

# Northwest Center Benefits Guide

2025

Employee Benefits Guide

January 1 – December 31

Employees working 30 hours or more per week



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# A Message from HR at Northwest Center.

At Northwest Center we recognize our ultimate success depends on our talented and dedicated workforce. The contribution each employee makes is essential to our success and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

You can also view overviews of our benefit plans by accessing our benefits website at <https://nwcbenefits.hrbenefits.net/> or access the MyBenefits2GO mobile app. Northwest Center is pleased to offer on-the-go access to key benefit information through the USI Mobile App, MyBenefits2GO. Search for "MyBenefits2GO" and download the free app in your smartphone. Add your name and email then enter the code Y53986 when prompted.



# Eligibility

## Eligible Employees:

You may enroll in the Northwest Center Employee Benefits Program if you are a full-time employee.

## Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Members have 31 days after the date on which maximum age is attained to submit ongoing disability information. Children may include natural, legally adopted, stepchildren and children obtained through court-appointed legal guardianship.

## When Coverage Begins:

Full-Time employees expected to work at least 30 hours per week on a consistent basis are eligible for benefits. You will be eligible as a new full-time employee the 1<sup>st</sup> of the month coinciding or following 60 days of continuous employment.

Employees promoted from part-time to full-time will receive credit towards the 60 day probationary period. If a part-time employee that transitions to full-time has already worked 60 days, coverage is effective the first of the following month after reaching full-time status. If not, the effective date will be the first of the month that coincides with or next follows 60 days, reduced by the number of days of service as a part-time employee.

## Family Status Change:

A change in family status is an event in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make a request to the benefits administrator at Northwest Center within 60 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of family status within the required timeframe may result in your having to wait until the next open enrollment period to make your requested change. The change must be one that impacts eligibility and corresponds with the family member that is impacted.

# Cost of Coverage

Northwest Center funds the majority of the cost of the benefit plans. Deductions for our health plan will be taken on a pre-tax basis unless you request otherwise. Pre-tax means that deductions are taken prior to calculation of your taxable income, thereby reducing your tax liability. *NWC has 26 pay periods per year but will take deductions out of 24 paychecks only.*

Monthly Premium Premiera Medical and Prescription				
Monthly Employee Cost	Health Savings Plan	Traditional Plan	Delta Dental	VSP Vision
Employee	\$33	\$136	\$25	\$8
Employee + Spouse/DP*	\$382	\$700	\$46	\$13
Employee + Child(ren)	\$148	\$403	\$39	\$14
Employee + Family	\$482	\$890	\$78	\$21

*\*Due to IRS guidelines, domestic partner premiums must be paid with after-tax dollars. The value of the benefit (total premium paid by NWC for the domestic partner) must also be included as income on the employee's W-2.*

# Important Contacts

<b>Benefit</b>	<b>Carrier</b>	<b>Contact Information</b>
Medical & Prescription Drug Plan Health Savings Account (HSA)	<b>Premera Blue Cross</b> Group # 1037147	(800) 722-1471 <a href="http://www.premera.com">www.premera.com</a> Access your HSA through your <a href="http://www.premera.com">www.premera.com</a> account
Mail-Order Pharmacy Program	<b>Express Scripts</b> Group # 1037147	(800) 391-9701 <a href="http://www.express-scripts.com">www.express-scripts.com</a>
Virtual Medical Care For Premera members only	<b>Doctor on Demand</b> <b>98point6</b> <b>Talkspace</b>	<a href="http://doctorondemand.com/premera">doctorondemand.com/premera</a> <a href="http://98point6.com/premera">98point6.com/premera</a> <a href="http://talkspace.com/premera">talkspace.com/premera</a>
Mental Wellness Services / Employee Assistance Program (EAP)	<b>Spring Health</b>	(240) 558-5796 <a href="http://nwcenter.springhealth.com">nwcenter.springhealth.com</a>
Dental Plan	<b>Delta Dental of Washington</b> Group # 00435	(800) 554-1907 <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>
Vision Plan	<b>Vision Service Plan (VSP)</b> Group # 12084243	(800) 877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
Flexible Spending Account (FSA) & Commuter Program	<b>Navia Benefit Solutions</b> Company Code: NCN	(800) 669-3539 <a href="http://www.naviabenefits.com">www.naviabenefits.com</a>
Life Insurance & Voluntary Plans	<b>The Hartford</b> Group # 925208	(800) 523-2233 <a href="http://thehartford.com">thehartford.com</a>

## Have Questions, Need Help?

Northwest Center is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.





**BRCWest@usi.com**  
**Monday - Friday**  
**Monday through Friday**  
**8:00am to 5:00pm Pacific**  
  
**(866) 468-7272**



# Medical Insurance

Northwest Center offers you a choice of two medical plans with Premiera Blue Cross, giving you the flexibility to select the plan that best fits your needs.

To help control the cost of your care, this plan uses Premiera's Heritage network in Washington. When you see a preferred provider in the Heritage network, the amount you pay out of your pocket is lower than if you see an out-of-network provider. For care in Clark County and outside of Washington members can utilize contracted providers in the BlueCard program.

	Health Savings Plan		Traditional Plan	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Calendar Year Deductible*				
Individual	\$2,000	\$4,000	\$600	\$1,200
Family	\$4,000 (Shared)	\$8,000 (Shared)	\$1,800	\$3,600
Coinsurance	Plan Pays 80%	Plan Pays 60%	Plan Pays 80%	Plan Pays 60%
Calendar Year Maximum Out-of-Pocket (Made up of deductible, coinsurance and copay expense)				
Individual	\$4,000	\$8,000	\$3,000	\$6,000
Family	\$8,000	\$16,000	\$9,000	\$18,000
Health Savings Account Calendar Year Contributions				
Employer Contribution	\$1,000 Employee / \$2,000 Family		N/A	
Physician Office Visit				
Primary Care	80%	60%	\$25 copay (DW)	60%
Specialty Care	80%	60%	\$40 copay (DW)	60%
Preventive Care				
Preventive Exams	100% (DW)	Not Covered	100% (DW)	Not Covered
Diagnostic Services				
X-ray and Lab Tests	80%	60%	80% (DW)	60%
Complex Radiology	80%	60%	80% (DW)	60%
Urgent Care (Stand Alone)	80%	60%	\$40 copay (DW)	60%
Emergency Room	80%		80%	
Inpatient Facility Charges	80%	60%	80%	60%
Mental Health & Substance Abuse				
Inpatient	80%	60%	80%	60%
Outpatient	80%	60%	\$25 copay (DW)	60%
Other Services				
Chiropractic, Acupuncture 12 visits PCY**	80%	60%	\$25 copay (DW)	60%
Rehabilitation Services				
Inpatient – 30 days PCY*	80%	60%	80%	60%
Outpatient – 45 visits PCY*	80%	60%	\$40 copay (DW)	60%

\*\*Deductible applies unless indicated with a (DW) = Deductible Waived

\*PCY = Per Calendar Year

\*\*\* The deductible on the Health Savings Plan is shared. When at least one dependent is enrolled, the overall deductible must be met before the plan pays at the coinsurance level.



# Pharmacy Benefit

Retail Pharmacy (30 Day Supply)				
	Health Savings Plan		Traditional Plan	
Medical Deductible Applies	Yes		No	
Generic	20%		\$15 copay	
Preferred	20%		\$50 copay	
Non-Preferred	20%		\$80 copay	
Preferred Specialty	Same as retail schedule above		Same as retail schedule above	
Mail Order Pharmacy (90 Day Supply)				
Generic	20%	Not covered	\$30 copay	Not covered
Preferred	20%	Not covered	\$100 copay	Not covered
Non-Preferred	20%	Not covered	\$160 copay	Not covered
Preferred Specialty	Dispensing Limits apply for Specialty Medications and may not qualify for mail order		Dispensing Limits Apply for Specialty Medications and may not qualify for mail order	

## Virtual Care Options for Premera Members

### Dr On Demand:

Fast and easy way to see a medical doctor, dermatologist, or psychologist online on your computer, tablet, or phone. Connect with board certified doctors and licensed psychologists on demand 24/7 or by appointment. Doctors can diagnose, treat, and order prescriptions as necessary. [doctorondemand.com/premera](https://doctorondemand.com/premera)

### 98point6:

24/7/365 access to a physician via private and secure in-app text messaging. [98point6.com/premera](https://98point6.com/premera)

### Talkspace:

Instant counseling via text, audio, or video messaging anytime with over 5,000 licensed therapists. Cost is the same as in-network outpatient mental health visit. [talkspace.com/premera](https://talkspace.com/premera)

Virtual mental wellness services are also available through Spring Health. Learn more on page 14.

#### Find an In-Network PPO Provider

- Visit [www.premera.com](https://www.premera.com)
- Click on "For Members" on the right hand side of the webpage
- Click on "Find a Doctor" at the top of the webpage
- Enter your zip code or address
- Select the Heritage Network and the type of provider you are looking for






## PLANselect Tool

### Plan Selection Tool

We have a plan comparison tool that will help you compare the cost of the Traditional Plan and Health Savings Plan based on who you are covering and your upcoming medical and prescription drug needs. You can access it online at [myplanselect.com](https://myplanselect.com). It will only take 5 minutes to get your results!

# What Are My Options for Care?

You have many options for how and where you can receive care through your Premera Blue Cross medical plan. But which one is best for your situation? Use the chart below to help you decide and see the benefit grid on the next page for service costs.

Care Center	What is it?	What can they treat?
<p>Kinwell Health</p>  <p>Kinwell</p>	<ul style="list-style-type: none"> <li>Provides access for members who receive covered services from a Kinwell clinic to have lower cost shares and timelier appointment availability</li> <li>Primary Care such as pediatric and geriatric care, including management of mental health and chronic health conditions</li> <li>Point of care labs drawn and tested at Kinwell clinics, such as lipids, A1C, some viral testing</li> <li>Virtual Care Visits</li> <li><b>Call Premera Customer Service for more information on availability, services available and hours.</b></li> </ul>	<ul style="list-style-type: none"> <li>Answer general questions like “how long should I ice my sprained ankle?”</li> <li>Give advice/referrals of where to go for treatment e.g. ER or primary care doctor</li> </ul>
<p>Telemedicine / Virtual Visits</p> 	<ul style="list-style-type: none"> <li>Convenient, low cost option for treating common, non-urgent health concerns</li> <li>A doctor will diagnose the issue over the phone and write a prescription, if necessary.</li> <li><b>Available 24/7/365 days a year, by web, phone or mobile app</b></li> </ul>	<ul style="list-style-type: none"> <li>Minor illnesses</li> <li>Minor infections</li> <li>Cold and flu symptoms</li> <li>Bronchitis</li> <li>Allergies</li> <li>Mental health</li> <li>Headaches/migraines</li> <li>And more...</li> </ul>
<p>Doctor's Office</p> 	<ul style="list-style-type: none"> <li>Routine care or treatment for a current health issue</li> <li>Your primary doctor knows you and your health history</li> <li>To manage your medications</li> <li>To refer you to a specialist</li> <li><b>Normally available Monday-Friday. Check with your provider for actual office hours.</b></li> </ul>	<ul style="list-style-type: none"> <li>Routine checkups and preventive services</li> <li>Immunizations</li> <li>Minor injuries, such as sprains</li> <li>Illnesses</li> <li>Manage your general health and chronic conditions</li> </ul>
<p>Urgent Care Clinic</p> 	<ul style="list-style-type: none"> <li>Treatment of non-life-threatening injuries or illnesses</li> <li>Staffed by qualified physicians</li> <li><b>Generally open night and weekends; some open 24/7</b></li> </ul>	<ul style="list-style-type: none"> <li>Cold and flu symptoms</li> <li>Minor accidents or falls</li> <li>Minor sprains or fractures</li> <li>Minor cuts and burns</li> <li>Vomiting, diarrhea</li> </ul>
<p>Emergency Room</p> 	<ul style="list-style-type: none"> <li>Immediate treatment for serious, life-threatening conditions.</li> <li>Ready to treat any critical situation</li> <li>Can be hospital-based or freestanding</li> <li><b>Available 24/7/365 days a year</b></li> </ul>	<ul style="list-style-type: none"> <li>Chest pain</li> <li>Difficulty breathing</li> <li>Severe abdominal pain</li> <li>Broken bones</li> <li>Head injuries</li> <li>Uncontrolled bleeding</li> <li>Seizures</li> </ul>



# Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account. Access your HSA account through your member portal at [www.premiera.com](http://www.premiera.com).

## What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don’t pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates so your unused funds grow over time.

NWC 2025 Contribution	Self Only Coverage	Family Coverage
Initial (on 1/1/2025 or enrollment date)	\$250	\$500
Per remaining pay period	\$32.61	\$65.22
Total*	\$1,000	\$2,000

## Are you eligible to open a Health Savings Account (HSA)?

Although everyone is able to enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

\*Contributions are pro-rated based on the number of pay periods left in the year.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse’s PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person’s tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse’s FSA. (Enrollment in a limited purpose health care FSA is allowed).

## 2025 HSA Contributions

You are able to contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions. Total contributions are made up of employer and employee combined deposits.

- FOR THE 2025 TAX YEAR:
- \$4,300 Individual
- \$8,550 Family
- If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.

Select the image below to learn more about how to optimize your HSA.



# Dental Insurance

Northwest Center offers a comprehensive dental plan with Delta Dental of Washington.

Any member who gets a Healthy Checkup will increase their benefit maximum by \$250 the following year. A Healthy Checkup is any diagnostic and preventive service (i.e. preventive exam, cleaning, fluoride treatment, x-rays, and sealants). The increase is cumulative, so you can earn an extra \$250 each year up to a maximum of \$2,500 (i.e. \$1,750 in 2026, \$2,000 in 2027, etc.). Each year you don't get a Healthy Checkup your benefit maximum decreases back to the previous year's level but will not drop below \$1,500.

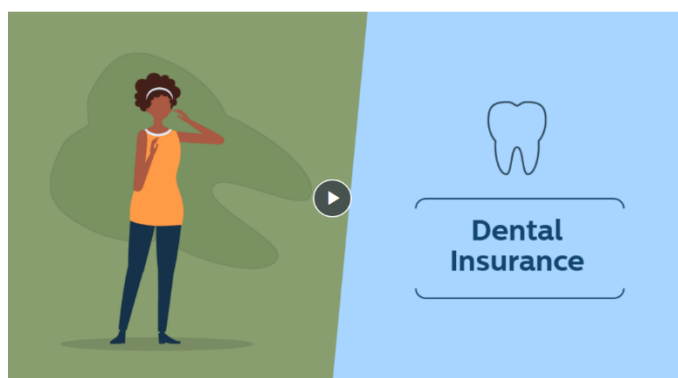
Benefit Coverage	Delta Dental PPO Plan	
	In-Network Benefits	Out-of-Network Benefits
Calendar Year Deductible (Waived for Preventive Services)		
Individual	\$50 Individual	
Family	\$150 Family Maximum	
Calendar Year Benefits		
Per Person Benefit Maximum	Base: \$1,500 Increase for Healthy Checkup: \$250 Maximum: \$2,500 Increases apply the following calendar year	
<b>Class I: Diagnostic &amp; Preventive</b> Exams, Cleanings, X-rays, Fluoride and Sealants	100%	80% MAC*
<b>Class II: Restorative</b> Restorations, Endodontics, Periodontics, Oral Surgery	80%	70% MAC
<b>Class III: Major</b> Crowns, Dentures, Partials, Bridges and Implants	50%	40% MAC
<b>Orthodontia</b> (Adults & Dependent Children)	50% to a lifetime maximum of \$1,500	

\*MAC – Maximum Allowable Charge

**NOTE:** The level of benefits received is based on whether that treatment was provided by a preferred, premier or out-of-network dental provider. Benefits are payable at the preferred level by accessing your care through a Contracted Provider. Out-of-network charges will be paid at a set reimbursement amount, also called the Maximum Allowable Charge. If you use an Out-of-Network dentist, that provider may bill you over and above the set reimbursement amount offered by Delta Dental.

Find a PPO dentist

- Visit [deltadentalwa.com](https://deltadentalwa.com)
- Click on Online Tools and Find a Dentist
- Fill in your address, select the Delta Dental PPO, and click on Search



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# Vision Insurance

Northwest Center provides you with the opportunity to purchase vision coverage for yourself and your eligible dependents through Vision Service Plan (VSP). To find a participating provider in VSP **Signature** provider network or to review your benefits before an appointment, visit [www.vsp.com](http://www.vsp.com) or call (800) 877-7195. VSP does not issue ID Cards. Your preferred provider will locate your coverage electronically.



Out-of-Network benefits are available. See your summary for a reimbursement schedule when you use an Out-of-Network service provider.

Benefit Coverage	Vision Plan
Copay	In Network
Exam and Glasses	\$10 shared copay, then paid at 100%
Contact Evaluation and Fitting	Up to a \$60 copay then covered at 100%
Vision Materials	
Lenses (Once every 12 months)	Single vision, lined bifocal, lined trifocal and standard progressive lenses paid at 100% after combined copay
Elective Contacts Instead of glasses (Once every 12 months)	\$135 allowance for contacts; copay does not apply Up to a \$60 copay for contact lens fitting and evaluation
Frame (Once every 24 months)	\$150 frame allowance or \$170 for featured frames (20% savings on the amount over your allowance) \$150 frame allowance Walmart or Sam's Club, \$80 Costco frame allowance

 <p>Extra Savings and Discounts with VSP</p>	<b>Additional Pairs of Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Discover all current eyewear and savings at <a href="http://vsp.com/offers">vsp.com/offers</a></li> <li>30% savings on unlimited additional pairs of prescription or non-prescription glasses/ sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.</li> </ul>
	<b>Reginal Screening</b> <ul style="list-style-type: none"> <li>Guaranteed pricing on your retinal screening as an enhancement to our WellVision Exam.</li> </ul>
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price when using a contracted facility.</li> </ul>
	<b>Exclusive Member Extra for VSP Members</b> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="http://vsp.com/offers">vsp.com/offers</a></li> <li>Save up to 60% on digital hearing aids through TruHearing. Visit <a href="http://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> </ul>

## Basic Life/AD&D Insurance

We provide a basic life and accidental death & dismemberment (AD&D) insurance benefit to all eligible employees with The Hartford. Enrollment is automatic and NWC pays the full cost of your coverage. Life insurance pays your beneficiary a benefit in the event of your death and AD&D insurance pays a benefit if your death results from an accident or if you are severely injured in an accident.

Basic Life/AD&D	
Employee Basic Life Benefit	\$10,000
Employee Basic AD&D Benefit	\$10,000
Benefit Reductions due to Age	Reduced to 65% at age 65, and to 50% at age 70

## Voluntary Life/AD&D Insurance

Northwest Center offers all eligible employees the opportunity to purchase life and AD&D insurance through The Hartford. **You will be eligible on the first of the month following 60 days of full time employment.** This benefit is employee-paid through convenient payroll deductions.

If you would like to purchase coverage in excess of the guarantee issue amounts, or if you apply for coverage after your initial eligibility period, you will need to answer health related questions to provide proof of insurability.

Certain delays in coverage may occur if you are not actively at work, or if your dependents are confined to a medical facility or unable to perform, unaided, the normal functions of daily living. See the voluntary life policy for more information.

Voluntary Life/AD&D		
The Insured	Maximum Coverage Amount	Guarantee Issue
For You	Up to 5 times your basic annual earnings or \$500,000, in increments of \$1,000	\$150,000
For Your Eligible Spouse/DP	Up to \$500,000 in \$1,000 increments. May not exceed 100% of employee's amount.	\$25,000
For Your Eligible Children	Up to \$10,000 in \$1,000 increments for children age 6 months to 26 years. \$1,000 for children age from birth to 6 months.	\$10,000

The cost of voluntary life and AD&D insurance depends on the amount of coverage and ages of the employee and spouse.

Employee (or spouse age)	Employee Rate Per Month \$10,000 Life and AD&D	Spouse Rate Per Month \$5,000 Life and AD&D
15 - 24	\$0.700	\$0.290
25 - 29	\$0.800	\$0.330
30 - 34	\$0.990	\$0.415
35 - 39	\$1.400	\$0.605
40 - 44	\$2.000	\$0.865
45 - 49	\$3.200	\$1.355
50 - 54	\$5.080	\$2.115
55 - 59	\$7.820	\$3.240
60 - 64	\$12.190	\$5.540
65 - 69	\$21.170	\$9.465
70 - 74	\$37.770	\$16.865
75 +	\$74.020	\$33.785

The rate for children is \$0.732 per \$2,000 of life coverage and \$0.04 per \$2,000 of AD&D coverage. One monthly premium amount insures all of your eligible children.



# Flexible Spending Arrangement

A Flexible Spending Arrangement (FSA) allows you to set money aside on a pre-tax basis to pay for qualified out-of-pocket health and dependent care expenses. Your election will be evenly deducted from your paycheck, pre-tax, throughout the year. Navia Benefit Solutions administers the FSA.

## 1. General Purpose Health FSA

You cannot have an HSA and a general-purpose health FSA (see the limited purpose health FSA below). A general-purpose health FSA is for medical, prescription drug, and dental expenses such as deductibles, prescription drugs, eyeglasses, laser eye surgery, orthodontia, acupuncture, massage therapy, etc. You may contribute up to \$3,300 in a general-purpose health FSA in 2025.

## 2. Limited Purpose Health FSA

You can have an HSA and a limited purpose health FSA. A limited purpose health FSA is for dental and vision expenses only. You may contribute up to \$3,300 in a limited purpose health FSA in 2025.

## 3. Dependent Care FSA

You can have an HSA and a dependent care FSA. You can use the dependent care FSA for expenses necessary to care for dependent children under age 13 or adult dependents (such as your parents or spouse) who are physically or mentally incapable of self-care. Dependent care expenses are limited to services that allow you to work, attend school full-time, or look for work. You and your spouse may contribute up to a combined total of \$5,000 each year. If you

If you choose to have dependent care expenses reimbursed by your Dependent Care FSA, those same expenses cannot be claimed for a dependent care tax credit on your federal income tax return. Consult a tax advisor for more information.

### FSA tips

- If you open an FSA you will get a debit card, which allows you to pay for eligible expenses directly from your FSA.
- You can carryover up to \$660 of unused health FSA funds from 2025 into 2026.

## GoNavia Commuter Program

We offer the GoNavia commuter program to all employees. It allows employees who commute to and from work to set aside pre-tax funds to pay for their work-related mass transit and parking expenses. Eligible expenses include transit passes, fare cards, ticket books, vanpools costs, and work-related parking expenses. For enrollment instructions refer to the GoNavia flyer in your packet.

# Spring Health

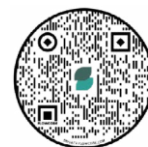
Northwest Center provides Spring Health to all benefit-eligible employees working at least 30 hours/week and their families. Northwest Center pays the full cost of your coverage. You can register online or by calling at any time. Spring Health supports your mental health - providing mental wellness services that are confidential, convenient, and available anytime, anywhere. You, and each covered family member, receive up to six free therapy sessions per year with a Spring Health provider. You can also access on-demand self-help exercises, one free

30-minute legal consultation, and one free 1-hour telephonic consultation with a financial consultant.

### Contact Spring Health

1-(855)-629-0554

[nwcenter.springhealth.com](http://nwcenter.springhealth.com)



Download on the  
App Store



GET IT ON  
Google Play

# Washington Paid Family & Medical Leave

Workers in Washington may apply for paid leave benefits under the state's Paid Family & Medical Leave (PFML) program. In general, eligible employees may take up to 12 weeks of paid leave per year to care for themselves, their family members, or to bond with new children. For information about eligibility or how to apply for benefits, please refer to the state's website at [paidleave.wa.gov/workers](http://paidleave.wa.gov/workers).

# Voluntary Accident and Critical Illness

Northwest Center offers all eligible employees the opportunity to purchase accident and/or critical illness insurance through The Hartford. This benefit is employee-paid through convenient payroll deductions. You own the policy, so you can keep it even if you leave NWC or retire.

## Accident Insurance

Accident insurance can pay you a lump-sum benefit based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job, including a wide range of common and serious injuries and events (e.g. fractures, emergencies, surgeries, coma, etc.).

## Critical Illness

Critical illness insurance can pay you a lump-sum benefit at the first diagnosis of a covered illness. You can use the benefit however you choose – even for expenses like your medical plan deductible, mortgage, rent, or child care. Illnesses covered by the plan include heart attacks, strokes, major organ transplants, end-stage renal (kidney) failure, permanent paralysis due to a covered accident, and more

# Retirement Plans

Northwest Center offers retirement plans that allow you to save money and take an active role in your financial future. Eligibility for participation in the plans varies, but most employees are eligible to participate right away on their date of hire.

- Employees can contribute up to \$23,500 to their retirement plan in 2025 (with an additional \$7,500 if age 50+)
- Employee contributions are 100% vested in the plan, meaning you own your contributions at all times
- Pre-tax and Roth deferral options
- NWC provides a 50% match up to the first 6% of employee investment following 12 months of employment
- Rollovers from other qualified retirement plans are accepted

To enroll, visit [principal.com/welcome](https://principal.com/welcome), download the Principal mobile app, or text ENROLL to 78259.

# Physical Wellness Reimbursement Program

All NWC employees working at least 30 hours/week are eligible for our physical wellness reimbursement program. Please contact [benefits@nwcenter.org](mailto:benefits@nwcenter.org) for the enrollment form.

Benefit	\$25/month for a total reimbursement of \$300/year
Allowed expenses	<ul style="list-style-type: none"><li>• Gym membership (any gym of your choice)</li><li>• Exercise classes (yoga, cross fit, barre, etc.)</li><li>• Workout equipment (weights, yoga mat, jump rope, bike, etc.)</li><li>• Athletic event registration fees (runs, bike races, etc.)</li><li>• Sport lessons/league fees (tennis lessons, basketball league, etc.)</li></ul>

# Student Loan Contribution Program

All NWC employees working at least 30 hours/week are eligible for our student loan contribution program through SoFi. NWC will make a \$50 monthly contribution toward your eligible student loan. Sign up at [sofi.com/at-work/lookup](https://sofi.com/at-work/lookup).

Employees without student loans have access to educational tools, exclusive offers, and benefits via the SoFi at Work Dashboard. Improve your credit score, track your spending, or just browse the vast array of educational content to help you achieve your financial goals.

# Pet Insurance Discount

Spot pet insurance helps you cover the costs of eligible medical care for your dog or cat. There are several plan options available, so you can choose the plan that best fits your needs and budget.

To enroll visit <https://spotpet.link/nwcenter> or call (800)905-1595 (reference: NWCENTER).



This brochure summarizes the benefit plans that are available to Northwest Center eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

# REQUIRED NOTIFICATIONS

## Important Legal Notices Affecting Your Health Plan Coverage

### THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

Individual Deductible	Health Savings Plan	\$2,000	Traditional Plan	\$600
Family Deductible		\$4,000 (Shared)		\$1,800
Coinsurance		Plan Pays 80%		Plan Pays 80%

### NEWBORNS ACT DISCLOSURE — FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

## STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

### Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

### Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

### Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

### Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

### Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

## CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Sarah Case  
1840 S. 144<sup>th</sup> Street  
Seatac, WA 98168  
(206) 285-9140  
<mailto:Benefits@nwcenter.org>

# Your Information. Your Rights. Our Responsibilities.

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.***

*Contact information for questions or complaints is available at the end of the notice.*

## Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

## Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html).
- We will not retaliate against you for filing a complaint.

## Your Choices

### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation  
*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases, we never share your information unless you give us written permission:  
Marketing purposes  
Sale of your information

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### Pay for your health services

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

### Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.



- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

*Example: We use health information about you to develop better services for you.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

### **Other Instructions for Notice**

- January 1, 2025
- Benefits Manager: [benefits@nwcenter.org](mailto:benefits@nwcenter.org) (206) 285-9140

## 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're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>  Family and Social Services Administration  Phone: 1-800-403-0864  Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="#">Hawki-Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>  Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.pa.gov/Children'sHealthInsuranceProgram(CHIP)">(pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/http://mywvhipp.com/">https://dhhr.wv.gov/bms/http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)  
Option 4, Ext. 61565

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**Error! Hyperlink reference not valid.** 1-877-267-2323, Menu

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be

subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)





# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>2</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

### When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name of Entity/Sender:	Northwest Center
Contact--Position/Office:	Sarah Case - Benefits Manager
Address:	1840 S. 144 <sup>th</sup> Street, Seatac, WA 98168
Phone Number:	(206) 285-9140

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Northwest Center		4. Employer Identification Number (EIN) 91-0786790	
5. Employer address 1840 S. 144 <sup>th</sup> Street		6. Employer phone number (206) 285-9140	
7. City Seatac		8. State WA	9. ZIP code 98168
10. Who can we contact about employee health coverage at this job? Sarah Case, Benefits Manager			
11. Phone number (if different from above) (206) 285-9140		12. Email address Benefits@nwcenter.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:  
☐ All employees. Eligible employees are:

- ☒ Some employees. Eligible employees are:

Full-Time employees expected to work at least 30 hours per week each calendar month are eligible for benefits. You will be eligible as a new Full-Time employee the 1<sup>st</sup> of the month coinciding or following 60 days of continuous employment.

- With respect to dependents:  
☒ We do offer coverage. Eligible dependents are:

Eligible dependents include your spouse, domestic partner and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided within 120 days after the date on which maximum age is attained. Children may include natural, legally adopted, stepchildren and children obtained through court-appointed legal guardianship.

- ☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard\*?

☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard\* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$

b. How often ☒ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$

b. How often ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly