

**WA TECHNOLOGY INDUSTRY ASSOCIATION EMPLOYEE BENEFIT TRUST  
 BENEFIT CHANGE ENDORSEMENT**

**Applies to Nonstandard Contract Form:**

WTIAHSA300021H  
 WTIAHSA300021HP

This endorsement makes important changes to the group contract issued by Premera Blue Cross to your group. The changes outlined below are effective July 1, 2022.

The **Summary of Your Costs** table has been updated to include a **Medical Transportation – State Restricted Care** benefit. The added section reads:

<p><b>Medical Transportation – State Restricted Care</b>          Benefits are limited to members residing in states where laws restrict access to care. Travel and lodging are subject to your in-network deductible, and covered up to the IRS limitations. Prior approval required.</p> <ul style="list-style-type: none"> <li>To/from provider for elective abortion services</li> <li>To/from provider for Transgender services</li> <li>Calendar year limit: \$4,000</li> </ul> <p>Special criteria are required for travel benefits to be provided. Please see the benefit for coverage details.</p>	<p>\$3,000 deductible, then 0% coinsurance</p> <p>\$3,000 deductible, then 0% coinsurance</p>	<p>\$3,000 deductible, then 0% coinsurance</p> <p>\$3,000 deductible, then 0% coinsurance</p>
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The **Covered Services** section of the plan has been updated to include a **Medical Transportation – State Restricted Care** benefit section. The language reads:

**Medical Transportation – State-Restricted Care**

This plan provides benefits for travel and lodging for elective abortion and transgender services when the member resides in a state where laws restrict access to these covered services. Prior authorization is required. Please call Customer Service to verify if you are eligible for this benefit and to obtain prior approval.

See the **Summary of Your Costs** for any travel benefit limitations.

Benefits are provided for:

- Air transportation expenses between the member's home and the location where services will be provided. Air travel expenses cover unrestricted coach class, flexible, and fully refundable round-trip airfare from a licensed commercial carrier.
- Ferry transportation from the member's home community
- Lodging expenses at commercial establishments, including hotels and motels, between home and the medical facility where the service will be provided.
- Mileage expenses for the member's personal automobile
- Ground transportation, car rental, taxicab fares and parking fees, for the member and a companion (when covered) between the hotel and the location where services will be provided.

Travel and lodging costs are subject to the IRS limits in place on the date of the expense. The mileage limits and requirements can change if IRS regulations change. Please go to the IRS website, [www.irs.gov](http://www.irs.gov), for details. This summary is not and should not be considered to be tax advice.

### **Companion Travel**

One companion needed for the member's health and safety is covered only if medically necessary.

### **Reimbursement of Travel Claims**

You must pay for all travel expenses yourself and submit a Travel Claim Form.

A separate Travel Claim Form is needed for each patient and each commercial carrier or transportation service used. You can get Travel Claim Forms on our website at [www.premera.com](http://www.premera.com). You can also call us for a copy of the form.

You must attach the following documents to the Travel Claim Form:

- A copy of the detailed itinerary as issued by the transportation carrier, travel agency or online travel web site. The itinerary must identify the names of the passengers, the dates of travel and total cost of travel, and the origination and final destination points.
- Receipts for all covered travel expenses

Credit card statements or other payment receipts are not acceptable forms of documentation.

### **This benefit does not cover:**

- Charges and fees for booking changes
- Cancellation fees
- First class airline fees
- International travel
- Lodging at any establishment that is not commercial
- Meals
- Personal care items
- Pet care, other than for service animals
- Phone service and long-distance calls
- Reimbursement for mileage rewards or frequent flier coupons
- Reimbursement for travel before contacting us and receiving prior authorization
- Travel for medical procedures not listed above
- Travel in a mobile home, RV, or travel trailer
- Travel to providers outside the network or that have not been designated by Premera to perform the services
- Travel insurance
- Reimbursement for companion travel and lodging, except for medical necessity or safety of the patient

The **Maternity** and the **Transgender Services** benefits within the **Covered Services** section has been revised to include the following:

For members residing in states where laws prohibit access to elective abortion and transgender services, travel to a provider in another state may be covered. Please see **Medical Transportation – State-Restricted Care** for details.

The “Illegal Acts and Terrorism” exclusion in the **Exclusions** section has been revised and now reads:

**Illegal Acts, Illegal Services, and Terrorism**

Illness or injury you get while committing a felony, an act of terrorism, or an act of riot or revolt, as well as any service that is illegal under state or federal law.

All other provisions of the group plan remain unchanged. This endorsement forms a part of the Group Contract between the Group and Premera Blue Cross. It should be kept with your benefit booklet for future reference.

If you have questions regarding this information, please contact our Customer Service Department. The phone numbers are located on the back of your benefit booklet. You can also refer to our website at [www.premera.com](http://www.premera.com).

Premera Blue Cross

A handwritten signature in black ink, appearing to read "Jeffrey Roe". The signature is fluid and cursive, with the first name being more prominent than the last.

**Jeffrey Roe**  
**President and Chief Executive Officer**