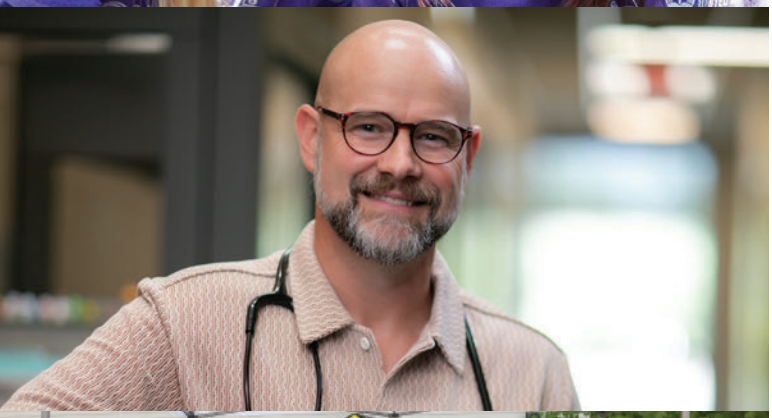

A better state of care begins with us.

Get The Most Out Of Your Benefits

2027 TriState Employee Benefits Guide

TriState Health

OUR MISSION

Your Health Is Our First Priority!

OUR VISION

Empowered Employees. Compassionate Care. Patients First. Community Always.

OUR VALUES

Quality, Compassion, Collaboration, Innovation, and Respect

HOSPITAL CLINICS & SERVICES

24-Hour Emergency
3 Family Practice Clinics
Behavioral Health Clinic
Dermatology
Dialysis Center
General Surgery Clinic
Hyperbaric Medicine
Imaging Center
Infusion Center
Internal Medicine
Interventional Pain Consultants
Inpatient Services
Medication-Assisted Treatment
Minor Care
Nephrology
Obstetrics & Gynecology
Orthopedics
Podiatry
Pulmonology
Respiratory Therapy
Rheumatology
Sleep Lab
Surgery Center
Urogynecology
Urology
Wellness Clinic
Wound Healing

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Chief Executive Officer

Joleen Carper
Chief Of Clinic Operations

Katelyn Litchfield
Chief Financial Officer

Kenneth Berger, MD
Chief Medical Officer

Deb Carpenter
Chief Information Officer

Tammi Hernandez
Chief Human Resources Officer

Rebecca Mann
Chief Marketing & Communications Officer

Jackie Mossakowski
Chief Nursing Officer

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- This is a brief overview of all your benefit options. Please review them carefully so you can choose one that supports you and your lifestyle. Whether you are single, married, building a family, or on your way to retirement, you can customize your benefits to meet your needs.

- Benefits may vary from year to year. For the most up-to-date information, please refer to the plan document, a summary of benefits and coverage, located on UKG Pro.

From the

Chief Human Resources Officer

Congratulations on your new job, and welcome to the TriState Family! We are glad you are now a part of TriState Health – the only not-for-profit, community-owned and operated hospital in the Lewis-Clark Valley. We hope you find your experience at TriState Health fulfilling and full of opportunities to learn and grow. We are pleased to be able to offer you a competitive benefits package. The Human Resources team is here to help you with any benefits questions. Welcome to the team!

Tammi Hernandez
Chief Human Resources Officer

Who is eligible?

EMPLOYEES

As an active, full-time or part-time employee working minimally 16 hours per week, you are eligible for benefits on the first of the month coinciding with, or following your date of hire.

DEPENDENTS

You may enroll eligible dependents in many of the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse or domestic partner.
- Your children, up to age 26, regardless of student, marital, or tax dependent status. This includes your biological, adopted, step children, or domestic partner's children, as well as children whom you have legal custody by court decree.
- Children of any age, if incapable of self-support, due to mental or physical disability.

Dependent Verification Documentation

Please note, the following documentation may be required when enrolling qualified dependents:

SPOUSE

- A copy of the front page of your most recent federal tax return confirming the dependent is your spouse.
- A marriage certificate and proof that the marriage is still valid, such as a utility bill, or bank statement, dated within 30 days showing both your and your spouse's names (black out any financial information).

DOMESTIC PARTNERS

- Document dated within 30 days showing your domestic partner status, such as a recurring monthly bill or statement of account. It must list both you and your spouse's name, the date, and your mailing address
- A signed Affidavit of Domestic Partnership along with required documentation dated within 30 days showing your domestic partner status must be provided to the Benefits Administrator before an approval of coverage will be made. Please contact the Benefits Administrator in Human Resources for a copy of this form.

CHILD(REN)

Please provide one of the following:

- A copy of the child's birth certificate/hospital birth record or adoption certificate naming you, or your spouse, as the child's parent. The document must list the first and last names of the child and parent(s).
- A copy of the court order naming you or your spouse as the child's legal guardian.
- When adding a step child or domestic partner's child, you must also provide documentation of your current relationship with your spouse as requested above.

Let's Cover Some **Terms**

We understand healthcare lingo can be confusing. Please take a moment to review these terms, which may be referenced through this guide.

Allowed Amount
Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance," or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference.

Balance Billing
When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may not balance bill you for covered service.

Co-pay
A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Co-insurance
Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your co-insurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.

Deductible
The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Emergency Room Care
Emergency services you get in an emergency room.

In-Network
The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-network
A provider who doesn't have a contract with your health insurer or plan. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Out-of-pocket Maximum
The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance, or plans, don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments, or other expenses toward this limit.

Premium
The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

Primary Care Provider
A physician (MD – Medical Doctor or DO – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health care services.

Urgent Care
Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Healthcare Coverage **Plan Comparison**

You can choose between two healthcare coverage plans. Below is a comparison of our Traditional Medical plan and High Deductible plan, with a summary of costs for in-network, TriState Health-based care, and out-of-network care.

Plan Features[1]	Traditional Medical Plan (PPO)			High Deductible (HDHP)		
	You Pay:			You Pay:		
	TriState Employee	In-Network*	Out-Of-Network**	TriState Employee	In-Network*	Out-Of-Network**
Annual Deductible (DED)	Individual: $375 Family: $750	Individual: $500 Family: $1,000	Individual: $500 Family: $1,000	Individual: $1,700 Family:$3,400	Individual: $2,000 Family:$4,000	Individual: $2,000 Family:$4,000
Coinsurance (Member's percentage of costs after deductible based on allowable charges)	10%	20%	40%	10%	20%	40%
Annual Out-of-Pocket Max (Includes deductible, coinsurance, and co-pay)	Individual: $2,500 Family: $5,000	Individual: $2,500 Family: $5,000	Unlimited	Individual: $5,000 Family: $10,000	Individual: $5,000 Family: $10,000	Unlimited
Preventative Care Visit	$0 Covered in Full	$0 Covered in Full	Not Covered	$0 Covered in Full	$0 Covered in Full	Not Covered
Primary Care or Specialist (Virtual & office visits)	$15 Co-pay	$25 Co-pay	40% After DED	0% After DED	20% After DED	40% After DED
Outpatient Lab & X-Ray Preventative Other	 Covered in Full 10% After DED	 Covered in Full 20% After DED	 Covered in Full 40% After DED	 Covered in Full 10% After DED	 Covered in Full 20% After DED	 Covered in Full 40% After DED
Urgent Care	$25 Co-pay	$25 Co-pay	20% After DED	10% After DED	20% After DED	40% After DED
Emergency Room (Co-pay waived if admitted)	$150 Co-pay; 10% After DED	$150 Co-pay; 20% After DED	$150 Co-pay; 20% After DED	10% After DED	20% After DED	20% After DED
Outpatient & Inpatient Hospital Services	10%After DED	20% After DED	40% After DED	10% After DED	20% After DED	40% After DED
Outpatient Rehabilitation (22 combined visits/ year; includes physical, speech, occupational, chronic pain, or massage therapy)	N/A	$25 Co-pay	40% After DED	N/A	20% After DED	40% After DED
Chiropractic (20 visits/year)	N/A	$25 Co-pay	40% After DED	N/A	20% After DED	40% After DED
Prescription Drugs: Retail (per 30-day supply) Preferred Generic Preferred Brand Non-Preferred	N/A	$8 Co-pay 20% 30%	In-Network Cost Share + 40%	N/A	20%	$15 50% 60%
Prescription Drugs: Mail Order (per 90-day supply) Preferred Generic Preferred Brand Non-Preferred	N/A	$45 Co-pay 50% 60%	In-Network Cost Share + 40%	N/A	20%	Not Covered

[1] Coverage may vary from year to year. For the most up-to-date information, please visit www.premera.com.

* Premera Blue Cross Blue Shield Network **Out-of-network providers may balance bill

Vision Coverage

By protecting your eyes, you will reduce the odds of blindness and vision loss while also staying on top of any developing eye diseases such as cataracts and glaucoma. Our vision plan is embedded in both the Traditional and High Deductible Medical Plan. To find in-network providers, please visit www.premera.com.

Plan Features	You Pay:	
	In-Network	Out-Of-Network
Routine Vision Exam	Covered at 100%	40% After Deductible
Vision Hardware	$150 Annual Allowance	$150 Annual Allowance
Pediatric Vision Exam	$25 Co-pay	$25 Co-pay
Pediatric Vision Hardware (<Age 19, one pair of glasses and 12 month supply of contacts per year)	Covered at 100%	Covered at 100%

- Did you know you can receive an electronic Explanation of Benefits (EOB) for both medical and vision? Not only can you have instant access to all your claims information, but you can save TriState $1/member per month on premiums.

- Create an account at www. premera.com and download the app for easy access to the costs charged for your health services. You can:
  - View all recent claims
  - Search for specific claims by type, status, family member, or date
  - View claim details such as claim ID number, description of services, amount billed, amount paid by your health plan, and your responsibility

Dental & Orthodontia Coverage

Did you know that oral health is essential to general health and well-being? Oral disease can cause pain and infections that may lead to problems with eating, speaking, and learning. It can also affect social interaction and employment potential. Our dental plans help you maintain a healthy smile through regular preventative dental care and coverage to fix problems as soon as they occur.

- Create a MySmile® account for secure, 24/7 access to your ID card, benefits information, out-of-pocket cost estimates, and more! The "Find your member ID" tool makes registration easy. Visit DeltaDentalWA.com to create your account today!

Plan Features	You Pay:	
	PPO Provider	Non-Participating Provider
Annual Benefit Max (Per person)	$2,000	$2,000
Annual Deductible Individual Family	 $25 $75	 $25 $75
Diagnostic & Preventative (I.e. exams, cleaning, x-rays)	Covered at 100%	Covered at 100%
Restorative (I.e. fillings, root canals, oral surgery)	20%	20%
Major Services (I.e. dentures, implants, crowns)	50%	50%
Orthodontia (Per person)	$1,000	$1,000
Balanced Billing	No	Yes

You may visit any dentist of your choice, but you will receive the highest coverage when you visit in-network providers. If you visit a non-network provider, you will not benefit from discounted rates and could pay more for services. Balance billing happens when a doctor or hospital bills you for the leftover difference between their total charge and what your health insurance pays. This usually occurs when you see an out-of-network provider who does not have a contract to accept your insurance plan's set payment rates. To find an in-network provider near you, visit deltadentalwa.com.

What is the **difference** between a HSA and a FSA?

Both accounts let you:

- Use tax-free money to pay for qualified medical expenses[1]
- Make tax-free payroll contributions
- Pay for your spouse and dependents too

Plan Features	Health Savings Account	Flexible Spending Account (Medical)
Fund availability	Funds available as you contribute	Get full annual amount on day 1 of plan year
Fund expiration	No use-it-or-lose-it, keep your money forever (even if you change health plans, jobs, or retire)	Funds expire if you don't use them (The IRS does set annual rollover but expenses must be incurred during the plan year and the reimbursement must be requested before the end of the three month run-out period)
Investing	Invest[4] your HSA tax-free, like a 401(k)	Cannot invest FSA funds or grow your account
Contribution changes	Change or update anytime	Only during enrollment or 'qualifying life event'
Health plan type	Requires HSA-qualified health plan	Works with any health plan type

Health Savings Account **(HSA)**

For those who elect to enroll in the qualified High Deductible Health Plan (HDHP) and do not have secondary coverage, you may elect to enroll in a Health Savings Account (HSA). A HSA is way for you to set aside pre-tax dollars for many out-of-pocket medical expenses, such as co-payments, deductibles, and medications.

- HSA funds can be changed at any time, and the funds will roll over year after year.
- HSAs also stay with participants throughout their lifetime and may be passed onto a beneficiary.
- TriState Health makes a significant contribution to qualifying participants HSA and varies depending on how many dependents are covered under your HDHP.

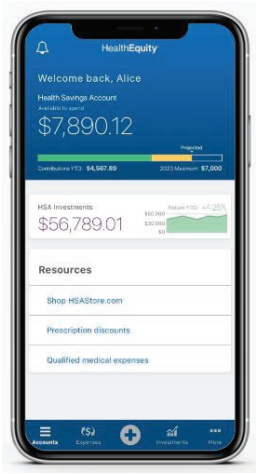
Flexible Spending Account **(FSA)**

A Flex Spending Account (FSA) allows you to set aside pre-tax dollars for many out-of-pocket medical expenses, such as co-payments, deductibles, medications, and more. Each year, you elect the annual amount you want to contribute, up to a limit set by the IRS. At TriState, we offer three types of FSAs: **FSA Medical** works with the PPO plan only, **Limited Purpose FSA** only works with the High Deductible Health Plan (HDHP) and can only be used for vision and dental expenses, and a **Dependent Care FSA** which is used for dependent care expenses and is not dependent on any medical plan in which you may or may not choose to enroll.

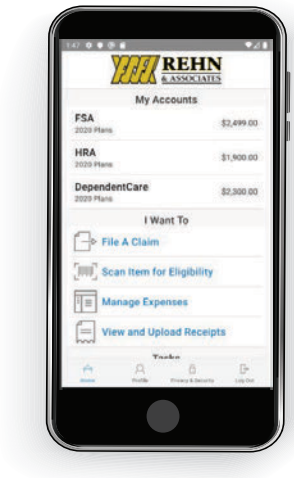
Unlike an HSA, FSA elections must be made each year, no later than the last day of open enrollment or upon hire.

- Once made, the election is irrevocable and cannot be changed.
- Funds must be used by the end of the plan year or they will be forfeited.
- TriState Health does not make contributions to your FSA, this is funded solely by you, the participant.

Account Access At Your Fingertips



Keep up-to-date on your HSA account, download the HealthEquity mobile app for easy, on-the-go access to all of your health accounts.



To check your FSA healthcare account balances and submit receipts anywhere, download Rehn CDH Mobile app on an iPhone, Android, or tablet device.

In both apps you can:

- Check current health care account balances
- View account activity and receive alerts via text message
- View transaction details
- File new claims with receipt images
- Review expense information
- Submit health care claims and upload receipts using the mobile device's camera
- Manage expense receipts
- Promptly file claims for their reimbursement accounts

Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance through Symetra gives extra protection that you and your family may need in case of an untimely death or accident that compromises your income-earning ability.

As an eligible employee you receive Basic Life and AD&D insurance for you and your family at no cost to you. You may buy additional insurance at discounted rates. The following chart describes the amounts of coverage you can buy for yourself, your spouse, domestic partners, and your and domestic partner's child(ren) up to age 26.

Applicant	Basic Coverage	Additional Coverage
Employee	$50,000 benefit; AD&D Included	Benefit Increments of $5,000; Max: the lesser of 6x your earnings or $500,000
Spouse/Domestic Partner	$10,000 benefit; AD&D Not Included	Benefit Increments of $5,000; Max of the lesser of 100% your supplemental coverage or $300,000
Child(ren)/Domestic Partner	$5,000 benefit; AD&D Not Included	Benefit Increments of $2,000; Max of $10,000

Choosing a Beneficiary You may choose anyone to be the beneficiary of your Life and AD&D policy in the event of your death or serious injury. Review your beneficiary designation periodically to make sure if reflects your current wishes. You may change your beneficiary as often as needed in a work day. For tips on choosing a beneficiary, scan the QR code.

Disability Insurance

If you experience an injury or illness that prevents you from working, disability coverage through Symetra provides partial income replacement to help financially. You may also receive wage replacement through the Washington Paid Family Medical Leave (WA PFML). For more information about WA PFML, please refer to the following page.

SHORT-TERM DISABILITY (EMPLOYEES WORKING OUTSIDE OF WASHINGTON)

Short-Term Disability coverage pays you a portion of your earnings if you cannot work for up to 8 weeks due to a disabling illness or injury. You are automatically enrolled in Short-Term Disability at no cost to you.

Benefit %	Max Weekly Benefit	Sickness Benefits Starts	Injury Benefits Starts
70%	$1,500	On the 8th day	On the 8th day

Washington Paid Family & Medical Leave for Employee Working in Washington State

Similar to short-term disability, Washington Paid Family & Medical Leave (WA PFML) is a wage replacement program for our eligible employees whose physical work location is in Washington. WA PFML provides paid time off when a serious health condition prevents you from working, when you need to care for a family member or a new child, or for certain military-related events. It's here for you when you need it most, so you can focus on what matters.

HOW IT WORKS

Nearly every Washington worker—whether you work full-time or part-time in a small to large business—is eligible for up to 12 weeks of Paid Family and Medical Leave. You need to work 820 hours in Washington, or about 16 hours per week, over the course of about a year. You can get up to 16 weeks if you have family and medical events in the same year, or up to 18 weeks in some cases. Leave doesn't have to be taken all at once. You can use these weeks within your "claim year," which starts when you apply and then runs for the next 52 weeks. When that claim year expires, you can then be eligible for leave again.

You apply for leave with the Employment Security Department and will get partial wage replacement, typically up to 90 percent of your pay.

YOUR RIGHTS

If you meet the requirements, you have the right to take paid time off using Paid Family and Medical Leave. If you qualify for Paid Family and Medical Leave, we, as your employer, cannot prevent you from taking it. We also cannot require you to use other types of leave, such as sick or vacation days, before or after taking Paid Family and Medical Leave. The program is funded by premiums shared between workers and TriState Health. A calculator to estimate premiums is available at paidleave.wa.gov.

Am I eligible?
Paid Family and Medical Leave is available to almost everyone working in Washington. You can receive the benefit when you work 16+ hours a week Washington state and experienced a qualifying event.

What if I don't live in Washington, do I still have the deduction?
Yes, if you work in the state of Washington, regardless of where you reside, you will pay into the state fund.

What if I work in Idaho, do I still have the deduction?
It depends on if the majority of your worked hours are in Idaho or Washington. If you work mostly in Idaho, then you will not have a deduction.

Accident and Critical Illness Insurance

Symetra offers voluntary Accident and Critical Illness insurance to help when times are tough. You never know when a severe illness or injury might happen in your family. This insurance can help protect you and your family from the financial impact that an unexpected life event can bring. This optional insurance helps cover what your health insurance doesn't cover, such as:

- Deductibles, X-rays, and copays
- Get an extra physical therapy session
- Travel to and from treatment centers
- Groceries
- Child care
- Other bills you may have

For more information about Accidental and Critical Illness Insurance, please visit UKG Pro and click "News & Information" under "My Company."

Retirement Plan

TriState Health 403(b) Retirement Plan provides an automatic enrollment feature. After 30 days of service, if you have not specifically elected an alternative deferral amount (including zero), we will automatically withhold 3% PRE-TAX from your paycheck each pay period and deposit that amount into the Plan in your name. If you wish to defer a greater or lesser amount (including no deferral), you must specifically elect to defer a different amount.

The Plan also has an auto escalate feature. Your contribution rate will increase by 1% each year until you reach 6%. You can also set up automatic increases , on your anniversary, at a percentage and time frame that are right for you.

The Plan begins day one with an employer match of 1%. The match will increase 1% each year on your anniversary up to a maximum of 6% on year 5, please refer to the 403(b) Matching Table.

403(b) Matching Table		
Hire/Rehire Anniversary	**Employee Deferrals**	**Employer Match**
Day 1	1%	1%
Year 1	2%	2%
Year 2	3%	3%
Year 3	4%	4%
Year 4	5%	5%
Year 5	6%	6%

You always have 100% ownership of anything you contribute to the plan, including any earnings and/or assets consolidated from another retirement plan. You will have 100% ownership of your employer's basic matching contributions, including any earnings after a full 5 years of service.

Employees can increase, decrease or discontinue their contributions at any time.

- **Access the information you need**
  Your Lincoln Financial retirement plan website offers convenient and secure online access to your retirement account, making it easy to see at any time if you're on track for retirement. Access helpful tools, conduct transactions, learn about retirement planning, and more. During Benefits Bootcamp, you will learn more about accessing the website.

- **WellnessPATH**
  Lincoln Financial Group offers WellnessPATH, a tool with personalized steps to manage your financial life. From creating a budget to building an emergency fund to paying down debt, this easy-to-use tool, through the Lincoln Financial website and mobile app, helps you turn information into action so you can focus on both short-and long-term goals, such as saving for retirement or providing protection for your loved ones.

- **Scan the QR code to view the Lincoln Financial Group Enrollment Kit**

- **For more information about retirement matches**, online account access, and auto increases, please visit UKG Pro and click "News & Information" under "My Company. "

Additional **Benefits**

BEREAVEMENT LEAVE

Available after successful completion of introductory competency assessment period. TriState offers full-time (FT) and part-time (PT) employees Bereavement Leave, up to 24 hours in a 10-day period in the event of death in the immediate family, payable only for scheduled work days. Immediate family is defined as a spouse, parent, parent-in-law, child, sister, brother, grandparent, or grandchild. Additional time for bereavement may be arranged through your Department Manager as PTO or non-paid time.

LIFE FLIGHT

TriState Health will pay the annual household membership premium for Life Flight, if you do not currently have a Lifetime Membership with Life Flight, or are not in the process of purchasing one. This membership relieves you from liability for out-of-pocket costs of emergent, medically necessary transports completed and billed by Life Flight Network.

TUITION ASSISTANCE

Tuition assistance is offered to promote career growth within the organization. The reimbursement for accredited institutions or an equivalent body and is limited to $2,625 per fiscal year for part-time employees and $5,250 for full-time employees.

Eligibility: Available to FT and PT Employees after 6 months of employment with no disciplinary action.

Requirement: employee must remain a part-time or full-time at TriState Health for 24-months following receiving tuition assistance, PRN excluded.

TRISTATE WELLNESS PROGRAM

Your personal health and well-being is essential to our strength as a whole. We want you to live happy and healthy, which is why we implemented the TriState Wellness Program! Join this program today and begin earning points to receive rewards and prizes. Additional information is available by visiting the Employee Corner.

OTHER BENEFITS

Jury duty, social security, workers' compensation, unemployment insurance, direct deposit of paychecks, shift differentials, and free parking.

Where can I find more information about these additional benefits? Once an employee, PolicyStat is a great resource to find more information on items such as shift differentials, tuition assistance, bereavement leave, and other compensations.

Save More with the TriState Employee HealthCare Discount
Your TriState Health employee benefits include opportunities to save on healthcare services through TriState Health when you choose TriState providers.

If you are enrolled in a TriState Health PPO or High Deductible Health Plan (HDHP), your employee healthcare discount is built right into your medical plan. You'll automatically receive additional savings through lower deductibles, copays, and coinsurance when you receive eligible services from TriState Health Network providers. You don't need to do anything extra—the savings are automatically applied when your claim is processed.

Not enrolled in a TriState Health medical plan? You and your eligible dependents may still be eligible for the TriState Employee HealthCare Discount. Contact the Business Office to learn more about eligibility and how to access your discount.

1221 Campus Cafe & Campus Bistro Discount
All TriState Employee receive a 25% discount on all food and beverage services from the 1221 Campus Cafe & Campus Bistro.

Local Spa Discounts
At TriState Health, we value wellness in and outside the workplace. Wellness means caring for the whole person—physically, mentally, and emotionally—and supporting employee well-being remains a priority for our organization.

To support that goal, TriState Health has partnered with two well-respected local medical spas to offer exclusive employee discounts:

- Pretty Sweet Aesthetics: 25% discount on all services and products.
- LCV Beauty Aesthetics: 25% discount on all products and services, excluding weight loss, vitamin and supplement coaching, and Viveve Vaginal Rejuvenation.

To receive the discount, identify yourself as a TriState Health employee when scheduling at either location. Eligibility is limited to all per diem, part-time, and full-time employees, regardless of benefit enrollment (spouses and dependents are not eligible). Discounts cannot be combined with other promotions, sales, or discounts. Some exclusions may apply.

Vendor Contacts

Below is a quick reference to online benefit forms and whom to contact for additional information.

Benefit	Plan Administrator	Contact Information	Online Registration
Health & Vision Insurance	Premera Blue Cross	premera.com 1.800.722.1471	premera.com/sign-in
Dental with Orthodontia	Delta Dental of Washington	deltadentalwa.com 1.800.554.1907	deltadentalwa.com
Health Savings Account	Health Equity	healthequity.com 1.866.346.5800	my.healthequity.com/ClientLogin
Flexible Spending Account	Rehn & Associates Consumer Driven Health	rehnonline.com 1.509.534.0600	cdh.rehnonline.com/EnhancedLoginExperience
Retirement	Lincoln Financial Group	lincolnfinancial.com 1.877.275.5462	lincolnfinancial.com/public/individuals
Disability Benefits, Life, AD&D Insurance, Voluntary Life, Accident and Critical Illness	Symetra	symetra.com 1.800.497.3699	symetra.com/MyGO
Paid Family & Medical Leave	WA Paid Family & Medical Leave	paidleave.wa.gov 1.833.717.2273	paidleave.wa.gov

Enrolling & Making Changes

You have three opportunities to enroll or make changes to your benefits:

1. Within 30 days of your eligibility date.
2. During the annual open enrollment period.
3. Within 30 days of a qualified change in family status or employment. Examples include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other health coverage for you and/or dependents
- Loss of dependent status or change eligibility for benefits, such as a child turning 26 years old
- Change in employment status for you or your spouse
- Change in Medicare/Medicaid eligibility for you or a dependent
- Receipt of a qualified medical child support order

If you experience a life event or change of status, notify Charity Goodell, Benefits Administrator, at cgoodell@tsmh.org or 509.758.5511 ext. 4713.

BEFORE ENROLLING

1. Determine your needs and ask yourself these questions:
   - Who should I cover? Evaluate your coverage options for all dependents who meet eligibility requirements.
   - How much did I spend on healthcare last year? Consider your past expenses to help you plan your future needs.
   - Will I need more or less health coverage next year? Estimate the amount of healthcare you will require the in upcoming year.
   - Gather Dependent & Beneficiary information. Name, date of birth, social security number, addresses (if different than yours), and phone numbers. You will also need this information in order to complete the applications for medical, vision and dental online.
2. Review your options:
   Review this benefit guide, compare your options, then calculate plan costs and potential savings.

HOW TO ENROLL

You will only have 30 days from the date of hire or a qualifying life event to submit enrollment. After 30 days, you will have to wait for our open enrollment in November, for benefit elections starting in January of the following year.

Scan the QR code below for a UKG Pro Online Benefits Enrollment course.

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.

Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

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Online: guidanceresources.com
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Time Off Work

At TriState Health, we understand work-life balance is important. Listed below are some time off benefits TriState offers.

PAID TIME OFF

Based on years of service, you accrue paid time off for holiday, sick, and vacation hours per pay period.

Years of Service	Accumulation Per Hour Paid	Yearly Accumulation	Max Accumulation*
0 - 4 years	0.09423	196 hours	288 hours
5 - 9 years	0.11346	236 hours	348 hours
10+ years	0.13269	276 hours	408 hours

PAID SICK LEAVE (PSL)

Washington State requires employers to provide paid time off to workers for treatment, diagnosis or preventative care for themselves or a family member.

You will accrue .025 of PSL for every hour worked. You may begin using your accrued paid sick leave after successfully completing your 90 day new hire period.

PAID HOLIDAYS

TriState provides six paid holidays per year:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Healthcare Options

When you or a loved one needs healthcare, be sure to choose the right location. See graphic below to learn more about different healthcare options.

Emergency

Can't breathe? Head to the ER!

Go to the emergency room for conditions that need treated immediately. Dial 911 immediately for any medical problem that is considered life-threatening.

Hours: Always open.

Cost: $$$

Services offered:

- Chest pain, difficulty breathing, or shortness of breath
- Numbness in the face, arms, or legs
- Heavy, uncontrollable bleeding
- Moderate to severe cuts and burns
- Severe broken bones
- High fevers
- Poisoning
- Electrocution
- Severe abdominal pain

Minor Care

Cut your finger while making dinner? Head to Minor Care!

Minor care is a great choice for non-life-threatening conditions that need treated soon, but your primary care is not available.

Hours: Open Monday - Friday, 7 am - 7 pm, and Saturday, 8 am - 4 pm.

Cost: $$

Services offered:

- Nausea, diarrhea, and vomiting
- Colds, flu, fever, sore throat, cough, and congestion
- Allergies and rashes
- Sports physicals
- Mild migraines and headaches
- Minor broken bones
- Minor cuts and burns
- Sprains or strains
- Infections, such as skin or UTI

Primary Care

Need your annual flu shot? Call your primary care provider!

From regular check-ups and vaccines to prescription refills, primary care is the go-to place for managing your healthcare. Need to establish primary care? Call 509.769.2014.

Hours: Open weekdays with same day/next day appointments.

Cost: $

Services offered:

- Regular checkups and physicals
- Flu shots and vaccinations
- Health screenings
- Nausea, diarrhea, and vomiting
- Allergies and rashes
- Migraines and earaches
- Disease management
- Prescription refills
- Colds, flu, fever, sore throat, cough, and congestion

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Beginning in 2014, there is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. The open enrollment period each year for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the preceding year. After the open enrollment period ends, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year (adjusted to 9.12% for 2023), or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your summary plan description or contact Charity Goodell at cgoodell@tsmh.org or 509.758.5511 ext. 4713.

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.

WA Cares Act

On behalf of TriState Payroll: If your permanent residence is outside of Washington, you may be eligible for an exemption from the Washington Cares Fund payroll deduction.

The Washington Cares Fund provides long-term care benefits for Washington residents. If you work in Washington, payroll deductions will automatically be withheld unless you receive an approved exemption from the State of Washington and provide the exemption letter to Payroll.

You may be eligible for an exemption if:

- You live outside of Washington.
- You are the spouse or registered domestic partner of an active-duty service member of the U.S. Armed Forces.
- You have non-immigrant work visas.
- You are a veteran with a 70% or higher service-connected disability rating.

To review the exemption requirements and apply, please visit the Washington Cares Fund.

If you are eligible, please scan the QR code to apply for an exemption.

Once you receive your exemption letter, upload it to UKG and notify TriState Payroll at payroll@tsmh.org.

TriState Health

Visit us online at **TSH.org**

509.758.5511

TriStateHealthWA