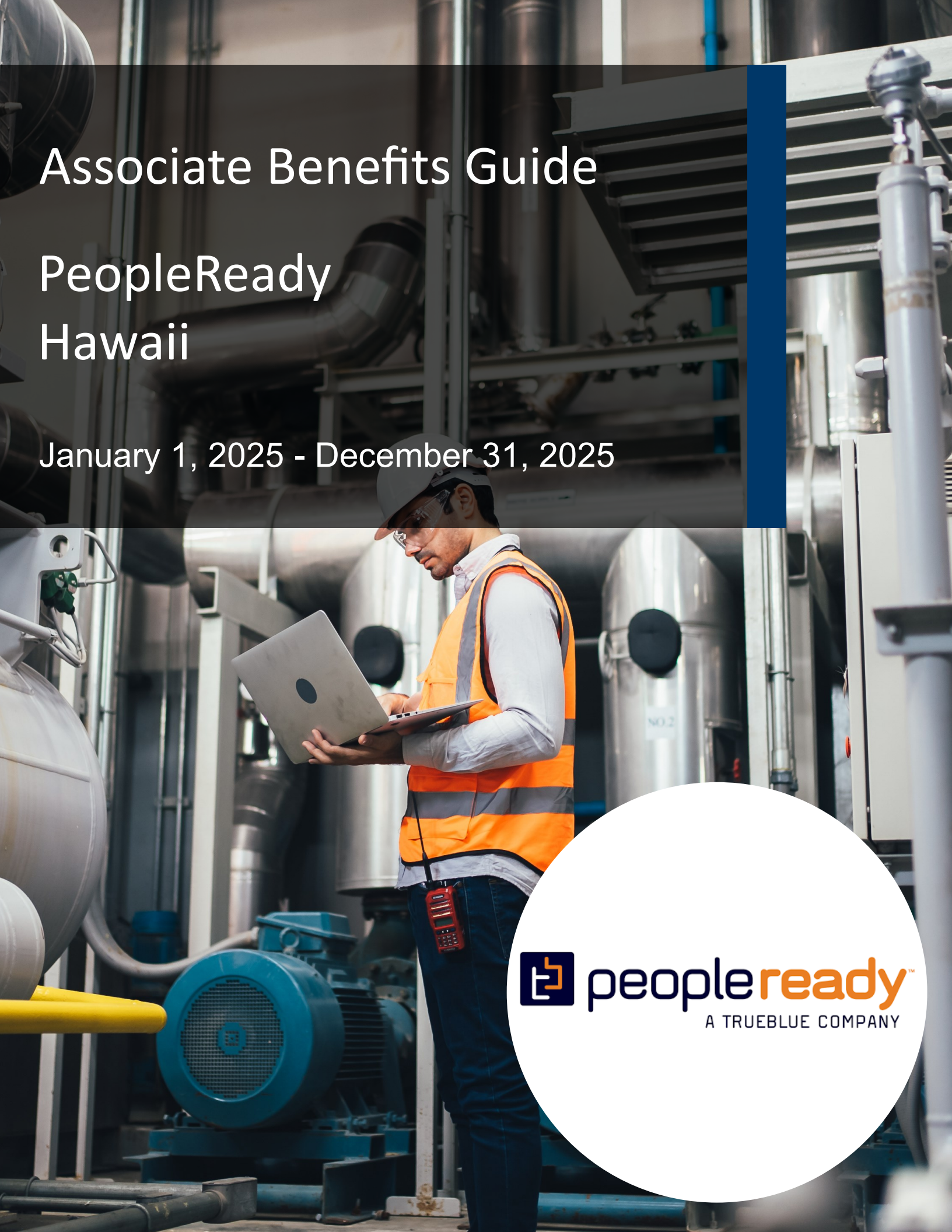
Associate Benefits Guide

PeopleReady
Hawaii

January 1, 2025 - December 31, 2025



peopleready™
A TRUEBLUE COMPANY

What's Inside?

- FAQ's
- Minimum Compensation Ordinance Notice
- Employee Rights Under the Family Medical Leave Act
- Kaiser Permanente Plan Information
- HC-5 Waiver Form
- State Marketplace Notice
- Summary of Benefits Coverage (SBC's)

Enrolling in Coverage

As an Associate, you are **automatically** enrolled in coverage, as long as you're eligible.

Declining Coverage

If you want to **decline coverage,** you must return the completed forms to your hiring manager immediately:

- HC-5 waiver form

Frequently Asked Questions

Questions on your benefits?

Please reach out to Associatebenefits@trueblue.com

What if I have a qualifying life event?

Coverage is automatically provided when you are eligible unless you decline coverage. If you previously filled out form HC-5 to decline coverage under Kaiser, and now want to enroll in Kaiser due to a life event such as a loss of other coverage, please notify your manager immediately. A new HC-5 form will need to be completed authorizing us to cancel your medical waiver.

Please note that eligibility requirements for coverage must be met. If you are no longer declining coverage, you will automatically be enrolled under the Kaiser plan as soon as you become eligible.

When is my coverage effective?

Employees who work twenty hours or more per week and earn a monthly wage of at least 86.67 times the Hawaii minimum hourly wage are deemed eligible after four consecutive weeks of employment. Health care coverage must be provided to such eligible employees at the earliest enrollment date of the employer's health care contractor. Benefits will then be effective the 1st of the following month after meeting eligibility requirements.

Can I cover my dependents?

This coverage is for employees only.

Am I eligible to be on the TrueBlue associate benefit plans through United Healthcare?

No, while you are working on the contract for Hawaii you will not be eligible for the traditional health insurance offers from TrueBlue. If you happen to be placed in a different position and no longer working in Hawaii, please reach out to Associatebenefits@trueblue.com so that we can assist you with the transition to the traditional TrueBlue health insurance options that may be available to you.

Family Medical Leave Act (FMLA)

Family Medical Leave Act (FMLA) Notice

An eligible employee may take up to 12 weeks of unpaid, job protected leave within in a 12-month period. FMLA provides job and benefit protections for individuals on an FMLA qualified leave.

Leave may be taken for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee is someone who has worked for the employer for at least 12 months, worked at least 1,250 hours in a defined 12-month period, and works in a location with at least 50 employees within a 75-mile radius.

An eligible employee who is a covered service member's spouse, child, parent, or next of kin may be eligible for up to 26 weeks of FMLA leave in a single 12-month period in the event of serious injury or illness of the service member.

Employees seeking to take FMLA leave must provide 30-day advance notice when need is foreseeable and such notice is practical. When advance notice is not possible, the employee must notify the employer as soon as possible; generally, the same day or next working day that the employee learns of the need for leave. Failure to provide notice when leave is foreseeable may disqualify the employee from taking leave until 30 days after the notice has been provided.

An employer will must notify an employee of their rights and responsibilities under FMLA. Employers may also require a certification of the need for leave.

For additional information or to file a complaint:

1- 866 - 4 - USWAGE (1 - 866 - 487 - 9243)
TTY 1 - 877 - 889 - 5627
www.dol.gov/whd
U.S. Department of Labor
Wage and Hour Division

HWHL-1 (Rev. 06/22)

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
WAGE STANDARDS DIVISION

NOTICE TO EMPLOYEES

Under the HAWAII WAGE AND HOUR LAW
(Chapter 387, Hawaii Revised Statutes, and Chapter 12-20, Hawaii Administrative Rules)

$10.10 per hour
effective through September 30, 2022

$12.00 per hour
effective October 1, 2022 through December 31, 2023

$14.00 per hour
effective January 1, 2024 through December 31, 2025

$16.00 per hour
effective January 1, 2026 through December 31, 2027

$18.00 per hour
effective January 1, 2028

TIP CREDIT - Under certain conditions, "tipped employees" may be paid up to 75 cents less per hour; effective October 1, 2022, up to $1.00 less per hour; effective January 1, 2024, up to $1.25 less per hour; and effective January 1, 2028, up to $1.50 less per hour. See Section 387-2(b), Hawaii Revised Statutes.

Minimum wage under the Hawaii Wage and Hour Law also applies to employment covered by the federal wage and hour law (Fair Labor Standards Act) when Hawaii standards are higher than the federal law. The law also requires employers to maintain time records.

ENFORCEMENT: The Department of Labor and Industrial Relations may recover back wages, either administratively or through court action, for employees who have been underpaid.

FOR MORE INFORMATION contact the nearest Department of Labor office:

Oahu	830 Punchbowl Street, Room 340, Honolulu 96813	**Phone:** (808) 586-8777
Kauai	State Building, Room 202, 3060 Eiwa Street, Lihue 96766	(808) 274-3351
Maui	2264 Aupuni Street, Wailuku 96793	(808) 243-5322
Hawaii	State Building, Room 108, 75 Aupuni Street, Hilo 96720	(808) 974-6464
West Hawaii	Post Office Building, Room 2087, 81-990 Halekii St., Kealakekua 96750	(808) 322-4808

The law requires employers to post this notice in a place accessible to employees.
This notice can be downloaded from the department's web site at www.labor.hawaii.gov/

Medical Insurance

Medical Insurance | Kaiser Permanente

Health Maintenance Organization (HMO)

The HMO gives you access to certain doctors and hospitals, but restricts services to in-network providers only. Your care is managed by a Primary Care Physician (PCP) chosen at the time of enrollment. If you require a specialist, outpatient procedure, or hospitalization, your registered PCP must refer you. There are no out-of-network benefits.

Plan Details	HMO *In-Network Benefits Only*
Network	Kaiser
Deductible Individual Family	 $0 $0
Coinsurance (Plan Pays)	80%
Out-of-Pocket Max Individual Family	 $2,500 $7,500
Physician Services Well Adult / Well Child Physicians Office Specialist Visit After Hours Care X-Rays & Lab Diagnostics MRI / CT / PET Scans Testing Outpatient Surgery Office Administered Drugs and Supplies	 $0 $15 copayment* $15 copayment $15 copayment $15 copayment 80% 80% 80% 80%
Emergency Room Visit / Ambulance Services	 80%
Hospital Care Inpatient Skilled Nursing Facility (up to 120 days per period)	 80% 80%
Urgent Care Primary Out of Area	 $15 copayment 80%
Mental Health Outpatient Care Inpatient Care	 $15 copayment 80%
Fit Rewards Gym Home Fitness	 $200 $10

*$0 copayment under age 18

Value Added Benefits | Kaiser Permanente

KP Portal: www.kp.org
A secure member website that gives you immediate access to health care benefit information. Here you can check claim status, find in-network providers, refill most prescriptions, and much more.

Kaiser Mobile:
Access your account from a mobile device. Opt in to receive texts for Rx refill reminders, diet and fitness tips, claim updates and more. Download the app for immediate access.

Maternity Care Program: www.kp.org/maternity
Personalized support provided by Obstetrical nurses. Explore classes and programs for expecting parents.

24/7 Nurseline: 808.334.4000
General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

Member Discounts:
Access to additional special program discounts. Details can be accessed by logging into www.kp.org/choosehealthy or by calling 877.335.2746 for help.

Wellness:
Access health and wellness resources that can help you manage your health. Resources include health assessments, self-directed courses and health coaching.

Fit Rewards | Kaiser Permanente

Thrive your way at any fitness center statewide. You can still earn a free gym membership at certain participating gyms or enjoy discounted rates at other participating fitness centers.

As a Kaiser Permanente member, you can break a sweat without breaking the bank.
You can choose from 5 tiers of fitness centers at different price points. So, whether you're into group fitness, boot camps, yoga, or pumping iron, we've got you covered statewide. Whatever tier you choose, you can earn a $200 reward.

Earn a free gym membership.
You can still earn a free gym membership by selecting a fitness center from Tier 1.

Save up to 40% at an expanded network of fitness centers.
If a fitness center in Tier 1 is not to your liking, there are fitness centers in Tiers 2 through 4 for an additional discounted monthly fee.

Tier 5 fitness centers.
Any fitness center that qualifies under a tier 5, be sure to hit the gym 45 days for at least 30 minutes a visit by the end of the year, and you'll earn your $200 reward.

Choose One	Annual Fee	Additional Monthly Fee	Your Reward
Tier 1	$200	$0	$200
Tier 2	$200	$35	$200
Tier 3	$200	$55	$200
Tier 4	$200	$85	$200
Tier 5	You pay standard retail fess directly to fitness center	N/A	$200

Prefer to work out at home?
Take advantage of the Home Fitness Kit Program and receive up to 2 home fitness kits per calendar year for just $10.

Go to https://thrive.kaiserpermanente.org/care-near-hawaii/active-and-fit?kp_shortcut_referrer=kp.org/fitrewards

Additional Benefits

Voluntary Life and AD&D Insurance | Aflac

Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident. Always make sure your beneficiaries are updated.

	Voluntary Life/AD&D– Low Plan
Benefit Amount	$20,000 per employee $2,500 for spouse $1,250 for children

	Voluntary Life/AD&D– High Plan
Benefit Amount	$30,000 per employee $2,500 for spouse $1,250 for children

Short-Term Disability Insurance | Voya

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time.

Disability Coverage	Low Plan | High Plan
Waiting Period	**Low Plan:** Begins on the 9th day of continuous injury or illness / **High Plan:** Begins on the 9th day of continuous injury or illness
Benefit Amount	**Low Plan:** $200 per week / **High Plan:** $400 per week
Length of Payment Period	**Low Plan**: 26 Weeks / **High Plan**: 26 weeks
Premium Contribution	Employee Paid

Accident,Critical Illness & Hospital Indemnity Insurance | Voya

Voluntary Accident Insurance

Accident insurance can provide benefits of set dollar amounts for covered accidents that occur off the job. Accident insurance is offered to all eligible full-time employees. The benefits vary based on type and severity of the accident. Choose between a low plan or a high plan, which also includes a wellness rider.

Voluntary Critical Illness Insurance

Critical illness insurance is available at a lump-sum that employees can use to help cover the out-of-pocket expenses associated with a critical illness. Critical illness insurance is offered to all eligible employees.

- Choose between and $10,000 Benefit High Plan or a $5,000 Benefit Low Plan
- Benefits paid directly to you
- Coverage supplements any existing medical benefits

Voluntary Hospital Indemnity Insurance

When you are hospitalized, chances are there will be expenses that you have to pay yourself, even with an existing health insurance plan. As with accident insurance, any benefits you are eligible to receive are payable without regard to your medical coverage.

Typically, a flat amount is paid for admission and a per day amount is paid for each day of a covered stay, from the very first day. When you submit a claim, the approved benefit will be paid directly to you and can be used however you want.

Cancer Detection | Genomic Life

An innovative approach that gives you and your family members a peace of mind for the future. Genomic Life identifies your genetic risk in advance and addresses the challenges when dealing with cancer. With Genomic Life, you will have access to Advanced DNA Testing and dedicated services. Hereditary cancers included in the screening, but not limited to:

- Endocrine
- Melanoma (Skin)
- Pancreatic
- Stomach
- Renal/Urinary Tract
- Breast
- Colorectal
- Prostate
- Ovarian

If you are diagnosed with cancer, you'll have access to Advanced DNA Testing of the Cancer, which can help your doctor identify the most effective treatment options

TeleHealth | MeMD

TeleHealth is a service that helps you contact a medical provider or therapist by app, phone, or online 24/7. This nationwide service is available to you, your spouse/domestic partner, and children up the age of 26. All medical care is provided by our US-Licensed professionals including board-certified physicians, physician assistants, and nurse practitioners. Talk Therapy services, with licensed therapists and licensed psychiatrists, is available in as little as 24 hours from your initial appointment request. MEMD provides a convenient and less costly alternative to ER and urgent care visits.

	Virtual Visit Rates
Telemedicine Fees	$67 Medical Virtual Visit $85 Talk Therapy $229 (Initial) / $99 (Follow up) - Psychiatric Virtual Visit

Identity Protection | Aura

Protect yourself and loved ones with advanced identity monitoring through Aura. In today's digital era, data is our most valuable resource and at times, falls into the wrong hands. This program includes the following features:

- Identity monitoring
- Credit monitoring
- 24/7 remediation full-service support
- IP address monitoring
- Data breach notifications

For more information, visit www.aura.com/identity-theft-protection or call 833-552-2123.

Auto & Home Insurance Program | Farmers

This program helps you save money on the benefits you need, with group discounts and convenient payment options.

You can save on average $586 on auto insurance by enrolling in Farmers Auto & Home. Farmers offers auto, recreational vehicle (RV), boat and Personal Excess Liability Protection insurance.

Home insurance protects your most valuable assets Farmers offers a range of home insurance solutions to balance costs with employees needs

To receive a quote, visit www.myautohome.farmers.com (use code EEN) or call 800.438.6381.

Legal Plan | MetLife

We are pleased to offer a voluntary benefit that provides you with convenient, professional legal counsel. The MetLife Legal Plan covers some of the most frequently needed personal legal matters, such as:

- General phone advice and office consultations
- Wills and estate planning
- Document review and preparation
- Home and real estate matters
- Debt and identity theft matters
- Family Law
- Eldercare

For more information, visit www.members.legalplans.com or call the MetLife Legal Plan Client Service Center at 800.821.6400

Employee Discount Programs

Carrier: LifeCare
Website: discountmember.lifecare.com
Registration Code: 1TB

Carrier: MyLife Savings Marketplace (formerly Tickets-At-Work)
Website: trueblue.savings.workingadvantage.com

Your work-life balance and general well-being are as important to us as the work you contribute. That is why we are excited to offer you these savings marketplaces.

Access national and local discounts on the brands you know and love. Browse deals for child and senior care services; gyms and nutrition plans; automotive services and care rentals; travel and hotels; computers and cell phones; theme parks or movie tickets and restaurants-even grocery coupons!

Benefits Contact Directory

General Benefits & Enrollment	
Contact	Call Center
Phone	888.583.7575, Monday - Friday 5 a.m. to 5 p.m. PT
Website	https://tbassoc.mybenefitsappointment.com/

TeleHealth	
Contact	MeMD
Phone Number	833.248.2734
Website	www.patient.memd.me

Medical	
Contact	Kaiser
Phone Number	800.966.5955
Website	www.kp.org

24/7 Nurseline	
Contact	Kaiser
Phone Number	808.334.4000
Website	www.kp.org/getcare

Voluntary Life	
Contact	Aflac
Phone Number	800.433.3036
Website	www.aflacgroupinsurance.com

Accident, Critical Illness, & Hospital Indemnity	
Contact	Voya
Phone Number	877-236-7564
Website	voya.com/claims

Short Term Disability	
Contact	Voya
Phone Number	888-305-0602
Website	voya.com/claims

Cancer Detection	
Contact	Genomic Life (Cancer Guardian)
Phone Number	844.694.3666
Website	www.genomiclife.com

MetLaw	
Contact	MetLife Legal Plan
Phone Number	800.821.6400
Website	www.members.legalplans.com

ID Theft	
Contact	Aura
Phone Number	833.552.2123
Website	www.aura.com/identity-theft-protection

LifeMart	
Contact	LifeCare
Website	discountmember.lifecare.com

Farmers Home and Auto	
Contact	Farmers Online Service Center
Phone Number	800.438.6381
Website	www.myautohome.farmers.com

MyLife Savings Marketplace	
Contact	MyLife Savings Marketplace
Website	trueblue.savings.workingadvantage.com

Rates

Life/AD&D Rates (Low Plan)

	Bi-Weekly Rates
Employee Only	$5.26
Family	$5.98

Critical Illness (Low Plan)

	Bi-Weekly Rates
Employee Only	$4.92
Employee + Spouse	$7.38
Employee + Child(ren)	$4.92
Family	$7.38

Accident (Low Plan)

	Bi-Weekly Rates
Employee Only	$1.96
Employee + Spouse	$4.42
Employee + Child(ren)	$4.42
Family	$6.88

Hospital Indemnity

	Bi-Weekly Rates
Employee Only	$4.16
Employee + Spouse	$8.32
Employee + Child(ren)	$6.67
Family	$10.83

ID Theft Protection

	Bi-Weekly Rates
Employee Only	$4.14
Employee + Spouse	$6.90
Employee + Child(ren)	$6.90
Family	$6.90

Life/AD&D Rates (High Plan)

	Bi-Weekly Rates
Employee Only	$7.90
Family	$8.62

Critical Illness (High Plan)

	Bi-Weekly Rates
Employee Only	$9.84
Employee + Spouse	$14.76
Employee + Child(ren)	$9.84
Family	$14.76

Accident (High Plan)

	Bi-Weekly Rates
Employee Only	$4.46
Employee + Spouse	$9.72
Employee + Child(ren)	$9.72
Family	$14.98

Cancer Detection

	Bi-Weekly Rates
Employee Only: Under 50	$8.30
Employee + Spouse :Under 50	$16.60
Employee Only: Under 50-64	$10.16
Employee + Spouse : 50-64	$20.32
Employee Only: 65+	$12.00
Employee + Spouse :65+	$24.00

Short Term Disability (Low Plan)

	Bi-Weekly Rates
Employee Only	$12.72

Short Term Disability (High Plan)

	Bi-Weekly Rates
Employee Only	$23.45

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 July 31, 2024. Contact your State for more information on eligibility –

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA 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	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

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

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	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 July 31, 2024, 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.

2025 Important Notices

Mental Health Parity Act

Per the Mental Health Parity Act, benefits for mental health and substance-use disorder must be treated like benefits for regular medical and surgical care. For example, if there is no limitation on the number of days for inpatient and number of visits for outpatient medical care, then there can be no limitation for mental health and substance abuse disorder treatments. As always, treatments must be medically necessary to qualify for coverage. Plan participants Should review their plan's certificate of coverage or benefit document for specific information about coverage, limitations and exclusions for mental health care and substance-use disorder treatments.

Women's Health and Cancer Rights Act

On January 1, 1999, a federal law, the Women's Health and Cancer Rights Act of 1998, became effective, which affects our company plan options. This law requires group health plans that provide coverage for mastectomies (ours does) to also provide coverage for reconstructive surgery and prostheses following mastectomies. As required under the law, we have included this notice to inform you about it.

The law mandates that a participant or eligible beneficiary who is receiving benefits, on or after the law's effective date (January 1, 1999, for our Plan), for a covered mastectomy and who elects breast reconstruction in connection with the mastectomy, will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the patient and the patient's attending physician and will be subject to the same annual deductible, coinsurance and/or copayment provisions otherwise applicable under the Plan. If you have any questions about coverage for mastectomies and post-operative reconstructive surgery, contact Kaiser at 877.447.5990

Please note: This guide is intended to provide you with highlights of our benefits program. It is not intended to address all details. Actual benefit coverage is specified in the Plan Documents. In the event of any differences between this guide and the Plan Documents, the Plan Documents will govern. These can be accessed through https://mybensite.com/trueblue

2025 Important Notices

Notice of Availability of HIPAA Notice of Privacy Practices

TrueBlue, Inc.
1015 A Street, Tacoma, WA 98402
To: Participants in Kaiser's Exclusive Provider Organization (EPO)

From: Virgilio Cintron, HR Director, Total Rewards & Analytics
Re: Availability of Notice of Privacy Practices

The Kaiser Plan maintain a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact the Benefits Department through Associatebenefits@trueblue.com

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 no later than 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 no later than 30 days after the marriage, birth, adoption or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact the TrueBlue Employee Benefits Service Center at 888.583.7575, Monday through Friday, 5 a.m. to 5 p.m. PT.

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NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.