

2021 Benefits Enrollment Guide



*Plan Year:
January 1, 2021 to
December 31, 2021*

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As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare your options. If you need additional guidance when choosing which medical plan is the right fit for you and your family, you may contact the Benefit Resource Center at BRCWest@usi.com or by calling (866) 468-7272.

This benefit summary has been prepared to help you review the key factors that are associated with Skagit Regional Health's benefit plans. This summary does not provide all the contractual provisions, limitations or exclusions included in our policies and should be considered only as a summary of our benefits. If any differences exist between this summary and the official Summary Plan Descriptions (SPDs), the SPDs shall prevail.

ELIGIBILITY

Employees working a minimum of a 0.5 FTE are eligible for benefits. For information regarding eligibility waiting periods, please contact Human Resources.

Spouses and domestic partners are eligible for benefits.

Children are eligible for benefits up to age 26, regardless of tax-dependent, student or marital status.

MAKING ELECTION CHANGES

Outside of the initial or annual open enrollment period, employees may not change their benefit elections unless they experience a qualifying life event. Qualifying life events include:

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption of an eligible child
- A change in spouse's employment status, resulting in a change in benefit coverage
- Involuntary loss of other coverage
- Medicare, Medicaid or CHIP entitlement

To change your benefit elections, you must contact Human Resources within 30 days of the qualifying life event (60 days for birth, adoption, or involuntary loss of other coverage).



MEDICAL BENEFITS

Skagit Regional Health offers three Premera medical plan options. Under all three plans, you will receive the most value from your benefits when you utilize SRH providers and facilities. Doctors and facilities in Premera's Preferred Provider Organization network are also reimbursed at the in-network level, with no balance billing to members.

Premera High Deductible Health Plan (HDHP)

	Premera HDHP In-Network Benefits	Premera HDHP Out-of-Network Benefits**
Calendar Year Deductible		
Individual Coverage	\$1,400	
Family Coverage	\$2,800 aggregate*	
SRH Health Savings Account Contribution	\$700 individual / \$1,400 family	
Calendar Year Out-of-Pocket Maximum (includes deductible, coinsurance and copays)		
Individual Coverage	\$4,200	
Family Coverage	\$8,400 aggregate (capped at \$6,850 per individual)	
Preventive Care		
Office Visit (<i>Preventive x-ray, labs, routine immunizations, well-childcare, mammograms</i>)	Covered in full You pay 0%	You pay 40% after deductible
Professional		
Primary Care Office Visit	SRH: You pay 10% after deductible PPO: You pay 20% after deductible	You pay 40% after deductible
Specialist Office Visit		
Diagnostic Lab & X-ray Services		
Chiropractic (<i>12 visits per calendar year</i>)		
Hearing Exam (<i>1 exam per calendar year</i>)		
Hospital		
Inpatient	SRH: You pay 10% after deductible PPO: You pay 20% after deductible	You pay 40% after deductible
Outpatient		
Emergency Services		
Emergency Room	SRH: You pay 10% after deductible PPO: You pay 20% after deductible	You pay 20% after deductible
Urgent Care		You pay 40% after deductible
Prescription Drugs		
Select Preventive Medications	Covered in full	
All Other Medications	You pay 20% after deductible	You pay 20% after deductible Specialty: No coverage
Mail Order	You pay 20% after deductible	No coverage
Vision Care		
Vision Exam (<i>1 exam per calendar year</i>)	Covered in full You pay 0%	You pay 40% after deductible
Vision Hardware Adult (<i>every 2 years</i>)	Plan pays up to \$150 (DW)	
Vision Hardware Children (<i>every year</i>)	Plan pays for 1 pair of standard frames/lenses or 1 year of contacts (DW)	

(DW) = Deductible waived

***Aggregate:** If more than one person is covered on the Premera HDHP, the family deductible will need to be satisfied before services are covered for any member. In addition, the family out-of-pocket maximum will need to be satisfied before the plan pays 100% for in-network coverage (\$6,850 cap per individual).

****Out-of-network:** You may be responsible for paying any amount over Premera's allowed charges (balance billing).

Premera Classic Plan

	Premera Classic Plan In-Network Benefits	Premera Classic Plan Out-of-Network Benefits**
Calendar Year Deductible		
Individual Coverage	\$250	
Family Coverage	Up to \$750	
Calendar Year Out-of-Pocket Maximum (includes deductible, coinsurance and copays)		
Individual Coverage	SRH: \$1,000 / PPO: \$2,000	
Family Coverage	Up to SRH: \$2,000 / PPO \$4,000	
Prescription Out-of-Pocket Maximum	\$2,000 per individual	
Preventive Care		
Office Visit (<i>Preventive X-ray, labs, routine immunizations, well-childcare, mammograms</i>)	Covered in full You pay 0%	You pay 40% after deductible
Professional		
Primary Care Office Visit	SRH: You pay 5% (DW) PPO: You pay 20% after deductible	You pay 40% after deductible
Specialist Office Visit		
Diagnostic Lab & X-ray Services		
Chiropractic (<i>12 visits per calendar year</i>)		
Hearing Exam (<i>1 exam per calendar year</i>)		
Hospital		
Inpatient Facility Charges	SRH/PPO: You pay \$200 copay/day (capped at \$600 PCY) You also pay deductible and 20% for PPO	You pay 40% after deductible
Inpatient Professional Services	SRH: You pay 5% (DW) PPO: You pay 20% after deductible	
Outpatient	SRH: You pay 5% (DW) PPO: You pay 20% after deductible	
Emergency Services		
Emergency Room	SRH: You pay \$250 copay then 5% (DW) PPO: You pay \$250 copay then 20% after deductible	You pay \$250 copay then 20% after deductible
Urgent Care	SRH: You pay 5% (DW) PPO: You pay 20% after deductible	You pay 40% after deductible
Prescription Drugs		
Select Preventive Medications	Covered in Full	
Tier 1 – Generic	You pay 5% (DW)	You pay in-network coinsurance + 40% after deductible
Tier 2 – Preferred Brand Name	You pay 10% (DW)	
Tier 3 – Non-Preferred Brand Name	You pay 30% (DW)	
Tier 4 – Specialty	You pay 50% up to \$250 max (DW)	
Mail Order	Same as retail cost shares	
Vision Care		
Vision Exam (<i>1 per calendar year</i>)	Covered in full You pay 0%	You pay 40% after deductible
Vision Hardware Adult (<i>every 2 years</i>)	Plan pays up to \$150 (DW)	
Vision Hardware Children (<i>every year</i>)	Plan pays for 1 pair standard frames/lenses or 1 year of contacts (DW)	

(DW) = Deductible waived

**Out-of-network: You may be responsible for paying any amount over Premera's allowed charges (balance billing).

Premera Value Plan

	Premera Value Plan In-Network Benefits	Premera Value Plan Out-of-Network Benefits**
Calendar Year Deductible		
Individual Coverage	\$250	No coverage
Family Coverage	Up to \$750	
Calendar Year Out-of-Pocket Maximum (includes deductible, coinsurance and copays)		
Individual Coverage	\$3,000	No coverage
Family Coverage	Up to \$6,000	
Preventive Care		
Office Visit (<i>Preventive x-ray, labs, routine immunizations, well-childcare, mammograms</i>)	Covered in full You pay 0% (DW)	No coverage
Professional		
Primary Care Office Visit	SRH: You pay \$30 copay (DW) PPO: You pay \$30 copay after deductible	No coverage
Specialist Office Visit	SRH: You pay \$50 copay (DW) PPO: You pay \$50 copay after deductible	
Basic Diagnostic Lab & X-ray Services	SRH: Covered in full PPO: You pay 10% after deductible	
Chiropractic (<i>12 visits per calendar year</i>)	SRH: You pay \$30 copay (DW) PPO: You pay \$30 copay after deductible	
Hearing Exam (<i>1 exam per calendar year</i>)		
Hospital		
Inpatient Facility Charges	SRH/PPO: You pay \$200 copay/day (capped at \$600 PCY) You also pay deductible and 10% for PPO	No coverage
Inpatient Professional Services	SRH: 100% (DW) PPO: You pay 10% after deductible	
Outpatient	SRH: 100% (DW) PPO: You pay 10% after deductible	
Emergency Services		
Emergency Room	SRH: You pay \$300 copay (DW) PPO: You pay \$300 copay, 10% after deductible	You pay \$300 copay, 10% after deductible
Urgent Care	SRH: You pay \$30 copay (DW) PPO: You pay \$30 copay after deductible	No coverage
Prescription Drugs		
Select Preventive Medications	Covered in Full	
Tier 1 – Generic	You pay \$5 copay (DW)	You pay in-network copay, then 40% after deductible
Tier 2 – Preferred Brand Name	You pay \$25 copay (DW)	
Tier 3 – Non-preferred Brand Name	You pay \$50 copay (DW)	
Tier 4 – Specialty	You pay 50%	
Mail Order (<i>90-day supply</i>)	2x retail copays	
Vision Care		
Vision Exam (<i>1 per calendar year</i>)	Covered in full	No coverage
Vision Hardware Adult (<i>every 2 years</i>)	Plan pays up to \$150 (DW)	
Vision Hardware Children (<i>every year</i>)	Plan pays for 1 pair of standard frames/ frames or a 1 year of contacts (DW)	

(DW) = Deductible waived

**Out-of-network: You may be responsible for paying amounts over Premera's allowed charges for ER and Rx (balance billing).

Prior-Authorization – Premera may need to approve certain medical services before a member receives care. For example, planned hospital stays, MRI/CT scans and high-cost medical equipment. A complete list of services and items that need prior-authorization can be found at www.premera.com. Emergency care does not need prior authorization.

PRESCRIPTIONS

To find out what tier applies to a specific medication, see the Formulary List at www.premera.com.

Instructions: Scroll to the bottom of the landing page and under the Pharmacy header, click “Covered Drugs.” Midway down the page, select the correct drug list from the drop-down box: Open *A1* for the HDHP and *Preferred B4* for the Value and Classic plans. Then type in the name of the drug you wish to search for.

EXPRESS SCRIPTS MAIL ORDER RX

If you have a maintenance drug, one you take every day, week or month, you may want to take advantage of the Mail Order Rx Program offered by Premera through Express Scripts. Through Express Scripts, you can obtain a 90-day supply of your prescription medications, mailed to your home. Your provider can send new prescriptions into Express Scripts by mail, fax or by calling (888) 327-9791 (calling in a prescription is not an option for controlled substances). You can also request a mail order delivery by calling (800) 391-9701 or by signing in to www.premera.com and going to **Pharmacy Services** under **Member Services**.



PREVENTIVE Rx

Certain generic medications that are classified as preventive are covered at 100%, deductible waived on all three Premera medical plans. The full list of these medications can be found at www.premera.com or on the USI Mobile App.

SPECIALTY PHARMACY PROGRAM

Specialty medications are used to treat complex or rare conditions and require special handling, storage, administration or patient monitoring. They are high cost, often self-administered, injectable drugs for the treatment of conditions such as rheumatoid arthritis, hepatitis or multiple sclerosis. Premera has contracted with Accredo Specialty Pharmacy, which specializes in the delivery and clinical management of specialty drugs. Accredo will work with you and your provider to arrange order and delivery of these drugs. Specialty drugs must be dispensed through the Accredo Specialty Pharmacy Program to be covered under the Premera medical plans. These medications are limited to a 30-day supply and are subject to the cost shares specified under the prescription drug benefits of each plan.

SKAGIT REGIONAL HEALTH NETWORK

As a Skagit Regional Health employee, you will get the most out of your medical benefits when you seek care through Skagit Regional Health. Whether it is hospital services, emergency care, urgent care, diagnostic x-ray/lab services or primary care services you are looking for, you will realize the lowest out-of-pocket costs when you use an SRH provider or facility. Our state-of-the-art services provided to our patients are available to you as well. With three urgent care facilities, two emergency centers, two hospitals and 27 clinics, we are well-equipped to serve you, our organizations most valuable asset. From Anacortes to Darrington and south to Marysville, we have a clinic located near most of our employee population. To find a provider, go to www.skagitregionalhealth.org and search by specialty or location. You can also call (360) 848-5555 for help with transitioning your care to a Skagit Regional Health provider.

PREMERA NETWORKS

All three Premera medical plan also utilize the larger **Heritage and Heritage Plus 1** Network. To find an in-network provider in your area, visit www.premera.com and use the “Find Care” tool or call (800) 722-1471.

Members living or traveling outside of Washington State can receive the in-network level of benefits through the Blue Cross Blue Shield Association's **BlueCard Program**. The BlueCard Program will recognize Preferred (PPO) Providers within the Blue Cross Blue Shield networks nationwide. However, if you obtain care from a Non-PPO Provider, the claim will be processed at the out-of-network level and you may also be responsible for charges above the Usual Customary Rate (UCR) or allowable amounts, in addition to the applicable out-of-network coinsurance and deductible.

To utilize medical benefits when outside the service area call 1-800-810-BLUE (2583) from within the United States or visit www.bcbs.com.



PREMERA VIRTUAL CARE

Premera medical plan members can connect with board-certified doctors and mental health professionals in the comfort of their own home through Premera’s virtual care partners - Doctor on Demand, 98point6 and Talkspace.

All three platforms offer 24/7 access to care and providers can provide a diagnosis, treatment plan and prescribe medications, when appropriate. Visit www.premera.com to learn more about your virtual care options.



Video and phone-based care
from a doctor, 24/7



Text-based care from
a doctor, 24/7



Video and phone-based
mental health therapy

PREMERA'S 24-HOUR NURSELINE

Not sure where to seek care? Premera's 24-hour NurseLine is a free and confidential resource that will connect you with a registered nurse who will ask the right questions, listen to your concerns and help you determine where and when to seek treatment. You can reach the NurseLine at (800) 841-8343. Please keep in mind, if your condition is life threatening, always call 911 or go to the nearest emergency room.

BESTBEGINNINGS MATERNITY PROGRAM

BestBeginnings is a comprehensive maternity program offered to Premera members at no additional cost. Through BestBeginnings, you have access to:

- **BestBeginnings App:** Track your medical milestones, prep for doctor visits, log your health history and test results and research questions before and after your baby's arrival.
- **Extra Clinical Support:** Premera's clinical maternity specialists provide knowledge for moms who have a history of multiple births, pre-term birth, miscarriage or complicating health conditions. The team is also available if you are dealing with difficult emotions during and after pregnancy.
- **NICU Support:** In the event things do not go as planned, BestBeginnings offers care management for families with a baby in the Neonatal Intensive Care Unit.



DENTAL BENEFITS

Skagit Regional Health offers the choice between three dental plans: A Dental Health Maintenance Organization (DHMO) plan through Willamette Dental, a Core and High dental plan through Delta Dental of Washington (DDWA).

Willamette Dental Group (DHMO)

Willamette Dental Group offers an entire dental care plan, where all plan members are patients at their dental practice. With no maximums, no deductibles and predictable copays for all covered services, you can better plan for your dental care. You must see a Willamette Dental Group Provider at a Willamette Dental Clinic to receive benefits. To find a clinic location near you, including locations in Everett and Bellingham, visit www.willamettedental.com.

Benefits	Copays
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General & Orthodontic Office Visit	\$10 copay
Specialty Office Visit	\$30 copay
Diagnostic and Preventive Services	
Routine and Emergency Exams	Covered with Office Visit Copay
Cleaning, X-rays, Fluoride, Sealants, Periodontal Services	Covered with Office Visit Copay
Restorative Dentistry	
Fillings & Crowns (Porcelain / Metal)	Covered with Office Visit Copay
Major Services / Prosthodontics	
Complete Upper or Lower Denture	\$200 copay
Bridge (Per Tooth)	Covered with Office Visit Copay
Endodontics and Periodontics	
Root Canal Therapy – Varies by Tooth	Covered with Office Visit Copay
Oral Surgery	
Routine & Surgical Extraction (Single Tooth)	Covered with Office Visit Copay
Orthodontia Treatment	
Pre-Orthodontia Treatment	\$150 copay **
Comprehensive Orthodontia Treatment	\$2,000 Copay, then covered at 100%

* Benefits for TMJ, implant surgery and orthognathic surgery have a benefit maximum, if covered.

**Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

Delta Dental of Washington – PPO Core and PPO High Dental Plans

Utilizing the Delta Dental PPO or Premier networks results in dental care at discounted rates and claim paperwork will be filed for you. Your out-of-pocket costs will be lowest from dentists in the PPO network. If you see a Non-Participating dentist, you will pay any amounts billed over the maximum allowable fees paid by Delta Dental. Go to www.DeltaDentalWA.com and use the “Find a Dentist” tool to search for in-network dentists.

	PPO Core Plan	PPO High Plan
Calendar Year Deductible		
Per Person	\$50 (capped at \$150 per family)	\$25 (capped at \$75 per family)
Coinsurance Amounts		
Preventive/Diagnostic	You pay 20% (DW)	You pay 0% (DW)
Basic Services	You pay 20% after deductible	You pay 15% after deductible
Major Services	You pay 50% after deductible	You pay 50% after deductible
Calendar Year Maximum		
Per Person	Plan covers up to \$1,500	Plan covers up to \$1,500
Orthodontia	Not Covered	Not Covered

(DW) = Deductible waived

EMPLOYEE MONTHLY PREMIUM CONTRIBUTIONS

Skagit Regional Health will pay 95% of the employee premiums and 60% of dependent premiums for each medical plan option. SRH will pay the full employee only cost of the Delta Dental Core plan. If you would like to enroll dependents or select the Delta Dental High Plan or Willamette Dental Plan, you will buy-up for those options:

Premera HDHP Medical Plan	Total Cost	SRH Cost	Your Cost
Employee Only	\$687.96	\$653.56	\$34.40
Employee & Spouse / Domestic Partner*	\$1,313.99	\$1,029.18	\$284.81
Employee & Child(ren)	\$1,157.83	\$935.48	\$222.35
Employee, Spouse / DP* & Child(ren)	\$1,783.88	\$1,311.11	\$472.77
Premera Value Medical Plan	Total Cost	SRH Cost	Your Cost
Employee Only	\$730.95	\$694.40	\$36.55
Employee & Spouse / Domestic Partner*	\$1,396.11	\$1,093.50	\$302.61
Employee & Child(ren)	\$1,230.18	\$993.94	\$236.24
Employee, Spouse / DP* & Child(ren)	\$1,895.35	\$1,393.04	\$502.31
Premera Classic Medical Plan	Total Cost	SRH Cost	Your Cost
Employee Only	\$760.86	\$722.82	\$38.04
Employee & Spouse / Domestic Partner*	\$1,453.24	\$1,138.25	\$314.99
Employee & Child(ren)	\$1,280.53	\$1,034.62	\$245.91
Employee, Spouse / DP* & Child(ren)	\$1,972.91	\$1,450.05	\$522.86
Delta Dental Core Plan	Total Cost	SRH Cost	Your Cost
Employee Only	\$36.83	\$36.83	\$0.00
Employee & Spouse / Domestic Partner*	\$82.97	\$36.83	\$46.14
Employee & Child(ren)	\$75.37	\$36.83	\$38.54
Employee, Spouse / DP* & Child(ren)	\$121.51	\$36.83	\$84.68
Delta Dental High Plan	Total Cost	SRH Cost	Your Cost
Employee Only	\$45.11	\$36.83	\$8.28
Employee & Spouse / Domestic Partner*	\$99.73	\$36.83	\$62.90
Employee & Child(ren)	\$88.54	\$36.83	\$51.71
Employee, Spouse / DP* & Child(ren)	\$143.15	\$36.83	\$106.32
Willamette Dental (DHMO) Plan	Total Cost	SRH Cost	Your Cost
Employee Only	\$66.15	\$36.83	\$29.32
Employee & Spouse / Domestic Partner*	\$136.95	\$36.83	\$100.12
Employee & Child(ren)	\$136.95	\$36.83	\$100.12
Employee & Spouse / DP* and Child(ren)	\$194.65	\$36.83	\$157.82

*For domestic partners who do not qualify as dependents under Section 152 of the Internal Revenue Code, premium associated with domestic partner coverage will be paid by the employee with after-tax dollars and the fair market value of any employer contributions made on behalf of your domestic partner will be imputed as income to the employee. Unless otherwise requested, premiums will automatically be deducted on a pre-tax basis from the first two paychecks of each month.

BASIC LIFE INSURANCE

Skagit Regional Health provides a basic life insurance benefit at 1x your annual salary if you are .50 to .79 FTE and at 2x your annual salary if you are .80 FTE and above. Life insurance benefits are administered through MetLife.

Benefit Type	MetLife- Basic Life (Employer Paid)
Life Benefit	1x or 2x annual salary / Capped at \$500,000
Child Life Benefit	When electing life insurance coverage for yourself, please select the company paid Child Life benefit for your dependent children: Birth to 6 months: \$200 benefit 6 months – 19 years (23 if full-time student): \$2,000 benefit

SUPPLEMENTAL LIFE INSURANCE

You can purchase additional life insurance for yourself and your spouse through MetLife.

Benefit Type	MetLife – Supplemental Life
Employee	
Benefit Increments	1x, 2x, 3x or 4x your annual base salary
Benefit Maximum	\$500,000 maximum (in addition to the basic life benefit)
Guarantee Issue Amount	1x, 2x, 3x your base salary up to \$750,000 (initial eligibility only)
Spouse	
Benefit Increments	50% of the employee life election
Benefit Maximum	\$50,000
Guarantee Issue Amount	\$50,000 (initial eligibility only)

Please note:

- If you wish to add supplemental life insurance or increase the amount of your supplemental life insurance, you must provide a Statement of Health to MetLife for approval. Contact your HR Benefits Department for assistance.
- If you wish to add spouse life coverage, a Statement of Health from your spouse must be submitted and approved by MetLife. Premiums for your spouse’s life insurance is based on your age, deducted post-tax and will appear on your paycheck separately. Contact your HR Benefits Department for assistance.

SUPPLEMENTAL AD&D

Accidental Death & Dismemberment (AD&D) insurance pays a benefit (in addition to life insurance) if you lose your life or suffer certain serious injuries due to an accident. If you elect family AD&D coverage, your family members are covered at a percentage of your maximum benefit.

Benefit Type	MetLife - Voluntary AD&D
Employee	
Benefit Increments	\$50,000
Benefit Maximum	Lesser of 10x earnings or \$500,000
Guarantee Issue Amount	You can add, increase or decrease your coverage at Open Enrollment without having to provide a statement of health to MetLife
Spouse Only	
Benefit	60% of employee coverage
Children Only	
Benefit	20% of employee coverage
Spouse and Children	
Benefit	Spouse – 50% of employee coverage / Children – 15% of employee coverage

LONG TERM DISABILITY INSURANCE (LTD)

To provide salary protection in the event of an illness or injury, Skagit Regional Health provides a base long term disability plan to all benefit-eligible employees and a buy-up plan to Class I & 2 employees. If you are in a class other than Class I or 2, you may purchase the buy-up plan. If you do not purchase the optional buy-up plan upon initial enrollment, you will be able to at the next open enrollment by providing evidence of insurability. Contact the HR Benefits Department for necessary forms. **You are required to enroll in LTD if your FTE status is .6 or greater.**

The Standard – Long-Term Disability Benefit	
Class I & 2	Supervisors, Administrators, Managers, Directors and Provider Classes
Benefits Begin	After a 90-day waiting period
Monthly Benefit	66.6% of the first \$22,500 of monthly earnings to a maximum of \$15,000
Base LTD Plan	All Other Employees
Base Benefits Begin	After a 180-day waiting period
Base Monthly Benefit	50% of your eligible earnings to a maximum of \$1,000 per month
Benefit Duration	To Social Security Normal Retirement Age (SSNRA)
Buy-Up LTD Plan	All Other Employees (Excludes Class I employees)
Buy-up Benefits Begin	After a 90-day waiting period
Buy-up Monthly Benefit	66.6% of your eligible earnings to a maximum of \$8,000 per month
Benefit Duration	To Social Security Normal Retirement Age (SSNRA)

LTD DEFINITION OF DISABILITY – CLASS 1 & 2

For the benefit waiting period and the end of the maximum benefit period that LTD benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your **own** occupation, or
- You suffer a loss of at least 20 percent of your pre-disability earnings when working in your own occupation

LTD DEFINITION OF DISABILITY – ALL OTHER EMPLOYEES

For the benefit waiting period and the first 24 months that LTD benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your **own** occupation, or
- You suffer a loss of at least 20 percent of your pre-disability earnings when working in your own occupation

After 24 months of disability, you will continue to be considered disabled if:

- You are unable to perform with reasonable continuity the material duties of **any** occupation you are qualified for

LTD PRE-EXISTING CONDITIONS

You may not be eligible for buy-up benefits if you have received treatment for a pre-existing condition during the 90-day period just before your insurance becomes effective. The buy-up plan will be subject to the pre-existing condition restriction for the first 12 months of coverage. If you become disabled during this 12-month period due to a pre-existing condition, you would receive benefits at the 50% level. Disability related to any new conditions would be paid at the higher buy-up level.



FLEXIBLE SPENDING ACCOUNTS (FSA)

Benefit-eligible employees can contribute to various Flexible Spending Accounts administered by Navia.

Health Care FSA

The Health Care FSA allows you to fund out-of-pocket medical, dental and vision expenses for you and your tax dependents. Paying for healthcare expenses with FSA funds saves money because you do not pay federal income tax or FICA tax on your contributions. SRH allows a voluntary contribution, through payroll deductions, of up to **\$2,750 for the 2021 plan year** into your Health Care FSA.

Flexible Spending Accounts must be elected each year you wish to participate. Calculate your anticipated healthcare expenses for the coming year and divide your needed amount by 12 to determine the monthly amount to be deducted. This amount is entered in Epicor. For employees paid bi-weekly, the monthly amount is divided by 2 and deducted from your first two paychecks each month. Your full annual election amount is available to you to be used immediately, even before it has been deducted from your paycheck. Examples of allowable expenses include, but are not limited to:

- Acupuncture
- Coinsurance/Deductibles
- Dental Expenses
- Diabetic Supplies
- Hearing Aids
- Orthodontia
- Glasses
- OTC Pain Relievers
- Feminine Care
- Allergy & Sinus Care
- Bandages
- Smoking Cessation

See a full list of allowable items for purchase at www.fsastore.com.

Limited Purpose Health Care FSA

If you are participating in the Health Savings Account (HSA), federal regulations state that you can only participate in a “Limited Purpose” Health Care FSA. The Limited Purpose Health Care FSA allows you to set aside pre-tax funds to be used for dental and vision expenses only. This account is ideal for those who have an HSA and wish to have additional pre-tax dollars withheld each year for dental and vision expenses. You can use your FSA dollars first and save the HSA dollars to roll over year to year in your account. Skagit Regional Health allows a voluntary contribution of up to **\$2,750 for the 2021 plan year** into your Limited Purpose Health Care FSA.

FSA Debit Card

The FSA Debit Card provides convenient access to your Health Care and Dependent Care FSA funds. Members must retain all receipts in the event Navia or the IRS requests substantiation (proof of an eligible expense).

Dependent Care FSA

The Dependent Care FSA allows you to fund the costs of day care for your children (age 12 or younger) on a pre-tax basis. The care must be provided by a dependent care center or by an individual who can provide a name, address and Tax ID. You may contribute up to a maximum of **\$5,000 each year**, per household. Although you cannot take the childcare tax credit if you choose this option, you may save more depending on your income level. Dependent Care expenses are only reimbursed as the funds are withheld from your paycheck.

What are the risks of FSA?

FSA's should only be considered for anticipated expenses. Be conservative when estimating your contribution amounts. If you overestimate your expenses and have money left in the account at the end of the runout period, those funds will be forfeited. This is referred to as the “use it or lose it” rule and is subject to IRS regulations. For a small percentage of participants, Social Security retirement benefits may be affected by participating in FSAs. Participation in this plan reduces your W-2 income, on which retirement benefits are based.

Grace Period & Claims Submission Period

You have until March 15, 2022 to incur expenses to be applied toward your 2021 plan year funds. You have until March 30, 2022 to turn in receipts for reimbursement for claims incurred prior to March 15, 2021.

NOTE: IRS Regulations do not allow Domestic Partner claims to be submitted for reimbursement through FSAs unless they qualify as a tax dependent under Code Section 152.

HEALTH SAVINGS ACCOUNTS (HSA)

Skagit Regional Health partners with Connect Your Care (CYC) for your payroll deduction HSA contributions and company contributions to your HSA.

A Health Savings Account (HSA) is a tax-favored bank account that you own for the purpose of paying eligible healthcare expenses for you and your dependents. You must be enrolled on the Premera HDHP medical plan to contribute to this account. You may make pre-tax payroll deduction contributions to your HSA and your employer's contributions to your HSA are also tax-free. You may start, stop or change your HSA payroll deductions on a monthly basis by returning completed forms to your HR department.

Your HSA earns tax-free interest on the account balance and withdrawals or distributions for qualified expenses are also tax-free. Unused funds and interest accumulate, without limit, from year to year. You own the HSA and it is yours to keep, even when you change plans, employers or retire. If you withdraw funds for non-qualified expenses, taxes and penalties will apply. Keep your receipts and Explanation of Benefits (EOBs), as substantiation may be required if the IRS requests additional information on your transactions.

After reaching age 65, you can use your HSA funds for any purpose. Withdrawals for nonqualified expenses will be taxed at your current income tax level – similar to a 401(k).

IMPORTANT: Due to IRS regulations, you CANNOT enroll or contribute to a Health Savings Account if you are covered under a health plan that is not considered a Qualified High Deductible Health Plan (QHDHP). This could include coverage under your spouse's medical plan or the General-Purpose Healthcare FSA of your spouse. Note that enrollment in a Limited Purpose Health Care FSA is allowed. In addition, HSA participants may not file a 1040EZ tax return for any tax year in which they participated in an HSA. Other important considerations may apply. Please consult your tax advisor to determine whether you should open and contribute to an HSA.

Eligible expenses include plan deductibles, coinsurance and other out-of-pocket medical, dental and vision expenses for you and your eligible dependents. An extensive list of eligible expenses as well as detailed information regarding Health Savings Accounts can be found on the IRS website by referencing Publication 969 and Publication 502.

2021 SRH HSA Contribution	\$700 Employee-Only / \$1,400 Employee + Family
2021 IRS Maximum HSA Contribution	\$3,600 Employee-Only / \$7,200 Employee + Family
Age 55+	\$4,600 Employee-Only / \$8,200 Employee + Family (includes Skagit Regional Health's contribution)

Full Contribution Rule

The "full-contribution rule" allows an individual to make a full year's worth of HSA contributions even though the individual is only HSA-eligible for a portion of the year. Under this rule, you are considered an eligible individual for the entire calendar year if you are an eligible individual on December 1. You can make the full annual contribution to the HSA, even though you were only HSA eligible for a portion of the year. However, an individual who makes contributions under the full-contribution rule must remain HSA-eligible during a 13-month testing period (December plus following 12 months of next calendar year) to avoid adverse tax consequences.



THE USI BENEFIT RESOURCE CENTER



The Benefit Resource Center (BRC) is available to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims issues, unresolved eligibility problems, and any other benefit matters with which you might need assistance. The Specialists in the Benefit Resource Center are available to assist you Monday through Friday 6:00 AM to 6:00 PM (Pacific Time). If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Phone: (866) 4ourBRC (468-7272)

Email: BRCWest@usi.com

USI MOBILE APP

Access all your benefit insurance policy details and contact information while on the go! The USI mobile app will provide you with:

- SRH Benefit Enrollment Guide
- SRH recorded Open Enrollment presentation
- Policy numbers and benefit plan details
- Benefit Resource Center and HR contact information
- The ability to store photos of your ID cards

It is easy to install. From your App Store, search for “usieb” and, when prompted, enter the code **595222**.



CONTACT NUMBERS AND WEBSITE LINKS

We encourage all our employees and their families to become familiar with and use the resources offered. Below is a list of websites and telephone numbers where you can obtain information about your benefit plan coverage. In most cases, you can register to securely access your benefit information online. This will enable you to review important information about your coverage, locate a doctor, view your claims history and research various health related topics.

Medical	Premera Blue Cross Group Number: 4020593	Website: www.premera.com Customer Service: (800) 722-1471
Delta Dental	Delta Dental of Washington Group Number: 00653	Website: www.deltadentalwa.com Phone Number: (800) 554-1907
Willamette Dental	Dental HMO Group Number: WA212	Website: www.willamettedental.com Phone Number: (855) 433-6825
HSA Banking Institution	Connect Your Care	Website: www.premera.com/hsa Phone Number: (800) 722-1471
USI Benefit Resource Center	USI Employee Advocate	Email: BRCWest@usi.com Phone Number: (866) 468-7272
Flexible Spending Accounts	Navia Benefit Solutions	Website: www.navia.com Phone Number: (800) 669-3539
MetLife	Life Insurance and AD&D	Website: www.metlife.com Phone Number: (800) 438-6388
The Standard	Long Term Disability Group Number: 645841	Website: www.standard.com Phone Number: (800) 368-1135



This guide is provided to you by Skagit Regional Health and USI Insurance Services

These pages summarize benefits of the plan(s). The Subscriber Certificate(s) and applicable riders define the terms and conditions of these benefits in greater detail. Should any questions arise; the certificate(s) and riders will govern.