



A6 Medical Plan Summary

Effective 1/1/2019

This is only a summary of the key coverage provisions of the A6 Medical Plan and is not intended to be used for general distribution purposes or in lieu of a Plan Booklet. If there are any discrepancies between this summary and the plan booklet, the plan booklet will govern. If you have questions regarding the medical plan benefits, please contact the Trust office at (253) 474-1214.

Monthly Contribution	\$978.00
Managed Care Plan	No
Pre-Existing Condition Exclusion	No
Waiting Period	No
Precertification	Required for inpatient admissions, surgeries and select outpatient services; \$250 Penalty for failure to obtain pre-authorization
Referral	Referrals are not required
Coordination of Benefits	Yes
Subrogation	Yes
Waiver of Premium	Yes - Up to 3 months in a twelve month period
COBRA	Yes
Provider Network	Premiera Blue Cross
Pharmacy Network	MaxorPlus
Annual Plan Maximum	No
Life Insurance	
Employee	\$5,000; \$7,000 if accidental death
Dependents	\$2,500 spouse; \$1,000 children
Type of Plan	PPO - Preferred Provider <i>and</i> Non-Preferred Provider

These two benefits are not subject to the deductible, do not apply towards the medical annual out of pocket, are subject to the office visit copayment and are limited to the benefits indicate.

Prescription Drugs	Participating Pharmacy	Other Pharmacy
	Retail Pharmacy Up to a 30 day supply Generic Formulary Brand Non-Formulary Brand Mail Order Generic Formulary Brand Non-Formulary Brand Pharmacy Annual Out-Of-Pocket (OOP)	Up to a 30 day supply 15% copay 30% copay 50% copay, minimum \$50 \$15 copay Generic \$50 copay Preferred Brand \$100 copay Non Preferred Brand 90 day supply \$2,900 Individual / \$5,800 Family Once the OOP maximum is met the benefits increase to 100% for the remainder of the year
Chiropractic	\$25 copay, 100% of 24 adjustments per year \$25 copay, 100% of one exam per year \$100 for x-rays per year	



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	Preferred Provider (PPO)	Non-Preferred Provider (Non-PPO)
Annual Deductible		
Individual		\$300
Family		\$900
Office Visit copayment		\$25
Individual Out of Pocket (OOP)	20%, Up to the annual out of pocket maximum	40%
Annual Out-Of-Pocket (OOP)	\$5,000 Individual/\$10,000 Family Includes PPO deductible, copayments and cost share only. Once the annual OOP maximum is met benefits increase to 100% for the remainder of the year.	No annual maximum
Ambulance	80%	80%
Hospital		
Inpatient and Outpatient	80%	60%
Emergency Room	\$150 copay, 80%	\$150 copay, 80%
Physician Services		
Office	\$25 copay, 80%	\$25 copay, 60%
Hospital; In- or Out-patient	80%	60%
Diagnostic; X-ray & Lab	80%	60%
Preventative Care	100%, no cost share	\$25 copay, 60% not subject to deductible
Alternative Care	\$25 copay 80%	\$25 copay 60%
Acupuncture, Naturopath and Massage Therapy	Maximum of 24 visits per year	
Therapy	\$25 copay, 80%	\$25 copay, 60%
physical, occupational and speech	maximum 48 visits per calendar year	
chemo, radiation	no visit limits	
Maternity (includes Midwives)		
Member and spouse only	80%	60%
Home Health Care	80%, 120 visits per year	60%, 120 visits per year
Hospice	80%, 120 days maximum	60%, 120 days maximum
Skilled Nursing Facility	80%, 120 days per condition	60%, 120 days per condition
Durable Medical Equipment (DME)	80%	60%
	Pre-authorization required for DME over \$2,000 purchase or \$500 per month rental	
Hearing Aid	100% limited to \$1,000 per aid, every five years	
Prosthetic Devices	80%	60%
Organ Transplant	80%	60%
	Benefit available after six month waiting period; special rules and limits apply to Organ Transplants.	
TMJ - Jaw Disorders	80% to \$7,500 lifetime maximum	60% to \$7,500 lifetime maximum