

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 750 - GOOD FAITH	
		HERITAGE IN-NETWORK	HERITAGE OUT-OF-NETWORK
MEDICAL COST SHARE OPTIONS			
Individual Deductible PCY (Family embedded deductible 2X Individual)		\$750 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)		\$3,250 PCY	\$5,750 PCY
Office Visit Cost Share		\$20 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		\$20 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 750 - 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)		\$20 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)		\$20 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)		\$20 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)		\$20 Copay	Deductible, then 50% Coinsurance
Acupuncture (12 Visits PCY)		\$20 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 750 - 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.

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.

Discrimination is Against the Law

Premera 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.

- Provides free aids and 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 need these services, contact the Civil Rights Coordinator.

If you believe that Premera 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 91102, Seattle, WA 98111

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 a civil rights complaint 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://ocrportal.hhs.gov/ocrportal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera 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.

አሜሪካ (Amharic): የዚህ ማሳሰቢያ አጠቃላይ ዋና ዋና ነጥቦችን በአጭር መንገድ በዚህ ማሳሰቢያ ውስጥ ላይኛ ላይኛ ይገኛሉ። የዚህ ማሳሰቢያ አጠቃላይ ዋና ዋና ነጥቦችን በአጭር መንገድ በዚህ ማሳሰቢያ ውስጥ ላይኛ ላይኛ ይገኛሉ።

Oromoo (Cushite): Beeksisini kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a.

Français (French): Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés.

Kreyòl ayisyen (Creole): Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan osvwa konsènan kouwèti asirans lan travè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a.

Deutsche (German): Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross.

Hmoob (Hmong): Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb tuog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Premera Blue Cross.

Iloko (Ilocano): Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabaln nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti Premera Blue Cross.

Italiano (Italian): Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso.

العربية (Arabic): يحتوي هذا الإعلان على معلومات هامة. قد يحتوي هذا الإعلان على معلومات هامة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross.

中文 (Chinese): 本通知有重要的訊息。本通知可能有關您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。

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 Cross 를 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 취하여 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):

ແຈ່ງກຸມນີ້ມີຂໍ້ມູນສຳຄັນ. ແຈ່ງກຸມນີ້ອາດຈະມີຂໍ້ມູນສຳຄັນກ່ຽວກັບຄ່າຄ່ອງລະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານພ້ອມ Premera Blue Cross. ອາດຈະມີວັນທີ່ສຳຄັນໃນແຈ່ງກຸມນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດຳເນີນການກຸມນີ້ດ້ວຍຄວາມມາດຕະຖານທີ່ສຳຄັນກ່ຽວກັບຄ່າຄ່ອງລະໝັກ ຫຼື ຄວາມຄົມຄອງລະໝັກທີ່ສຳຄັນ ຄ່າໃຊ້ຈ່າຍຂອງທ່ານ. ທ່ານມີອິດທິພົນຂໍ້ມູນ ແລະ ຄວາມຄຸ້ນຄົວດ້ວຍພາສາຂອງທ່ານໄດ້ແບ່ງຍອກ. ໂທ ຈື່ນ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះអាចជាព័ត៌មានសំខាន់ៗ ដែលជំនួយដល់ការប្រកាសព័ត៌មានរបស់អ្នកអំពីការប្រកាសព័ត៌មានរបស់អ្នក។ Premera Blue Cross ប្រកាសព័ត៌មាន កាលបរិច្ឆេទសំខាន់ៗដូចជាសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រកាសព័ត៌មានអាចមានការប្រកាសព័ត៌មានសំខាន់ៗ ដូចជាការប្រកាសព័ត៌មានសំខាន់ៗ ដើម្បីជួយអ្នកឱ្យមានការប្រកាសព័ត៌មានសំខាន់ៗ ឬការកាត់បន្ថយចំណាយ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ ដោយឥតគិតថ្លៃសេវាសុខភាពសំខាន់ៗរបស់អ្នកដោយឥតគិតថ្លៃ។ មួយទៀត មួយទៀត 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਠੀਕ ਵਿਚ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਠੀਕ ਵਿਚ Premera Blue Cross ਦੇ ਕੋਈ ਤੁਰਾਂਕੀ ਕਰੋੜਾਂ 'ਤੇ ਅਜਨੀ ਥਾਂ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਦੇ ਸਕਦੀ ਹੈ. ਇਸ ਠੀਕ ਵਿਚ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਦੇ ਸਕਦੀ 'ਤੇ ਹਨ. ਸ਼ਕਤ ਤੁਸੀਂ ਸਹਾਇਕ ਕਰੋੜਾਂ ਵਿੱਚੋਂ ਹੋਏ ਨਾ ਉਸ ਦੀ ਸਹਾਇਕ ਸਹਿਯੋਗ ਦੇ ਵਿੱਚੋਂ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ 'ਮੇਰਾ ਠੀਕ' ਤੇ ਪਹਿਲਾਂ ਕੁਝ ਅਸ ਕਰਮ ਚੁੱਕਣ ਦੀ ਇੱਕ ਦੇ ਸਕਦੀ ਹੈ. ਤੁਹਾਨੂੰ ਖੁਦ ਵਿੱਚ 'ਤੇ ਪਹਿਲਾਂ ਠੀਕ ਵਿਚ ਜਾਣਕਾਰੀ 'ਤੇ ਮਹੱਤਵਪੂਰਨ ਕਰਮ ਦਾ ਪਹਿਲਕਾਰ ਹੈ. ਫ਼ੋਨ 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'asilasilaiga ni fa'amatalaga e silii ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaiga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e lilo fa'alelei i aso fa'apitoa o lo'o iai i lenei fa'asilasilaiga taua. Masalo o le ai iai ni feau e tatau ona e faia ao lei aulia le aso ua ta'ua i lenei fa'asilasilaiga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo o lo'o e iai i ai. O lo'o iai iate oe le aia tatau e mau atu i lenei fa'asilasilaiga ma lenei fa'matalaga i legagana e le malamalama i ai aunoa ma se togia 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):

ข้อความนี้มีความสำคัญ อาจมีข้อมูลที่จำเป็นเกี่ยวกับคำขอหรือการคุ้มครองของคุณผ่าน Premera Blue Cross และอาจมีวันที่สำคัญบางวันที่คุณจำเป็นต้องดำเนินการบางอย่างก่อนกำหนดเพื่อให้คุณสามารถรักษารายการคุ้มครองของคุณไว้ได้โดยไม่เสียค่าใช้จ่าย โทร 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 ймовірність 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. Звоніть 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).

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).

Português (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).