



# Essential Worker

Healthcare Trust

Delivered by RISE Partnership



# Health Insurance Benefit Guide

2025



# Your 2025 medical benefits

## Affordable, quality care for Oregon's long-term care workers

SEIU 503 and responsible long-term care employers are working together to provide you and your family with excellent health insurance at a low cost to you through the Essential Worker Healthcare Trust (EWHT).

Your new health plan has been designed with the help of long-term care workers, for long-term care workers. The goal is to provide the care you and your family need with:

- Free preventive care
- Free generic drugs
- Low deductible and out-of-pocket maximum

## Have questions? We're here to help!

If you have questions about your or your family's enrollment status or required dependent verification documents, email [EssentialWorker@RISEpartnership.com](mailto:EssentialWorker@RISEpartnership.com) or call the EWHT office at (833) 389-0027.

If you have questions about how to enroll, your monthly premium, or your eligibility, please check in with your employer.

If you're already enrolled and looking for more detailed info about your coverage, contact your health plan.

Kaiser Permanente  
1-(800)-813-2000  
[kp.org](http://kp.org)

Regence  
1-(866)-240-9580  
[regence.com](http://regence.com)

OptumRx  
1-(844) 368-0083  
[optumrx.com](http://optumrx.com)



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# Choose between two health plans

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## Plans at a glance

You have a choice between two health plans: a Health Maintenance Organization (HMO) through Kaiser Permanente or a Preferred Provider Organization (PPO) through the Regence network. If you choose Kaiser Permanente HMO, in most instances, you must use Kaiser healthcare providers for your services to be covered. If you choose Regence PPO, you may see in-network or out-of-network providers, though you'll save money if you choose in-network.

Both plans cover the same kinds of services, with the same costs to you when you need care. How they work is different. The charts on the following pages have information on benefit levels for frequently used services.

# Verify Your Enrollment



The EWHT Member Portal is an online tool where you can verify your enrollment, upload and manage dependent verification documents, and access other key benefit documents. Visit [EssentialWorkerHealth.org](https://EssentialWorkerHealth.org) and click on “EWHT Member Portal” to get started!



	Regence PPO In-network providers *	Kaiser Permanente HMO In-network providers *
Annual deductible	\$800 individual/\$1,600 family	\$800 individual/\$1,600 family
Annual max out-of-pocket	\$2,000 individual/\$4,000 family	\$2,000 individual/\$4,000 family
Preventive care	You pay \$0	You pay \$0
Primary care office visit	You pay \$20 per visit	You pay \$5 for the first three visits, \$20 after
Specialist, physical therapy, chiropractic	You pay \$40 per visit	You pay \$40 per visit
Urgent care	You pay \$60 per visit	You pay \$60 per visit
Emergency room	You pay \$160 (waived if admitted to the hospital), then 20% after you meet the deductible	You pay 20% after you meet the deductible
Most other services (such as labs, X-rays, surgery, hospital stays, etc.)	You pay 20% after you meet the deductible	You pay 20% after you meet the deductible

\* For more details on the plans, visit our website to view both Regence and Kaiser’s Summary of Benefits and Coverage (SBC). Regence’s SBC will show you your costs for seeing out-of-network providers.

To request a hard copy, contact the EWHT office at (833) 389-0027.

Tip!

If you cover family members, the family deductible will apply. This means that once the combined expenses of all family members reach the family amount, the deductible will be considered met for all family members. The deductible does not apply to prescription drugs, network physician office visits, or network preventive care.



## Comparing your options

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### Regence PPO

#### PPO – Preferred Provider Organization

A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan’s network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

If you’re enrolled in Regence PPO, you can choose to use an in-network provider or an out-of-network provider each time you receive care. The plan gives you access to a comprehensive network of providers in Oregon and across the country.

“Out-of-network” as used in this guide, means providers and facilities that haven’t signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays, and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and will count toward your plan’s out-of-network deductible and out-of-network annual out-of-pocket limit and NOT your in-network deductible or in-network annual out-of-pocket limit.

Besides comprehensive medical and prescription drug coverage, other benefits you will have access to as a Regence PPO plan member include:

**MDLIVE:** Lets you visit board-certified doctors 24/7 by phone, app, or online video. MDLIVE providers can help treat nonemergency medical and pediatric health issues. They may even write and send prescriptions to a nearby pharmacy (when appropriate). MDLIVE services are available at no cost to you. If prescribed a medication, standard cost shares apply.

**Consejeros:** Bilingual and bicultural representatives who offer customer service and support if you prefer to speak Spanish when discussing your healthcare and medical coverage.



### Kaiser Permanente HMO

If you're enrolled in the Kaiser Permanente HMO, your care often begins with your primary care physician (PCP), who coordinates with other doctors, specialists, and nurses to effectively manage your care. For convenience, most Kaiser Permanente facilities provide one central location for doctor visits, X-rays, lab tests, prescriptions, etc.

If you choose Kaiser Permanente HMO, in most instances, you must use Kaiser healthcare providers for your services to be covered. Kaiser's service area consists of certain geographic areas in the Northwest that are designated by zip code. Kaiser's service area may change. For a complete listing of service area zip codes, visit [EssentialWorkerHealth.org](https://www.essentialworkerhealth.org). Contact Kaiser for details on allowable exceptions when Kaiser would refer you to out-of-network providers and facilities.

For instance, urgent and emergency services are covered at out-of-network facilities.

#### Access healthcare on the go

Kaiser Permanente offers a host of convenient options for getting care whenever and however you want it.

- Phone – When you have a condition that doesn't require an in-person visit, save yourself a trip to the office by scheduling a call with a Kaiser Permanente doctor.
- Video – Meet face-to-face with a doctor online for convenience and privacy.
- Email – Message your doctor's office at any time with nonurgent health questions. You'll usually get a response within two business days.
- Website – Conveniently schedule (or cancel) appointments, view lab results, refill prescriptions, print vaccination records, or take advantage of health guides and other resources, and more – all conveniently accessible online.
- Mobile – Download the Kaiser Permanente app for up-to-the-minute account access at your fingertips.
- Traveling- When you travel outside your Kaiser Permanente service area, you're covered for emergency and urgent care anywhere in the world.

#### HMO – Health Maintenance Organization

HMOs have their own network of doctors, hospitals, and other healthcare providers who have agreed to accept payment at a certain level for any services they provide. HMOs often provide coordinated care and focus on prevention and wellness.



## Prescription drug benefit summary

Both plans — Regence PPO and Kaiser Permanente HMO — have the same cost to you when you have your prescriptions filled. However, their drug lists — which drugs are “preferred,” which are “non-preferred,” and which are not covered — may vary.

To check how each plan covers your current prescriptions, contact Kaiser Permanente member services (1-800-813-2000 or kp.org) or Regence members can contact OptumRx at (1-844-368-0083 or optumrx.com).

Tier	In-network Retail pharmacy (up to a 30-day supply)	In-network Mail-order pharmacy (90-day supply)
Generic (Tier 1)	You pay \$0	You pay \$0
Preferred brand (Tier 2)	You pay \$30	You pay \$60
Non-preferred brand (Tier 3)	You pay \$80	You pay \$160
Specialty drug	You pay \$100	Not covered

**Tip!**

Save money with mail order! If you take the same medication(s) each month, you can save money and trips to the pharmacy. You'll only pay for a 60-day supply, but you will receive a 90-day supply.





## Optum mail order prescriptions for Regence PPO

With mail-order, your cost for each 90-day supply is:

- Generic drugs: \$0
- Preferred brand: \$60
- Non-preferred brand: \$160

You do not pay for postage unless you request overnight delivery. Here's how to get started:

1. Ask your doctor to prescribe up to a 90-day supply. You may want two prescriptions – a 90-day supply to send to OptumRx and a two-to-three-week supply to fill right away at a retail pharmacy while you wait for delivery.
2. Register for an online account at [optumrx.com](https://optumrx.com) if you don't already have one. You can complete and submit your prescription order online or call customer service at the phone number on the back of your member ID for assistance.
3. Allow two to three weeks for your initial prescription to be processed and mailed.
4. Refill online, through the OptumRx app, or over the phone.

## Mail-order prescriptions for Kaiser Permanente HMO

If you take the same medication(s) every month, you may use mail order to fill those prescriptions. Your copay for each 90-day supply is:

- Generic drugs: \$0
- Preferred brand: \$60
- Non-preferred brand: \$160

Orders are usually processed within 24 hours and shipped to your home within 10 working days. Delivery is free unless you request faster shipping.

To get started, log on to your Kaiser account and click on the Pharmacy tab.

Request refills online, by phone, or by mail.



# Who is eligible

Generally, you are eligible if you work 30 hours or more in a workweek and are considered full-time by an EWHT participating employer. Contact your employer to confirm your eligibility. Visit our website's Frequently Asked Questions for a list of participating employers: [EssentialWorkerHealth.org/resources/faqs](https://EssentialWorkerHealth.org/resources/faqs).

## Spouse/dependents

Eligible dependents include:

- Your legal spouse
- Your domestic partner, as defined by EWHT
- Your dependent child up to the age of 26
- A disabled adult child, as defined by the EWHT
- A dependent for whom you have a Qualified Medical Child Support Order or National Medical Support Order
- A dependent for whom you have legal guardianship

Dependents must be enrolled with EWHT before their benefits begin. Dependent documentation is required (for example, a marriage certificate for your spouse, or a birth certificate or court documents for your dependent children) within 90 days of a dependent's effective date of coverage. Failure to provide the required documentation for your dependent(s) within the allotted time will result in your dependent(s) not being covered.





# When to enroll

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## Open enrollment

Open enrollment is your once-a-year opportunity to make changes to your coverage choices for any reason. Talk to your employer or visit [EssentialWorkerHealth.org](https://www.essentialworkerhealth.org) for up-to-date information about open enrollment.

## Making changes during the year

Normally you are not allowed to make changes to your coverage outside of open enrollment, unless you have a qualifying life event such as:

- a change in family status during the year including
  - marriage, divorce, legal separation, starting or terminating a domestic partnership;
  - birth or adoption of a child;
  - death of any dependent;
- if you lose coverage under your spouse's or domestic partner's plan, or a dependent or domestic partner currently not enrolled loses other insurance coverage; or
- moving from part-time to full-time.

This change will be effective the first day of the month following the status change (except newborns, whose coverage will be effective on the date of birth).

If you have a midyear qualifying life event, your employer must notify the Essential Worker Healthcare Trust of changes within 60 days of the event. Please notify your employer early so they have time to submit the change before the 60-day deadline.

To make changes to your coverage, contact your employer.



# Helpful tips: Transitioning to a new health plan

When you move from one plan to another, there are a few things to keep in mind to help smooth the way.

## Your doctor

If you want to keep your current provider(s), check to make sure they will be in the network of the plan you choose. You will save money if you see in-network providers. Visit your health plan's website to search for in-network providers.

For Kaiser, visit [kp.org/locations](https://kp.org/locations) to find a doctor. Look for doctors that accept the Kaiser Classic plan.

For Regence, visit [regence.com](https://regence.com) to find a doctor. Look for doctors that accept the preferred network.

More health plan information and the Summary of Benefits and Coverage (SBC) for each plan are available at [EssentialWorkerHealth.org](https://EssentialWorkerHealth.org). To request a hard copy, contact the EWHT office at (833) 389-0027.

## New member ID cards

- Everyone enrolled in an EWHT plan will receive a new member ID card. Please keep this card with you and show it to providers and at the pharmacy.
- If you need care before your new ID card arrives, call member services for your health plan.

Kaiser Permanente  
1-(800)-813-2000  
[kp.org](https://kp.org)

Regence  
1-(866)-240-9580  
[regence.com](https://regence.com)

OptumRx  
1-(844) 368-0083  
[optumrx.com](https://optumrx.com)



### Previous expenses

Any services you receive prior to your first date of coverage by EWHT will be paid by your previous plan, even if the bills arrive after your new plan starts. Contact your previous health plan with any questions about those claims.

### Plan year

Plan coverage operates on a calendar year basis. Your annual deductible and out-of-pocket maximum will reset on January 1, 2025, even if your current plan year does not run with the calendar year.

### Prescriptions

Your prescription drug information will not be transferred to the new plan. That means you will need to:

- **Make sure you have enough.** Be sure to refill your current medications so you have enough to last while you get new prescriptions and/or get mail order set up under your new coverage.
- **Watch for your new card.** You'll get a new member ID card with both medical AND prescription drug coverage information. When you fill a prescription, use your new ID card.
- **Check the new preferred drug list.** Check your new plan's covered drug list (also called a drug formulary) to be sure you know how your prescription will be covered.
- **Get preauthorization (if needed).** Some prescriptions require preauthorization, which is preapproval from your health plan before you can receive this prescription. Your provider will work with your health plan, which may delay your prescription being filled.





# Make the most of your coverage

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## Preventive care is free to you

Covered preventive care received from in-network providers is paid in full by either health plan option – no deductible, no copay. Before you go, be sure to check which preventive care services are covered by your plan. Visit your health plan website for a list of covered preventive services and immunizations, along with age guidelines.

Kaiser Permanente: [kp.org](https://kp.org)

Regence: [regence.com](https://regence.com)

## Benefit tip

Keep in mind, if you go in for preventive care but then talk to your doctor about other issues, you have just changed the visit from 100% covered preventive care to a regular office visit with a copay. Doctors must provide codes to the health plan for all the services they provide. If there's a code for something other than preventive care, you will be charged.

For example: John goes to his primary care provider for an annual preventive physical. This service would be covered at 100%. However, during the visit, John brings up a pain he has started having in his knee. His doctor sends him for an X-ray. John now has to pay \$20 for the office visit plus 20% of the charges for the X-ray.

## Advantages of choosing a primary care provider (PCP)

A primary care provider (PCP) sees patients for common things like colds and flu, headaches, back pain, etc. They also manage chronic conditions like high blood pressure, diabetes, anxiety, and depression. They can refer you to a specialist if you have a health issue that falls outside their scope. Having a PCP is a great way to keep your care coordinated. They can also help you track your health from year to year and prevent expensive ER visits.



## Save with network providers

### KAISER

If you are enrolled in the Kaiser Permanent HMO, you must use Kaiser Permanente providers except in an emergency.

### REGENCE

If you are enrolled in the Regence PPO, you have a choice each time you get care – choose an in-network provider or an out-of-network provider. Using in-network providers helps you manage your costs in two ways:

1. When you receive services from in-network providers, the plan pays a larger portion of the cost for most services than it does for out-of-network services – so, you generally pay less out of pocket.
2. In-network providers will not charge more than the “allowable charge.” The allowable charge is the discounted rate Regence has negotiated with their Preferred Network providers. You save money by using an in-network provider.

When you use out-of-network providers, you may pay more in two ways:

1. Generally, the plan pays a smaller portion of the allowable charge for most out-of-network services – so, you generally pay more out of pocket. The amount the plan pays is based on the usual, customary, and reasonable (UCR) charge, not necessarily what your provider charges.
2. In addition, you will have to pay 100% of any amount above the UCR charge if your out-of-network provider charges you more than the UCR charge.





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## We're here to help!

Visit [EssentialWorkerHealth.org](https://EssentialWorkerHealth.org)

email [EssentialWorker@RISEpartnership.com](mailto:EssentialWorker@RISEpartnership.com)

or call (833) 389-0027 weekdays, 8 a.m-5 p.m.

We've got you covered!