Essential Worker

Healthcare Trust

Health Insurance Benefit Guide

2023

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Your 2023 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 excellent health insurance at a low cost to you through the Essential Worker Healthcare Trust.

Your new medical 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
- Lower deductible and out-of-pocket maximum than current employer options.

Have questions? We're here to help!

If you have questions about how to enroll, the status of a claim, or if you need help filing a claim, email EssentialWorker@RISEpartnership.com or call the Trust office at (833) 389-0027.

If you have questions about your monthly premium or your eligibility, please check in with your human resources department.

What's in this booklet:

Tip!

Please take time to read the information in this book to help you understand your options, what actions you need to take, and how to make the most out of your new coverage.

Choose between two healthcare

The Trust offers two medical plan options: Regence PPO and Kaiser Permanente HMO.

Plans at a glance

Many long-term care workers will have a choice of two programs: an HMO program through Kaiser Permanente and traditional coverage using the Regence PPO network. **If you choose Kaiser, you must use Kaiser healthcare providers for your services to be covered.** There are Kaiser facilities in or near the following counties: Clackamas, Columbia, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill.

Both plans cover the same kinds of services, with the same costs to you when you need care. How they work is different (see more on pages 6-7). The charts to the right have information on benefit levels for frequently used services, and the monthly cost to you for coverage (also known as the "premium").

Helpful terms

- Premium – What you pay every month to have coverage
- Deductible – Amount you must pay each year before insurance starts paying for certain services (typically the ones where you pay a percentage instead of a flat dollar amount)
- Coinsurance – Percentage you pay for covered expenses after you meet your deductible
- Copay – Fixed dollar amount you pay for certain services
- Out-of-pocket maximum – The most you'll pay before plan pays 100% for remainder of the calendar year

plans

When you use in-network providers...	Regence PPO	Kaiser Permanente HMO
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 $20 per visit
Specialist, physical therapy, chiropractic copay	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 and X-rays, surgery, hospital stays, etc.)	You pay 20% after you meet the deductible	You pay 20% after you meet the deductible

Comparing your options

Regence PPO

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.

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 non-emergency medical and pediatric health issues. They may even write and send prescriptions to a nearby pharmacy (when appropriate).

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

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.

More information about the medical plans

More detailed medical plan summaries and the Summary of Benefits and Coverage for each plan are available at EssentialWorkerHealth.org. To request a hard copy, contact the Trust office at (833) 389-0027.

Kaiser Permanente HMO

If you are 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-stop shopping for doctor visits, X-rays, lab tests, prescriptions, etc. Except in emergencies, out-of-network services are not covered.

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 integrated care and focus on prevention and wellness.

Access health care 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.

Getting care while traveling

When you travel outside your Kaiser Permanente service area, you're covered for emergency and urgent care anywhere in the world.

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, visit EssentialWorkerHealth.org, where you can find a detailed description of benefits in the Summary Plan Description.

When you use an in-network pharmacy	Retail pharmacy (up to a 30-day supply)	Mail-order pharmacy (31- to 90-day supply)
Generic	You pay $0	You pay $0
Preferred brand	You pay $30	You pay $60
Non-preferred brand	You pay $80	You pay $160
Specialty drugs	You pay $100	Not covered

Tip!

Save money with mail order! If you take the same medication(s) every month, you can save money and trips to the pharmacy by filling a 90-day supply.

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** 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

You are eligible if you work 30 hours or more in a workweek and are considered full time by your employer. For a complete list of rules relating to eligibility, please visit EssentialWorkerHealth.org to review our Summary Plan Description.

Spouse/dependents

Eligible dependents include:

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

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

When to enroll

Open enrollment

Open enrollment happens each year. This is your once-a-year opportunity to make changes to your coverage choices for any reason.

Making changes during the year

Normally you are not allowed to make changes to your coverage during the year, unless you have a qualifying life event such as a birth, adoption, marriage, death, divorce, or change in eligibility (such as moving from less than 30 hours a week to more than 30 hours a week).

If you have 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; or
- 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

you will be allowed to revise your coverage option, provided you notify the Trust office within 60 days of the change. This change will be effective the first day of the month following the status change (except newborns who are effective the date of birth).

To make changes to your coverage, obtain a new enrollment form and return it to the Trust office with appropriate documents.

Helpful tips: Transitioning to a n

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. See page 13 for information on how to look up network providers.

New benefit ID cards

- Everyone enrolled in a Trust plan will receive a new benefit 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, please call the Trust office at (833) 389-0027.

Previous expenses

Any services you receive prior to your first date of coverage by the Essential Worker Healthcare Trust will be paid by your previous plan, even if the bills arrive after your new plan starts. Contact your previous insurance provider 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, 2023, even if your current plan year does not run with the calendar year.

ew medical plan

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 plan ID card by the end of the year with both medical AND prescription drug coverage information. When you fill a prescription in 2023, use your new ID card.
- **Check the new preferred drug list.** Check your new plan's preferred drug list (also called a formulary) to be sure you know how your prescription will be covered. See pages 8-9.
- **Get preauthorization (if needed).** If you have a prescription that requires preapproval, when it's time for a new prescription, you'll need to get preauthorization from your new plan.

Tip: Family Deductibles

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.

Make the most of your coverag

Preventive care is free to you

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

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 insurance carrier 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.

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Save two ways with network providers

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

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 – your benefits are higher.
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. After you meet your deductible, the plan will pay up to the allowable charge, less any coinsurance or copay you owe.

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 – your benefits are lower. 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!

Questions about how your plan works? Need help with enrollment?

Visit EssentialWorkerHealth.org or call (833) 389-0027 weekdays, 8:00 a.m.-5:00 p.m. We're here to help!