



Essential Worker

Healthcare Trust

Delivered by RISE Partnership



Health Insurance Coverage Options

2027

Your 2027 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 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
- Affordable 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 or call the EWHT office at 1-(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 details about your coverage, contact your health plan.

Kaiser Permanente

1-(800)-813-2000

kp.org

Regence

1-(866)-240-9580

regence.com

Optum Rx

1-(844)-368-0083

optumrx.com

What's in this booklet:

Choose between 2 health plans:
Plans at a glance 4-5

Choose between 2 health plans:
Comparing your options 6-7

Choose between 2 health plans:
Prescription drug benefit summary 8-9

Who is eligible 10

When to enroll 11

Helpful tips:
Transitioning to a new health plan 12-13

Make the most of your coverage 14-15



Choose between 2 health plans

Plans at a glance

You have a choice between 2 health plans:

- **Kaiser Permanente** - Kaiser Permanente offers an Exclusive Provider Organization (EPO) plan. With an EPO plan, you must use Kaiser Permanente doctors, hospitals, and clinics for covered care. If you receive nonemergency care outside the Kaiser Permanente network, the plan won't cover the cost.
- **Regence** - Regence offers a Preferred Provider Organization (PPO) plan. You may see in-network providers (also called Preferred Providers) or out-of-network providers. You'll usually pay less when you use in-network providers.

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.

Plan year

Plan coverage operates on a calendar-year basis. Your annual deductible and out-of-pocket maximum will reset on January 1.

	Regence PPO In-network providers	Kaiser Permanente EPO In-network providers
Annual deductible	\$1,000 individual/\$2,000 family	\$1,000 individual/\$2,000 family
Annual max out-of-pocket	\$2,800 individual/\$5,600 family	\$2,800 individual/\$5,600 family

Tip!

If you cover family members under your health plan, each of you will have your own individual deductible. Every time a family member pays toward their individual deductible, that amount also contributes to the overall family deductible.

Once the family deductible amount is met, your health plan begins to share the costs of medical services for all covered family members. The deductible does not apply to prescription drugs from in-network pharmacies, network physician office visits, lab tests, X-rays, and network preventive care.

Regence PPO In-network providers *		Kaiser Permanente EPO In-network providers *
Preventive care	You pay \$0.	You pay \$0.
Primary care & behavioral health office visit	You pay \$5 for the first 3 outpatient visits (in any combination). Additional visits are \$30 each.	You pay \$5 for the first 3 outpatient visits (in any combination). Additional visits are \$30 each.
Specialist, Physical therapy	You pay \$50 per visit.	You pay \$50 per visit. Physical therapy is limited to 40 visits per year.
Urgent care	You pay \$70 per visit.	You pay \$70 per visit.
Emergency room	You pay \$250 (waived if admitted to the hospital), then 20% after you meet the deductible.	You pay 20% after you meet the deductible.
Lab tests and X-rays	You pay 20%.	You pay 20%.

Additional Benefits

	Regence PPO In-network providers *	Kaiser Permanente EPO In-network providers *
Chiropractic, Spinal manipulations	You pay \$50 per visit.**	You pay \$50 per visit limited to 20 visits per year.
Acupuncture, Massage therapy	You pay \$50 per visit. **	You pay \$50 per visit limited to 12 visits per year.
Most other services (such as imaging, 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 shows your costs for seeing out-of-network providers. To request a printed copy, contact the EWHT office at 1-(833)-389-0027.

** For Regence, in-network acupuncture, spinal manipulation, and massage therapy services are limited to 36 combined visits per year.



Comparing your options

Regence BlueCross BlueShield of Oregon

PPO – PREFERRED PROVIDER ORGANIZATION

PPOs contract 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 (called Preferred Providers). You can use doctors, hospitals, and providers outside of the network for an additional cost.

This plan fits members who value choice and flexibility. See any doctor or specialist without referrals. Access a large nationwide network and save most when using Preferred Providers. You can also see out-of-network providers if needed, giving you control over your healthcare journey.

Schedule routine care directly with your provider — no pre-authorization needed. Need a specialist? Self-refer without a referral from a physician for direct access to care. You have flexibility to see out-of-network providers, though you'll pay less with Preferred Providers.

Getting care is straightforward. Use the Find a Doctor tool on [regence.com](https://www.regence.com) to search for primary care providers, specialists, virtual care, or hospitals. You can also call Regence Customer Service for help scheduling appointments. While choosing a primary care provider is optional, we recommend it for coordinated care.

- **Care Coordination & Support:** Get one-on-one support from experienced care managers who help you navigate difficult medical situations and the healthcare system.
- **Language & Accessibility:** Materials available in English and Spanish. Access interpretation services in 410 languages.
- **Digital and Virtual Care:** Access virtual visits 24/7 with \$0 copay through MDLIVE for convenient care from home.

If you have questions about this plan, call:

Regence BlueCross BlueShield of Oregon at 1-(866)-240-9580.

EPO – EXCLUSIVE PROVIDER ORGANIZATION

EPOs have a network of doctors, specialists, and hospitals that accept agreed-upon payment amounts for services. They provide coordinated care, focus on prevention and wellness, and coordinate specialty referrals.

This plan is a good fit for members who prefer coordinated care within a defined provider network. Receive integrated in-person and virtual care connected with an electronic health record, providing a complete picture of your health history, treatments, and medications.

You can select or change your primary care provider (PCP) at any time. Your PCP coordinates specialty referrals. Call member services for help choosing a PCP. View physician information at kp.org/locations, including languages, gender, culture, specialty, education, and personal statements to help find a good fit.

- **Care Coordination & Support:** In-person care is available at many locations with same-day, next-day, after-hours, and weekend care. Your PCP guides routine care, mental health support, and referrals to care management programs and specialists for chronic conditions.
- **Language & Accessibility:** We provide free language services such as qualified interpreters and translated information in most languages. We also provide reasonable modifications and free appropriate auxiliary aids and services to people with disabilities.
- **Digital and Virtual Care:** 24/7 Virtual Care and Advice by phone; phone and video visits for routine/primary care and specialty care; e-visits, personalized advice, and secure messaging with your care team, and self-care, mental health, and wellness resources available at no cost at kp.org.

If you have questions about this plan, call:

Kaiser Permanente Member Services at 1-(800)-813-2000.

Prescription drug benefit summary

With both plans — Regence PPO and Kaiser Permanente EPO — you have the same cost to fill your prescriptions. 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](https://www.kp.org)) or Regence members can contact Optum Rx (1-844-368-0083 or [optumrx.com](https://www.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 \$5	You pay \$10
Preferred brand (Tier 2)	You pay \$50	You pay \$100
Non-preferred brand (Tier 3)	You pay \$100	You pay \$200
Specialty drug	You pay \$150	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.

Regence PPO Mail-Order Prescriptions with Optum Rx

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

- Generic drugs: \$10
- Preferred brand: \$100
- Non-preferred brand: \$200

You don't 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 2 prescriptions — a 90-day supply to send to Optum Rx and a 2-to-3-week supply to fill right away at a retail pharmacy while you wait for delivery.
2. Register for an online account at 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 1 to 2 weeks for your initial prescription to be processed and mailed.
4. Refill online, through the Optum Rx app, or over the phone.

Kaiser Permanente EPO Mail-Order Prescriptions

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: \$10
- Preferred brand: \$100
- Non-preferred brand: \$200

Orders are usually processed within 24 hours and shipped to your home within 3 to 5 days. Delivery is free unless you request faster shipping. This service may be limited to specific prescription drugs, pharmacies, and delivery addresses.

To get started, log in 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 for a detailed list of participating employers: EssentialWorkerHealth.org/eligibility

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 EWHT
- A dependent for whom you have a Qualified Medical Child Support Order or National Medical Support Notice
- A dependent for whom you have legal guardianship

Once you enroll your dependents, you will receive a letter in the mail with instructions for submitting verification documents. You may also visit EssentialWorkerHealth.org/dependentdocs at any time for instructions. EWHT requires proof of a dependent's eligibility within 90 days of your employer notifying EWHT of your dependent's enrollment. Acceptable documents include a certified record of marriage for your spouse, an EWHT affidavit of domestic partnership for a domestic partner, a birth certificate, or court documents for your dependent children. If you don't provide the required documentation by the specific deadline written in the letter, your dependent(s) will lose coverage.



When to enroll

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://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 or domestic partner's plan, or if a dependent or domestic partner (not currently enrolled) loses other insurance coverage;
- Moving from part-time to full-time; or
- You're enrolled in Kaiser but move out of their service area and need to switch to Regence.

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 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.

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/memberportal](https://essentialworkerhealth.org/memberportal) to get started!

Helpful tips: Transitioning to a new health plan

Here are a few things to know that can make the change easier.

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 to find a doctor. Look for doctors that accept the Kaiser Classic plan.
- For Regence, visit regence.com/finding-doctors 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 printed copy, contact the EWHT office at 1-(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

Regence

1-(866)-240-9580

regence.com

Optum Rx

1-(844)-368-0083

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.

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

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

Regence: regence.com

Benefit tip

If you see your doctor for preventive care but then talk about other issues, you have 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: Carla goes to her primary care provider for an annual preventive physical, a free preventive visit. However, during the visit, Carla brings up a pain she has started having in her knee. Carla now has to pay \$30 for the primary care office visit, and if her provider sends her for an X-ray, Carla will also need to pay 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 Permanente

If you are enrolled in the Kaiser Permanente EPO, you must receive care from Kaiser Permanente facilities and approved plan providers. Out-of-network care is only paid for true medical emergencies. Unlike a PPO (Preferred Provider Organization), an EPO does not offer partial coverage if you choose to see an out-of-network doctor on your own.

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 (also called Preferred Providers) helps you manage your costs in 2 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 — this means you generally pay less out of pocket.
2. In-network providers won't 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 3 ways:

1. **You pay a bigger share of the bill.** Instead of a flat copay, you'll pay 40% of the total cost when you see an out-of-network provider.
2. **The plan covers less, and you could get stuck with the difference.** Regence pays out-of-network claims based on a "usual, customary, and reasonable" (UCR) rate, basically what it considers a fair price, not necessarily what the provider actually charges. If your provider bills more than that UCR rate, you will have to pay 100% of the difference, on top of your 40% share.
3. **You have to spend more before your coverage kicks in.** Out-of-network care has a higher deductible and maximum out-of-pocket limit, so you'll pay more up front before the plan starts covering costs the way it would in-network.



Essential Worker

Healthcare Trust

Delivered by RISE Partnership

We're here to help!

Visit EssentialWorkerHealth.org

Email EssentialWorker@RISEpartnership.com

Or call 1-(833)-389-0027 weekdays, 8 AM-5 PM

We've got you covered!