



Washington **Clean Technology** Alliance

Washington Clean Technology Alliance Health Trust

Products and Services



Effective January 1, 2014

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About the Washington Clean Technology Alliance Health Trust



Washington Clean Technology Alliance

As part of the Washington Clean Technology Alliance, your company may be eligible for employee benefits through the Washington Clean Technology Alliance Health Trust.

Insurance through the Health Trust provides exclusive advantages such as a wide array of administrative services, as well as highly competitive group rates through contracts with the largest and most respected insurance carriers in the state of Washington.

Benefits of joining the Washington Clean Technology Alliance Health Trust include:

- Competitive prices through “large group” buying power
- Consolidated billing and eligibility services
- Comprehensive benefits for employers with as many as 199 employees
- COBRA administration at no additional cost
- Electronic fulfillment including plan booklets, summaries, and forms
- Wellness programs that can increase productivity and lower absenteeism, which can have a direct impact on the cost of providing healthcare benefits

The following pages give a detailed summary of the unique products and services offered by the Washington Clean Technology Alliance Health Trust.

Benefits Snapshot

Medical

- 12 Preferred Provider Plans (PPO) and three Health Savings Account (HSA) products
- Wellness program included with all plans at no additional cost
- Underwritten by Premera Blue Cross

Dental

- Five PPO Plans with optional orthodontia riders for groups of 10 or more employees
- Underwritten by Delta Dental of Washington (DDWA)

Vision

- Plan includes an exam, hardware, and contact lens benefit, as well as an optional safety glasses rider
- Underwritten by Vision Service Plan (VSP)

Basic Life and AD&D, Disability, and Voluntary Life

- Basic Life: Options include flat benefit amounts, as well as multiples of salary
- Disability benefits are available to groups of 10 or more employees
- Voluntary term life for employers with five or more employees
- Underwritten by Unum

Employee Assistance Program

- Three visit model embedded in all medical plans
- Six visit buy up option available
- Administered by Wellspring Family Services

Billing and Eligibility Administration

- Consolidated billing
- COBRA Administration
- Online enrollment
- Electronic invoicing
- Administered by Benefit Solutions, Inc. (BSI)

Medical Plan

About Premera Blue Cross



- Premera Blue Cross is one of the most trusted names among health carriers in the state of Washington. Premera has been in business for more than 80 years. Five of the eight Fortune 500 companies in Washington choose Premera.
- One in five people in the state of Washington are covered by Premera, and one in three Americans are covered by a Blue Cross / Blue Shield plan. Premera has one of the largest provider networks with the deepest discounts in the state and in the country.
 - 30,000+ providers and more than 105 hospitals in Washington
 - 990,000 providers and 6,600 hospitals nationwide
- Premera’s mobile apps offer another convenient way to manage your account, look up a provider, and send proof of coverage to your doctor’s office. It recently won an “Outstanding Mobile Application” award in Web Marketing Association’s first annual MobileWebAwards.
- Premera also boasts award-winning customer service, CSR’s that are available 6 a.m. to 5 p.m. PST Monday through Friday, and an Interactive Voice Response System that is available 24/7. Premera also has a 24-hour Nurseline so members can speak to a registered nurse free of charge anytime.
- Premera’s Utilization Management (UM) philosophy is to ensure members receive appropriate high-quality care, performed in the right care setting, at the right time. Premera’s UM contributes to sustainable healthcare through improved health outcomes, reduce member harm from unnecessary services, and a reduction in costs without creating a negative impact on quality.
- Premera is also heavily invested in our communities – Premera’s 3,100 associates have donated an average of \$400,000 to regional United Way campaigns.

MEDICAL PLAN	PLAN A	PLAN B	PLAN C
Network	Heritage +1	Heritage +1	Heritage +1
Individual Deductible PCY Family 3x Individual	\$0 In-Network / \$200 Out-of-Network	\$200 Shared In and Out	\$250 Shared In and Out
Coinsurance ¹ In-network / Out-of-network after Deductible	0% / 50%	0% / 50%	10% / 50%
Out-Of-Pocket Maximum Out-of-pocket maximum is per calendar year and includes deductible. Includes copays. Family x 3.	\$0 In-Network / \$10,200 Out-of-Network	\$2,700 Shared In and Out	\$2,750 Shared In and Out
Office Visit Copay ²	\$20 In-Network	\$15 In-Network	\$20 In-Network
COVERED SERVICES³			
PREVENTIVE CARE⁴ (In-network Only)			
Preventive Care Office Visit	Covered in full	Covered in full	Covered in full
Immunizations	Covered in full	Covered in full	Covered in full
Preventive Screenings, Smoking Cessation, Health & Diabetes Education	Covered in full	Covered in full	Covered in full
Community Wellness (to \$250 PCY)	Covered in full	Covered in full	Covered in full
PROFESSIONAL CARE/DIAGNOSTIC SERVICES			
Office Visit (Includes 1 routine hearing exam PCY). Includes Urgent Care Visit.	\$20 copay	\$15 copay	\$20 copay
Outpatient Professional Services	0% / 50%	0% / 50%	10% / 50%
Inpatient Professional Services	0% / 50%	0% / 50%	10% / 50%
Diagnostic Imaging & Laboratory Services (Non-preventive)	0% / 50%	0% / 50%	10% / 50%
Mammography (Non-preventive)	Covered in full	Covered in full	Covered in full
FACILITY CARE			
Inpatient Care	0% / 50%	0% / 50%	10% / 50%
Skilled Nursing Facility	0% / 50%: 60 days PCY	0% / 50%: 60 days PCY	10% / 50%: 60 days PCY
Outpatient Surgery Facility	0% / 50%	0% / 50%	10% / 50%
EMERGENCY CARE			
Emergency Room (Copay waived if admitted)	\$200 copay, then 0%	\$200 copay, then 0%	\$200 copay, then 10%
Outpatient Emergency Care	0%	0%	10%
Ambulance Transportation	0%	0%	10%
OTHER SERVICES			
Transplants (In-network only) ⁵ Outpatient: OV Copay or Coinsurance applies	Outpatient: \$20 OV copay Inpatient: 0%	Outpatient: \$15 OV copay Inpatient: 0%	Outpatient: \$20 OV copay Inpatient: 10%
Mental Health Care Outpatient and Inpatient: Unlimited	Outpatient: \$20 OV copay / 50% Inpatient: 0% / 50%	Outpatient: \$15 OV copay / 50% Inpatient: 0% / 50%	Outpatient: \$20 OV copay / 50% Inpatient: 10% / 50%
Chemical Dependency Treatment Unlimited	Outpatient: \$20 OV copay Inpatient: 0% / 50%	Outpatient: \$15 OV copay Inpatient: 0% / 50%	Outpatient: \$20 OV copay Inpatient: 10% / 50%
Rehabilitation 45 visits PCY Outpatient / 30 Days PCY Inpatient	Outpatient: \$20 OV copay Inpatient: 0% / 50%	Outpatient: \$15 OV copay Inpatient: 0% / 50%	Outpatient: \$20 OV copay Inpatient: 10% / 50%
Neurodevelopmental Therapy 45 visits PCY Outpatient / 30 Days PCY Inpatient	Outpatient: \$20 OV copay Inpatient: 0% / 50%	Outpatient: \$15 OV copay Inpatient: 0% / 50%	Outpatient: \$20 OV copay Inpatient: 10% / 50%
Hospice Care 6-month max. Inpatient: 10 days max; Respite: 240 hours max	0% / 50%	0% / 50%	10% / 50%
Home Health Care 130 visits PCY	0% / 50%	0% / 50%	10% / 50%
Supplies, Equipment and Prosthetics Foot Orthotics \$300 PCY	0% / 50%	0% / 50%	10% / 50%
Spinal and Other Manipulations	\$20 OV copay / 50% 12 visit limit PCY	\$15 OV copay / 50% 12 visit limit PCY	\$20 OV copay / 50% 12 visit limit PCY
Acupuncture 12 visits PCY	\$20 OV copay / 50%	\$15 OV copay / 50%	\$20 OV copay / 50%
Naturopathic Services	\$20 OV copay / 50%	\$15 OV copay / 50%	\$20 OV copay / 50%
Temporomandibular Joint (TMJ) Disorders \$1,000 PCY; \$5,000 Lifetime Max	Outpatient: \$20 OV copay / 50% Inpatient: 0% / 50%	Outpatient: \$15 OV copay / 50% Inpatient: 0% / 50%	Outpatient: \$20 OV copay / 50% Inpatient: 10% / 50%
PRESCRIPTION Rx			
Retail 30-day supply	\$10 / \$25 / \$50	\$10 / \$25 / \$50	\$10 / \$25 / \$50
Mail Order 90-day supply	\$20 / \$50 / \$100	\$20 / \$50 / \$100	\$20 / \$50 / \$100
ANNUAL PLAN MAXIMUM	Unlimited	Unlimited	Unlimited

PCY = Per Calendar Year

OV = Office Visit

¹ All coinsurance amounts based on % of allowable charges after deductible is met.

² Deductible waived when OV copay applies.

³ Benefits listed apply after calendar-year deductible is met, unless otherwise specified.

⁴ Deductible waived.

⁵ 6-month waiting period, subject to being waived for prior creditable coverage.

This Medical Comparison of Plans is a brief summary of benefits. For exact details of coverage, including limitations and exclusions, please refer to the applicable contract or booklet.

Cost shares represent what you pay

PLAN D	PLAN E	PLAN F	PLAN G	PLAN H
Heritage +1	Heritage +1	Heritage +1	Heritage +1	Heritage +1
\$300 Shared In and Out	\$500 Shared In and Out	\$750 Shared In and Out	\$1,000 Shared In and Out	\$1,500 Shared In and Out
20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%
\$2,300 Shared In and Out	\$3,500 Shared In and Out	\$3,500 Shared In and Out	\$4,200 Shared In and Out	\$4,200 Shared In and Out
\$25 In-Network	\$25 In-Network	\$30 In-Network	\$30 In-Network	\$35 In-Network
Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
\$25 copay	\$25 copay	\$30 copay	\$30 Copay	\$35 copay
20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%
20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%
20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%
Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%
20% / 50%; 60 days PCY	20% / 50%; 60 days PCY	20% / 50%; 60 days PCY	20% / 50%; 60 days PCY	20% / 50%; 60 days PCY
20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%
\$200 copay, then 20%	\$200 Copay, then 20%	\$200 copay, then 20%	\$200 copay, then 20%	\$200 copay, then 20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
Outpatient: \$25 OV copay; Inpatient: 20%	Outpatient: \$25 OV copay Inpatient: 20%	Outpatient: \$30 OV copay Inpatient: 20%	Outpatient: \$30 OV copay Inpatient: 20%	Outpatient: \$35 OV copay Inpatient: 20%
Outpatient: \$25 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$25 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$30 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$30 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$35 OV copay / 50% Inpatient: 20% / 50%
Outpatient: \$25 OV copay; Inpatient: 20% / 50%	Outpatient: \$25 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$30 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$30 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$35 OV copay / 50% Inpatient: 20% / 50%
Outpatient: \$25 OV copay; Inpatient: 20% / 50%	Outpatient: \$25 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$30 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$30 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$35 OV copay / 50% Inpatient: 20% / 50%
Outpatient: \$25 OV copay; Inpatient: 20% / 50%	Outpatient: \$25 copay / 50% Inpatient: 20% / 50%	Outpatient: \$30 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$30 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$35 OV copay / 50% Inpatient: 20% / 50%
20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%
20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%
20% / 50%	20% / 50%	20% / 50%	20% / 50%	20% / 50%
\$25 OV copay / 50%: 12 visit limit PCY	\$25 OV copay: 12 visit limit PCY	\$30 OV copay / 50% 12 visit limit PCY	\$30 OV Copay / 50% 12 visit limit PCY	\$35 OV copay / 50% 12 visit limit PCY
\$25 OV copay / 50%	\$25 OV copay	\$30 OV copay / 50%	\$30 OV Copay / 50%	\$35 OV copay / 50%
\$25 OV copay / 50%	\$25 OV copay / 50%	\$30 OV copay / 50%	\$30 OV Copay / 50%	\$35 OV copay / 50%
Outpatient: \$25 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$25 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$30 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$30 OV Copay / 50% Inpatient: 20% / 50%	Outpatient: \$35 OV copay / 50% Inpatient: 20% / 50%
Generic / Preferred / Non-Preferred	Generic / Preferred / Non-Preferred	Generic / Preferred / Non-Preferred	Generic / Preferred / Non-Preferred	Generic / Preferred / Non-Preferred
\$10 / \$30 / \$60	\$10 / \$30 / \$60	\$10 / \$35 / \$70	\$10 / \$35 / \$70	\$10 / \$40 / \$80
\$20 / \$60 / \$120	\$20 / \$60 / \$120	\$20 / \$70 / \$140	\$20 / \$70 / \$140	\$20 / \$80 / \$160
Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

PCY = Per Calendar Year

OV = Office Visit

¹ All coinsurance amounts based on % of allowable charges after deductible is met.

² Deductible waived when OV copay applies.

³ Benefits listed apply after calendar-year deductible is met, unless otherwise specified.

⁴ Deductible waived.

⁵ 6-month waiting period, subject to being waived for prior creditable coverage.

MEDICAL PLAN	PLAN I	PLAN J	PLAN K
Network	Heritage +1	Heritage +1	Heritage +1
Individual Deductible PCY	\$2,000 Shared In and Out	\$2,500 Shared In and Out	\$3,000 Shared In and Out
Coinsurance ¹ In-network / Out-of-network after Deductible	20% / 50%	20% / 50%	20% / 50%
Out-Of-Pocket Maximum Out-of-pocket maximum is per calendar year and includes deductible. Includes copays.	\$4,200 Shared In and Out (Family x 3)	\$4,200 Shared In and Out (Family x 3)	\$4,200 Shared In and Out (Family x 3)
Office Visit Copay ²	\$35 In-Network	\$40 In-Network	\$40 In-Network
COVERED SERVICES³			
PREVENTIVE CARE⁴ (In-network Only)			
Preventive Care Office Visit	Covered in full	Covered in full	Covered in full
Immunizations	Covered in full	Covered in full	Covered in full
Preventive Screenings, Smoking Cessation, Health & Diabetes Education	Covered in full	Covered in full	Covered in full
Community Wellness (to \$250 PCY)	Covered in full	Covered in full	Covered in full
PROFESSIONAL CARE/DIAGNOSTIC SERVICES			
Office Visit (Includes 1 routine hearing exam PCY for Plan I). Includes Urgent Care Visit	\$35 copay	\$40 copay	\$40 copay
Outpatient Professional Services	20% / 50%	20% / 50%	20% / 50%
Inpatient Professional Services	20% / 50%	20% / 50%	20% / 50%
Diagnostic Imaging & Laboratory Services (Non-preventive)	20% / 50%	20% / 50%	20% / 50%
Mammography (Non-preventive)	Covered in full	Covered in full	Covered in full
FACILITY CARE			
Inpatient Care	20% / 50%	20% / 50%	20% / 50%
Skilled Nursing Facility	20% / 50%: 60 days PCY	20% / 50%: 60 days PCY	20% / 50%: 60 days PCY
Outpatient Surgery Facility	20% / 50%	20% / 50%	20% / 50%
EMERGENCY CARE			
Emergency Room (Copay waived if admitted)	\$200 copay, then 20%	\$200 copay, then 20%	\$200 copay, then 20%
Outpatient Emergency Care	20%	20%	20%
Ambulance Transportation	20%	20%	20%
OTHER SERVICES			
Transplants (In-network only) ⁵ Outpatient: OV Copay or Coinsurance applies	Outpatient: \$35 OV copay Inpatient: 20%	Outpatient: \$40 OV copay Inpatient: 20%	Outpatient: \$40 OV copay Inpatient: 20%
Mental Health Care Outpatient and Inpatient: Unlimited	Outpatient: \$35 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$40 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$40 OV copay / 50% Inpatient: 20% / 50%
Chemical Dependency Treatment Unlimited	Outpatient: \$35 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$40 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$40 OV copay / 50% Inpatient: 20% / 50%
Rehabilitation Inpatient: 30 days PCY	Outpatient: \$35 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$40 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$40 OV copay / 50% Inpatient: 20% / 50%
Neurodevelopmental Therapy Inpatient: 30 days PCY	Outpatient: \$35 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$40 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$40 OV copay / 50% Inpatient: 20% / 50%
Hospice Care 6-month maximum	20% / 50%	20% / 50%	20% / 50%
Home Health Care 130 visits PCY	20% / 50%	20% / 50%	20% / 50%
Supplies, Equipment and Prosthetics Foot orthotics \$300 PCY	20% / 50%	20% / 50%	20% / 50%
Spinal and Other Manipulations	\$35 OV copay / 50% 12 visit limit PCY	\$40 OV copay / 50% 12 visit limit PCY	\$40 OV copay / 50% 12 visit limit PCY
Acupuncture 12 visits PCY	\$35 OV copay / 50%	\$40 OV copay / 50%	\$40 OV copay / 50%
Naturopathic Services	\$35 OV copay / 50%	\$40 OV copay / 50%	\$40 OV copay / 50%
Temporomandibular Joint (TMJ) Disorders \$1,000 PCY; \$5,000 Lifetime Max	Outpatient: \$35 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$40 OV copay / 50% Inpatient: 20% / 50%	Outpatient: \$40 OV copay / 50% Inpatient: 20% / 50%
PRESCRIPTION Rx			
Retail 30-day supply	\$10 / \$40 / \$80	\$10 / \$50 / \$100	\$10 / \$50 / \$100
Mail Order 90-day supply	\$20 / \$80 / \$160	\$20 / \$100 / \$200	\$20 / \$100 / \$200
ANNUAL PLAN MAXIMUM	Unlimited	Unlimited	Unlimited

PCY = Per Calendar Year

OV = Office Visit

¹ All coinsurance amounts based on % of allowable charges after deductible is met.

² Deductible waived when OV copay applies.

³ Benefits listed apply after calendar-year deductible is met, unless otherwise specified.

⁴ Deductible waived.

⁵ 6-month waiting period, subject to being waived for prior creditable coverage.

Cost shares represent what you pay

PLAN L	PLAN HSA 1700	PLAN HSA 2500	PLAN HSA 5000
Heritage +1	Heritage +1	Heritage +1	Heritage +1
\$5,000 Shared In and Out	\$1,700 Individual / \$3,400 Family Aggregate Deductible	\$2,500 Individual / \$5,000 Family Aggregate Deductible	\$5,000 Individual / \$10,000 Family Aggregate Deductible
20% / 50%	20% / 50%	20% / 50%	20% / 50%
\$6,350 Shared In and Out (Family x 2)	\$4,200 Individual / \$8,400 Family Aggregate	\$5,000 Individual / \$10,000 Family Aggregate	\$6,350 Individual / \$12,700 Family Aggregate
\$40 In-Network	N/A; Subject to major medical	N/A; Subject to major medical	N/A; Subject to major medical
Covered in full	Covered in full	Covered in full	Covered in full
Covered in full	Covered in full	Covered in full	Covered in full
Covered in full	Covered in full	Covered in full	Covered in full
Covered in full	Covered in full	Covered in full	Covered in full
\$40 copay / 50%	20% / 50%	20% / 50%	20% / 50%
20% / 50%	20% / 50%	20% / 50%	20% / 50%
20% / 50%	20% / 50%	20% / 50%	20% / 50%
20% / 50%	20% / 50%	20% / 50%	20% / 50%
Covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
20% / 50%	20% / 50%	20% / 50%	20% / 50%
20% / 50%: 60 days PCY	20% / 50%: 60 days PCY	20% / 50%: 60 days PCY	20% / 50%: 60 days PCY
20% / 50%	20% / 50%	20% / 50%	20% / 50%
\$200 copay, then 20%	20%	20%	20%
20%	20%	20%	20%
20%	20%	20%	20%
Outpatient: \$40 OV copay Inpatient: 20%	20%	20%	20%
Outpatient: \$40 OV copay / 50% Inpatient: 20% / 50%	20% / 50%	20% / 50%	20% / 50%
Outpatient: \$40 OV copay / 50% Inpatient: 20% / 50%	20% / 50%	20% / 50%	20% / 50%
20% / 50%	20% / 50%: Outpatient: 15 visits PCY	20% / 50%: Outpatient: 15 visits PCY	20% / 50%: 15 visits PCY
20% / 50%	20% / 50%: Outpatient: 15 visits PCY	20% / 50%: Outpatient: 15 visits PCY	20% / 50%: 15 visits PCY
20% / 50%	20% / 50%	20% / 50%	20% / 50%
20% / 50%	20% / 50%	20% / 50%	20% / 50%
20% / 50%	20% / 50%	20% / 50%	20% / 50%
\$40 OV copay / 50% 12 visit limit PCY	20% / 50% 12 visit limit PCY	20% / 50% 12 visit limit PCY	20% / 50% 12 visit limit PCY
\$40 OV copay / 50%	20% / 50%	20% / 50%	20% / 50%
\$40 OV copay / 50%	20% / 50%	20% / 50%	20% / 50%
Outpatient: \$40 OV copay / 50% Inpatient: 20% / 50%	Not covered	Not covered	Not covered
Generic / Preferred / Non-Preferred	Major Medical	Major Medical	Major Medical
\$10 / \$50 / \$100	20%	20%	20%
\$20 / \$100 / \$200	20%	20%	20%
Unlimited	Unlimited	Unlimited	Unlimited

PCY = Per Calendar Year
OV = Office Visit

¹ All coinsurance amounts based on % of allowable charges after deductible is met.

² Deductible waived when OV copay applies.

³ Benefits listed apply after calendar-year deductible is met, unless otherwise specified.

⁴ Deductible waived.

⁵ 6-month waiting period, subject to being waived for prior creditable coverage.



Program Management Provided by:
Wells Fargo Insurance Services

Premera Blue Cross is an Independent Licensee of the Blue Cross Blue Shield Association

014251 (09-2013)

Dental Plan



About Delta Dental of Washington

Delta Dental of Washington

Delta Dental of Washington (DDWA), a member of the nationwide Delta Dental Plans Association, is the state's leading dental benefits company, providing comprehensive coverage both locally and nationally. DDWA offers the largest network of dentists — more than 3,938 in Washington state, and more than 142,000 across the country. This is a benefit no other company can match.

A focus on prevention: DDWA coverage focuses on preventive care, which improves oral — and overall — health, and reduces long-term costs.

Hassle-free coverage: Participating DDWA dentists complete claim forms and submit them directly to DDWA, so you don't have to deal with time-consuming paperwork.

MySmile® personal benefits center: Want to find a dentist nearby, check your benefits or find out whether a specific treatment is covered? MySmile® personal benefits center, your patient portal on Delta Dental of Washington www.DeltaDentalWA.com Web site, is customized to your individual needs and provides you with answers to your most pressing questions about your dental coverage. This interactive patient portal provides immediate access to the dental benefits information you need most, such as:

- A Find a Dentist search feature that lets you locate dentists in your plan network. It allows you to search by radius and provides a map marking dentist locations within your designated area.
- A snapshot of your recent dental activity, including an explanation of benefits summary
- Details about your plan coverage, eligible benefits and payment history
- Immediate view-and-print access to your ID card
- Check your claim status

Dental Plan Comparison



Delta Dental of Washington

	Delta PPO Plan A Group # 352		Delta PPO Plan B Group # 776		Delta PPO Plan C Group # 777		Delta PPO Plan D Group # 778		Delta PPO Plan E Group # 353		Ortho Child Only	Ortho Family
Annual Deductible Per Person - (Waived on Class I benefits)	\$25		\$50		\$50		\$50		\$50			
Family Maximum - (Waived on Class I benefits)	\$75		\$150		\$150		\$150		\$150			
Annual Maximum (Per Calendar Year)	\$1,000		\$2,000		\$1,500		\$2,000		\$1,000		Lifetime Max \$1,000	Lifetime Max \$2,000
	Available to Groups of 2 or more		Available to Groups of 2 or more		Available to Groups of 2 or more		Available to Groups of 2 or more		Available to Groups of 2 or more		Groups of 10 or more	Groups of 10 or more
Class I - Diagnostic & Preventive	Benefit %		Benefit %		Benefit %		Benefit %		Benefit %		Benefit %	Benefit %
	In-network	Out-Network	In-network	Out-Network	In-network	Out-Network	In-network	Out-Network	In-network	Out-Network		
Exams Prophys Fluoride X-Rays Sealants	100%	100%	100%	100%	100%	80%	100%	80%	90%	70%	50%	50%
Class II - Restorative	Benefit %		Benefit %		Benefit %		Benefit %		Benefit %			
Restorations Endodontics Periodontics Oral Surgery	90%	80%	90%	80%	80%	70%	80%	70%	70%	60%		
Class III - Major	Benefit %		Benefit %		Benefit %		Benefit %		Benefit %			
Crowns Dentures Partials Bridges Implants	50%	50%	50%	50%	50%	40%	50%	40%	50%	40%		

This Dental Comparison of Plans is a brief summary of benefits. For exact details of coverage, including limitations and exclusions, please refer to the applicable contract or booklet.

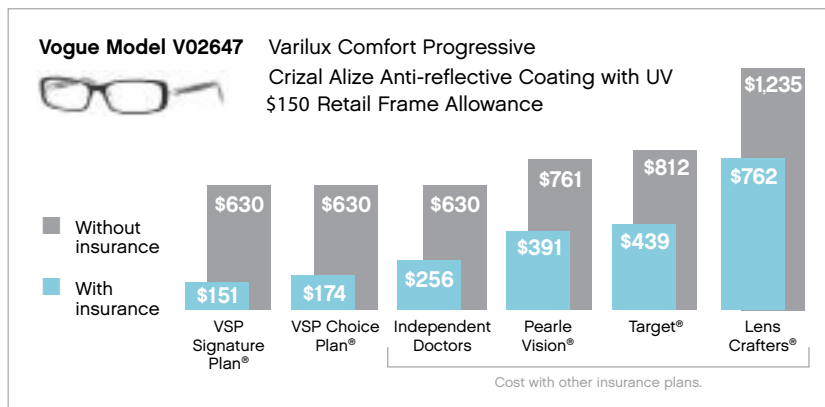
Better Vision Care

The right vision plan can help you attract and retain employees, lower healthcare costs, and improve productivity. As the only national not-for-profit vision company, VSP® Vision Care gives you the best value, choices, and care.



Lowest Out-of-pocket Costs

The #1 employee priority in a vision plan is low out-of-pocket costs.¹ Without VSP, employees could pay \$611 more for the same glasses.²



OUR MEMBER PROMISE

Your employees will be happy, or we'll make it right.



Better Network Choices

Trusted VSP Doctors

- More than 50,000 access points
- 88% offer extended hours
- 2,000 retail chain locations
- Widest selection of eyewear
- Comprehensive WellVision Exam®

Out-of-network Options

- Freedom to choose any provider



Smarter Vision Care

Easy Plan Administration

- Improved satisfaction and loyalty
- Smarter Vision Care™ that doubles as preventive medicine
- For every 100 employees, you can avoid \$8,027 in lost productivity and healthcare costs.³



Happier Employees

Guaranteed Satisfaction

- Lowest out-of-pocket costs
- More than \$2,500 in savings with exclusive member extras
- Best choice in eyecare providers and eyewear
- World Class certified service team available 7 days a week
- Mobile access to vsp.com

Give your employees consumers' #1 choice in vision care.⁴

1. Jobson's 2012 Consumer Perceptions of Managed Vision Care. 2. Study was commissioned by VSP and conducted from November to December 2012. Study sample consisted of randomly selected geographically representative shops—nearly 850 independent doctor locations and nearly 450 retail chain locations. 3. Human Capital Management Services (HCMS) study on behalf of VSP, 2010; based on VSP book-of-business utilization rates. 4. Ipsos National Vision Plan Member Research, 2012.

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Vision Plan Comparison



Benefit	VSP Signature Plan B 12/12/24	VSP Signature Plan B 12/12/24 With Safety Glasses Rider #1	VSP Signature Plan B 12/12/24 With Safety Glasses Rider #2
Copay	\$25 copay every 12 months	\$25 copay every 12 months	\$25 copay every 12 months
Single Vision	100% VSP \$50 Other Provider	100% VSP \$50 Other Provider	100% VSP \$50 Other Provider
Lined Bifocal	100% VSP \$75 Other Provider	100% VSP \$75 Other Provider	100% VSP \$75 Other Provider
Lined Trifocal	100% VSP \$100 Other Provider	100% VSP \$100 Other Provider	100% VSP \$100 Other Provider
Elective Contacts (Instead of glasses)	Contacts \$150 VSP \$105 Other Provider	Contacts \$150 VSP \$105 Other Provider	Contacts \$150 VSP \$105 Other Provider
Contact Lens Exam (Fitting & evaluation)	Up to \$60 copay	Up to \$60 copay	Up to \$60 copay
Frames	Frames \$150 VSP 20% off the amount over the limit \$70 Other Provider	Frames \$150 VSP 20% off the amount over the limit \$70 Other Provider	Frames \$150 VSP 20% off the amount over the limit \$70 Other Provider
Limitations	If you choose contact lenses you will be eligible for frames in 12 months.	If you choose contact lenses you will be eligible for frames in 12 months.	If you choose contact lenses you will be eligible for frames in 12 months.
Exam	\$25 Copay, 100% VSP Provider \$50 Other Provider	\$25 Copay, 100% VSP Provider \$50 Other Provider	\$25 Copay, 100% VSP Provider \$50 Other Provider
Safety Glasses	N/A	\$0 Copay Lenses* covered in full every 12 months (single, lined bifocal or lined trifocal). Frames covered up to \$65 every 24 months 20% off the amount over the limit	\$10 Copay Lenses* covered in full every 12 months (single, lined bifocal or lined trifocal). Frames covered up to \$65 every 24 months 20% off the amount over the limit
		<p>*The lenses and frame provided under this plan are certified as safe for the work environment by meeting the necessary requirements set forth by ANSI (American National Standards Institute) (No coverage for other provider)</p>	

This Vision Comparison of Plans is a brief summary of benefits. For exact details of coverage, including limitations and exclusions, please refer to the applicable contract or booklet.

Leading benefits for today's workforce

Backed by financial strength and highly rated customer service

Despite a slow economic recovery, Unum stands strong. We're committed to responsible capital management — and we have the financial resources to back our benefits and support your employees at claim time.

Our financial portfolio

- Is well diversified
- Contains no subprime mortgage exposure
- Has a strong capital position
- Is stable — reflected by our financial strength ratings

You can rely on Unum's financial strength and experience. To learn more about us and the benefits we offer, call your broker or Unum representative — or visit us at unum.com.

**UNUM
IN THE U.S.
IS RANKED:**

#1

- GROUP DISABILITY¹
- INDIVIDUAL DISABILITY²

#2

- VOLUNTARY BENEFITS³
- GROUP LIFE⁴

37 YEARS

**AS THE LEADING PROVIDER
OF GROUP DISABILITY
BENEFITS IN THE U.S.⁵**

Unum Group by the numbers

Serve **38%** of Fortune 500 companies⁶

Paid more than **\$6 billion** in benefits in 2012⁷

Insure **22 million** individuals⁸

Serving the needs of **172,000** businesses worldwide⁹



1 Gen Re, 2012 U.S. Group Disability Market Survey (2013). Based on inforce cases.
2 Gen Re, 2012 U.S. Individual Disability Market Survey (2013). Based on inforce cases.
3 Eastbridge, U.S. Worksite Sales Report, Carrier Results for 2012 (2013). Based on inforce premium.
4 Gen Re, 2013 U.S. Group Life Market Survey (2013). Based on inforce cases.
5 Employee Benefit Plan Review, Group Accident & Health Surveys 1976-1990 (1977-1991); Gen Re, U.S. Group Disability Market Surveys 1991-2012 (1992-2013).

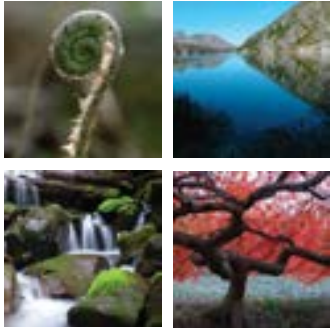
6 "Largest U.S. Corporations," Fortune (May 21, 2012); Unum Group customer database, 2012.
7,8,9 Unum internal data, 2012.
10 Forbes.com, "America's 100 Most Trustworthy Companies" (Mar. 18, 2013; accessed April 1, 2013), <http://www.forbes.com/sites/jacquelynsmith/2013/03/18/americas-100-most-trustworthy-companies/>.
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Basic, Voluntary Life, and AD&D



	Plan 1	Plan 2	Plan 3	Plan 4
Insurance Carrier	Unum	Unum	Unum	Unum
Benefit Amount	\$10,000	\$50,000	1 x Annual Salary to \$100,000	1 x Annual Salary to \$200,000
Guarantee Issue	\$10,000	\$50,000	\$100,000	\$200,000
Minimum Group Size	2 Employees	10 Employees	10 Employees	10 Employees
Voluntary Life and AD&D				
Employee	Up to 5 times salary – Not to exceed \$500,000 *Guarantee Issue Amount: \$180,000			
Spouse	Up to 100% of employee coverage – Not to exceed \$500,000 *Guarantee Issue Amount: \$25,000			
Child(ren)	Up to 100% of employee coverage – Not to exceed \$10,000 *Guarantee Issue Amount: \$10,000			
Premium	Term life premium rates are age-banded and based on tobacco use. AD&D coverage is optional.			

This Life and AD&D Comparison of Plans is a brief summary of benefits. For exact details of coverage, including limitations and exclusions, please refer to the applicable contract or booklet.



Who We Are

We Offer a Full Suite of EAP Services

Wellspring Employee Assistance Program offers employees and their families in-person Behavioral Health Assessments, a comprehensive WorkLife program that include elder, childcare and daily living resources, as well as legal and financial consultations. We provide the employer access to onsite trainings, webinars, mediation, organizational development, management consults and case management. We also offer a comprehensive online service with a full menu of user-friendly interactive tools and resources.

We are Your Strategic Partner

Our staff is committed to finding creative solutions and strategies to improve your company's productivity and bottom line. We offer a fully-integrated EAP, yet are able to customize our services to meet the unique needs of each organization. Each company is assigned a dedicated account executive that oversees all aspects of the relationship between company and EAP.

We are a Regional EAP With a Global Reach

Though many of our clients are headquartered in the Pacific Northwest we are able to serve their domestic employees through our national network of affiliated professionals. Additionally we have a strategic partnership with an international group who provides EAP services for an organization's global employees. Wellspring EAP can deliver EAP benefits regionally, nationally and internationally to 150 countries.

We are High Touch

Our EAP call center is staffed 24/7 by master's level clinicians who service and triage a continuum of calls including crisis management, in the moment support, locating a broad range of resources and scheduling appointments. Our extensive network of providers across the nation are all pre-screened to ensure that they meet the specific criteria and standard set by Wellspring EAP.

We are Committed to Excellence

Our reputation for quality and excellence in service delivery is best reflected in our retention rate of over 95% of all companies ever contracted. We have been providing EAP services to employers in the Pacific Northwest region since 1981, including Fortune 500 companies, leading medical hospitals, and government entities. We continue to be an EAP exclusively endorsed by several Benefit Trust groups as the EAP of choice to their member organizations. We cover over 360,000 lives both regionally, nationally and internationally.

We are Dedicated to the Community

Wellspring EAP is a socially responsible, highly professional service whose profits underwrite the mission of our non-profit organization to prevent and end homelessness for families in our community. This unique social enterprise provides our clients an opportunity to receive an excellent service with the added benefit of positively impacting the community.

Employee Assistance Program (EAP)



Provided by Wellspring EAP

EAP Service Component	Three Visit Model Integrated with Medical	Six Visit Model Buy Up Plan
Assessment and Referral Emergency Telephone Support 24/7 Emergency Appt. In 24 Hours Referral Coordination w/Health Benefit Face Assessment Visits <ul style="list-style-type: none"> • 10 or less Employees • 11 – 50 Employees • 15 to 100 Employees • Over 100 Employees 	Included Included Included Required with Medical Required with Medical Required with Medical Required with Medical	Included Included Included \$1.50 monthly per employee \$1.40 monthly per employee \$1.36 monthly per employee \$1.31 monthly per employee
Program Promotion Letter of Introduction, Brochures, Posters, Wallet Cards E-mail Program Promotion Newsletter (electronic transmission)	Included Included Included	
Program Access 24/7 Toll Free Phone Lines 24/7 Counselor Available TTY Toll Free Lines Web-site Appointments and Support	Included Included Included Included	
Employee Orientation Wellspring Family Services EAP Web Site Orientation On-Site Benefit Fair Participation	Included Included	
Supervisor/Management Orientation Wellspring Family Services EAP Web Site Orientation Supervisor Manual (download via web site)	Included Included	
Manager/Supervisor Consultation Unlimited Telephone consultation	Included	
Adult and Elder Services (Eldercare) Telephone Consultation	Included	
Child Care Resource and Referral (Childcare) Telephone Consultation	Included	
Non DOT/SAP Mandatory Referrals and Support Mandatory referrals accepted	Included	
Legal Consultation Services Telephone Consultation	Included	
Financial Consultation Services Telephone Consultation	Included	
Utilization Review Reporting Reports on Program Utilization	Quarterly for Association Quarterly for groups with over 150 Employees	
Access and Outcome Reporting Report on Satisfaction & ROI	Quarterly for Association Quarterly for groups with over 150 Employees	
Monthly Rate Per Employee	Required with Medical	
On-Site Education and Training	Billed separately through Wellspring Contact EAP for quote	
On-Site Mediation	Billed separately through wellspring Contact EAP for quote	
Critical Incident Stress Debriefing (CISD) Telephone Consultation and Support On-Site CISD/Trauma/Grief Group	One Annually; Additional plus expenses billed separately through Wellspring. Contact EAP for quote	

About the Administrative Platform



Omnitrade

Supporting Washington businesses to create a better community

Omnitrade is an administrative platform that connects employers, vendors, third-party administrators, and professionals under one platform for all enrollment, fulfillment, compliance, insurance, and related resource requirements. An ever-changing marketplace requires tried and true partnerships, and Omnitrade's administrative efficiencies and flexibility enable us to deliver innovative products and services, while maintaining high retention and client satisfaction.

Flexibility

Omnitrade was designed to be robust enough to manage all aspects of administration while being flexible enough to meet the unique needs of participating companies. This critical feature provides scalable solutions for organizations of different sizes and sophistication, and allows us to integrate new technology, partnerships, and best practices for the betterment of our clients in a seamless and thoughtful manner. Our partners have come to rely on our proactive approach to expected challenges, while creating alternative solutions for unexpected marketplace changes.

Innovation

As a fully integrated platform, Omnitrade is a catalyst for innovation, setting new industry standards, sharing expertise, fostering collaboration, and delivering key business services. This ensures Washington State-based businesses are advancing not only their economic value, but their global impact.

Service

We understand our stakeholder's business needs require a 24/7 platform that can perform transactions and deliver solutions on demand. Providing web-based collateral and reference materials, access to online enrollment, and electronic premium payment options, allows Omnitrade resources to be available in "real time." The ability to provide solutions without any lapse in support is concurrent with the service Omnitrade has become synonymous with.

About the Managing General Agent



Wells Fargo Program Services

Wells Fargo Program Services is the leading Managing General Agent (MGA) for Association Health Plans (AHPs) in the state of Washington. They are committed to offering innovative solutions and unparalleled service. Through various industry health Trusts, Wells Fargo Program Services provides accredited producers with access to a comprehensive array of affordable healthcare products and services designed to meet the specific needs of their clients.

Driving Program Services' success are two powerful and complementary components: technology and service. The Benefit Resource Hub (the HUB), Wells Fargo's proprietary online platform, is the only web-based system uniquely designed for AHPs. Wells Fargo's significant investment in developing the HUB demonstrates an on-going commitment to the AHP market. The HUB not only provides efficient, one-stop electronic proposal submission capabilities, it also offers secure access to forms, benefit summaries and related resources specific to each Trust. The team is committed to a two-day turnaround on the nearly 25,000 proposal requests received annually from more than 1,000 accredited producers across the state. The team not only delivers these proposals, but also handles the processing of all new business and renewals.

Wells Fargo Program Services is a dedicated team which, with more than 50 years of combined Trust management experience, is a dynamic group of professionals accustomed to the ever-changing health insurance environment.

Your Wells Fargo Program Services team will assist with:

- Rate and product design assessment on behalf of employers and accredited producers
- Producer credentialing and training
- Marketplace benchmarking
- Value driven strategies
- Employer presentations and enrollment meetings
- Marketing
- High level claim and service issues
- General advocacy for accredited producers and member companies

Wells Fargo Program Services takes pride in their ability to thrive in a fast-paced environment. Combining a creative approach with a "do-what-it-takes" attitude is what differentiates their team from the competition.



Your primary advocate within the Program Services team is Program Manager, Nathan Edmondson

Nathan has worked within the Wells Fargo Program Services team since June of 2003, and brings 15 years of association health plan experience to the WCTA team. Nathan earned a B.A. from the University of Washington and has been an active participant in the Seattle community for more than 20 years in various volunteer and leadership roles.

With a knack for creative problem solving, and a dedication to serving his clients, Nathan has assisted employers of all sizes find health insurance solutions. As a recognized leader within the association health plan community, Nathan is able to deploy his expertise to serve the needs of WCTA members and accredited producers.

Contact Information:

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About the Third Party Administrator

Benefit Solutions, Inc. (BSI)



The administration of employee benefits plans requires a commitment to service. Employers, employees, trustees, vendors, and advisors all require input and dedication from a Third Party Administrator. It is the administrator's responsibility to ensure that the flow of information to all parties is constant, timely, and accurate. The administrator must act as primary liaison between plan participants and all other ancillary participants of the Trust.

BSI Objectives

- To provide superior, dedicated services to the trustees, employers, and participants of the Trust being served.
- To maintain a personal commitment guided by company principals to provide support, equipment, systems, and services necessary to guarantee effective administration.
- A dedication to consider prospective growth in a managed fashion, whereby existing clients would never suffer any compromise in service.
- A plan to remain on the cutting edge of industry trends, technology, and legislation which may affect clients.

What They Do

- BSI's executive team each have more than 20 years of experience in employee benefit administration of health and welfare plans (medical, dental, vision, prescription, and time loss), pension and defined contribution plans, money purchase plans, and more.
- Limited client base to allow for dedicated service.
- Hands-on administration and commitment to service guided by company principals.
- Respect within the industry.
- Established working relationships with vendors, consultants, and advisors.
- Technical ability to provide expanded services.
- Knowledge of governmental requirements and procedures.
- Willingness to customize, change, and look to the future.



Washington **Clean Technology** Alliance

Last Revised: 04/30/2014