



2024 *Benefits Guide*

CITY OF TOPPENISH



This benefit overview is a summary of your benefits as an eligible employee. It is intended to provide a brief description of 2024 coverage and is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which a program may be continued in force. This summary is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions, please refer to the applicable summary plan documents posted to www.wcif.net. 2024 documents will be posted as they are approved by respective carriers.

CITY OF TOPPENISH

Welcome to the 2024 Benefits Overview!

As a newly eligible employee, we encourage you to make thoughtful benefit elections for you and your family for the balance of the calendar year.

Open Enrollment is your annual opportunity as an employee to make thoughtful benefit elections for you and your family for the upcoming year. During this time members may change plans, add or remove dependents to existing plans, enroll in a new line of coverage, terminate an existing line of coverage. All open enrollment plan changes will be effective January 1, 2024.

Take some time to review this Benefits Guide thoroughly to ensure you select the plan(s) that best meet you and your family's needs. **Remember, this is your opportunity to make changes or enroll in any plans, otherwise you will have to wait until the next open enrollment period unless you experience a qualifying event.**

Dependent Eligibility

The following dependents are eligible for coverage after the employee has satisfied their initial waiting period required by the employer. Please note, dependents must be enrolled in the same plan(s) as the employee.

- A lawful spouse or domestic partner (legally separated spouses may not be eligible)
- Child(ren) of employee, spouse or domestic partner to the age of 26 including:
 - biological,
 - step,
 - foster,
 - adopted children from the date of assumption of legal obligation for total or partial support,
 - children required by court order or qualified medical child support order (QMCSO) to be covered by a participant
 - Disabled dependent child(ren) over age 26. See employer for details.

All other dependent children are not eligible without evidence of legal guardianship.

Beneficiary Designation

Setting up beneficiaries is not a one-time thing. **Be sure to review your beneficiary designations regularly, especially after life events such as marriage, divorce, birth, and death.** Circumstances might have changed for you or your beneficiaries, and you may need to alter your designations to reflect that.

This is a great time of year to review and make any necessary changes.



Enrollment Changes for Qualified Life Events

Many benefits are regulated by Section 125 regulations (if applicable) and other plan rules require that elections not be changed except during new hire or annual open enrollment periods. However, certain qualified events allow you to change your elections during the plan year. Below is a chart of the Life Events that allow for a mid-year change. Please reach out to your Human Resources Department with any questions and specific timeframe requirements.

Dependent	Enrollment Deadline
Newborn Child	Within 60 days of birth
Adopted Child	Within 60 days of placement in an employee's home
Foster child	Within 60 days of placement in an employee's home
Child Under Legal Guardianship	Within 60 days of legal guardianship being granted to employee
Spouse	Within 31 days of the date of marriage
Domestic Partner	Within 31 days of Washington State registration <i>or</i> within 31 days of the date of completed Affidavit of Domestic Partnership
Dependent of Spouse / Domestic Partner	<i>If existing dependent</i> , same rules as spouse/domestic partner (31 days – as shown above)
	<i>If acquired after</i> spouse's/domestic partner's effective date (60 days – as shown above)
Event	Enrollment Deadline
Involuntary Loss of Other Coverage	Within 31 days of the date the other coverage ended
State Medical Assistance and Children's Health Insurance Program (CHIP)	Within 60 days from the date of event



DENTAL / Delta Dental of Washington

deltadentalwa.com | 1.800.554.1907 (customer service)

Plan D

Delta Dental PPOSM Enhanced Benefit Summary

Effective Date	January 1, 2024			
Benefit Period	January 1, 2024 – December 31, 2024			
Benefit Period Deductible	None			
Benefit Period Maximum (Per Person) Class I Services do not apply toward benefit period maximum	\$2,000			
Orthodontia – Adults & Children Lifetime Maximum (Per Person)	50% \$2,000			
		Dental Network		
		Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist
Class I – Diagnostic & Preventive do not apply toward benefit period maximum				
Exams	100%		100%	100%
Cleaning (2x per benefit period)				
Fluoride (2x per benefit period)				
X-Rays				
Sealants (on permanent teeth are covered up to age 15)				
Class II – Restorative				
Fillings (including Composite Fillings)	90%		80%	80%
Endodontics (Root Canal)				
Periodontics				
Oral Surgery				
General Anesthesia/IV Sedation				
Class III – Major				
Dentures	50%		50%	50%
Partial Dentures				
Implants				
Bridges				
Crowns & Onlays				



This is a summary of benefits for comparison and isn't a contract. Once you're enrolled, you can get a benefits booklet that will provide all the details of your dental plan. Please feel free to call our customer service department or visit our website at [DeltaDentalWA.com](https://deltadentalwa.com) if you have any questions.

Keep in mind, you will likely experience the greatest savings when you see a Delta Dental PPO dentist.



SCAN CODE for information on Delta
Dental's Tooth Fairy Program for parents!



VISION / VSP Vision Care

vsp.com | **1.800.877.7195** (customer service) **1.877.396.7194** (Tru Hearing)

VSP Provider Network: VSP Choice Extended Plan

Using your VSP benefit is easy.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premium Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.
- At your appointment, tell them you have VSP. **There's no ID card necessary.** If you'd like a card as a reference, you can print one on VSP.com

VSP Provider Network:
VSP Choice
Extended Plan

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Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none">Focuses on your eyes and overall wellnessEvery 12 months	\$0
Essential Medical Eye Care	<ul style="list-style-type: none">Retinal screening for members with diabetesAdditional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma and more. Coordination with medical coverage may apply.Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	Covered in Full \$20 per exam
Prescription Glasses		\$15
Frame	<ul style="list-style-type: none">\$175 allowance for a wide selection of frames/\$95 allowance at Costco®/Walmart/Sam's Club®\$195 allowance for featured frame brands20% savings on the amount over your allowanceEvery 24 months	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent childrenEvery 12 months	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none">Standard progressive lensesAnti-reflective coatingScratch-resistant coatingUV ProtectionPremium progressive lensesCustom progressive lensesAverage savings of 30% on other lens enhancementsEvery 12 months	\$0 \$0 \$0 \$0 \$95 - \$105 \$150 - \$175
Contacts (instead of glasses)	<ul style="list-style-type: none">\$155 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)Every 12 months	Up to \$60
Additional Pairs of Eyewear		\$20
Frame	<ul style="list-style-type: none">\$175 allowance for a wide selection of frames/\$95 allowance at Costco®/Walmart/Sam's Club®\$195 allowance for featured frame brands20% savings on the amount over your allowanceEvery 24 months	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent childrenEvery 12 months	Included in Prescription Glasses
Contacts (instead of glasses)	<ul style="list-style-type: none">\$155 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)Every 12 months	Up to \$60

Your Coverage with Out-of-Network Providers	
Visit VSP.com for details, if you plan to see a provider other than a VSP network provider	
Exam.....	up to \$45
Frame.....	up to \$70
Single Vision Lenses.....	up to \$30
Lined Bifocal Lenses.....	up to \$50
Lined Trifocal Lenses.....	up to \$65
Progressive Lenses.....	up to \$50
Contacts	up to \$105
Lens Options.....	up to \$5
Coverage with a participating retail chain may be different. Once your benefit is effective, visit VSP.com for details.	

Extra Savings

Glasses and Sunglasses

- Extra \$20 to spend on featured frame brands. Go to [VSP.com/offers](#) for details.
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

Retinal Screening

- No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor



The Standard / Basic Life & AD&D

standard.com | Policy # 645273-G

Basic Life/AD&D

Employer-paid life insurance is an important working benefit. It provides your loved ones with a little additional income if you pass away. It helps serve as a financial safety net during the most crucial income earning years. Your employer maintains a Basic Life/AD&D Plan for you that provides a \$12,000 benefit.

Age Reduction Schedule	At Age: 70.....65% of original amount 75.....45% of original amount 80.....30% of original amount
AD&D Benefit	The AD&D benefit is equal to the amount of your Life Insurance Benefit. Certain Losses are payable at an amount less than 100% of the AD&D insurance benefit. See AD&D Table of Losses in Certificate.
Seat Belt Benefit	The amount of the Seat Belt Benefit is the lesser of (1) \$25,000 or (2) the amount of AD&D Insurance Benefit payable for loss of your life.
Air Bag Benefit	The amount of the Air Bag Benefit is the lesser of (1) \$5,000 or (2) the amount of AD&D Insurance Benefit payable for loss of your life.
Additional Features	Waiver of Premium Portability and Conversion Options Career Adjustment Benefit Higher Education Benefit Occupational Assault Benefit Public Transportation Benefit
Accelerated Benefit	If you become terminally ill, you may be eligible to receive up to 75% of your basic life benefit to an overall maximum of \$500,000 (voluntary life included).
Travel Assistance Benefit	The Travel Assistance Program helps employees cope with emergencies when the employee and/or their dependents travel more than 100 miles from home or internationally for trips up to 180 days. The program can also help with non-emergencies, such as trip planning.
Life Services Toolkit	The Life Services Toolkit includes online tools and services that can help employees create a will, make advance funeral plans and put their finances in order. After a loss, their beneficiary can consult experts by phone or in person and obtain other helpful information online.

Beneficiary Designation

Setting up beneficiaries isn't a one-time thing. Be sure to [review your beneficiary designations regularly, especially after life events such as marriage, divorce, birth, and death](#). Circumstances might have changed for you or your beneficiaries, and you may need to alter your designations to reflect that.

This is a great time of year to review and make any necessary changes.



The Standard / Travel Assistance

assistamerica.com | **1.800.872.1414** (customer service) **medservices@assistamerica.com**
(email) **01-AA-STD-5201** (Travel assist reference number)

Security that travels with you!

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night¹.

You and your spouse are covered with Travel Assistance — and so are kids through age 25— with your group life insurance from Standard Insurance Company².

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouse and children traveling on business for their employers are not eligible to access these services during those trips.



Contact Travel Assistance

800.872.1414

*United States, Canada, Puerto Rico,
US Virgin Islands and Bermuda*

Everywhere else:
+1.609.986.1234

Text:
1.609.334.0807

Email:
medservices@assistamerica.com



Get the App

**Get the most out of Travel Assistance
with the Assist America Mobile App.**

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201



Resources and Tools to Support you and your Beneficiary

Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of death. The Standard does more than help protect your family from financial hardship after a loss. Standard has partnered with Health AdvocateSM to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter your user name “assurance” for information and tools to help you make important life decisions.

Estate Planning Assistance: Online tools walk you through the steps to prepare a will and create other documents.

Financial Planning: Consult online services to help you manage debt, and take care of other financial matters with confidence.

Health and Wellness: Timely articles about nutrition, stress management and wellness help employees.

Identity Theft Prevention: Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.

Funeral Arrangements: Use the website for guidance on how to begin, find funeral related services and make decisions in advance.

If you are a recipient of an Accelerated Benefit¹, you may access the services for beneficiaries.

¹An Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of their Life insurance proceeds while living, if all other eligibility requirements are met.

Services for Your Beneficiary

Life Insurance beneficiaries² can access services for 12 months after the beneficiary receives the Life claim letter. Recipients of an Accelerated Benefit can access services for 12 months after the date of payment.

Grief Support: Care Managers with advanced training are on call to provide grief sessions by phone or in-person. Beneficiaries are eligible up to six in-person confidential grief sessions.

Legal Services: Your beneficiaries can obtain legal assistance from experienced attorneys with a telephone consultation or in-person meeting for up to 30 minutes with a network attorney.

Financial Assistance: Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues.

Support Services: During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. Work-life advisors can guide them to resources to manage other issues.

Online Resources: Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries.

The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, charities.

The Life Services Toolkit is provided through an arrangement with Health AdvocateSM and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. This service is not an insurance product.



The Standard / PORTABILITY & CONVERSION

standard.com | Policy # 645273

WCIF offers various products that are underwritten by The Standard. Some plans are eligible for Portability/Conversion. Below is a table that outlines the availability by product.

	PORTABLE	CONVERTIBLE
Basic Life	Yes	Yes
Basic AD&D (this is built into Basic Life)	Yes	No

Portability

Portability takes the group plan and rolls it over to a group portability policy. Those leaving employment due to disability or retirement are not eligible for portability, and coverage must have been in place for 12 continuous months. Employees must apply for portability within 31 days of the date of termination. Portability forms are available on WCIF's website: WCIF.net.

Conversion – Life

Conversion takes a group plan and converts it into an individual whole life plan. Those leaving employment due to disability or retirement are only eligible for conversion options. Employees must apply for conversion within 31 days of the date the coverage ends. Conversion forms are available on WCIF's website: WCIF.net.

Please note, Life/AD&D products are not subject to COBRA.

If you are interested in continuing coverage through portability or conversion, please do the following:

- Confirm the coverage you are enrolled in with your HR department
- Call (800) 378-4668, elect option 7, and enter extension 6785
- Your policy number is: 645273
- Portability rates are listed in your Certificate. You can access a copy of your certificate at WCIF.net
- When ready to apply for Portability or Conversion, please work with your employer to complete the employer statement on the forms, which are also available at WCIF.net



[metlife.com](https://www.metlife.com) | 1.800.438.6388 (customer service)

Pet Insurance



What is Pet Insurance?

Similar to health insurance for you and your family, Pet Insurance is coverage for dogs and cats that can help you be prepared for unexpected vet costs.

Coverage includes:

accidental injuries

illnesses

exam fees

surgeries

medications

ultrasounds

hospital stays

X-rays and diagnostic

hip dysplasia

Why MetLife Pet Insurance?

With MetLife, pet parents have the power of choice to customize their Pet Insurance to meet their needs.

How much will it cost?

Each pet's premium will be unique based on the age, breed, location, as well as what coverage amount you select. Plus, if you go claim-free in a policy year, we'll automatically decrease your deductible by \$25 or \$50. There are also a variety of discounts available. You can set up automatic payment through the online portal.

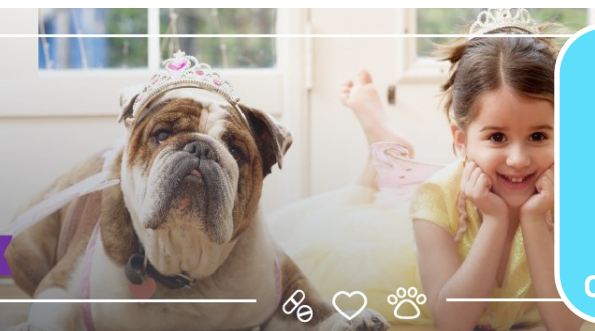
SCAN THIS CODE



FOR MORE INFO!

If he's always
down to play
dress up,

he deserves to be insured.



Pet parents
spend *nearly*
\$4,500 a year
on annual care.



Get a quote by visiting: [metlifepetinsurance.com/WCIF](https://www.metlifepetinsurance.com/WCIF)
OR Call 1-800-GET-MET8

BenefitHub Discount Center



A world of discounts
is waiting...
Save big every day!

Welcome to WCIF Discounts & Rewards!

Enjoy discounts, rewards and perks
on thousands of the brands you love
in a variety of categories:

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors

Hertz

CityPASS

SixFlags

**AMC
THEATRES**

Hotels

GROUPON

Budget

DELL

**employee
AUTO BUYING**
POWERED BY TRUECar

Vitamix

Sam's Club

NutriSystem

**Office DEPOT
OfficeMax**

Lenovo

AVIS

TICKET MONSTER

hp

jiffylube

It's easy to access and start saving!

1. Go to: wcif.benefithub.com
2. Referral Code: **IBWY7X**
3. Complete Registration

Questions? Call 1-866-664-4621 or email customer@benefithub.com

How to: FIND A PROVIDER

You can search for an in-network provider online by following the steps outlined below.

► Delta Dental of Washington —Dental

1. Go to <https://www.deltadentalwa.com>
2. Hover over “ONLINE TOOLS” at the top of the screen, then “FIND A DENTIST”
3. Fill in as much information as possible to narrow the search with the network
 - A. Indicate the mile range of your search (i.w. within 5 miles)
 - B. Be sure to select the correct network: Delta Dental PPO
4. Click “SEARCH”
5. A list of providers will appear along with contact information

If you have not already done so, it is a good idea to create a secure on-line member account with Delta in order to access tools designed to help you manage your dental benefits.

► VSP Vision Care —Vision

1. Go to <https://www.vsp.com>
2. Click “FIND A DOCTOR” at the top left of the screen
3. Click “ADVANCED SEARCH” in middle right of screen to choose network— Choice
4. Fill in your Zip Code or Street Address, City, State
5. A list of Office Locations will appear. Select the Office your are interested in
6. A list of providers will appear along with Office contact information



REQUIRED ANNUAL NOTIFICATIONS

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.

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 2024 open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1, 2023, through January 15, 2024. From December 15, 2023 to January 15, 2024, coverage will be effective February 1, 2024. After January 15, 2024, you can get coverage through the Marketplace for 2024 only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

If the cost of our medical plan to cover yourself (and not any other members of your family) is more than 9.12 percent of your household income for the 2024 year, or our coverage does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored 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.) **All WCIF health plans currently meet the "minimum value standard".**

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, you 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.

If you are not eligible for our Plan, you may want to look at the Health Insurance Marketplace as an option. In some cases you may qualify for a subsidy if you meet certain requirements. You will need to consult with an Insurance Navigator at the Health Insurance Marketplace to understand better your plan options as well as any subsidies which may apply to you.

How Can I Get More Information? Please visit [WAHEALTHPLANFINDER.org](https://www.wahealthplanfinder.org) or [HEALTHCARE.gov](https://www.healthcare.gov) for more information.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer sponsored health coverage, but need assistance in paying their health premiums. 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 [HEALTHCARE.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP you can 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, you can contact your State Medicaid or CHIP office or dial **1.877.KIDS NOW (1.877.543.7669)** or [INSUREKIDSNOW.gov](https://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

To see if any more States have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, you can 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



REQUIRED ANNUAL NOTIFICATIONS

Notice of Special Enrollment Rights

If you acquire a new dependent, or if you decline WCIF health coverage for yourself or an eligible dependent (including your spouse*) while other coverage is in effect and later lost that other coverage for certain qualifying reasons, you have the right to enroll in a plan under its *Special Enrollment Provision*.

This notice also advises you of some of the other consequences of declining coverage, including your responsibility for any claims you might incur.

Loss of Other Coverage

If you decline enrollment for yourself or for an eligible dependent (including your spouse*) while other health insurance or health plan coverage is in effect, you may be able to enroll yourself and your dependents in a WCIF health plan if you or your dependents lost eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). You must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

New Dependent

If you have a new dependent as a result of marriage, you may be able to enroll yourself or your new dependent if you request enrollment within 31 days after the marriage**. Step children may also be added within 31 days of the marriage**. You must request enrollment within 60 days after: Birth, Adoption / placement for adoption, Foster child placement, Grant of legal guardianship.

State Medical Assistance and Children's Health Insurance Program (CHIP)

If you meet any of the following scenarios, you and your dependents may be able to enroll in WCIF health plans within 60 days if:

- You become eligible for state medical assistance and the Washington State Department of Social and Health Services (DSHS) determines that it is cost-effective to enroll you in this plan.
- You qualify for premium assistance under the state's medical assistance program of Children's Health Insurance Program (CHIP).
- You no longer qualify for health coverage under the state's medical assistance program or CHIP.

To request special enrollment or to obtain more information about WCIF health plans' *Special Enrollment Provisions*, contact your employer's Human Resources Department.

*or Qualified Domestic Partner

**or Qualified Domestic Partnership



Come visit our new website!



wcif.net/employees —

Here you can find plan summaries, enrollment forms, benefits information, carrier contacts, notices & more. Check out our site and see what WCIF has to offer.

Employees

[Find A Provider](#)

[Plan Contacts](#)

[Forms](#)

[Plan Information](#)

[Wellness](#)

[Discounts & Rewards](#)

S I M O N

[SIMON LOGIN](#)

Find A Provider

WCIF contracts with the top carriers in the state for our employee benefit plans. Please click on the carrier logos below for access to provider directories.

[Home](#)

[Employees](#)

[Retirees](#)

[Employers](#)

[WCIF Board](#)

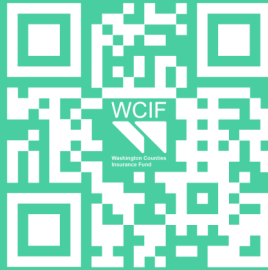
[Live Well at WCIF](#)

[Producer Partners](#)

[Contact](#)

[Privacy Policy](#)





QUESTIONS?

Contact your Human Resource Department or visit WCIF.net

800.344.8570 (toll free)

info@wcif.net

2620 RW Johnson Blvd SW Suite 300, Tumwater, WA 98512

Benefits are what we do BEST!