

# Highlights of your Health Care Coverage

Matanuska-Susitna Borough School District

Prospect

Effective Date: 07/01/2021

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

<b>MEDICAL PLAN</b>		
<b>2021 HDHP \$1500 20%/20%/30%/\$7000</b>		
	<b>HERITAGE IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>MEDICAL COST SHARE OPTIONS</b>		
<b>Individual Deductible PCY</b> (Family aggregate deductible 2x Individual)	\$1,500 PCY/\$3,000 PCY	Shared with In-Network
<b>Coinsurance (Member's percentage of costs after deductible based on allowable charges)</b>	20% Preferred/20% Participating	Hospital/CD & Professional; 30%
<b>Individual Out of Pocket Maximum PCY, includes deductible, coinsurance, copay and pharmacy if applicable</b> (Family embedded OOP max 2x Individual)	\$7,000 PCY	\$14,000
<b>Office Visit Cost Share</b>	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION</b>		
<b>Preventive Office Visit</b> (Unlimited, subject to standard medical guidelines)	Covered in Full	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>Immunizations</b> (Unlimited, subject to standard medical guidelines)	Covered in Full	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>Health Education (HE)</b> (Unlimited)	Covered in Full	Covered In Full
<b>Diabetes Health Education (DE)</b> (Unlimited)	Covered in Full	Covered In Full
<b>PROFESSIONAL CARE</b>		
<b>Professional Office Visit (Includes Telemedicine)</b>	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>VIRTUAL CARE SERVICES</b>		
<b>Telemedicine - General Medical (Virtual Care Only)</b>	In Network Deductible, then 20% Preferred	Not Covered
<b>Telemedicine - Mental Health (Virtual Care Only)</b>	Subject to Mental Health Outpatient Professional Care In-Network Cost Share	Not Covered
<b>Telemedicine - Chemical Dependency (Virtual Care Only)</b>	Subject to Chemical Dependency Outpatient Office Visit	Not Covered
<b>Telemedicine - Outpatient Rehab (Virtual Care Only)</b>	Not Covered	Not Covered
<b>DIAGNOSTIC SERVICE OPTIONS</b>		
<b>Preventive Professional Diagnostic Imaging and Laboratory Services - Including Mammogram and PAP/PSA</b>	Covered in Full	Out of Network Deductible, then Hospital/CD & Professional; 30%

**MEDICAL PLAN**

2021 HDHP \$1500 20%/20%/30%/\$7000

HERITAGE IN-NETWORK		OUT-OF-NETWORK	
Other Professional Diagnostic Imaging	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%	
Other Professional Diagnostic Laboratory/Pathology	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%	
Diagnostic Mammography	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%	
<b>FACILITY CARE OPTIONS</b>			
Inpatient Facility	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%	
Inpatient Professional Services	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%	
Outpatient Surgery Facility	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%	
Skilled Nursing Facility (60 days PCY)	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%	
<b>HOSPICE &amp; HOME HEALTH CARE</b>			
Hospice Inpatient Facility (10 days Inpatient; within the 6 month lifetime maximum)	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%	
Hospice Care (Home Health and Respite) (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum)	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%	
Home Health Visits (130 visits PCY)	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%	
<b>MATERNITY &amp; REPRODUCTIVE CARE</b>			
Contraceptive Management Services (Unlimited)	Covered in Full	Out of Network Deductible, then Hospital/CD & Professional; 30%	
Sterilization - Female (Unlimited)	Covered in Full	Out of Network Deductible, then Hospital/CD & Professional; 30%	
Sterilization - Male (Unlimited)	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%	
<b>PREMERA DESIGNATED CENTERS OF EXCELLENCE</b>			
Centers of Excellence Packaged Services (Eligible Services Include: Total Joint Replacement (Knee & Hip Replacement), Spine & Gynecology)	In Network Deductible, then 0%	Covered as any other service	
Travel and Care Coordination (See Elective Procedure Travel)	See Elective Procedure Travel	See Elective Procedure Travel	
<b>ALASKA MEDICAL TRANSPORTATION BENEFITS</b>			
Medical Access Transportation (High Option 3 round trips PCY for patient (includes 3 round trips PCY for parent or guardian if pt. under 19 yrs of age))	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred	

<b>MEDICAL PLAN</b>		
<b>2021 HDHP \$1500 20%/20%/30%/\$7000</b>		
	<b>HERITAGE IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Elective Procedure Travel</b> (Prior Approval Required: Member & Medically Necessary Companion - Air: 1 round-trip per episode; Surface Transportation & Parking: \$35/day; Ferry Transportation \$50 per person each way; Lodging \$50/day per person)	Travel: In Network Deductible, then 0%; Medical Procedures: covered as any other service	Travel: In Network Deductible, then 0%; Medical Procedures: covered as any other service
<b>EMERGENCY CARE</b>		
<b>Emergency Care</b>	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Emergency Room Physician</b>	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Urgent Care Center</b>	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>Ambulance Transportation</b> (Unlimited)	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Non-Emergent Ground Ambulance</b> (Unlimited)	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Air Ambulance</b> (Unlimited)	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Non-Emergent Air Ambulance</b> (Unlimited)	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then 20%
<b>ALTERNATIVE CARE</b>		
<b>Acupuncture</b> (12 visits PCY)	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>Manipulations (Spinal and other)</b> (12 visits PCY)	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>CHEMICAL DEPENDENCY &amp; MENTAL HEALTH</b>		
<b>Chemical Dependency Inpatient Facility Care</b> (Unlimited)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>Chemical Dependency Outpatient Professional Care</b> (Unlimited)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>Mental Health Inpatient Facility Care</b> (Unlimited)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>Mental Health Outpatient Professional Care</b> (Unlimited)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>REHABILITATION &amp; NEURO</b>		
<b>Rehab Inpatient Facility</b> (30 days PCY)	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy; Cardiac &amp; Pulmonary Rehab.; and Chronic Pain</b> (45 visits PCY)	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>OTHER SERVICES</b>		
<b>Allergy/Therapeutic Injections</b>	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>Medical Supplies, Equipment, Prosthetics</b> (MS: Unlimited, ME: Unlimited, Pro: Unlimited)	In Network Deductible, then 20% Preferred/20% Participating	Out of Network Deductible, then Hospital/CD & Professional; 30%
<b>Transplants</b> (Unlimited; \$75,000 donor and \$7,500 travel and lodging limits)	Covered as any other service	Not Covered

**MEDICAL PLAN**

**2021 HDHP \$1500 20%/20%/30%/30%/30%/30%/30%/30%/30%/30%/30%/30%/30%**

<b>HERITAGE IN-NETWORK</b>		<b>OUT-OF-NETWORK</b>
----------------------------	--	-----------------------

**PHARMACY**

<b>Prescription Drugs - Retail</b> (Specific preventive drugs and legend Retail: 90 day supply/Mail: 90 day supply/Specialty: 30 day supply)	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Prescription Drugs - Mail</b> (Specific preventive drugs and legend Retail: 90 day supply/Mail: 90 day supply/Specialty: 30 day supply)	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Drug List</b>	Open All	Open All
<b>Specialty Pharmacy</b> (Mandatory - Exclusive)	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred

**SUPPLEMENTAL BENEFITS**

<b>Routine Vision Exam</b> (1 PCY)	\$25 Copay	Out of Network Deductible, then Hospital/CD & Professional; 30% Covered In Full
<b>Routine Vision Exam</b> (\$300 PCY)	Covered In Full	Covered In Full
<b>Pediatric Vision Exam</b> (1 PCY Under age 19)	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Pediatric Vision Exam</b> (Under age 19: One pair of glasses PCY (frames & lenses). 12 month supply of contacts PCY, in lieu of glasses (frames & lenses).)	Covered In Full	Covered In Full
<b>Routine Hearing Exam</b> (Not Covered)	Not Covered	Not Covered
<b>Hearing Hardware</b> (Not Covered)	Not Covered	Not Covered

**Annual Plan Maximum**

Unlimited	Unlimited
-----------	-----------

Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.

Seasonal Immunizations provided at a pharmacy will be covered in full up to maximum allowable amount.

Audsm: Mental Health, Psychological & Neuropsychological Testing, Outpatient Professional & Facility Care covered as any other service.

Copays are not subject to the deductible unless otherwise noted.

Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Fremera Blue Cross Blue Shield of Alaska. Members are responsible for amounts in excess of the allowable charge.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.

# Highlights of your Health Care Coverage

Matanuska-Susitna Borough School District

Prospect

Effective Date: 07/01/2021

Below is a brief overview of your Pharmacy Benefits. For more information on your benefits, please refer to your benefit booklets. To find out what tiers apply to a specific medication, refer to our Preferred Drug List in your Pharmacy Packet or at [www.premera.com](http://www.premera.com)

PHARMACY PLAN	
2021 PHARMACY 20%/20%/20%	
PRESCRIPTION DRUGS	
Drug List	Preferred B4 Tier 1 = generic Tier 2 = preferred brand Tier 3 = non-preferred brands Tier 4 = specialty
Retail Cost Shares	20%/20%/20%/20%
Mail Cost Shares	20%/20%/20%/20%
Day Supply	Retail: 90 Days; Mail: 90 Days; Specialty: 30 Days
Individual Deductible PCY	\$0
Family Deductible PCY	No Family Deductible
Out of Network (Non-participating retail pharmacies)	30%/30%/30%/30%
Out of Pocket Maximum	Applies to the medical out of pocket maximum
Annual Benefit Maximum	Unlimited
Specialty Pharmacy	Mandatory - Exclusive

Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.  
 Seasonal immunizations provided at a pharmacy will be covered in full up to maximum allowable amount.  
 Autism: Mental Health, Psychological & Neuropsychological Testing, Outpatient Professional & Facility Care covered as any other service.

Copays are not subject to the deductible unless otherwise noted.  
 Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.  
 PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross Blue Shield of Alaska. Members are responsible for amounts in excess of the allowable charge.

*This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.*

(

(

(

## Highlights of your Dental Coverage

### Matanuska-Susitna Borough School District

Prospect

Effective Date: 07/01/2021

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

DENTAL PLAN		2021 DENTAL OPTIMA	
		IN-NETWORK	OUT-OF-NETWORK
<b>Dental Cost Share</b>			
<b>Individual Deductible</b>		\$75 PCY/ \$225 PCY	\$75 PCY/ \$225 PCY
<b>Family Deductible</b>		\$75 PCY/ \$225 PCY	\$75 PCY/ \$225 PCY
<b>Preventive Cost Share</b>		Covered in Full	Covered In Full
<b>Basic Cost Share</b>		Deductible, then 20%	Deductible, then 20%
<b>Major Cost Share</b>		Deductible, then 50%	Deductible, then 50%
<b>Dental Annual Maximum</b>		\$3,000 PCY	Shared with In Network
<b>Benefit Enhancement Rider</b>			
<b>Benefit Enhancement Rider</b>		Endodontics & Periodontal Treatment (In Major)	Endodontics & Periodontal Treatment (In Major)
<b>Office Visit</b>			
<b>Routine Comprehensive / Periodic Oral Exams (2 PCY)</b>		Preventive Cost Share	Preventive Cost Share
<b>Limited Problem Focused (Emergency Exams) (2 PCY Shared with Non Routine Exam)</b>		Preventive Cost Share	Preventive Cost Share
<b>Non Routine Exams (Non Emergency) (2 PCY Shared with Emergency Exam)</b>		Preventive Cost Share	Preventive Cost Share
<b>Preventive Services</b>			
<b>Prophylaxis - Cleaning (2 PCY)</b>		Preventive Cost Share	Preventive Cost Share
<b>Fluoride Treatments (2 PCY; under the age of 20)</b>		Preventive Cost Share	Preventive Cost Share
<b>Sealants (Under age 20 limited to permanent first and second molars only. Replacements limited to once every 2 calendar years.)</b>		Preventive Cost Share	Preventive Cost Share
<b>Space Maintainers (Members under age 20)</b>		Preventive Cost Share	Preventive Cost Share
<b>Diagnostic Imaging</b>			
<b>Bitewings X-rays (Unlimited)</b>		Preventive Cost Share	Preventive Cost Share

# Highlights of your Dental Coverage

**Matanuska-Sustina Borough School District**

Prospect

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

Effective Date: 07/01/2021

DENTAL PLAN		
2021 DENTAL OPTIMA		
IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Panoramic X-ray or comparable Conebeam view (1 complete series, 1 panoramic or 1 cone beam view in any 36 consecutive months)		
Preventive Cost Share	Preventive Cost Share	Preventive Cost Share
<b>Restorative</b>		
Fillings (1 per surface every 24 consecutive months)		
Basic Cost Share	Basic Cost Share	Basic Cost Share
Installation of Inlays, Onlays and Crowns (1 every 5 years)		
Major Cost Share	Major Cost Share	Major Cost Share
Re-cement or Rebond Crowns/Inlay/Onlay (Unlimited)		
Major Cost Share	Major Cost Share	Major Cost Share
Repair Crown/Inlay/Onlay (Unlimited)		
Major Cost Share	Major Cost Share	Major Cost Share
<b>Endodontics</b>		
Endodontic Therapy - Root Canal (Once per tooth every 2 calendar years)		
See Benefit Enhancement Rider	See Benefit Enhancement Rider	See Benefit Enhancement Rider
Endodontic Retreatment - Root Canal (Once per tooth every 2 calendar years)		
See Benefit Enhancement Rider	See Benefit Enhancement Rider	See Benefit Enhancement Rider
<b>Periodontics</b>		
Periodontal Maintenance (4 PCY)		
Basic Cost Share	Basic Cost Share	Basic Cost Share
Full Mouth Debridement (Once every 3 calendar years)		
See Benefit Enhancement Rider	See Benefit Enhancement Rider	See Benefit Enhancement Rider
Periodontal Scaling and Root Planning (Once per quadrant every 2 calendar year)		
See Benefit Enhancement Rider	See Benefit Enhancement Rider	See Benefit Enhancement Rider
Periodontal Surgery (Once per quadrant every 3 calendar years)		
See Benefit Enhancement Rider	See Benefit Enhancement Rider	See Benefit Enhancement Rider
<b>Prosthodontics (Dentures/Bridges)</b>		
Installation or Replacement of Dentures, Partials and Fixed Bridges (1 every 5 calendar years)		
Major Cost Share	Major Cost Share	Major Cost Share
Repair or Re-cement Bridgework and Dentures (Unlimited)		
Major Cost Share	Major Cost Share	Major Cost Share
<b>Implant Services</b>		
Implant Crowns/Bridge/Denture (1 every 5 calendar years for surgical implants, implant abutments, and/or implant prosthetics)		
Major Cost Share	Major Cost Share	Major Cost Share
<b>Oral Surgery</b>		
<b>Simple Extractions</b>		
Surgical Extractions (Unlimited)		
Basic Cost Share	Basic Cost Share	Basic Cost Share



## Highlights of your Dental Coverage

### Matanuska-Susitna Borough School District

Prospect

Effective Date: 07/01/2021

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

DENTAL PLAN	2021 DENTAL OPTIMA	
	IN-NETWORK	OUT-OF-NETWORK
<b>Oral Surgery</b> (Unlimited)	Basic Cost Share	Basic Cost Share
<b>General Services</b>		
<b>Anesthesia - Intravenous or General</b>	Basic Cost Share	Basic Cost Share
<b>Palliative (Emergency) Treatment of Dental Pain</b>	Basic Cost Share	Basic Cost Share
<b>Orthodontia</b>		
<b>Orthodontia Cost Share</b>	\$2,000 Lifetime; 50% up to Lifetime Max Diag/banding	\$2,000 Lifetime; 50% up to Lifetime Max Diag/banding
<b>Lifetime Maximum Benefit</b>	\$2,000 Lifetime; 50% up to Lifetime Max Diag/banding	\$2,000 Lifetime; 50% up to Lifetime Max Diag/banding
<b>TMJ Rider</b>		
<b>TMJ</b> (Not Covered)	Not Covered	Not Covered
<b>ORTHODONTIA</b>		
<b>Orthodontia Cost Share</b>	\$2,000 Lifetime; 50% up to Lifetime Max Diag/banding	\$2,000 Lifetime; 50% up to Lifetime Max Diag/banding
<b>Lifetime Maximum Benefit</b>	\$2,000 Lifetime; 50% up to Lifetime Max Diag/banding	\$2,000 Lifetime; 50% up to Lifetime Max Diag/banding

Diagnostic and Preventive Care Services aren't subject to the calendar year deductible. PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premiera Blue Cross Shield of Alaska. Members are responsible for amounts in excess of the allowable charge.

*This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.*

## SUMMARY PLAN DESCRIPTION SIDE-BY-SIDE COMPARISON

### Public Education Health Trust Plans and Premera's High Deductible Health Plan

	PEHT Plan A/B + Ortho	PEHT Plan C/B	PEHT Plan F/B	PEHT HDHP/V	Premera High Deductible Health Plan
Total Annual Premium	\$29,725	\$27,749	\$25,721	\$23,500	\$20,300

#### MEDICAL PLAN SUMMARY

Cost Area/Description	PEHT Plan A Medical	PEHT Plan C Medical	PEHT Plan F Medical	PEHT HDHP Medical	Premera High Deductible Health Plan
Deductible	\$100 per person or \$300 per family	\$500 per person or \$1500 per family	\$1500 per person or \$3000 per family	\$1500 per person or \$3000 per family	\$1,500 for individual or \$3000 for a family
Coinsurance Max (in addition to the deductible)	\$1,000 per person or \$3,000 per family.	\$2,000 per person or \$6,000 per family.	\$3,000 per person or \$6,000 per family.	\$3,500 per person or \$7,000 per family.	Not applicable
Coinsurance %	80% Plan/20% Member	80% Plan/20% Member	80% Plan/20% Member	80% Plan/20% Member	80% Plan/20% Member
Out-of-Pocket Maximum	\$8,550 per person \$17,100 per family	\$8,550 per person \$17,100 per family	\$8,550 per person \$17,100 per family	\$7,000 per person \$14,000 per family	\$7,000 per person or \$14,000 per family
Inpatient Hospital Deductible	\$500 per admission; 2xs per individual per year.	\$500 per admission; 2xs per individual per year.	\$500 per admission; 2xs per individual per year.	\$200 per admission; 2xs per individual per year.	None
Emergency Room Deductible	\$500 per incident, waived if patient is admitted or if deemed a Medical Emergency	\$500 per incident, waived if patient is admitted or if deemed a Medical Emergency	\$500 per incident, waived if patient is admitted or if deemed a Medical Emergency	\$500 per incident, waived if patient is admitted or if deemed a Medical Emergency	None
Telemedicine	Teladoc: 24/7 Physician Consultations at no cost	Teladoc: 24/7 Physician Consultations at no cost	Teladoc: 24/7 Physician Consultations at no cost	Teladoc: 24/7 Physician Consultations, \$45 fee	Subject to deductible, then 20% preferred.

#### PRESCRIPTION DRUGS PLAN SUMMARY

Cost Area/Description	PEHT Plan A Medical	PEHT Plan C Medical	PEHT Plan F Medical	PEHT HDHP Medical	Premera High Deductible Health Plan
Retail (34 day supply)	25%	30%	30%	Subject to deductible, then 20% preferred	Subject to deductible, then 20% preferred
Mail Order (90 day supply)	25%	30%	30%	Subject to deductible, then 20% preferred	Subject to deductible, then 20% preferred
Specialty Pharmacy Program	50% co-payment per prescription	50% co-payment per prescription	50% co-payment per prescription	50% co-payment per prescription	Subject to deductible, then 20% preferred

**DENTAL PLAN SUMMARY**

Cost Area/Description	PEHT Dental Plan B plus	PEHT Dental Plan B	PEHT Dental Plan Value	Premera High Deductible Health Plan
Deductible	\$75 per person or \$225 per family for Class B & C services	\$75 per person or \$225 per family for Class B & C services	Not applicable	\$75 per person or \$225 per family for Class B & C services
Maximum (per cal year)	\$300 per person (Class A, B & C services)	\$300 per person (Class A, B & C services)	\$500 per person	\$300 per person (Class A, B & C services)
Preventive Care (Class A)	100% up to Allowable Charge 2 visits per person per yr	100% up to Allowable Charge 2 visits per person per yr	100% up to Allowable Charge 2 visits per person per yr	100% up to Allowable Charge 2 visits per person per yr
Basic (Class B)	80% Plan/20% Member	80% Plan/20% Member	Not Covered	80% Plan/20% Member
Major (Class C)	50% Plan/50% Member	50% Plan/50% Member	Not Covered	50% Plan/50% Member
Orthodontia (per lifetime)	50% up to \$2000 per person	Not Covered	Not Covered	50% up to \$2000 per person

**VISION PLAN SUMMARY**

Cost Area/Description	PEHT VSP	Premera High Deductible Health Plan
Annual Exam	1/cal year paid 100% after \$25 exam co-pay	Routine Exam (19+ yrs): 1/cal year paid 100% after \$25 co-pay Pediatric Exam – Subject to medical deductible, then 20% Preferred
Lenses (single vision, lined bifocal, lined trifocal, Lenticular)	1/cal year paid 100% after \$25 Materials co-pay	\$300 per cal/year vision hardware
Frames	Paid in Full up to \$195/cal year OR 2 pairs of frames every other cal year	\$300 per cal/year vision hardware
Contact Lenses (instead of spectacle lenses and frame)	Co-Pay – up to \$60 for fitting and evaluation Elective – paid up to \$170.00	\$300 per cal/year vision hardware

\*Summary details and premium amounts are for the current fiscal year (FY 2022).

# Get your health plan info on the go with the Premera mobile app

Early, get your health care information on the go

No ID card? No problem. It's right here in your pocket.

It's simple to check your deductible and out-of-pocket max.

View your claims from anywhere

You'll have convenient, anywhere access to your health plan information with Premera's redesigned mobile app. With the app in hand, you can:

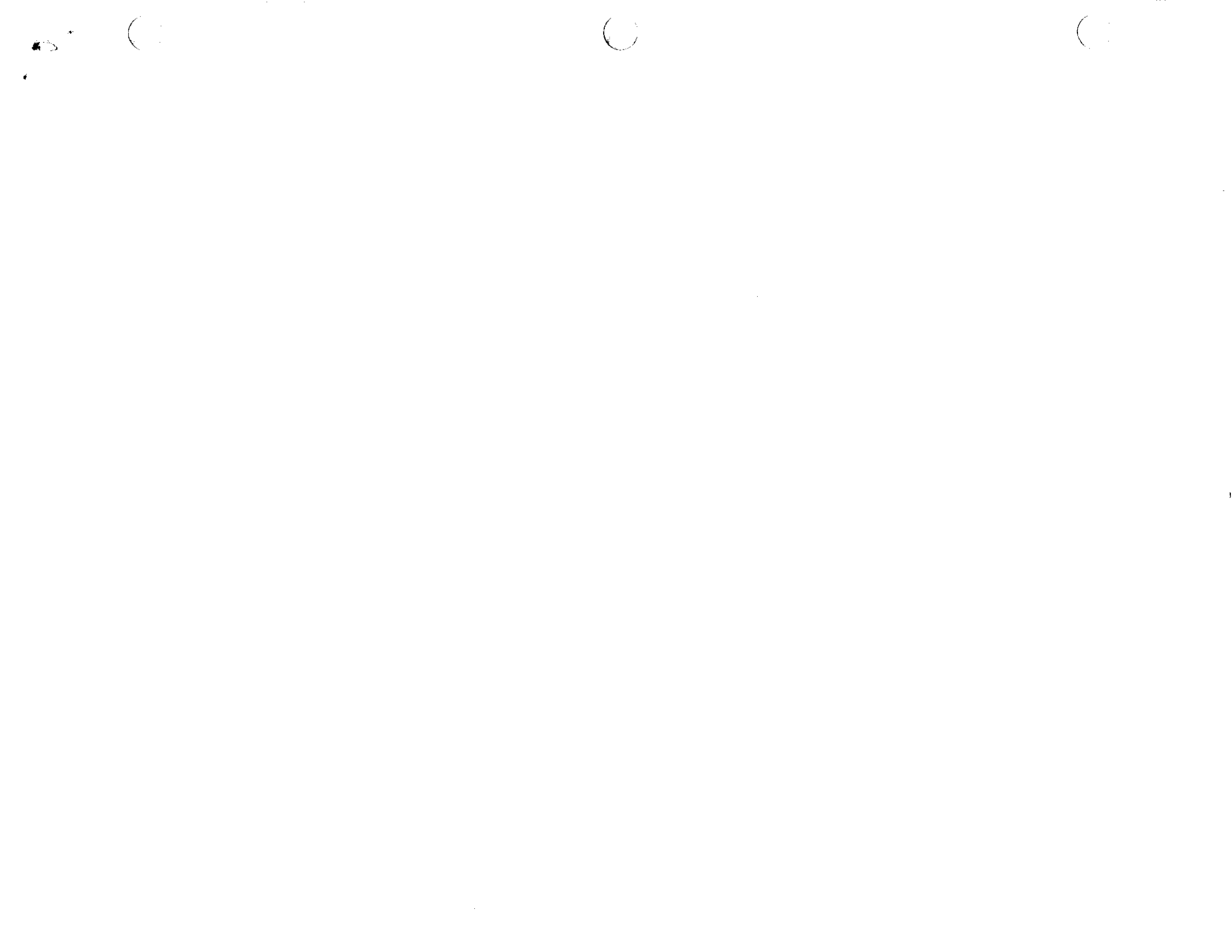
- **Find Care:** Know where to go for care. Find in-network doctors, hospitals, urgent care, and more.
- **Access your ID card:** Forgot your insurance card? Don't worry, you can use your digital ID card to show your proof of coverage.
- **Check claims:** View detailed claims information, including when we receive your claim, when we pay it, and what the provider may bill you.
- **Track your spending:** Know exactly how close you are to meeting your deductible and out-of-pocket maximum.
- **Sign in easily and securely:** Instead of typing a password, you can open the app using Touch ID or Face ID on iOS, or fingerprint authentication on Android.

The Premera mobile app is  
free to download on Android  
and iOS.

**PREMERA** | 

**BLUE CROSS**

An Independent Licensee of the Blue Cross Blue Shield Association



PRIMARY/URGENT CARE + MENTAL HEALTH

# Primary and urgent care are available virtually!

We've reimaged our already-broad network with an expanded and integrated virtual care offering.

## Employer benefits

With more options of high-quality virtual care providers, your employees no longer need to plan their life around provider access. Healthcare now fits into their lives—the way it should. With more options, shorter wait times, and access 24/7/365, virtual care provides your employees easy, accessible, cost-effective and high-quality care at a time and a place that is convenient for them.

Whether your employees are at the office, in the field, or working remotely at home, it is simple, private, and near-instant access to board-certified care.

**myCareAlaska**

provided by Premiera

Text-first, with video, voice,  
and photo capabilities

**dr.** on demand

Video and phone-based care  
from a doctor, 24/7

Our newest virtual providers are integrated into your health plan and provide:

- **Improved employee experience**—Your employees no longer need to wait days or weeks for care. They have near-instant access to board-certified physicians that treat the full spectrum of primary care illnesses 24/7—from the safety, convenience, and comfort of their homes.
- **Cost savings**—By connecting your employees to high-quality providers when it is most convenient for them, they see improved continuity of care. Healthcare issues are addressed fast and treatment options are surfaced within minutes, saving you both money.
- **Enhanced trust**—Premera brings you the most innovative and high-quality provider options for your employees. We've done the research for you.
- **Assurance during COVID-19**—The CDC is recommending<sup>5</sup> video visits to reduce the risk of being exposed to the coronavirus. These virtual care options allow your employees to choose text or video visits when accessing care.

The average wait time to see a family medicine physician

**29 days**<sup>1</sup>

## TELEMEDICINE SAVES TIME

A survey found that the average telemedicine visit takes **13-15 minutes**<sup>2</sup> while an in-person visit takes about **2 hours**<sup>3</sup>

**79%**

of respondents perceived telemedicine as **more convenient** in terms of scheduling<sup>4</sup>

**83%**

felt that the care was good or better than an in-person visit<sup>4</sup>

<sup>1</sup>Merritt Hawkins. "Survey of Physician Appointment Wait Times." 2017. [merrithawkins.com/uploadedFiles/MerrittHawkins/Content/Pdf/mha2017waittimesurvey.Pdf](http://merrithawkins.com/uploadedFiles/MerrittHawkins/Content/Pdf/mha2017waittimesurvey.Pdf)

<sup>2</sup>American Well. "Telehealth Index 2017 Consumer Survey." 2017. [go.americanwell.com/rs/335-QG-882/Images/American\\_Well\\_Telehealth\\_Index\\_2017\\_Consumer\\_Survey.pdf](http://go.americanwell.com/rs/335-QG-882/Images/American_Well_Telehealth_Index_2017_Consumer_Survey.pdf)

<sup>3</sup>Kristin N. Ray, MD, MS, et al. "Opportunity Costs of Ambulatory Medical Care in the United States." August 18, 2015. American Journal of Managed Care.

<sup>4</sup>American Journal of Managed Care, January 24, 2019

<sup>5</sup>Centers for Disease Control and Prevention. "Telehealth and Telemedicine." [cdc.gov/php/publications/topic/telehealth.html](http://cdc.gov/php/publications/topic/telehealth.html)



**PREMERA**

BLUE CROSS BLUE SHIELD OF ALASKA

An Independent Licensee of the Blue Cross Blue Shield Association

# Mental health care is now virtual

Premera Blue Cross Blue Shield of Alaska has reimaged our already-broad network with an expanded and integrated virtual care offering, which significantly increases access to help for mental health.

Approximately 111 million U.S. adults live in an area without sufficient mental health care.<sup>1</sup> The average delay between the onset of mental illness symptoms and treatment is 11 years.<sup>2</sup> Those figures don't reflect the stigma that goes along with struggling from mental health issues. The lack of mental health providers, delays in obtaining help, and the social stigma combine to create a wide gap to traverse for your employees needing help.

## Employer benefits

Premera is working to close the gap in mental health care. We've expanded in-network virtual care access for mental health. Now, additional options for near-instant access to mental health professionals—from the privacy and comfort of their homes—is available to all your employees.



Video and phone-based  
mental health therapy



Video and phone based care  
from a doctor, 24/7

Our virtual providers are integrated into your health plan and provide:

- **Improved employee experience**—Your employees no longer need to wait days or weeks for an appointment. Give them near-instant access to board-certified psychiatrists and therapists who offer specialized treatment, from initial evaluation to ongoing prescription management and talk therapy 24/7. Your employees can conveniently access all these services from the safety and comfort of their homes.
- **Cost savings**—We offer lower cost than in-person care, provide timely treatment to support condition management, and keep employees within network.
- **Quality**—We deliver the highest quality care providers and innovative provider options for your employees. High-quality care improves continuity of care and retention which is critical in mental health.

**Contact your Premera representative for more information on how these solutions can meet the needs of your business.**

Nearly

# one in five U.S. adults

live with a mental illness<sup>3</sup>

Depression and anxiety disorders cost the global economy

# \$1 trillion

each year in lost productivity<sup>4</sup>

# 75%

of all lifetime mental illness begins by age 24<sup>5</sup>

<sup>1</sup>U.S. Department of Health and Human Services website, 2020

<sup>2</sup>National Alliance on Mental Illness website, 2020

<sup>3</sup>National Alliance of Mental Illness website, 2017

<sup>4</sup>nami.org/NAMI/media/NAMI-Media/Infographics/NAMI-Impact-Ripple-Effect-FINAL.pdf

<sup>5</sup>nami.org/NAMI/media/NAMI-Media/Infographics/NAMI-Warning-Signs-FINAL.pdf





# Using your preventive benefits

Your Premiera Blue Cross Blue Shield of Alaska plan pays in-network preventive services in full

You'll get the most value from these benefits by choosing a doctor in your plan's network. Getting timely preventive care is one way to detect potential health issues before they become serious and possibly expensive to treat.

## So take advantage by following these simple steps:

- 1 – Schedule your annual exam and immunizations with your doctor right away!
- 2 – When you make your appointment, be sure to tell the scheduler that you want a preventive exam.
- 3 – Bring this flyer with you to show your doctor what's considered preventive and covered in full under your medical plan. Talk with your doctor about preventive services that are right for you.

## Keep in mind

During your visit, your doctor may find a problem that needs more screening or tests to pinpoint the issue. Also, if you manage an ongoing health issue, your doctor may run further tests. Screenings and tests that diagnose or monitor your condition are not preventive services and are subject to your annual plan deductible and coinsurance. Recommended age and frequency of preventive services varies.

If you have any questions about your preventive coverage, call the customer service number on the back of your member ID card.

For more specific information about your coverage and guidelines, see the back of this brochure.



**BLUE CROSS BLUE SHIELD OF ALASKA**

An Independent Licensee of the Blue Cross Blue Shield Association

# ADULTS 18 AND OLDER

## Services, screenings, and tests

- **Wellness exams** for ages 18 and older; visits for routine wellness or physical exams
- **Abdominal aortic aneurysm screening** for men (65 to 74) who have ever smoked; one-time screening
- **Alcoholism screening and counseling**
- **Blood pressure screening**
- **Breast cancer screening:** screening mammography
- **Cholesterol test** for adults of specific ages or those at higher risk
- **Colorectal cancer screenings** starting at age 50 through age 75; sooner than age 50 for those at higher risk of colon cancer. Colorectal screening options include:
  - Home tests: Fecal occult blood (FOBT), fecal immunochemical (FIT) and stool DNA (Cologuard)
  - Doctor's office: Sigmoidoscopy
  - Outpatient hospital, ambulatory surgical center: Colonoscopy (If your doctor recommends a screening colonoscopy, costs for related services such as pre-colonoscopy consultation, anesthesia your doctor considers medically appropriate for you, removal of polyps, and pathology are included.)
- **Depression screening**
- **Diabetes (Type 2) screening**
- **Fall prevention** for ages 65 and older
- **Healthy eating assessment and dietary counseling**
- **Hepatitis B screening** for those at higher risk
- **Hepatitis C screening** for those at higher risk
- **HIV (human immunodeficiency virus) infection screening** for those at higher risk
- **Latent tuberculosis infection screening** for those at higher risk
- **Lung cancer screening** for ages 55 to 80 at higher risk; prior authorization required; please contact customer service
- **Nicotine dependency screening and counseling** for quitting smoking or chewing tobacco
- **Obesity screening and counseling for weight loss**
- **Prostate cancer screening;** prostate-specific antigen (PSA) blood test
- **Sexually transmitted infection (STI) counseling** for those at higher risk
- **Syphilis testing** for those at higher risk

## Medications and supplements

- **Aspirin** for pregnant women who are at high risk for preeclampsia or those at risk due to heart conditions between the ages of 45 and 79; over-the-counter, aspirin-only products (75–325 mg). *Requires a written prescription.*
- **Birth control** for birth control devices and family planning; generic or single-source brand oral contraceptives (including emergency contraception), cervical caps, patches, diaphragms, IUDs (intrauterine device), contraceptive implants, injectable contraception, and over-the-counter birth control (for example, female condoms, sponges). *Requires a written prescription.*
- **Breast cancer preventive medications** for those at higher risk – raloxifene, Soltamox, and tamoxifen
- **Folic acid** for women who are pregnant or are considering pregnancy; over-the-counter (0.4–0.8 mg). *Requires a written prescription.*
- **Pre-colonoscopy cleansing preparations** for those between the ages of 50 and 75; generic or single-source brands. *Requires a written prescription.* Fill limit of 2 every 365 days. (Over-the-counter drugs are not covered as a preventive benefit.)
- **Statins** for prevention of cardiovascular diseases (CVD); generic low- to moderate-dose statins for males and females between ages of 40 to 75
- **Tobacco cessation** over-the-counter, generic patches, lozenges, and gum; prescription only for Bupropion (generic Zyban), Chantix, NRT (nicotine replacement therapy) nasal spray, or NRT inhaler. *Requires a written prescription.*
- **Vitamin D** for ages 65 and older; 500 mg or 1,000 mg. *Requires a written prescription.*

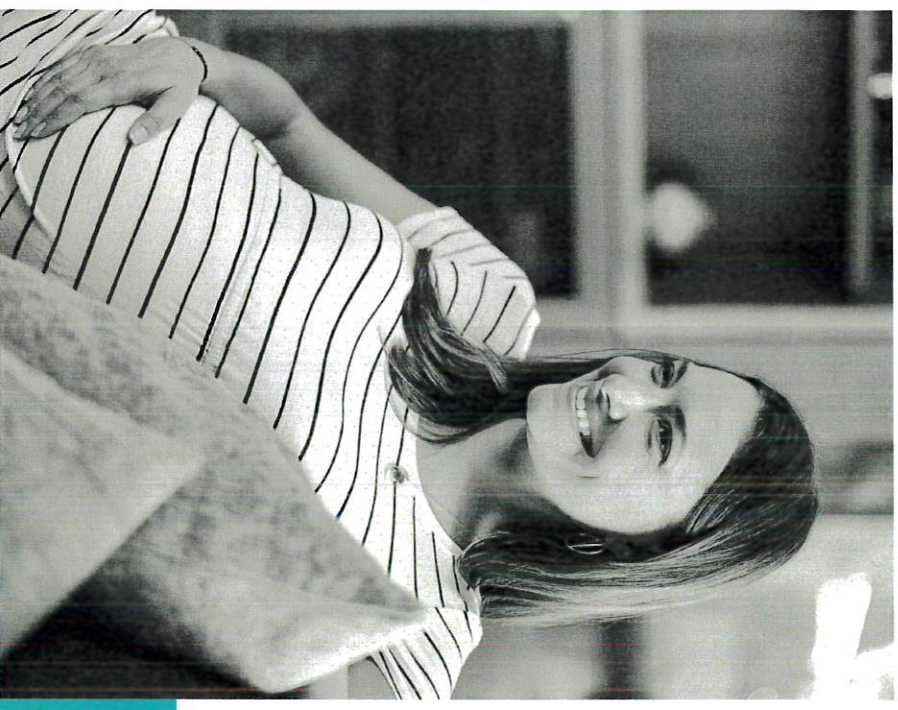
## ADULTS 18 AND OLDER (CONTINUED)

### Reproductive and women's health

- **Birth control, contraception, and family planning:** visits for birth control devices and family planning; generic or single-source brand oral contraceptives (including emergency contraception), cervical caps, patches, diaphragms; insertion or removal of IUD (intrauterine device), contraceptive implants, injectable contraception, and over-the-counter birth control (for example: female condoms, sponges). *Requires a written prescription.*
- **Bone density (osteoporosis) screening**
- **Breast and ovarian cancer (BRCA) genetic counseling and testing:** prior authorization for testing required, please contact customer service
- **Breast cancer (chemoprevention) counseling** for women at higher risk
- **Breast cancer preventive medications** for those at higher risk — raloxifene, Soltamox, and tamoxifen
- **Breast cancer screening:** screening mammography
- **Cervical cancer screening:** Pap test
- **Chlamydia infection screening**
- **Domestic violence screening and counseling**
- **Gonorrhea screening** for those at higher risk
- **HPV (human papillomavirus) screening**
- **Sterilization** for women

### Immunizations

- **Chicken pox (Varicella)**
- **Flu (Influenza)**
- **Hepatitis A**
- **Hepatitis B**
- **HPV (Human papillomavirus)**
- **Meningitis (Meningococcal)**
- **MMR (Measles, mumps, rubella)**
- **Pneumonia (Pneumococcal)**
- **Shingles (Herpes zoster)**
- **Tdap (Tetanus, diphtheria, pertussis)**



### Pregnancy

- **Anemia screening**
- **Bacteriuria urinary tract infection screening**
- **Breast-feeding interventions** to support and promote breast feeding before and after childbirth
- **Breast pumps** and supplies (single or double styles)
- **Folic acid** for women who are pregnant or are considering pregnancy; over-the-counter (0.4–0.8 mg) *Requires a written prescription.*
- **Gestational diabetes screening**
- **Hepatitis B infection screening**
- **Rh (antibody) incompatibility testing**
- **Syphilis screening**

Please also see **Medications and supplements** section on previous page for covered drugs.

## CHILDREN AND TEENS

For children under age 18, routine exams, immunizations, and screenings listed below are covered in full when received from a doctor within your plan's network.

### Services, screenings, and tests

- **Well-baby exam** from birth to 3 years
- **Well-child exam** for ages 4 to 18
- **Anemia screening**
- **Annual alcohol and drug use screening**
- **Autism screening**
- **Behavioral issues**
- **BMI:** height, weight, and body mass
- **Cervical dysplasia** for sexually active females
- **Depression screening**
- **Developmental screening**
- **Hearing screening**
- **Hepatitis B screening** for those at higher risk
- **HIV (human immunodeficiency virus) screening** for those at risk
- **Hypothyroidism:** congenital; lack of thyroid secretions
- **Lead screening** for children at risk of exposure
- **Lipid disorders:** cholesterol and triglycerides
- **Metabolic screening for newborns (such as PKU);** phenylketonuria is an inherited metabolic deficiency
- **Obesity screening and counseling for weight loss**
- **Oral health risk assessment and fluoride varnish to primary teeth:** completed during routine physical exam
- **Sexually transmitted infection (STI) prevention counseling**
- **Sickle cell anemia and trait for newborns:** hemoglobinopathies
- **TB testing:** tuberculin
- **Vision screening**

These services are based on guidelines required under state or federal law. The guidelines are changed from time to time and come from:

- Services that the U.S. Preventive Services Task Force has given an A or B rating
- Immunizations that the Centers for Disease Control and Prevention recommends
- Screening and other care for women, babies, children, and teens that the Health Resources and Services Administration recommends
- Services that meet legal requirements in Washington state

This is a summary only. For more specific information, go to this government website:

[healthcare.gov/coverage/preventive-care-benefits/](https://healthcare.gov/coverage/preventive-care-benefits/)

See our preventive care medical policy at [premera.com/medicalpolicies/10.01.523.pdf](https://premera.com/medicalpolicies/10.01.523.pdf)

### Immunizations

- **Chicken pox (Varicella)**
- **DTaP** (Diphtheria, tetanus, pertussis)
- **Flu** (influenza)
- **HIB** (Haemophilus influenza type B)
- **Hepatitis A**
- **Hepatitis B**
- **HPV** (Human papillomavirus)
- **IPV** (Inactivated polio virus)
- **Meningitis** (Meningococcal)
- **MMR** (Measles, mumps, rubella)
- **Pneumonia** (Pneumococcal)
- **Rotavirus**

### Medications and supplements

- **Fluoride** up to age 18. *Requires a written prescription.*
- **Iron supplements** from birth to 12 months; over the counter, liquid form only

# Premera Designated Centers of Excellence

## SHINING A LIGHT ON COST AND QUALITY IN SPECIALTY CARE

Truth is, not all medical specialists offer the same quality of care. And higher cost doesn't always equal higher quality. With Premera Designated Centers of Excellence, it's easy to identify specialty care facilities that deliver quality care at a fair cost.

Premera Blue Cross Blue Shield of Alaska members who reside in Alaska have exclusive benefits when they travel to Virginia Mason Medical Center in Seattle for select procedures:

- Total joint replacement (knee or hip)
- Spine surgery
- Gynecological procedures

### Exclusive benefits

When you have an eligible specialty medical procedure at Virginia Mason, you'll have:

- **Lower out-of-pocket costs.** No copays. No coinsurance. Some plans even waive the deductible. Stress less about high medical bills and concentrate on getting well.
- **Travel benefits.** Getting the highest quality care is within reach with pre-paid roundtrip airfare for you and a travel companion, lodging at select hotels, and ground transportation between airport and hotel.<sup>1</sup>
- **Personalized support services.** A team of care specialists can help you weigh your options and navigate the process—from travel arrangements to medical records transfers to appointment scheduling.

### Easy pricing

Using innovative pricing called bundling, we cut the guesswork out of medical billing:

- Your health plan pays a set fee for your presurgical and postsurgical appointments, plus the surgery
- **You pay zero<sup>2</sup>**



BLUE CROSS BLUE SHIELD OF ALASKA

An Independent Licensee of the Blue Cross Blue Shield Association

### World-class care

Seattle's Virginia Mason Medical Center has been rated in the top one percent of healthcare facilities in the U.S. for three years in a row. Its network of specialty care medical centers and providers offer superior treatment results.<sup>3</sup>

These are just some of the reasons Virginia Mason was chosen as a Premier Designated Center of Excellence for total joint replacement, spine surgery, and gynecology.

### Benefits

Coverage is provided for the following medical expenses.

Covered	Not covered under this program
Presurgical consultations (office visit, laboratory work, x-ray)	Care that is necessary to become a surgical candidate
Hospitalization and surgery, including anesthesia	Physical therapy that's not provided during hospitalization
Postsurgical assessments	Medications prescribed at discharge
Postsurgical physical therapy (in-hospital)	Follow-up care other than the initial post-surgical checkup at Virginia Mason

Coverage is provided for the following travel expenses.

Covered	Not covered
Round-trip economy airfare for member and care companion (plus one checked bag per traveler)	First-class airline fees
Hotel accommodations	Lodging at non-commercial establishments
Parking fees (airport, hotel, hospital)	Meals, groceries, alcohol, or tobacco
Ground transportation between airport, hotel, and hospital	Hotel related expenses (such as phone, internet, movies, room service)
Flight, ferry, train, or bus fare (to get to originating airport in Alaska)	Sightseeing costs (including mileage and parking)
Private car mileage	Costs for pets, other than service animals

**Note:** Travel costs are subject to IRS limits.

## Get-started guide

Need care in one of the specialties covered by Premiera Designated Centers of Excellence? Want to explore if the benefit is right for you?

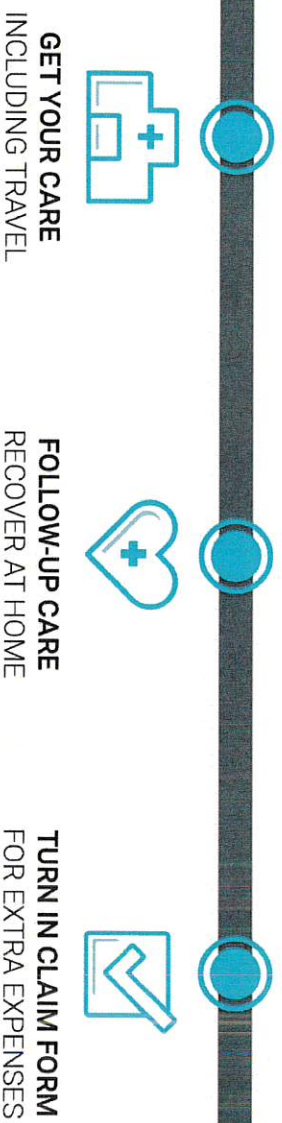
Here's how to get started:

1. Call a Premiera representative at **800-364-2994** who can:
  - Answer your benefit questions
  - Send you additional program information and required forms
2. Complete the required forms and activities and return them to Premiera.
  - A personal health support clinician will supply the necessary forms and guide you through the process of getting them filled out and turned in

If you go ahead with getting care through your Premiera Designated Centers of Excellence benefit, program experts at Premiera will work with you to:

- Coordinate medical records transfer and communication with the specialist's office
- Assist in scheduling your care appointments
- Provide personalized information to guide you through your care journey
- Make any travel arrangements
- Provide you with a journey booklet and travel itinerary
- Get you set up for recovery back home

Then you'll be ready to get down to the business of feeling better.



1 Travel benefits apply when you travel more than 50 miles to the nearest participating facility. Travel expenses are subject to IRS limits.

2 Depending on your health plan you may need to meet your annual deductible before Premiera Designated Centers of Excellence benefits apply. Additional fees may be incurred for services provided during the surgical journey that are not part of the bundled services and/or surgery-related readmission and services that occur after 90 days postsurgical discharge.

3 Healthgrades America's Best Hospitals 2019.

(

(

(





## Health Savings Accounts

### Why a Health Savings Account?

Healthcare is constantly changing. With rising deductibles and larger gaps in coverage, you need a solution. A Health Savings Account (HSA) may be the answer. Combined with a High Deductible Health Plan (HDHP), an HSA provides the security of knowing you have the funds needed to help cover healthcare costs before you meet your deductible.

### How it Works

An HSA allows you to set aside money pre-tax to help pay for eligible medical expenses. Your contributions can build year over year and any interest you earn will grow tax free.

To participate in an HSA, **you must first be enrolled in a qualified HDHP.** You may be enrolled in the plan either through your employer or spouse's plan. Combining a qualified HDHP with an HSA helps you control your healthcare costs and expenses.

### The Value of an HSA

#### An Account You Own

Like a personal savings account, the money in an HSA rolls over annually, meaning the funds never expire and you can take it with you wherever you go – even if you change jobs, change health plans, or retire.

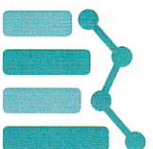
#### Potential for Growth

The money you put in to the account is deducted from your paycheck tax-free. The interest and earnings you make on the account grow tax-free, with the opportunity to invest in mutual funds.

#### Triple Tax Advantage



The money you put in to the account is deducted from your paycheck tax-free.



The interest and earnings you make on the account grow tax-free, with the opportunity to invest in mutual funds.\*



When you take money out for eligible medical expenses, it is generally tax-free.

**AMERICAN FIDELITY**  
a different opinion



EMPLOYER BENEFIT SOLUTIONS  
FOR YOUR INDUSTRY

*\*This is not a guarantee of future performances. Your investment is connected to the stock market and is subject to rise or fall.*

## Eligible Expenses

The Internal Revenue Service (IRS) determines which expenses are eligible for reimbursement. The following are examples of common types of eligible and ineligible expenses. For a searchable list, visit [americanfidelity.com/eligible-expenses](https://americanfidelity.com/eligible-expenses).

### Examples of Eligible Expenses

- Over-the-counter medications without a prescription
- Copays/Co-insurance/Deductibles
- Physical Exams
- Dental treatment (including orthodontia)
- Vision expenses (including prescription glasses, contacts and laser eye surgery)
- Chiropractor care/Physical therapy
- Immunizations, Flu shots
- Prenatal care/Menstrual products

### Examples of Ineligible Expenses

- Late fees on medical bills
- Cosmetics
- Dependent care expenses
- Toothbrushes or toothpaste
- Vitamins for general well-being
- Cosmetic procedures (including face lifts or teeth whitening/bleaching)

## Contributing to Your HSA

Year	Self-Only Coverage	Family Coverage
2021	\$3,600	\$7,200
2022	\$3,650	\$7,300

The IRS sets an annual maximum contribution amount. Individuals 55 and over may contribute an extra \$1,000 for catch up contributions.

## Accessing Your Funds

We offer three convenient ways for you to access your HSA funds to pay for healthcare expenses for you, your spouse, and your dependents, regardless of their health plan.



### Benefits Debit Card

Use your Benefits Debit Card to pay for eligible medical expenses; the amount is deducted directly from your account.



### Online Reimbursement

Request funds online and receive a check or direct deposit into your personal checking or savings account.



### Online Bill Pay

Request funds online to pay your provider directly from your HSA account.

## Investing Your Funds

After your HSA balance reaches \$2,500, you can invest the money in a variety of mutual funds. Investing your HSA dollars can help you save for retirement, providing an additional way to reach your goals.

American Fidelity offers an easy-to-use site for managing your HSA investments. You can invest, monitor performance, and change allocations all from your online account. Plus, you'll have access to helpful resources and investment tools.

### Features:

- You can have a 401(k) and HSA investment account at the same time
- Money can be transferred back to HSA for eligible medical expenses
- No fees to open an investment account



## Eligibility Requirements

Once you're covered by a qualified HDHP, you can contribute to an HSA if you:

- Are not covered by any non-HSA eligible health plan including a general purpose Healthcare Flexible Spending Account (HCFSA) or a Health Reimbursement Arrangement (HRA). *Additionally, if your spouse has a HCFSA that allows reimbursements for your expenses, you may not participate.*
- Are not enrolled in Medicare or Tricare. *If you are over 65, as long as you have not enrolled in Medicare, you can continue to make contributions and use your funds. Once you are enrolled in Medicare or Tricare, you can no longer make contributions but can continue to use your funds.*
- Are not being claimed as a dependent on someone else's tax return.

If you are no longer covered by a qualified HDHP, you may still use your HSA funds, however, you may not continue to contribute to your account.



## Pairing Your HSA with a Limited Purpose FSA



If your employer provides a Limited Purpose Flexible Spending Account (LPFSA), you may consider pairing your HSA with this type of reimbursement account. An LPFSA reimburses eligible dental and vision expenses only, allowing you to use your HSA funds to pay for eligible medical expenses. Participating in both plans allows you to maximize tax savings and tax benefits.

## Differences in Healthcare FSAs and HSAs

Healthcare FSAs and HSAs are both common types of reimbursement accounts. They both allow you to set aside money for medical expenses, while reducing your overall taxable income.

There are significant differences between a Healthcare FSA and an HSA:

- With an HSA, you own the account, the funds are never forfeited at the end of the plan year, and you can take it with you wherever you go.
- Also, unlike a Healthcare FSA, your funds are available in your account only as contributions are made, instead of at the beginning of the plan year.

HSA	HCFSA
<b>Eligibility Requirements</b>	
Must have a qualified HDHP and no other disqualified health plan.	No specific eligibility requirements.
<b>Availability of Funds</b>	
Funds are available only as contributions are made.	The full election amount is available up front at the beginning of the plan year.
<b>Changing Contribution Amounts</b>	
May change at any point during the year subject to plan provisions.	Changes may only be adjusted at open enrollment or with a qualifying change in employment or family status.
<b>Rollover</b>	
Any unused balance always rolls over in to the next plan year.	With a few exceptions, HCFSA's are "use or lose" and you forfeit any unused balance at the end of the plan year.
<b>Connection to Employer</b>	
It's your account. You can take it with you wherever you go.	Generally, you'll lose your HCFSA with a change in employment.
<b>Effect on Taxes</b>	
Contributions may be taken out of your paycheck pre-tax. Growth and distributions for eligible expenses are tax free.	Contributions are taken out of your paycheck pre-tax. Distributions are tax free for eligible expenses.

**Consider signing up for an HSA today to take control of your healthcare expenses.**



American Fidelity Assurance Company  
800-662-1113 • [americanfidelity.com](http://americanfidelity.com)

# Comparing HSAs and Healthcare FSAs

## Differences in HSAs and Healthcare FSAs

Health Savings Accounts (HSAs) and Healthcare Flexible Spending Accounts (also known as a Healthcare FSA or HCFA) are common types of reimbursement accounts offered by American Fidelity Assurance Company. These accounts allow you to set aside money for qualified medical expenses, while reducing your overall tax burden.

However, there are significant differences between an HSA and a HCFA. With an HSA, you own the account and can take it with you wherever you go, with funds that you can't lose. Also — unlike a HCFA — your funds are generally available in your account only as contributions are made, instead of from the beginning of the plan year.



### Did You Know?

17% of total healthcare costs are paid out of pocket.<sup>1</sup> Both HSAs and HCFSAs help pay for those out-of-pocket expenses using pre-tax dollars.

<sup>1</sup>2017 Milliman's Medical Index, May 2017, p9

**HSA**

**HCFA**

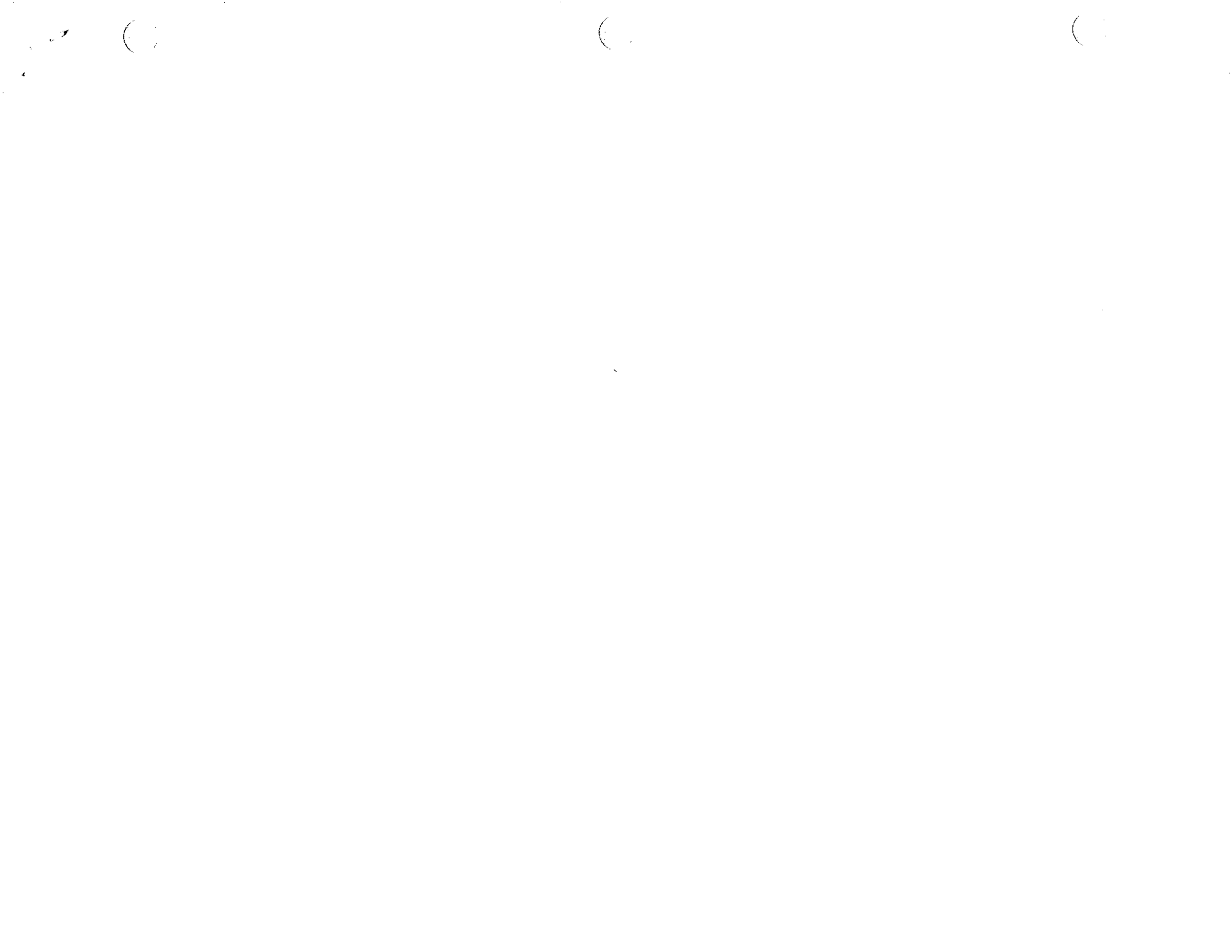
<b>Eligibility Requirements</b>	Must have a qualified HDHP and no other disqualified health plan.	No HCFA specific eligibility requirements.
<b>Availability of Funds</b>	Funds are available as contributions are made.	The full election amount is available up front at the beginning of the plan year.
<b>Changing Contribution Amounts</b>	May change at any point during the year, subject to plan provisions.	May be adjusted at open enrollment or with a qualifying change in employment or family status.
<b>Rollover</b>	Any unused balance always rolls over to the next plan year.	With a few exceptions, HCFSAs are "use or lose" and you forfeit any unused balance at the end of the plan year.
<b>Connection to Employer</b>	It's your account. You can take it with you wherever you go.	Generally, you'll lose your HCFA with a change in employment.
<b>Effect on Taxes</b>	Contributions may be taken out of your paycheck pre-tax. Growth and distributions for qualified expenses are tax free.	Contributions are taken out of your paycheck pre-tax. Distributions are tax free for qualified expenses.

**AMERICAN FIDELITY**  
a different opinion



SB-30650-1118

9000 Cameron Parkway • Oklahoma City, OK 73114 • americanfidelity.com



**Employee Health Spending Comparison/Multiple Family Member Usage**

**PEHT - Plan A Analysis - Family Coverage**

Employee Premium Savings Summary	
PEHT - Plan A Annual Premium (\$376 per pay period)	\$ 6,767
Premera HDHP Premium (\$113 per pay period)	\$ 2,030
<b>Employee Annual Premium Savings</b>	<b>\$ 4,737</b>
Employee Annual Premium Savings	\$ 4,737
District Health Savings Account Annual Contribution	\$ 1,500
<b>Funds Available for Possible Medical Expenses</b>	<b>\$ 6,237</b>

	PEHT Plan A Ind/Fam	Premera HDHP Ind/Fam
Deductible	\$100/\$300	\$1,500/\$3,000
Coinsurance Max	\$1,000/\$3,000	-
Out-of-Pocket Max	\$8,550/\$17,100	\$7,000/\$14,000

**Family Coverage - expenses spread between multiple family members**

Billed Medical Expenses	\$ -	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000
PEHT Deductible	\$ -	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300
PEHT Coinsurance Max	\$ -	\$ 1,940	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
PEHT Other Costs	\$ -	\$ 20	\$ 580	\$ 580	\$ 1,100	\$ 1,100	\$ 1,100
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 2,260</b>	<b>\$ 3,880</b>	<b>\$ 3,880</b>	<b>\$ 4,400</b>	<b>\$ 4,400</b>	<b>\$ 4,400</b>
Premera Deductible	\$ -	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Premera Out-Of-Pocket	\$ -	\$ 1,400	\$ 3,400	\$ 5,400	\$ 7,400	\$ 9,400	\$ 11,000
Premera Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 4,400</b>	<b>\$ 6,400</b>	<b>\$ 8,400</b>	<b>\$ 10,400</b>	<b>\$ 12,400</b>	<b>\$ 14,000</b>
Difference in Employee Cost	\$ -	\$ 2,140	\$ 2,520	\$ 4,520	\$ 6,000	\$ 8,000	\$ 9,600
Funds Available for Expenses	\$ 6,237	\$ 6,237	\$ 6,237	\$ 6,237	\$ 6,237	\$ 6,237	\$ 6,237
<b>Impact to Employee</b>	<b>\$ 6,237</b>	<b>\$ 4,097</b>	<b>\$ 3,717</b>	<b>\$ 1,717</b>	<b>\$ 237</b>	<b>\$ (1,763)</b>	<b>\$ (3,363)</b>

**Notes:**

PEHT Other Costs: Prescription drug copays, inpatient hospital deductibles(500), or emergency room deductibles(500)  
 The above analysis does not include expenses related to dental or vision coverage for either plan

Employee Health Spending Comparison/Individual Family Member Usage

PEHT - Plan A Analysis - Family Coverage

Employee Premium Savings Summary

PEHT - Plan A Annual Premium (\$376 per pay period)	\$	6,767
Premera HDHP Premium (\$113 per pay period)	\$	2,030
Employee Annual Premium Savings	\$	4,737
Employee Annual Premium Savings	\$	4,737
District Health Savings Account Annual Contribution	\$	1,500
Funds Available for Possible Medical Expenses	\$	6,237
PEHT Plan A	Ind/Fam	
Premera HDHP	Ind/Fam	
Deductible	\$100/\$300	\$1,500/\$3,000
Coinurance Max	\$1,000/\$3,000	-
Out-of-Pocket Max	\$8,550/\$17,100	\$7,000/\$14,000

Family Coverage - expenses are incurred by a single member

Billed Medical Expenses	\$	-	\$	10,000	\$	20,000	\$	30,000	\$	40,000	\$	50,000	\$	60,000
PEHT Deductible	\$	-	\$	100	\$	100	\$	100	\$	100	\$	100	\$	100
PEHT Coinsurance Max	\$	-	\$	1,000	\$	1,000	\$	1,000	\$	1,000	\$	1,000	\$	1,000
PEHT Other Costs	\$	-	\$	20	\$	580	\$	580	\$	1,100	\$	1,100	\$	1,100
Employee Cost	\$	-	\$	1,120	\$	1,680	\$	1,680	\$	2,200	\$	2,200	\$	2,200
Premera Deductible	\$	-	\$	3,000	\$	3,000	\$	3,000	\$	3,000	\$	3,000	\$	3,000
Premera Out-Of-Pocket	\$	-	\$	1,400	\$	3,400	\$	4,000	\$	4,000	\$	4,000	\$	4,000
Premera Other Costs	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Employee Cost	\$	-	\$	4,400	\$	6,400	\$	7,000	\$	7,000	\$	7,000	\$	7,000
Difference in Employee Cost	\$	-	\$	3,280	\$	4,720	\$	5,320	\$	4,800	\$	4,800	\$	4,800
Funds Available for Expenses	\$	6,237	\$	6,237	\$	6,237	\$	6,237	\$	6,237	\$	6,237	\$	6,237
Impact to Employee	\$	6,237	\$	2,957	\$	1,517	\$	917	\$	1,437	\$	1,437	\$	1,437

Notes:

PEHT Other Costs: Prescription drug copays, inpatient hospital deductibles(\$500), or emergency room deductibles(\$500)  
 The above analysis does not include expenses related to dental or vision coverage for either plan



**Employee Health Spending Comparison/Individual Coverage**

**PEHT - Plan A Analysis - Individual Coverage**

Employee Premium Savings Summary	
PEHT - Plan A Annual Premium (\$376 per pay period)	\$ 6,767
Premera HDHP Premium (\$113 per pay period)	\$ 2,030
<b>Employee Annual Premium Savings</b>	<b>\$ 4,737</b>
Employee Annual Premium Savings	\$ 4,737
District Health Savings Account Annual Contribution	\$ 1,500
<b>Funds Available for Possible Medical Expenses</b>	<b>\$ 6,237</b>

	PEHT Plan A Ind/Fam	Premera HDHP Ind/Fam
Deductible	\$100/\$300	\$1,500/\$3,000
Coinsurance Max	\$1,000/\$3,000	-
Out-of-Pocket Max	\$8,550/\$17,100	\$7,000/\$14,000

Billed Medical Expenses	\$ -	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000
PEHT Deductible	\$ -	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100	\$ 100
PEHT Coinsurance Max	\$ -	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
PEHT Other Costs	\$ -	\$ 80	\$ 80	\$ 580	\$ 580	\$ 580	\$ 580
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 1,180</b>	<b>\$ 1,180</b>	<b>\$ 1,680</b>	<b>\$ 1,680</b>	<b>\$ 1,680</b>	<b>\$ 1,680</b>
Premera Deductible	\$ -	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
Premera Out-Of-Pocket	\$ -	\$ 1,700	\$ 3,700	\$ 5,500	\$ 5,500	\$ 5,500	\$ 5,500
Premera Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 3,200</b>	<b>\$ 5,200</b>	<b>\$ 7,000</b>	<b>\$ 7,000</b>	<b>\$ 7,000</b>	<b>\$ 7,000</b>
Difference in Employee Cost	\$ -	\$ 2,020	\$ 4,020	\$ 5,320	\$ 5,320	\$ 5,320	\$ 5,320
Funds Available for Expenses	\$ 6,237	\$ 6,237	\$ 6,237	\$ 6,237	\$ 6,237	\$ 6,237	\$ 6,237
<b>Impact to Employee</b>	<b>\$ 6,237</b>	<b>\$ 4,217</b>	<b>\$ 2,217</b>	<b>\$ 917</b>	<b>\$ 917</b>	<b>\$ 917</b>	<b>\$ 917</b>

**Notes:**

PEHT Other Costs: Prescription drug copays, inpatient hospital deductibles(500), or emergency room deductibles(500)

The above analysis does not include expenses related to dental or vision coverage for either plan

( )

( )

( )

**Employee Health Spending Comparison/Multiple Family Member Usage**

**PEHT - Plan C Analysis - Family Coverage**

Employee Premium Savings Summary	
PEHT - Plan C Annual Premium (\$266 per pay period)	\$ 4,790
Premera HDHP Premium (\$113 per pay period)	\$ 2,030
<b>Employee Annual Premium Savings</b>	<b>\$ 2,760</b>
Employee Annual Premium Savings	\$ 2,760
District Health Savings Account Annual Contribution	\$ 1,500
<b>Funds Available for Possible Medical Expenses</b>	<b>\$ 4,260</b>

	PEHT Plan C Ind/Fam	Premera HDHP Ind/Fam
Deductible	\$500/\$1,500	\$1,500/\$3,000
Coinsurance Max	\$2,000/\$6,000	-
Out-of-Pocket Max	\$8,550/\$17,100	\$7,000/\$14,000

**Family Coverage - expenses spread between multiple family members**

Billed Medical Expenses	\$ -	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000
PEHT Deductible	\$ -	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
PEHT Coinsurance Max	\$ -	\$ 1,700	\$ 3,700	\$ 5,700	\$ 6,000	\$ 6,000	\$ 6,000
PEHT Other Costs	\$ -	\$ 20	\$ 580	\$ 580	\$ 1,100	\$ 1,100	\$ 1,100
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 3,220</b>	<b>\$ 5,780</b>	<b>\$ 7,780</b>	<b>\$ 8,600</b>	<b>\$ 8,600</b>	<b>\$ 8,600</b>
Premera Deductible	\$ -	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Premera Out-Of-Pocket	\$ -	\$ 1,400	\$ 3,400	\$ 5,400	\$ 7,400	\$ 9,400	\$ 11,000
Premera Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 4,400</b>	<b>\$ 6,400</b>	<b>\$ 8,400</b>	<b>\$ 10,400</b>	<b>\$ 12,400</b>	<b>\$ 14,000</b>
Difference in Employee Cost	\$ -	\$ 1,180	\$ 620	\$ 620	\$ 1,800	\$ 3,800	\$ 5,400
Funds Available for Expenses	\$ 4,260	\$ 4,260	\$ 4,260	\$ 4,260	\$ 4,260	\$ 4,260	\$ 4,260
<b>Impact to Employee</b>	<b>\$ 4,260</b>	<b>\$ 3,080</b>	<b>\$ 3,640</b>	<b>\$ 3,640</b>	<b>\$ 2,460</b>	<b>\$ 460</b>	<b>\$ (1,140)</b>

**Notes:**

PEHT Other Costs: Prescription drug copays, inpatient hospital deductibles(500), or emergency room deductibles(500)

The above analysis does not include expenses related to dental or vision coverage for either plan

**Employee Health Spending Comparison/Individual Family Member Usage**

PEHT - Plan C			PEHT - Plan C Analysis - Family Coverage		
Premera HDHP	Ind/Fam		Employee Premium Savings Summary		
			\$ 4,790	PEHT - Plan C Annual Premium (\$266 per pay period)	
			\$ 2,030	Premera HDHP Premium (\$113 per pay period)	
			\$ 2,760	Employee Annual Premium Savings	
			\$ 2,760	Employee Annual Premium Savings	
			\$ 2,760	Employee Annual Premium Savings	
			\$ 1,500	District Health Savings Account Annual Contribution	
			\$ 4,260	Funds Available for Possible Medical Expenses	
Premera HDHP	Ind/Fam				
			\$ 1,500/\$3,000	Deductible	\$500/\$1,500
			\$ -	Coinsurance Max	\$2,000/\$6,000
			\$7,000/\$14,000	Out-of-Pocket Max	\$8,550/\$17,100

**Family Coverage - expenses are incurred by a single member**

\$ 60,000	\$ 50,000	\$ 40,000	\$ 30,000	\$ 20,000	\$ 10,000	\$ -	\$ -	Billed Medical Expenses
\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ -	\$ -	PEHT Deductible
\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 1,900	\$ -	\$ -	PEHT Coinsurance Max
\$ 1,100	\$ 1,100	\$ 1,100	\$ 580	\$ 580	\$ 20	\$ -	\$ -	PEHT Other Costs
\$ 3,600	\$ 3,600	\$ 3,600	\$ 3,080	\$ 3,080	\$ 2,420	\$ -	\$ -	Employee Cost
\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ -	\$ -	Premera Deductible
\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ 3,400	\$ 1,400	\$ -	\$ -	Premera Out-Of-Pocket
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	Premera Other Costs
\$ 7,000	\$ 7,000	\$ 7,000	\$ 7,000	\$ 6,400	\$ 4,400	\$ -	\$ -	Employee Cost
\$ 3,400	\$ 3,400	\$ 3,400	\$ 3,920	\$ 3,320	\$ 1,980	\$ -	\$ -	Difference in Employee Cost
\$ 4,260	\$ 4,260	\$ 4,260	\$ 4,260	\$ 4,260	\$ 4,260	\$ 4,260	\$ 4,260	Funds Available for Expenses
\$ 860	\$ 860	\$ 860	\$ 340	\$ 940	\$ 2,280	\$ 4,260	\$ 4,260	Impact to Employee

**Notes:**

PEHT Other Costs: Prescription drug copays, inpatient hospital deductibles(500), or emergency room deductibles(500)  
 The above analysis does not include expenses related to dental or vision coverage for either plan

**Employee Health Spending Comparison/Individual Coverage**

**PEHT - Plan C Analysis - Individual Coverage**

Employee Premium Savings Summary	
PEHT - Plan C Annual Premium (\$266 per pay period)	\$ 4,790
Premera HDHP Premium (\$113 per pay period)	\$ 2,030
<b>Employee Annual Premium Savings</b>	<b>\$ 2,760</b>
Employee Annual Premium Savings	\$ 2,760
District Health Savings Account Annual Contribution	\$ 1,500
<b>Funds Available for Possible Medical Expenses</b>	<b>\$ 4,260</b>

	PEHT Plan C Ind/Fam	Premera HDHP Ind/Fam
Deductible	\$500/\$1,500	\$1,500/\$3,000
Coinsurance Max	\$2,000/\$6,000	-
Out-of-Pocket Max	\$8,550/\$17,100	\$7,000/\$14,000

Billed Medical Expenses	\$ -	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000
PEHT Deductible	\$ -	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
PEHT Coinsurance Max	\$ -	\$ 1,900	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
PEHT Other Costs	\$ -	\$ 80	\$ 80	\$ 580	\$ 580	\$ 580	\$ 580
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 2,480</b>	<b>\$ 2,580</b>	<b>\$ 3,080</b>	<b>\$ 3,080</b>	<b>\$ 3,080</b>	<b>\$ 3,080</b>
Premera Deductible	\$ -	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
Premera Out-Of-Pocket	\$ -	\$ 1,700	\$ 3,700	\$ 5,500	\$ 5,500	\$ 5,500	\$ 5,500
Premera Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 3,200</b>	<b>\$ 5,200</b>	<b>\$ 7,000</b>	<b>\$ 7,000</b>	<b>\$ 7,000</b>	<b>\$ 7,000</b>
Difference in Employee Cost	\$ -	\$ 720	\$ 2,620	\$ 3,920	\$ 3,920	\$ 3,920	\$ 3,920
Funds Available for Expenses	\$ 4,260	\$ 4,260	\$ 4,260	\$ 4,260	\$ 4,260	\$ 4,260	\$ 4,260
<b>Impact to Employee</b>	<b>\$ 4,260</b>	<b>\$ 3,540</b>	<b>\$ 1,640</b>	<b>\$ 340</b>	<b>\$ 340</b>	<b>\$ 340</b>	<b>\$ 340</b>

**Notes:**

PEHT Other Costs: Prescription drug copays, inpatient hospital deductibles(500), or emergency room deductibles(500)

The above analysis does not include expenses related to dental or vision coverage for either plan



**Employee Health Spending Comparison/Multiple Family Member Usage**

**PEHT - Plan F Analysis - Family Coverage**

Employee Premium Savings Summary	
PEHT - Plan F Annual Premium (\$153 per pay period)	\$ 2,762
Premera HDHP Premium (\$113 per pay period)	\$ 2,030
<b>Employee Annual Premium Savings</b>	<b>\$ 733</b>
Employee Annual Premium Savings	\$ 733
District Health Savings Account Annual Contribution	\$ 1,500
<b>Funds Available for Possible Medical Expenses</b>	<b>\$ 2,233</b>

	PEHT Plan F Ind/Fam	Premera HDHP Ind/Fam
Deductible	\$1,500/\$3,000	\$1,500/\$3,000
Coinsurance Max	\$3,000/\$6,000	-
Out-of-Pocket Max	\$8,550/\$17,100	\$7,000/\$14,000

**Family Coverage - expenses spread between multiple family members**

Billed Medical Expenses	\$ -	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000
PEHT Deductible	\$ -	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
PEHT Coinsurance Max	\$ -	\$ 1,400	\$ 3,400	\$ 5,400	\$ 6,000	\$ 6,000	\$ 6,000
PEHT Other Costs	\$ -	\$ 20	\$ 580	\$ 580	\$ 1,100	\$ 1,100	\$ 1,100
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 4,420</b>	<b>\$ 6,980</b>	<b>\$ 8,980</b>	<b>\$ 10,100</b>	<b>\$ 10,100</b>	<b>\$ 10,100</b>
Premera Deductible	\$ -	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Premera Out-Of-Pocket	\$ -	\$ 1,400	\$ 3,400	\$ 5,400	\$ 7,400	\$ 9,400	\$ 11,000
Premera Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 4,400</b>	<b>\$ 6,400</b>	<b>\$ 8,400</b>	<b>\$ 10,400</b>	<b>\$ 12,400</b>	<b>\$ 14,000</b>
Difference in Employee Cost	\$ -	\$ (20)	\$ (580)	\$ (580)	\$ 300	\$ 2,300	\$ 3,900
Funds Available for Expenses	\$ 2,233	\$ 2,233	\$ 2,233	\$ 2,233	\$ 2,233	\$ 2,233	\$ 2,233
<b>Impact to Employee</b>	<b>\$ 2,233</b>	<b>\$ 2,253</b>	<b>\$ 2,813</b>	<b>\$ 2,813</b>	<b>\$ 1,933</b>	<b>\$ (67)</b>	<b>\$ (1,667)</b>

**Notes:**

PEHT Other Costs: Prescription drug copays, inpatient hospital deductibles(500), or emergency room deductibles(500)

The above analysis does not include expenses related to dental or vision coverage for either plan

Employee Health Spending Comparison/Individual Family Member Usage

PEHT - Plan F Analysis - Family Coverage

Employee Premium Savings Summary

PEHT - Plan F Annual Premium (\$153 per pay period)	\$ 2,762	Deductible	\$1,500/\$3,000	\$1,500/\$3,000
Premera HDHP Premium (\$113 per pay period)	\$ 2,030	Coinsurance Max	\$3,000/\$6,000	-
Employee Annual Premium Savings	\$ 733	Out-of-Pocket Max	\$8,550/\$17,100	\$7,000/\$14,000

Employee Annual Premium Savings	\$ 733
District Health Savings Account Annual Contribution	\$ 1,500
<b>Funds Available for Possible Medical Expenses</b>	<b>\$ 2,233</b>

Family Coverage - expenses are incurred by a single member

Billed Medical Expenses	\$ -	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000
PEHT Deductible	\$ -	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
PEHT Coinsurance Max	\$ -	\$ 1,700	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
PEHT Other Costs	\$ -	\$ 20	\$ 580	\$ 580	\$ 580	\$ 1,100	\$ 1,100
Employee Cost	\$ -	\$ 3,220	\$ 5,080	\$ 5,080	\$ 5,600	\$ 5,600	\$ 5,600
Premera Deductible	\$ -	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Premera Out-Of-Pocket	\$ -	\$ 1,400	\$ 3,400	\$ 4,000	\$ 4,000	\$ 4,000	\$ 4,000
Premera Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Employee Cost	\$ -	\$ 4,400	\$ 6,400	\$ 7,000	\$ 7,000	\$ 7,000	\$ 7,000
Difference in Employee Cost	\$ -	\$ 1,180	\$ 1,320	\$ 1,920	\$ 1,400	\$ 1,400	\$ 1,400
Funds Available for Expenses	\$ 2,233	\$ 2,233	\$ 2,233	\$ 2,233	\$ 2,233	\$ 2,233	\$ 2,233
<b>Impact to Employee</b>	<b>\$ 2,233</b>	<b>\$ 1,053</b>	<b>\$ 913</b>	<b>\$ 313</b>	<b>\$ 833</b>	<b>\$ 833</b>	<b>\$ 833</b>

Notes:

PEHT Other Costs: Prescription drug copays, inpatient hospital deductibles(500), or emergency room deductibles(500)  
 The above analysis does not include expenses related to dental or vision coverage for either plan



**Employee Health Spending Comparison/Individual Coverage**

**PEHT - Plan F Analysis - Individual Coverage**

Employee Premium Savings Summary	
PEHT - Plan F Annual Premium (\$153 per pay period)	\$ 2,762
Premera HDHP Premium (\$113 per pay period)	\$ 2,030
<b>Employee Annual Premium Savings</b>	<b>\$ 733</b>
Employee Annual Premium Savings	\$ 733
District Health Savings Account Annual Contribution	\$ 1,500
<b>Funds Available for Possible Medical Expenses</b>	<b>\$ 2,233</b>

	PEHT Plan F Ind/Fam	Premera HDHP Ind/Fam
Deductible	\$1,500/\$3,000	\$1,500/\$3,000
Coinsurance Max	\$3,000/\$6,000	-
Out-of-Pocket Max	\$8,550/\$17,100	\$7,000/\$14,000

Billed Medical Expenses	\$ -	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000
PEHT Deductible	\$ -	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
PEHT Coinsurance Max	\$ -	\$ 1,700	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
PEHT Other Costs	\$ -	\$ 80	\$ 80	\$ 580	\$ 580	\$ 580	\$ 580
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 3,280</b>	<b>\$ 4,580</b>	<b>\$ 5,080</b>	<b>\$ 5,080</b>	<b>\$ 5,080</b>	<b>\$ 5,080</b>
Premera Deductible	\$ -	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
Premera Out-Of-Pocket	\$ -	\$ 1,700	\$ 3,700	\$ 5,500	\$ 5,500	\$ 5,500	\$ 5,500
Premera Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 3,200</b>	<b>\$ 5,200</b>	<b>\$ 7,000</b>	<b>\$ 7,000</b>	<b>\$ 7,000</b>	<b>\$ 7,000</b>
Difference in Employee Cost	\$ -	\$ (80)	\$ 620	\$ 1,920	\$ 1,920	\$ 1,920	\$ 1,920
Funds Available for Expenses	\$ 2,233	\$ 2,233	\$ 2,233	\$ 2,233	\$ 2,233	\$ 2,233	\$ 2,233
<b>Impact to Employee</b>	<b>\$ 2,233</b>	<b>\$ 2,313</b>	<b>\$ 1,613</b>	<b>\$ 313</b>	<b>\$ 313</b>	<b>\$ 313</b>	<b>\$ 313</b>

**Notes:**

PEHT Other Costs: Prescription drug copays, inpatient hospital deductibles(500), or emergency room deductibles(500)

The above analysis does not include expenses related to dental or vision coverage for either plan

(

(

(

**Employee Health Spending Comparison/Multiple Family Member Usage**

**PEHT - Plan HDHP Analysis - Family Coverage**

Employee Premium Savings Summary	
PEHT - Plan HDHP Annual Premium (\$30 per pay period)	\$ 541
Premera HDHP Premium (\$113 per pay period)	\$ 2,030
<b>Employee Annual Premium Savings</b>	<b>\$ (1,489)</b>
 Employee Annual Premium Savings	 \$ (1,489)
District Health Savings Account Annual Contribution	\$ 1,500
<b>Funds Available for Possible Medical Expenses</b>	<b>\$ 11</b>

	PEHT Plan HDHP Ind/Fam	Premera HDHP Ind/Fam
Deductible	\$1,500/\$3,000	\$1,500/\$3,000
Coinsurance Max	\$3,500/\$7,000	-
Out-of-Pocket Max	\$7,000/\$14,000	\$7,000/\$14,000

**Family Coverage - expenses spread between multiple family members**

Billed Medical Expenses	\$ -	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000
PEHT Deductible	\$ -	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
PEHT Coinsurance Max	\$ -	\$ 1,400	\$ 3,400	\$ 5,400	\$ 7,000	\$ 7,000	\$ 7,000
PEHT Other Costs	\$ -	\$ 50	\$ 250	\$ 300	\$ 800	\$ 800	\$ 800
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 4,450</b>	<b>\$ 6,650</b>	<b>\$ 8,700</b>	<b>\$ 10,800</b>	<b>\$ 10,800</b>	<b>\$ 10,800</b>
 Premera Deductible	 \$ -	 \$ 3,000	 \$ 3,000	 \$ 3,000	 \$ 3,000	 \$ 3,000	 \$ 3,000
Premera Out-Of-Pocket	\$ -	\$ 1,400	\$ 3,400	\$ 5,400	\$ 7,400	\$ 9,400	\$ 11,000
Premera Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 4,400</b>	<b>\$ 6,400</b>	<b>\$ 8,400</b>	<b>\$ 10,400</b>	<b>\$ 12,400</b>	<b>\$ 14,000</b>
 Difference in Employee Cost	 \$ -	 \$ (50)	 \$ (250)	 \$ (300)	 \$ (400)	 \$ 1,600	 \$ 3,200
Funds Available for Expenses	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11
<b>Impact to Employee</b>	<b>\$ 11</b>	<b>\$ 61</b>	<b>\$ 261</b>	<b>\$ 311</b>	<b>\$ 411</b>	<b>\$ (1,589)</b>	<b>\$ (3,189)</b>

**Notes:**

PEHT Other Costs: Prescription drug copays, inpatient hospital deductibles(200), or emergency room deductibles(500)

The above analysis does not include expenses related to dental or vision coverage for either plan

Employee Health Spending Comparison/Individual Family Member Usage

PEHT - Plan HDHP Analysis - Family Coverage

Employee Premium Savings Summary

PEHT - Plan HDHP Annual Premium (\$30 per pay period)	\$	541
Premiera HDHP Premium (\$13 per pay period)	\$	2,030
Employee Annual Premium Savings	\$	(1,489)
Employee Annual Premium Savings Account Annual Contribution	\$	1,500
<b>Funds Available for Possible Medical Expenses</b>	<b>\$</b>	<b>11</b>

PEHT Plan HDHP	Ind/Fam	Deductible	\$1,500/\$3,000	Out-of-Pocket Max	\$7,000/\$14,000
Premiera HDHP	Ind/Fam	Coinsurance Max	\$3,500/\$7,000		-
					\$7,000/\$14,000

Family Coverage - expenses are incurred by a single member

Billed Medical Expenses	\$	-	\$	10,000	\$	20,000	\$	30,000	\$	40,000	\$	50,000	\$	60,000
PEHT Deductible	\$	-	\$	3,000	\$	3,000	\$	3,000	\$	3,000	\$	3,000	\$	3,000
PEHT Coinsurance Max	\$	-	\$	1,400	\$	3,400	\$	3,500	\$	3,500	\$	3,500	\$	3,500
PEHT Other Costs	\$	-	\$	50	\$	250	\$	300	\$	800	\$	800	\$	800
<b>Employee Cost</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>4,450</b>	<b>\$</b>	<b>6,650</b>	<b>\$</b>	<b>6,800</b>	<b>\$</b>	<b>7,300</b>	<b>\$</b>	<b>7,300</b>	<b>\$</b>	<b>7,300</b>
Premiera Deductible	\$	-	\$	3,000	\$	3,000	\$	3,000	\$	3,000	\$	3,000	\$	3,000
Premiera Out-Of-Pocket	\$	-	\$	1,400	\$	3,400	\$	4,000	\$	4,000	\$	4,000	\$	4,000
Premiera Other Costs	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
<b>Employee Cost</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>4,400</b>	<b>\$</b>	<b>6,400</b>	<b>\$</b>	<b>7,000</b>	<b>\$</b>	<b>7,000</b>	<b>\$</b>	<b>7,000</b>	<b>\$</b>	<b>7,000</b>
Difference in Employee Cost	\$	-	\$	(50)	\$	(250)	\$	200	\$	(300)	\$	(300)	\$	(300)
Funds Available for Expenses	\$	11	\$	11	\$	11	\$	11	\$	11	\$	11	\$	11
<b>Impact to Employee</b>	<b>\$</b>	<b>11</b>	<b>\$</b>	<b>61</b>	<b>\$</b>	<b>261</b>	<b>\$</b>	<b>(189)</b>	<b>\$</b>	<b>311</b>	<b>\$</b>	<b>311</b>	<b>\$</b>	<b>311</b>

Notes:

PEHT Other Costs: Prescription drug copays, inpatient hospital deductibles(200), or emergency room deductibles(500)  
 The above analysis does not include expenses related to dental or vision coverage for either plan

**Employee Health Spending Comparison/Individual Coverage**

**PEHT - Plan HDHP Analysis - Individual Coverage**

Employee Premium Savings Summary	
PEHT - Plan HDHP Annual Premium (\$30 per pay period)	\$ 541
Premera HDHP Premium (\$113 per pay period)	\$ 2,030
<b>Employee Annual Premium Savings</b>	<b>\$ (1,489)</b>
Employee Annual Premium Savings	\$ (1,489)
District Health Savings Account Annual Contribution	\$ 1,500
<b>Funds Available for Possible Medical Expenses</b>	<b>\$ 11</b>

	PEHT Plan HDHP Ind/Fam	Premera HDHP Ind/Fam
Deductible	\$1,500/\$3,000	\$1,500/\$3,000
Coinsurance Max	\$3,500/\$7,000	-
Out-of-Pocket Max	\$7,000/\$14,000	\$7,000/\$14,000

Billed Medical Expenses	\$ -	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000
PEHT Deductible	\$ -	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
PEHT Coinsurance Max	\$ -	\$ 1,700	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500
PEHT Other Costs	\$ -	\$ 50	\$ 50	\$ 300	\$ 300	\$ 800	\$ 800
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 3,250</b>	<b>\$ 5,050</b>	<b>\$ 5,300</b>	<b>\$ 5,300</b>	<b>\$ 5,800</b>	<b>\$ 5,800</b>
Premera Deductible	\$ -	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
Premera Out-Of-Pocket	\$ -	\$ 1,700	\$ 3,700	\$ 5,500	\$ 5,500	\$ 5,500	\$ 5,500
Premera Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Employee Cost</b>	<b>\$ -</b>	<b>\$ 3,200</b>	<b>\$ 5,200</b>	<b>\$ 7,000</b>	<b>\$ 7,000</b>	<b>\$ 7,000</b>	<b>\$ 7,000</b>
Difference in Employee Cost	\$ -	\$ (50)	\$ 150	\$ 1,700	\$ 1,700	\$ 1,200	\$ 1,200
Funds Available for Expenses	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11	\$ 11
<b>Impact to Employee</b>	<b>\$ 11</b>	<b>\$ 61</b>	<b>\$ (139)</b>	<b>\$ (1,689)</b>	<b>\$ (1,689)</b>	<b>\$ (1,189)</b>	<b>\$ (1,189)</b>

**Notes:**

PEHT Other Costs: Prescription drug copays, inpatient hospital deductibles(200), or emergency room deductibles(500)

The above analysis does not include expenses related to dental or vision coverage for either plan

