Theatrical Stage Employees Health & Welfare Trust
2024-2025 Benefits Enrollment Guide

For More Information, Please Visit:
https://www.ia15trust.com/

Medical and Prescription Drug Plans

The Trust offers a choice of two medical plans: A Health Maintenance Organization (HMO) program and a Preferred Provider Organization (PPO) program through **Kaiser Permanente Washington**. The Core Plan is an HMO and requires you to select a Primary Care Physician (PCP) that manages your care within the Kaiser Permanente system. The Buy-Up option allows you to seek care both inside the Kaiser Permanente system and out. Below is a brief summary of these plans.

	Kaiser Foundation Health Plan of Washington Options, Inc. - 0601500		**Kaiser Foundation Health Plan of Washington - 1428400**
	Buy-Up – Access PPO Plan		**Core - HMO Plan**
Provider Access	**In-network**	**Out of Network**	**PCP Directed Only**
ANNUAL DEDUCTIBLE	$100 per person $200 per family	$200 per person $400 per family	$500 per person $1,500 per family
COINSURANCE (plan pays)	90%	70%	80%
OUT-OF-POCKET MAXIMUM *(includes copays and deductibles)*	$2,000 per person $4,000 per family	No limit	$4,000* per person $12,000 per family
LIFETIME MAXIMUM	Unlimited		Unlimited
PHYSICIAN SERVICES			
Office Visits	$30 copay ($20 enhanced), Ded then 90%	Ded then 70%	$25 copay, then 80%
Buy-Up Plan Only: First 6 In-Network office visits are not subject to deductible and/or coinsurance. After the 6th visit, services are subject to the deductible and coinsurance. The first $800 of professional lab/x-ray expenses each calendar year are covered in full. After $800 is paid in full, all other x-ray/lab expenses are subject to deductible and coinsurance. Enhanced copays apply, when you see Kaiser providers or other designated providers as identified by Kaiser Permanente.			
Preventive Care	Covered in Full	Not Covered	Covered in Full
Outpatient Lab & X-Ray	100% up to $800 then Deductible / Coinsurance apply	100% up to $800 then Deductible / Coinsurance apply	Deductible then 80%
High end radiology imaging services such as CT, MR and PET must be determined Medically Necessary and require prior authorization, except when associated with Emergency care or inpatient services.			
HOSPITAL SERVICES			
Inpatient	Ded then 90%	Ded then 70%	Deductible then 80%
Outpatient	Ded then 90%	Ded then 70%	$25 copay, Deductible then 80%
Emergency Room Copay *Copay waived if admitted*	$75 copay, Deductible then 90%		$75 copay at Kaiser facilities $75 at all other facilities Deductible then 80% after copay
Emergency Ambulance	90%		80%
REHABILITATION (includes occupational, speech, physical, and neurodevelopmental therapy)			
Inpatient Up to 30 days per calendar year	Ded then 90%	Ded then 70%	Deductible then 80%
Outpatient Up to 45 visits per calendar year	$30 copay ($20 enhanced), Ded then 90%	Ded then 70%	$25 copay, then 80%

*You may submit for reimbursement any amounts paid over $2,000 toward your Out-of-Pocket Maximum on the Core plan with a maximum of $2,000 eligible for reimbursement to you in a calendar year. Please contact the Trust Administrator for more information at (206) 441-7574.

	Buy-Up – Access PPO Plan		Core - HMO Plan
Provider Access	**In-network**	**Out of Network**	**PCP Directed Only**
OTHER BENEFITS			
Acupuncture Up to 8 visits per medical diagnosis per calendar year	$30 copay, Ded then 90%	Ded then 70%	$25 copay, then 80%
Chemical Dependency			
Inpatient	Ded then 90%	Ded then 70%	Deductible then 80%
Outpatient	$30 copay ($20 enhanced), Ded then 90%	Ded then 70%	$25 copay, then 80%
Hearing Exams	$30 copay ($20 enhanced), Ded then 90%	Ded then 70%	$25 copay, then 80%
Hospice Services	Ded then 90%	Ded then 70%	Covered in Full
Maternity Care			
Inpatient	Ded then 90%	Ded then 70%	Deductible then 80%
Outpatient	$30 copay ($20 enhanced), Ded then 90%	Ded then 70%	$25 copay, then 80%
Mental Health			
Inpatient	Ded then 90%	Ded then 70%	Deductible then 80%
Outpatient	$30 copay ($20 enhanced), Ded then 90%	Ded then 70%	$25 copay, then 80%
Naturopathy	$30 copay, Ded then 90%	Ded then 70%	$25 copay, then 80% Up to 3 visits per medical diagnosis per calendar year
Skilled Nursing Facility Up to 60 days per calendar year	Ded then 90%	Ded then 70%	Deductible then 80%
Spinal Manipulations	$30 copay, Ded then 90% Up to 8 visits per calendar year	Ded then 70% Visit limit combined with In-Network limit	$25 copay, then 80% Up to 10 visits per calendar year
Tobacco Cessation Counseling	Quit for Life Program - Covered in Full	Applicable cost shares apply	Quit for Life Program - Covered in Full
Routine Vision Exam 1 visit every 12 months	Covered in Full	Covered in Full	$25 copay
OUTPATIENT PRESCRIPTION DRUGS			
Preferred Generic Up to a 30-day supply	$20 copay	Not Covered	$15 copay
Preferred Brand Up to a 30-day supply	$45 copay ($5 discount when obtained at a Kaiser Pharmacy)	Not Covered	$30 copay
Non-Preferred Up to a 30-day supply	$65 copay ($5 discount when obtained at a Kaiser Pharmacy	Not Covered	Not Covered
Mail Order	2x's copay up to a 90-day supply	Not Covered	2x's copay up to a 90-day supply

Kaiser Permanente Network and Provider Information can be found at: www.kp.org/wa

Vision Plan – VSP Vision Care

(Enrollment tied to medical enrollment for any enrolled eligible family members)

	VSP PROVIDER	NON-VSP PROVIDER
Exam Once every 12 months	$10 copay	Reimbursed up to $45
Frames Once per 24 months	$25 copay* Covered up to $180 Covered up to $100 at Costco	Reimbursed up to $70
Lenses Once every 12 months	$25 copay*	
Single	Covered In Full	Reimbursed up to $30
Bifocal	Covered In Full	Reimbursed up to $50
Trifocal	Covered In Full	Reimbursed up to $65
Progressive	$95 - $105 copay	Reimbursed up to $50
Contact Lens Exam (fitting and evaluation)	Up to $60 copay	
Contacts (instead of glasses) Once every 12 months	Covered up to $150	Reimbursed up to $105
VSP LightCare Once every 24 months	$25 copay	
For ready-made non-prescription sunglasses or non-prescription blue light filtering glasses, instead of prescription glasses or contacts	Covered up to $180	

* $25 copay per benefit period is combined for both frames and lenses

Life/AD&D – Sun Life Financial

Benefit eligible members qualify for group life and accidental death and dismemberment (AD&D) insurance with Sun Life Financial. To update your beneficiary information, please contact the Trust Administrator. *(Please refer to the Plan Booklet for contract details)*

Life Benefit:	$10,000
Accidental Death Benefit:	In the event of an accidental death, an additional benefit equal to the Life benefit is provided to your beneficiary.
Accelerated Benefit:	If you become terminally ill, you may collect a portion of your benefits to help offset expenses at a critical time (please see your booklet for further details).
Benefits Reduce:	Benefits reduce to 67% at age 70 and to 50% at age 75.

Short Term Disability – Sun Life Financial

Benefit eligible members qualify for short term disability insurance with Sun Life Financial. Below is a summary of this benefit, please refer to the plan booklet for contract details.

STD Benefit:	100% of weekly earnings up to $150 per week
Elimination Period:	Benefits may begin on the 1st day absent for accidents and on the 8th day for sickness.
Benefit Duration:	90 days

Qualification of benefits from the Washington Paid Family & Medical Leave Program will not affect benefits paid through the Trust Short Term Disability program.

Dental Plan – Delta Dental of Washington

When using your **Delta Dental of Washington** Dental Plan, you have the freedom to choose any dentist. You should know there are "Delta Dental PPO", "Delta Dental Premier" and non-participating dentists. Your benefits coverage is listed below based on the type of dentist you see. Should you select a non-participating dentist, your services will be covered based on Usual Customary and Reasonable (UCR) charges. You may be subject to 'balance billing,' which means you will be responsible for amounts charged over and above the Plan's allowable payment for the services you receive.

In the event you need to have dental work estimated to cost $250 or more, we recommend you ask your dentist to submit a Predetermination of Benefits to Delta Dental of Washington. A predetermination will be helpful in understanding what this Plan will cover and what your out-of-pocket expenses may be.

ta Dental Plan #00324	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
Annual Benefit Maximum	$2,000 per individual		
Annual Deductible waived for type I preventive services	$50 per individual $150 per family		
Services			
Type I: Preventive Exams, Cleanings, X-Rays, Sealants, and Fluoride Treatment	100%	80%	80%
Type II: Restorative Restorations, Endodontics, Periodontics, Oral Surgery	80%	70%	70%
Type III: Major Bridges, Crowns, Partials, Dentures (partial and full), Implants	50%	40%	40%

To find a dentist, go to **www.deltadentalwa.com** or call **(800) 554-1907**.

2024-2025 Deduction Rates:

Buy-Up KPWA PPO + Dental/Vision/Life/STD:	
	Monthly Member Cost
Member Only	$313.33
Member + Spouse	$1,327.13
Member + Child	$974.13
Member + Children	$1,005.00
Member + Family	$1,989.67

CORE KPWA HMO + Dental/Vision/Life/STD:	
	Monthly Member Cost
Member Only	$0.00
Member + Spouse	$622.15
Member + Child	$410.14
Member + Children	$441.01
Member + Family	$1,034.03

Contact Information

Medical Plans – Kaiser Foundation Health Plan of Washington (Core): Group No. 1428400 Kaiser Foundation Health Plan of Washington Options, Inc. (Buy-Up): Group No. 0601500	
Customer Service	(888) 901-4636
Emergency Notification	(206) 326-7666
24/7 Nurse Consultation Line	(800) 297-6877
Provider Search	(888) 901-4636
Online Resource	www.kp.org/wa
Vision Plan – Vision Service Plan	
Customer Service	(800) 877-7195
Online Resource	www.vsp.com
Dental Plan – Delta Dental of Washington: Group No. 00324	
Customer Service	(800) 554-1907
Online Resource	www.deltadentalwa.com
Claims Mailing Address	Delta Dental of Washington PO Box 75983 Seattle, WA 98175
Life / AD&D & Short Term Disability – Sun Life: Group No. 228615	
Customer Service	(800) 247-6875
Online Resource	www.mysunlifebenefits.com
Trust Administrator - WPAS	
For questions regarding eligibility, enrollment, or enrollment changes, please contact WPAS	(206) 441-7574, option 4 **https://www.ia15trust.com/health-welfare-plan-booklet/**
Benefits Consultants – DiMartino Associates	
For questions regarding plan benefits or claim disputes you have been unable to resolve with the carriers, please contact DiMartino Associates	(206) 623-2430 or toll free: (800) 488-8277 IA15@dimarinc.com

The information in this Enrollment Guide is presented for illustrative purposes only. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of a discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

This Summary prepared by:

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