



2021

BENEFITS
OPEN
ENROLLMENT

ENROLL NOVEMBER 9 – 25
ON **WORKDAY**





2021

OPEN ENROLLMENT

NOVEMBER 9 – 25

Open Enrollment is your yearly opportunity to enroll or change your elections for health care coverage, Flexible Spending Accounts (FSAs), and life, accident and disability insurance. You can also add or drop dependent coverage. Any changes you make will go into effect January 1, 2021, and generally remain in effect for all of 2021.

If you don't make new choices, your current elections will carry over to 2021, with the exception of FSAs. You need to make new FSA elections each year to continue participation.

Unless you have a qualified life status change – such as a birth, marriage, divorce, etc. – your next opportunity to enroll will be during the annual Open Enrollment period in fall 2021 for coverage effective January 1, 2022.

THIS GUIDE

This guide describes the enrollment process and provides a comparison of your medical plan options. You can find information on your other benefit options when you log on to **Workday** or by visiting our HR webpage.

ENROLL ON WORKDAY

Enroll or change your benefits on **Workday**. See enrollment instructions on page 4.

NEED HELP?

Contact the Human Resources Department at 425-688-5921 or email your questions to the HR Benefits Team at HRBenefitsTeam@Clinichospital.org.





WHAT'S NEW FOR 2021

The following changes and improvements go into effect January 1, 2021.

GREATER VISIBILITY TO YOUR BENEFITS

With the implementation of Workday, you can now easily check your benefit selections, print out a benefits confirmation statement, add a dependent or request to change your benefits if you have a qualifying life event. Just log in to Workday and click on “benefits” on either the left side of your profile or on the benefits icon.

EASILY UPDATE YOUR BENEFICIARIES

Updating your beneficiaries for your life insurance is easier than ever thanks to Workday. Our records show that many employees have not made any selection and/or have not reviewed their current selection for years. Just click on the benefits shield in Workday and then click on beneficiaries.

NO COPAYS FOR MENTAL HEALTH VISITS THROUGH CLINIC PROVIDERS

Office visit copays for psychiatric care with Clinic providers have now been waived for Premera members.

HIGHER LEVEL OF COVERAGE FOR SEATTLE CANCER CARE ALLIANCE

Seattle Cancer Care Alliance is now available for Level 2 coverage for the Premera medical plans. You'll be able to use SCCA providers and facilities and receive a higher level of benefits.

SPECIALTY DRUGS AVAILABLE AT NO COST THROUGH SAVEONSP

Premera members taking specialty drugs may be able to get their copays covered through the SaveonSP program. Your cost would be zero for eligible medications. SaveonSP will contact members who are currently taking an eligible medication.

You can enroll in the program as well as check to see if a drug you are taking is eligible by calling SaveonSP at 800-683-1074. Representatives are available Monday – Thursday from 5 a.m. to 5 p.m. and Friday from 5 a.m. to 3 p.m. Pacific Time. You MUST enroll to take advantage of these savings.

ENHANCED IDENTITY THEFT PROTECTION

If you enroll in identity theft protection through InfoArmor – now called Allstate Identity Protection – you will automatically be upgraded to the enhanced PrivacyPlus plan at no additional cost.

PREMIUM INCREASES

Medical premiums for dependent coverage are increasing slightly. Employee-only coverage levels for the Premera Basic and Kaiser Core plans will remain at zero cost to you.

DEDUCTIBLE INCREASES

Due to continued rising cost of medical care, we made the tough decision to raise deductibles for all plans. This allowed us to keep copays and other coverage levels the same. As a result, your plans remain highly competitive and provide excellent coverage.






ENROLL IN WORKDAY

Starting this year, make your Open Enrollment choices in Workday. Log in to Workday and you will see the Open Enrollment Change task. Below is a high level overview of the steps. For the complete guide, see the **Open Enrollment Reference Guide** on the Workday Resources page via Karly.

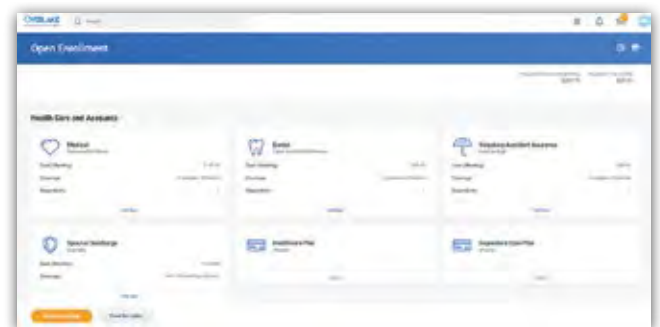
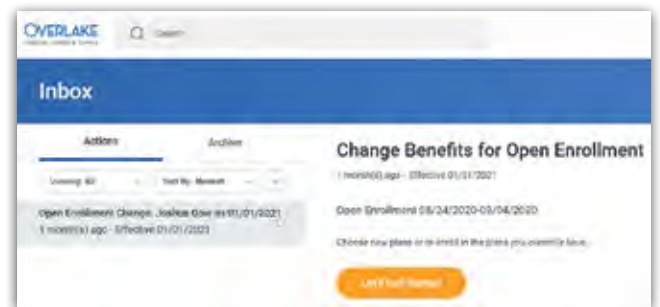
SELECT YOUR BENEFITS

From your Workday home page:

1. Click the **Inbox**  icon.
2. Click the **Open Enrollment Change** task.
3. Select **Elect** or **Waive** for each plan choice. Your current elections are the default options.
4. Click the **Plan Description** or **Provider Website** links to review.
5. Modify your coverage, if needed.
6. When complete, select **Review and Sign**.

To continue with the same coverage you have now, review your Elected and Waived coverage, then select **Review and Sign**.

Remember to review and update your beneficiaries as needed. For more information on how to do this, please go to the Workday Resources page.



2021 HEALTH CARE PREMIUMS

WELLNESS DISCOUNT

Complete a health screening in order to earn a \$25 monthly discount on your 2021 medical plan premium. Get the discount by completing one of the following tasks:

- Get an onsite health screening.
- Visit your provider and have him/her complete, sign and fax back the Clinic health screening fax form.
- Complete and fax back the Clinic health screening fax form and attach a copy of your lab results. A provider signature is not required.

The Clinic health screening fax form can be found on the HR webpage. The deadline to complete a health screening is Dec. 31, 2020.

NON-TOBACCO DISCOUNT

A \$50 monthly medical premium discount is offered to employees who do not use tobacco. You are considered “non-tobacco” if you have not used any forms of tobacco products (including e-cigarettes), within the last six months, including occasional social use.

Employees who use tobacco may receive the non-tobacco discount by completing a tobacco-cessation program through Optum. The program covers prescriptions, such as Bupropion, Chantix, or nicotine-replacement nasal spray or inhaler, as well as over-the-counter treatments, generic patches, lozenges and gum.

Please see the total benefits guide or the HR web page for additional information on how to take advantage of the tobacco-cessation programs.

2021 MONTHLY MEDICAL/VISION AND DENTAL CONTRIBUTIONS

Rates shown include both the wellness and non-tobacco discounts.

.8 TO 1.0 FTE*

EFFECTIVE JAN. 1, 2021	Premera Basic Plan	Premera Premium Plan	Kaiser Core Plan	Kaiser Prime Plan	Delta Dental of WA
Monthly Rates:					
EE only	\$0	\$61	\$0	\$61	\$0
EE + Spouse/DP	\$171	\$326	\$171	\$326	\$51
EE + Child(ren)	\$154	\$295	\$154	\$295	\$56
EE + Family	\$253	\$482	\$253	\$482	\$111

.6 TO .79 FTE*

EFFECTIVE JAN. 1, 2021	Premera Basic Plan	Premera Premium Plan	Kaiser Core Plan	Kaiser Prime Plan	Delta Dental of WA
Monthly Rates:					
EE only	\$0	\$123	\$0	\$123	\$0
EE + Spouse/DP	\$344	\$651	\$344	\$651	\$110
EE + Child(ren)	\$308	\$590	\$308	\$590	\$119
EE + Family	\$506	\$963	\$506	\$963	\$174

An additional \$250 per month will be assessed if you cover your spouse/domestic partner and he or she has access to their own employer-provided coverage. See Human Resources for a list of documents needed to prove domestic partnership. Domestic partner premiums are deducted from your pay after tax, and you pay taxes on the employer portion of the domestic partner’s premiums.



MEDICAL PLAN HIGHLIGHTS – PREMIERA BASIC AND PREMIUM PLANS

Percentages shown are what the plan pays; dollar amounts are what you pay. The Premiera Basic and Premium plans cover costs the same way. They only differ in terms of the deductible and out-of-pocket maximum, as shown in the table below.

	LEVEL 1	LEVEL 2	LEVEL 3
PROVIDER NETWORK	Medical Center & Clinics, Eastside Health Network, Evergreen Hospital and LabCorp	Seattle Children's Hospital and Physicians, Allegro Pediatrics and Seattle Cancer Care Alliance	Heritage Prime Provider
Annual Deductible - The amount you pay before the plan begins covering your costs	Basic Plan: \$1,000/person, \$3,000/family Premium Plan: \$500/person, \$1,500/family	Basic Plan: \$1,500/person, \$4,500/family Premium Plan: \$750/person, \$2,250/family	
Annual Out-of-Pocket Maximum	Basic Plan: \$5,000/person, \$10,000/family	Premium Plan: \$3,500/person, \$7,000/family	
PRIMARY CARE			
Preventive Care Includes immunizations, contraceptives, mammograms and preventive labs	100%*	100%*	
Primary Care Office Visit	\$0 at the clinic* \$35 copay*	\$35 copay*	
Specialist Office Visit	\$35 copay*	\$35 copay*	
Urgent Care	\$0 at the clinic* \$50 copay*	\$50 copay*	
Emergency Room	Plan pays 100% after \$200 copay and deductible (copay waived if admitted)		
Lab and Radiology	\$0 at the clinic for radiology* 80%	80%	70%
HOSPITAL CARE			
Inpatient Hospital Facility	\$0 at the clinic* 100%	80%	70%
Inpatient Physician	\$0 at the clinic* 100%	80%	70%
Outpatient Surgery	\$0 at the clinic* 100%	80%	70%
MENTAL HEALTH CARE			
Inpatient	\$0 at the clinic* 100%	80%	70%
Outpatient	\$0 at the clinic* \$35 copay*	\$35 copay*	
OTHER CARE OPTIONS			
Alternative Care (Naturopathic, acupuncture, and chiropractic care)	\$35 copay* Up to 12 visits per calendar year for chiropractic and acupuncture		
Massage Therapy	\$35 copay* – Up to 20 visits per calendar year		
PRESCRIPTION DRUGS – PREVENTIVE DRUGS COVERED AT 100%			
Retail (30-day supply)	After Rx deductible (\$150 individual/\$450 family):		
- Generic	• \$15 copay		
- Brand preferred	• \$35 copay		
- Brand non-preferred	• \$100 copay		
- Preferred specialty drugs	• \$70 copay		
Mail order non-specialty (90-day supply)	2.5x retail copays after deductible		

*No deductible applies.

You pay zero for **HIGHLIGHTED** services only when you get care from a provider. Only in-network coverage is shown. You pay a much higher share of the cost for out-of-network care.

To find in-network providers, go to premera.com:

- Click on Find Care and then select Find a Doctor in the top banner
- Either sign in to your account or search all plan networks and choose Heritage Prime



MEDICAL PLAN HIGHLIGHTS – KAISER PERMANENTE PLANS

Percentages shown are what the plan pays; dollar amounts are what you pay.

	CORE PLAN (ACCESS PPO)	PRIME PLAN (ACCESS PPO)
	Preferred Provider Network	Preferred Provider Network
Annual Deductible	\$1,800/person, \$5,400/family	\$1,000/person, \$3,000/family
Annual Out-of-Pocket Maximum	\$5,000/person, \$10,000/family	\$3,500/person, \$7,000/family
PRIMARY CARE		
Preventive Care Includes immunizations, contraceptives, mammograms and preventive labs	100%*	
Primary Care Office Visit	\$0 at Kaiser and The Clinic* \$35 copay*	
Specialist Office Visit	\$35*	
Urgent Care	100% after \$35 copay*	
Emergency Room	60% after \$200 copay (copay waived if admitted)	
Lab and Radiology	\$0 at Kaiser* 60% at other in-network locations	
HOSPITAL CARE		
Inpatient Hospital Facility	\$0 at Kaiser and The Clinic* 60% after \$100 copay per day for up to 5 days	
Inpatient Physician	\$0 at Kaiser and The Clinic* 60% at other in-network locations	
Outpatient Surgery	\$0 at Kaiser and The Clinic* 60% at other in-network locations	
MENTAL HEALTH CARE		
Inpatient	\$0 at Kaiser and The Clinic* 60% after \$100 copay per day for up to 5 days	
Outpatient	\$0 at Kaiser and The Clinic for primary care* \$35 copay*	
OTHER CARE OPTIONS		
Alternative Care (Naturopathic, acupuncture, and chiropractic care)	\$35 copay* Up to 15 visits per calendar year for chiropractic and acupuncture	
Massage Therapy	\$35 copay* Up to 60 visits per calendar year (combined with rehabilitative benefit)	
PRESCRIPTION DRUGS – PREVENTIVE DRUGS COVERED AT 100%		
Retail (30-day supply)		
- Value based	\$5 copay	
- Preferred generic	\$10 copay	
- Brand preferred	\$40 copay (\$30 at a Kaiser pharmacy)	
- Generic and brand non-preferred	50%	
Mail order (90-day supply)	2x retail copays	

*No deductible applies.

You pay zero for **HIGHLIGHTED** services only when you get care at the clinic or Kaiser.

Only in-network coverage is shown. You pay a much higher share of the cost for out-of-network care.

To find in-network providers, go to kp.org/wa:

- Click on “Find a Doctor” in the top banner
- Either sign in to your Kaiser account or choose “Employer plans” under “Welcome, visitor”
- Select Access PPO or choose Clinic from the list of employers



VISION AND DENTAL

Vision benefits are provided automatically as part of the medical plan you enroll in. The tables below show how the Premera and Kaiser vision plans cover your costs.

PREMERA VISION COVERAGE

	In-network	Out-of-network
Basic eye examination One exam per calendar year	\$ 35 copay (deductible waived)	Plan pays 50%
Vision hardware Frames and lenses, contact lenses	Covered in full up to \$150 per calendar year	

KAISER VISION COVERAGE

	In-network	Out-of-network
Basic eye examination One exam per calendar year	\$ 35 copay (deductible waived)	Plan pays 50%
Vision hardware Frames and lenses, contact lenses	Adults: \$150 allowance every 12 months. Under 19: 1 pair of frames and lenses per year or contacts covered at 50%	

DENTAL COVERAGE

The Clinic offers dental coverage through Delta Dental of Washington. The plan lets you see any dentist, but you pay less for services when you see a Delta Dental dentist.

To find a Delta dentist:

- Go to DeltaDentalWA.com
- Call Delta at 800-554-1907

	PPO network provider	Premier/Non-network provider
Deductible	\$0	\$50 individual/\$150 family
Annual maximum	\$2,000/person	
Diagnostic and preventive services Routine exams, X-rays, cleanings (twice per year), topical fluoride application	100%	100% (deductible waived)
Space maintainers One per lifetime through age 17	100%	100% (deductible waived)
Sealants Through age 14 on permanent molars only, once per tooth every three years	100%	100% (deductible waived)
Routine care Fillings, extractions, periodontics, oral surgery, endodontics	80%	80%
Major restorative care Crowns, bridges, dentures, inlays, onlays, implants	60%	50%
Orthodontia	50% (deductible waived) \$1,500 lifetime maximum benefit per person	



GET CARE **IN-HOUSE** AND IT'S **ON THE HOUSE**

If you're in a Premera medical plan, you pay zero for most services at the clinic! You can save a lot. The examples below compare your costs if you had a **\$1,000 MRI** at the clinic vs. your other options.

PREMERA BASIC PLAN

CLINIC FACILITIES AND PHYSICIANS	LEVEL 3 FACILITIES AND PHYSICIANS	OUT-OF-NETWORK
<p>Your cost:</p> <p>\$0</p>	<p>Your cost:</p> <div data-bbox="711 821 906 1052"> <p>BILL</p> <p>\$1,000</p> <hr/><hr/><hr/><hr/> </div>	<p>Your cost:</p> <div data-bbox="1138 821 1333 1052"> <p>BILL</p> <p>\$1,000</p> <hr/><hr/><hr/><hr/> </div>

PREMERA PREMIUM PLAN

CLINIC FACILITIES AND PHYSICIANS	LEVEL 3 FACILITIES AND PHYSICIANS	OUT-OF-NETWORK
<p>Your cost:</p> <p>\$0</p>	<p>Your cost:</p> <div data-bbox="711 1547 906 1778"> <p>BILL</p> <p>\$1,000</p> <hr/><hr/><hr/><hr/> </div>	<p>Your cost:</p> <div data-bbox="1138 1547 1333 1778"> <p>BILL</p> <p>\$1,000</p> <hr/><hr/><hr/><hr/> </div>

These examples are for illustration only. Actual claims paid are subject to the terms and conditions of the Premera contracts



CHARITABLE GIVING

MAKE DONATIONS THROUGH PAYROLL DEDUCTION

As a nonprofit organization, the Clinic relies on philanthropic contributions from the community we serve to continue to provide the quality of care our patients deserve. We believe this generous giving should start with us, so we reach out to staff to join together in supporting this incredible organization.

Many employees like to make contributions by having a fixed amount deducted from their paychecks each month. It's easy to set this up through **Workday** during Open Enrollment. You can also make changes to your giving at any time of the year. To make a change or to start giving outside of Open Enrollment, simply click the benefits icon on your home page, click "Change Benefits," and then "Employee Giving Change."

When you enroll in benefits, you will have the option of selecting "Charitable Giving" for eight different funds:

- Campaign FutureCare
- Cancer Care
- Cardiac Services
- Charity Care
- Mental Health
- Neurology
- Specialty School
- Ensuring Excellence/Greatest Need

Simply click "select" for each fund you would like to support and enter the amount you would like to give each month. If the fund you would like to select is not listed, please select "Ensuring Excellence/Greatest Need" and contact the Foundation.

CONTACT US

If you have any questions about employee giving, please contact the Foundation at 425.688.5525 or egc@Clinichospital.org.

Thank you for all you do.

OTHER WAYS TO GIVE

You can also make a contribution by cash, check or credit card. Visit Clinichospital.org/EGC to make your gift online. Or fill out an employee giving donation form, available on Karly, and submit the form with your payment to the Foundation office. You can make a donation at any time during the year.

Giving at any level is important and appreciated! Participation in the campaign shows that we believe so strongly in the mission and value of The Clinic that we support it in every way.



CLINIC PRIMARY AND URGENT CARE LOCATIONS

Get care in-house, and it's on the house! Premera and Kaiser members can get free care at the clinic for many services. Check out our many convenient locations:

BELLEVUE - PRIMARY CARE (HOSPITAL CAMPUS)

Phone: 425-289-3100
1231 116th Ave NE, Suite 400
Bellevue, WA 98004
Weekdays 7 a.m. to 6 p.m.
Sat. 8:30 a.m. to 12:30 p.m.

BELLEVUE - PRIMARY CARE (DOWNTOWN)

Phone: 425-635-6350
400 108th Ave NE
Bellevue, WA 98004
Weekdays 7 a.m. to 6 p.m.

BELLEVUE - INTERNAL MEDICINE ASSOCIATES

Phone: 425-990-5222
1407 116th Ave NE, Suite 200
Bellevue, WA 98004
Weekdays 8 a.m. to 5 p.m.

ISSAQUAH - PRIMARY CARE

Phone: 425-688-5488
5708 E Lake Sammamish Pkwy SE, Suite 102
Issaquah, WA 98029
Mon. – Wed. 7 a.m. to 6 p.m.
Thur. 7 a.m. to 7 p.m.
Sat. 9 a.m. to 1 p.m.

KIRKLAND - PRIMARY CARE

Phone: 425-635-6470
290 Central Way
Kirkland, WA 98033
Weekdays 7 a.m. to 5 p.m.

LAKE HILLS - PRIMARY CARE

Phone: 425-637-3270
619 156th Ave SE
Bellevue, WA 98007
Weekdays 7 a.m. to 6 p.m.

REDMOND - PRIMARY CARE

Phone: 425-635-6430
7345 164th Ave NE, Suite I-105
Redmond, WA 98052
Weekdays 7 a.m. to 5 p.m.

SAMMAMISH PRIMARY CARE

Phone: 425-635-3070
22630 SE 4th St, Suite 300
Sammamish, WA 98074
Weekdays 7 a.m. to 5 p.m.

BELLEVUE - URGENT CARE (DOWNTOWN)

Phone: 425-635-6550
400 108th Ave NE
Bellevue, WA 98004
Mon. – Sat. 7 a.m. to 10 p.m.

ISSAQUAH - URGENT CARE (CLINIC CENTER)

Phone: 425-688-5777
5708 E Lake Sammamish Pkwy SE
Issaquah, WA 98029
Everyday 7 a.m. to 11 p.m.

LAKE HILLS - URGENT CARE

Phone: 425-637-3280
619 156th Ave SE
Bellevue, WA 98007
Mon. – Sat. 12 p.m. to 10 p.m.

REDMOND - URGENT CARE

Phone: 425-635-6400
17209 Redmond Way
Redmond, WA 98052
Everyday 7 a.m. to 11 p.m.

SAMMAMISH - URGENT CARE

Phone: 425-635-3080
22630 SE 4th St, Suite 300
Sammamish, WA 98074
Mon. – Sat. 12 p.m. to 10 p.m.

NEWCASTLE - URGENT CARE

Phone: 425-635-3020
13159 Newcastle Commons Drive
Newcastle, WA 98059
Mon. – Sat. 12 p.m. to 10 p.m.

NEWCASTLE - PRIMARY CARE

Phone: 425-635-3010
13159 Newcastle Commons Drive
Newcastle, WA 98059
Weekdays 7 a.m. to 5 p.m.



BENEFITS DIRECTORY 2021

For general information about benefits, please contact Human Resources at 425-688-5921. For information about a specific program or plan, reach out to the plan providers listed below or contact the Human Resources Department at 425-688-5921 or email your questions to HRBenefitsTeam@Clinichospital.org.

MEDICAL/VISION, AND DENTAL

PREMERA BLUE CROSS

PO Box 91059
Seattle, WA 98111
800-722-1471
Mail-order: 800-391-9701
24-Hour Nurseline: 800-841-8343
www.premera.com
Group Number 1000063

KAISER PERMANENTE

PO Box 34590
Seattle, WA 98124
206-901-4636 or 888-901-4636
Mail-order: 800-245-7979
Consulting Nurse Service: 800-297-6877
www.kp.org/WA
Group Number 65477: Core / 65478: Prime

DELTA DENTAL OF WASHINGTON

PO Box 75983
Seattle, WA 98175
800-554-1907
www.deltadentalwa.com

EMPLOYEE HEALTH SERVICES

425-688-5381 (weekdays)

FLEXIBLE SPENDING ACCOUNTS

ALLEGIANCE

877-424-3570
www.askallegiance.com
Group Number 530380

FINANCIAL BENEFITS

FIDELITY INVESTMENTS

(Clinic Retirement Program)
800-343-0860
www.fidelity.com

LIFE AND DISABILITY INSURANCE

THE HARTFORD

www.thehartford.com
877-778-1383

SUPPLEMENTAL BENEFITS

UNUM, STANDARD, MUTUAL OF OMAHA, METLIFE, & HYATT

- Voluntary life, spouse, and child life insurance
- Accidental death and dismemberment insurance
- Accident insurance
- Short-term disability insurance
- Critical illness insurance
- Group legal plan
- Identity theft protection

425-201-9140

Clinic@ajg.com

PAID TIME OFF, EXTENDED ILLNESS BANK, SHARED LEAVE AND LEAVES OF ABSENCE

Contact Human Resources at 425-688-5921

WASHINGTON HEALTH PROFESSIONAL SERVICES

360-236-2880

INFOARMOR (ALLSTATE IDENTITY PROTECTION)

Identity theft protection

800-789-2720

www.infoarmor.com

TOBACCO-CESSATION PROGRAM

Optum

866-QUIT-4-LIFE

www.quitnow.net

EMPLOYEE ASSISTANCE PROGRAM

First Choice Health Network

800-777-4114

www.firstchoicееap.com

BUS PASSES: ORCA CARD

Contact Human Resources at 425-688-5921

EMPLOYEE PARKING

- For a parking sticker, contact the Safety and Security Department at 425-688-5955.
- For a security escort, contact Valet Service during the day or the Security Department at any other time.
- For information or assistance with close-in parking, contact Employee Health Services at 425-688-5381.

This overview briefly highlights key features of your plan and is not intended to replace your insurance contract or booklet. We have compiled this summary form to answer common questions. Please refer to the insurance carriers' contracts and booklets for more detailed information and plan limitations. Actual claims paid are subject to the terms and conditions of the individual carriers' contracts.