

Highlights of your Health Care Coverage

WASHINGTON ALLIANCE FOR HEALTH INSURANCE TRUST

HERITAGE PLUS 1

Effective Date: 07/01/2017

*Premera Blue Cross believes this plan is a “grandfathered health plan” under the Affordable Care Act. For more information, please refer to your Benefit Booklet.

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	*GRANDFATHERED	2017 SOLUTIONS 2000 - GOOD FAITH	
		HERITAGE IN-NETWORK	HERITAGE OUT-OF-NETWORK
MEDICAL COST SHARE OPTIONS			
Individual Deductible PCY (Family embedded deductible 2X Individual)		\$2,000 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, excludes copay (Family embedded OOP max 2X Individual)		\$7,000 PCY	\$12,000 PCY
Office Visit Cost Share		\$30 Copay	Out of Network Deductible, then 50%
PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION			
Preventive Office Visit (Unlimited)		Covered In Full	Not Covered
Immunizations (Unlimited)		Covered In Full	Not Covered
Health Education (HE) (Unlimited)		Covered In Full	Not Covered
Nicotine Dependency Programs (ND) (Unlimited)		Covered In Full	Not Covered
Diabetes Health Education (DE) (Unlimited)		Covered In Full	Not Covered
PROFESSIONAL CARE			
Professional Office Visit		\$30 Copay	Out of Network Deductible, then 50%
Inpatient Professional Services		In Network Deductible, then 20%	Out of Network Deductible, then 50%
DIAGNOSTIC SERVICE OPTIONS			
Preventive Professional Diagnostic Imaging and Laboratory Services - Including Mammogram and PAP/PSA		Covered In Full	Out of Network Deductible, then 50%
Other Professional Diagnostic Imaging		In Network Deductible, then 20%	Out of Network Deductible, then 50%
Other Professional Diagnostic Laboratory/Pathology		In Network Deductible, then 20%	Out of Network Deductible, then 50%
Diagnostic Mammography		Covered In Full	Deductible, then 50%
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%
Hospice Inpatient Facility (Unlimited; within the 6 month lifetime maximum)		In Network Deductible, then 20%	Out of Network Deductible, then 50%
EMERGENCY CARE AND TRANSPORTATION OPTIONS			
Emergency Care (If applicable, waive copay if admitted to inpatient facility)		\$200 Copay, then In Network Deductible, 20%	\$200 Copay, then In Network Deductible, 20%
Emergency Room Physician		In Network Deductible, then 20%	In Network Deductible, then 20%
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%

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MEDICAL PLAN	*GRANDFATHERED	2017 SOLUTIONS 2000 - GOOD FAITH	
		HERITAGE IN-NETWORK	HERITAGE OUT-OF-NETWORK
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)		\$30 Copay	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)		\$30 Copay	Out of Network Deductible, then 50%
Rehab Inpatient Facility (15 Days PCY)		In Network Deductible, then 20%	Out of Network Deductible, then 50%
Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab.; and Chronic Pain (30 Visits PCY)		\$30 Copay	Out of Network Deductible, then 50%
Medical Supplies, Equipment, Prosthetics (Unlimited)		In Network Deductible, then 20%	Out of Network Deductible, then 50%
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%
Transplants (Unlimited; \$7,500 travel and lodging limits)		Covered as any other service	Not Covered
ALTERNATIVE CARE			
Manipulations (Spinal and other) (12 Visits PCY)		\$30 Copay	Deductible, then 50% Coinsurance
Acupuncture (12 Visits PCY)		\$30 Copay	Deductible, then 50% Coinsurance
Nutritional Therapy (Unlimited)		Covered In Full	Deductible, then 50% Coinsurance
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 Premera 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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Pharmacy Benefits

Below is a brief overview of what you can expect to pay for a prescription drug, depending on which "tier" category it falls under in the Preferred Drug List for your plan when using an In-Network Pharmacy. For more information on your pharmacy benefits, including Out-of-Network benefits, see your benefit booklet. To find out what tier applies to a specific medication, see out Preferred Drug List in your pharmacy packet or at www.premera.com.

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Effective Date: 07/01/2017

PHARMACY PLAN		2017 SOLUTIONS 2000 - GOOD FAITH - RX R=\$10/\$35/\$70 M=\$20/\$70/\$140
		Cost Share Category Tier1/Tier2/Tier3
PRESCRIPTION DRUGS		
Drug List	Preferred B3 Tier 1 = generic Tier 2 = preferred brand Tier 3 = non-preferred brands	
Retail Cost Shares	\$10/\$35/\$70	
Mail Cost Shares	\$20/\$70/\$140	
Day Supply	Retail: 30 Days; Mail: 90 Days; Specialty: 30 Days	
Individual Deductible PCY	\$0	
Out of Network (Non-participating retail pharmacies)	Retail OON: Retail Cost Share, then 50% (to allowable); Mail Order OON: Not Covered	
Out of Pocket Maximum	Unlimited	
Annual Benefit Maximum	Unlimited	

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

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日本語 (Japanese):

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、Premera 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がある重要な日付をご確認ください。健康保険や有料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。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross를 통한 귀하의에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일과 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357)로 전화하십시오.

ລາວ (Lao):

ແຈ້ງການນີ້ມີຂໍ້ມູນສຳຄັນ ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສຳຄັນກ່ຽວກັບອາໄສທະໜັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານພ້າມ Premera Blue Cross. ອາດຈະມີວັນທີ່ສຳຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດຶງດູດການກວດກາກິດເວລາຂະໜາດພິເສດສາມາດຄົ້ນຄວ້າສາມາດຄຸ້ມຄອງກັບຄວາມສະຫງ່າ ຫຼື ຄວາມຊ່ວຍເຫຼືອດ້ວຍເງິນ ຫ້າມມີອິດທິພົນຕໍ່ ແລະ ຄວາມຊ່ວຍເຫຼືອດ້ວຍເງິນສາມາດຂອງທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທໃຫ້ຫາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះអាចព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីប្រព័ន្ធបរិស្ថាន ឬការវិនិច្ឆ័យផ្សេងៗ។ Premera Blue Cross ប្រហែលជាមាន កាលបរិច្ឆេទដ៏សំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ ឬការប្រហែលជាត្រូវការបញ្ចូលប្រាក់ ដល់កំណត់ថ្លៃអនុវត្តសំខាន់ៗ ឬការស្នើសុំឱ្យក្រុមការណ៍របស់អ្នក ឬការសុំឱ្យយកពន្ធដារ ឬការសុំឱ្យបញ្ជូនព័ត៌មាននេះ ឱ្យដល់ឱ្យទៅក្រុមការណ៍ឬការសុំឱ្យអង្គការ ឬការសុំឱ្យឱ្យបង្គាប់ឱ្យ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਠੀਕ ਵਿਚ ਮਹਾਨ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਠੀਕ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਵਕੋਰਾ ਅਤੇ ਅਨੀ ਅਤੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਦੇ ਸਕਦੀ ਹੈ. ਇਸ ਨੀਕਿਜ ਜਦਕਿ ਅਸ ਤੁਹਾਡਾ ਹੈ ਸਕਦੀ ਅ ਹਨ. ਸੋਕਰ ਤੁਸੀਂ ਜਸਤਕ ਵਕੋਰਾ ਕਿੱਥੀ ਚੇਢੇ ਨਾ ਉਸ ਦੀ ਸਕਦਿ ਜਵਿੰਦ ਮਦਦ ਦੇ ਵਿਕੋਰਾ ਦੇ ਤਾ ਤੁਹਾਨੂੰ ਮੱਤਮ ਤਾਰੀਖ ਦੇ ਅਠਿਲਾ ਰੁੱਝ ਅਸ ਕਰਮ ਚੁੱਕਣ ਦੀ ਇੱਕ ਹੈ ਸਕਦੀ ਹੈ. ਤੁਹਾਨੂੰ ਖੁਸ਼ ਵਿਚ ਦੇ ਅਪਣੀ ਭਾਜ ਵਿਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਠਿਲਾ ਹੈ. 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم دربارۀ فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه ای تا یک سال یا بیشتر هزینه های درمانی تا آن، به تاریخ های مشخصی برای انبار کردن کلیه خدماتی که ارائه می شود، شما حق این را دارید که این اطلاعات و کمک را به زبان خود به منظور زبان گفتاری دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کاربران 800-842-5357) تماس بگیرید. روزگار نمایند.

Polskie (Polish):

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

Portugués (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas 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: 800-842-5357).

Română (Romanian):

Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera 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 asistența privată la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):

Atonu ua iai i lenei fa'asilasila ia ni fa'amatatala e silii ona taua e tatau ona e malamalama i ai. O lenei fa'asilasila o se fesocosani e fa'amatatala atili i ai i le tula'o o le polokalame, Premera Blue Cross, ua e tau fa' maua atu i ai. Fa'amolemole, ia e lilo fa'alelei i aso fa'apitoa o lo'o iai i lenei fa'asilasila taua. Masalo o le ai iai ni fa'ua e tatau ona e fa'ia lo le auaile le aso ua fa'ua i lenei fa'asilasila ina ia e iai pea ma mau fesocosani mai ai i le polokalame a le Malo o lo'o e i ai i ai. O lo'o iai ia te oe le aia tatau e mau atu i lenei fa'asilasila ma lenei fa'atatala i legagana e le malamalama i ai auoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera 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 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ข่าวนี้อาจมีข้อมูลสำคัญ ข่าวนี้อาจมีข้อมูลสำคัญเกี่ยวกับสถานะการขอรับคุ้มครองและผลประโยชน์ Premera Blue Cross และอาจมีข้อมูลสำคัญเกี่ยวกับวันที่และขั้นตอนที่สำคัญในการดำเนินการขอรับสิทธิประโยชน์ที่ได้รับอยู่ขณะนี้ ขอแนะนำให้ผู้รับทราบถึงข้อมูลที่สำคัญเหล่านี้ก่อนดำเนินการต่อไป 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні ключеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).