



## SUMMARY PLAN DESCRIPTION

(per DOL reg. 2520.102-3)

The Western Healthcare Insurance Trust sponsors several employee benefit programs, including dental, vision, life, accident, and long term disability insurance programs. Participating employees in the Western Healthcare Insurance Trust are entitled to certain information and protection under the federal Employee Retirement Income Security Act of 1974 (ERISA). The insurers of each program will issue certificates or booklets, which will provide a full description of the eligibility rules, benefits, and the circumstances under which benefits may terminate. The following is further information to which employees are entitled under ERISA. Keep it with your insurance carrier benefit booklet(s).

### A. Name of Trust/Plan; MEWA Status

The Western Healthcare Insurance Trust is an employee welfare benefit plan,<sup>1</sup> as defined in federal law.<sup>2</sup> The purpose of the Trust is to provide unique and preferred employee benefit programs that participating groups may not be able to access on their own.

The Trust is also a multiple employee welfare arrangement ("MEWA") under ERISA.<sup>3</sup> Because of this, your employer will be responsible for COBRA administration (see item [L](#) hereof, regarding COBRA).

### B. Name, Address and Telephone Number of Organization that Established Trust

The Trust was established by the Washington State Hospitals Association, whose address and phone number is:

Washington State Hospitals Association  
300 Elliott Avenue West  
Seattle, WA 98119  
(206) 281-7211

### C. Identification Numbers

The Employer Tax Identification Number assigned to the Trust by the Internal Revenue Service is 91-0971187.

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<sup>1</sup> See U.S. Dept of Labor Adv. Op. 2003-13A.

<sup>2</sup> See the Employee Retirement Income Security Act (commonly known as "ERISA"), 29 USC 1003(1).

<sup>3</sup> ERISA Sec. 3(40), 29 USC 1003(40)

## D. Type of Trust/Plan

The Trust is an employee welfare benefits trust under federal law, which offers insured health and welfare Trusts, including dental, vision, basic life/accidental injury and death, dependent life, supplemental life, long term disability and voluntary accident benefit programs to participating employers, which generally are health care providers (e.g., hospitals, clinics) in the Pacific Northwest.

Currently, the Trust offers the following insurance programs:

Benefit	Insurance Carrier	Contact
Dental	Washington Dental Service (WDS)	Debra Liming 206/528-2359 <a href="mailto:dliming@ddpwa.com">dliming@ddpwa.com</a>
Managed Dental	Willamette Dental	Robin Roberts 425/576-8803 ext. 5222 Shaun LaCour (206) /623-5178 <a href="mailto:shaunl@vsp.com">shaunl@vsp.com</a>
Vision	Vision Service Plan (VSP)	Karishma Mahtani 800.336.3792 ext. 25 <a href="mailto:karishma.mahtani@rsli.com">karishma.mahtani@rsli.com</a>
Basic Life/AD&D Long Term Disability Voluntary Personal Accident	Reliance Standard	Sheri Williams Johnson Rooney Welch (800) 631-0311 <a href="mailto:sheri@jrwinc.com">sheri@jrwinc.com</a>
Voluntary Supplemental Life	Transamerica	Bill Bradley 425/427-2340 <a href="mailto:bill@billbradleyusa.com">bill@billbradleyusa.com</a>
Voluntary Short Term Disability	American Fidelity	

## E. Type of Administration: Trust Office

The claims administration of the insurance programs is conducted by each insurance carrier. However, general Trust administration (e.g., premium and eligibility processing, liaison with insurance carriers, customer service, IRS reporting, etc.), is conducted by the Board of Trustees, with the assistance of the following contract administrator, which serves as the Trust Office:

Zenith Administrators, Inc.  
201 Queen Anne Avenue North, Suite 100  
Seattle, WA 98109-4896  
(206) 282-4100

## F. Trust Administrator

The Trust Administrator (fiduciary) is the Board of Trustees of the Western Healthcare Insurance Trust. The names, addresses and telephone numbers of the members of the Board of Trustees of Western Healthcare Insurance Trust are as follows:

Board of Trustees	
Mr. Jeff Clark Kadlec Medical Center 888 Swift Boulevard Richland, WA 99352 (509) 946-4611	Ms. Grace Henley, Vice-Chairperson Highline Community Hospital P.O. Box 666657 Seattle, WA 98166 (206) 431-5324
Mr. Dennis Key 2211 NW Cascade East Wenatchee, WA 98801 (509) 884-8387	Mr. Matt Halliday Affiliated Health Services P.O. Box 1376 Mt. Vernon, WA 98273-1376 (360) 428-2418
Ron Gleason, CFO Lincoln Hospital District 3 10 Nicholls Street Davenport, WA 99122 (509) 725-2979 #199	Mr. Lane Savitch, Chairperson Swedish Hospital - Ballard 5300 Tallman Avenue North Seattle, WA 98107-1507 (206) 781-6347

## G. Name and Address for Agent for Service of Process

Each member of the Board of Trustees is an agent for purposes of accepting service of legal process on behalf of the Trust. Service of legal process may be made upon a Trust Trustee at the addresses set forth in item [E](#) hereof, or on the Trust Office named in item [E](#) hereof).

## H. The Names and Addresses of the Trustees

The Names and Addresses of the Trustees are Set Forth in Item [E](#).

## I. Description of Bargaining Agreements

Some employees participate in the Trust pursuant to a collective bargaining agreement with their employer. If you have a question whether you participate under a collective bargaining agreement, or would like to see a copy of it, please contact your employer or Trust Office (named in item [E](#) hereof).

## J. Participation, Eligibility and Benefits

1. **General.** The rules for participation, eligibility, and benefits for the various insurance programs are described in the booklets or certificates issued by the insurance carrier. Please contact your employer for that material, or feel free to contact the Trust office, which can deliver a copy to you.

2. **Procedures Governing Qualified Medical Child Support Order Determinations (QMCSO).** Beneficiaries can obtain, without charge, a copy of such procedures from the Trust Administrator (noted in item [E](#)).

## **K. Circumstances Which May Result in Ineligibility or Denial of Benefits or Amendment or Termination of the Trust**

Circumstances which may result in disqualification, ineligibility, denial, or the loss of benefits include failure to meet the eligibility requirements, limitations and exclusions in the insurance programs, death, termination of the program. See the insurance booklet/certificate for more details.

## **L. Continuation Coverage Pursuant to COBRA, the Family & Medical Leave Act (“FMLA”), or the Uniformed Services Employment and Reemployment Rights Act (“USERRA”)**

1. **COBRA.** Continued participation in a health Trust is a right governed by federal law, known as the Consolidated Omnibus Budget Reconciliation Act of 1985, commonly referred to as your “COBRA” right. If you are covered by this Trust, you may have the right to make contributions to the Trust (through your employer), in order to receive coverage in certain instances where coverage under this Trust would otherwise end. **Your employer, not the Trust, responsible to administer COBRA.**

NOTE: COBRA rights will not apply to all insurance programs of the Trust, or to all employers in the Trust. Dental and vision programs are subject to COBRA, but life, disability and accident insurance programs are not. Employers with fewer than twenty employees may not be subject to COBRA (a federal law), but may be subject to similar state law. Please check with your employer on whether COBRA applies to your insurance programs.

## **M. Source of Contributions**

Contributions to the Trust are made by the Employer and/or employees.

## **N. Methods Used for Accumulation of Assets**

Contributions are received by and held in trust by the Trust and until the Trust transfers them to the insurance carriers for premium payment.

## **O. End of Trust Year**

The Trust year runs from June 1<sup>st</sup> to May 31<sup>st</sup>.

## **P. Procedures to be Followed in Presenting Claims for Benefits and Appeal Procedures for Denied Claims**

Each insurance carrier sets forth and administers its claim and appeal procedures. The Trustees have no responsibility or authority for such procedures. Check your insurance booklet/certificate for details. If you have questions, the Trust Office may be able to assist you in contacting the correct persons at the insurance carrier.

## Q. Statement of Legal Rights

1. **Rights of Trust Participants.** Beneficiaries of the Western Healthcare Insurance Trust are entitled to certain rights and protection under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Trust participants shall be entitled to:

(a) Examine without charge at the Trust Administrator's office and at other specified locations, such as worksites and union halls, all documents governing this Trust, including collective bargaining agreements, insurance contracts and a copy of the latest annual report filed by the Trust with the U.S. Department of Labor, and available at the Public Disclosure room of the Employee Benefits Security Administration.

(b) Obtain upon written request to the Trust Administrator, copies of documents governing the operation of this Trust, including, insurance contracts, collective bargaining agreements, a copy of the latest annual report and an updated Summary Trust Description. The Trust Administrator may make a reasonable charge for the copies.

(c) Receive a summary of the Trust's annual financial report. The Trust Administrator is required by law to furnish each enrollee with a copy of this summary annual report.

(d) If there is a loss of coverage under the Trust as a result of a qualifying event you or your dependents may have to pay for such coverage. Review this Summary Trust Description and the documents governing the Trust on the rules governing your COBRA continuation coverage rights.

2. **Prudent Actions by Trust Fiduciaries.** In addition to creating rights for Trust beneficiaries, ERISA imposes obligations upon the persons who are responsible for the operation of this employee welfare benefit Trust.

These persons who operate your Trust and Trust, are called "fiduciaries" in the law. Fiduciaries must act solely in the interest of the Trust Beneficiaries and they must exercise reasonable prudence in the performance of their Trust and Trust duties. Fiduciaries who violate ERISA may be removed and required to make good any losses they have caused the Trust. No one, including an employer, may fire or otherwise discriminate against members to prevent them from obtaining a welfare benefit or exercising their rights under ERISA.

3. **Enforce Your Rights.** If a claim for a welfare benefit is denied or ignored, in whole or in part, Beneficiaries have a right to know why this was done, obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA there are steps that can be taken to enforce the above rights. For instance, if you request a copy of Trust documents or the latest annual report from the Trust and do not receive them within thirty (30) days, you may file suit in a Federal court. In such a case, the court may require the Trust Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court after exhausting the insurance carrier's administrative procedures. If a Trust fiduciary misuses the Trust'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, the court may order you to pay these costs and fees, for example, if the court finds your claim to be frivolous.

4. **Assistance with Your Questions.** If you have any questions about this Trust, you should contact the Trust Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Trust Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of

Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.

**The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to adopt practices to protect the privacy of your protected health information**

Protected health information is information that identifies an individual or provides a reasonable basis for doing so, and relates to the past, present, or future physical or medical condition of the individual, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual. It is information that is created or received by an employer or a health Trust, health care provider, or health care clearinghouse, and may be transmitted or maintained in any form or medium, such as by electronic, paper, or oral communication.

In the course of providing benefits to you under this Trust, we may collect protected health information from several sources, including information such as enrollment and claims forms provided by you, election forms provided by your employer, information we receive from third parties such as insurance companies and health care providers, and information we generate by processing and verifying information received from other sources.

We do not use or disclose protected health information with any third parties except as required or permitted by law. We may disclose protected health information to our affiliates and business associates who help us to provide the benefits under the Trust. For example, we may share protected health information with a health care provider or insurance company for treatment, payment, or health care operations. These companies are authorized to use the protected health information we provide only for the services they have agreed to perform. They are not permitted to use or share that information for any other purpose.

We may also disclose protected health information as requested by you or to government agencies and regulatory bodies when permitted or required by law.

Within our organization we restrict access to protected health information to persons who need to know it in order to process, complete, or administer the Trust benefits. We maintain physical, electronic, and procedural safeguards that are designed to maintain the privacy and confidentiality of protected health information as required by law.

We are also required by HIPAA to provide you with a notice describing your rights and our duties with respect to your protected health information. A copy of that notice is available free of charge by contacting the privacy representative of the Trust listed below:

Debra Young, Account Manager  
Zenith Administrators, Inc.  
201 Queen Anne Avenue N. Suite 100  
Seattle, WA 98109  
206/282-4100

**NOTE: This Summary has been designed to provide you with key information about the Western Healthcare Insurance Trust but it does not provide the details and limitations of the insurance programs. Exact specifications are provided by the insurance carriers. If you have trouble reaching a carrier, contact the Trust Office or your employer.**