, but you may not remove another dependent who is already covered. To determine if your situation allows you to make changes to your benefits, please contact Human Resources or a Gallagher Benefit Advocate.

### QUALIFIED CHANGE IN STATUS EXAMPLES

- Birth or adoption of a child
- Loss of your or a dependent's coverage under another plan
- Change in marital status

### QUESTIONS

Contact a Benefit Advocate at:  
[bac.pskc@ajg.com](mailto:bac.pskc@ajg.com) or by phone: (Toll Free) 833.830.1382  
 8 am – 6: pm (Pacific Time)  
 Monday – Friday

In addition, you are also encouraged to visit our benefits portal at [c2mb.ajg.com/pskc/home/](https://c2mb.ajg.com/pskc/home/) where we have additional benefit information available.



# MEDICAL BENEFITS

Administered by Healthcare Management Administrators, Inc.

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

	PPO		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Single / Family)	\$1,000 / \$3,000	\$2,000 / \$6,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Annual Out-of-Pocket Maximum (Single / Family)	\$4,000 / \$10,000	Unlimited	\$4,000 / \$8,000	Unlimited
Coinsurance	20%	50%	20%	50%
<b>DOCTOR'S OFFICE</b>				
Primary Care Office Visit	\$25 copay per visit	50% after deductible	20% after deductible	50% after deductible
Specialist Office Visit	\$40 copay per visit	50% after deductible	20% after deductible	50% after deductible
Preventive Care (screening, immunization)	Covered in full	50% after deductible	Covered in full	50% after deductible
Diagnostic Test (x-ray, blood work)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>PRESCRIPTION DRUGS</b>				
Retail Pharmacy (30-day supply) - Generic - Preferred Brand - Non-Preferred	\$15 copay \$30 copay \$50 copay		20% after deductible	
Mail Order (90-day supply)	2 x Retail Copay			
Specialty Drugs	\$90 copay	\$90 copay		
<b>HOSPITAL SERVICES</b>				
Emergency Room (Copay waived if admitted)	\$200 copay per visit then 20% after deductible	50% after deductible	20% after deductible	20% after deductible
Inpatient	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Ambulance Service	20% after deductible		20% after deductible	
<b>MENTAL HEALTH SERVICES</b>				
Inpatient Services	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Services	\$25 copay per visit	50% after deductible	20% after deductible	50% after deductible
<b>SUBSTANCE ABUSE SERVICES</b>				
Inpatient Services	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Services	\$25 copay per visit	50% after deductible	20% after deductible	50% after deductible
<b>OTHER SERVICES</b>				
Maternity Services	20% after deductible	50% after deductible	20% after deductible	50% after deductible
All other maternity hospital/ physician services	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Muscle Manipulation Services (30 visit)	Covered	50% after deductible	Covered	50% after deductible
Physical, Occupational & Speech Therapy Services - Inpatient: 100-day calendar year maximum - Outpatient: 40-visit calendar year maximum	Inpatient: 20% after deductible; Outpatient: \$25 copay per visit;	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing -120-day calendar year maximum	20% after deductible	50% after deductible	20% after deductible	50% after deductible

## PHARMACY BENEFITS THROUGH CVS – ADMINISTERED BY RXBENEFITS

Our medical plans include prescription drug coverage through CVS. You can view our formulary (preferred drug list) at [www.caremark.com](http://www.caremark.com). RxBenefits administers our prescription drug benefits. You can contact RxBenefits Pharmacy Member Services at 800-334-8134 or via email at [RxHelp@rxbenefits.com](mailto:RxHelp@rxbenefits.com).

*\*Specialty Medications: These are required to be filled through a CVS specialty pharmacy.*



# MEDICAL BENEFITS

Administered by Kaiser Permanente Insurance Company

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

	HMO
	<b>In-Network (CORE HMO)</b>
Annual Deductible	\$2,000 single / \$4,000 family
Annual Out-of-Pocket Maximum	\$5,500 single / \$11,000 family
Coinsurance	20%
<b>DOCTOR'S OFFICE</b>	
Preventive Care (screening, immunization)	Covered in full
Primary Care Office Visit	1st 4 visits:\$30 copay per visit; thereafter:20% after deductible
Telehealth	Covered in full
Outpatient Diagnostic Test (x-ray, blood work)	1st \$500 covered in full; thereafter 20% after deductible
Outpatient Surgery	\$30 copay per visit then 20% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible
<b>HOSPITAL SERVICES</b>	
Emergency Room (Copay waived if admitted)	\$200 copay per visit then 20% after deductible
Inpatient Hospitalization	20% after deductible
<b>MENTAL HEALTH SERVICES</b>	
Inpatient Services	20% after deductible
Outpatient Services	\$30 copay per visit then 20% after deductible
<b>SUBSTANCE ABUSE SERVICES</b>	
Inpatient Services	20% after deductible
Outpatient Services	\$30 copay per visit then 20% after deductible
<b>OTHER SERVICES</b>	
Maternity Services	20% after deductible
All other maternity hospital/ physician services	20% after deductible
Chiropractic Services (12 visit)	\$30 copay per visit then 20% after deductible
Physical, Occupational and Speech Therapy Services - Outpatient: 45-visit calendar year maximum - Inpatient: 30-day calendar year maximum	Outpatient: \$30 copay per visit then 20% after deductible Inpatient: 20% after deductible
Skilled Nursing (60-day calendar year maximum)	20% after deductible
<b>PRESCRIPTION DRUGS</b>	
Retail Pharmacy (30-day supply) - Generic - Preferred Brand - Non-Preferred Brand - Preferred Specialty - Non-Preferred Specialty	\$15 copay \$40 copay \$60 copay \$150 copay 30% after deductible
Mail Order (90-day supply)	2 x Retail Pharmacy Copay



# PAYING FOR HEALTH CARE

Puget Sound Kidney Centers offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	HEALTH SAVINGS ACCOUNT (HSA)
What medical plan can I choose?	HDHP
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)
When can I use the funds?	Funds are available as you contribute to the account
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire)
How do I pay for eligible expenses?	With your HealthEquity debit card (you can also submit claims for reimbursement online at <a href="http://www.comparemyhsa.com/pskc">www.comparemyhsa.com/pskc</a> )
How much can I contribute each year?	<b>\$3,850</b> for individual coverage or <b>\$7,750</b> for family coverage (this total includes company funding) in 2023; please see a table below for details.
Can I change my contributions throughout the year?	Yes, you can log on to <a href="http://www.comparemyhsa.com/pskc">www.comparemyhsa.com/pskc</a> to change your per-paycheck contributions at any time

*Note: If you are enrolled in Medicare, by law you are not allowed to contribute to an HSA.*

2023 CONTRIBUTION LIMIT	PSKC CONTRIBUTION	2023 MAXIMUM EMPLOYEE CONTRIBUTION
Employee Only —	\$750	\$3,100
Employee + Dependent/Family —	\$1,500	\$6,250
HAS Catch-up Contribution (Age 55+)		\$1,000 additional

## What Are the Tax Implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA (\$1,000 per tax year) if you will be 55 years or older by December 31. Learn more at [www.healthequity.com](http://www.healthequity.com).







# FLEXIBLE SPENDING ACCOUNTS

Puget Sound Kidney Centers offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)
<b>What medical plan can I choose?</b>	HMO (Kaiser) & PPO (HMA) plans**
<b>What expenses are eligible?</b>	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)
<b>When can I use the funds?</b>	All of the funds you elect for the year are available January 1
<b>How do I pay for eligible expenses?</b>	With your FSA debit card (you can also submit claims for reimbursement online at <a href="http://www.naviabenefits.com">www.naviabenefits.com</a> )
<b>How much can I contribute each year?</b>	You can contribute \$3,050 to your health care FSA in 2023
<b>Can I change my contributions throughout the year?</b>	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year

*\*\*HDHP (HMA) participant could elect to contribute to a Healthcare FSA. For more details, please contact a Benefit Advocate at [bac.pskc@aig.com](mailto:bac.pskc@aig.com) or by phone (Toll Free) 833.830.1382 at 8 am – 6: pm (Pacific Time) Monday – Friday.*

	DEPENDENT CARE FSA
<b>What is it?</b>	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
<b>Why should I consider it?</b>	You can lower your taxable income to save some money while you take care of your daycare expenses
<b>What expenses are eligible?</b>	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
<b>When can I use the funds?</b>	Funds are available as you contribute to the account with each paycheck
<b>How do I pay for eligible expenses?</b>	With your Navia Benefit Solutions debit card (you can also submit claims for reimbursement online at <a href="http://www.naviabenefits.com">www.naviabenefits.com</a> )
<b>How much can I contribute each year?</b>	You can contribute \$5,000 to your dependent health care FSA in 2023



## Important Note

Both the health care and dependent care FSAs have a use-it-or-lose-it rule. You will lose any unused funds at the end of the year.



# DENTAL BENEFITS

Administered by Delta Dental of Washington

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Puget Sound Kidney Centers dental benefit plan.

SERVICES	DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER OR 1NON-CONTRACTED DENTIST
<b>Annual Deductible</b>	\$50 per individual; \$150 family	
<b>Annual Benefit Maximum</b>	\$2,250	
<b>Preventive Dental Services</b> (cleaning, x-rays, fluoride, sealants, etc)	100% Covered	
<b>Basic Dental Services</b> (fillings, oral surgery, root canals, etc)	10% after deductible	20% after deductible
<b>Major Dental Services</b> (crowns, bridges, inlays, etc)	40% after deductible	50% after deductible
<b>Orthodontia Services</b> (covered for children only)	50% to \$1,500 lifetime maximum	50% to \$1,500 lifetime maximum

<sup>1</sup> Balance billing may apply. Member is responsible for amounts above Delta Dental’s maximum allowable fees





# VISION BENEFITS

Administered by VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

SERVICE	IN-NETWORK (ANY VSP PROVIDER)	OUT-OF-NETWORK (ANY QUALIFIED NON-NETWORK PROVIDER OF YOUR CHOICE)
Eye Exam — once every 12 months	\$10 Copay then Covered in full	\$50 copay
Lenses — once every 12 months		
<ul style="list-style-type: none"> <li>• Single Vision Lenses</li> <li>• Lined Bifocal Lenses</li> <li>• Lined Trifocal Lenses</li> </ul>	\$25 Copay then Covered in full	Reimbursed up to \$50-\$125
Frames — once every 12 months	\$130 allowance then 20% of balance	Up to \$70
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames		
Elective	\$130 allowance	Up to \$105





# LIFE AND DISABILITY INSURANCE BENEFITS

## LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Puget Sound Kidney Centers provides basic life and accidental death and dismemberment (AD&D) insurance through Prudential at no cost to eligible employees.

	HOW IT WORKS	BASIC LIFE AND AD&D (COMPANY-PAID BENEFIT)
<b>Life</b>	Your beneficiaries receive this benefit if you pass away	<p><b>Class 1 - Managers and Supervisors:</b> 3 times salary up to \$400,000;</p> <p><b>Class 2 - All Other Employees:</b> 2 times salary up to \$150,000</p>
<b>AD&amp;D</b>	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	<p><b>Class 1 - Managers and Supervisors:</b> 3 times salary up to \$400,000;</p> <p><b>Class 2 - All Other Employees:</b> 2 times salary up to \$150,000</p>

## DISABILITY INSURANCE

Puget Sound Kidney Centers also provides disability insurance through Prudential. This benefit replaces a portion of your income if you become disabled and are unable to work.

	HOW IT WORKS	WHO PAYS FOR THE BENEFIT
<b>Long-term Disability</b>	You receive 60% of your income up to \$7,000 per month. Benefits begin after 90 calendar days of absence from work and continue until you reach the Social Security Normal Retirement Age.	Puget Sound Kidney Centers





# EMPLOYEE ASSISTANCE PROGRAM (EAP)



**No matter what's going on in your life, GuidanceResources® is here to help.**

Personal problems, planning for life events or simply managing daily life can affect your work, health and family. GuidanceResources is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources and information to get through life's challenges. This flyer explains how GuidanceResources can help you.

## Confidential Counseling on Personal Issues

Your Employee Assistance Program (EAP) is a confidential assistance program to help address the personal issues you and your dependents are facing. This service, staffed by experienced clinicians, is available by phone 24 hours a day, seven days a week. A GuidanceConsultant<sup>SM</sup> is available to listen to your concerns and refer you to a local provider for in-person counseling or to resources in your community. Call any time with personal concerns, including:

- Depression
- Marital and family conflicts
- Job pressures
- Stress and anxiety
- Alcohol and drug abuse
- Grief and loss

## Financial Information, Resources and Tools

Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- Saving for college
- Getting out of debt
- Retirement planning
- Tax questions
- Estate planning

## Legal Information, Resources and Consultation

When a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call any time with legal issues including:

## Online Information, Tools and Services

- Divorce and family law
- Debt obligations
- Landlord and tenant issues
- Real estate transactions
- Bankruptcy
- Criminal actions
- Civil lawsuits
- Contract

GuidanceResources® Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to [www.guidanceresources.com](http://www.guidanceresources.com). Each time you return to the site, you will find personalized, relevant information based on your individual life needs. You can:

- Review in-depth HelpSheets<sup>SM</sup> on topics you select
- Get answers to specific questions
- Search for services and referrals
- Use helpful planning tools

**AVAILABLE 24 HOURS A DAY,  
7 DAYS A WEEK**

Call: 800.311.4327

TDD: 800.697.0353

Online: [guidanceresources.com](http://guidanceresources.com)

Your company Web ID: GEN311



# TRAVEL ASSISTANCE PROGRAM



## EMERGENCY MEDICAL TRANSPORT SERVICES

Dispatch of a Physician	Repatriation of Remains
Emergency Medical Evacuation	Return of Travel Companion
\$25,000 Emergency hospitalization*	Vehicle Return Services
Medical Repatriation	Visit of a Family Member or Friend
Return of Dependent Children	

\*Only available when traveling outside your home country and the USA and can only be used in conjunction with an eligible medical evacuation



## MEDICAL ASSISTANCE SERVICES

Convalescence Arrangements/Emergency Travel Arrangements	Medical & Dental Referrals
Outpatient & Inpatient Care	Prescription Transfer & Shipping
Interpretation Services	Telemedicine
Medical Monitoring	Replacement of Medical Devices



## TRAVEL ASSISTANCE SERVICES

Emergency cash transfer	Lost Luggage and/or Document Assistance
Consulate and Embassy Location	Pet Housing and Return
ID Theft Assistance	Pre-Trip Informational Services
Legal referrals	Urgent Message Relay



## SECURITY ASSISTANCE SERVICES

Emergency Political evacuation/repatriation	Natural Disaster Evacuation
Location Intelligence App	

## ADDITIONAL ENHANCEMENTS AND HIGHLIGHTS

- Identity Theft Assistance is now included automatically
- Security assistance services are now included automatically with enrollment (including political and natural disaster evacuation)
- The trip limit is increasing from 120 to 180 days
- Telemedicine is now included automatically. This service allows travelers access to a medical doctor 24/7 through a videoconferencing app.
- Better traveler app with enhanced functionality and user experience
- Greater flexibility to customize offers for specific customers with unique needs (trip limits, covered maximums, integration with travel management software, out of country medical coverage, etc.)
- Hospital Guarantee of Payment up to \$25,000 (with Evacuation Service)



# OTHER BENEFITS

## 403(B) RETIREMENT PLAN

Puget Sound Kidney Centers wants to help you reach your financial goals, and it's easy to get started. Our 403(b) plan offers best in class features including an employer match, Roth contributions and an institutional investment lineup.

You are eligible to begin salary deferrals into the plan as of your first day of employment. The plan can only accept percentage elections – no fixed dollar amounts. You will be eligible to receive a matching contribution after completion of 2 years of service. A “year of service” is any 12 month period in which you complete at least 960 hours of service. There is no minimum age requirement.

You can sign up using one of the following methods:

Online at: <https://my.valic.com/getstarted/onlineenrollment/accesscodeentry>. You will need the following access codes:

- Pre-tax: 41097001
- Roth: 41097100
- Call 1-888-569-7055. You also need the codes mentioned above.

Have questions? Speak to a Gallagher Retirement Consultant:

- Email: [Bellevue.gbs.coaching@ajg.com](mailto:Bellevue.gbs.coaching@ajg.com)
- Call 1-855-640-2087

## CONTRIBUTIONS

**Pre-Tax IRA:** You can make a pre-tax contribution up to 100% of your pay through payroll deduction, and can change the amount at any time. For 2023, the maximum amount you may contribute to any 401(k) or 403(b) plan is \$22,500 if you are under age 50.

**Roth:** In addition to allowing pre-tax contributions to your account, you can also elect to make after-tax contributions (known as Roth) that will not be taxed when you take distributions from your account. Roth and pre-tax contributions are still subject to the combined IRS limit of \$22,500 per year.

**Company Match:** Puget Sound Kidney Centers offers a discretionary matching contribution of 100% of your salary deferrals up to the first 7% of your salary. So, if you contribute 5% of your salary, PSKC will give you an additional 5% matching contribution. If you contribute 10% of your salary, PSKC will give you an additional 7% matching contribution.

**Rollover:** While employed at Puget Sound Kidney Centers, you may rollover assets from another qualified plan, pre-tax IRA, Section 401(k) Plan, Section 403(b) Annuity Plan, or governmental Section 457 plan into the PSKC 403(b) Plan at any time.

**Catch-Up Contributions:** The IRS allows for plan participants that reach age 50 by the end of the calendar year to make additional catch-up contributions on a pre-tax basis up to \$7,500 for 2023.

## LOANS

The plan allows you to take up to 1 loan at a time. Loans are available up to 50% of your vested account balance, or \$50,000, whichever is less.

## IN-SERVICE AND HARDSHIP WITHDRAWALS

You may take a distribution of your salary deferral account while you are still employed after attaining age 59 ½. (There are special rules if you have Pre-1989 403(b) annuity accumulations.) If pre-tax contributions are part of your distribution, you will be taxed on those amounts. On approval of proof of hardship (defined by the IRS) you may take a withdrawal from your salary deferral account before retirement age, but that withdrawal will be subject to federal income tax and if you are under age 59 ½, a 10% penalty.



# OTHER BENEFITS

## 403(B) RETIREMENT PLAN (CONT.)

### WHEN IT COMES TO RETIREMENT, START EARLY!

Team member #1 started early and look at the results! Their salary is half of Team Member #2's, but they started early and took advantage of the full match. By starting earlier, Team Member #1 will retire with more than double the account balance of Team Member #2! Making small contribution increases can make a big impact on your retirement account.

Scenario #1	
Employee #1, 25 years old	
Current Salary: \$22,000	
Contribution %	Total at Retirement
1% (approx. \$5/wk)	\$105,576
3% (approx. \$13/wk)	\$274,498
5% (approx. \$21/wk)	\$443,420
7% (approx. \$30/wk)	\$663,457

Scenario #2	
Employee #2, 45 years old	
Current Salary: \$44,000	
Contribution %	Total at Retirement
1% (approx. \$8.50/wk)	\$37,736
3% (approx. \$25/wk)	\$112,654
5% (approx. \$42/wk)	\$187,571
7% (approx. \$60/wk)	\$263,044

These are estimates and are NOT guaranteed. We are assuming the following: Safe Harbor match formula, a rate of return of 7 percent annually, a retirement age of 67, mortality at age 85 and 3 percent inflation. The investments in one's underlying portfolio will determine the actual rate of return and may be subject to fluctuation. If a participant is contributing on a pre-tax basis, the money will be taken out of his or her paycheck prior to when taxes are assessed. Therefore the effects on actual take-home pay can be minimized. For example: a person elects to contribute \$10 per paycheck may only notice \$7.50 when it hits his/her take-home pay amount. We have assumed that the people in the scenarios are of varying ages, have a zero balance, and are just getting started. Age, current balance, outside accounts, company contributions, rate of return, salary, and other such factors can be adjusted in order to achieve more accurate results on an individual basis.

## Paid Vacation Leave (PVL)

PVL accrual is a calculation based on regular hours actually worked. Regular Full-time/Regular Part-time employees accrue PVL from their date of hire, and are eligible to use PVL after completing 60 calendar days of employment. New employees accrue PVL at a rate equal to .0405 per regular hour worked during their first year of employment. PVL accrual increases during the second year at a rate equal to .05112 per regular hour worked.

## Paid Sick Leave (PSL)

PSL accrual is a calculation based on regular hours actually worked plus overtime hours. All employees accrue PSL from their date of hire, and are eligible to use PSL after completing 90 calendar days of employment. Employees accrue at the fractional equivalent of one (1) hour of paid sick leave for every 40 worked hours.

## Holidays

Employees enjoy eight Paid Holidays each year – New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, and the Employee's Birthday.

## Educational Assistance

After two years of employment:

- Qualified employees may apply for financial assistance to pay for job related continuing education.
- Employees enrolled in a Registered Nurse program may apply for a scholarship.





# EMPLOYEE CONTRIBUTIONS

<i>Medical/Rx + Dental</i>	HMA QHDHP with HSA + Dental		HMA Standard PPO + Dental		Kaiser HMO + Dental	
	Per Pay Period PSKC Cost	Per Pay Period Employee Cost	Per Pay Period PSKC Cost	Per Pay Period Employee Cost	Per Pay Period PSKC Cost	Per Pay Period Employee Cost
Employee Only	\$367.37	<b>\$3.08</b>	\$369.18	<b>\$52.56</b>	\$331.53	<b>\$39.03</b>
Employee & Spouse	\$397.99	<b>\$292.75</b>	\$401.35	<b>\$384.61</b>	\$350.95	<b>\$471.74</b>
Employee & Child(ren)	\$512.03	<b>\$148.42</b>	\$515.21	<b>\$234.97</b>	\$461.68	<b>\$236.72</b>
Employee & Family	\$445.75	<b>\$535.00</b>	\$450.48	<b>\$663.96</b>	\$388.27	<b>\$762.26</b>

<i>Medical/Rx Only</i>	HMA QHDHP with HSA		HMA Standard PPO		Kaiser HMO	
	Per Pay Period PSKC Cost	Per Pay Period Employee Cost	Per Pay Period PSKC Cost	Per Pay Period Employee Cost	Per Pay Period PSKC Cost	Per Pay Period Employee Cost
Employee Only	\$340.49	<b>\$0.00</b>	\$342.30	<b>\$49.48</b>	\$304.65	<b>\$35.95</b>
Employee & Spouse	\$371.89	<b>\$260.34</b>	\$375.26	<b>\$352.20</b>	\$324.86	<b>\$439.33</b>
Employee & Child(ren)	\$480.20	<b>\$115.55</b>	\$483.38	<b>\$202.10</b>	\$429.85	<b>\$203.85</b>
Employee & Family	\$414.72	<b>\$472.79</b>	\$419.45	<b>\$601.75</b>	\$357.24	<b>\$700.05</b>

<i>Voluntary Vision</i>	Per Pay Period Employee Cost
Employee Only	<b>\$4.66</b>
Employee & Spouse	<b>\$7.46</b>
Employee & Child(ren)	<b>\$7.62</b>
Employee & Family	<b>\$12.28</b>





# CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

PLAN	GROUP NUMBER	MEMBER SERVICES	WEBSITE
<b>MEDICAL &amp; PRESCRIPTIONS</b>			
HMA HDHP & PPO Medical Plans – HMA	020478	866.738.3924	<a href="http://www.accesshma.com">www.accesshma.com</a>
Prescriptions – CVS / RX Benefits		800.334.8134	<a href="http://www.caremark.com">www.caremark.com</a> Email: <a href="mailto:RxHelp@rxbenefits.com">RxHelp@rxbenefits.com</a>
HMO Medical Plan – Kaiser	2115400	888.901.4636	<a href="http://www.kp.org/wa">www.kp.org/wa</a>
<b>NON MEDICAL BENEFITS</b>			
Dental – Delta Dental of Washington	00038	800.554.1907	<a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>
Vision – VSP	12249027	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
FSA – Navia Benefit Solutions	N/A	866.346.5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
HSA – HealthEquity	N/A	866.346.5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
<b>LIFE AND DISABILITY INSURANCE</b>			
Basic Life / AD&D / Long Term Disability – Prudential	60368	Customer Service: 800.524.0542  Disability Claims: 800.842.1718	<a href="http://www.prudential.com">www.prudential.com</a>
<b>ADDITIONAL BENEFITS</b>			
Employee Assistance Program – ComPsych through Prudential	N/A	800.311.4327	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> Company Web ID: GEN311
Travel Assistance Program	N/A	In the U.S.: 855.847.2194  Outside the U.S.: 317.927.6881	Email: <a href="mailto:assist@imglobal.com">assist@imglobal.com</a>
<b>ADDITIONAL RESOURCES – Gallagher Services</b>			
Benefit Advocate Center (a service provided by Gallagher)	N/A	833.830.1382 (Toll Free): 8 am – 6 pm (Pacific Time) (Mon – Fri)	Email: <a href="mailto:bac.pskc@ajg.com">bac.pskc@ajg.com</a>
Benefits Portal	N/A	24/7	<a href="http://c2mb.ajg.com/pskc/home/">c2mb.ajg.com/pskc/home/</a>





# IMPORTANT INFORMATION REGARDING YOUR MEDICAL BENEFIT PLAN

## NON-NETWORK COSTS

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan may stipulate an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. Contact your claims payer or insurer for more information. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language.

## ORGAN TRANSPLANT

There is no pre-existing condition limitations for this health plan. Organ and bone marrow transplants have a \$7,500 travel and lodging maximum. Please see your plan contract booklet for further details.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide medical and surgical coverage for mastectomies also provide coverage for reconstructive surgery following such mastectomies in a manner determined in consultation with the attending physician and the patient.

### Coverage must include:

- All stages of reconstruction of the breast on which the mastectomy has been performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- Prosthesis and treatment of physical complications of all stages of mastectomy, including lymphedema.

Benefits for the above coverage are payable on the same basis as any other physical condition covered under the plan, including any applicable deductible and/or copays and coinsurance amounts.

## OUT-OF-AREA BENEFITS

If you are traveling or living outside of Washington and need medical care, you may use a Blue Cross or BlueShield PPO provider to receive the same benefits as the preferred level of your plan. When you are outside of the service area and need medical care, call the BlueCard Access Line at 800.810.BLUE (2583) for information on the nearest PPO doctors and hospitals. The doctor or hospital will verify your membership and coverage information after you present your identification/membership card. The doctor or hospital will electronically route your claim to your Blue Cross plan for processing. Because all PPO providers are paid by the plan directly, you are not required to pay for the care at time of service and then wait for reimbursement. You will only need to pay for out-of-pocket expenses, such as non-covered services, deductible, copays and coinsurance.

## SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 60 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

You may also be able to enroll yourself or your dependents in the future if you or your dependents lose health coverage under Medicaid or your state Children's Health Insurance Program, or become eligible for state premium assistance for purchasing coverage under a group health plan, provided that you request enrollment within 60 days after that coverage ends or after you become eligible for premium assistance.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources. Refer to your benefit booklet for details.



# IMPORTANT INFORMATION REGARDING YOUR MEDICAL BENEFIT PLAN

## **HIPAA NOTICE OF PRIVACY PRACTICES REMINDER**

The HIPAA law requires Puget Sound Kidney Centers to notify its employees that a privacy notice is available. To request a copy of Puget Sound Kidney Centers's Privacy Notice or for additional information, please contact Human Resources.

## **PREVENTIVE CARE**

Certain preventive care services must be provided by non-grandfathered group health plans without member cost-sharing (such as deductibles or copays) when these services are provided by a network provider. Please refer to your insurance company for more information. Contact information is listed under "Your Benefits Contacts" in the back of this Guide.

## **COBRA**

Federal COBRA is a U.S. law that applies to employers who employ 20 or more individuals and sponsor a group health plan. Under Federal COBRA you may be eligible to continue your same group health insurance for up to 18 months if your job ends or your hours are reduced. You are responsible for COBRA premium payments.



# IMPORTANT INFORMATION REGARDING YOUR MEDICAL BENEFIT PLAN

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

<b>ALABAMA — Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	<b>CALIFORNIA — Medicaid</b> Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>ALASKA — Medicaid</b> The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	<b>COLORADO — Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b> Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
<b>ARKANSAS — Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>FLORIDA — Medicaid</b> Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>GEORGIA — Medicaid</b> GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: (678) 564-1162, Press 2	<b>MASSACHUSETTS — Medicaid and CHIP</b> Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: (617) 886-8102
<b>INDIANA — Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584	<b>MINNESOTA — Medicaid</b> Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739
<b>IOWA — Medicaid and CHIP (Hawki)</b> Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	<b>MISSOURI — Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005



# IMPORTANT INFORMATION REGARDING YOUR MEDICAL BENEFIT PLAN

<b>KANSAS — Medicaid</b> Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884	<b>MONTANA — Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>
<b>KENTUCKY — Medicaid</b> Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	<b>NEBRASKA — Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>LOUISIANA — Medicaid</b> Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	<b>NEVADA — Medicaid</b> Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a> Medicaid Phone: 1-800-992-0900
<b>MAINE — Medicaid</b> Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: -800-977-6740. TTY: Maine relay 711	<b>NEW HAMPSHIRE — Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>NEW JERSEY — Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	<b>SOUTH DAKOTA — Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW YORK — Medicaid</b> Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	<b>TEXAS — Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NORTH CAROLINA — Medicaid</b> Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	<b>UTAH — Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>NORTH DAKOTA — Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	<b>VERMONT — Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>OKLAHOMA — Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>VIRGINIA — Medicaid and CHIP</b> Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
<b>OREGON — Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	<b>WASHINGTON — Medicaid</b> Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>PENNSYLVANIA — Medicaid</b> Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462	<b>WEST VIRGINIA — Medicaid and CHIP</b> Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>RHODE ISLAND — Medicaid and CHIP</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	<b>WISCONSIN — Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>SOUTH CAROLINA — Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	<b>WYOMING — Medicaid</b> Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

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



# CERTIFICATE OF CREDITABLE PRESCRIPTION DRUG COVERAGE

## IMPORTANT NOTICE FROM PUGET SOUND KIDNEY CENTERS ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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



*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).*

## 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<sup>th</sup> through December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current coverage may be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents may still be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your current company coverage, be aware that you and your dependents may be able to get this coverage back by enrolling back into the company benefit plan during the Open Enrollment period under the company benefit plan.

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

You should also know that if you drop or lose your current coverage with the company and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.



# CERTIFICATE OF CREDITABLE PRESCRIPTION DRUG COVERAGE

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

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

## FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

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

## FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:

Visit [medicare.gov](https://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 800.MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800.772.1213 (TTY 800.325.0778).

<b>Date:</b>	January 1, 2023
<b>Name of Entity/Sender:</b>	Puget Sound Kidney Centers
<b>Contact--Position/Office:</b>	Lynn Paulson - Director, Administrative Services
<b>Address:</b>	1019 Pacific Ave, Everett, Washington - 98201-4148 United States
<b>Phone Number:</b>	425.259.1860





# STATEMENT OF ERISA RIGHTS

**As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA provides that all participants shall be entitled to:**

Examine, without charge, at the Plan Administrator’s office and at other specified locations, the documents governing the plan, including the insurance contract and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan’s annual financial report, if any. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

You have a right to continue healthcare coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

You have rights regarding reduction or elimination of exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have creditable coverage from another plan.

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called “fiduciaries” of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants and beneficiaries. Fiduciaries who violate ERISA may be removed and required to make good any losses they have caused the Plan.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request a copy of plan documents or the latest annual report from the Plan Administrator and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits, which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan’s decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement, or your rights under ERISA, or if you need assistance or information regarding your rights under HIPAA, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.



# NOTES



# NOTES



*This benefit summary prepared by*



Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.