

Understanding Your Benefits

The Public Education Health Trust wants you to use your benefits! It is important that you familiarize yourself with this information so that you can maximize the use of these benefits to provide the best possible outcome for you and your family's health care needs. It should be noted that this is a summary only and does not guarantee benefits. All benefits are subject to the terms, limitations, and exclusions set forth in the Public Education Health Trust Benefit Booklet. If there are any discrepancies between this summary and the Benefit Booklet, the Benefit Booklet shall prevail.

Questions regarding the Benefit Booklet, claims, Allowable Charge, or eligibility should be directed to EBMS at **1-866-247-1443**. Information regarding Plan administration should be directed to the Public Education Health Trust office at **1-907-274-7526** or **1-888-685-7526**.

Medical Plan

Deductible*	\$1500 single coverage or \$3000 family coverage
Out of Pocket (OOP)**	\$3500 single coverage or \$7000 family coverage <i>Use of non-preferred providers and facilities does not accumulate to Out-of-Pocket</i>
Coinsurance % (Percentage the Plan will pay once the deductible is met.)	
Preferred Facility and Providers***	80%
Non-Preferred Facility and Providers	Payable amount up to 125% of the Medicare equivalent rate
Hospital Facility Co-pay	\$200 per admission; 2xs per individual per year
Emergency Room Deductible	\$500

* Your deductible refers to the dollar amount that the covered person must pay before the plan pays. As a reminder, your annual deductible is on a calendar year.

** The Plan will pay the designated percentage of the Allowable Charge until you meet your out-of-pocket. Once your out-of-pocket is met, the Plan will pay 100% of the remainder of the Allowable Charge for the rest of the calendar year unless stated otherwise.

***Public Education Health Trust has negotiated significant fee reductions with Aetna Signature Administrators (ASA) Network Facilities and providers for covered services. Log in to www.aetna.com/asa for easy access to up-to-date information on participating health care professionals and facilities.

Prescription Drugs*



Reimbursement rate	80% after deductible
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*Participants are required to pay 100% at the pharmacy and are then reimbursed any applicable amount after the deductible has been met.

Certain FDA-approved, Physician-prescribed lifestyle drugs not covered by the Plan may be available at a discount price. To receive this discount, a Covered Person will be required to pay a 100% copayment at the time of purchase when his or her ID card is shown.

MAIL ORDER: The mail order drug benefit option is available for maintenance medications (those that are taken for long periods of time, such as drugs sometimes prescribed for heart disease, high blood pressure, asthma, etc.). Because of volume buying, the mail order pharmacy is able to offer Covered Persons significant savings on their prescriptions. The mail order pharmacy is subject to change.

Specialty Pharmacy Program (This program will not apply to oncology medications)

Copayment, per Prescription, per calendar year	50% co-payment per prescription with a per prescription maximum of \$100 Value/\$400 Formulary/\$600 Non-Formulary after deductible
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Public Education Health Trust has contracted with TelaDoc to provide 24/7 Physician Consultations for you and your Dependents.

Teladoc offers 24/7 Physician Consultations, which provide access to licensed, U.S.-based physicians by phone, secure e-mail, video and mobile app at any time of the day. Physicians offer diagnoses, medical advice, treatment recommendations and can even prescribe medications over the phone.

Call: 1-800-Teladoc or www.Teladoc.com.

Vision (In VSP Network - for a list of VSP Providers go to www.vsp.com)

Copayment	Examination - \$25
Annual Exam	Paid-in-Full once a calendar year (after copayment)
<i>Child Coverage-up to 19 years old (with VSP providers only*)</i>	
Annual Exam	Paid-in-Full once a calendar year
Lenses (single vision, lined bifocal, lined trifocal, and Lenticular Lenses)	Paid-in-Full every calendar year (after \$25 copayment)
Frames	Fully covered when you choose from our exclusive Otis & Piper Eyewear Collection and 20% savings on other frame brands
Contact Lenses (instead of spectacle lenses and frame)	\$25 copay, Fully covered contact lens exam and minimum three-month supply of contacts

Vision (Out of Network)

Co-pay	Examination - \$25
Annual Exam	up to \$50 (after copayment)

Member Assistance Program (MAP)



MAP services are cost-free, convenient and confidential. MAP coverage includes a spouse or live-in partner and eligible dependent children. To contact your MAP, call 1-888-881-5462.

- Up to 8 free counseling sessions per issue per year
- Legal advice - half hour face to face, unlimited telephone consultation
- Financial planning - unlimited telephone consultation

Access a self-serve menu of online Work Life resources available through your MAP at www.support-linc.com.

Username: peht Password: member

Your claims history and your Benefit Booklet are available in your personal online miBenefits account! To log in to your miBenefits account, follow these easy steps!

1. Go to www.ebms.com.
2. Click on the "Login" button at the top of the screen.
3. Fill out our short registration using your ID card, and EBMS will immediately verify your eligibility, giving you full access to miBenefits!

