
Preferred Plans

HSA-Qualified Preferred Plan 80/80/60

The following change is made to your plan:

The **Application for Coverage** section is revised to clarify that you and any eligible dependents may apply for coverage under this plan, or any other plan offered by the group, prior to the next anniversary date if the Company receives your application for coverage (a) within 30 days of exhaustion of COBRA continuation coverage, loss of eligibility for the prior health coverage, or loss of an employer's contribution to the rate for the prior health coverage or (b) within 60 days of the date the Washington State Department of Social and Health Services (DSHS) makes a determination that it is cost-effective for eligible dependent(s) to have coverage under the plan.

Please keep this insert with your brochure for an up-to-date record of your plan.