

2025 Benefits Guide

June 1, 2025 –
May 31, 2026

Hope Human Services
Northwest (OR and SW WA)



IMPORTANT INFORMATION ENCLOSED.
*This summary is intended for HHS employees working
in OR or SW WA (Clark and Cowlitz counties).*



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The text contained in this Benefits Guide was taken from various summary plan descriptions and benefit information documents. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Guide and the actual plan documents, the actual plan documents will prevail.





What's New for 2025

Each year, we evaluate our employee benefits program to ensure it provides benefits you need at a price you – and we – can afford.

We are pleased to announce that all rates will remain unchanged in the new plan year.

Medical

- + Hope Human Services continues to pay 100% of the Employee Only cost of the Low and Mid Medical plans.
- + HHS pays 96% of the Employee Only cost of the High plan.

HSA

- + If you choose the Low HSA medical plan, HHS will contribute \$50 per month into your HSA account.

All Other Lines

- + To assist with the premiums of all other lines, HHS pays:
\$30/month



On your interactive benefits journey, make sure to look for this icon. This icon indicates that there is a Carrier-provided educational video available to help you better understand your benefits.

Eligibility

Who is Eligible

All active full-time Hope Human Services employees working a minimum of 30 hours per week. Eligible dependents may also participate. Eligible dependents for benefits include:

- + Your spouse or domestic partner
- + A child under age 26, including your natural child, stepchild, adopted child or any other child for whom you are the legal guardian or are required to provide support because of a qualified medical child support order
- + Children, over age 26, who are incapable of self support because of a physical or mental disability

If you are an employee working 15 hours per week or more, you are eligible for the employer-paid Basic Life & AD&D plan, as well as our Pet Insurance coverage.

When Benefits Begin

For new hires, employees become eligible for benefits beginning the first of the month following date of employment. Benefits elected during our annual Open Enrollment begin on June 1, 2025.



Special Note about Mid-Year Plan Changes

Plan carefully. The choices you make when you are first eligible or during Open Enrollment will stay in effect until May 31, 2026, unless you experience a qualifying event. Qualifying events are defined by the IRS and include things like:

- + Marriage, divorce or legal separation
- + Birth or adoption of a child
- + Change in a child's dependent status (e.g., they turn age 26)
- + Death of a spouse, child or other qualified dependent
- + Change in employment status or a change in coverage under another employer-sponsored plan

If you experience a qualifying event and want to change your benefit choices, you must inform HR within 30 days of the event.

Medical Insurance - Kaiser

Hope Human Services offers 3 medical plans, insured by Kaiser. Each plan provides comprehensive medical coverage. Details about each plan are provided on the following page.

Two of the plans are HMOs. Coverage will only be available at Kaiser facilities.

- + One of the HMO plans is HSA-compatible, meaning that if you are enrolled in this plan, you can open an HSA account to accumulate funds tax-free to pay for qualified medical expenses.

The third plan allows you to see out of network providers. However, you will receive a higher level of benefit if you stay in-network. To see if your doctor is in-network, visit www.kp.org. Search by name, clinic name, specialty, language, gender and more.

When you receive care, show your doctor or pharmacy our member ID card. It has the information they need to verify your coverage.

Be in the Know Before You Go

Insurance can be confusing. It has its own vocabulary. Understanding the terms below will help you make a better choice for yourself and your family.

Copay A set dollar amount that you pay when you receive services.

Deductible This is a set amount of amount of money that you must pay before the insurance company will pay a claim. Deductibles apply to more expensive services, like hospitalization.

Coinsurance After you have paid the deductible, you and the insurance company split the cost of care.

Out of Pocket Maximum This is the most you will pay for covered services in a calendar year. If you reach the OOP, the insurance company will pay 100% of eligible expenses for the rest of the year.

If you need help paying for health care services or prescriptions you have had, or are scheduled to receive, from Kaiser Permanente, their Medical Financial Assistance (MFA) program may be able to help you. You may apply online at www.kp.org/mfa/nw



**See How Connected Health
Care Helps You Thrive**
By Kaiser Permanente

Kaiser Low and Mid Plans – HMO

Your Kaiser Low and Mid HMO plans require you to use a provider that is part of the Kaiser network. Use of out-of-network providers is not covered.

You may search for network providers at www.kp.org or by calling Member Services at the number on the back of your ID Card.

The table below shows a high-level overview of the benefits. Please consult your benefit summary/SBC for complete information on your medical plans.

HMO – IN NETWORK ONLY		HMO – IN NETWORK ONLY	
LOW PLAN (HSA-COMPATIBLE)		MID PLAN	
Calendar Year Deductible			
Individual	\$2,500	\$1,000	
Family	\$5,000	\$2,000	
Calendar Year Out-of-Pocket Maximum (Includes Deductible)			
Individual	\$4,000	\$3,500	
Family	\$8,000	\$7,000	
Copays/Coinsurance		*deductible applies	
Office Visit (Primary/ Specialist)	\$30 / \$40 *	\$20 / \$30	
Preventive Care	Covered in full	Covered in full	
Inpatient Care/Outpatient Surgery	\$500 *	20% *	
Simple Lab/x-rays	\$10 *	\$10	
Complex Imaging (MRI/CT Scan)	\$150 *	\$100	
Chiropractic and Acupuncture (limited to 20 visits/year)	\$40 *	\$20	
Urgent Care	\$40 *	\$30	
Emergency Room	\$200 *	\$200	
Prescription Drugs			
Retail Supply (30 days)			
Generic	\$10 *	\$10	
Preferred Brand	\$30 *	\$30	
Non-Preferred Brand	\$60 *	\$60	
Specialty	20%, max \$250 *	20%, max \$250	
Mail Order (90 days)			
Generic	\$20 *	\$20	
Preferred Brand	\$60 *	\$60	
Non-Preferred Brand	\$120 *	\$120	

A complete list of covered expenses and exclusions can be found in the Summary Plan Description located on the intranet.



Kaiser Preventive Care
- Member Testimonial

Kaiser High Plan - Added Choice

The POS plan allows you to use any licensed provider. Tier 1 of this plan is composed of Kaiser providers. Tier 2 is a network of physicians, hospitals and facilities that have contracted with Kaiser. Using a provider that is part of these networks will result in greater benefits and lower member costs. Use of Tier 3 out-of-network providers is allowed, but members will be responsible for greater cost sharing and may be subject to balance billing.

ADDED CHOICE

	KAISER NETWORK	FIRST CHOICE NETWORK	OUT OF NETWORK
	Tier 1	Tier 2	Tier 3
Calendar Year Deductible			
Individual	\$1,000	\$2,000	\$3,000
Family	\$3,000	\$6,000	\$9,000

Calendar Year Out-of-Pocket Maximum (Includes Deductible)

Individual	\$4,000	\$6,000	\$7,500
Family	\$8,000	\$12,000	\$15,000

Copays/Coinsurance

*deductible applies

Office Visit (Primary/ Specialist)	\$25 / \$35	\$35 / \$45	40% *
Preventive Care	Covered in full	Covered in full	40% *
Inpatient Care/Outpatient Surgery	20% *	30% *	40% *
Simple Lab/x-rays	\$25	\$35	40% *
Complex Imaging (MRI/CT Scan)	\$100	30% *	40% *
Chiropractic and Acupuncture (limited to 12 visits/year)	\$35	\$45	20% *
Urgent Care	\$45	\$55	40% *
Emergency Room	\$200 *		

Prescription Drugs

	Kaiser Pharmacy	Medimpact Pharmacy	Out of network
Retail Supply (30 days)			
Generic	\$15	\$25	Not covered
Preferred Brand	\$30	\$50	
Non-Preferred Brand	\$50	\$80	
Specialty	Retail copays apply	Retail copays apply	
Mail Order (90 days)			
Generic	\$30	\$50	Not Covered
Preferred Brand	\$60	\$100	
Non-Preferred Brand	\$100	\$160	

A complete list of covered expenses and exclusions can be found in the Summary Plan Description located on the intranet.



Telehealth and Oncology
By Kaiser Permanente

Health Savings Account (HSA) - Wex

What is a Health Savings Account (HSA)?

An HSA, or Health Savings Account is a unique bank account that can be used to pay for current or future health care expenses. When combined with a Qualified High-Deductible Health Plan (HDHP), it offers savings and tax advantages that a traditional savings account can't duplicate. With an HSA, you will have:

- + A savings account that you can use to pay for eligible medical expenses, deductible, coinsurance, prescriptions, vision, and dental care.
- + Unused funds that will roll over year to year. There's no "use it or lose it" penalty.
- + Potential to build more savings through investing. You can choose from a variety of HSA self-directed investment options (minimum balance requirements apply).
- + Additional retirement savings. After age 65, funds can be withdrawn for any purpose without penalty but may be subject to income tax if not qualified medical expenses.

The IRS sets limits annually on the amount you can contribute to an HSA.



Why Should You Get An HSA?
By Wex

HSA (continued)

General

This is **your** bank account.

Hope Human Services will contribute \$50 per month into your HSA account.

Just as any other account would be, your HSA is subject to bank fees. Hope Human Services pays the monthly account fees while you are enrolled in the HSA plan. Any additional fees that apply for things like NSF's, paper statements, etc. will be paid by you, the account holder.

Interest and Investments

Your HSA will accrue a small amount of interest; rates increase with account size.

Filing Your Taxes

Each year you'll receive an IRS Form 1099-SA and IRS Form 5498-SA, which are used to complete IRS Form 8889.

- + IRS Form 1099-SA provides you with the distributions made from your Health Savings Account in that tax year. You will receive a separate 1099-SA for each type of distribution made during the tax year.
- + IRS Form 5498-SA provides you with all the contributions made to your Health Savings Account in that tax year.
- + IRS Form 8889 is attached to your IRS 1040 Form when you file your taxes.

Note: Your employer does not provide tax advice. Please consult your tax advisor! For a complete list of IRS qualified expenses please visit www.irs.gov.

HSA How To



• Present your ID card at time of service



• Wait for the provider to submit the claim to the insurance company



• Pay your provider with your WEX Bank Card



• Save your receipts

HSA (continued)

Health Savings Accounts (HSA) allow those enrolled in the **Low medical plan** to take a triple tax advantage:

- + Money is contributed tax free
- + Money grows tax free
- + Money spent on qualified expenses is tax free

2025 IRS Annual HSA Limits

Employee Only	\$4,300
Employee/Spouse	\$8,550
Employee + Child(ren)	\$8,550
Employee + Family	\$8,550

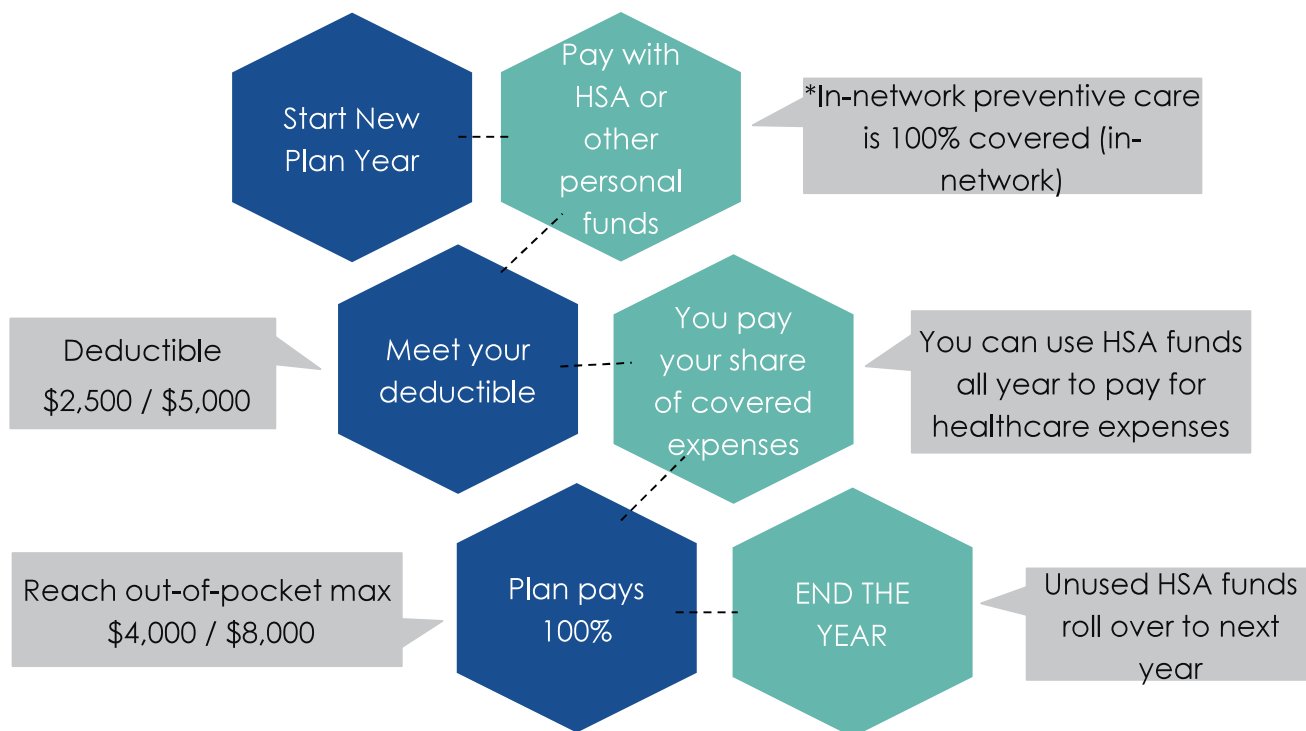
If you are age 55 or older, you can make an additional annual contribution of \$1,000.

WHO IS ELIGIBLE FOR AN HSA?

Anyone who is:

- + Covered by a High Deductible Health Plan (HDHP)
- + Whose spouse is not currently participating in a Health Care FSA
- + Not covered under another medical health plan that is not a HDHP
- + Not enrolled to Medicare or Medicaid benefits
- + Not eligible to be claimed on another person's tax return
- + Not eligible for Tricare or have received benefits from the Veterans Administration in the past three months

HOW THE LOW MEDICAL PLAN AND THE HSA ACCOUNT WORK TOGETHER



Dental Insurance - Guardian

Benefits You Receive

Your new Guardian plans plan allows you to use any licensed provider. There is a network of dentists that have contracted with Guardian. Using a provider who is part of that network will result in greater benefits and lower member costs. Use of out-of-network providers is allowed, but members will be responsible for greater cost sharing and may be subject to balance billing.

You may search for network providers at <https://www.guardiananytime.com/fpapp/search> or by calling Member Services.

This chart shows how the plans work and how each type of service is covered.

Base Plan Buy-Up Plan

Calendar Year Deductible

Individual	\$50	\$50
Family	\$150	\$150

Calendar Year Annual Maximum

Regular Services	\$1,000	\$1,500
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Covered Services

Preventive Services Exams, Cleanings, X-Rays	Covered in full	Covered in full
Basic Services Fillings, Extractions, Endodontics, Periodontal, Oral Surgery	20%	20%
Major Services Crowns, Bridges, Dentures, Implants	50%	50%
Orthodontia Services	Not covered	40%
Orthodontic Lifetime Maximum	N/A	\$1,500

Regular visits to the dentist can help prevent and detect the early signs of serious diseases. That's why Guardian's [Maximum Rollover Oral Health Rewards Program](#) encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works
If claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Each of the Guardian Dental plans has a different threshold and rollover amount. Review the benefit summary for specifics.

In-network coverage shown. Consult your benefit summary for out-of-network coverage.



Take the Oral Health Quiz
By Guardian

Vision Insurance - EyeMed

Base Plan

Buy-Up Plan

Benefit Design

Wellness Vision Exam	\$10 copay	\$10 copay
Prescription Glasses Single Vision Lenses Bifocal Lenses Trifocal Lenses	\$20 copay	Covered in full
Frames	\$130 allowance	\$175 allowance
Contact Lenses Contact Lens Exam & Fitting	Up to a \$55 copay	Up to a \$60 copay
Elective (in lieu of glasses)	\$130 allowance	\$150 allowance
Medically Necessary	Covered in full	Covered in full

Benefits You Receive

Your EyeMed plan allows you to use any licensed provider. There is a network of optometrists, ophthalmologists and other vision providers who have contracted with EyeMed. Using a provider who is part of that network will result in greater benefits and lower member costs. Use of out-of-network providers is allowed, but members will be responsible for greater cost sharing and may be subject to balance billing.

Benefit Frequency

Examination	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Contacts (in lieu of Lenses or Frames)	Once every 12 months	Once every 12 months

You may search for network providers at www.eyemed.com or by calling Member Services.

This chart shows how the plan works and how each type of service is covered.



Comprehensive Eye Exams
By EyeMed



Long Term Disability - Guardian

Disability coverage helps you pay your household expenses if you become disabled and cannot work.

This benefit coverage is insured by Guardian.

The waiting period for this coverage is 90 days.

If you decline LTD at time of hire and wish to add it later, you will be asked medical questions on an Evidence of Insurability (EOI) form and will be subject to approval by Guardian.

Long Term Disability Benefits - Voluntary

Waiting period	90 days
Maximum monthly benefit	40%, 50%, or 60% of salary, up to \$8,000
Definition of disability	Up to 24 months: Own Occupation After 24 months: Any Occupation
How long benefits last	Up to Social Security Normal Retirement Age

Washington State – Paid Family Medical Leave

Paid Family and Medical Leave is a benefit for Washington workers. It's there for you when a serious health condition prevents you from working or when you need time to care for a family member, bond with a new child or spend time with a family member preparing for military service overseas.

Coverage is provided through Washington State's Employment Security Department.

Washington Paid Family Medical Leave

Benefits Began	January 1, 2020
Percentage of Income Replaced	Varies based upon income
Benefit Amount	Up to \$1,000 per week
Maximum Benefit	Up to 12 weeks



Life and AD&D Insurance - Guardian

Basic Life and AD&D

We provide Basic Life Insurance, and Accidental Death and Dismemberment (AD&D) insurance at no cost to you. These coverages are provided through Guardian.

The benefit paid to your beneficiary is \$10,000.

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you pass away. Accidental Death & Dismemberment (AD&D) insurance provides your beneficiaries a lump sum payment if you become severely injured or pass away as a direct result of an injury/accident.

**Don't forget to
designate a beneficiary.**



Voluntary Life and AD&D

You may purchase additional life insurance for yourself with this supplemental Guardian policy. If you elect coverage for family members, they may also be covered at discount group pricing with convenient payroll deductions.

Voluntary Life Benefit Amount

- + **Employees:** Increments of \$10,000, up to \$200,000
- + **Spouses:** Increments of \$5,000, up to \$25,000, not to exceed the employee's amount
- + **Children:** Increments of \$1,000, up to \$10,000, not to exceed the employee's amount.

Voluntary Life Guarantee Issue Amounts

If you are newly benefit eligible, be sure to take advantage of the one-time opportunity to purchase life insurance without providing proof of good health (also known as "guarantee issue"). Employees can purchase up to \$100,000 for themselves and up to \$25,000 for their spouse with no questions asked. Elections above these amounts will be subject to medical questions.

If you declined this benefit at time of hire and wish to add it later, you will be asked medical questions on an Evidence of Insurability (EOI) form and will be subject to approval by Guardian.

Voluntary Life – Option to Increase at Renewal

If you are already covered under Voluntary Life, you have the option to increase your covered amount at renewal, in increments of \$10,000, up to a maximum coverage amount of \$50,000. This option is only available to Employees (not spouses).

Employee Assistance Program (EAP) - Canopy

The Employee Assistance Program (EAP) is a **FREE** and **CONFIDENTIAL** benefit that can assist you and your eligible family members with any personal problems, large or small. This coverage is provided by Canopy and is available to you and immediate family members living in your household. Dependents up to age 26 are covered regardless of whether they live in the household.

Personal Consultation with an EAP Professional

6 counseling sessions face to face, over the phone, or online for concerns such as:

- **Marital conflict**
- **Conflict at work**
- **Depression, anxiety, stress management**
- **Family relationships**
- **Alcohol or drug abuse**
- **Grieving a loss**
- **Career development services**

Resources for Life

Canopy will help locate resources and information related to Eldercare, Childcare, or anything else you may need.

Legal Consultations / Mediation

Call Canopy for a free thirty-minute office or telephone. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.

Financial Coaching

Coaches will provide unlimited financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

Identity Theft

This service provides members with up to a 60-minute free consultation with a highly trained Fraud Resolution Specialist™ (FRS) who will conduct emergency response activities and assist members with restoring their identity, good credit, and dispute fraudulent debts.

Home Ownership Program

Assistance and discounts for buying, selling, and refinancing.

Life Coaching

Three (3) telephonic sessions with a master's degree level coach, focusing on setting achievable goals, identifying barriers and making a plan to achieve those goals.

Pet Parent Resources

We offer free pet information and support, including pet insurance discounts, new pet parent resources and bereavement support.

Wellbeing Tools

- Fertility health support
- Will kit questionnaire
- Online legal tools
- Gym membership discounts

Member Site

Innovative educational tools, chat for support, take self-assessments, view videos and webinars, access courses, download documents and more. Access at my.canopywell.com, and register as a new user or log-in. Enter **Hope Human Services** for company name when you register.

Crisis Counselors are available by phone 24/7/365

call: 800-433-2320

text: 503-850-7721

email: info@canopywell.com

Canopywell.com

There is no cost to use this service. Hope Human Services offers the EAP benefit at no cost to you.



What the EAP can do for you
By Canopy

Your Monthly Costs Effective June 1, 2025

Medical				
Low-HSA Plan	Total Monthly Premium	HHS Pays	You Pay	Increase from last year
Employee	\$585.93	\$585.93	\$0.00	\$0.00
Employee + Spouse/DP	\$1,318.34	\$585.93	\$732.41	\$0.00
Employee + Child(ren)	\$1,025.38	\$585.93	\$439.45	\$0.00
Employee + Family	\$1,757.79	\$585.93	\$1,171.86	\$0.00
Mid Plan				
Employee	\$713.12	\$713.12	\$0.00	\$0.00
Employee + Spouse/DP	\$1,604.52	\$713.12	\$891.40	\$0.00
Employee + Child(ren)	\$1,247.96	\$713.12	\$534.84	\$0.00
Employee + Family	\$2,139.36	\$713.12	\$1,426.24	\$0.00
High Plan				
Employee	\$741.79	\$713.12	\$28.67	\$0.00
Employee + Spouse/DP	\$1,669.03	\$713.12	\$955.91	\$0.00
Employee + Child(ren)	\$1,298.13	\$713.12	\$585.01	\$0.00
Employee + Family	\$2,225.37	\$713.12	\$1,512.25	\$0.00

Dental, Vision – HHS contributes up to \$30/month towards any of the premiums below.				
Monthly Premium	Base Dental	Buy-Up Dental	Base Vision	Buy-Up Vision
Employee	\$28.02	\$37.92	\$6.88	\$10.58
Employee + Spouse/DP	\$60.24	\$81.30	\$13.07	\$20.09
Employee + Child(ren)	\$61.64	\$97.20	\$13.76	\$21.15
Employee + Family	\$92.45	\$138.77	\$20.22	\$31.09

HSA Account

If you enroll in the Low-HSA medical plan, Hope Human Services will contribute \$50 per month into your HSA account.

Basic Life / AD&D and EAP

These products are entirely paid for by Hope Human Services.

Voluntary Life and AD&D, LTD, Accident, Critical Illness, Hospital Indemnity

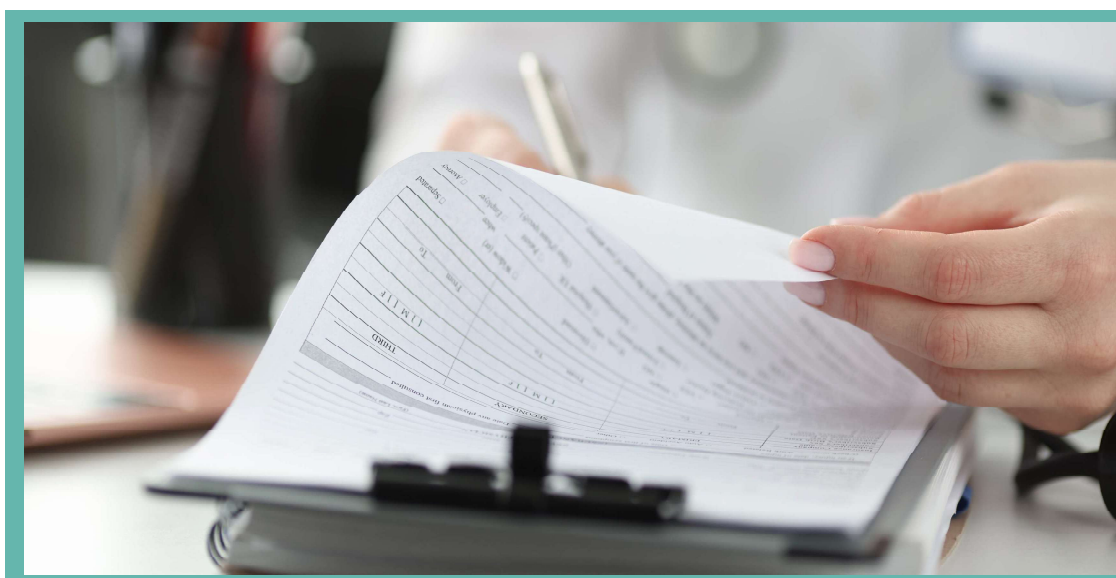
These products are age-rated; rates are available for view in bSwift.

Voluntary Accident - Allstate

Accidents do happen. Having additional insurance to cover these unexpected situations can help give you peace of mind in the event your medical plan has a high deductible, or you don't have enough savings to cover the cost of unexpected care.

Accident insurance provides you with a lump-sum cash payment if you're hurt in an accident; the money can be used to cover any expenses you may have. We offer two plan choices through Allstate.

Allstate – Accident	Low Plan	High Plan
Loss of Life		
Accidental Death	\$40,000	\$80,000
Accidental Death – Common Carrier Passenger	\$100,000	\$200,000
Injury		
Dismemberment	Up to \$40,000	Up to \$80,000
Dislocation	Up to \$4,000	Up to \$8,000
Fracture	Up to \$4,000	Up to \$8,000
Spouse	100% of employee amount up to \$10,000	100% of employee amount up to \$30,000
Child	100% of employee amount up to \$5,000	100% of employee amount up to \$15,000





Voluntary Critical Illness - Allstate

Allstate – Critical Illness	Low Plan	Median Plan	High Plan
Critical Illness Event			
Heart Attack, Stroke, Major Organ Transplant, or End Stage Renal Failure	\$10,000	\$15,000	\$20,000
Coronary Artery By-Pass Surgery	\$2,500	\$3,750	\$5,000
Cancer			
Invasive Cancer	\$10,000	\$15,000	\$20,000
Carcinoma in Situ	\$2,500	\$3,750	\$5,000
Additional Critical Illness Events			
Benign Brain Tumor, Coma, Complete Blindness, Complete Loss of Hearing, or Paralysis	\$10,000	\$15,000	\$20,000
Advanced Alzheimer's Disease and Advanced Parkinson's Disease	\$2,500	\$3,750	\$5,000
Wellness Benefit (payable once per year if a covered test is preformed)	\$100	\$100	\$100

If you worry about the impact a serious illness could have on your family or your bank account, Critical Illness Insurance can help give you peace of mind. Critical Illness Insurance pays you cash if you're diagnosed with a covered illness (such as cancer, heart attack, or stroke). You can use that money for any expenses if you develop one of the conditions covered under the plan. We offer three coverage levels to choose from with Allstate.

Voluntary Universal Life with Long Term Care - Allstate

As you move through the stages of life, certain factors dictate the type of life insurance you need. During working years, an employer may provide Term Life insurance, but the wraparound coverage of Allstate's Group Universal Life product can help give peace of mind because the money you spent builds cash value that you can use later in life or add to the term benefit payout.

Here's how Universal Life works

Premium payments are deducted from your paycheck and added to the fund value. Each month, expenses and cost of insurance charges are deducted from the fund value and any excess in the fund continues to earn interest at a rate of at least 3% per year. Interest is not taxed as income until it is withdrawn.

Fund value and premium payments

As you continue to pay your premium, your fund value may grow over time. Monthly premiums are flexible, meaning you can choose to pay as much or as little as you can afford, subject to policy minimums and maximums. Premiums may need to be increased to maintain coverage to maturity (age 95).

Benefits

Life Insurance - pays a lump-sum cash benefit when you die.

Additional rider benefits¹

Accelerated Death Benefit for Terminal Illness* - an advance of the death benefit, up to 75% of the face amount, when certified terminally ill.

Accelerated Death Benefit for Long Term Care** - a monthly advance of the death benefit for qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner.

¹ The riders have exclusions and limitations, may vary in availability by issue age, and may not be available to all covered dependents or in all states.

Additional premiums may be required for riders added to coverage.

* Monthly Deductions are waived after payment of benefit.

** Monthly Deductions are waived for the months when the benefit is payable.



Universal Life Insurance
By Allstate





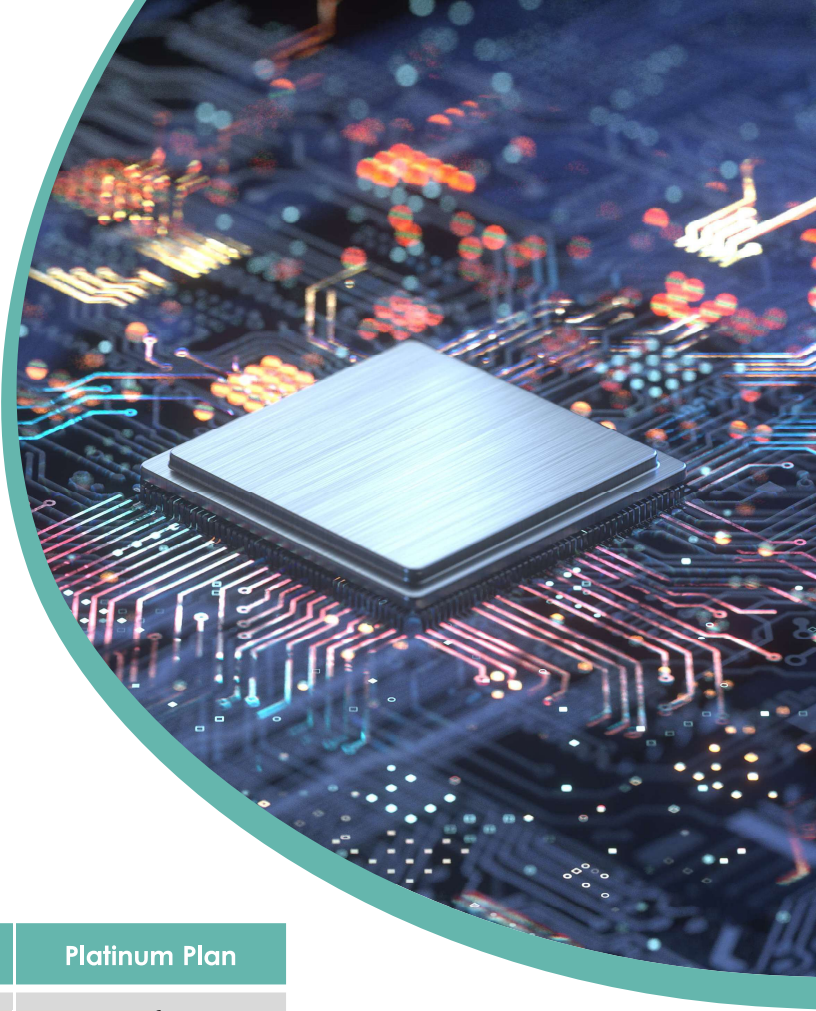
Voluntary Hospital Indemnity - Symetra

Medical insurance may not cover all the costs in the event of a hospital stay. Hospital Indemnity Insurance pays you a set amount of money if you become hospitalized. This money can help cover expenses you incur – such as home or family expenses, insurance deductibles, and copayments. There are three plan designs to choose from with Symetra.

Symetra – Hospital Indemnity	Low Plan	Median Plan	High Plan
Inpatient Hospital Benefits	500 days per lifetime unless otherwise noted		
Hospital Stay – up to 10 days per person per year	\$300 per day	\$500 per day	\$750 per day
Intensive Care Unit - up to 10 days per person per year	\$600 per day	\$1,000 per day	\$1,500 per day
Substance Abuse Facility - up to 10 days per person per year	\$300 per day	\$500 per day	\$750 per day
Mental Health Facility - up to 10 days per person per year	\$150 per day	\$250 per day	\$375 per day
Nursing Facility - up to 60 consecutive days per stay	\$150 per day	\$250 per day	\$375 per day

Voluntary Identity Theft Protection – ID Watchdog

Identity Theft Protection can help make sure your identity is safe and secure and that you are alerted to potential misuse of your personal information before any financial damage can be done. Your credit report is monitored along with thousands of other records to detect changes quickly, and if theft does occur, help correct bad data and reverse fraudulent charges.



ID Watchdog	1B Plan	Platinum Plan
TransUnion Credit Monitoring	✓	✓
TransUnion Credit Report	✓	✓
TransUnion Credit Score	✓	✓
Tri-Bureau Credit Monitoring	X	✓
Tri-Bureau Credit Reports	X	✓
Tri-Bureau Credit Scores	X	✓
Identity Monitoring	✓	✓
Cyber Monitoring	✓	✓
High Risk Transaction Monitoring	✓	✓
Advanced Monitoring	X	✓
Lost Wallet	✓	✓
100% Resolution Guarantee	✓	✓

Voluntary Pet Insurance - Figo

We know that pets are important to you, so we're offering a plan designed to be a more cost-effective way to care for them. This coverage is offered through Figo.

Here are some areas in which this plan can assist:

- Cancer treatments
- Chronic conditions
- Emergency and hospitalization
- Hereditary and congenital conditions
- Knee conditions
- Hip dysplasia
- Imaging
- Prescriptions
- Prosthetics and orthopedics
- Surgeries
- Veterinary specialists

More than just pet insurance

Virtual vet - Employees get direct access to a licensed veterinary professional via text or video chat - anytime, anywhere, within seconds

Artificial intelligence (AI) claims - powered by chat bot Evie, which brings experience to the claim-filing process

Inbox and docs - from medical notes to policy documents, keeping pet's records in one place is easier, with on-the-go access

Customized website - Figo also provides employers with a customized website that can help lighten the administrative load.

Learn more [here](#) or scan the QR code below.



Frequently Asked Questions

When are the changes I make during open enrollment effective?

- June 1, 2025

What changes can I make during open enrollment?

- Enroll in or change medical plans (HSA to HMO or HMO to PPO, etc)
- Enroll in or change dental or vision plans (Base to Buy-Up or vice-versa)
- Make changes to your other benefits
- Add or remove dependents

How & where do I make these changes?

- Navigate to SmartLinX GO with the app or log in at <https://go.smartlinx6.com/login>. Once logged in, choose Benefits.

What is my deadline?

- All changes in your coverage must be completed by May 23, 2025.

What if I don't want to make changes now? Can I make them later in the year?

- During the plan year, you can only make changes if you have a qualifying event.

What if I don't want to make changes?

- All your current elections will continue unchanged.

Who do I contact with questions?

- Contact your HR team with any questions.



Contacts

Refer to this list when you need to contact one of your benefit vendors. For general information, contact your local Human Resources representative.

	Carrier/Contact	Phone	Web
Medical	Kaiser	KP NW: HMO Plans Membership Services: 1-800-813-2000 POS Plan Customer Service Team: 1-866-616-0047 New Member Welcome Team: 1-888-491-1124	Kp.org
Health Savings Account (HSA)	WEX	866-451-3399	Discoverybenefits.com
Vision	EyeMed	866-939-3633	Eyemed.com
Dental, Life/AD&D and Disability	Guardian	Member Services: 800-541-7846 LTD Claims: 800-538-4583 Life Claims: 800-525-4542	guardianlife.com
Employee Assistance Program (EAP)	Canopy	800-433-2320	canopywell.com
Critical Illness & Accident	Allstate	800-521-3535	Allstatebenefits.com
Hospital Indemnity	Symetra	800-796-3872	Symetra.com
Identity Theft Protection	ID Watchdog	800-970-5182	Idwatchdog.com
Plan Administrator	Josie Lobo-Dennill	253-831-4675	josiel@ hopehumansvcs.com
Human Resources Vancouver	Abigail Changar Emma Ristine	360-726-5268 360-207-4020	abigailc@ hopehumansvcs.com emmar@ hopehumansvcs.com
Our Insurance Broker	Brown & Brown Miha Boboc	503-219-3240	miha.boboc@ bbrown.com

Notices

Women's Health and Cancer Rights Act of 1998:

On October 21, 1998, the Women's Health and Cancer Rights Act of 1998 became law. Under this federal law, group health plans, insurers and HMOs that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive breast surgery. For a Participant or beneficiary who is receiving benefits under the Plan in connection with a mastectomy and who elects breast reconstruction, the law requires coverage in a manner determined in consultation with the attending Physician and the patient for (a) reconstruction of the breast on which the mastectomy was performed, (b) surgery and reconstruction on the other breast to produce a symmetrical appearance, and (c) prostheses and physical complications of all stages of mastectomy, including lymphedemas. This coverage is subject to the Plan's annual deductibles and coinsurance provisions.

Privacy Notice Reminder

You are entitled to receive an explanation of how your personally identifiable health information will be used and disclosed. If you have health insurance coverage, you may request a copy of your company's Notice of Privacy Practices. It is important that you read this notice in order to understand your rights and know who to contact if you feel your privacy rights have been violated. To obtain a copy of the Privacy Notice contact the Human Resources Department.

Creditability with Medicare Part D Prescription Drug Benefits

Your company's medical plans prescription drug benefits for 2025 ARE creditable with Medicare Part D drug benefits. Contact the Human Resources Department for a copy of the complete creditable coverage notice.

Special Enrollment Rights Notice

Under the special enrollment provisions of HIPAA, you may be eligible, in certain situations, to enroll in a Hope Human Services medical plan during the year, even if you previously declined coverage. This right extends to you and all eligible family members.

Newborn's and Mothers' Health Protection Act Notice

Maternity Benefits

Under Federal and state law you have certain rights and protections regarding your maternity benefits under the Plan.

Under federal law known as the "**Newborns' and Mothers' Health Protection Act of 1996**" (**Newborn's Act**) group health plans and health insurance issuers generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

To obtain a copy of the complete CHIP notice contact the Human Resources Department.

Michelle's Law Notice

Michelle's Law is a federal law that requires certain group health plans to continue eligibility for adult dependent children who are students attending a postsecondary school, where the children would otherwise cease to be considered eligible students due to a medically necessary leave of absence from school.

The information provided by Brown & Brown, Inc. and/or its affiliates ("Company") in this guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal, tax, accounting or other professional advice or opinion on any specific facts or circumstances. Readers are urged to consult their legal counsel, tax or other professional advisor concerning any legal, tax or related questions that may arise. Any tax information contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U.S. Internal Revenue Code and (ii) promoting, marketing or recommending to another person any tax-related matter. The Company assumes no liability whatsoever in connection with the use of such information or documents.