



Washington, Idaho, & Montana (WIM) Health Plan Transition Frequently Asked Questions

When will enrollment and eligibility begin for participants who are transitioning from the Northwest Plan?

Enrollment packets will be sent to participants who are eligible in the Northwest Plan in October.

Employer contributions for hours worked in the October, November and December Work Quarter will establish eligibility for the February, March, and April Eligibility Quarter. Participant who has coverage under the Northwest Plan as of December 31, 2022, will automatically get a free month of coverage for January 2023 under the Southwest Plan.

Eligibility in the Southwest Plan is provided quarterly based on work hours. To maintain eligibility, the Southwest Plan requires a minimum of 360 hours in the calendar Work Quarter to provide coverage in the corresponding Eligibility Quarter. Hours over the 360 threshold for the quarter are credited to a Reserve Bank for the Carpenter to be drawn when the Carpenter has not earned enough work hours for continued eligibility. Reserve Banks are capped at 720 hours.

Is Dependent Eligibility the same?

Yes, for the most part the rules for dependent eligibility are the same in both plans.

Will the PPO Network include the same providers as those participating in the WIM network?

Yes, the Northwest Plan and the Southwest Plan have similar provider networks through a Blue Cross network. However, if a participant is under care for cancer (e.g., chemo), pregnancy or certain other conditions and the current provider is not in the PPO network, "Transition of Care" arrangements will be made to ensure there is no disruption in care. Specific details for certain conditions will be communicated to current eligible participants in the next few months.

What are some key differences between the Northwest Plan and the Southwest Plan?

For most services, the Northwest Plan has an annual deductible and a coinsurance amount 10% of charges when services are used.

The Southwest Plan only requires that an annual deductible is met for services provided by an out of network provider. In-network services require only fixed copay with no cost sharing percentage.

The out-of-pocket limit under the Southwest Plan is slightly higher which means the participant must pay a little more out of pocket in the year before the Plan starts paying at 100%.

How do the dental offerings differ?

The Northwest Dental Plan provides requires participant to pay their expenses out of pocket first then obtain partial reimbursement with a maximum annual limit of \$1,500.

Under the Southwest plan, there are two options are available—Dental PPO and Dental HMO. Both plan options are comprehensive with annual limits of \$3,000 in-network and \$2,000 out of network.

For orthodontia, Northwest plan pays a maximum benefit of \$1,000 for children only; whereas the maximum benefit is \$2,000 per person in the Southwest Plan and the benefit is available for adults and children.

Will the same dental providers be available under the SWC Plan?

It is expected that there will be some dental providers currently utilized that will not be in-network providers in the Southwest Plan. Additional details will be shared once a further assessment is completed.

How do the vision benefits compare?

Vision benefits are not available under for this group under the Northwest Plan. However, the Southwest Plan offers a comprehensive vision benefit through UHC that covers an exam and lenses every 12 months and frames every 24 months. Contact lenses are also covered in addition to extra exams and materials for children up to age 12 and pregnant or nursing mothers.

A separate Safety glass allowance also provided for the Carpenters.

How does the life insurance benefit compare?

The Northwest plan provides a slightly greater benefit of \$30,000 for the carpenter whereas Southwest plan provides a \$20,000 benefit and similar amounts for accidental deaths.

Are there any additional benefits available under SWC?

Yes, all eligible participants can utilize the comprehensive Compsych Employee Assistance Program (CCAP) and are eligible to enroll in the new Virta weight and diabetes management program at no cost.