

# Highlights of your Health Care Coverage

(BHT) BUSINESS HEALTH TRUST

Effective Date: 07/01/2020

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		STERLING 4000	
	HERITAGE PRIME IN-NETWORK	OUT-OF-NETWORK	
<b>MEDICAL COST SHARE OPTIONS</b>			
<b>Individual Deductible PCY</b> (Family embedded deductible 3X Individual)	\$4,000	\$8,000	
<b>Coinsurance (Member's percentage of costs after deductible based on allowable charges)</b>	30%	50%	
<b>Individual Out of Pocket Maximum PCY, includes deductible, coinsurance, copay and pharmacy if applicable</b> (Family Embedded OOP Max \$14,300)	\$7,000	Unlimited	
<b>Office Visit Cost Share</b>	\$40 Copay, applies to the \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION</b>			
<b>Preventive Office Visit</b> (Unlimited, subject to standard medical guidelines)	Covered In Full	Not Covered	
<b>Immunizations</b> (Unlimited, subject to standard medical guidelines)	Covered In Full	Not Covered	
<b>Health Education (HE)</b> (Unlimited)	Covered In Full	Not Covered	
<b>Nicotine Dependency Programs (ND)</b> (Unlimited)	Covered In Full	Not Covered	
<b>Diabetes Health Education (DE)</b> (Unlimited)	Covered In Full	Not Covered	
<b>PROFESSIONAL CARE</b>			
<b>Professional Office Visit (Includes TeleMedicine)</b>	\$40 Copay, applies to the \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Inpatient Professional Services</b>	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Contraceptive Management Services</b> (Unlimited)	Covered In Full	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	

MEDICAL PLAN		STERLING 4000	
		HERITAGE PRIME IN-NETWORK	OUT-OF-NETWORK
<b>VIRTUAL CARE - ON DEMAND</b>			
Virtual Care - General Medical/ Dermatology (Voice/Video)	Covered in Full	Not Applicable	
<b>DIAGNOSTIC SERVICE OPTIONS</b>			
Preventive Professional Diagnostic Imaging and Laboratory Services - Including Mammogram and PAP/PSA	Covered In Full	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Other Professional Diagnostic Imaging	Waive Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Professional Diagnostic Major Imaging	Waive Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Other Professional Diagnostic Laboratory/Pathology	Waive Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Diagnostic Mammography	Waive Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>FACILITY CARE OPTIONS</b>			
Inpatient Facility	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Outpatient Surgery Facility	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Skilled Nursing Facility (90 days PCY; includes room and board, and facility billed professional and ancillary fees)	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Hospice Inpatient Facility (Unlimited; within the 6 month lifetime maximum)	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>PREMERA DESIGNATED CENTERS OF EXCELLENCE</b>			
Centers of Excellence Packaged Services (Heritage Prime Network - No Eligible Services)	Covered as any other service	Covered as any other service	
<b>EMERGENCY CARE AND TRANSPORTATION OPTION</b>			
Emergency Care (If applicable, waive copay if admitted to inpatient facility)	\$200 Copay then \$4,000 Deductible and 30% Coinsurance; all cost shares apply to the \$7,000 Out of Pocket Maximum	\$200 Copay then \$4,000 Deductible and 30% Coinsurance; all cost shares apply to the \$7,000 Out of Pocket Maximum	
Emergency Room Physician	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	
Urgent Care Center	\$40 Copay, applies to the \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
Ambulance Transportation (Unlimited)	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	
Air Ambulance (Unlimited)	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	
<b>OTHER SERVICES</b>			

<b>MEDICAL PLAN</b>		
	<b>STERLING 4000</b>	
	<b>HERITAGE PRIME IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Allergy/Therapeutic Injections</b>	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Mental Health Inpatient Facility Care</b> (Unlimited)	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Mental Health Outpatient Professional Care</b> (Unlimited)	\$40 Copay, applies to the \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Telemedicine - Mental Health</b>	Subject to Mental Health Outpatient Professional Care In-Network Cost Share	Not Applicable
<b>Chemical Dependency Inpatient Facility Care</b> (Unlimited)	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Chemical Dependency Outpatient Professional Care</b> (Unlimited)	\$40 Copay, applies to the \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Rehab Inpatient Facility</b> (30 days PCY)	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy, and Chronic Pain</b> (45 visits PCY)	\$40 Copay, applies to the \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Rehab Outpatient Care Chronic Conditions, Including Cardiac, Pulmonary Rehab, and Cancer</b>	\$40 Copay, applies to the \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Medical Supplies, Equipment, Prosthetics</b> (Unlimited)	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Foot Orthotics, Orthopedic Shoes and Accessories</b> (\$300 PCY; Includes orthotics and orthopedic shoes)	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Home Health Visits</b> (130 visits PCY)	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Hospice Care</b> (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum)	\$4,000 Deductible, then 30% Coinsurance, applies to \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>TMJ (Temporomandibular Joint Disorders)</b> (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
<b>Transplants</b> (Unlimited; \$7,500 travel and lodging limits)	Covered as any other service	Not Covered
<b>ALTERNATIVE CARE</b>		
<b>Manipulations (Spinal and other)</b> (12 visits PCY)	\$40 Copay, applies to the \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Acupuncture</b> (12 visits PCY)	\$40 Copay, applies to the \$7,000 Out of Pocket Maximum	\$8,000 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>ANNUAL PLAN MAXIMUM</b>		
<b>Annual Plan Maximum</b>	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.*

# Highlights of your Health Care Coverage

(BHT) BUSINESS HEALTH TRUST

Effective Date: 07/01/2020

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](http://www.premera.com)

<b>PHARMACY PLAN</b>	
<b>STERLING 4000 - RX</b>	
<b>PRESCRIPTION DRUGS</b>	
<b>Drug List</b>	Preferred B4 Tier 1 = generic Tier 2 = preferred brand Tier 3 = non-preferred brands Tier 4 = specialty
<b>Retail Cost Shares</b>	\$10/\$50/\$100/50%
<b>Mail Cost Shares</b>	\$25/\$125/\$250/50%
<b>Day Supply</b>	Retail: 30 Days; Mail: 90 Days; Specialty: 30 Days
<b>Individual Deductible PCY</b>	\$0
<b>Family Deductible PCY</b>	No Family Deductible
<b>Out of Network (Non-participating retail pharmacies)</b>	Cost Share, then 40% (to allowable)
<b>Out of Pocket Maximum</b>	Applies to the medical out of pocket maximum
<b>Annual Benefit Maximum</b>	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.*

**Discrimination is Against the Law**

Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

- Pravera has staff and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in alternate large print, audio, accessible electronic format, video format.
- Pravera has language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Translation services in other languages

If you need these services, contact your Call Rights Coordinator.

If you believe that Pravera 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 charge with the U.S. Equal Opportunity Commission (EEOC) or the state's Fair Housing Agency. Pravera's Call Rights Coordinator, Complaints and Appeals, 700 Blu 1111, Suite 404, 800-642-5357, TTY: 800-642-5357, Email: App@pravera.com or pravera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Call 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/ocr/portal/portal.jspx?cid=32481923&tid=6318> or by mail to: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 505F, Main Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7897 (TDD), Complaint form are available at: <https://www.hhs.gov/office/civil-rights>

**Getting Help in Other Languages**

This notice has important information. This notice may have important information about your qualifications or coverage through Pravera Blue Cross. If you need help to read this notice, we will help you get that help. We will help you get that help in your language at no cost. Call 800-722-1471 (TTY: 800-642-5357).

**ইউরোপীয়** (European)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**العربية** (Arabic)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**中文** (Chinese)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**日本語** (Japanese)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**한국어** (Korean)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**Oswego (Czech)**

Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**Deutsch (German)**  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**한국어** (Korean)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**සිංහල** (Sinhala)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.

**ਪੰਜਾਬੀ** (Punjabi)  
Pravera Blue Cross complies with applicable Federal and state laws and does not discriminate on the basis of race, national origin, age, disability, or sex. Pravera does not exclude people or limit their benefits based on race, color, national origin, age, disability or sex.