

Highlights of your Health Care Coverage

WA TECHNOLOGY INDUSTRY ASSOCIATION EMPLOYEE BENEFIT TRUST

Effective Date: 12/01/2017

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.

MEDICAL PLAN		
2017 TECH 80 \$3000		
	IN-NETWORK	OUT-OF-NETWORK
MEDICAL COST SHARE OPTIONS		
Individual Deductible PCY (Family embedded deductible 2X Individual)	\$3,000 PCY	Shared with In-Network
Coinsurance (Member's percentage of costs after deductible based on allowable charges)	20%	50%
Individual Out of Pocket Maximum PCY, includes deductible, coinsurance, copay and pharmacy if applicable (Family embedded OOP max 2X Individual)	\$6,350 PCY	Shared with In-Network
Office Visit Cost Share	\$40 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION		
Preventive Office Visit (Unlimited, subject to standard medical guidelines)	Covered In Full	Covered In Full
Immunizations (Unlimited, subject to standard medical guidelines)	Covered In Full	Covered In Full
Health Education (HE) (Unlimited)	Covered In Full	Not Covered
Nicotine Dependency Programs (ND) (Unlimited)	Covered In Full	Covered In Full
Diabetes Health Education (DE) (Unlimited)	Covered In Full	Out of Network Deductible, then 50%
PROFESSIONAL CARE		
Professional Office Visit	\$40 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
Inpatient Professional Services	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Contraceptive Management Services (Unlimited)	Covered In Full	Out of Network Deductible, then 50%
DIAGNOSTIC SERVICE OPTIONS		

MEDICAL PLAN		
2017 TECH 80 \$3000		
	IN-NETWORK	OUT-OF-NETWORK
Preventive Professional Diagnostic Imaging and Laboratory Services - Including Mammogram and PAP/PSA	Covered In Full	Covered In Full
Other Professional Diagnostic Imaging	First \$500 PCY Covered In Full Shared Benefit, Subsequent Services Deductible/Coinsurance	First \$500 PCY Covered In Full Shared Benefit, Subsequent Services Deductible/Coinsurance
Other Professional Diagnostic Laboratory/Pathology	First \$500 PCY Covered In Full Shared Benefit, Subsequent Services Deductible/Coinsurance	First \$500 PCY Covered In Full Shared Benefit, Subsequent Services Deductible/Coinsurance
Diagnostic Mammography	First \$500 PCY Covered In Full Shared Benefit, Subsequent Services Deductible/Coinsurance	First \$500 PCY Covered In Full Shared Benefit, Subsequent Services Deductible/Coinsurance
FACILITY CARE OPTIONS		
Inpatient Facility	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Outpatient Surgery Facility	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Skilled Nursing Facility (60 days PCY)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Hospice Inpatient Facility (30 days Inpatient; within the 6 month lifetime maximum)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
EMERGENCY CARE AND TRANSPORTATION OPTION		
Emergency Care (If applicable, waive copay if admitted to inpatient facility)	\$200 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20%	\$200 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20%
Emergency Room Physician	In Network Deductible, then 20%	In Network Deductible, then 20%
Urgent Care Center	\$40 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
Ambulance Transportation (Unlimited)	In Network Deductible, then 20%	In Network Deductible, then 20%
Air Ambulance (Unlimited)	In Network Deductible, then 20%	In Network Deductible, then 20%
OTHER SERVICES		
Allergy/Therapeutic Injections	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Mental Health Inpatient Facility Care (Unlimited)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Mental Health Outpatient Professional Care (Unlimited)	\$40 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
Chemical Dependency Inpatient Facility Care (Unlimited)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Chemical Dependency Outpatient Professional Care (Unlimited)	\$40 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
Rehab Inpatient Facility (30 Days PCY)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy, and Chronic Pain (25 Visits PCY)	\$40 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
Rehab Outpatient Care Chronic Conditions, Including Cardiac, Pulmonary Rehab, and Cancer	\$40 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
Medical Supplies, Equipment, Prosthetics (MS: Unlimited, ME: Unlimited, Pro: Unlimited)	In Network Deductible, then 20%	Out of Network Deductible, then 50%

MEDICAL PLAN		
2017 TECH 80 \$3000		
	IN-NETWORK	OUT-OF-NETWORK
Foot Orthotics, Orthopedic Shoes and Accessories (Unlimited)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Home Health Visits (130 visits PCY)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Hospice Care (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
TMJ (Temporomandibular Joint Disorders) (Unlimited (Medical and Dental services - Medical and Dental cost shares based on type of service))	Covered as any other service	Covered as any other service
Transplants (Unlimited; \$7,500 travel and lodging limits)	Covered as any other service	Not Covered
ALTERNATIVE CARE		
Manipulations (Spinal and other) (12 visits PCY)	\$40 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
Acupuncture (12 visits PCY)	\$40 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
ANNUAL PLAN MAXIMUM		
Annual Plan Maximum	Unlimited	Unlimited

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 Premiera Blue cross. 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.

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Effective Date: 12/01/2017

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 at www.premera.com

PHARMACY PLAN	
2017 TECH 80 \$3000 - RX	
PRESCRIPTION DRUGS	
Drug List	Preferred B3 Tier 1 = generic Tier 2 = preferred brand Tier 3 = non-preferred brands
Retail Cost Shares	\$10/\$40/\$80
Mail Cost Shares	\$30/\$120/\$240
Day Supply	Retail: 30 Days; Mail: 90 Days; Specialty: 30 Days
Individual Deductible PCY	\$0
Family Deductible PCY	No Family Deductible
Out of Network (Non-participating retail pharmacies)	Retail Pharmacy & Preventive Generic Drug List Same as INN; OON Mail Order Not Covered
Out of Pocket Maximum	Applies to the medical out of pocket maximum
Annual Benefit Maximum	Unlimited

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Primera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Primera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

- Provides free or low-cost services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you believe that Phemosa has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
Civil Rights Coordinator - Complaints and Appeals
PO Box 911102, Seattle, WA 98111
Toll free 855-332-4536, Fax 425-918-5562, TTY 800-842-6367
Email: AppealsDepartment@Phemosa.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file civil rights complaints with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://portal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 505F, HHK Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7887 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/foia/index.html>.

Getting Help in Other Languages

This Notice has important information. This notice may have important information about your application or coverage through Pharmacare Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5207).

For further details, call 800-842-5557 or write to Premier Blue Cross Inc., Attn: A. Alan Egan, 10000 Highway 101, Box 100, Afton, VA 22424. For more information, call 800-842-5557.

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中文 (Chinese):
本通知有重要的訊息。本通知可從本關於您透過 Phoenix Blue Cross 提交非
申請或知照的重要訊息。本通知內可含有重要資料。您可能需要採取立即之
行動或行動。以保護您的健康保險或資產利益。您有權利免費以您的母
語得到本訊息和幫助。請電 800-722-1471 (TTY: 800-842-5357)。

この通知には重要な情報が含まれています。この通知には、Premier Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性のある重要な項目をご確認ください。健康保険やサポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-723-6471 (TTY: 800-842-5357)までお電話ください。

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ឧបករណ៍បោះពុម្ព ឧបករណ៍កាត់ដេក និងសម្ភារៈបោះពុម្ពនៅក្នុងប្រទេសកម្ពុជា ត្រូវ ទិញពី ក្រុមហ៊ុនបោះពុម្ពកាត់ដេកប្រទេសកម្ពុជា Premier Blue Cross មានសិទ្ធិ ប្រតិបត្តិការក្នុងការផ្សព្វផ្សាយ ឧបករណ៍បោះពុម្ពកាត់ដេកនៅក្នុងប្រទេសកម្ពុជា យោងតាមការកំណត់ត្រាជាសាធារណៈនៃប្រទេសកម្ពុជាប្រទេសកម្ពុជា ឥឡូវនេះបានប្រើប្រាស់ តាមវិធីសាស្ត្រនៃការបោះពុម្ព និងបោះពុម្ពឡើងវិញ តាមវិធីសាស្ត្រនៃការបោះពុម្ព ឧបករណ៍បោះពុម្ព និង ឧបករណ៍បោះពុម្ពដែលប្រើប្រាស់ តាមវិធីសាស្ត្រ 800-722-1471 (TTY: 800-842-5357) ។

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فارس (Farsi)
 این اعلامیه حاوی اطلاعات مهم می‌باشد. این اعلامیه حداقل یک بار در روز از طریق **Premiere Blue Cross** پخش می‌شود. به تاریخ ۱۳۸۸/۰۱/۰۱ این اعلامیه لغو خواهد شد. این اعلامیه حاوی اطلاعات مهم می‌باشد. این اعلامیه حداقل یک بار در روز از طریق **Premiere Blue Cross** پخش می‌شود. به تاریخ ۱۳۸۸/۰۱/۰۱ این اعلامیه لغو خواهد شد.

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje oświadczenia Państwa wniosku lub zakresu świadczeń poprzez Premiera Blue Cross. Prosimy zwrócić uwagę na Muzyczne daty. Mówie mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polityki ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Primeiro Lige Cross. Poderão existir dados importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-840-5367).

Bevitsini kun oideafnemo bevarbeahiasa gaba. Bevitsini kun seapanta
jovka karaa Phemra Blue Cross lin tapajala keassan laakhiise
oideafnemo bevarbeahiasa gabaohu danda. Guyaawann murteessaa
ja' in beekisa kara keessatti laala. Tarii kaffiifalhin deeggarannu
jovka tapajala fuyya keessatti guyya dhuma innatti watti raawwatan
jaachuu danda'a. Kaffiitti isaa bilaa haala ta'een alaan keessattiin
oideafnemo argachu fi deeggarra argachuuf marga fi gabaatu.
Lakkiofaa bilbilaa 800-722-1471 (TTY: 800-842-5367) fi bilbilaa.

Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premiers Pas Croix. Le présent avis peut contenir des dates clés. Vous devez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Ni ane a gen tinimayon tinpanan saatin. Ni ane a kapad ganyin enifimayon anpitan konstanan aplikasyon w lan owa konstanan kouddi asirans lan atavir Phemra Blue Cross. Kapad ganyin dal ki anpitan nan avir sile a. Ou ka gen pou pran klik aktyon avan sifen dal limit pou ka kenbe kouddi asirans sante w lan owa pou yo ka ede w avik depans yo. De dwa w pou reserves enifimayon sa a ak asirans nan lang ou pale a, san ou pa gen pou pwe pou sa. Rule nan 800-722-1471 (TTY: 800-642-5367).

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premiera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5352).

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Daytoy & Pakidat kan naglain & Nagapay nga Impormasyon. Daytoy & pakidat mabalin nga adda kan naglain & nagapay nga impormasyon mapangpay & aplikasyong wemmo coverage babon & Premier Blue Cross. Daytoy kan mabalin dagli impormasyon & petis & daytoy & pakidat mabalin nga adda numero nga aramidanyo nga addang sakbay dagli perikulo & malulung nga alalan lapin mapagdalaanyo & coverage & salun-ayo wemmo lalong kadagli gawis. Adda karibangan & mangala & daytoy nga impormasyon kan lalong & bukodyo & pagpasos nga awan & bayadanyo. Tumawag & numero nga 800-722-1471 (TTY: 800-842-5357).

Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulle tue domande e copertura attraverso Premier Blue Cross. Potrebbero esserci delle chiavi in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nelle tue lingue gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

Prezentă notifică conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Planul Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau salariale private la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5367).

На странице уведомления содержится важная информация. Это уведомление может содержать важную информацию о вашем заявлении или о статусе покрытия через Planeta Blue Spots. В настоящее уведомление могут быть указаны следующие вещи: Вам, возможно, потребуется принять меры в определенное предельное время для сохранения статуса покрытия или позиции в расписании. Вы можете право на бесплатное получение этой информации и помощь на своем языке. Звоните по телефону 800-722-1471 (TTY: 800-642-5362).

Atteu tu sei i lenei f'ar'astallaga ma f'ar'mattalaga e sili ona tusa e tatau ona e malamalama i. O tenei f'ar'astallaga o se fesoasoani e f'ar'mattala atili i ai le tatau e se polokotame. Phemera Blee f'ar'astallaga, u e tau fa maua atili i ai. F'a'emamete, u e ilalo fa'atilai i se f'ar'astallaga o'u i ai i lenei f'ar'astallaga tusa. Maseu o le'a i ai i se fa'u e tatau ona e faia so le'i au'ia le aso u fa'ua i lenei f'ar'astallaga ma i se fa'asoa ma maua fesoasoani ma ai i le polokotame a le Mafu o'u e i ai. Ch'i ai la'le se la tatau e maua atili i lenei f'ar'astallaga ma lenei f'ar'mattalaga i l'agaga e se malamalama i ai aunoa ma se fa'igaga fa'u. Vili atili i le telefoni 800-722-1471 (TFC: 800-845-5562).

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su salud o cobertura a través de Premier Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-723-1471 (TTY: 800-642-5357).

Ang Paganuwa nito ay naglalaman ng mahalagang impormasyon. Ang pautawha na Ito ay mayroong naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagpakipag sa pamamagitan ng Prisma (Blue Cross). Mayroon may mga mahalagang petisito dito sa pautawha. Masarap mangalangan na na magpapakita ng habang sa ilang mga tinukdang panahon upang magpapakita ang iyong pagpakipag sa kalusugan o sa ibang na ibang gawin. May kapangalan na na makakuha ng ganitong impormasyon.

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це повідомлення, виступає виключно інформацією, це повідомлення може містити виключно інформацію про Ваше звернення щодо страховального покриття через Planeta Blue Cross. Звернувшись увагу на ключові дані, ми можемо бути вказані у цілості повідомлення. Його намістом того, що Вам треба буде здійснити певні кроки у конкретні місця строки для того, щоб зібрати Ваше медичне страхування або отримати відповідні послуги. У Вас є право на ставлення цієї

Tổng Việt (Vietnamese):
Thông báo này cung cấp thông tin quan trọng. Thông báo này có thể liên quan đến quyền lợi của bạn và các quy định pháp luật hiện hành. Vui lòng đọc kỹ để hiểu rõ nội dung và ý nghĩa của nó. Nếu cần thêm thông tin hoặc gặp khó khăn trong việc hiểu, vui lòng liên hệ với chúng tôi qua đường dây nóng miễn phí. Xin gọi số 800-722-1671 (TTY: 800-842-5375).