CRC BENEFITS

THRIVE
Workplace Benefits
Dedicated to Development and Success

WASHINGTON

Regulatory Compliance and Resources by State

STATE CONTINUATION OF COVERAGE

Covered Employers: Employers with fewer than 20 employees

Qualified Beneficiaries: Employees and dependents

Qualifying Events: Loss of coverage, except termination for gross misconduct

COBRA Duration: 3 months

Maximum Premium Amount: 102% of the premium

PAID FAMILY LEAVE

Your employees are eligible to take paid leave if:

1. They have worked enough hours to qualify for Paid Leave.

How much time: In general, Washington workers are eligible for up to 12 weeks of Paid Family and Medical Leave per year. For people taking leave to recover from a serious illness or injury or to take care of a family member with a serious medical condition, the amount of Paid Leave they can take is determined by their healthcare provider and based on the amount of time that is medically necessary. People taking leave to bond with a new baby or child qualify for 12 weeks of Paid Leave.

Nearly every Washington worker can receive paid leave as long as they have worked a minimum of 820 hours in Washington during the qualifying period. The 820 hours can be at one job or combined from multiple jobs. That means if an employee of yours works for another company at the same time, the hours from both jobs are added together to determine eligibility for Paid Leave.

2. They or a family member experience a "qualifying event."

Qualifying events include serious illnesses or injuries that prevent someone from working, a new baby or child joining a family and certain military events.

STATE EMPLOYER REPORTING/NA

PAID SICK LEAVE

When does paid sick leave start?

- 90 calendar days after your first day of employment.

How much paid sick leave do I get?

- At least 1 hour for every 40 hours worked.
- This includes part-time and seasonal workers.
- You may carry over up to 40 hours of unused leave into the next year.

How much am I paid for sick leave?

- You get paid sick leave at your normal hourly rate.

When can I use paid sick leave?

- To care for you or your family's physical and mental health needs.

This includes:

- Children, step and foster children, and grandchildren.
- Parents, step and foster parents, and grandparents.
- Spouse or registered domestic partner.
- Brothers and sisters.
- To seek safety from domestic violence, sexual assault or stalking.
- When a public official closes your workplace or your child's school or childcare for any health-related reason.

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What do I need to do to use paid sick leave?

- Tell your employer you or a family member is sick as soon as possible.
- If you're out sick more than three days, your employer may need to verify you're sick.

Does everyone in Washington get the same paid sick leave?

- No, some employers provide more generous benefits and have other requirements.

MANDATORY 401K: NONE

SURPRISE BILLING

Beginning January 1, 2020, Washington state law protects you from "surprise billing" or "balance billing" if you receive emergency care or are treated at an in-network hospital or outpatient surgical facility by an out-of-network provider.

What is "surprise billing" or "balance billing" and when does it happen?

Under your health plan, you're responsible for certain cost-sharing amounts. This includes copayments, coinsurance and deductibles. You may have additional costs or be responsible for the entire bill if you see a provider or go to a facility that is not in your plan's provider network.

Some providers and facilities have not signed a contract with your insurer. They are called "out-of-network" providers or facilities. They can bill you the difference between what your insurer pays and the amount the provider or facility bills. This is called "surprise billing" or "balance billing." Insurers are required to tell you, via their websites or on request, which providers, hospitals and facilities are in their networks. And hospitals, surgical facilities and providers must tell you which provider networks they participate in on their website or on request.

When you CANNOT be balance billed:

- **Emergency Services.** The most you can be billed for emergency services is your plan's in-network cost-sharing amount even if you receive services at an out-of-network hospital in Washington, Oregon or Idaho or from an out-of-network provider that works at the hospital. The provider and facility cannot balance bill you for emergency services.
- Certain services at an In-Network Hospital or Outpatient Surgical Facility
- When you receive surgery, anesthesia, pathology, radiology, laboratory, or hospitalist services from an out-of-network provider while you are at an in-network hospital or outpatient surgical facility, the most you can be billed is your in-network cost-sharing amount. These providers cannot balance bill you.

In situations when balance billing is not allowed, the following protections also apply:

- Your insurer will pay out-of-network providers and facilities directly. You are only responsible for paying your in-network cost-sharing.
- Your insurer must:
  - Base your cost-sharing responsibility on what it would pay an in-network provider or facility in your area and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or certain out-of-network services (described above) toward your deductible and out-of-pocket limit.
- Your provider, hospital, or facility must refund any amount you overpay within 30 business days.
- A provider, hospital, or outpatient surgical facility cannot ask you to limit or give up these rights

RESOURCES

https://www.insurance.wa.gov/