



Inland Northwest Region

Open Enrollment for 2024 Benefits Guide

November 1-17, 2023

Update your benefits in Workday



Open Enrollment for 2024: Nov. 1-17

Inland Northwest Region



This is your annual opportunity to review and make changes to your benefits and covered dependents for 2024. This guide outlines benefit plan changes, premiums, how to enroll and other important information. This information can also be found in the Employee Resource Center (ERC).

This year, you will complete open enrollment [through Workday](#).

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Logging in via Point MultiCare at work	Logging in via Citrix and remote access
<ol style="list-style-type: none">1. Go to Point MultiCare and click Job Resources.2. Click Workday.3. Click on the Benefits app in the menu on the upper left corner of your homepage.	<ol style="list-style-type: none">1. Go to multicare.org.2. Click For Employees in the lower right corner. From there, click MyPortal Remote Access.3. Log in with your username and password, using two-factor authentication.4. Click Workday.5. Click on the Benefits app in the menu on the upper left corner of your homepage.

Forgot your password? You can reset it on Point MultiCare under the IS&T Service Center.

Do I need to take action during open enrollment?

Most benefits will automatically roll over, except for flexible spending accounts (FSA). We encourage you to review your enrollment choices each year. The choices you make during open enrollment are effective for the entire year as long as you stay eligible, or unless you have a qualifying life event as defined by the IRS (marriage, birth, divorce, etc.).



Notable 2024 plan changes

All MultiCare Health System employee medical plans will experience the following changes.

- Monthly medical plan costs for 2024 (full benefit eligible) will be:



	MyConnected Care	Basic Plan	High Deductible
Self Only	\$159	\$132	\$112
Self & Spouse	\$568	\$267	\$232
Self & Children	\$378	\$215	\$180
Self & Family	\$725	\$320	\$285

Those who completed Healthy@Work in 2023 will receive a \$30 monthly discount on their 2024 medical premiums. Read the **2024 insurance costs** document on the Employee Resource Center for details.

- You will now have access to a High Deductible medical plan with a health savings account (HSA). The HSA annual contribution limits are \$4,150 for individuals and \$8,300 for families. The catch-up contribution limit for participants age 55 and older is \$1,000. MultiCare contracts with Optum to administer the HSA. If you choose to enroll in this plan and are eligible for an HSA, contact Optum to open an HSA account. After you open an HSA, MultiCare provides employer contributions semi-monthly, for the total annual amounts listed below (for full-time employees).
 - o Self-only coverage: \$800
 - o Family coverage: \$1,600
- You will now be able to cover a domestic partner on your medical coverage. A domestic partner is a partner who is registered on a state registry with a state law that is intended to treat the registered partners the same as married partners. (In Washington, state registration requires that one partner be age 62 or older. Proof of registration is needed to add a domestic partner). Learn more on the [Secretary of State website](#).
- Employees and dependents who are enrolled in an MHS medical plan **and** have a diagnosis of Type 2 diabetes will have access to a new program designed to reverse insulin resistance. More information about this program will be available in Jan. 2024.
- **Medical ID cards** will be mailed out to all members. They should arrive by Jan. 1, 2024.
- As part of our financial recovery, employees who waive medical/dental benefits will no longer receive monthly cash back for doing so.

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Pharmacy information

- Did you know that many medications cost \$0 when filled at a MultiCare pharmacy? The list of these medications follows national guidelines and includes many medicines for common chronic conditions, such as diabetes, asthma, high blood pressure and high cholesterol. To determine if a medication you take is included in this list, visit the Employee Resource Center, then search for preventive drug list. To find a pharmacy near you, or one that can mail prescriptions to you, visit the pharmacy locations page on multicare.org.
- Maintenance medications are only covered when filled at a MultiCare pharmacy (in Washington and Idaho) or through Costco mail-order pharmacy (outside Washington and Idaho). Washington and Idaho mail-order service is available from MultiCare Covington Clinic Pharmacy.

Vision information

- MultiCare will now cover 75% of the premium for the VSP vision plan. You will have no copay for vision exams, and you will pay less out of pocket for frames and contacts.
- Monthly vision plan costs for 2024 will be as follows.

	VSP monthly premium
Self Only	\$2.64
Self & Spouse	\$4.70
Self & Children	\$5.02
Self & Family	\$7.55



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Contact information

If you have specific coverage questions, reach out to the vendors below for each topic.

Benefit	Member Services	Group #
Medical: First Choice Health <ul style="list-style-type: none"> • MyConnected Care-INW • Basic Plan • High Deductible 	888-889-1112	<ul style="list-style-type: none"> • MCC: A-9140 • Basic: A-9120 • High Deductible: A-9400
Pharmacy: Ventegra	833-393-0445	Rx-PCN VENTEG Rx-BIN 012528 Rx-Grp VRX0055
Delta Dental PPO: Delta Dental of WA	800-554-1907	09279
Voluntary Vision: VSP	800-877-7195	30076218
Life & Disability: Sun Life Financial	800-247-6875	242178
Flexible Spending Accounts: Optum Bank	800-243-5543	Individual accounts
Health Savings Accounts: Optum Bank	Individual Accounts	Optum Bank
Retirement: Empower	844-647-2728	Individual accounts



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Open enrollment checklist

If you are eligible for benefits, please review this checklist to ensure you have the coverage you need for you and your family in 2024.

- Check that your address is up to date.** Check or change your address in Workday by clicking on your profile photo in the upper right corner of your Workday homepage. On your profile page, click “Actions,” then “Personal Data” then “Change My Home Contact Information.”
- Review plan changes for 2024.** Know what changes might affect you, such as medical plan changes, prescription drug formulary changes, paperwork requirements and more.
- Review the 2024 insurance plans against your needs.** Use the summary plan descriptions and other resources in the Employee Resource Center to determine which plan best fits your situation.
- If you are changing medical plans, make sure your providers are in the network.** Consider your medical needs and patterns of use, such as where and how you seek care. Consider the geographic area in which your network of providers is located. Also consider care needs for an unexpected accident, illness or injury, such as office visits, inpatient and outpatient facilities and rehabilitation care. To check your providers, use the provider search on <https://www.fchn.com/inwmulticare> for your new medical plan choice.
- Re-enroll for the following benefits each year:**
 - Flexible spending account (FSA) for health care
 - Flexible spending account (FSA) for dependent day care
- Enroll online.** Log in to Workday. Click the Benefits app to select your 2024 benefits by **Nov. 17**.
- Save your enrollment confirmation.** After you submit your 2024 elections, you can print an enrollment confirmation statement for your records. Click the pdf icon in the upper right to save or print the statement.
- Update your retirement and life insurance beneficiaries.** Take a fresh look to ensure your choices reflect your current needs. Review your life insurance beneficiaries in Workday. Check your Empower account to see beneficiaries on your retirement plan.



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Do any of these common scenarios apply to you?

Read below to ensure you do not miss an important deadline.

Do you...	Make sure to...
Plan to add a spouse or child to coverage?	Add the dependent in Workday before completing open enrollment. Watch for the dependent to be approved in Workday before enrolling in benefits for 2024.
Want to waive medical or dental coverage?	If you wish to stop or start waiving, make your change online no later than Nov. 17 . If you are currently waiving medical or dental coverage, your election will roll over to 2024. Electing to waive medical certifies that you have medical coverage elsewhere.
Want to change to or from pay in lieu of time accrual benefits (PLB)?	<p>If you want to change to or from pay in lieu of time accrual benefits (PLB), return the PLB form no later than Nov. 17. Find the form on the Open Enrollment page in the Employee Resource Center.</p> <ul style="list-style-type: none"> • Status changes to or from PLB will be effective for the pay period starting Dec. 17, 2023, and will affect the first paycheck in January 2024. • Changes from time accrual to PLB will result in the following: <ul style="list-style-type: none"> o PTO bank will be frozen, but available for use while in PLB status o Sick leave will be frozen and is not available while in PLB status <p>This benefit election is only available to Inland Northwest Support Services, Deaconess Hospital and Valley Hospital employees working .1 to .89 FTE.</p>
Have a flexible spending account (FSA)?	<p>Re-election is required by Nov. 17 FSA elections do not roll over. They cannot be changed during the year without a qualifying life event.</p> <p>If you are re-enrolling, keep your Optum debit card. It will be loaded with new FSA funds for 2024.</p> <p>Visit the FSA page on the Employee Resource Center for details.</p>
Want to enroll or increase your optional life insurance or disability coverage?	<p>Sun Life Financial requires evidence of insurability (EOI) underwriting approval for the following plan options:</p> <ul style="list-style-type: none"> • Optional life: New enrollment or an increase in amount greater than one multiple of your salary • Spouse life: New enrollment or any increase in coverage <p>If underwriting is required, the EOI guide will be sent to your work email along with your enrollment confirmation.</p> <p>If you have life insurance for your spouse or a child, and you have not provided proof of their eligibility already (for example, a marriage or birth certificate), you will need to provide it during open enrollment this year.</p>

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Frequently asked questions (FAQs)

Check below for answers to the most common questions about open enrollment.

Enrollment timing questions	
When can I enroll?	Open enrollment runs from Nov. 1-17, 2023 . You can log in to Workday as many times as you need to make changes until the deadline. We recommend completing the changes before 4pm on Nov. 17 because Workday does standard weekly updates on Friday evenings.
What if I am on leave during open enrollment?	You are still required to log in and complete your enrollment no later than Nov. 17 . You can access Workday from home through multicare.org under “For employees.”.
Will I get a new medical ID card?	Yes. New medical ID cards will be issued for all medical plans for next year. They should arrive by Jan. 1, 2024.
Plan-specific questions	
Which plan is right for me?	<p>What are your top factors in choosing a plan? Cost? Provider access? Only you and your family can decide which medical plan is right for your health care needs. However, here are some questions to think about. Do you/your dependents:</p> <ul style="list-style-type: none"> • Have a preferred provider? If so, are they covered in the plan you are considering? In what provider network benefit tier? Tier 1 is the highest benefit tier. • Have any chronic health conditions that need specialty care? Make sure the specialty provider and/or facility are covered. • Have secondary insurance such as TRICARE? Understand how the plan you choose might interact with your current coverage. • Anticipate any future health care needs such as surgeries, prescriptions, etc.? Check to understand how they might be covered. <p>Know the difference between the provider network benefit tiers. Understand the deductibles, copayments and coinsurance that may apply in each benefit tier. Read the 2024 Medical Plan Comparison – INW in the Employee Resource Center for details.</p>



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Plan-specific questions	
<p>What are the main differences between the medical plans?</p>	<p>The First Choice Health plans are preferred provider organization (PPO) plans. A PPO plan generally allows you to see any licensed provider but offers incentives for using providers in the network. Each service you receive is paid based on the network tier of the provider or facility.</p> <p>The MyConnected Care plan offers the lowest out-of-pocket cost for services you receive from Tier 1 providers. These providers are in the MultiCare Connected Care Clinically Integrated Network (MCC CIN). Keep in mind that MCC CIN providers may not be able to offer all services required for your care. When needed, you can also use the First Choice Health Network or the First Health Network (FCHN/FHN) with a higher out-of-pocket cost. This plan is intended for people who will get most of their care from providers in the MCC CIN network.</p> <p>The Basic plan uses the FCHN/FHN providers. High Deductible is designed to meet the requirements for employees who want to contribute to a Health Savings Account.</p> <p>You should check whether the providers you wish to use are in the MCC CIN, the FCHN or the FHN. The best way to find out is to search for providers in each network using the tool on the First Choice Health website.</p> <p>Pharmacy benefits are provided by Ventegra. Check the Preventive Drug List, the Maintenance Medications List and the pharmacy benefit page for each plan for details. Read the 2024 Medical Plan Comparison – INW in the ERC for details and the network level of benefit within each plan.</p>
<p>What is a prescription drug formulary?</p>	<p>A formulary is an approved list of medications that are covered under your medical plan. Generic medications are typically the lowest-cost options for prescription medications. Our formulary is organized in a tier structure that provides best value to both members and the medical plan.</p> <ul style="list-style-type: none"> Tier 0: Preventive medications filled for \$0 at MultiCare pharmacies Tier 1: Generic medications Tier 2: Preferred brand & high-cost generics Tier 3: Non-preferred brands Tier 4: Specialty drugs <p>Specialty medications and maintenance medications must be filled at MultiCare pharmacies.</p>

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Plan-specific questions

What are the advantages of having prescriptions filled at MultiCare pharmacies?

A preventive drug list is attached to each medical plan. Members can receive preventive medications covered at 100 percent, not subject to deductibles or copays, when dispensed at MultiCare pharmacies.

Filling prescriptions in-house helps manage health care expenses. All specialty prescriptions, maintenance medications and prescriptions above a 34-day supply must be filled at a MultiCare pharmacy, unless pharmacy licensing limitations apply. Mail order and home delivery are available.

What are the differences between a health care FSA and an HSA?

With the health care FSA, you save pre-tax dollars for health care expenses. The IRS' "use it or lose it" rule applies. The HSA allows you to save pre-tax dollars for IRS-eligible expenses that you can spend at any time. There is no limit to what you can save in a lifetime. You must be enrolled in the High Deductible plan to be eligible for this benefit.

Read **HSA vs. FSA – What's Right for Me?** on the Open Enrollment page in the Employee Resource Center for details.

Dependent documentation questions

How do I know if I need to submit dependent documentation?

You must submit dependent documentation if **you are adding a new dependent** for 2024. You must add the dependent to your account (and provide proof of their eligibility) in Workday before completing open enrollment. Once the Benefits team approves the dependent as eligible, you can complete open enrollment for yourself and your dependent.

Workday will list the documents you can submit as proof of eligibility.

When is dependent documentation due?

During open enrollment. You must add the dependent to your Workday account (and submit proof of their eligibility) in Workday before completing open enrollment. Once the Benefits team approves the dependent as eligible, you can complete open enrollment for yourself and your dependent. **Make sure to submit documentation early enough during open enrollment to leave enough time for this step.**

Workday will list the documents you can submit as proof of eligibility.

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Still have questions?

- Visit the Open Enrollment page on the [Employee Resource Center](#) for more information, including plan summaries, cost comparisons and more.
- Reach out to the plans to ask specific questions about coverage. You can find their phone numbers in this guide.
- Contact HP by submitting a request through the Employee Resource Center (available 24/7).
- Call HP at 253-403-6947, Monday through Friday from 8am to 8pm.

