



**SOUNDTRANSIT**

# EMPLOYEE BENEFITS 2024



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## INTRODUCTION AND WELCOME

Welcome to Sound Transit! The key to our success is the quality of our employees and we are excited to have you on our team. Our investment in you extends beyond the workplace by providing you with high-quality benefits that let you choose those that best fit the needs of you and your family. We are committed to providing benefits and programs that support your continued good health, financial security and peace of mind. This guide provides an overview of all the benefits and programs we provide. We hope this information will help you in your benefit selections and help you make the most of our valuable benefit package.

This is only a summary of the insurance and benefit programs we provide. Information is meant to be high level and does not include all plan provisions, exclusions and coverage details. Please refer to the Plan Documents or Summary Plan Descriptions for these details. If there is a discrepancy between what is stated in this booklet and the Plan Documents, the Plan Documents will govern.



**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please read the Individual Creditable Coverage Disclosure notice on page 48 for more information. If you have questions about your options, please contact the Benefit Department, or our Benefits Consultant, Parker, Smith & Feek.**

# ELIGIBILITY AND ENROLLMENT

The benefits described in this guide are for regular, full-time employees who are scheduled to work 20 or more hours per week, unless otherwise noted.

## When Coverage Begins

For most benefits coverage begins on the first day of the month following your date of hire. That includes coverage for eligible family members. If you have a change in who you cover through marriage, birth or adoption, your newly acquired family members will be covered on the birth or placement for adoption, for marriage it will be effective the 1st of the month after the event date. For other changes, coverage will begin the first of the month following the change.

If you are enrolling yourself and any eligible family members for the first time, you must make your elections and submit your enrollment within 31 days of your eligibility date. If you do not enroll within this time period, your next opportunity to enroll will be at our annual open enrollment, unless you and/or your eligible family members experience a "Qualified Change in Status" (see page 4 for more information). In this case, you may qualify for special enrollment rights if you provide the Benefits office with all of the required enrollment and supporting documents within 60 days of your status change with Premera, or 60 days to add a child, or 31 days to add a spouse with Kaiser.

When you are first eligible for coverage you will need to make decisions about which benefits to elect and enroll in. You will be locked into your benefit elections for medical, dental, vision and flexible spending accounts for the entire calendar year unless you experience a "Qualified change in Family Status" (see page 4 for more details). You can also make changes each year during our open enrollment, with changes becoming effective on January first.

**Enrollment for benefits is through The Hub (the Sound Transit Intranet) using MyST. Enrollment must be done within 31 days of your eligibility date.**

## Who are the family members you can cover for benefits?

In addition to yourself, you can also cover:

- Your legally married spouse
- Your same-sex or opposite sex domestic partner\*;
- You and/or your spouse or domestic partner's children (until they turn age 26)\*\*;
- You and/or your spouse or domestic partner's children, regardless of age, who are physically or mentally incapable of self-support.

\*If you wish to cover a domestic partner, you are required to complete a domestic partner affidavit. For more information contact the Benefits office or look for the necessary affidavit on The Hub.

\*\*In addition to your birth children, you can also cover step-children, adopted children (or placed for adoption), foster children for whom you are legally responsible, or any you are required to provide coverage through court order. They do not have to be financially dependent on you or be claimed on your income taxes.

## When Coverage Ends

For most benefits, coverage ends the last day of the month in which you or your covered family members lose eligibility. As the employee, that would be your termination date at Sound Transit. For family members that would be the employee's termination date, the date of divorce or legal separation, or your child's 26th birthday. Life and disability benefits end on your last day worked.

If your coverage ends due to termination, reduction in hours, death, divorce or legal separation, or loss of dependent status, you and/or your covered family member may be able to continue your benefits. For more information refer to the "Continuation of Coverage" section on page 46.

# ELIGIBILITY AND ENROLLMENT

## Cost Sharing

We provide many valuable benefits, many of which Sound Transit pays for on your behalf. While we do cost share for our medical benefits, Sound Transit pays the majority of the premiums. For dental and vision, we pay the entire cost of coverage for you and your eligible family members. Following is a chart of all the benefits we provide and who pays for them:

Benefit Plan	Sound Transit pays 100% of the cost	Benefits you can enroll in once eligible where you share the cost with Sound Transit	Benefits you can enroll in once eligible that you pay 100% of the cost through payroll deduction
Medical		<input checked="" type="checkbox"/>	
Dental	<input checked="" type="checkbox"/>		
Vision	<input checked="" type="checkbox"/>		
Employee Assistance Plan	<input checked="" type="checkbox"/>		
Flexible Spending Accounts			<input checked="" type="checkbox"/> Sound Transit pays the administrative costs
Life & AD&D	<input checked="" type="checkbox"/>		
Voluntary Life & AD&D			<input checked="" type="checkbox"/>
Short Term Disability/Paid Family & Medical Leave	<input checked="" type="checkbox"/>		
Long Term Disability	<input checked="" type="checkbox"/>		
Retirement Savings Plan	Employee contributes 10% Sound Transit contributes 12%		
Pet Insurance			<input checked="" type="checkbox"/> You pay premiums directly to Nationwide
Identity Theft Protection			<input checked="" type="checkbox"/>



# WHAT YOU PAY

## Medical, Dental & Vision Premiums

Your share of our medical premiums, also known as contributions, are deducted from your paycheck twice each month (regardless of the number of paychecks in each month). Premiums for healthcare Medical benefits are taken from your paycheck before taxes. This means that you don't pay taxes on your premiums, including Social Security (FICA) tax, and federal income tax. This reduces your taxable earnings and you pay less in taxes. It also means that your election is binding for the calendar year, unless you experience a Qualified Change in Family Status, as described on page 4. For other benefits, such as domestic partner contributions, voluntary life and Accidental Death & Dismemberment Insurance, your contributions will be taken on an after-tax basis. Please note: A monthly spouse or domestic partner access fee of \$50 may be charged in certain situations.

Following are the monthly premiums paid by you and Sound Transit:

Medical	Premera Medical		Kaiser Medical	
	You Pay	Sound Transit Pays	You Pay	Sound Transit Pays
Employee Only	\$0	\$1,152	\$0	\$781.07
EE & Spouse or Domestic Partner*	\$110	\$2,451	\$67	\$1,650.16
EE & 1 Child*	\$47	\$1,707	\$28	\$1,143.60
EE & 2+ Children*	\$97	\$2,302	\$62	\$1,578.23
EE, Spouse or DP* & 1 Child	\$156	\$3,007	\$95	\$2,013.88
EE, Spouse or DP* & 2+ Children	\$206	\$3,602	\$129	\$2,447.35

Dental and Vision	Delta Dental		Vision Service Plan	
	You Pay	Sound Transit Pays	You Pay	Sound Transit Pays
Employee Only	\$0	\$63.07	\$0	\$10.90
EE & Spouse or Domestic Partner*	\$0	\$120.23	\$0	\$19.88
EE & 1 Child*	\$0	\$120.23	\$0	\$19.88
EE & 2+ Children*	\$0	\$223.48	\$0	\$30.84
EE, Spouse or DP* & 1 Child	\$0	\$223.48	\$0	\$30.84
EE, Spouse or DP* & 2+ Children	\$0	\$223.48	\$0	\$30.84

Employees working between 20 and 29 hours per week share the premiums 50/50 with Sound Transit.

\*Premiums for your **domestic partner coverage** and that of their children are taken out of your check on an after-tax basis. In addition, the amount Sound Transit contributes towards your domestic partner coverage, and that of their children, is taxable to you as "imputed income."

Premiums for each plan may vary from year to year. You will be notified of any changes during each annual open enrollment period.

# QUALIFIED CHANGES

## Qualified Change in Family Status

If you experience one of the following events during the calendar year, you will be allowed to make changes to your benefits health coverage and flexible spending account elections:

- Birth, adoption or placement for adoption of a child
- Death of an eligible family member (spouse or child)
- Gain or loss of eligibility for a family member
- Change in marital or domestic partner status
- You or your eligible family member gain or lose coverage under this or another plan
- Your eligible family member's annual enrollment period
- A court order requiring coverage for a child, such as a Qualified Medical Child Support Order (QMSCO)
- Change in employment status that affects your eligibility for benefits (part-time to full-time or full-time to part-time)

For dependent daycare flexible spending accounts, in addition to the changes listed above, you are also allowed to make changes mid-year if you have a change in your work schedule that changes your need for childcare, a change in child caregiver that has a financial impact, or if your daycare center or childcare provider closes or is no longer able to provide services.

If you intend to change your enrollment because of one of these situations, you have 31 days from the date of the change to notify the Benefits office, and to submit any required enrollment and supporting documents. If the change is due to marriage, birth or adoption you have 60 days to add your family member to the health plans if you are covered on the Premera plan, and 60 days to add a child, or 31 days to add a spouse if covered on the Kaiser plan. Coverage will begin on the birth or placement for adoption for our health benefits, for marriage it will be effective the 1st of the month after the event date. For other changes, coverage will begin the first of the month following the change.

You may make changes to your benefits during our annual open enrollment period or if you and/or your dependents experience a "Qualified Change in Status."



# ROUTINE AND PREVENTIVE CARE

Our plans are designed to take care of you and your family when illness occurs. More importantly, our medical, dental and vision plans are designed to remove the financial barrier for you and your covered family members to receive needed routine and preventive care. Making sure you have your routine physicals, teeth cleanings and routine vision exams help you catch health conditions sooner to reduce future needed treatment and recovery time. To keep costs down, we encourage you to use network providers.

## Routine Medical Care

Our medical plans cover routine exams, immunizations and needed screenings at 100% with no deductible or cost share so long as you seek care from a network provider. The Plans will cover these services based on those recommended by the U.S. Preventive Care Task Force and the recommendation of your personal physician. Following is a high level summary of the USPCTF guidelines:

Routine Physicals & Wellness Exams Based on Age	Recommended Schedule
0 to 18 months	Between 2 and 7 days, and at 2, 4, 6, 9, 12 and 15 months of age
3 to 6 years	Annually
7 to 18 years	Every 2 years
19 to 64 years	Every 1 to 3 years
65+ years	Annually

Routine Screenings	Recommended Schedule
Blood Pressure	Every 1 to 3 years for adults age 18 and older
Cholesterol	Men: Beginning at age 35, every 1 to 5 years Women: Beginning at age 45, every 1 to 5 years
Breast Cancer using Mammography	Every 1 to 2 years for women beginning at age 40
Prostate Cancer	Men between ages 45 and 70 should discuss screening recommendations and frequency with their physician
Colon Cancer	Beginning at age 45, fecal occult blood test annually, sigmoidoscopy every 5 years or colonoscopy every 10 years
Cervical Cancer	Every 3 years for women from age 21 to 65

## Routine Dental and Vision Exams

Our dental plan benefits for routine care starts at 100% when you are first covered. Benefit levels decrease by 10% each year that you do not receive a routine exam and cleaning. Well vision exams from a VSP provider are paid in full.

# COMMON TERMS

There are a few terms you should know to better understand how your plans work:

### Premiums and Contributions

The monthly cost of insurance is known as the premium. Your contribution is your share of the premiums that are deducted from your paycheck that provides you with coverage. You pay a portion of the premiums for medical coverage for your eligible family members. Sound Transit pays the entire premium for medical, dental and vision coverage for you, and dental and vision for your eligible family members.

### Deductible

A deductible is the amount in a calendar year that you pay before the plan pays. Once you have had covered medical charges that are more than the deductible the plan will pay a benefit. We call the action of meeting your deductible, “satisfying” your deductible. Both of our plans have an individual deductible of \$250 and a family deductible of \$750. No one person in your family will have a deductible of more than \$250, but once the whole family has paid \$750 towards the deductible it will be met for the whole family for the year.

#### EXAMPLES:

##### Family of two

Each has a deductible of \$250 and once they have each met that amount their individual deductibles have been met. The family deductible would not apply in this case.

##### Family of four

Two family members meet \$250 each or \$500 total and the other two family members each meet \$125, for a total of \$750, and the family deductible has been met.

##### Family of six

If each family member meets \$125 the family has met the entire \$750 for the year.

### Coinsurance

Once you have had healthcare expenses in excess of the deductible, the plan then pays a percentage of the cost of the treatment. This is known as “coinsurance” meaning that we co-insure: you pay some and the plan pays some.

### Copayment or Copay

A set dollar amount you pay towards the cost of a particular type of service such as office visits or prescriptions.

### Out-of-Pocket Maximum

The most you will pay out of your pocket in a calendar year for covered expenses before the plan then pays 100% for the rest of the calendar year. The medical plan out-of-pocket maximum includes any amount you pay towards the deductible, medical copayments and coinsurance. It does not include charges above the allowed amount or charges not covered by the Plan.



# MEDICAL PLAN OPTIONS

## Kaiser Permanente and Premera Blue Cross

You have a choice for your medical plan coverage between Kaiser Permanente (Kaiser) and Premera Blue Cross (Premera). They both have contracted providers, but the two plans work a little differently and as you make your choice keep the following in mind:

### Kaiser

You are required to use Kaiser contracted providers when you seek care with Kaiser. Unless pre-authorized, there is no coverage if you go outside the Kaiser network. Kaiser employs most of their physicians, and your care will be provided at a Kaiser clinic. In some communities, Kaiser contracts with providers in your area, so the doctors you currently use may be in the Kaiser network – this is true for areas outside Seattle/Tacoma metro such as Edmonds, Bellingham, Lakewood, Shelton and east of the mountains. You will also be required to select a personal care provider at Kaiser who will manage your care and connect you with specialists when needed. They have contracted with hospitals in the community for any needed hospital care. Coverage for care outside the Kaiser of Washington service area is limited to emergencies and non-emergency urgent care. Care can be received nationwide at all Kaiser Facilities and/or CVS Minute Clinics.

### How to find a provider:

A list of **Kaiser** providers is available online at [kp.org/WA](http://kp.org/WA) or by calling 888-901-4636.

A list of **Premera Heritage** network providers is available online at [premera.com](http://premera.com) or by calling 800-722-1471.

### Premera

Premera has a national network of preferred providers who have agreed to contract with Premera to provide quality care at a discount. You are not required to use network providers, but your out-of-pocket costs will be much lower if you do. The Premera network for Sound Transit is called the Heritage Plus 1 Network, or Blue Card for care outside of Washington and Alaska.

### PREMERA OUT-OF-NETWORK PROVIDERS – BALANCE BILLING

If you choose to use an out-of-network provider, the plan will pay based on the usual and customary charge. If the provider charges more than usual and customary, you may have to pay for any amount over, plus any cost sharing from the plan (like deductible and coinsurance). This amount over usual and customary is known as balance billing.

### *i* Make an Informed Decision

Take a deeper look at your benefit needs to make an educated choice between Kaiser and Premera. Review and consider the following:

- Do you have providers you currently use who may not be in the network? Are you willing to change providers?
- How much healthcare do you use in a year? Would you be comfortable in a closed system where the providers are all contracted, like with Kaiser? Or do you want the flexibility to seek care from any licensed provider?
- Study the benefits – the two plans are a little different. Which will fit the needs for you and your family?
- How much do you have to pay in contributions or for care for each option? Does it work for your budget?

# MEDICAL BENEFITS

	Premera	Kaiser
	Premera PPO Providers	Kaiser Providers
<b>Network Name</b>	<b>Heritage Plus 1</b> Blue Card outside WA and AK	<b>Kaiser of Washington Core Plan</b> Urgent or emergency care only outside WA
<b>Out-of-Network Services</b>	Deductible and Out-of-pocket maximum combined with in-network. Plan pays 70% after the deductible.	No Coverage unless pre-authorized
CALENDAR YEAR DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM		
<b>Calendar Year Deductible</b>		
<b>Individual</b>	\$250	\$250
<b>Family</b>	\$750	\$750
<b>Calendar Year Out-of-Pocket Maximum</b>	Includes deductible, copays and coinsurance	Includes deductible, copays and coinsurance
<b>Individual</b>	\$1,500	\$2,500
<b>Family</b>	\$4,500	\$7,500
CARE RECEIVED IN A PHYSICIAN'S OFFICE		
<b>Office Visits and Urgent Care Visits</b>	100% after \$10 copay, no deductible	100% after \$10 copay, after deductible
<b>Virtual Office Visits</b>	100% no deductible through Doctor on Demand, 98point6 or TalkSpace; includes behavioral health with 100% no deductible through Doctor on Demand, 98point6, TalkSpace or BoulderCare.	100% after deductible
<b>Diagnostic X-ray and laboratory High cost testing such as MRI, CT and PET scans require prior authorization</b>	100% after deductible	100% after deductible
<b>Preventive Care Visits* Preventive Lab Work Preventive Cancer Screenings (mammograms, PSA tests, colonoscopies, pap smears, tobacco Cessation programs) Includes contraceptive drugs and devices</b>	100% no deductible	100% no deductible
<b>Routine Vision Exam</b>	Not covered see VSP on pages 23-24	100% after \$10 copay 1 exam every 12 months Option to use VSP see pages 23-24
<b>Acupuncture</b>	100% after \$10 copay per visit, no deductible Limited to 12 visits per calendar year	100% after \$10 copay per visit, after deductible Limited to 12 visits per calendar year
<b>Spinal Manipulations/ Manipulative Therapy</b>	100% after \$10 copay per visit, no deductible Limited to 12 visits per calendar year	100% after \$10 copay per visit, after deductible Limited to 10 visits per calendar year
<b>Naturopathy</b>	100% after \$10 copay, no deductible	100% after \$10 copay, after deductible Limited to 3 visits per medical diagnosis per calendar year, with additional visits when authorized by the plan

\*Preventive care is covered based on your provider's recommendations and/or the U.S. Preventive Care Task Force guidelines. The provider must bill the service as preventive for the claim to process at 100%.



# MEDICAL BENEFITS

(continued)

	Premera Premera PPO Providers	Kaiser Kaiser Providers
<b>CARE RECEIVED AT A HOSPITAL</b>		
<b>Emergency Room Copays are waived if admitted</b>	\$75 copay per visit, then 100% after deductible	\$75 copay per visit, then 100% after deductible
<b>Inpatient Care (Includes maternity)</b>	\$100 copay per admissions then 100% after deductible	\$100 copay per admissions then 100% after deductible
<b>Outpatient Surgery</b>	100% after deductible	100% after \$10 copay after deductible
<b>Ambulance Services</b>	100% after deductible (in and out of network)	80%
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE SERVICES</b>		
<b>Inpatient Care</b>	\$100 copay per admissions then 100% after deductible	\$100 copay per admissions then 100% after deductible
<b>Outpatient Care</b>	100% after \$10 copay, no deductible	100% after \$10 copay after deductible
<b>OTHER HEALTHCARE SERVICES</b>		
<b>Outpatient Rehabilitation Care:</b> Physical, Speech, Occupational, Massage Therapy and Chronic Pain Limited to 60 combined visits per calendar year	100% after \$10 copay, no deductible	100% after \$10 copay after deductible
<b>Outpatient Rehabilitation Care:</b> Cardiac, Pulmonary & Cancer	100% after \$10 copay, no deductible	100% after \$10 copay after deductible
<b>Inpatient Rehabilitation</b> Limited to 60 days per calendar year	\$100 copay per admissions then 100% after deductible	\$100 copay per admissions then 100% after deductible
<b>Skilled Nursing Facility</b> Limited to 60 days per calendar year	\$100 copay per admissions then 100% after deductible	100% after deductible
<b>Hospice Care</b>	\$100 copay per admissions then 100% after deductible 6 month lifetime maximum	100% after deductible
<b>Hearing Exams and Hardware</b> Exam and hearing test limited to one per year	Hearing Exam: Paid in full after \$10 copay and the deductible Hearing Test: Paid in full Hearing Hardware: \$3,000 per ear every 36 months	Hearing Exam: Paid in full after \$10 copay and the deductible Hearing Test: Paid in full Hearing Hardware: \$3,000 per ear every 36 months
<b>Bariatric Surgery (obesity)</b>	Not Covered	Limited to \$25,000 lifetime benefit
<b>Infertility Care</b>	Not Covered	Limited to \$15,000 lifetime benefit

# PRESCRIPTION DRUGS

	Premera*		Kaiser	
	Retail	Mail Order	Retail	Mail Order
<b>Days Supply</b>	Up to 30 days	Up to 90 days	Up to 30 days	Up to 90 days
<b>Deductible</b>	None		None	
<b>Coinsurance</b>	Plan pays 100% after any applicable copay		Plan pays 100% after any applicable copay	
<b>Out-of-Pocket Maximum</b>	Combined with Medical		Combined with Medical	
<b>Preferred Generics**</b>	\$15 copay per script	\$37.50 copay per script	Value Based \$4 copay; otherwise \$8 copay	\$5 discount per 30-day supply purchased
<b>Preferred Brand</b>	\$30 copay per script	\$75 copay per script	\$25 copay per script	
<b>Preferred Specialty</b>	\$50 copay per script Limited to 30-day supply Must be filled by Acredo specialty pharmacy		Same as above	
<b>Non-preferred Drug</b>	\$150 copay per script	\$375 copay per script	Not covered	Not covered

\*If prescriptions are purchased at an out-of-network pharmacy, you will pay the regular copay plus 40% of the cost of the medication.

\*\*Our Premera plan requires you to use a generic drug when one is available. Generics are therapeutically equivalent and are much less costly than brand drugs. If you choose to purchase a brand drug when there is an available generic you will be charged the brand copay and the difference in cost between the brand and the generic. If there is a medical reason you cannot take the generic version, your physician will need to request an authorization and be approved by Express Scripts to purchase the brand with no penalty.



# PREMERA SERVICES

## Premera Plan Features and Services

### Start with Kinwell

We know that getting the care you need isn't always easy. That's why Premera Blue Cross is focused on expanding access to primary care as part of our ongoing efforts to make healthcare work better. For Premera members in Washington, care is now closer to home at Kinwell primary care clinics. And with Kinwell Connect, you have access to high-quality primary care (both in-person and virtual) when you need it most. Kinwell clinics provide a different approach to primary care that's rooted in compassion and puts people first. Kinwell offers patients more attention and less complexity to create a better relationship with their healthcare teams. The Kinwell experience includes:

- Same- and next-day appointments (often available)
- High-quality, accessible, patient-centered healthcare for the whole family
- Integrated preventive services and behavioral healthcare
- Virtual and in-person appointments

If you need to be seen now, consider Kinwell for your healthcare needs. To find out more about Kinwell clinics and the communities they serve, visit [kinwellhealth.com](http://kinwellhealth.com).

\*Some services offered at Kinwell may be billed by an external provider and may be subject to your standard benefit cost shares.

### **Amp up your benefits with Kinwell Connect**

**When you seek primary care at a Kinwell clinic, you'll also get:**

**\$0 out-of-pocket costs for services provided by Kinwell\***

**Support with scheduling appointments at Kinwell clinics**

### ID Protection through Experian

No cost ID Protection through Experian. Members can sign up for credit protection service at no cost. Signing up for this credit protection will be via the Premera Member Portal. You will have a link to Experian through the Premera Member Portal.

Sign up now for free credit report monitoring, plus ID theft and fraud resolution services from Experian through Premera Blue Cross. Choose from two programs designed to meet your specific needs.

### Premera Prescription Drugs – Essentials Formulary

Our Premera prescription drug plan uses a specific list of covered medications sometimes called a "formulary." We use the Essentials Drug list which includes preferred generic, brand and specialty medications, and non-preferred drugs. Except for drugs that are not covered by the plan (exclusions), there is at least one preferred medication in every drug category. If you find that your medication is non-preferred, contact Premera and they can provide you with a list of preferred medications you can use to have a conversation with your physician about possibly switching your prescription.

### Pharmacy Mail Order – Home Delivery

Home delivery is the least cost and most convenient method for getting your maintenance medications. You can have a 90-day supply shipped to your home and you pay less than if you purchased it at a retail pharmacy 30 days at a time. The convenience of home delivery is a plus and you will receive refill reminders so you are never without your needed medications. Mail order is for drugs that you take regularly like for treatment of high blood pressure, diabetes (including test strips and lancets), cholesterol, thyroid, depression, birth control and more. Call customer service for help switching your medications to mail order.

# PREMERA SERVICES

*(continued)*

### Prior Authorization

There are some services that both you and Premera want to know are medically necessary and covered by the Plan before care is provided. This includes inpatient hospital care, skilled nursing facility care, inpatient rehabilitation, inpatient and residential behavioral health care, surgeries, specialty medications and high cost screenings (MRI, CT, PET Scans). The process works like this:

1. Your provider recommends care that needs prior authorization
2. Your provider sends information to Premera that describes what they are recommending, why and what other care may have already been tried
3. Premera's medical managers review the information, and if it meets their criteria, they approve the care
4. Notice of approval is sent to the provider and the patient
5. You schedule your services and receive the care

If the care is denied, Premera will provide a detailed explanation as to why and include their criteria for approval. Before issuing a denial, a physician also reviews the case to provide an additional layer of oversight. If the care is not approved the next steps are:

1. Ask your physician to have a doctor to doctor conversation with Premera's physician. This can clear up questions, allow your physician to explain why the care is needed and what else has been tried.
2. You have the right to appeal the decision to Premera twice. On appeal, you will need to provide any additional information that proves the care is needed and meets Premera's criteria. You may need to get additional information from your provider or try other alternatives. Be sure to follow the instructions and timelines in the denial letter.
3. If after the second appeal the care is still denied, you have the right to review by an independent medical reviewer who is a specialty matched physician not affiliated with Premera. Their decision is final.

### Designated Centers of Excellence – Total Knee and Hip Joint Replacement Surgery

Premera is working on your behalf to provide better service excellence and quality outcomes. To accomplish this, Premera has partnered with providers who have agreed to be held accountable for care quality, patient experience and cost. Premera calls these providers Designated Centers of Excellence. Our plan provides paid in full benefits for patient's who use the Centers of Excellence program for hip and knee replacement surgery. To gain access to this program, contact Premera and they will connect you with a personal health support clinician who will help you access care and support you through your surgery.

Services other than a total knee or hip joint replacement are not part of this benefit, even if provided by a Designated Center of Excellence. However, they may be covered under other benefits of your plan.

**To find the closest Centers of Excellence**

**please call Premera at 800-722-1471**



# PREMERA SERVICES

(continued)

## Personal Health Support

With Premera, complex medical events don't have to be so complex. They make it simple and easy by helping find solutions that meet your needs. A Premera licensed healthcare professional will work with you and your healthcare provider at no cost to you, as a single point of contact to answer questions and advocate on your behalf. They can help you find providers, coordinate care, and help find resources to help you with things that may not be part of our health plan.

### **Premera's Personal Health Support can:**

- Advocate for you and your family
- Help you navigate the health system
- Help you make informed decisions about needed care
- Locate community resources and support for the patient and the family

## Nurseline – No Cost to You

- Do you have questions about your health or how to use the healthcare system?
- Has your doctor recommended care and you have questions that a healthcare professional could answer?
- Are you having symptoms that may need care, but you are just not sure where to go or what to do?
- Did your child wake up in the middle of the night and you can't quiet them down and you don't know why? Maybe they have not been feeling well and you think they may need care?

Call the nurseline! You have access to a registered nurse 24/7 who can answer your questions, provide guidance and help you care for yourself or a loved one. This is a great place to go when you are just not sure what's needed and you would like to talk it over with a medical professional! Think of it as having your own nurse who you can call anytime!

**Call the Nurseline  
anytime of the day  
or night**

Have your ID card ready  
so you can give your  
group number

Simply Call  
**800-841-8343**

## Virtual Care through Telehealth

You have access to virtual physician visits 24/7/365! Care is provided at no cost through Premera's partnerships with either Doctor on Demand or 98point6. You can also use TalkSpace or Doctor on Demand for behavioral health care and you will pay just \$10 per visit. All use board certified physicians and licensed providers to provide care when and where you need it – from the privacy of your home, car or office. Telehealth providers can treat most urgent care needs like:

- Cough
- Headache
- Respiratory issues
- Urinary tract infections
- Rashes
- Eye infections
- Stomach aches
- Flu (non-COVID)
- And more!

You can have a visit by video conference (Skype or Facetime) or text message, and you can provide photos of rashes or eye infections. Simply download the app for your smartphone or access them through the Premera website at [premera.com](http://premera.com). With Doctor on Demand and TalkSpace you can also have behavioral health counseling virtually with a provider of your choice. Medical care is provided a little differently by Doctor on Demand and 98point6. Both can prescribe medication, sending the prescription to the pharmacy of your choice.

# PREMERA SERVICES

(continued)

## 98POINT6

You will access services at your convenience from the 98point6 App by text messaging. You will be immediately connected with an "automated assistant" that will ask questions and collect information about the purpose of the visit and background on the patient. These are shared with the attending physician who will join the conversation to provide the needed medical care. The average wait time for a physician is 3 minutes. Contact 98point6 by downloading their smart phone app and follow the instructions on registering. Have your Premera ID card handy.

## DOCTOR ON DEMAND

Different from 98point6, the Doctor on Demand visit is done through their technology platform (desktop, tablet, app) by video chat. You can request an immediate visit and you will be contacted within an average of 4 to 7 minutes. Or you can make an appointment and select the provider you would like to see from the Doctor on Demand website. Contact Doctor on Demand at [doctorondemand.com/premera](http://doctorondemand.com/premera) or download their mobile app.

## DOCTOR ON DEMAND BEHAVIORAL HEALTH CARE

In addition to medical care issues, you can also receive behavioral health counseling through Doctor on Demand. Just as with in-person visits, you can select your provider and have regular virtual sessions by video. They have a variety of provider types available who can provide talk therapy or medication management, or both! It usually takes between 1 and 3 days to schedule an appointment, and while this care is not available 24/7, there are expanded hours. You can go on the Doctor on Demand site or app and select the provider that best fits your care criteria prior to making your appointment. Contact Doctor on Demand at [doctorondemand.com/premera](http://doctorondemand.com/premera) or download their mobile app.

## TALKSPACE BEHAVIORAL HEALTH CARE

You can receive behavioral health counseling through TalkSpace. Just as with in-person visits, you can select your provider and have regular virtual sessions by video or phone, and once you are an established patient you can use text messaging. They have a variety of provider types available who can provide talk therapy or medication management, or both! It usually takes between 1 and 3 days to schedule an appointment, and while this care is not available 24/7, there are expanded hours. Once you have established a relationship with your provider, you have access to unlimited text messaging. You can go on the TalkSpace site or mobile app and select the provider that best fits your care criteria prior to making your appointment.

## MATCHMAKER™

Premera is helping members get connected to care through its Matchmaker™ for Behavioral Health program. This new program is designed to make the process of finding a healthcare provider less stressful and time-consuming.

Matchmaker will connect you to a care provider based on your health plan, needs, and preferences. Any information you share with us is confidential. This service is available to all members on your Premera health plan at no out-of-pocket cost. You can see providers in your plan network, both in-person or virtually. Our Behavioral Health Matchmakers offer the extra support needed on your care journey by providing a list of in-network, outpatient providers who are accepting new patients. Copays or deductibles apply when you see a provider. Call customer service at the number on the back of your ID card to request help finding a provider.

When you're ready, visit their resource center at [premera.com/visitor/care-essentials/mental-health](http://premera.com/visitor/care-essentials/mental-health) to find additional information on your benefits, finding care, and more.

# PREMERA SERVICES

(continued)

## BOULDER CARE – SUBSTANCE USE DISORDER CARE AND TREATMENT

In addition to the telehealth visit options described above, if you need help with either opioid or alcohol use disorder, you can use the virtual services offered through Boulder Care, which provides opioid and alcohol use disorder treatment through video visits and messaging with a therapist. Visit [boulder.care/getstarted](https://boulder.care/getstarted) to sign up.

## BESTBEGINNINGS – MATERNITY SUPPORT PROGRAM

Get pregnancy support with the free BestBeginnings mobile app. This provides you with access to plan tools, customized pregnancy information, alerts on pregnancy related issues, and direct access to Premera's maternity specialists if issues arise. It can also help you create a personalized birthing plan, and set reminders for appointments, medications, exercise and more.

## Premera Member Website

The Premera member website provides you with access to all the programs and providers in your Premera health plan. With your ID card handy, go to [premera.com](https://premera.com) and register. From there you can find providers in our network, look up the cost of care, sign up for paperless explanation of benefits, access our virtual care providers and much more.

To go paperless, sign into your [premera.com](https://premera.com) account and click on "My Account" and then "Account Settings" under the member services tab. When you sign up you will receive emails telling you when you have a new explanation of benefits statement ready. Spouses, domestic partners and children age 13 or over can also register for an account and sign up for paperless EOB statements.

### Premera MyCare App

Use the Premera MyCare app to access all of your virtual care options with Premera in one place. Simply download from either the App Store or Google Play.



# KAISER SERVICES

## Kaiser Plan Features and Services

### Consulting Nurse – 24/7

If you have questions about your health, recommended care or current symptoms you are having call the Kaiser consulting nurse 24/7 at 800-297-6877. They can answer your healthcare questions, and if you need to be seen by a provider, they will facilitate an appointment.

### Online Care

Sign in to your secure [kp.org/wa](https://kp.org/wa) account and get real-time medical care from a provider 24/7 via Care Chat online messaging. In addition, you can email your doctor anytime with non-urgent questions, or get an online diagnosis for common conditions with their online visit feature.

### Tools and Resources for Good Health

Kaiser provides many tools and resources to help you achieve and maintain optimal health. These resources give you the support you need to make the health changes you may have been putting off! Following are the suite of services available for Kaiser members:

- Wellness coaching by phone: help reaching your health goals and establishing action plans with one-on-one phone support. Your coach will help you find personalized techniques that work for you.
- Healthy lifestyle programs: get help with: mental and emotional issues like depression; resources for food, housing, and more; weight loss, healthy eating, stress reduction and more with the Skills for Life digital coaching tool. Find details at [kp.org/wa/healthy-lifestyles](https://kp.org/wa/healthy-lifestyles).
- Help to quit smoking: Quit for Life is one of the country's most successful tobacco cessation programs. Either phone based or online you will have the support you need to quit tobacco for good. Visit [quitnow.net/kpwa](https://quitnow.net/kpwa) for more information.
- Special rates for members: the Choose Healthy and Class Pass programs give you access to fitness center memberships and exercise classes. In addition, get 25% discounts off of fees from participating providers for acupuncture, chiropractic care or therapeutic massage. See these and more discounts at [kp.org/wa/member-perks](https://kp.org/wa/member-perks).
- Classes and support groups: call the resource line at 800-992-2279 or email [kpwa.resource-l@kp.org](mailto:kpwa.resource-l@kp.org) to find health classes and support groups near you.
- Wellness blog: access to all kinds of health tips, recipes, fitness ideas and podcasts featuring Kaiser members can be found at [kp.org/wa/health](https://kp.org/wa/health).

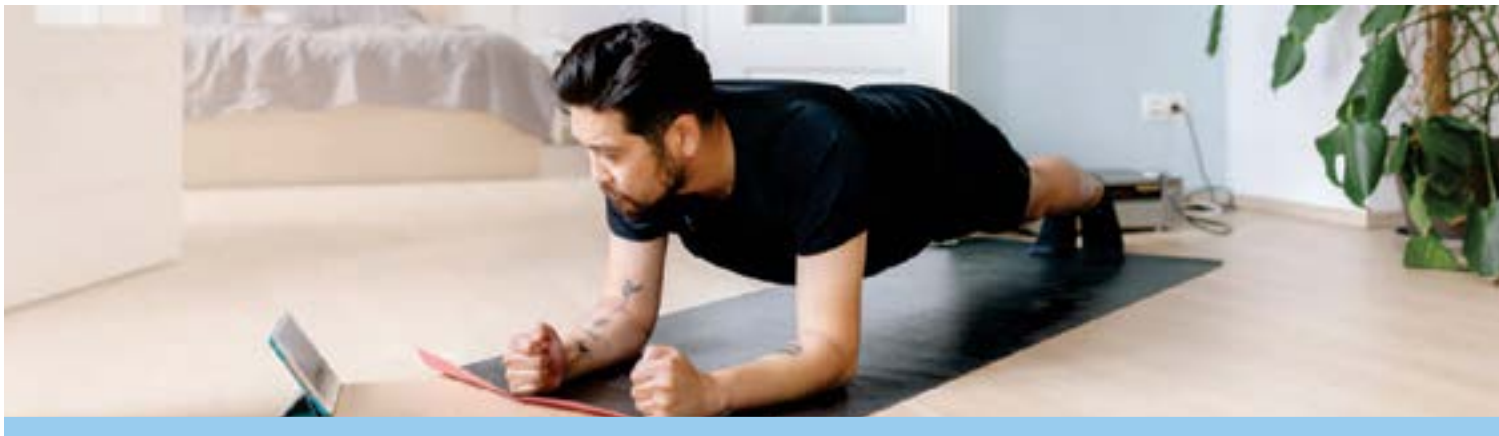
### Kaiser Member Website

Kaiser provides you access to their website where you can securely refill prescription, make appointments, email your provider and access the services and programs offered members. Have your member ID card handy and visit [kp.org/wa](https://kp.org/wa) to register.

### Kaiser Permanente Mobile App

Use the Kaiser app to access to refill prescriptions, access care chat, connect with the consulting nurse line, use your digital member ID card and access Explanation of Benefits.







## Try yoga, cardio, and bootcamp – without leaving home

### We're making it easier to exercise from anywhere

Regular workouts can help improve your mood, sharpen your mind, and help you feel healthier and happier overall. That's why we teamed up with fitness industry leader ClassPass to make it easy for you to exercise from the comfort of home.

#### With this special rate for ClassPass, Kaiser Permanente members can get:

-  **On-demand video workouts at no cost**  
4,000+ online fitness classes – including cardio, dance, meditation, bootcamp, and more – for \$0/month.
-  **Reduced rates on in-person fitness classes**  
Free trial plus 20% off a monthly package to reserve in-person fitness classes at some of the top gyms and fitness studios in your area and around the world.

#### Why ClassPass?

- 4,000 on-demand classes to access anytime
- 40,000 studios and gyms to choose from worldwide
- 22 types of fitness classes to choose from

 Get started at [kp.org/exercise](https://kp.org/exercise)

ClassPass is not available to Medi-Cal and Medicaid members. ClassPass is not available to Kaiser Permanente Dental-only members. The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.

Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057



## Get wellness support

Take advantage of these convenient perks – from personal health coaching to reduced rates on alternative medical therapies.

### Live healthier with helpful resources<sup>3</sup>

With our wellness resources, you'll get tools, tips, and information to help you create positive changes in your life. Our complimentary resources can help you:

- Lose weight
- Eat healthier
- Quit smoking
- Reduce stress
- Manage ongoing conditions like diabetes or depression

[kp.org/health-wellness](https://kp.org/health-wellness)  
[kp.org/salud-bienestar](https://kp.org/salud-bienestar) (en español)

### Connect to a wellness coach

If you need more support, we offer Wellness Coaching by Phone at no cost. You'll work one-on-one with your personal coach to make a plan to help you reach your health goals.

[kp.org/wellnesscoach](https://kp.org/wellnesscoach)

### Join health classes

With all kinds of health classes and support groups offered at our facilities, there's something for everyone. Classes vary at each location, and some may require a fee.

[kp.org/classes](https://kp.org/classes)  
[kp.org/classes](https://kp.org/classes) (en español)

### Enjoy reduced rates

Get reduced rates on a variety of health-related products and services through The ChooseHealthy® program.<sup>4</sup> These include:

- Active&Fit Direct – members pay \$25 per month (plus a one-time \$25 enrollment fee) for access to a national network of more than 10,000 fitness centers
- Up to 25% off a contracted provider's regular rates for:
  - Acupuncture
  - Chiropractic care
  - Massage therapy

[kp.org/choosehealthy](https://kp.org/choosehealthy)

### Take time for self-care

Manage stress, improve your mood, sleep better, and more with the help of wellness apps, available at no cost to adult members.

[kp.org/selfcareapps](https://kp.org/selfcareapps)

Colorado state law requires that an access plan be available that describes Kaiser Foundation Health Plan of Colorado's network of provider services. To obtain a copy, please call Member Services or visit [kp.org](https://kp.org).

Services covered under your health plan are provided and/or arranged by Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057



# Learn more about your health

More information is just a click away. Use these interactive tools and reference guides to find answers to your health questions and help you make decisions about your care.

<b>Drug encyclopedia</b>	Look up detailed descriptions of thousands of drugs, including possible side effects. <a href="https://kp.org/medications">kp.org/medications</a>   <a href="https://kp.org/medicamentos">kp.org/medicamentos</a> (en español)
<b>Health encyclopedia</b>	Explore more than 40,000 pages of in-depth information on health conditions, related symptoms, and treatment options. <a href="https://kp.org/health">kp.org/health</a>   <a href="https://kp.org/salud">kp.org/salud</a> (en español)
<b>Health guides</b>	Stay informed on popular health subjects or discover something new through our healthy living guides, available in English and Spanish. <a href="https://kp.org/livehealthy">kp.org/livehealthy</a>   <a href="https://kp.org/vidasaludable">kp.org/vidasaludable</a> (en español)
<b>Interactive tools and calculators</b>	Take an interactive quiz or enter your information into one of our calculators to learn more about your health. <a href="https://kp.org/calculators">kp.org/calculators</a>
<b>Medical test directory</b>	Learn more about your options for common tests and procedures, along with their risks and benefits. <a href="https://kp.org/healthdecisions">kp.org/healthdecisions</a>
<b>Natural Medicines Comprehensive Database®</b>	Find answers to your questions about dietary supplements, vitamins, minerals, and other natural products. <a href="https://kp.org/naturalmedicines">kp.org/naturalmedicines</a>   <a href="https://kp.org/medicinasnaturales">kp.org/medicinasnaturales</a> (en español)
<b>Recipes</b>	Get inspired to prepare delicious, healthy dishes. Browse recipes by category – like vegetarian dishes, soups, or desserts – or by what’s in season. <a href="https://kp.org/foodforhealth">kp.org/foodforhealth</a>
<b>Symptom checker</b>	Use our interactive visual aid to gauge your symptoms. Click on the body part that’s troubling you and learn what to do next. <a href="https://kp.org/symptoms">kp.org/symptoms</a>   <a href="https://kp.org/sintomas">kp.org/sintomas</a> (en español)
<b>Videos and podcasts</b>	Look, listen, and learn about your health and well-being. Watch videos or download health-related, guided meditation podcasts. <a href="https://kp.org/video">kp.org/video</a>   <a href="https://kp.org/audio">kp.org/audio</a>

# Traveling? You’re covered on the go.

## Best options for nonemergency urgent care away from home

Before accessing care outside of the Kaiser Permanente Washington service area, **call Member Services at 1-888-901-4636**. You’ll get help finding the closest care option. You’ll also receive a visiting member ID number if you plan to get care at a Kaiser Permanente facility outside the Kaiser Permanente Washington service area.



## Travel within the Kaiser Permanente Washington service area

- Nearest Kaiser Permanente urgent care
- Other urgent care location in your plan’s network

## Travel in another Kaiser Permanente region

- Nearest Kaiser Permanente urgent care
- Other urgent care location in your plan’s network

## Travel in a state without Kaiser Permanente

- Nearest CVS MinuteClinic<sup>3</sup> or Concentra urgent care center
- Nearest urgent care<sup>4</sup>

## International travel

- Nearest urgent care<sup>4</sup>
- Nearest hospital

## Emergency care while traveling<sup>5</sup>

- **In the United States**, call 911.
- **If abroad**, call the local emergency number of the country you’re visiting or go to the closest emergency room.
- **If admitted to a hospital**, call our Hospital Notification Line at 1-888-457-9516 as soon as reasonably possible.

- Call 24/7** for care advice from a nurse.
- Chat 24/7** with a clinician via secure online messaging.<sup>1</sup>
- Email** your Kaiser Permanente care team with nonurgent questions.<sup>2</sup>

Learn more about these care options at [kp.org/wa/getcare](https://kp.org/wa/getcare).

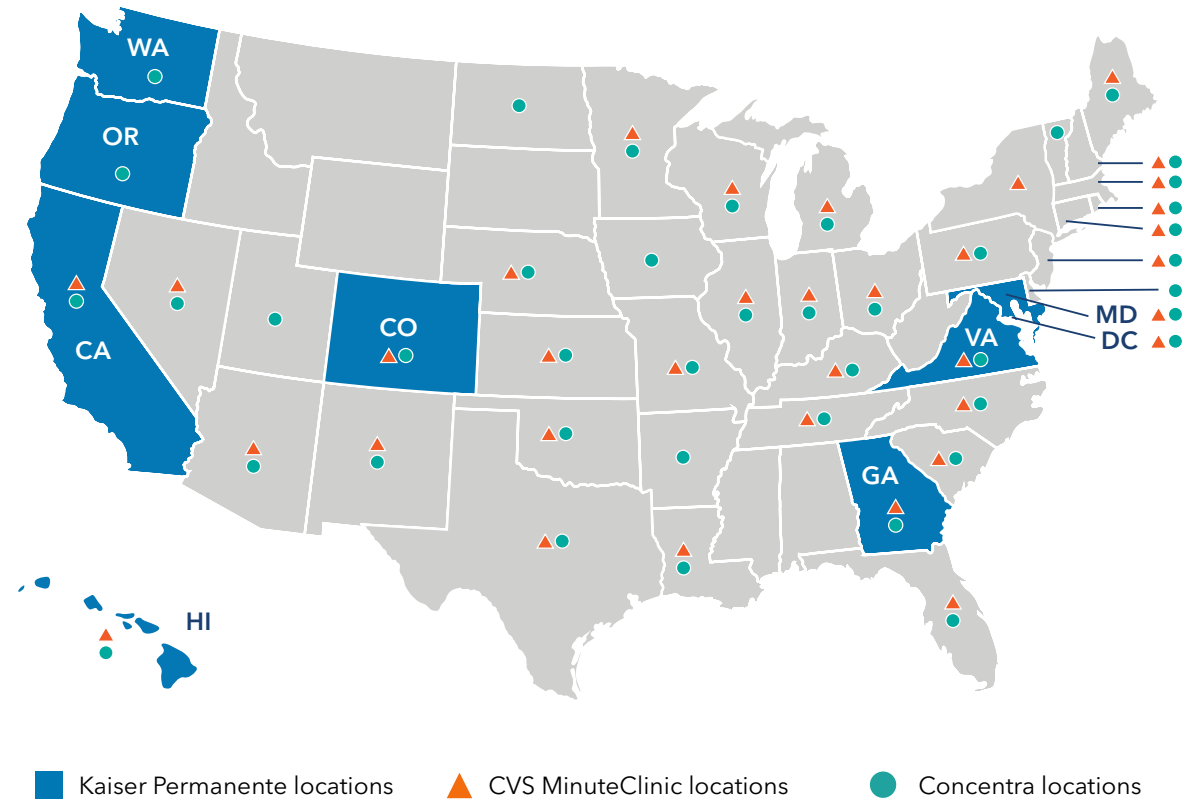
(See network map on back)



[kp.org/wa](https://kp.org/wa)



# Kaiser Permanente, CVS MinuteClinic, and Concentra locations



### For more information:

Call Kaiser Permanente Washington Member Services at **1-888-901-4636** or visit [kp.org/wa/travel](http://kp.org/wa/travel)

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

<sup>1</sup>When appropriate and available. If you travel out of state, virtual care could be limited due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

<sup>2</sup>This feature is available when you get care from Kaiser Permanente doctors and care teams.

<sup>3</sup>If you get care at a CVS MinuteClinic, Concentra urgent care center, or any other urgent care facility within a state where Kaiser Permanente operates, you'll be asked to pay upfront for services you receive and file a claim for reimbursement.

<sup>4</sup>Urgent care services are covered subject to out-of-area cost share.

<sup>5</sup>If you reasonably believe you have an emergency medical condition, which is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health, call 911 or go to the nearest emergency department. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage.

# DENTAL INSURANCE

## Delta Dental Of Washington

Our dental plan is through Delta Dental of Washington and includes a nation-wide network of providers through their Delta Dental PPO network. These dentists have agreed to provide care at a contracted, discounted fee. This saves money for both the plan and the patient, so to encourage you to use PPO providers, you will have a higher level of benefits if you use a PPO dentist. You are free to seek care from any licensed dentist, but you will pay a lot less if you use a PPO dentist.

Delta Dental also contracts with dentist through their Delta Dental Premier network. These dentists have also agreed to a discounted fee, but not as favorable as the PPO dentists.

Locating a Delta Dental PPO or Premier dentist is easy: visit their website at [deltadentalwa.com](http://deltadentalwa.com) and click on "Find a dentist," or call them at **800-554-1907**.

## Dental Incentive Plan – Have Your Preventive Care!

Our dental plan is designed to promote regular preventive dental care. When you or your covered family member is new to the plan, coverage for classes I and II will be paid at 100%. This includes all care except major services like bridges, denture, implants and orthodontia. If during the calendar year you have a preventive care visit, your coverage remains at 100%. If you don't, the next calendar year your coverage will reduce 10%, never going below 70%. If you have a preventive care visit, the following year your benefit will go back up 10%, but will never be higher than 100%.

## Balance Billing – Non-Contracted Dentists

If you choose to use a dentist who is not contracted with Delta Dental through either their PPO or Premier networks, the dentist is allowed to charge whatever they want. The plan, however, will only pay to what it would have if you used a contracted provider. This means that the plan will pay your benefits off of a discounted rate and the dentist is free to charge you the difference between what the plan allows and what they choose to charge. This is called balance billing and it can be substantial.

## Pre-Treatment Estimate

If your dental care is estimated to cost more than \$400, you can ask your dentist to submit to Delta Dental a request for a benefit estimate, called a "predetermination of benefits." This allows Delta Dental to provide you and your dentist, how much the plan will pay and how much is your responsibility, in advance of the treatment. This can help you with budgeting and making decisions on the funding of your flexible spending account.

Benefit	PPO Dentist	Premier or Out-of-Network Dentist
<b>Calendar Year Deductible</b>	None	
<b>Calendar Year Benefit Maximum</b>	\$2,000 per covered individual	
<b>Class I – Preventive Care*</b> Routine oral exam Cleanings Bitewing x-rays Fluoride treatment	100% to 70%	100% to 70%
<b>Class II-Minor Restorative*</b> Fillings Root Canal Therapy Periodontal Therapy Oral surgery Crowns	100% to 70%	100% to 70%
<b>Class III-Major Restorative</b> Bridges Dentures Implants	60%	50%
<b>Class IV-Orthodontia</b> Children and Adults	50% to \$2,000 per covered individual, lifetime	

\*Benefits start at 100% when you are new to the plan. They will reduce 10% in the next calendar year if you do not have a class I, preventive care service.

# VISION INSURANCE

## Vision Service Plan

Vision Service Plan (VSP) provides our vision benefits. They have an extensive nationwide provider network. We encourage you to use a VSP provider to receive the highest possible benefits. You don't have to, but your benefits will be limited if you don't. To find a VSP provider, simply visit [vsp.com](http://vsp.com) and click on the "Find an in-network doctor" tile. Then, put in your zip code or address and click Search. You will see a list of providers by distance from your address or zip code.

When you want to have a vision care visit, simply:

1. Choose your VSP provider and schedule an appointment
  - a. They will need the name, birth date and last four digits of the employee's social security number
2. Have your appointment
3. The provider will file the claim and take care of all the paperwork
4. You pay any out-of-pocket costs to them and you are done!

If you choose to use an out-of-network provider, you will need to pay for the service, download a claim form from the VSP website and attach your itemized receipt to send to VSP for reimbursement. You can also submit your out-of-network claim through the VSP member portal on their website. Once you log on to your account click on "View Your Benefits" then "My Benefits" and scroll down to click "Submit an Out-of-Network Claim." You can use VSP providers for just lenses and frames if you have had an exam with an out-of-network provider.

VSP has online shopping available through their online Eyeconic program. You can purchase your glasses and/or contact lenses with an even bigger discount by using this service. Using their virtual try-on services, you can determine what you look like in any of their frame options so you can choose the best frames based on your face shape and lifestyle. They have most brands of contact lenses, and free shipping and returns. This is an easy, affordable option for those with busy lives.

## Computer Vision Care Benefit – Employee Only

To help detect eye health and vision issues caused by regular computer use, Sound Transit offers an enhanced vision care benefit to employees. This benefit provides an exam, prescription glasses, frames and patient education. This benefit is in addition to the standard vision plan benefits and is **only offered to Sound Transit employees**, not spouses or children.

### Locate a VSP computer vision care provider

Simply visit [vsp.com](http://vsp.com) and select the "Find a Doctor" tile. Then select "View Filter," then "Choice." In the "Doctor Network" dropdown menu, under "Products," select the "Safety/ProTec Eyewear" filter.

# VISION INSURANCE

(continued)

You and your covered family members can have one routine eye exam plus lenses or contact lenses every 12 months. Frames are available every 24 months.

Benefit	VSP Choice Network Provider	Out-of-Network Provider
<b>Well Vision Exam</b>	Covered in Full	\$45 allowance
<b>Service Year Hardware Copay</b>	\$10	\$10
<b>Frames - available every 24 months</b>	\$250 allowance \$270 allowance for featured frame brands 20% savings on any amount over the allowance \$135 allowance at Walmart or Costco	\$70 allowance
<b>Lenses - every 12 months</b> Single Vision Bifocals Trifocals	Covered in full after copay	After copay: \$30 allowance \$50 allowance \$65 allowance
<b>Lens Enhancements</b> Tints/photochromic lenses (transitions) Anti-reflective coating Scratch resistant coating Polarized lenses	Covered in full after copay	Not covered
<b>Progressive Lens Options</b> Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	Covered in full after copay	\$50 allowance after copay
<b>Contact Lenses (instead of glasses)</b> Lens exam (fitting and evaluation) Lenses	Copay of no more than \$60 \$200 allowance no copay	Not covered \$105 allowance no copay
<b>Lightcare Benefit</b>	\$250 allowance for ready-made non-prescription sunglasses or light filtering glasses instead of prescription glasses or contact lenses	Not covered
<b>Extra Savings</b> Glasses & Sunglasses	30% savings on additional glasses and sunglasses from the same VSP provider on the same day as your well vision exam. 20% discount from any VSP provider within 12 months of your last well vision exam	None
<b>Retinal Screenings</b>	No more than \$39 copay on routine retinal screenings as an enhancement to your well vision exam	Not covered
<b>Diabetic Eyecare Program</b>	Services related to diabetic eye disease paid in full after \$20 copay	Not covered
<b>Laser Vision Correction Discount</b>	Laser Vision Correction Discount Average 15% discount off regular price or 5% off promotional price from VSP contracted facilities	None

## Computer Vision Care Benefit – Employee Only

Employees can have one exam and one pair of computer glasses every 12 months.

Benefit	VSP Choice Network Provider	VSP Affiliated Provider (including Costco and Walmart)	Any Other Licensed Provider
<b>Computer Vision Exam</b>	Paid in full	Not covered	Not covered
<b>Lens Allowance*</b>	Covered in full for single vision, lined bifocals or trifocals, and occupational lenses	Not covered	Not covered
<b>Frames</b>	\$150 allowance \$170 allowance for featured frame brands 20% savings on any amount over the allowance	Not covered	Not covered

\*If you purchase oversized lenses, progressive lenses, or cosmetic lens options (tinting, scratch resistance, etc.) you will be responsible for the cost.



# FLEXIBLE SPENDING ACCOUNTS

To help you save money on out-of-pocket health and dependent care expenses, Sound Transit offers you participation in our Health Care and Dependent Care Flexible Spending Accounts (FSA). These accounts allow you to have funds taken out of your paycheck before taxes to help you pay for qualifying health and dependent care expenses. Participation is optional and you may enroll on your benefits eligibility date, annually during open enrollment, or if you have a qualified change in status.

Our FSA's are administered by Navia Benefit Solutions who will track your elections and manage reimbursements when you have expenses you wish to claim against your FSA. Our plan runs from January through December, so your funds must be used to pay for eligible expenses with service dates between January 1st and December 31st. You will have 90 days at the end of the year to submit your expenses for reimbursement.

When making your FSA election, keep in mind that the funds are use it or lose it, meaning that you must use up the funds in your account by the end of the year. The exception is our Health Care FSA, where you can roll over up to \$640 into the next plan year. All other funds will be forfeited. Remember, you are not allowed to use health care funds to pay daycare expenses, or daycare funds to pay health expenses. **You are allowed to participate in the health care FSA even if you are not enrolled in our medical plan, and you can use the funds to pay expenses for your eligible family members, even if they are not enrolled in the Sound Transit medical plans.**

## Health Care FSA

If you elect to participate in our Health Care FSA, you can have up to \$3,200 taken out of our paycheck pre-tax to pay for qualified out-of-pocket medical, dental and vision care expenses. The amount of your election will be deducted from your paycheck in 26 equal installments, but the entire amount is available for you to access from the first day of coverage. This means that you can use your entire election to pay for qualified expenses at any time during the plan year even if the full amount has not been paid in.

You can only use your funds for qualified expenses that are allowed by the IRS. For a complete list of eligible expenses, go online to [naviabenefits.com](http://naviabenefits.com) or call Navia at **800-669-3539**.

Here's a short summary of some of the things you can use your FSA funds to pay for:

- Medical plan deductible
- Copays for medical or pharmacy expenses
- Coinsurance for medical, pharmacy or dental expenses
- Dental expenses in excess of your annual plan maximum
- Orthodontia expenses not paid by our dental plan
- Laser eye surgery
- Glasses or contacts expenses not paid by our vision plan
- Chiropractic or medically necessary massage therapy not covered by the plan
- Over the counter medications (like allergy, acid reflux or pain medications)
- Contact lenses and contact lens solution
- Band-aids and other first aid supplies
- Reading glasses
- Pregnancy tests
- Menstrual products
- Thermometer
- Vitamins and supplements with a prescription from your doctor

When your account is opened, you will be sent a debit card that is loaded with the amount of your election. You may use this at your provider's office, to pay provider bills or at the pharmacy. Because the use of this plan is governed by the IRS, we have to have proof that what you used your debit card for is allowed by the IRS. So this will require you to send proof to Navia when they ask for it – we call it “substantiation.” Keep your receipts, explanation of benefits or paperwork from your vision provider or orthodontist so you have them handy. They need to include:

- The name of the patient;
- The name of the provider;
- A description of the service or items purchased;
- The date the services were provided or items were purchased; and
- The charge and/or out-of-pocket expense that was not paid by the Plan or other insurance.

You don't have to use your debit card – you can pay for services and then file for reimbursement. What you file will need to have the same detail as for substantiating a debit card use, listed above.

# FLEXIBLE SPENDING ACCOUNTS

(continued)

## Dependent Care FSA

If you elect to participate in our Dependent Care FSA, you can have up to \$5,000 per household, (\$2,500 if married filing separately), taken out of our paycheck pre-tax to pay for qualified daycare expenses. The amount of your election will be deducted from your paycheck in 26 equal installments, and you can only claim what has been deducted. Your dependent FSA elections will also be put onto a debit card for you to use for your eligible daycare expenses. If you have a healthcare card, your election will be added so you only have one card. Different from the healthcare account, your dependent care election is loaded each pay period as the funds come out of your paycheck.

You can use the dependent care FSA to pay for day care expenses that allow you and your spouse to work, attend school full time or look for work. You can use the funds to pay for the dependent care costs of your dependent children under age 13 who you claim as a dependent on your taxes, and some adult or elder care costs for a tax dependent.

Eligible expenses include (some restrictions may apply):

- Daycare
- Pre-school
- Before and after school care
- Day camps
- Adult daycare facilities
- Wages paid to a nanny in or outside your home

## How to File an FSA Claim

To access your health or dependent care funds, or to send in paperwork for your use of your debit card, you have four ways to submit for reimbursement or substantiation:

1. Use the App to photograph and submit claims
2. Download a claim form and send in paper through the USPS
3. Download a claim form, scan your paperwork, and send via email
4. File a claim through the secure portal by uploading receipts there

To make this process easier, you can connect Navia with your Premera, Kaiser, Delta Dental and VSP accounts through Flex Connect. This allows Navia to substantiate your claim, or accept your filing, without the carrier explanation of benefits. They will go get it for you, but only with your permission. You have to have registered with each carrier prior to connecting them to Navia. For complete instructions on how to accomplish this connection, visit [naviabenefits.com](http://naviabenefits.com) and click on the “Flex Connect” tile on the landing page.

You can also sign up for direct deposit, so once the paperwork is received and processed, funds from your submitted claims will be deposited in your bank account. Go to [naviabenefits.com](http://naviabenefits.com) to download a direct deposit form.

**Note:** If you terminate your employment with Sound Transit, your FSA contributions will automatically stop. You can continue to submit claims for reimbursement up to the year-to-date amount you have in your account, provided the expenses are incurred in the current plan year and prior to your termination date. For the healthcare FSA, you may be able to continue your contributions on an after-tax basis through COBRA continuation or by having the remaining annual amount deducted pre-tax from your final paycheck.

*Use the mobile application and secure online portal for 24/7 access to information and to manage your FSA. Here's how you access the App and the Portal:*

Visit the App store or Google Play and download the [MyNavia App](#), or

Go to [naviabenefits.com](http://naviabenefits.com) to access the portal from your desktop or tablet.

# EMPLOYEE ASSISTANCE PLAN

## Canopy

Our EAP is a free and confidential program that helps you and your family members address issues that are distracting you from work and life. There are two parts to our EAP: Wellbeing and Work/Family/Life programs.

### Wellbeing Services

These benefits are here to support you and your family members when you are experiencing life stress and need to talk to someone to help you through. This includes behavioral, mental health or substance abuse issues, or help with setting life goals or advancing in your career. Masters Level counselors are available to you 24/7/365.

### INDIVIDUAL COUNSELING SESSIONS

You can receive up to 3 free counseling sessions per person per issue to help you with areas such as:

- Marital and Family Relationships
- Depression and Anxiety
- Alcohol and Substance Abuse
- Job Related Problems
- Stress Management
- Conflict Resolution
- Domestic Violence
- Grieving a Loss
- Parenting Stressors

These visits can be in-person, over the phone or through video chat. Simply call Canopy and they will help you find the right counselor for whatever you are dealing with.

### LIFE COACHING

Life coaching consists of up to three telephone sessions with a Master's level life coach. The sessions focus on setting achievable goals, identifying barriers and planning to help you achieve your goals.

### Work/Family/Life Programs

These services provide additional support when you have specific needs for legal, financial, housing, and more.

### LEGAL SERVICES

Each employee is entitled to one no-cost initial 30-minute office or telephone consultation with a network attorney or mediator. If you decide to retain the attorney for additional services, they will be discounted 25%. You can also access a legal resource center to create and print legal forms and documents, and a free sample will kit.

### FINANCIAL SERVICES

Each covered member can have 30 days of no-cost, unlimited access to a financial coach. The coach can help you with financial concerns like managing debt, preparing for retirement, budgeting, improving your credit score and more. You will work with experienced financial professionals who will help you with a needs analysis and create a written action plan.

To access *any* of the services provided by Canopy simply:

Call: **800-433-2320**

Text: **503-850-7721**

Email: [info@canopywell.com](mailto:info@canopywell.com)

Register and use the Website: [my.canopywell.com](http://my.canopywell.com) to create a Member Log-in. Enter Sound Transit for company name when you register.

Download and use the App: Search Canopy from the App Store or Google Play.

# EMPLOYEE ASSISTANCE PLAN

(continued)

## HOUSING SUPPORT, RELOCATION AND HOME OWNERSHIP PROGRAM

You have a variety of services available to help with housing:

- Resources for buying, selling and refinancing a home
- Down payment resources
- Rental property alert notifications
- Credit score review
- Resources for housing assistance, temporary accommodations and emergency housing
- Options for housing in your area

## CONCIERGE SERVICES

Canopy EAP provides information and resource retrieval services for today's busy people. They find needed information within two business days of your call, and time is saved as the legwork is done for you. No issue is too small, from helping you locate the perfect anniversary or birthday gift, to finding a dry cleaner or pet-sitter.

## IDENTITY THEFT SERVICES

This service provides you with a free 60-minute consultation with a highly-trained Fraud Resolution Specialist. They will conduct emergency response activities and help you to restore your identity, good credit and with the costly steps to dispute fraudulent debts, etc.

## ELDERCARE SERVICES

Canopy provides help in finding solutions for the needs of older adults and the family members caring for them such as housing, alternative living, home health, community services, legal concerns and medical issues.

## CHILDCARE AND EDUCATION SERVICES

This service provides assistance finding qualified childcare, and can help with education, behavioral and developmental concerns. They can also help with adoption information from newborns through age 18.

## PET PARENT RESOURCES

There are times when we need some help with our furry friends for:

- Pet Insurance – Discounts Available through Life Balance
- Concierge support for boarding, sitting, day care, walking services and more
- New pet parent resources
- Bereavement support
- Emergency Preparedness for Pets

## LIFEBALANCE

LifeBalance provides you discounts for healthy, fun, and family-friendly activities. These discounts range from gym memberships, tickets to events and movies, travel and shopping, cooking classes, outdoor adventures, and Dell computers. LifeBalance is also where you will find the discounted pet insurance options Sound Transit offers. Login to the Canopy member website or visit [LifeBalanceProgram.com/login](http://LifeBalanceProgram.com/login). Your activation code is CAS2948.

# WEBSITES AND APPS

## Go Paperless!

Most of our insurance partners and vendors have both web portal and smartphone apps to provide you with up to the minute information and access to care. They give you access to view your claims, PPO provider look up, and your ID card. Visit the App store or Google Play to download apps for:

- Premera (Medical Plan) or Premera MyCare for access to virtual care
- Kaiser Permanente Washington (Medical Plan)
- Delta Dental
- VSP Vision Care
- Navia (FSA) - My Navia
- Canopy EAP
- Matrix eServices

# HEALTH AND WELL-BEING

Our medical plan partners provide support and coverage for you to diagnose and treat ongoing medical conditions. They also support you towards your journey of health through programs for weight management, quitting tobacco and living with chronic diseases. We encourage you to work with your healthcare providers and medical carrier to take advantage of their programs and benefits. In addition, Sound Transit provides other services and challenges to help support you towards optimal health and well-being.

## Tobacco Cessation – Kaiser Members

For those covered by Kaiser for medical insurance, if you want to quit using tobacco, you have a free resource through the Quit for Life program. Quit for Life is a one-on-one, telephone based treatment program where you work with a professional Quit Coach. When you enroll you will receive:

- A series of phone based support sessions, scheduled at your convenience
- Unlimited toll free telephone support with the Quit for Life coaches for the duration of your treatment
- Recommendations on type, dose and duration of medication to help you quit, if appropriate
- Nicotine replacement products (such as patches, gum, lozenges) delivered to your door
- A Quit Kit of materials to help you stay on track between coaching calls

You can also use the counseling services through our Canopy EAP. For more information, or to enroll, call **866-QUIT-4-LIFE** (866-784-8454).

Tobacco Cessation Medications: Both of our medical plans cover prescribed medications and nicotine replacement therapy at 100%, with no copays or cost shares.

## Tobacco Cessation – Premera Members

For those covered by Premera, if you want to quit using tobacco Premera will cover nicotine habit-breaking programs (programs to stop smoking, chewing tobacco or taking snuff) at 100% when you visit an in-network provider.

You can also use the counseling services through our EAP, Canopy.

# HEALTH AND WELL-BEING

(continued)

## Well-Being

Well-Being Challenges may be available during the year to encourage healthy habits. Look for more information in your email box. Getting annual flu shots are a good idea for maintaining good health and are covered by our plans.

### FITON HEALTH

You have access to a digital fitness experience through FitON Health to support your health and well-being goals.

- Access to thousands of on-demand workouts.
- Beginner, intermediate, and advanced level workouts
- FitON Health offers personalized training from celebrity trainers, meditation and nutrition plans.

Register by selecting “I have an employer sponsor,” then use your first and last name, birth date and zip code (must match what is on file with your employer) to set up your access.

Register today at [fitonhealth.com/register](https://fitonhealth.com/register).

### MEQUILIBRIUM (MEQ)

meQ is our digital platform to help you know more about yourself; build resilience to increase your capacity to manage stress, bounce back from adversity, and thrive.

- You take a confidential, science-based, clinically validated assessment:
  - Identifies strengths and gaps in the 18 factors of Resilience
  - Tuned to gold-standard psychometric scales to accurately identify acuity levels for anxiety (GAD-7), burnout (Copenhagen Scale), depression (PHQ- 9), stress (PSSI), presenteeism (WPAI), etc.
  - Follow a prescriptive path of recommended skills and activities based on your individual unique assessment results
  - Track progress over time

Feel results in just three minutes a day! Resilient people benefit from dramatically better health, lower anxiety and depression, less burnout, higher job satisfaction, and even sleep better.

Sign up at [getmeq.com/soundtransit](https://getmeq.com/soundtransit).



# LIFE AND AD&D INSURANCE

## Group Life and AD&D Insurance – Reliance Standard Life Insurance Company

Sound Transit provides basic life and accidental death and dismemberment (AD&D) insurance benefit at no cost to you. All eligible employees who work 20 or more hours per week are automatically enrolled when they become eligible for benefits.

### Life and AD&D benefit

In the event of your death, the plan will pay your designated beneficiary:

- One times your annual base pay to a maximum of \$250,000
- If your death is due to a covered accident, your beneficiary will receive an additional benefit equal to your life benefit.
  - If the accident results in dismemberment such a loss of limb(s), loss of eyesight, speech or hearing, the plan will also pay a benefit.

### BENEFITS DECREASE STARTING AT AGE 65 – LIFE AND AD&D BENEFITS

Your benefit will reduce to 65% at age 65, 50% at age 70, 30% at age 75 and 20% at age 80.

- **Example:** One times your annual base pay is \$100,000
  - At age 65, the benefit would reduce to \$65,000
  - At age 75, the benefit would reduce to \$30,000

### LIFE INSURANCE IMPUTED INCOME

The IRS requires payment of taxes on employer paid premiums for any life insurance benefit over \$50,000. This is through the Internal Revenue Code Section 79, which requires the taxable amount be calculated using uniform premium rates, also known as Table I rates, which are:

Employee Age	Monthly Tax Rate Per \$1,000 of Benefit
Under 25	\$0.05
25 through 29	\$0.06
30 through 34	\$0.08
35 through 39	\$0.09
40 through 44	\$0.10
45 through 49	\$0.15
50 through 54	\$0.23
55 through 59	\$0.43
60 through 64	\$0.66
65 through 69	\$1.27
70 and older	\$2.06

For example, if one times your annual base pay is \$100,000, you would be taxed on the amount over \$50,000. If you are 40 years old, that would equate to taxes on a monthly premium of \$5 (\$50,000 / by 1,000 = 50 \* \$0.10 = \$5). This tax will be reported on each paycheck.

#### Portability or Conversion

When you leave Sound Transit you may be able to continue your life insurance through portability or conversion. Please contact Reliance Standard at [800-351-7500](tel:800-351-7500) for more information. You must complete the paperwork and pay premiums within 31 days of your employment termination date to continue coverage.

### Accelerated Death Benefit

If you are terminally ill, with a life expectancy of 24 months or less, you can receive up to 75% of your life insurance benefit prior to your death. This provides some extra funds for medical bills, household expenses or a gathering of loved ones. This benefit is payable to the employee and will reduce the final amount of the death benefit when the employee passes away.

# LIFE AND AD&D INSURANCE

(continued)

### Life and AD&D Beneficiary

You can have your life and AD&D benefits paid to anyone and you need to appoint your beneficiary when you first become covered for life benefits. We also recommend that you review your beneficiary information at least annually, and remember to make changes when you have life events or relationship changes. If you do not appoint a beneficiary, your benefit will be paid in this order:

- Your surviving spouse; if none then
- Your surviving children in equal shares; if none then
- Your surviving parents; if none then
- Your surviving siblings in equal shares; if none then
- Your estate.

# SUPPLEMENTAL LIFE AND AD&D

## Supplemental Life and AD&D Insurance – Reliance Standard Life Insurance

Sound Transit gives you the opportunity to purchase additional life and AD&D coverage through payroll deduction, at affordable group rates and without having to prove your good health. This coverage is completely voluntary and paid 100% by you with after tax payroll deductions. You can purchase coverage for yourself and your spouse/domestic partner and your children. You have to purchase coverage on yourself to buy any for your eligible family members. If you purchase at least \$10,000 when you are first eligible, you can increase your coverage either \$10,000 or \$20,000 per year during open enrollment without medical approval (EOI), until you reach \$180,000. This is also true for spouses who can increase either \$5,000 or \$10,000 per year during open enrollment until they reach \$50,000 without medical approval (EOI).

Your salary determines the maximum amount you can purchase and premiums are based on your age and the amount you elect. Visit MyST on The Hub to review premium rates. As long as you enroll within 31 days of your initial eligibility date, you can purchase up to the guaranteed amount without having to prove your good health. If you choose to enroll for more, or after your initial eligibility period, you will have to prove your good health by completing an evidence of insurability (EOI) form, and be approved by Reliance Standard. For the AD&D, you never have to prove good health, but if you want coverage, you have to enroll within 31 days of your initial eligibility date.

	Employee	Spouse	Dependent Children
<b>Supplemental Life Amount</b>	Increments of \$10,000 to \$500,000 Maximum is 10X your salary	Increments of \$5,000 to \$250,000 Maximum is 100% of employee amount	Birth to 6 months: \$100 6 months to age 26: increments of \$2,000 to \$10,000
<b>Limitations</b>	Benefits reduce to 65% at age 70 and 50% at age 75	Employee must enroll for spouse to enroll Benefits reduce to 65% at age 70 and 50% at age 75	Employee must enroll for children to enroll. Coverage ends at age 26.
<b>Evidence of Insurability (EOI)</b>	New hires up to \$180,000 with no EOI. Increasing coverage, or electing coverage after initial eligibility requires EOI for all coverage amounts (annual open enrollment exception may apply).	New hires up to \$50,000 with no EOI. Increasing coverage, or electing coverage after initial eligibility requires EOI for all coverage amounts (exception may apply during annual open enrollment)	No EOI required
<b>Supplemental AD&amp;D</b>	Increments of \$10,000 to \$500,000 Maximum is 10X your salary	Increments of \$5,000 to \$250,000 Maximum is 50% of employee amount	\$10,000 Birth but less than 6 months: \$100, 6 months to age 26: \$2,000 to \$10,000 in increments of \$2,000

# LONG TERM DISABILITY

## Long Term Disability Insurance – Reliance Standard Life Insurance Company

Sound Transit provides long term disability insurance to you at no cost, and you are automatically enrolled on your benefit eligibility date. Long term disability is a very valuable benefit that provides you with income if you are unable to work due to illness or injury.

Benefits begin once you have been disabled for 90 days and you meet the definition of disability. For the first 24 months of benefits, you are considered disabled if you are unable to perform the material duties of your own occupation. After that you will continue to be considered disabled, and eligible for a long term disability benefit, if you are unable to perform any job that you would be suited for based on your education, training and experience.

Once you have been approved for benefits, you will receive 66 2/3% of your base pay\*, up to a monthly maximum of \$14,000. Benefits may continue until age 65 or your Social Security normal retirement age.

\*Earnings do not include bonuses, overtime pay or any other extra compensation. Your benefit will be reduced by other sources of income.

# PET INSURANCE

## Pet Insurance – Nationwide

Just like health insurance for people, our Pet Insurance Plan helps you meet the cost of medical care for your pets. Coverage is available for many types of pets in addition to cats and dogs! The MyPet Protections plans from Nationwide offer best in class coverage for vet bills, with a choice of 50% or 70% reimbursement for accidents, illnesses and much more. If you choose to purchase coverage, you will sign up with Nationwide and pay them directly.

To get a no-obligation quote, visit [petinsurance.com/soundtransit](https://petinsurance.com/soundtransit) or call 877-738-7874 and mention Sound Transit.

You will have the option to purchase My Pet Protections only, or My Pet Protections with Wellness. Both reimburse a straightforward 50%, 70% or 90% (you choose the amount when you enroll) of your vet bill after you pay the first \$250 annual deductible. The plan will pay up to \$7,500 annually.

Both options cover:

- Accidents and illnesses
- Hereditary and congenital conditions
- Cancer
- Dental Disease
- Behavioral treatments
- Prescription diets and supplements

The “With Wellness” coverage adds:

- Wellness visits
- Vaccines
- Spaying or neutering
- Teeth cleanings
- Flea prevention
- And more!

# IDENTITY THEFT PROTECTION

## Identity Theft Protection – Allstate Privacy Armor (Plus)

Take the worry out of finding out someone has accessed your bank accounts or tax returns by purchasing identity theft protection through payroll deduction. This valuable service provides you with a privacy advocate who will work to restore you to your pre-fraud levels. Enroll for this program through MyST as part of your benefits enrollment process.

Access to your full Privacy Armor Plus begins on your benefits effective date once you enroll. Privacy Armor Plus' proprietary monitoring platform detects high risk activity to alert you at the first sign of fraud. They scour the dark web for compromised credentials and monitor financial transactions, all while keeping tabs on your credit report.

Should identity theft or fraud occur, you have a dedicated Privacy Advocate who will manage your recovery and restore your identity. Your advocate is available 24/7! And you never have to worry about covering the cost of identity theft because your Privacy Armor Plus plan includes \$1 million of identity theft insurance. This covers any out-of-pocket expenses, lost wages or legal fees. Plus it will reimburse funds stolen from your bank, HSA or 401(k)/401(a) accounts.

Protection includes:

- Identity and credit monitoring
- Tri-bureau credit alerts
- Unlimited credit reports from TransUnion
- Dark web monitoring
- Financial transaction monitoring
- Social media reputation monitoring
- Accounts secured with two-factor authentication
- 24/7 Privacy Advocate access
- \$1 million identity theft insurance policy
- Tax fraud refund advances
- 401(k)/401(a) and HSA stolen fund reimbursement



# PAID TIME OFF & PAID LEAVE TIME

## Paid Time Off (PTO)

Sound Transit believes that our employees are the key to what makes us a great organization. While work takes up a large part of our lives, we believe that there needs to be a balance between work and play. This helps you to maintain a high level of performance and productivity. In support of this philosophy, Sound Transit has a comprehensive Paid Time Off program for qualifying employees who work 20 or more hours per week.

We combine our sick and vacation time into a single bank of paid time off (PTO). This provides you with complete flexibility in how you use your time off and makes it easier for you to manage. It also encourages you to take time off for needed rest, rejuvenation and wellness. You are able to accrue PTO based on your position and years of service. If you are part-time, your accruals will be pro-rated based on your hours worked. Direct Hire Temporary employees and interns accrue PTO at a rate of 13 days (104 hours) per year.

## Domestic Violence Leave

If you or a family member are victims of domestic violence, sexual assault or stalking we provide work accommodations so that you can take care of your physical, emotional and legal needs. In any of these situations, employees may take reasonable leave from work, work a reduced schedule, or take intermittent leave from work to take care of legal or law enforcement needs, or obtain medical treatment, mental health counseling or social services assistance. Employees taking this type of leave may use any available paid time off. On request, the employee may be required to provide verification of the need for the leave. In this situation, "family member" includes children, spouses, domestic partners, parents, parents-in-law, grandparents or a person the employee is dating.

## Unpaid Leaves of Absence for Personal Reasons

Under certain circumstances, you may request to take an unpaid leave of absence. Please refer to the Agency policy on Leave without Pay for more details.

## Bereavement Leave

If a death occurs in your immediate or chosen family, you may take up to five working days (40 hours) of paid leave. Immediate family includes in-laws, step relationships and the Spouse/Domestic Partner's relatives defined as:

- Spouse or Domestic Partner
- Parents
- Siblings
- Grandchildren
- Children
- Grandparents

Chosen family:

- A person that an employee does not have a biological or legal connection to, but does have a social relationship with, that the employee considers analogous to a family relationship.

You should work with your manager to schedule the appropriate time off based on your specific circumstances. With the approval of your manager, you may use your PTO to take additional time off, or take an unpaid leave in certain circumstances.

## Jury Duty and Witness Duty Leave

Sound Transit supports your responsibility as a citizen to participate in jury or witness duty when summoned. You will be granted the time requested to fulfill this duty and will be paid at your regular pay rate minus payments from the court and the summons authorization needs to be sent to payroll. To be eligible to be paid, you must notify your manager and payroll as soon as you receive the summons to jury or witness duty.

# PAID TIME OFF & PAID LEAVE TIME

(continued)

## PTO Accruals for Non-Director Level Staff

All full time non-director level employees are eligibility to accrue PTO as follows:

Years of Service	Annual Equivalent	Per Pay Period Accrual Rate	Maximum Allowed Balance
0 to 4	200 hours or 25 days	7.69 hours	600 hours
4 to 8	224 hours or 28 days	8.62 hours	600 hours
8 to 12	248 hours or 31 days	9.54 hours	600 hours
12+	280 hours or 35 days	10.77 hours	600 hours

## PTO Accruals for Director Level Staff

All full time director level and above employees are eligibility to accrue PTO as follows:

Years of Service	Annual Equivalent	Per Pay Period Accrual Rate	Maximum Allowed Balance
0 to 4	240 hours or 30 days	9.23 hours	600 hours
4 to 8	256 hours or 32 days	9.85 hours	600 hours
8 to 12	272 hours or 34 days	10.46 hours	600 hours
12+	280 hours or 35 days	10.77 hours	600 hours

At termination, 100% of accrued and unused PTO will be paid.

## SCHEDULING AND NOTICE FOR PAID TIME OFF

We recognize that family or other emergencies may arise, however we expect that your PTO will be pre-scheduled and pre-approved by your manager before you take time off, when possible. You may only take the time off that you have accrued; negative PTO balances are not permitted.

Retaliation against you by Sound Transit for using PTO for authorized purposes, or the exercise of any rights under the Minimum Wage Act is prohibited.

## Donated Leave

As part of our paid leave policy, under certain circumstances employees may donate PTO to a coworker in need. Please refer to the Agency policy on Donated Leave for more information.



# PAID TIME OFF & PAID LEAVE TIME

(continued)

## Holidays

In addition to vacation, Sound Transit observes a number of holidays throughout the year. In general, if a holiday falls on a Saturday, it will be observed on the preceding Friday and if it falls on a Sunday, it will be observed on the following Monday.

Employees on an approved leave of absence are eligible for holiday pay. If the holiday falls during an employee's vacation, the holiday will not count as a vacation day. Holiday pay is not considered hours worked for the computation of overtime and it will not be paid out at termination, unless required by State law.

The 2024 Holiday Schedule is as follows:

2024 Holidays	
Holiday	Date Observed
New Year's Day	Monday, January 1st
MLK Day	Monday, January 15th
President's Day	Monday, February 19th
Memorial Day	Monday, May 27th
Juneteenth	Wednesday, June 19th
Independence Day (Observed)	Thursday, July 4th
Labor Day	Monday, September 2nd
Indigenous People's Day	Monday, October 14th
Veteran's Day	Monday, November 11th
Thanksgiving Day	Thursday, November 28th
The Day after Thanksgiving	Friday, November 29th
Christmas Day	Wednesday, December 25th

## Floating Paid Holidays

In addition to our regular paid holidays, you will have two paid floating holidays that you may use throughout the calendar year. You can choose to take a paid holiday for events that have special significance to you such as religious observances, cultural celebrations or even your birthday!

## Volunteer Time Off (VTO)

We know you are passionate about giving back to the community, so you will be granted 16 hours, or two days, of paid volunteer time off per year. This will allow you to volunteer with non-profit organizations and/or local schools. You may carry over your VTO time from one calendar year to the next, to a maximum allotment of 32 hours.

# PAID FAMILY AND MEDICAL

## Family And Medical Leave & Federal FMLA – Administered By Matrix Absence Management

### Federal Family and Medical Leave (FMLA)

Any employee who has worked for Sound Transit at least 1,250 in the last 12 months, and at a location where there are more than 50 employees in a 75-mile radius, may be entitled to 12 work weeks of job protected leave per year. This time off can be used:

1. To care for a newborn or newly-adopted child, or a newly placed foster child within 12 months of birth or placement; or
2. To care for a child, parent or spouse who has a serious health condition; or
3. Because of the employee's own serious health condition including incapacity due to pregnancy and for prenatal medical care.

A "serious health condition" is an illness, injury, impairment, or physical or mental condition that involves inpatient care or continuing treatment by a health care provider. For all conditions, "incapacity" means inability to work, including being unable to perform any one of the essential functions of the employee's position, or inability to attend school, or perform other regular duties due to the serious health condition, treatment of the serious health condition, or recovery from the serious health condition. The term "treatment" includes, but is not limited to, examinations to determine if a serious health condition exists and evaluations of the condition.

If both parents work for Sound Transit, they together are entitled to 12 work weeks of FMLA to care for a newborn, newly adopted or newly place foster child. This leave must be taken within 12 month of the birth, adoption or placement.

FMLA leaves run concurrently with our Paid Family and Medical Leave benefits described on page 39.

### FMLA Leave for Employees and Family Members in the Military

Employees may also take up to 12 weeks of FMLA when they experience a qualifying exigency for themselves, their spouse, parent or child. This means they have been called to active duty for deployment, or return from deployment to a foreign country either as a member of the Armed Forces or in the Reserves or National Guard. A qualifying exigency is a non-medical activity directly related to you or your relative's active duty status, or call to active duty. It includes certain military events and related activities, attending family support and assistance programs, arranging for temporary childcare, addressing legal and financial arrangements, attending counseling related to deployment, rest and recuperation with the service member on leave from deployment, and attending post-deployment briefings. You will be required to provide certification that you or your family member is in the Armed Services, National Guard or Reserves and have been called to active duty and deployment to a foreign country.

In addition, employees are entitled to up to 12 weeks of family leave to care for your spouse, child, parent or next of kin (defined as a person for whom the employee is the nearest blood relative) to care for the serious illness of a service member which was either incurred by the member in the line of duty while on active duty, or aggravated by military services while on active duty.

If the need for the leave is foreseeable, employees must give at least 30 days written notice in advance of the start of the leave. If it is not, you must notify your manager as soon as possible.

### Return from FMLA

When you return from an approved FMLA leave, you are entitled to return to the same position as when the leave began, or to an equivalent position with equivalent pay and benefits, unless the position would have been eliminated had the employee not been on leave. Additionally, an employee on leave is not immune from discipline, up to and including termination, if information is uncovered during the leave that would normally have resulted in discipline had the employee been actively working.

# PAID FAMILY AND MEDICAL LEAVE

## Paid Family & Medical Leave (PFML)

You are eligible for paid family and medical leave after you have completed 340 hours of service with Sound Transit. We provide a portion of your pay when you need time off work due to your own serious medical condition, or to take care of an eligible family member\* who has a serious medical condition. It also includes paid time off to bond with a newborn, or a child newly placed for adoption. Benefits begin immediately if the need for the leave is due to pregnancy or bonding with a baby or child newly placed for adoption. For other leaves, the benefits will start after 7 calendar days.

To file a PFML or FMLA claim, call Matrix at **877-202-0055**, use their website at **matrixabsence.com**, or use the Matrix eService mobile app.

\*You can use family leave to care for your spouse, domestic partner, child, grandchild, parent, grandparent or sibling.

Our plan allows you to take up to 12 weeks of paid medical leave in any 52 week period. If the need for medical leave is due to pregnancy, you are allowed up to 14 weeks of paid medical leave so long as the need is medically indicated. You may also take up to 12 weeks of family leave, with the combination of medical and family leave capped at 16 weeks (18 if you need 14 weeks for your own medical maternity leave due to disability) in a 52 week period.

Federal Family and Medical Leave (FMLA) will run concurrently with our PFML leave plan, with job protection based on federal requirements. The determination of eligibility for all leaves, and the tracking of and use of FMLA and leave benefits, will be managed by Matrix Absence Management.

## Health Benefits During Leaves

Sound Transit will continue to provide employer paid benefits for up to the 12 weeks of leave (or up to 18 weeks if eligible). Once that time has been exhausted, benefits may be canceled at the end of that month and you will be offered COBRA continuation.

# RETIREMENT PLANS

## Retirement Savings Plan – 401(a)

Our retirement savings plan, under IRS code section 401(a) is designed to allow Sound Transit to supplement our employee's existing retirement and pension benefits by contributing to the plan on your behalf. Contributions and investment earnings are tax-deferred until the funds are withdrawn. To be enrolled in the plan employees must be at least age 18.

You are eligible immediately following your date of hire and you will be automatically enrolled at 10% of your eligible gross income. Interns and Direct Hire Temporary employees are not eligible. Sound Transit will make employer contributions equal to 12% of your eligible compensation for all participating employees. Once enrolled, you will receive a personal identification number (PIN) in the mail. You can use this to sign into your account to review your account information and make investment selections. Use the PIN to sign in at [participant.empower-retirement.com](https://participant.empower-retirement.com).

You have a wide array of investment options for your savings funds. Each option is explained in detail by our Plan's fund sheets. You can review all of your investment options and make investment elections (subject to Plan rules) through the participant portal. This allows you to decide how your payroll deductions are invested and to make changes to your portfolio.

## Vesting Schedule

Vesting refers to the percentage of your account you are entitled to receive when you are ready to take a distribution of the funds. It is the amount of the funds that you own, or are vested in. Any funds that you contribute, either through payroll deductions or rollovers from previous employers, are always 100% vested, meaning you have access to the entire amount. The value of what Sound Transit contributes, and any earnings they generate, varies by the years of participation in the plan as follows:

Years	Employer Contribution Vested Percentage
0 to 1	20%
After 1 year	40%
After 2 years	60%
After 3 years	80%
After 4 years	100%

## Rollovers

If you have funds in another tax favored retirement plan, you may be able to roll them over into our plan, thereby consolidating your retirement plan savings into one account. Only Plan Administrator approved balances from eligible 457(b), 401(k), 403(b) or 401(a) plans or an individual retirement account (IRA) may be rolled over into our 401(a) Retirement Savings Plan. Any distributions you receive prior to age 59 ½ may be subject to the 10% federal penalty for early withdrawal, and you may be required to pay income tax on the funds.

## Withdrawals

You are allowed to take money from your account when you experience one of the following qualifying events:

- Retirement
- Attainment of age 59 ½
- Permanent disability
- Death (your beneficiary will receive your benefits)
- Severance of employment (as defined by the IRS code provisions)

In some instances there may be tax implications or penalties. Please refer to the Empower Plan Documents for details.

# RETIREMENT PLANS

(continued)

## Investment Option Fees

You have a range of investment options with each incurring a management fee that varies by option. These fees are deducted by each investment option's management company before the daily price or performance is calculated. Fees pay for trading of securities within the investment options. For more information, please refer to the fund prospectus.

Please contact your Empower Retirement representative for more information about any potential investment option fees. There are additional quarterly fees and/or transaction fees to participate in the Self-Directed Brokerage option. Please visit the Plan's web site for more information. Sound Transit covers all of the administrative fees.

## Loans

Our plan allows you to borrow the lesser of \$50,000 or 50% of your total vested account balance. The minimum loan amount is \$1,000 and you have up to 5 years to repay your loan. There is a \$50 loan origination fee for each loan, which is deducted from the loan proceeds, plus an ongoing annual \$25 fee, deducted from your account at \$6.25 each quarter. Participants are allowed to take up to three loans across the two plans.

## Where Can I Get More Information?

Visit the Plan's website at [empower-retirement.com](https://empower-retirement.com) for more information. It houses valuable information about our plan as well as financial education, financial calculators and other tools to help you manage your account.

# RETIREMENT PLANS

(continued)

## Deferred Compensation Plan – 457(b)

Our 457(b) Deferred Compensation plan is a retirement savings plan that allows you to supplement other retirement and pension benefits through pre-tax savings on a voluntary basis. Your contributions and any investment earnings are tax-deferred until the money is withdrawn, at which time they are subject to ordinary income tax.

You are eligible immediately following your date of hire. Interns and Direct Hire Temporary employees are not eligible. You can choose to enroll by using our online enrollment option. Each new employee will receive a Personal Identification Number (PIN) in the mail. Use the PIN to sign into your account at [participant.empower-retirement.com](https://participant.empower-retirement.com).

You are allowed to contribute up to \$23,000 of your compensation. If you are participating during the three years prior to your normal retirement age, you are allowed to make a standard catch up contribution of up to two years' worth of contributions each year (\$46,000) if you have not fully contributed to the Plan in the past. Participants turning age 50 or older in 2024 may contribute an additional \$7,500. You are not allowed to use the age 50+ and standard catch up contributions in the same year.

## Investment Options

You have a wide array of investment options for your savings funds. Each option is explained in detail by our Plan's fund sheets. You can review all of your investment options and make investment elections (subject to Plan rules) through the participant portal. This allows you to decide how your payroll deductions are invested and to make changes to your portfolio.

In addition to the core investment options, a Self-Directed Brokerage (SDB) account is also available. The SDB account allows you to select from numerous investment options for additional fees. The SDB account is intended for the knowledgeable investor who acknowledges and understands the risks associated with the investments contained in the SDB account.

You can use the Empower website to move your existing balances between investment options and to change how your new payroll deductions are invested. You can also use it to change your contribution amount.

## Rollovers

If you have funds in another tax favored retirement plan, you may be able to roll them over into our plan, thereby consolidating your retirement plan savings into one account. Only Plan Administrator approved balances from eligible 457(b), 401(k), 403(b) or 401(a) plans or an individual retirement account (IRA) may be rolled over into our 457(b) Deferred Compensation Plan. Any distributions you receive prior to age 59 ½ may be subject to the 10% federal penalty for early withdrawal, and you may be required to pay income tax on the funds.

## Withdrawals

You are allowed to take money from you account when you experience one of the following qualifying events:

- Retirement
- Attainment of age 70 if still employed
- Unforeseeable emergency (as defined by the IRS Code)
- Death (your beneficiary will receive your benefits)
- Severance of employment (as defined by the IRS code provisions)
- Transfer to purchase service credit

In some instances there may be tax implications or penalties. Please refer to the Empower Plan Documents for details.

Each distribution is subject to ordinary income tax except for an in-service transfer to purchase service credit.



# RETIREMENT PLANS

(continued)

## Investment Option Fees

You have a range of investment options with each incurring a management fee that varies by option. These fees are deducted by each investment option's management company before the daily price or performance is calculated. Fees pay for investment options, and other management expenses. For more information, please refer to the fund prospectus.

Please contact your Empower Retirement representative for more information about any potential investment option fees. There are additional quarterly fees and/or transaction fees to participate in the Self-Directed Brokerage option. Please visit the Plan's web site for more information. All Empower administration fees are paid by Sound Transit.

## Loans

Our plan allows you to borrow the lesser of \$50,000 or 50% of your total account balance. The minimum loan amount is \$1,000 and you have up to 5 years to repay your loan. There is a \$50 loan origination fee for each loan, which is deducted from the loan proceeds, plus an ongoing annual \$25 fee, deducted from your account at \$6.25 each quarter. Participants are allowed to take up to three loans across the two plans.

## Where Can I Get More Information?

Visit the Plan's website at [empower-retirement.com](https://empower-retirement.com) for more information. It houses valuable information about our plan as well as financial education, financial calculators and other tools to help you manage your account.

# COMMUTE REDUCTION PROGRAM

We provide a variety of programs to assist you in your commute to work. You have many choices and we support you with low and no cost options. Here are the variety of ways you can take advantage of our commute reduction programs. Contact the Total Rewards office if you have any questions: [TotalRewards@soundtransit.org](mailto:TotalRewards@soundtransit.org)

## Orca Card

Provided free of charge to all benefit eligible employees, you can use your Orca card on:

- Sound Transit (Sounder, Link, ST Express and select Amtrak trains\*),
- King County Metro,
- Community Transit,
- Pierce, Everett and Kitsap Transit Systems,
- West Seattle Water Taxi, and
- The Seattle Streetcar

Need help planning your trip? Visit [soundtransit.org/trip-planner](https://soundtransit.org/trip-planner)

## Rail Plus Trains

Rail plus trains are run by Amtrak and will only serve Sounder stations at King Street in downtown Seattle, Edmonds and Everett (not Mukilteo). Refer to the Sounder schedule for more details. To your use ID/Orca card on these trips, get a Rail Plus validation ticket from the ticket vending machine at the train station by following these steps:

1. Select your destination. Choose the group of stations that includes your destination, then choose your specific station. Click on Sounder Train on the Map.
2. Select the Amtrak Rail Plus button on the bottom right corner.
3. Insert your Orca card in the card reader
4. Pick up the Amtrak Rail Plus ticket from the tray, below

## Bicycle

If you choose to ride your bike to work, we provide bicycle racks, on-site showers and lockers at the Union Station building using your security badge for access. You can easily combine your bike ride with a bus or train commute!

## Flex-time

To ease your commute we do offer Flex-time and alternative work schedules so you can either work from home or commute and work during off-peak hours. This option must be approved by your manager.

# COMMUTE REDUCTION PROGRAM

(continued)

## RideShare

You can be matched to a car or vanpool through RideShareOnline.

## Free Ride Home

If you commute to work in any way that is not single vehicle, you are guaranteed a free ride home in the event of illness, emergency or unexpected overtime. This will be provided via taxi and is limited to 8 rides per employee per year, and up to 60 miles per one-way ride. Employees are responsible for tipping the driver. Contact HR to make arrangements.

## ST Fleet Vehicles

ST fleet vehicles are available for business use if transit just won't work. Plan ahead and reserve a vehicle if you need to be off-site during the day. For more information visit the Hub (employee intranet).



# CONTINUATION OF COVERAGE

If coverage for benefits ends due to termination, reduction of hours, divorce or legal separation, or loss of dependent status, you and/or your covered family members may be able to continue your healthcare benefits by paying the premiums yourself. This could be through COBRA (Consolidated Omnibus Budget Reconciliation Act) [dol.gov/general/topic/health-plans/cobra](https://www.dol.gov/general/topic/health-plans/cobra) continuation, other benefits may offer self-pay options. For more information and/or the necessary paperwork, please contact our COBRA administrator, Navia Benefit Solutions at 425-452-3490 or 877-920-9675. Here are the programs that you can continue after termination:

Benefit or Coverage	When Coverage Ends	How to Continue Your Coverage
Medical Insurance	Last day of the month in which employment ends, or your family member loses coverage due to divorce, legal separation or loss of dependent status	By electing and paying for COBRA continuation
Dental Insurance	Last day of the month in which employment ends, or your family member loses coverage due to divorce, legal separation or loss of dependent status	By electing and paying for COBRA continuation
Vision Insurance	Last day of the month in which employment ends, or your family member loses coverage due to divorce, legal separation or loss of dependent status	By electing and paying for COBRA continuation
Employee Assistance Plan	Date of termination	By electing and paying for COBRA continuation
Flexible Spending Accounts	Last day of the month in which employment ends	By electing and paying for COBRA continuation or have the remaining annual amount deducted from your final pay
Basic Life and AD&D	Date of Termination	Contact the Benefits office for the necessary forms to port or convert your coverage. You must do so within 31 days of your termination.
Voluntary Life and AD&D	Date of Termination	Contact the Benefits office for the necessary forms to port or convert your coverage. You must do so within 31 days of your termination.

# WHERE TO GO FOR HELP

## Benefit Advocates

Parker, Smith & Feek serves as our consultant and service provider in all matters relating to your Sound Transit health and welfare benefits. They serve as your advocate when you have experienced a stumbling block, or have a question about your benefits, coverage or eligibility. They can assist you with:

- Answering benefit questions
- Resolving claim issues
- Helping with difficult benefit situations and appeals
- Prescription/pharmacy issues
- Explaining what the insurance has paid and why
- Eligibility issues

**CONTACT OUR PARKER, SMITH & FEEK BENEFIT ADVOCATE:**  
**Todd Syvrud** at 800-457-0220 / 425-709-3633 or email at [mtsyrud@psfinc.com](mailto:mtsyrud@psfinc.com)

## Contacts

Benefit	Vendor Name	Phone	Group Number	Email/Website
<b>Total Rewards Team - Benefits office</b>	Sound Transit	206-553-3413		<a href="mailto:benefits@soundtransit.org">benefits@soundtransit.org</a>
<b>Premera Medical</b>	Premera Blue Cross	800-722-1471	4000373	<a href="http://premera.com">premera.com</a>
<b>Premera Nurseline</b>	Premera Blue Cross	800-841-8343	4000373	<a href="http://premera.com">premera.com</a>
<b>Premera Telehealth</b> Doctor on Demand 98point6 TalkSpace	Doctor on Demand 98point6 TalkSpace	Use website or mobile app for each	4000373	<a href="http://doctorondemand.com/premera">doctorondemand.com/premera</a> <a href="http://98point6.com/premera">98point6.com/premera</a> <a href="http://talkspace.com/premera">talkspace.com/premera</a>
<b>Premera Mail Order Pharmacy</b>	Express Scripts	800-391-9701	4000373	<a href="http://premera.com">premera.com</a>
<b>Kaiser Medical</b>	Kaiser Permanente	206-630-4636 888-901-4636	1472800	<a href="http://kp.org/wa">kp.org/wa</a>
<b>Kaiser Medical Nurse Helpline</b>	Kaiser Permanente	800-297-6877		<a href="http://kp.org/wa">kp.org/wa</a>
<b>Kaiser Mail Order Pharmacy</b>	Kaiser Permanente	206-901-4444 800-245-7979	1472800	<a href="http://kp.org/wa">kp.org/wa</a>
<b>Kaiser Tobacco Cessation Program</b>	Quit for Life	866-784-8454		<a href="http://quitnow.net">quitnow.net</a>
<b>Dental</b>	Delta Dental of WA	800-554-1907	00026	<a href="http://deltadentalwa.com">deltadentalwa.com</a>
<b>Vision</b>	Vision Service Plan	800-877-7195	30073988	<a href="http://vsp.com">vsp.com</a>
<b>Flexible Spending Accounts (FSA)</b>	Navia Benefits	800-669-3539	STR	<a href="http://naviabenefits.com">naviabenefits.com</a>
<b>COBRA Administration</b>	Navia Benefits	425-452-3490 or 877-920-9675	Sound Transit	<a href="http://naviabenefits.com">naviabenefits.com</a>
<b>Life, AD&amp;D, Supplemental Life and AD&amp;D</b>	Reliance Standard Life Insurance	800-351-7500	Life & Supl Life: GL161268 Sup AD&D: VAR208826 Vol AD&D: VAR208828	<a href="http://reliancestandard.com">reliancestandard.com</a>
<b>FMLA and Paid Family &amp; Medical Leave</b>	Matrix Absence Management	877-202-0055	Sound Transit	<a href="http://matrixabsence.com">matrixabsence.com</a>
<b>Long Term Disability</b>	Reliance Standard Life Insurance	800-351-7500	LTD131379	<a href="http://reliancestandard.com">reliancestandard.com</a>
<b>Employee Assistance Plan (EAP)</b>	Canopy	800-433-2320 or text 503-850-7721	Sound Transit	<a href="http://my.canopywell.com">my.canopywell.com</a> Email: <a href="mailto:info@cascaDECENTERS.com">info@cascaDECENTERS.com</a>
<b>Travel Assistance 24/7 Emergency Companion Services</b>	On Call	In U.S. 800-456-3893 Outside U.S. call collect: 603-328-1966		
<b>Pet Insurance</b>	My Pet Protection By Nationwide	877-738-7874	Sound Transit	<a href="http://petinsurance.com/soundtransit">petinsurance.com/soundtransit</a>
<b>Allstate Identity Theft Protection</b>	PrivacyArmor Plus	800-789-2720		<a href="http://myprivacyarmor.com">myprivacyarmor.com</a>
<b>Retirement Plans</b>	Empower Retirement	800-701-8255		<a href="http://participant.empower-retirement.com">participant.empower-retirement.com</a>

# LEGAL NOTICES

As an employer, we are required to provide our employees with the following legal notices about their benefits.

## NOTICE REGARDING THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- 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
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Total Rewards for more information.

## SPECIAL ENROLLMENT

If you are declining enrollment for yourself or your eligible family members (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your eligible family members in this plan if you or your eligible family members lose eligibility for that other coverage (or if the employer stops contributing towards your or your eligible family members' other coverage). However, you must request enrollment within 60 days for Premera or 31 days for Kaiser after you or your eligible family members' other coverage ends (or after the employer stops contributing toward the other coverage).

You may also be able to enroll yourself or your eligible family members in the future if you or they 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 eligible family member 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 for Premera after the marriage, birth, adoption, or placement for adoption, or for Kaiser: within 31 days after marriage/60 days after birth, adoption, or placement for adoption. To request special enrollment or for more information, contact Total Rewards.

## SUMMARY PLAN DESCRIPTIONS

This booklet gives you an overview of the main features of your benefit plans. The plans are administered according to legal plan documents and insurance contracts. Although we have tried to summarize the provisions of these legal documents clearly and accurately, if any information presented here conflicts with the legal documents, the legal documents will govern.

For more detailed information on the plans and your legal rights under the plans, be sure to read the summary plan descriptions or request a copy of the plan documents.

All benefit plans are subject to change from time to time and Sound Transit reserves the right to amend or cancel any benefits described in this booklet, with or without notice. This document is not a guarantee of benefits.

## COBRA

COBRA continuation coverage is a temporary continuation of coverage under our employee benefit plan. Please contact Total Rewards for a copy of the General Notice of COBRA Continuation Rights. This notice explains your rights and obligations to receive COBRA benefits.

We are not always aware when a COBRA event takes place, unless notified by you. The most common examples are divorce or legal separation, or when a child exceeds the maximum age. When such an event occurs, you must notify Total Rewards within 60 days of the qualifying event for the affected person to be eligible for COBRA continuation. If you have questions about COBRA please contact Total Rewards.

## MEDICARE CREDITABLE PRESCRIPTION DRUG COVERAGE

Important Notice from Sound Transit 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 Sound Transit 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:



# LEGAL NOTICES

(continued)

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. Sound Transit has determined that the prescription drug coverage offered by the Sound Transit Employee Benefit Plan 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. This applies to both our Premera and our Kaiser Medical plans. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Sound Transit coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you or your eligible family members elect Medicare Part D, you can keep this coverage and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Sound Transit coverage, be aware that you and your eligible family members will not be able to get this coverage back until the next Open Enrollment period.

## 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 Sound Transit and do not 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 November to join.

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

Contact the person listed below for further information. NOTE: You will 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 Sound Transit 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date: January 1, 2024  
Name of Entity/Sender: Sound Transit  
Contact--Position/Office: Lorena Jones  
Address: 401 South Jackson Street  
Seattle, WA 98104  
Phone Number: 206-553-3413

# LEGAL NOTICES

(continued)

## NOTICE OF PRIVACY PRACTICES

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

#### PLEASE REVIEW IT CAREFULLY

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal law that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your health information only for each of the following purposes: treatment, payment, health care operations and certain special situations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include case management.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be adjudicating a claim and reimbursing a provider for an office visit.
- Health care operations include the business aspects of running our health plan, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, health plan budgeting, carrier bidding, and customer service. An example would be an internal quality assessment review or to a business associate of the health plan.
- Special Situations include disclosures for your safety or for the safety of the general public; to individuals involved in your care or payment for your care (unless you specifically object to such disclosures); for instances of national security; for worker's compensation; for organ donation programs (if you are an organ donor); to military command (if you are a member of the armed services); to coroners, medical examiners or funeral directors; or as otherwise required by law.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may communicate with you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you, however, if we are receiving compensation for these communications, we must first obtain written authorization from you.

We may not use or disclose your genetic information for underwriting purposes. We may also not sell your health information without your express written authorization, unless the sale is part of a merger, transfer, sale or consolidation of the health plan to another health plan.

We will not use your protected health information for employment purposes or another benefits plan without your written authorization. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to inspect and copy your protected health information, either electronically or on paper, and obtain this copy within 30 days or within 60 days if we are unable to provide the information within 30 days and notify you of the delay within the first 30 days.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are not, however, required to agree to a requested restriction, unless the request is made to restrict disclosure to an insurer or health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the protected health information pertains solely to a health care item or service for which you have paid out-of-pocket in full. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request an amendment of your protected health information. We are not required to agree to the requested amendment of your information, but will consider your request.
- The right to receive an accounting of certain non-routine disclosures of protected health information that were not disclosed for treatment, payment or health care operations.

# LEGAL NOTICES

(continued)

- We have the obligation to provide and you have the right to obtain notice from us in the event that the privacy or security of your protected health information has been breached.
- You have the right to opt out of any communications that may be construed as fundraising or marketing for the health plan.
- We have the obligation to let you know about the availability of this notice every three years. You have the right to receive a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of January 1, 2013 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will provide you with a copy of the revised notice within 60 days of the change.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office for Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

## CONTACT INFORMATION

If you have any questions about this notice, please contact the Health Plan Privacy Official. You may contact the Privacy Official as follows:

- Privacy Officer
- Sound Transit
- Lorena Jones
- 401 S. Jackson Street
- Seattle, WA 98104
- 206-553-3413

## FOR MORE INFORMATION ABOUT HIPAA OR TO FILE A COMPLAINT:

The U.S. Department of Health & Human Services  
Office for Civil Rights  
200 Independence Avenue, S.W. Washington, D.C. 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775

# LEGAL NOTICES

(continued)

## YOUR RIGHTS UNDER USERRA

### THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

### REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- you ensure that your employer receives advance written or verbal notice of your service;
- you have five years or less of cumulative service in the uniformed services while with that particular employer;
- you have not been separated from service with a disqualifying discharge or under other than honorable conditions; and
- you return to work or apply for reemployment in a timely manner after conclusion of service.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

### RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you are a past or present member of the uniformed service, have applied for membership in the uniformed service, or are obligated to serve in the uniformed service then an employer may not deny you initial employment; reemployment; retention in employment; promotion; or any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

### HEALTH INSURANCE PROTECTION

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.

Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

### ENFORCEMENT

The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation. You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address:

<http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees



# LEGAL NOTICES

(continued)

## 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 [healthcare.gov](https://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 [insurekidsnow.gov](https://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 [askebsa.dol.gov](https://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 January 31, 2021. Contact your State for more information on eligibility –

<b>ALABAMA – Medicaid</b> Website: <a href="https://myalhipp.com">myalhipp.com</a> Phone: 1-855-692-5447	<b>ALASKA – Medicaid</b> The AK Health Insurance Premium Payment Program Website: <a href="https://myakhipp.com">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">health.alaska.gov/dpa/pages/default.aspx</a>	<b>ARIZONA – Medicaid</b> Website: <a href="https://myarhipp.com">myarhipp.com</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>CALIFORNIA – Medicaid</b> Website: Health Insurance Premium Payment (HIPP) Program: <a href="https://dhcs.ca.gov/hipp">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>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b> Health First Colorado Website: <a href="https://healthfirstcolorado.com">healthfirstcolorado.com</a> Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://mycohibi.com">mycohibi.com</a> HIBI Customer Service: 1-855-692-6442	<b>FLORIDA – Medicaid</b> Website: <a href="https://fimedicaidprecovery.com/fimedicaidprecovery.com/hipp/index.html">fimedicaidprecovery.com/fimedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
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<b>GEORGIA – Medicaid</b> GA HIPP Website: <a href="https://medicaid.georgia.gov/">medicaid.georgia.gov/</a> <a href="https://health-insurance-premium-payment-program-hipp">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">medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	<b>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64: Website: <a href="https://in.gov/fssa/hip">in.gov/fssa/hip</a> Phone: 1-877-438-4479 All other Medicaid: Website: <a href="https://in.gov/medicaid">in.gov/medicaid</a> Phone 1-800-457-4584	<b>IOWA – Medicaid and CHIP (Hawki)</b> Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="https://dhs.iowa.gov/hawki">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">dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	<b>KANSAS – Medicaid</b> Website: <a href="https://kancare.ks.gov">kancare.ks.gov</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012	<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">chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:kihipp.program@ky.gov">kihipp.program@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/pages/index.aspx">kidshealth.ky.gov/pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">chfs.ky.gov</a>
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# LEGAL NOTICES

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<b>LOUISIANA – Medicaid</b> Website: <a href="https://medicaid.la.gov">medicaid.la.gov</a> or <a href="https://ldh.la.gov/lahipp">ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	<b>MAINE – Medicaid</b> Enrollment Website: <a href="https://mymaineconnection.gov/benefits/s/?language=en_us">mymaineconnection.gov/benefits/s/?language=en_us</a> Phone: 1-800-442-6003 / TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://maine.gov/dhhs/ofi/applications-forms">maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 / TTY: Maine relay 711	<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="https://mass.gov/masshealth/pa">mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 617-886-8102	<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">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>MISSOURI – Medicaid</b> Website: <a href="https://dss.mo.gov/mhd/participants/pages/hipp.htm">dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	<b>MONTANA – Medicaid</b> Website: <a href="https://dphhs.mt.gov/montanahealthcareprograms/hipp">dphhs.mt.gov/montanahealthcareprograms/hipp</a> Phone: 1-800-694-3084 Email: <a href="mailto:hhshippprogram@mt.gov">hhshippprogram@mt.gov</a>	<b>NEBRASKA – Medicaid</b> Website: <a href="https://accessnebraska.ne.gov">accessnebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	<b>NEVADA – Medicaid</b> Medicaid Website: <a href="https://dhcfp.nv.gov">dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="https://dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">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="https://state.nj.us/humanservices/dmahs/clients/medicaid">state.nj.us/humanservices/dmahs/clients/medicaid</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="https://njfamilycare.org/index.html">njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	<b>NEW YORK – Medicaid</b> Website: <a href="https://health.ny.gov/health_care/medicaid">health.ny.gov/health_care/medicaid</a> Phone: 1-800-541-2831	<b>NORTH CAROLINA – Medicaid</b> Website: <a href="https://medicaid.ncdhhs.gov">medicaid.ncdhhs.gov</a> Phone: 919-855-4100
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<b>NORTH DAKOTA – Medicaid</b> Website: <a href="https://nd.gov/dhs/services/medicalserv/medicaid">nd.gov/dhs/services/medicalserv/medicaid</a> Phone: 1-844-854-4825	<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="https://insureoklahoma.org">insureoklahoma.org</a> Phone: 1-888-365-3742	<b>OREGON – Medicaid</b> Website: <a href="https://healthcare.oregon.gov/pages/index.aspx">healthcare.oregon.gov/pages/index.aspx</a> <a href="https://oregonhealthcare.gov/index-es.html">oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	<b>PENNSYLVANIA – Medicaid</b> Website: <a href="https://dhs.pa.gov/services/assistance/pages/hipp-program.aspx">dhs.pa.gov/services/assistance/pages/hipp-program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="https://dhs.pa.gov/chip/pages/chip.aspx">dhs.pa.gov/chip/pages/chip.aspx</a> CHIP Phone: 1-800-986-KIDS (5437)	<b>RHODE ISLAND – Medicaid and CHIP</b> Website: <a href="https://eohhs.ri.gov">eohhs.ri.gov</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="https://scdhhs.gov">scdhhs.gov</a> Phone: 1-888-549-0820	<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="https://dss.sd.gov">dss.sd.gov</a> Phone: 1-888-828-0059	<b>TEXAS – Medicaid</b> Website: <a href="https://hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a> Phone: 1-800-440-0493	<b>UTAH – Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov">medicaid.utah.gov</a> CHIP Website: <a href="https://health.utah.gov/chip">health.utah.gov/chip</a> Phone: 1-877-543-7669	<b>VERMONT – Medicaid</b> Website: <a href="https://dvha.vermont.gov/members/medicaid/hipp-program">dvha.vermont.gov/members/medicaid/hipp-program</a> Phone: 1-800-250-8427	<b>VIRGINIA – Medicaid and CHIP</b> Website: <a href="https://coverva.org/en/famis-select">coverva.org/en/famis-select</a> <a href="https://coverva.org/en/hipp">coverva.org/en/hipp</a> Medicaid/CHIP Phone: 1-800-432-5924	<b>WASHINGTON – Medicaid</b> Website: <a href="https://hca.wa.gov">hca.wa.gov</a> Phone: 1-800-562-3022	<b>WEST VIRGINIA – Medicaid and CHIP</b> Website: <a href="https://dhr.wv.gov/bms/mywvhipp.com">dhr.wv.gov/bms/mywvhipp.com</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	<b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://dhs.wisconsin.gov/badgercareplus/p-10095.htm">dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	<b>WYOMING – Medicaid</b> Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility">health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility</a> Phone: 1-800-251-1269
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To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. DEPARTMENT OF LABOR  
Employee Benefits Security Administration  
[dol.gov/agencies/ebsa](https://dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Service  
[cms.hhs.gov](https://cms.hhs.gov)  
1-877-267-2323, menu option 4, ext. 61565





***This summary was created by the  
benefit professionals at Parker, Smith & Feek!***



We have summarized the provisions of the Plans' legal documents clearly and accurately; however, if any information presented here conflicts with the Plans' legal documents, the legal documents will govern.

