

# BENEFITS GUIDE 2024



# YOUR TRIDENT SEAFOODS BENEFITS PLAN

Trident Seafoods is proud to offer you and your family a high quality and cost effective benefits program. We make a significant investment to provide a variety of Wellness programs, tools and resources to help you manage your health and well-being.

This Guide describes the benefits available to you as an employee of Trident Seafoods and is meant only to cover general information and key highlights of the benefit plans. The details of the benefit plans and policies are contained in the plan Summary Plan Descriptions. If there is a question about the benefits provided under the plan, or there is a conflict between the information in this guide and the formal language of the contract or policy documents, the contracts or policy documents will govern.



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# BENEFITS ELIGIBILITY

## WHEN AM I ELIGIBLE?

Regular, non-seasonal full-time employees scheduled to work at least 30 hours a week are eligible for benefits effective on the first of the month following date of hire or rehire. Employees must re-enroll in their benefits each time they are rehired.

Seasonal employee eligibility is determined using a standard measurement period (SMP) of 12 months. Seasonal employees are eligible for benefits after working 6 months with at least 130 hours during each month during a SMP. The month following completion of the SMP is called the Administrative Period. Seasonal employees will be notified that they are eligible to enroll during the Administrative Period and must enroll within 30 days of their eligibility date.

## CAN I COVER MY FAMILY?

Eligible family members for medical and dental coverage include your:

- Legally married spouse
- Child(ren) under age 26
- Child(ren) age 26 or over who are incapable of self-support due to a mental or physical disability

You may be asked to provide verification of your dependent's eligibility. If documentation is not provided within 30 days, the dependent may be dropped from coverage. Acceptable documentation includes a birth certificate, marriage license, court order or letter from a dependent's employer.

## WHAT IS A SPOUSAL SURCHARGE?

Trident Seafoods pays a significant portion of the premiums for your spouse and children. We contribute a higher percentage of the total cost for family members who do not have access to insurance coverage elsewhere. If you are covering your spouse under the Trident plans and they are eligible for coverage under their own employer's plan, there is an additional \$75 bi-weekly Spouse Surcharge, in addition to your contributions. The surcharge does not apply if they are also a Trident employee. The Spouse Surcharge applies to both the Premera and Kaiser Permanente plans.

## ENROLLMENT INSTRUCTIONS

To enroll in your benefits, log in to Ceridian Dayforce at:



[WWW.DAYFORCEHCM.COM/MYDAYFORCE/LOGIN.ASPX](http://WWW.DAYFORCEHCM.COM/MYDAYFORCE/LOGIN.ASPX)

Company Name: tridentseafoods

User Name: your 6-digit Employee #

First-time Default Password: Trident+4-digit year of birth+last 4 digits of your SSN

Single Sign On (SSO) users, go to: <https://sso.dayforcehcm.com/tridentseafoods>

After initial login, you will immediately be prompted to reset your password.

Select “Benefits,” then under “Enrollments,” start enrollment.

**IMPORTANT!** You can only enroll, drop coverage or make changes to your benefits during Open Enrollment, within 30 days of your New Hire or Rehire start date, or within 30 days of an eligible Family Status Change Event.

## QUALIFYING EVENTS

You may enroll in benefits during the annual Open Enrollment period, after completing your new hire eligibility period or within 30 days of an eligible Life Status Event. You can add coverage, drop coverage or make changes to your benefit elections outside the Open Enrollment period if you have an eligible Life Status Event. Examples of these events include:

- Marriage, Divorce or Legal Separation
- Birth or Adoption of a child
- Death of your spouse or covered child
- Change in your work status or your spouse’s work status that impacts benefits eligibility, including voluntary termination, layoff, strike or unpaid leave of absence
- Change in your child’s eligibility for benefits
- A significant change in the cost of day care expenses (for the Dependent Care Flexible Spending Account)
- You or a dependent becomes eligible for Medicare, Medicaid or the Children’s Health Insurance Program (CHIP)
- Receiving a Qualified Medical Child Support Order (QMCSO)

## HOW TO REQUEST A LIFE STATUS EVENT (LSE)

1. Log into Ceridian
2. Click on “Benefits” and then “Forms”
3. Select “Life Event Declaration”
4. Complete the declaration and submit.

Once the benefits department reviews your declaration and all requirements have been met, a benefit enrollment will be made available. The enrollment must be completed and submitted before any changes will be made.

Note: A LSE is a two step process. Submitting a declaration does not make changes to your current enrollment.

# WHAT'S NEW FOR 2024?

We have some exciting changes coming in 2024! Each year we review our benefits plans to ensure that we are offering competitive and quality benefits for you and your family. It is important to review your current coverage options and these important changes with your family.

## **NEW PHARMACY BENEFITS FOR PREMERA MEMBERS!**

Trident is partnering with Costco Health Solutions to bring new pharmacy enhancements to our employees.

Costco has over 65,000 pharmacies in their network and even better, **You don't have to be a Costco member to use their pharmacies!**

If you are covered under a Premera Plan, you will receive new ID cards in December which will need to be used starting January 1, 2024 in order to fill prescriptions at your local pharmacy. Watch out for the new cards with the Costco logo!

Costco is your new mail order and specialty medication pharmacy. You will need to transfer all current prescriptions to the mail order pharmacy to avoid any interruptions in receiving your medications. To get started, go to [pharmacy.costco.com](https://pharmacy.costco.com) or use the Costco App to register each family member and complete the patient profile.

## **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

All employees will now receive 12 FREE visits with our EAP. This benefit extends to your qualified dependents and people living with you in your home.

## **MORE FROM PREMERA!**

Premera has several new programs to help support you and your family this year. From finding a customized list of doctors who meet your needs to mental health support for adults, teens, and kids, Premera has you covered.

## **VOLUNTARY LIFE PLANS THROUGH THE STANDARD!**

Our new Life Insurance partner will be The Standard, which offers better rates on Voluntary Life coverage, an increased maximum of \$750,000 and new employees may receive up to \$200,000 in voluntary life insurance - no health history questionnaire needed if enrolled within 30 days of date of hire.

# HEALTH PLANS

Everyone's health care needs are different. It is important to carefully review the plan features, benefits, and contributions to decide which medical plan will work best for you.

Eligible Trident employees are offered a choice of medical plans. You can select the plan that best meets you and your family's needs as you balance monthly premium with deductibles and other out-of-pocket costs.

Please remember, you have 30 days from your date of employment or your newly benefits-eligible job to enroll in a medical plan. Use the resources included here to help you decide which plan is the best choice for you and your family.



## PREMERA BLUE CROSS

Trident offers two medical plans through Premera Blue Cross – a High Deductible Health Plan (HDHP) and a PPO Plan. Both plans share the same large network that includes providers both nationwide and worldwide.

### Premera High Deductible Health Plan (HDHP)

Premera's HDHP covers the same basic health care services, like other medical plans. HDHPs differ from other plans in two important ways: the option to enroll in a Health Savings Account (HSA) and the high deductible, low premium cost.

**Important:** Please refer to the HSA section of this Guide for eligibility rules, employer and employee contributions, and annual limits.

### Premera Preferred Provider Organization (PPO)

Premera's PPO covers the same basic health care services as an HDHP. PPOs have a lower deductible and lower out-of-pocket maximum. However, this plan has a higher premium cost than an HDHP.

This plan gives employees the option to earn Health Reimbursement Arrangement (HRA) contributions.

**Important:** Please refer to the HRA section of this Guide.

### Remember to use in-network services

It is important to verify that all services are in-network before you receive medical care. Access the list of network providers online at [www.Premiera.com](http://www.Premiera.com) or by calling Premera at 1-800-722-1471.

While Premera allows out-of-network coverage, there is a separate, higher deductible, and benefits are covered only at 50%. You may also be responsible for any charges above the Usual Customary Rate (UCR). Preventive Care is not covered out-of-network and there is no out-of-pocket maximum for out-of-network care.

### COSTCO Prescription Drug Plan

Costco's drug lists covers thousands of prescription medications. Under Premera's drug plan, select preventive generic drugs are covered at 100%. To determine if your prescription is covered, check the Costco Health Solutions website at [https:// www.costcohealthsolutions.com/pages/Member\\_Login.aspx](https://www.costcohealthsolutions.com/pages/Member_Login.aspx) or call Customer Care at 1-877-908-6024.

**Important:** If a brand name drug is requested by you or your doctor when a generic is available, and your doctor indicates the prescription must be "Dispensed as Written," you will be required to pay the cost of the brand name drug plus the difference in cost between the brand and generic drug. Or if you wish to pay out of pocket for an excluded prescription, your out-of-pocket cost will not apply towards your deductible or out-of-pocket maximum.

### Mail Order Service

If you take long-term medication, you can receive your medicine by mail from Costco Health Solutions, an independent company responsible for providing members with mail-order prescription service.

Go to Costco Health Solutions at pharmacy.  
[costco.com](http://costco.com) or use the Costco App to register each family member and complete the patient profile to receive your prescriptions by Mail Order.



## National and international coverage

Premera also offers coverage wherever you travel – nationally through the BlueCard® network and internationally through BlueCard Access at 1-800-810-BLUE (2583) or visit [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com).

## Premera resources

Premera resources are available to you 24/7 through Premera's website, [www.premera.com](http://www.premera.com), or you can download their mobile app.

Resources available:

- Find a doctor
- Print ID cards
- Check prescription coverage
- View claims status/Explanation of Benefits (EOBs)
- Check the Symptom Evaluator
- Compare Cost of Care

## Behavioral Health through Premera

- Matchmaker: both adults and children receive a curated list of in-network outpatient behavioral health providers based on their specified needs.
- brightline: virtual behavioral and mental health care for kids and teens struggling with things like anxiety, depression, trauma, breakups, confidence, and much more!

## Telehealth options through premera

Get high quality, affordable and convenient access to medical care 24/7. Avoid the hassle, wait and cost of an urgent care or emergency room by connecting with a virtual care provider 365 days a year, even weekends and holidays.

For detailed information visit [www.premera.com/visitor/virtual-care](http://www.premera.com/visitor/virtual-care).

The following virtual care options are available to Premera members:

- 98point6: A text-based option where members can connect with a primary care physician right from their phone when it is most convenient to them.
- Doctor on Demand: An all-in-one technology and services platform enabling next-generation care. This option connects members with medical professionals through video communications.
- Talkspace: Provides members the ability to easily connect to therapists and psychiatrists by video and text when it's most convenient to them.
- Boulder Care: Opioid use and alcohol use disorder treatment for people over age 18. Video visits and text messaging allow people to connect with clinicians, care advocates and support 24/7.
- 24-hour Nurseline: A 24-hour call line members can use to receive confidential health advice from a registered nurse by phone anytime, day or night at 1-800-841-8343.

## Premera – designated centers of excellence

You may find yourself needing special care or surgery. Trident offers specialty care through Premera – Designated Centers of Excellence. Selected providers have proven their expertise at delivering quality care at fair prices. Premera selects hospitals and other healthcare providers based on insights from Premera members and the Blue Cross Blue Shield Association.

Specialty care treatments offered through Premera:

- Cardiac care
- Knee and hip replacement
- Spine surgery

For details about high-value specialty care available to you, contact Premera Blue Cross at 844-722-7262 or [premera.com/specialty-care](http://premera.com/specialty-care).

## Livongo

Premera partners with Livongo to offer a whole person platform that empowers people with chronic conditions to live better and healthier lives. The Livongo approach delivers better clinical and financial outcomes while creating a different and better experience for people with chronic conditions.

The following programs are available to members with chronic health conditions:

**Diabetes Management** – Helps members understand their blood sugar, develop healthy lifestyle habits, and improve glycemic control.

**Weight Management & Diabetes Prevention** – Helps members prevent diabetes and improve the health of people who have diagnosed chronic conditions.

**Hypertension Management** – Helps members alleviate the hassles of managing high blood pressure by providing effortless tracking and delivering personalized health tips powered by clinical expertise and data science.

Premera may reach out to a member to enroll if they feel a member may benefit from the program. However, a member may reach out directly to Premera to enroll in the above programs if certain requirements are met. Contact Premera Blue Cross to determine if you qualify.

Join now at: [go.livongo.com/premerawa/](https://go.livongo.com/premerawa/)  
register or call 800-945-4355 with code:  
PREMERAWA

## KAISER PERMANENTE

(Available only to employees living and working in Washington.)

Trident offers two medical plans through Kaiser Permanente – a High Deductible Health Plan (HDHP) and an HMO Plan. Both plans share the same network that is limited to Kaiser Permanente, or other participating community provider groups.

You must select a Primary Care Physician (PCP). For children, you may designate a pediatrician as the primary care provider.

### Kaiser High Deductible Health Plan (HDHP)

Kaiser's HDHP covers the same basic health care services, like other medical plans in the Kaiser network. HDHPs differ from other plans in two important ways: the option to enroll in a Health Savings Account (HSA) and the high deductible, low premium cost.

**Important:** Please refer to the HSA section of this Guide for eligibility rules, employer and employee contributions, and annual limits.

### Kaiser Health Maintenance Organization (HMO)

Kaiser's HMO covers the same basic health care services as an HDHP. HMOs have no deductible and lower out-of-pocket maximum. However, this plan has a higher premium cost than an HDHP.

This plan gives employees the option to earn Health Reimbursement Arrangement (HRA) contributions.

**Important:** please read the HRA section of this Guide.

### In-network services

It is important to receive care from Kaiser Permanente, or other participating community provider groups, as those are considered in-network.

Kaiser does not allow out-of-network coverage, except in the case of an emergency. Emergency care is covered when traveling outside the HMO network areas and outside the US.

Members who are planning trips to other Kaiser Permanente regions will need to call Member Services – the number is located on the back of your ID card – before your trip to get a visiting member number. This number will give you access to care at their in-network benefit level at Kaiser Permanente facilities in the region you're visiting.

## Kaiser resources

Kaiser resources are available to you 24/7 at [www.kaiserpermanente.org](http://www.kaiserpermanente.org), or you can download their mobile app.

Resources available:

- Find a doctor
- Print ID cards
- Check prescription coverage, order prescription refills
- View claims status/Explanation of Benefits (EOBs)
- Request appointments
- See lab results
- Send secure e-mails to your doctor

## Telehealth options through kaiser

Phone appointments, video visits, and 24/7 advice are available to all Kaiser Permanente members from day one. Your online Kaiser account lets you do even more, like send emails with non-urgent health questions to your care team, have an e-visit, and schedule routine appointments online.

Visit [www.kaiserpermanente.org](http://www.kaiserpermanente.org) for detailed information.

The following virtual care options are available to Kaiser members:

- **24/7 virtual care:** Get in-the-moment care from a clinician who has access to your health record.
- **Video visit:** Meet with a doctor or nurse face-to-face – just like an in-person visit.
- **Phone appointment:** Talk with a doctor or nurse over the phone.
- **E-visit:** Fill out an online questionnaire about your symptoms for immediate self-care advice – or get care from a Kaiser Permanente doctor or nurse, usually within a few hours.
- **24/7 advice:** Call us 24 hours a day, 7 days a week for answers to your health questions or for help getting care.
- **Email:** Use Kaiser's secure message center to ask your doctor or care team nonurgent health questions, follow up on your care plan, and more.
- **24-hour Nurseline:** Available 24/7 to talk with a nurse for care advice and find out if immediate medical attention is needed at 1-800-297-6877.

## Kaiser prescription drug plan

Under Kaiser's drug plan, select preventive generic drugs are covered at 100%. To determine if your prescription is covered, go to [www.kaiserpermanente.org](http://www.kaiserpermanente.org). Click on "Browse the Drug Encyclopedia".

Use any Kaiser Permanente Pharmacy to receive in-network benefits. If you are unable to use a Kaiser Permanente Facility, you may use a Kaiser Permanente Community Pharmacy to receive the in-network benefit level. Visit [www.kaiserpermanente.org](http://www.kaiserpermanente.org) to locate a pharmacy or refill prescriptions online.

## Mail Order Service

If you take maintenance drugs, mail order service may help you save money. Get up to a 3-month supply of your medicine delivered to your home with the Kaiser Permanente mail-order pharmacy. Delivery is free of charge.

## MEDICAL PLAN COMPARISON CHART

Plan Features	Qualified High Deductible Health Plan (HDHP) with HSA		PPO with HRA	HMO with HRA
Carrier	Premera Blue Cross	Kaiser Permanente*	Premera Blue Cross	Kaiser Permanente*
In-network Deductible (Individual / Family)	\$1,600 / \$3,200	\$1,600 / \$3,200	\$750 / \$1,500	\$0 / \$0
Non-Network Deductible (Individual / Family)	\$3,200 / \$6,400	N/A	\$1,500 / \$3,000	N/A
Deductible Embedded / Non-Embedded**	Non-Embedded	Non-Embedded	Embedded	N/A
In-network Out-of-Pocket Maximum (Individual / Family)	\$4,000 / \$8,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$3,750 / \$7,500
Non-Network Out-of-Pocket Maximum (Ind / Fam)	Unlimited	N/A	Unlimited	N/A
Annual HSA Contribution (Individual / Family)	Up to \$850 / \$1,700	Up to \$850 / \$1,700	N/A	N/A
Annual HRA Contribution (Individual / Family)	N/A	N/A	\$500 / \$1,000	\$500 / \$1,000
Coinsurance (In-network / Out-of-network)	80% / 50%	80% / 0%	80% / 50%	80% / 0%
Preventive Care	100%	100%	100%	100%
Primary Care Office Visit	80%	80%	\$35 Copay (dw)†	\$25 Copay
Specialist Office Visit	80%	80%	\$50 Copay (dw)	\$40 Copay
Walk-In / Urgent Care Visit	80%	80%	\$50 Copay (dw)	\$25 Copay
Emergency Room	80%	80%	\$150 Copay / 80%	\$200 Copay, 80%
Outpatient Lab / X-Ray	80%	80%	80%	80%
Therapy (MT, PT, etc.)†	80%	80% (up to 60 visits)	\$35 Copay (dw)	\$25 Copay
<b>Prescription Drugs</b>				
Retail / Mail Order Copays (Typically 90 day supply)				
Preventive	100% / 100%	100% / 100%	100% / 100%	100% / 100%
Preferred Generic	10% / 10%	20% / 20%	\$10 / \$20 (dw)	\$10 / \$30
Preferred Brand	20% / 20%	20% / 20%	\$35 / \$70 (dw)	\$35 / \$105
Specialty	20% / 20%	20% / 20%	\$60 / \$60 (dw)	\$60 / \$180
Non-Preferred	50% / 50%	Not Covered	50% / 50% (dw)	Not Covered

\* Kaiser Permanente – Must use a Kaiser Permanente facility or partner for services to be considered in-network (except emergencies). Only Washington state employees are eligible to enroll in Kaiser Permanente.

\*\* Embedded – there are two deductible amounts within one plan, single and family. Non-Embedded – the plan does not begin to pay for medical expenses until the entire deductible has been met.

† (dw) Deductible Waived, (MT) Massage Therapy, (PT) Physical Therapy.

## EMPLOYEE CONTRIBUTIONS FOR MEDICAL AND DENTAL COVERAGE

The following chart represents your bi-weekly contribution based on which plan you elect, your annual salary, and how many dependents you cover. Contributions will be deducted from your pay on a before-tax basis. This chart does not include Wellness Incentives or the Spouse Surcharge.

Expected Annual Earnings	QHDHP w/ HSA		PPO	HMO
	Premera Blue Cross	Kaiser Permanente	Premera Blue Cross	Kaiser Permanente
<b>Less than \$35,000*</b>				
Employee	\$ 58.40	\$ 41.22	\$ 82.44	\$ 75.57
Employee + Spouse	\$ 130.89	\$ 113.20	\$ 179.71	\$ 160.61
Employee + Child(ren)	\$ 91.15	\$ 73.32	\$ 133.68	\$ 118.26
Employee + Family	\$ 175.00	\$ 156.38	\$ 252.32	\$ 231.83
<b>\$35,000 - \$54,999*</b>				
Employee	\$ 63.33	\$ 44.70	\$ 88.66	\$ 81.58
Employee + Spouse	\$ 142.64	\$ 123.36	\$ 193.75	\$ 173.98
Employee + Child(ren)	\$ 99.08	\$ 79.71	\$ 143.64	\$ 127.71
Employee + Family	\$ 190.39	\$ 170.14	\$ 271.11	\$ 250.52
<b>\$55,000 - \$74,999*</b>				
Employee	\$ 70.51	\$ 49.77	\$ 97.05	\$ 90.00
Employee + Spouse	\$ 158.96	\$ 137.48	\$ 211.29	\$ 191.57
Employee + Child(ren)	\$ 110.59	\$ 88.97	\$ 156.59	\$ 140.68
Employee + Family	\$ 213.19	\$ 190.51	\$ 295.95	\$ 276.71
<b>\$75,000 - \$99,999*</b>				
Employee	\$ 80.12	\$ 56.55	\$ 108.39	\$ 101.32
Employee + Spouse	\$ 180.79	\$ 156.36	\$ 235.03	\$ 215.24
Employee + Child(ren)	\$ 125.91	\$ 101.29	\$ 174.02	\$ 158.04
Employee + Family	\$ 243.50	\$ 217.59	\$ 329.31	\$ 311.68
<b>\$100,000 - \$124,999*</b>				
Employee	\$ 89.61	\$ 63.25	\$ 119.12	\$ 112.27
Employee + Spouse	\$ 202.40	\$ 175.05	\$ 257.21	\$ 238.01
Employee + Child(ren)	\$ 141.15	\$ 113.55	\$ 190.30	\$ 174.77
Employee + Family	\$ 273.71	\$ 244.59	\$ 360.37	\$ 345.46
<b>\$125,000 - 149,999*</b>				
Employee	\$ 100.05	\$ 70.63	\$ 130.66	\$ 124.18
Employee + Spouse	\$ 226.21	\$ 195.64	\$ 280.87	\$ 262.71
Employee + Child(ren)	\$ 157.94	\$ 127.06	\$ 207.60	\$ 192.90
Employee + Family	\$ 307.16	\$ 274.48	\$ 393.43	\$ 382.19
<b>Over \$150,000 *</b>				
Employee	\$ 104.06	\$ 73.45	\$ 135.88	\$ 129.15
Employee + Spouse	\$ 235.26	\$ 203.47	\$ 292.10	\$ 273.22
Employee + Child(ren)	\$ 164.26	\$ 132.15	\$ 215.90	\$ 200.61
Employee + Family	\$ 319.45	\$ 285.47	\$ 409.17	\$ 397.48
<b>Dental Coverage – Bi-weekly contribution</b>				
Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family	
\$6.50	\$13.00	\$13.50	\$20.00	

## HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a tax-free account you own at Optum Bank to build savings for current and future qualified healthcare expenses. Enjoy the rewards of a tax-advantaged HSA when you enroll in either Trident Seafoods HDHP. The money in your HSA can be used to provide first-dollar coverage for qualified medical expenses.

The HSA allows you to “roll-over” unused dollars into the next year; there is no “use it or lose it” provision. Furthermore, your funds can be invested and grow much like the funds in a retirement account. The money is yours as soon as it is deposited into the tax-free account and can be used for eligible medical expenses even when you change jobs, switch health plans, or retire. Your HSA must be open in order for an expense to be eligible for reimbursement.

## HSA CONTRIBUTIONS

### Who is eligible?

- Must be enrolled in the High Deductible Health Plan (HDHP).
- Must not be enrolled in Medicare or Tricare.
- Must not be covered by other medical insurance such as a spouse’s health plan unless it is a Qualified High Deductible Health Plan (QHDHP) as defined by the IRS.
- Have not received VA or IHS medical benefits in the prior 3 months.
- May not participate in a general purpose Health Reimbursement Arrangement (HRA) or health flexible spending account (FSA), (Limited Purpose Flexible Spending Account is ok).

- Spouse not contributing to/participating in a general purpose health FSA or HRA through his/her employer.

***If you are not eligible for an HSA contribution, contact the Benefits Department for more information at: [Benefits@TridentSeafoods.com](mailto:Benefits@TridentSeafoods.com).***

## Contributions

### 2024 IRS HSA Contribution Limits

IRS 2023 HSA contribution Limits	Employee Only	Family
Employer + employee	\$4,150	\$8,300
Catch-up contributions (age 55 and older)	\$1,000	\$1,000

### Employer HSA Contributions

Your contribution will be prorated and contributed bi-weekly to an account established in your name with Optum Bank. You must be an active employee enrolled in the high deductible medical plan and HSA-eligible to be eligible for the company contribution.

Trident will contribute \$350 to your HSA for Employee coverage and \$1,200 for Family coverage. Additionally, you and your spouse can each earn \$500 to be deposited into your HSA if you complete a preventive exam (see Wellness section for details). If you enroll at any time after the start of the plan year your employer contribution will be prorated.

### Employee HSA Contributions

If you elected to make employee contributions to your HSA during the last year, your contributions will not stop, they will roll over automatically to the next plan year unless you make a change. Below are the maximum employee contribution payroll limits for the year.

## 2024 Employee Contribution Payroll Limits

Employee Only	Family
\$3,300	\$6,100

If you want to contribute the IRS HSA limit you may need to make additional contributions through the Optum Bank website or with an Optum Bank Contribution/Deposit Form.

**CAUTION** Please make sure when contributing you take into account Trident's contribution. Both the employer and employee contributions go towards the IRS limit. The IRS limit is a household limit up to the family limit. If your spouse has an HSA with their employer and employee and/or employer contributions are made to their HSA this will count towards the IRS limit.

### Optum Bank Website

You may access your account anytime, anywhere through Optum Bank at [www.optumbank.com](http://www.optumbank.com). If you are accessing your account for the first time, follow the instructions in your welcome kit. Manage your account online, or through your phone or tablet.

Resources available:

- Name a beneficiary
- Make additional contributions
- Check your balances and view account activity
- Pay qualified healthcare bills
- View tax documents and online statements
- Access education content to help you get the most out of your account

If you have questions about your HSA account or need to update your personal information such as mailing address, contact Optum Bank.

Note: Distributions for non-qualified medical expenses are taxable and may be subject to a

20% excise tax. If you leave Trident you take your HSA with you; however, you may be subjected to a \$3.75/month administrative fee. The administrative fee is waived for accounts with a balance over \$5,000.

## HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

An HRA is a health spending arrangement set up by Trident to help cover medical expenses for employees who are enrolled in the PPO and HMO plans. The money in it pays for qualified expenses, like medical, pharmacy, dental and vision.

### Important information about HRA

- You and your spouse can each earn \$500 to be deposited into your HRA by completing a preventive exam (see Wellness section for details).
- **IMPORTANT!** Only employers, not employees, can fund an HRA per IRS rules.
- An HRA is not an account, it is a reimbursement arrangement. You can reimburse yourself for paid services through the Optum Bank website.
- Any unused funds will roll over year to year.
- An HRA is not portable: you lose this benefit when you leave Trident unless elected to continue through COBRA. Note: employer contributions will not be made after termination.

## VISION BENEFITS—VISION SERVICE PLAN

Your vision is important to your health. Whether your vision is 20/20 or less than perfect, everyone needs to receive regular vision care. As part of your medical plan, Trident Seafoods offers vision benefits through Vision Service Plan (VSP). To find a provider near you, call 1-800-877-7195 or go to [www.vsp.com](http://www.vsp.com). Under "Find a VSP Doctor," enter your zip code and select "Search".

In-Network Benefits	
Copay – Vision Exam, Frames, Lenses	\$25
Copay – Contact Lens Exam/Fitting	\$60
Routine Exam – Once every 12 months	100%
Lenses (Standard, lined bi-focal/tri-focal) – Once every 12 months	100%
Frames – Once every 24 months	100% up to \$150 allowance
Frames (Costco) – Once every 24 months	\$80 allowance
Contacts (in lieu of frames/lenses) – Once every 12 months	100% up to \$150 allowance
Out-of-Network Benefits	
See Schedule of Benefits at <a href="http://www.vsp.com">www.vsp.com</a>	

Services and materials obtained from an out-of-network provider will be reimbursed up to the VSP allowed amount. If you receive an examination and/or materials from an out-of-network provider, you are responsible for paying the provider in full, completing an online out-of network reimbursement form, and submitting the reimbursement form and itemized receipts to VSP. It is important to note that the reimbursement schedule does not guarantee full payment. The timely claims filing limit for reimbursement is six months from date of service.

## DENTAL BENEFITS—DELTA DENTAL OF WASHINGTON

Trident Seafoods dental plan, administered by Delta Dental of Washington, offers the largest network of dental providers in the US. Visit [deltadentalwa.com](http://deltadentalwa.com) to:

- View your dental activity and Explanation of Benefits (EOB) statements
- Check the status of current claims
- Find a local dentist/orthodontist in your area

- Show covered dependents
- View plan benefits and coverage for specific procedures

You may call Delta Dental at 1-800-554-1907 for referrals to a network provider. You may receive care from any licensed dentist –whether or not he or she is an in-network provider—but your benefits may be lower for an out-of-network provider. You are responsible for any amounts charged over the allowable or reasonable and customary fee. Refer to your dental booklet available online at [deltadentalwa.com](http://deltadentalwa.com) for complete plan details.

Service	In-Network	Out-of-Network
Preventive Services—Exams and Cleaning (2 per calendar year), X-rays	100%	100% of allowable amount
Basic Restorative Care—Fillings, extractions, endodontics, periodontics	80% after deductible	80% of allowable amount after deductible
Major Restorative Care—Dentures, crowns, bridges, implants	50% after deductible	50% of allowable amount after deductible
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Max Per Person*	\$2,000	\$2,000
Lifetime Max for Orthodontic Care	\$1,300	\$1,300

Children under age 26 are eligible for orthodontic benefits.

\* The Annual Maximum per person does not include preventive care.



# ADDITIONAL BENEFITS



## **DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)**

You can choose a Dependent Care FSA regardless of your medical plan coverage. Use money in this account to pay for day care for dependents so that you and your spouse can work, look for work, or go to school full time. Eligible expenses include day care for your children under age 13 and any necessary care for adults who are your tax dependents. You can contribute up to \$5,000 per household per calendar year. IRS rules require you to re-enroll each year during open enrollment. More information about FSA rules and eligible expenses can be found at [www.naviabenefits.com](http://www.naviabenefits.com).

**The Dependent Care Flexible Spending Account is subject to the IRS “use it or lose it” rule.**

You can manage your account online at [www.naviabenefits.com](http://www.naviabenefits.com), or contact Customer Service at 1-800-669-3539.

## **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members.

Help is easy to access: Online/Phone support: Unlimited, confidential, 24/7. Call 1-877-694-1955 or visit [www.guidanceresources.com](http://www.guidanceresources.com), web ID: TridentEAP.

A professional representative will assist you in assessing your situation, finding options, making choices or locating further help.

## **ComPsych Guidance Resources:**

- Counseling (see below)
- Financial (Consumer Issues, Estate Planning, Real Estate, Tax)
- Home & Auto (Buying/Selling Auto, Home Improvement/Maintenance, Moving)
- Legal
- Lifestyle (Shopping/Consumer Rights, Going Green, Pets, Travel)
- Relationships (Childcare, Parenting, Marriage & Relationships, Divorce, Elder Care)
- Wellness (Addiction, Emotional Wellbeing, Fitness & Nutrition, Grief & Loss, Stress & Anger Management)
- Work & Education (Manager Guidance, Career Development, In the Workplace)

In-person/telehealth counseling: you can get up to 12 visits (per person, per issue, per year) available at no additional cost to you with a Licensed Professional Counselor. Your Counselor may refer you to resources in your community for ongoing support.

A licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- And more...

## **BASIC LIFE AND AD&D**

Your company paid Basic Life and Accidental Death & Dismemberment (AD&D) benefit is through The Standard. The Basic Life and AD&D benefit will be \$50,000 for all regular full time benefits eligible employees classified as Alaska/L48, Seasonal, Vessel Skilled Hourly and Production employees

and \$100,000 for all Alaska Benefits Eligible, Tender Captain, Daily Licensed, Daily Unlicensed/Trawler and Admin/Professional employees.

You may elect Conversion (to a whole life policy) or Portability (to a group policy) if your basic life insurance coverage ends due to reduction of hours, leave of absence, or termination of employment before Normal Retirement age under the policy. Please note that rates vary for each option. You must complete a "Notice of Conversion and/or Portability Rights Form" within 30 days of loss of coverage.

## **GROUP LONG TERM DISABILITY (LTD)**

Regular, non-seasonal full-time employees in an L48/LFS Admin/Professional, Motley Grandfathered Hourly Production or Annual pay class and scheduled to work at least 30 hours a week are eligible for Long Term Disability (LTD) benefits effective on the first of the month following date of hire. Trident pays the cost of this benefit. In the event of a disability claim, payments are considered taxable income.

If illness or injury keeps you out of work longer than the elimination period, LTD insurance pays a benefit equal to 60% of your pre-disability base pay up to \$15,000 per month. Your benefit continues until you recover, or reach normal social security retirement.

The elimination period for L48/LFS Admin/Professional and Annual employees is 90 days. The elimination period for Motley Grandfathered Hourly Production employees is 180 days.

You are considered disabled under the plan if you are unable to earn more than 80% of your pre-disability income and you cannot perform your own occupation. After the first 36 months (24 months for Motley and L48/LFS Production employees), if you are unable to perform the duties of any occupation you are trained and educated for, you could be eligible for benefits up to your Social Security Normal Retirement age. You must be under the care and treatment of a licensed physician.

For further details, including the maximum duration of benefits and pre-existing condition limitations, please refer to the LTD Summary Plan Description (SPD) or contact the Benefits Department.

## **VOLUNTARY LIFE INSURANCE**

Regular, non-seasonal full-time employees in an L48/LFS Admin/Professional pay class and Motley grandfathered employees scheduled to work at least 30 hours a week are eligible for Voluntary Life Insurance benefits effective on the first of the month following date of hire.

You may purchase supplemental life insurance through The Standard for yourself, your spouse, and your child(ren) up to age 26. You must be enrolled in order for your spouse and child(ren) to be eligible

## Voluntary Life Insurance Rates for coverage.

Age Band	Monthly Rate per 1,000	Bi-Weekly Rate per 1,000
<25	0.05	0.025
25 - 29	0.06	0.03
30 - 34	0.08	0.04
35 - 39	0.09	0.045
40 - 44	0.111	0.0555
45 - 49	0.196	0.098
50 - 54	0.322	0.161
55 - 59	0.503	0.2515
60 - 64	0.769	0.3845
65 - 69	1.287	0.6435
70 - 74	2.284	1.142
75 - 99	3.861	1.9305
Child(ren) \$0.100 per \$1,000		

- You may apply for a voluntary life for yourself with a benefit up to seven times your annual salary or up to \$750,000, whichever is less. Coverage must be in increments of \$10,000. Premiums for this coverage are based on your age.
- You may apply for spouse voluntary life insurance up to \$250,000. Coverage must be in increments of \$5,000. Premiums for this coverage are based on your spouse's age.
- You may apply for Child Voluntary Life Insurance up to a maximum of \$10,000. Minimum coverage is \$2,000. Coverage must be in increments of \$1,000. Only one dependent child premium is charged for coverage of one or more children, but you must enroll all children (up to age 26).
- If you enroll as a new hire or newly eligible employee, the guaranteed issue amount is up to \$200,000 for employee coverage, \$50,000 for spouse coverage and \$10,000 for child(ren) coverage.

If you wish to elect an amount that exceeds the guaranteed issue amount of the lesser of 7 times your annual earnings or \$200,000, you will need to provide evidence of insurability (EOI) that is satisfactory to The Standard before the excess can become effective.

## VOLUNTARY AD&D

Regular, non-seasonal full-time employees in an L48/LFS Admin/Professional pay class and scheduled to work at least 30 hours a week are eligible for Personal Accidental Death and Dismemberment (AD&D) insurance benefits effective on the first of the month following date of hire. You may elect coverage for yourself or family coverage for your spouse and children under age 25 (26 if attending an accredited institution of higher learning on a full-time basis). You pay the cost of this benefit. There is guaranteed acceptance (not subject to evidence of insurability) for eligible persons.

- You can choose increments of \$25,000 up to 10 times your annual salary or \$250,000 if greater.
- The cost for Employee Only coverage is \$0.034 per \$1,000 per month. The cost for Family coverage is \$0.048 per \$1,000 per month.

Bi-weekly payroll deductions are:

Principal Sum	Employee Only	Family Coverage
\$25,000	\$0.43	\$0.60
\$50,000	\$0.85	\$1.20
\$75,000	\$1.28	\$1.80
\$100,000	\$1.70	\$2.40
\$125,000	\$2.13	\$3.00
\$150,000	\$2.55	\$3.60
\$175,000	\$2.98	\$4.20
\$200,000	\$3.40	\$4.80
\$225,000	\$3.83	\$5.40
\$250,000	\$4.25	\$6.00

See the Voluntary AD&D booklet for complete details.

## 401(k)

Trident's 401(k) Retirement Plan offers a matching contribution, outstanding convenience, and a variety of investment options.

**Note:** Employees hired on the first will be eligible to participate in Trident's 401(k) plan starting the first of the month after date of hire.

### Benefits from:

- Matching contributions
  - 100% up to the first 3% of pay and 50% of the next 2% of pay for a total of 4% if employee's contribution is 5% or more
- Convenience
- Tax savings now
- Tax-deferred savings opportunities
- Portability
- Investment options
- Automatic annual increases
- Online beneficiary
- Catch-up contributions

To view your account or enroll, login at [www.netbenefits.com](http://www.netbenefits.com) or call the Fidelity Retirement Benefits Service Center at 1-800-835-5095.

First time users need to click "Register Now" under "First Time User?" on the Login page.

As an active employee, you may enroll any time after your eligibility date.

## TRIDENT PAID PARENTAL LEAVE

All regular, non-seasonal, full-time benefits eligible employees are eligible for the Trident Paid Maternity and Parental Leave benefits which provide paid time off to care for

their newborn or adopted child. You may also use your accrued sick and vacation hours to extend your leave. You will not be eligible for Holiday pay while receiving Paid Maternity and Parental Leave. Parents of a newborn who are both employees of Trident Seafoods may not exceed 16 weeks of pay (combined). Parents of an adopted child who are both employees of Trident Seafoods may not exceed 8 weeks of pay (combined).

**Paid Maternity Leave**—Eligible parents giving birth are eligible to receive 8 weeks of pay at 100% during the recovery from childbirth. In addition, they are eligible for 4 weeks paid parental leave and may receive up to 12 weeks of paid leave.

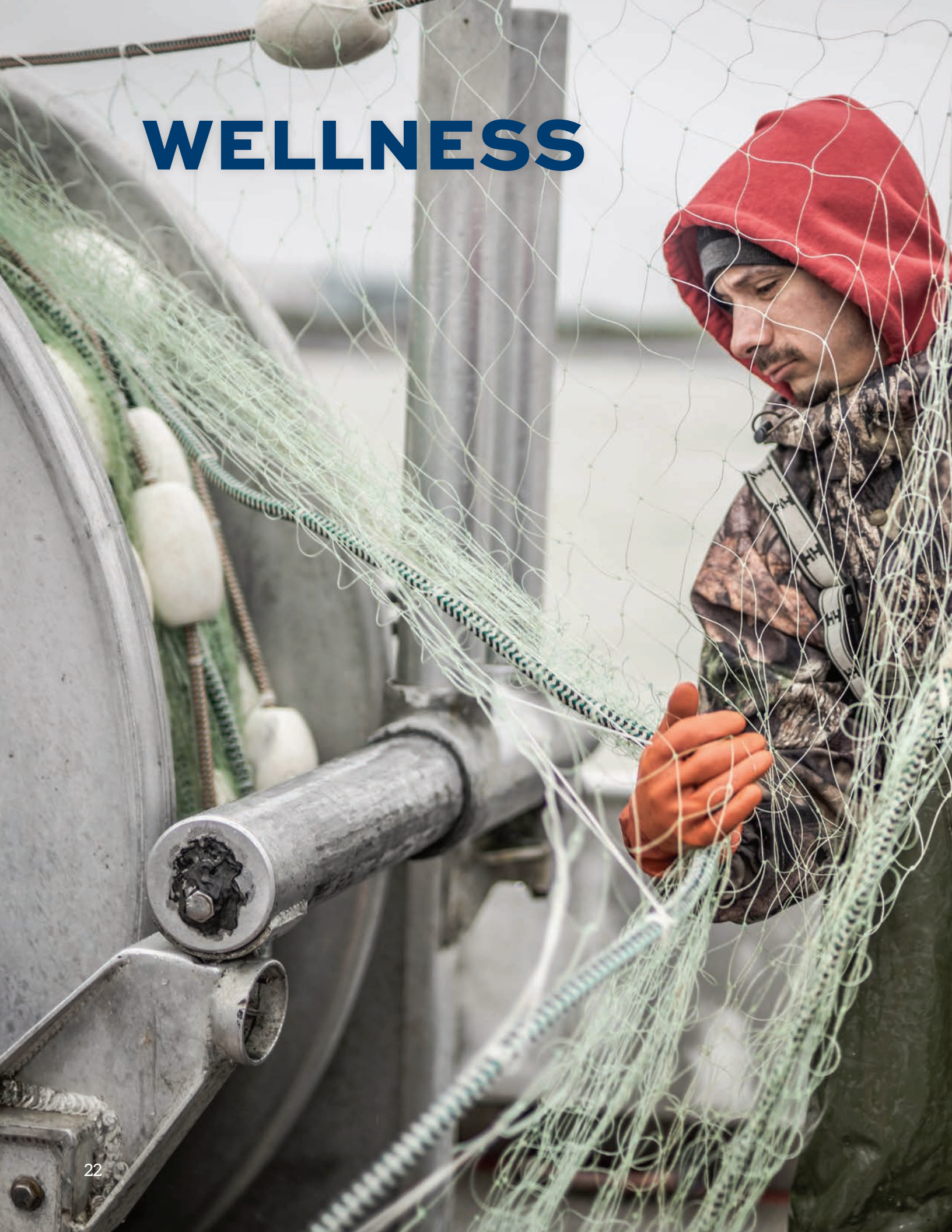
**Paid Parental Leave**—All eligible parents of newborn or adopted children are eligible to receive 4 weeks of pay at 100% for bonding leave. Bonding leave must be taken within 1 year of the event (birth or adoption) and be used in 1-week increments.

If you live in a state which offers a state paid leave program, you must apply for maternity/paternity leave benefits under your state's plan. Trident will supplement your remaining pay up to 100% of your base wages at your regularly scheduled hours.

## ADOPTION ASSISTANCE PROGRAM

Trident is proud to offer a benefit that supports families who choose adoption. Trident will reimburse you up to \$6,000 for adoption expenses when you adopt a child under age 18. If you adopt a child with special needs, you may be eligible for reimbursement up to \$8,000. Please contact the Benefits Department for more information, eligibility and to request a Reimbursement Form.

# WELLNESS



## VIRGIN PULSE – YOUR WELLBEING PLATFORM

Your Virgin Pulse account contains all the tools you need to get started and continue your path to wellness. Enroll in your free account to access fitness and care trackers, the incentive program, health coaching, and more.

All full-time employees, seasonal employees enrolled in a medical plan, and spouses enrolled in a medical plan can use Virgin Pulse.

### CREATE YOUR ACCOUNT

#### On the web:

Visit <https://join.virginpulse.com/tridentseafoods>

Fill out the information and create your password. (Please note: information must exactly match your Dayforce employee profile information, including your middle initial if applicable.)

#### On mobile:

Download the Virgin Pulse mobile app.

Click 'Create Account'.

Fill out the information and create your password.



## WELLNESS INCENTIVES

Employees and spouses enrolled in a Trident medical plan can earn rewards for completing preventive care and healthy living habits.

- Complete an annual physical exam = \$500 contribution to your Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA). Employees and spouses can complete this component to each earn a \$500 contribution (\$1000 total). Visits must be completed between January 1 - December 1, 2024; verify completion in your Virgin Pulse account and receive your incentive within 4 weeks.
- Rewards activities = up to \$400 in Pulse Cash per year. Complete activities like workouts, preventive care screenings, and learning opportunities to earn points for Pulse Cash. Employees can participate in this component of the program.

What is Pulse Cash? Points earned for completing Rewards activities are converted to Pulse Cash, which can be redeemed for gift cards, donated to charitable organizations, or used to purchase merchandise in the Virgin Pulse store. With each level achievement, you earn \$100 in Pulse Cash.

	Level 1	Level 2	Level 3	Level 4
Points	7,000	25,000	40,000	60,000
Rewards	\$100	\$100	\$100	\$100





# CONTACT INFORMATION/ LEGAL NOTICES



## CONTACT INFORMATION

Carrier / Plan	Website or email address	Phone Number
<b>Colonial Life</b> Supplemental Insurance Short Term Disability, Critical Illness & Accident Insurance	<a href="http://www.coloniallife.com">www.coloniallife.com</a>	1-206-372-5157
<b>ComPsych</b> Employee Assistance Program	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> Web ID: TridentEAP	24-Hour Hotline 1-877-694-1955
<b>Delta Dental of Washington</b> Dental / 03964	<a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>	Member Services 1-800-554-1907
<b>Fidelity</b> 401(k)	<a href="http://www.netbenefits.com">www.netbenefits.com</a>	1-800-835-5095
<b>Kaiser Permanente</b> Medical (Washington Only)	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>	Member Services 1-888-901-4636 Mail Order Pharmacy 1-800-245-7979 Emergency Notification Line 1-888-457-9516 Consulting Nurse Line 1-800-297-6877
<b>Navia</b> Flexible Spending Accounts	<a href="http://www.naviabenefits.com">www.naviabenefits.com</a>	Customer Service 1-800-669-FLEX
<b>Optum Bank</b> Health Savings Account	<a href="http://www.optumbank.com">www.optumbank.com</a>	Customer Service 24 Hour HSA- 844-326-7967 HRA-1-800-243-5543
<b>Premera Blue Cross / Medical</b>	<a href="http://www.premera.com">www.premera.com</a>	Member Services 1-800-722-1471 24-Hour Nurseline 1-800-841-8343
<b>The Standard</b> Evidence of Insurability: <a href="https://www.myeoi.standard.com/171868">https://www.myeoi.standard.com/171868</a>	<a href="http://www.standard.com">www.standard.com</a>	Customer Service 1-888-937-4783
<b>Vision Service Plan (VSP)</b> Vision / 12048572	<a href="http://www.vsp.com">www.vsp.com</a>	Member Services 1-800-877-7195
<b>Virgin Pulse Support</b>	<a href="http://support.virginpulse.com">support.virginpulse.com</a>	1-888-671-9395 <a href="mailto:support@virginpulse.com">support@virginpulse.com</a>
<b>Costco Health Solutions (CHS)</b>	<a href="http://www.costcohealthsolutions.com">www.costcohealthsolutions.com</a> <a href="http://www.pharmacy.costco.com">www.pharmacy.costco.com</a>	Customer Service 1-877-908-6024 Mail Order: 1-800-607-6861



**TRIDENT SEAFOODS BENEFITS DEPARTMENT**



**5303 Shilshole Ave NW, Seattle, WA 98107**



**1-206-783-3818 x1779**



**Benefits@TridentSeafoods.com**

## IMPORTANT LEGAL NOTICES AFFECTING YOUR HEALTH PLAN COVERAGE

### THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

	Premera Blue Cross HDHP with HSA	Kaiser Permanente HDHP with HSA	Premera Blue Cross PPO with HRA	Kaiser Permanente HMO with HRA
Individual Deductible (In-network / Out-of-network)	\$1,600 / \$3,200	\$1,600 / NA	\$750 / \$1,500	\$0 / N/A
Family Deductible (In-network / Out-of-network)	\$3,200 / \$6,400	\$3,000 / N/A	\$1,500 / \$3,000	\$0 / N/A
Coinsurance (In-network / Out-of-network)	80% / 50%	80% / 0%	80% / 50%	80% / 0%

### NEWBORNS ACT DISCLOSURE—FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### 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 within 30 days (31 for Kaiser Permanente) 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 within 30 days (31 for Kaiser Permanente) after the marriage, and within 60 days for birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact a member of the Benefits Department.

### **Notice of patient protections that require designation of a PCP**

The Kaiser Permanente medical plan generally recommends the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, you may visit [www.kp.org/doctor](http://www.kp.org/doctor) to browse Kaiser Permanente's online doctor profiles. There, you'll see information related to their education, credentials, specialties, and interest areas, as well as whether or not they're accepting new patients. You may also call Kaiser Permanente at 1-800-777-7904, 24 hours a day, 7 days a week. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser Permanente or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Benefits Department at 206-783-3818, ext. 1779.

## **STATEMENT OF ERISA RIGHTS**

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

### **Receive Information about Your Plan and Benefits**

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

### **Continue Group Health Plan Coverage**

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

### **Prudent Actions by Plan Fiduciaries**

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

### **Enforce your Rights**

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$149 per day (up to a \$1,496 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the

U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

## **Assistance with your Questions**

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

## **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](http://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](http://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](http://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, 2023. Contact your State for more information on eligibility – see the chart on next page.**

## **ALABAMA – Medicaid**

Website: <http://myalhipp.com>  
Phone: 1-855-692-5447

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## **ALASKA – Medicaid**

AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

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## **ARKANSAS – Medicaid**

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

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## **CALIFORNIA – Medicaid**

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](mailto:hipp@dhcs.ca.gov)

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## **COLORADO – Health First Colorado (Medicaid) & Child Health Plan Plus (CHP+)**

Health First Colorado Website:  
[www.healthfirstcolorado.com](http://www.healthfirstcolorado.com)  
Health First Colorado Member Contact Center:  
1-800-221-3943/ State Relay 711  
CHP+: [www.colorado.gov/pacific/hcpf/child-health-plan-plus](http://www.colorado.gov/pacific/hcpf/child-health-plan-plus)  
CHP+ Customer Service: 1-800-359-1991/ State Relay 711  
Health Insurance Buy-In Program (HIBI):  
[www.colorado.gov/pacific/hcpf/health-insurance-buy-program](http://www.colorado.gov/pacific/hcpf/health-insurance-buy-program)  
HIBI Customer Service: 1-855-692-6442

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## **FLORIDA – Medicaid**

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

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## **GEORGIA – 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

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## **INDIANA – Medicaid**

Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
Phone 1-800-457-4584

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## **IOWA – Medicaid and CHIP (Hawki)**

Medicaid Website:  
<https://dhs.iowa.gov/ime/members>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP Phone: 1-888-346-9562

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## **KANSAS – Medicaid**

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

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## **KENTUCKY – 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](mailto:KIHIPP.PROGRAM@ky.gov)  
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

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## **LOUISIANA – Medicaid**

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

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## **MAINE – Medicaid**

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](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/ofl/applications-forms>  
Phone: 800-977-6740  
TTY: Maine relay 711

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## **MASSACHUSETTS – Medicaid and CHIP**

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

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## **MINNESOTA – Medicaid**

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739

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## **MISSOURI – Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

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**MONTANA –Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

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**NEBRASKA –Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

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**NEVADA –Medicaid**

Medicaid Website: <http://dhcnp.nv.gov>  
Medicaid Phone: 1-800-992-0900

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**NEW HAMPSHIRE –Medicaid**

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 5218

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**NEW JERSEY –Medicaid and CHIP**

Medicaid Website: [www.state.nj.us/humanservices/dmahs/clients/medicaid](http://www.state.nj.us/humanservices/dmahs/clients/medicaid)  
Medicaid Phone: 609-631-2392  
CHIP Website: [www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)  
CHIP Phone: 1-800-701-0710

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**NEW YORK –Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

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**NORTH CAROLINA –Medicaid**

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

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**NORTH DAKOTA –Medicaid**

Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825

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**OKLAHOMA –Medicaid and CHIP**

Website: [www.insureoklahoma.org](http://www.insureoklahoma.org)  
Phone: 1-888-365-3742

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**OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

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**PENNSYLVANIA – Medicaid**

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx>  
Phone: 1-800-692-7462  
CHIP Website: Children's Health Insurance Program (CHIP)(pa.gov)  
CHIP Phone: 1-800-986-KIDS (5437)

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**RHODE ISLAND – Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov>  
Phone: 855-697-4347, or 401-462-0311 (Direct RlTe Share Line)

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**SOUTH CAROLINA –Medicaid**

Website: [www.scdhhs.gov](http://www.scdhhs.gov)  
Phone: 1-888-549-0820

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**SOUTH DAKOTA –Medicaid**

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

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**TEXAS – Medicaid**

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
Phone: 1-800-440-0493

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**UTAH – Medicaid and CHIP**

Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

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**VERMONT –Medicaid**

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-250-8427

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**VIRGINIA – Medicaid and CHIP**

Websites: <https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select> or  
<https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924

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**WASHINGTON –Medicaid**

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

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**WEST VIRGINIA – Medicaid**

Website: <https://dhhr.wv.gov/bms/> or  
<http://mywvhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

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**WISCONSIN –Medicaid and CHIP**

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

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**WYOMING – Medicaid**

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

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To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
U.S. Department of Health and Human Services  
Employee Benefits Security Administration  
Centers for Medicare & Medicaid Services  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-866-444-EBSA (3272)  
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)

### **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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## **IMPORTANT NOTICE FROM TRIDENT SEAFOODS ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Trident Seafoods and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

***There are two important things you need to know about your current coverage and Medicare's prescription drug coverage: There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:***

***1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.***

***2. Trident Seafoods has determined that the prescription drug coverage offered by the Premera Blue Cross and Kaiser Permanente is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.***

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Trident Seafoods coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Trident Seafoods coverage, you and your dependents will be able to get this coverage back.

## **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Trident Seafoods and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information at (206)789-8545, Press 1 and Option 7. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Trident Seafoods changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**CMS Form 10182-CC Updated April 1, 2011**

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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**Remember: Keep this Creditable Coverage notice.**

***If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).***

**Date:** 10/12/23

**Name of Entity/Sender:** Trident Seafoods

**Contact--Position/Office:** Benefits Department

**Address:** 5303 Shilshole Ave NW, Seattle, WA 98107

**Phone Number:** (206)789-8545, Press 1 and Option 7





**Trident** <sup>®</sup>  
SEAFOODS