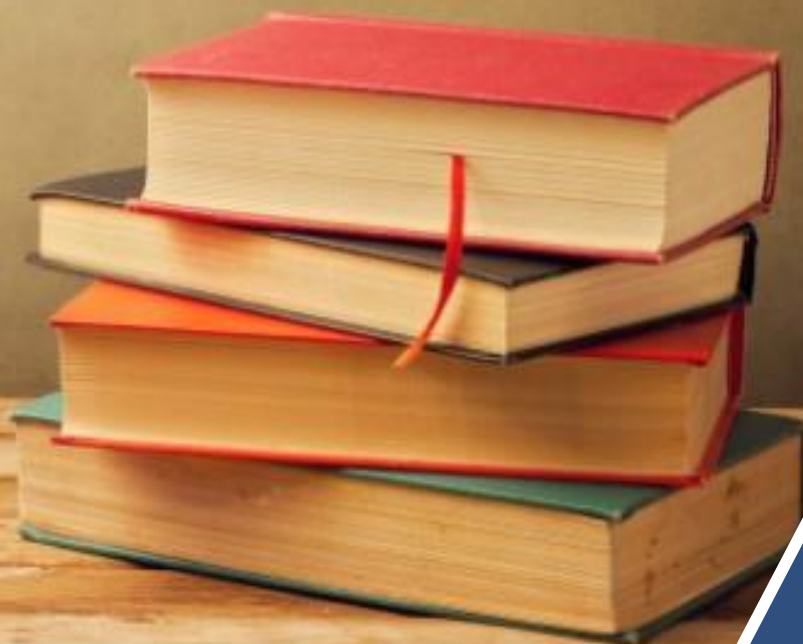




RAINIER
CHRISTIAN SCHOOLS

Benefit Enrollment Guide

2022



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please see page 19 for more details

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A Message from HR at Rainier Christian Schools

At Rainier Christian Schools we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments 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.

Sincerely,

Rainier Christian Enterprises
Human Resources

Eligibility

Eligible Employees:

You may enroll in the Rainier Christian Schools Employee Benefits Program if you are a full-time employee working at least 30 hours per Week.

Eligible Dependents:

Generally, for the Rainier Christian Schools benefits program, you may enroll your spouse and your dependent children up to the age of 26.

When Coverage Begins:

Your plan year begins October 1, 2022. Newly hired employees and dependents will be effective in Rainier Christian Schools' benefits programs first of the month following 30 days from date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event. **Open enrollment will be conducted 08/26/2022 - 09/09/2022.**

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or waive coverage
- Add, or drop dependents from coverage
- Enroll or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility outside of open enrollment. 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, depending on the type of event, you must make the changes to your benefits within 30 - 60 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 - 60 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact human resources to make these changes.

NOTICE: ALL CHANGES OF STATUS MUST BE MADE WITHIN 30 - 60 DAYS OF THE QUALIFYING EVENT DEPENDING ON THE TYPE OF EVENT.

Medical Benefits

For 2022, Rainier Christian Schools will offer three medical plan options through Kaiser Permanente Insurance. All three plans have access to the Kaiser Permanente network of facilities and physicians. Go to kp.org/wa/find-a-doctor to search for doctors, facilities, pharmacies, hospitals, and more. The chart below is a brief outline of the 3 options that will be offered. Please refer to the summary plan description for complete plan details.

The Core HMO plan - Does not provide out of network benefits, meaning you can only go to a Kaiser Permanente doctor or facility. If you seek services from a provider outside of the Kaiser Permanente network, you will be responsible for the entire bill.

The Virtual Plus HMO Plan - For most of your care, including care from a specialist, you'll start with a virtual visit. Virtual visits are covered at no charge. At the virtual visit, a Kaiser Permanente doctor or clinician will give you the care and prescriptions you need or refer you for in-person care. Virtual options include 24/7 Care Chat online messaging or nurse phone line, scheduled video visits and phone appointments, e-visits, and email for nonurgent questions. You can also be referred for additional in-person care by a Kaiser Permanente provider during an in-person visit, such as a preventive visit. If you start in-person care on your own, your cost will be higher for most services. All services delivered via telehealth are not subject to deductible and coinsurance. Additionally, deductible and coinsurance do not apply to authorized/referred outpatient visits in the clinic but do apply to all non-authorized outpatient services, including all surgical services. All other services covered at applicable cost shares.

The Summit PPO Plan - Allows you to see any Participating Provider without a physician referral. Although you can go to any doctor you choose, the level of benefits you receive is dependent upon your choice of a participating provider within the Kaiser Permanente Access PPO network or a non-participating, "out-of-network" provider. This plan also has access to the Access PPO providers through the First Choice Health network. You can find First Choice Health network providers at fchn.com. Click "Find Care" and fill out search information. Select "Entire First Choice Health PPO Network" and view your results.

	Core HMO HSA	Virtual Plus HMO	Summit PPO		
	Schedule of Benefits	Schedule of Benefits	Preferred	In-Network	Outside Network
Calendar year deductible Applies to all services, except where noted by (DW)*					
Individual	\$1,500	\$500	\$500	\$500	\$1,500
Family	\$3,000	\$1,000	\$1,000	\$1,000	\$3,000
Coinsurance	80%	80%	90%	70%	50%
Calendar Maximum Out-of-Pocket					
Individual	\$3,500	\$3,000	\$3,000	\$3,000	Unlimited
Family	\$7,000	\$6,000	\$6,000	\$6,000	Unlimited
Physician Office Visit					
Primary Care (PCP)	80%	\$20 copay (DW)	\$10 copay (DW)	\$20 copay (DW)	50%
Specialty Care	80%	\$40 copay (DW)	\$20 copay (DW)	\$40 copay (DW)	50%

	Core HMO HSA	Virtual Plus HMO	Summit PPO		
	Schedule of Benefits	Schedule of Benefits	Preferred	In-Network	Outside Network
Preventive Care					
Adult & Well-Child Exams	100% (DW)	100% (DW)	100% (DW)	100% (DW)	50%
Diagnostic Services					
X-ray and Lab Tests	80%	80%	90% (DW)	70% (DW)	50%
Imaging/Complex Radiology	80% Requires PA ¹	80% Requires PA ¹	90% Requires PA ¹	70% Requires PA ¹	50% Requires PA ¹
Urgent Care	80%	PCP: \$20 copay (DW)	\$10 copay (DW)	\$20 copay (DW)	50%
Emergency Room Facility Charges	80%	\$200 copay plus 80% (copay waived if admitted)	\$100 copay plus 90% (copay waived if admitted)	\$100 copay plus 70% (copay waived if admitted)	
Inpatient & Outpatient Hospital	80% Requires PA ¹	80% Requires PA ¹	90%	70%	50%
Mental Health & Substance Abuse					
Inpatient	80%	80%	90%	70%	50%
Outpatient	80%	Virtual = No Charge In-Person = \$20 copay (DW)	\$10 copay (DW)	\$20 copay (DW)	50%
Other Services					
Chiropractic	80% 10 visits PCY**	\$20 copay (DW) 10 visits PCY**	\$10 copay 8 visits PCY** (DW) PA ¹ required for more visits	\$20 copay 8 visits PCY** (DW) PA ¹ required for more visits	50% 8 visits PCY**

*DW = deductible waived | **PCY = Per Calendar Year | PA¹ = Prior Authorization

Kaiser Resources

Register with the Kaiser Permanente Member Portal

Kp.org/wa is your online gateway to great health. When you register, you can securely access many time-saving tools for managing the care you get at our facilities. Visit the member portal anytime, from anywhere and you can: view your most recent lab test results, refill most prescriptions, email your Kaiser Permanente doctor's office with non-urgent questions, schedule and cancel routine appointments, print vaccination records for school, sports, and camp, review your health plan usage status and view your coverage documents.

Download the Kaiser Permanente Washington App

Once you've registered, download the Kaiser Permanente Washington app from your smartphone. Find the links for Apple and Android phones at kp.org/wa/mobile. Then sign on to the app with your member ID number and you'll be ready to use the secure features anytime, anywhere.

Not sure where to go? Contact the 24-Hour Nurse Line

Registered nurses are specially trained to evaluate symptoms and determine the best course of action. They use more than 150 established protocols to help assess symptoms. Once your symptoms are evaluated, your consulting nurse will advise you on next steps. If this is an emergency or urgent situation, they'll direct you to the most appropriate care facility or, if necessary, call for an ambulance. For something less serious, they may tell you to call and make an appointment with your doctor or follow their recommendations for self-care at home.

Get care without leaving home

Even if you are not enrolled on the Virtual Plus HMO plan you still can get online access to care! Access [Convenient ways to access virtual care](#) to find out more about the different tools available to Kaiser members!

- **E-Visits** – For common medical issues, answer a series of questions online and get appointment recommendations, self-care advice, or other guidance on what care is right for your situation.
- **Care Chat** – Care Chat is an online messaging feature that lets you get real-time medical care from a Kaiser Permanente care provider. It's available 24/7.
- **Video Visit** – Schedule a video visit to speak face-to-face with your Kaiser Permanente doctor on your computer, tablet, or smartphone. To schedule a video visit, sign into your account at kp.org/wa or use the Kaiser Permanente Washington mobile app.
- **Email your Doctor** – you can email your Kaiser Permanente care team nonurgent questions whenever its convenient for you. You'll get an answer within 2 business days and often that same day.

Take a Health Risk Assessment today!

From preventive screenings to high-risk medical conditions, your Health Risk Assessment helps your doctor to learn more about your health and discuss what's most important during your visit. If you haven't completed a Health Risk Assessment, here are the steps to take:

- Register on our member website. You'll need your Kaiser Permanente member ID number, which you can find on your member ID card. Then visit kp.org/wa/getstarted.
- Choose your doctor. Go to kp.org/wa/find-a-doctor.
- Complete your Health Profile. Use it as a guide to discuss any health concerns with your doctor.

To access your profile:

1. Register for secure online services at kp.org/wa/register.
2. After you sign in, look for the "Health Action Plan" box toward the bottom of your screen on your secure homepage. The link will take you to the Health Risk Assessment.



KAISER PERMANENTE®

Pharmacy Benefits

Below is a brief overview of what you can expect to pay for a prescription drug, depending on which “tier” category it falls under in the Preferred Drug List for your plan when using a Participating Pharmacy. To find out what tier applies to a specific medication, see the Preferred Drug List at <http://www.kp.org/wa> under Pharmacy. If you have a Maintenance Drug, one you take every day, week or month, take advantage of the Mail Order Program.

	Core HMO HSA	Virtual Plus HMO	Summit PPO		
	Schedule of Benefits	Schedule of Benefits	Preferred	In-Network	Outside Network
Retail Pharmacy (30-Day Supply)					
Preferred Generic (Tier 1)	80%	\$15 copay	\$5 copay	\$15 copay	Not covered
Preferred Brand (Tier 2)	80%	\$35 copay	\$30 copay	\$50 copay	Not covered
Non-Preferred (Tier 3)	Not covered	Not covered	\$65 copay	\$95 copay	Not covered
Preferred Specialty (Tier 4)	Refer to Formulary	Refer to Formulary	Refer to Formulary		
Mail Order Pharmacy (90-Day Supply)					
Generic (Tier 1)	80%	\$10 copay	\$10 copay	\$30 copay	Not covered
Preferred (Tier 2)	80%	\$70 copay	\$60 copay	\$100 copay	Not covered
Non-Preferred (Tier 3)	Not covered	Not covered	\$130 copay	\$190 copay	Not covered
Preferred Specialty (Tier 4)	Refer to Formulary	Refer to Formulary	Refer to Formulary		

Cost of Medical & Prescription Coverage

Below are the payroll deductions after Rainier Christian Schools' contributions.

Employee Contributions		
Medical – Core HMO HSA	Per Paycheck	Per Month
Employee	\$0.00	\$0.00
Employee & Spouse	\$295.03	\$590.06
Employee & Child(ren)	\$211.62	\$423.24
Employee & Spouse & Child(ren) (Family)	\$506.65	\$1,013.31
Medical - Virtual Plus HMO	Per Paycheck	Per Month
Employee	\$0.00	\$0.00
Employee & Spouse	\$346.63	\$693.27
Employee & Child(ren)	\$248.63	\$497.27
Employee & Spouse & Child(ren) (Family)	\$595.27	\$1,190.54
Medical - Summit PPO	Per Paycheck	Per Month
Employee	\$64.26	\$128.53
Employee & Spouse	\$490.96	\$981.93
Employee & Child(ren)	\$370.33	\$740.66
Employee & Spouse & Child(ren) (Family)	\$797.03	\$1,594.06

Voluntary Dental Insurance

Rainier Christian Schools offers the choice of two dental plans to eligible employees – a PPO plan through Ameritas Insurance Company and an EPO plan through Willamette Dental of Washington, Inc. With Ameritas Insurance Company you may see any licensed dentist you wish in and out-of-network but will have the highest level of coverage when you use an in-network provider. With Willamette Dental of Washington, you can see any licensed dentist within Willamette’s network, offering preventive, basic, and major services.

	Ameritas Group PPO		Willamette Dental of WA, Inc. EPO
	In-Network Benefits	Out-of-Network Benefits	Willamette providers only
Calendar Year Deductible			
Individual	\$50 (Waived for Type 1 services)	\$50 (Waived for Type 1 services)	\$0
Family	\$150	\$150	\$0
Calendar Year Maximum			
Per Person	\$1,500	\$1,500	N/A*
Preventive (Type 1)	100%	100% of UCR**	\$20 copay general and orthodontic
Basic (Type 2)	80%	80% of UCR**	Various copays apply
Major (Type 3)	50%	50% of UCR**	Various copays apply
Orthodontia			
Benefit	Not covered	Not covered	\$2,800 comprehensive copay
Eligible Persons	N/A	N/A	Adults & Children
Lifetime Maximum	N/A	N/A	N/A

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

** UCR = Usual, Customary, and Reasonable. Refers to the fee guidelines used to pay a claim when seeing a non-network dentist.

Cost of Voluntary Dental Coverage

Below are the payroll deductions after the Rainier Christian Schools’ contributions.

Employee Contributions		
Voluntary Dental – Ameritas PPO	Per Paycheck	Per Month
Employee	\$23.72	\$47.44
Employee & Spouse	\$94.20	\$94.20
Employee & Child(ren)	\$55.28	\$110.56
Employee & Spouse & Child(ren) (Family)	\$78.66	\$157.32
Voluntary Dental – Willamette EPO	Per Paycheck	Per Month
Employee	\$21.77	\$43.55
Employee & Spouse	\$43.82	\$87.65
Employee & Child(ren)	\$50.97	\$101.95
Employee & Spouse & Child(ren) (Family)	\$76.52	\$153.05

Voluntary Vision Insurance

Rainier Christian Schools provides you with the option to enroll in a vision plan through Ameritas Insurance Company. The vision plan includes benefits for eye exams, eyeglasses, and contacts, as well as discounts for various lens enhancements through EyeMed or VSP Network.

VISION	Ameritas Life Insurance Corp EyeMed and VSP In-Network
Copay	
Routine Exams	\$10 copay every 12 months
Vision Materials	
Materials	\$25 copay
Lenses	Benefit varies by lens options Covered every 12 months
Contact Lenses (in lieu of frames)	100% up to \$130 after copay of up to \$55 (fitting and evaluation) Covered every 12 months
Frames	100% up to \$130 Covered every 24 months

EyeMed Network

5 out of the Top 6 national retail chains accept EyeMed: Lens Crafters, Pearle Vision, Sears Optical, Target Optical, JC Penny Optical.

Over 94,000 access points nationwide, made up of 66% independent doctors and 34% retail locations.

20% of locations are open after 6pm on Saturdays and on average, each EyeMed network provider is open 10 evening and 12 weekend hours per week.



VSP Network

4,500 retail chain affiliates such as: Costco Wholesale, Pearle Vision, Visionworks, Cohen's Fashion Optical, and more

Provides access to the largest network of independent doctors, VSP members receive services at rates well below walk-in prices at more than 36,000 doctors nationwide. Find a provider at <https://www.vsp.com>

Laser Vision Surgery Your vision plan provides an average discount of 15% on LASIK and PRK. Your maximum out-of-pocket per eye is \$1,800 for LASIK, \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP Provide must coordinate the procedure. Getting started is simple; just follow the steps at <https://www.vsp.com/lasik.html>



Cost of Voluntary Vision Coverage

Below are the payroll deductions after the Rainier Christian Schools' contributions.

Employee Contributions		
Voluntary Vision – Ameritas EyeMed and VSP	Per Paycheck	Per Month
Employee	\$3.92	\$7.84
Employee & Spouse	\$7.86	\$15.72
Employee & Child(ren)	\$6.86	\$13.72
Employee & Spouse & Child(ren) (Family)	\$10.78	\$21.56

Voluntary Life and AD&D

Since every employee has different needs when it comes to life insurance, Rainier Christian Schools provides you with the opportunity to apply for and purchase Voluntary Life and AD&D Insurance through Principal Life Insurance Company. This plan is 100% employee paid via payroll deductions.

Voluntary Life and AD&D	
Benefit Coverage (Note: Dependent benefits paid to employee).	
Your Voluntary Life and AD&D Coverage Options Are:	
Employees	\$10,000 increments. Not to exceed \$300,000
Spouse	\$5,000 increments. Not to exceed \$100,000
Child(ren) ²	Options: \$2,500 or \$5,000 or \$10,000

²Dependent children 14 days or younger receive a flat \$1,000 benefit

Voluntary Short-Term Disability

Rainier Christian Schools offers a short-term disability option through Principal Life Insurance Company. This plan covers 60% of your weekly base salary up to \$1,000/week. The benefit begins after 14 days of injury or illness and lasts up to 11 weeks. This plan is 100% employee paid via payroll deductions. Please see the summary plan description for complete plan details.

Voluntary Short-Term Disability	
Benefit Coverage	
Elimination Period	14 days of injury/illness
Benefit Percent	60%
Maximum Weekly Benefit	Up to \$1,000 per week
Maximum Period of Payment	11 weeks
Pre-existing conditions	12 months for conditions treated within the 3 months prior to effective date of coverage

Health Savings Account (HSA) – HealthEquity

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. The HSA will be set automatically upon enrolling in the qualified high deductible health plan.

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 current and future health care expenses for you and/or your dependents. 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.
- 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.

You can manage your HSA through www.HealthEquity.com 24 hours a day, 7 days a week.

For additional questions, please go online or call Health Equity at 866-735-8195.

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

Although everyone can 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.

- 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).

2022 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:

MAXIMUM FOR THE 2022 TAX YEAR	Rainier Christian School Contributions
Individual: \$3,650	Individual: \$60 per month (\$720 Annually)
Family: \$7,300	Family: \$60 per month (\$720 Annually)

If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.

Flexible Spending Accounts (FSA) – HealthEquity

The Flexible Spending Account (FSA) plan with HealthEquity allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. **The plan is comprised of a health care spending account and a dependent care account.** You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Even though your FSA doesn't rollover, most members spend all their FSA dollars before the year ends.

See a full list of eligible medical expenses at <https://healthequity.com/qme>

Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds. You have 90 days following the end of the plan year to file claims for reimbursement.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.



Dependent care FSA annual maximum is \$5,000.
Features of this plan include:

This program lets you pay for certain IRS-approved dependent daycare expenses with pre-tax dollars. Rollover provision does not apply. Use it or lose it rule applies.

Eligible for care while parents are at work or school. ONLY amount payroll deducted to date is available for distribution.

MAXIMUM ANNUAL ELECTION

Health Care FSA	\$2,850
Dependent Care FSA	\$5,000

Employee Assistance Plan (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) provided by Magellan Healthcare is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices or locating further help.

It's free...Your employer covers the cost of initial assessment, additional problem-solving sessions and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential...Your EAP has been set up with Principal Life Insurance Company in partnership with Magellan Healthcare, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

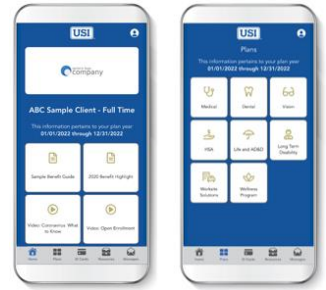
Magellan Healthcare is only a phone call away at 800-450-1327 or via website at www.MagellanAscend.com



USI Resources

USI Mobile App

- Access to Rainier Christian Schools benefits, carrier phone numbers and plan details.
- BRC and the Rainier Christian Schools HR Team's contact information.
- Store a photo of your carrier ID cards
- Easy to install! From your App store, search for: **MyBenefits2GO**
- When promoted, enter code: **B70227**



Have Questions? Need Help?



Rainier Christian Schools 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.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Pacific Time at 866-468-7272 or via e-mail at BRCWest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message.

Carrier Customer Service

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

CARRIER	PHONE NUMBER	WEBSITE	CARRIER
Medical HMO and PPO	Kaiser Permanente	888-901-4636	www.kp.org/wa
Dental PPO	Ameritas Group	800-487-5553	www.ameritas.com
Dental EPO	Willamette Dental of WA, Inc.	855-433-6825	www.willamettedental.com
Vision	Ameritas Group VSP Network	800-877-7195	www.vsp.com
Vision	Ameritas Group EyeMed Network	866-289-0614	www.eyemedvisioncare.com
Health Savings Account (HSA)	HealthEquity	866-735-8195	www.HealthEquity.com
Voluntary Life and AD&D	Principal Life Insurance Co.	800-245-1522	www.principal.com
Short Term Disability (STD)	Principal Life Insurance Co.	800-245-1522	www.principal.com
Employee Assistance Program (EAP)	Principal Life Insurance Co.	800-450-1327	www.MagellanAscend.com
Flexible Spending Account / Dependent Care (FSA)	Health Equity	866-735-8195	www.HealthEquity.com
Voluntary Accident & Critical Illness	Principal Life Insurance Co.	800-245-1522	www.principal.com

This brochure summarizes the benefit plans that are available to Rainier Christian Schools 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 HEALTHCANCER 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:

	Core HMO HSA	Virtual Plus HMO	Summit PPO		
	Schedule of Benefits	Schedule of Benefits	Preferred	In-Network	Outside Network
Calendar year deductible					
Individual	\$1,500	\$500	\$500	\$500	\$1,500
Family	\$3,000	\$1,000	\$1,000	\$1,000	\$3,000
Coinsurance	80%	80%	90%	70%	50%

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 30 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 31 days after the marriage, or 60 days after a 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 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 review 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 \$156 per day (up to a \$1,566 cap per request), 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:

Sigrid Jones

16700 174th Ave SE

Renton, WA 98058-1249

425-255-7273

sigrid.jones@rainierchristian.org

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Rainier Christian Schools About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Rainier Christian Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Rainier Christian Schools has determined that the prescription drug coverage offered by the Kaiser Permanente Insurance Company is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Rainier Christian Schools coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Rainier Christian Schools coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Rainier Christian Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Rainier Christian Schools changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 1, 2022
Name of Entity/Sender:	Rainier Christian Schools
Contact--Position/Office:	Sigrid Jones
Address:	16700 174th Ave SE, Renton, WA 98058-1249
Phone Number:	(425) 255-7273

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.

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 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 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 January 31, 2022. Contact your State for more information on eligibility –

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

<p align="center">GEORGIA-Medicaid</p> <p>A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p align="center">MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>
<p align="center">INDIANA-Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p align="center">MASSACHUSETTS-Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840</p>
<p align="center">IOWA-Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/member s Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MINNESOTA-Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p align="center">KANSAS-Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MISSOURI-Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KENTUCKY-Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">MONTANA-Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p align="center">LOUISIANA-Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEBRASKA-Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA-Medicaid	SOUTH CAROLINA-Medicaid
Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE-Medicaid	SOUTH DAKOTA-Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY-Medicaid and CHIP	TEXAS-Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK-Medicaid	UTAH-Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA-Medicaid	VERMONT-Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA-Medicaid	VIRGINIA-Medicaid and CHIP
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OKLAHOMA-Medicaid and CHIP	WASHINGTON-Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://dhr.wv.gov/bms/ http://mywvhipp.com /Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA-Medicaid	WISCONSIN-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND-Medicaid and CHIP	WYOMING-Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)