Note: This summary of benefits and rates is intended to assist you in decision making. Details of covered benefits, limitations, and exclusions are provided in the WEA Select Medical Plan benefit booklets. This summary of benefits and rates is not a contract.
Helpful definitions

**Allowable charge** The maximum amount Premera will pay for a covered service or supply.

**Calendar year** A 12-month period, running from January 1 through December 31, when medical expenses are incurred that count toward specific annual benefit maximums (dollar and/or visits), limitations, deductibles and out-of-pocket maximums.

**Coinsurance** The percentage of a covered service you pay after your deductible is met and continue to pay until your out-of-pocket maximum is met.

**Copay** The fixed dollar amount you pay each time you use certain services until your out-of-pocket maximum is met.

**Deductible** The amount you pay each calendar year before your plan starts to pay benefits toward certain services.

**Deductible carryover** Deductible expenses you incur in the last two months of a calendar year will be applied toward or “carried over” to the next calendar year’s deductible. Note: WEA Select QHDHP does not have a deductible carryover provision.

**Network** Your plan’s contracted provider network (Heritage, Heritage Prime* or Foundation) determines which doctors, hospitals, and other healthcare providers are covered at your plan’s in-network benefit level.

<table>
<thead>
<tr>
<th>Network</th>
<th>Plan Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heritage</td>
<td>WEA Select Plans 2, 3, and EasyChoice A</td>
</tr>
<tr>
<td>Heritage Prime*</td>
<td>WEA Select EasyChoice B and Basic Plan</td>
</tr>
<tr>
<td>Foundation</td>
<td>WEA Select Plan 5 and QHDHP</td>
</tr>
</tbody>
</table>

**Out-of-pocket maximum** The maximum amount you pay out of your own pocket for medical and/or prescription drug copays, deductible and coinsurance in a calendar year.

**Plan year** The 12-month period in which new plan selections, benefits and rates are contracted, running from November 1 through October 31.

**Prior authorization** A pre-service review to determine that a medical, rehabilitative service or prescription drug is covered by your benefit plan.

* Please see page 6 for information regarding Prime network changes.
Go with the one you know

What makes Premera/WEA Select Medical Plans the right choice for you?

Premera Blue Cross has more than 80 years of experience providing comprehensive benefits to Washington families. WEA is one of the largest association health plans in Washington, with more than 105,000 enrollees from school districts across the state.

Together, Premera and WEA are committed to finding ways to control rising medical costs while ensuring access to quality care for our enrollees. WEA Select Medical Plans give you access to an extensive network of doctors, hospitals and other healthcare providers you can trust. Plus, they provide you with a wide range of services, tools and resources to support you in all of your healthcare decisions.

To get the most out of your health plan, it’s important to understand how it works. The more you know, the easier it is to choose the plan that offers the best options for you and your family. WEA offers Premera medical plans with a broad range of benefits and rates to meet the diverse needs of school district employees and their families.

Additional benefit features

Deductible carryover*
Deductible expenses incurred in the last two months of a calendar year will be applied toward or “carried over” to the next calendar year’s deductible.

Dependent child(ren) COBRA
Rates are set at a lower child rate, not the employee rate.

Surviving dependent benefit
Up to 12 months of COBRA coverage is paid in full for eligible enrolled dependents if the subscriber/employee dies.

Life and AD&D benefit
The WEA subscriber receives up to $12,500 term life insurance at no additional cost.

* Excludes the Qualified High Deductible Health Plan (QHDHP)
All statistics and figures in this summary of benefits and rates are supplied by Premera Underwriting and Contract Services.
2016–2017 benefit modifications

Enhanced Community Health Benefit now includes massage

Understanding that some enrollees may have been using the outpatient rehabilitation benefit for stress reduction, all WEA Select Medical Plan enrollees now have a unique benefit that provides coverage for community health classes, programs and services (such as CPR, safety, back pain prevention, stress and relaxation massages) up to $250 per calendar year, subject to applicable deductible and coinsurance. No referrals or prior authorizations are required.

*Note: Enrollees must submit a Community Health Claim Form and provider’s bill to be reimbursed for any services under the Community Health Benefit. This claim form can be found at premera.com/wea by clicking on Forms under the Enrollee Services section.*

Change to outpatient rehabilitation prior authorization requirements

WEA Select Medical Plans include coverage for outpatient rehabilitative care. Beginning November 1, 2016, prior authorization (or pre-approval) will be required for physical therapy, occupational therapy and massage therapy. *Note: Prior authorization will not be required for spinal manipulations, acupuncture, or speech therapy.*

Enrollees can see the therapist of their choice or be referred by a physician for physical or occupational therapy. However, for massage therapy to be covered under the rehabilitation benefit, enrollees will need to be diagnosed and referred to a massage therapist by a health care provider.

How does it work?

During your visit, your health care provider will evaluate you and submit a treatment plan to eviCore, a nationally recognized provider that Premera has partnered with to manage outpatient rehabilitation services. Once your treatment plan is approved, eviCore will authorize a specific number of therapy visits, depending on your situation. Your therapist must contact eviCore for authorization of any additional visits, which will be approved based on medical necessity.

You have a new way to contact customer service!

By logging into the member portal at premera.com/wea, you now have the ability to securely email Premera’s WEA Select Customer Service team. This new service is convenient, private, and you will receive a response within 24 hours.

In addition to discounts on massages, there are additional discounts that are part of the Enrollee Discounts program. Some examples are gym memberships and vision hardware. A complete listing of all services that are part of the Enrollee Discount program can be found at premera.com/wea under the Enrollee Services section.

Enrollee Discount program

The Enrollee Discounts program is distinct from the insured benefits of the WEA Select Medical program. The program offers enrollees discounts of 10% to 30% for a variety of services, including gym memberships, vision hardware and even massage services. To find out if a health care provider participates in the Enrollee Discounts program, use the Find a Doctor tool on premera.com/wea. Click on the provider name and look for the Location Amenities section. Discount will be noted in this section if the provider participates in the discount program.
**Specialist copay**

All WEA Select Medical Plans, except the QHDHP, now include a separate copay for office visits with a specialist. This copay applies each time you see a specialist, as well as when you receive outpatient rehabilitation services. Please see the plan summaries in this guide for specialist copay amounts per plan.

When medically appropriate and to lower your out-of-pocket cost, we encourage you to obtain care from a provider type listed below. These provider types are not considered specialists and are subject to the lower non-specialist copay.

- Family practice physician
- General practice physician
- Internist
- Gynecologist
- Naturopath
- Advanced registered nurse practitioner (ARNP)
- Obstetrician
- Pediatrician
- Physician assistant
- Chiropractor
- Acupuncturist

The specialist copay will apply to all other provider types, excluding mental health services.

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**Going to the pharmacy**

**Save money on prescription drugs**

- Use an in-network pharmacy to take advantage of our in-network discounted price.
- Present your Premera/WEA ID card to get the Premera discounted prices on your prescriptions.
- Ask your doctor if your brand-name medication has a lower-cost, generic equivalent.
- Find out which tier your drug is in, using the Rx Search tool in the Pharmacy section at premera.com/wea. Use the Drug List associated with your plan, found in the summaries on pages 8–10.
- Use the pharmacy tools on premera.com/wea to compare costs of your current medications.
- Save money by receiving medication by mail using Express Scripts Home Delivery service.

**Specialty Drugs**

IMPORTANT: Enrollees using specialty drugs are required to purchase those prescriptions through one of Premera’s two contracted specialty pharmacies:

- Accredo
- Walgreens Specialty Pharmacy

For more information visit premera.com/wea and select Specialty Pharmacy under the Pharmacy section.

**Prior Authorization**

Some drugs require prior authorization from Premera before they will be covered. If you take medications for certain conditions—including high blood pressure, asthma, and gastrointestinal reflux diseases—you may need to meet certain requirements before your prescription will be covered.

For a full list of medications and drug classes requiring prior authorization, visit premera.com/wea and select Drugs Requiring Approval under the Pharmacy section.
Key change to WEA Select EasyChoice B

WEA Select EasyChoice B now utilizes Premera’s Heritage Prime Network

WEA EasyChoice Plan B now utilizes Premera’s Heritage Prime Network. The Prime network includes an expansive network of doctors and medical centers in Washington that are focused on managing healthcare costs. Every doctor and hospital in the Heritage Prime network is committed to delivering high-quality care and service to you and your family.

Please see below for important information regarding the Heritage Prime Network.

Important: Changes to Premera’s Heritage Prime Network (utilized by EasyChoice B and Basic Plan)

Provider changes to the Heritage Prime Network that will affect the WEA Select EasyChoice B and Basic Plans

To continue to keep costs down, Premera is making some significant changes to the Heritage Prime Network that will affect the WEA Select EasyChoice B and Basic Plans beginning on January 1, 2017.

Several provider groups will no longer participate in the Heritage Prime network, including their clinics and ancillary services, such as laboratories, rehabilitation services, or nursing home care:

- Swedish Medical Center
- Providence Sacred Heart and Providence Holy Family
- CHI Franciscan Health System

Since these provider groups will no longer be in the Heritage Prime network, WEA enrollees who choose to get medical care from these groups could have no coverage (e.g., some preventive care services are only covered in-network) or have higher out-of-pocket costs.

Note: If you have questions regarding the changes to the Heritage Prime network, please call Premera’s WEA Select Customer Service at 800-932-9221.

Note: These providers will remain in Premera’s larger Heritage and Foundation networks.
Rely on your provider network—statewide, nationwide and beyond

WEA enrollees have access to more than 36,000 providers in Washington state, including contracted providers in all counties.

Our strong relationships with our provider partners help you get the most out of your healthcare dollar by:

- Focusing on quality and cost-effective care
- Providing resources for improved healthcare
- Negotiating discounts locally and nationally resulting in lower out-of-pocket costs for enrollees

<table>
<thead>
<tr>
<th>What provider network does your medical plan use?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heritage</td>
</tr>
<tr>
<td>Heritage Prime</td>
</tr>
<tr>
<td>Foundation</td>
</tr>
</tbody>
</table>

Who’s in-network at your local hospital?

Some in-network hospitals subcontract with out-of-network providers (e.g., emergency room (ER) physicians, anesthesiologists, assistant surgeons and radiologists). For example, Capital Medical Center in Olympia is an in-network hospital that is staffed with out-of-network doctors. Olympia does have an alternative in-network hospital—Providence St. Peter Hospital—where in-network ER doctors are available.

Premera always covers emergency care at the in-network benefit, so it’s best to use an in-network hospital where in-network ER doctors are available. However, if you receive care from an out-of-network provider, you may be responsible for amounts over Premera’s allowable charge, even if the hospital is in-network.

Important! Be sure your providers are in your network and avoid paying higher costs!

Use the Find a Doctor tool on premera.com/wea or call Premera’s WEA Select Customer Service at 800-932-9221.

Coverage anywhere with the BlueCard® Program

WEA Select Medical Plans feature the BlueCard Program, which offers you the same in-network benefits you have at home when you use Blue Cross Blue Shield providers anywhere you travel in the United States and around the world.

Understanding the difference between Plan Year and Calendar Year

Plan Year (or renewal) starts on November 1 and runs through October 31. This is when all rate and/or “renewal” benefit changes are effective.

Calendar Year starts on January 1 and runs through December 31. All visit limitations, deductibles and out-of-pocket maximums are reset on January 1, with the exception of any “deductible carryover” amount credited to you.

How your plan works at renewal:

Any deductible and out-of-pocket amounts previously satisfied or day/visit limitations used under your current or previous plan stay with you through the end of the calendar year, even if you change plans. These amounts/limitations will be restored on January 1.

If your new or current plan has a higher deductible and/or out-of-pocket maximum you may need to satisfy the difference for the remainder of the calendar year.

The number of visits used during the calendar year cannot exceed the visit limit under the new plan. For example: You are currently enrolled on Plan 3 with unlimited chiropractic visits and have already used 15 visits. If you move to EasyChoice B, which is limited to 12 visits, you will have already exceeded the number of visits allowed on your new plan. The plan will not cover any additional visits until benefits reset on January 1.
Benefits that have changed are highlighted in **orange**

**PCY** = Per Calendar Year  
**OT** = Occupational Therapy  
**Rx** = Prescription Drugs

### Copayments, Deductibles & Coinsurance

<table>
<thead>
<tr>
<th>Provider Network</th>
<th>Plan 5 Foundation</th>
<th>Plan 2 Heritage</th>
<th>Plan 3 Heritage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Copayments</strong></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Non-specialist Copay</td>
<td>$20*</td>
<td>30%</td>
<td>$25*</td>
</tr>
<tr>
<td>Specialist Copay</td>
<td>$30*</td>
<td>30%</td>
<td>$35*</td>
</tr>
<tr>
<td>Inpatient Copay (per person)</td>
<td>$150 per day, $450 Max PCY</td>
<td>None</td>
<td>$150 per day, $450 Max PCY</td>
</tr>
<tr>
<td>Outpatient Surgery Copay</td>
<td>None</td>
<td>$100</td>
<td>$150</td>
</tr>
<tr>
<td>ER Copay (waived if admitted)</td>
<td>$50</td>
<td>$75</td>
<td>$100</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>Individual</td>
<td>Family</td>
<td>Individual</td>
</tr>
<tr>
<td>Deductible PCY</td>
<td>$200</td>
<td>$600</td>
<td>$350</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Individual</td>
<td>Family</td>
<td>Individual</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>10%</td>
<td></td>
<td>20%</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>Individual</td>
<td>Family</td>
<td>Individual</td>
</tr>
<tr>
<td>includes copays, deductible and coinsurance</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$3,400</td>
</tr>
</tbody>
</table>

### Covered Services

#### Office Visits—Professional Care

- **Medical and Naturopathic Office Visits** unlimited visits (chiropractic)
  - In-Network: $20* | 30%
  - Out-of-Network: $25* | 30%

#### Preventive Care

- **Preventive Screenings** (includes mammography and colon health screenings)
  - In-Network: $0* | Not covered
  - Out-of-Network: $0* | 20%

#### Diagnostic Services

- **Diagnostic Imaging/Laboratory**
  - In-Network: Ded + Coin
  - Out-of-Network: Ded + Coin

#### Hospital/Facility Care

- **Outpatient**
  - In-Network: Ded + Coin
  - Outpatient Surgery Copay + Ded + Coin

- **Maternity—Prenatal/Postnatal Care**
  - In-Network: Ded + Coin
  - Outpatient Surgery Copay + Ded + Coin

- **Maternity—Delivery** (newborns have their own copays, deductibles, and coinsurance)
  - In-Network: Ded + Coin
  - Outpatient Surgery Copay + Ded + Coin

#### Emergency Care

- **Professional / Facility**
  - In-Network: ER Copay + Ded + Coin
  - Outpatient or Inpatient Hospital/Facility Care

- **Ambulance (air and ground)**
  - In-Network: ER Copay + Ded + Coin
  - Outpatient or Inpatient Hospital/Facility Care

#### Other Services

- **Mental Health Outpatient** unlimited visits
  - In-Network: $20* | 30%

- **Mental Health Inpatient** unlimited days
  - In-Network: $30* | 30%

- **Rehabilitation Outpatient**
  - In-Network: $30* | 30%

- **Rehabilitation Inpatient** 5&3: 30 days PCY, 2: 120 days PCY
  - In-Network: $30* | 30%

#### Prescription Drugs (participating pharmacies)

- **Generic / Preferred brand-name / Non-preferred brand-name**
  - In-Network: None
  - Out-of-Network: None

### Unum Life and AD&D Insurance

- **$12,500 Term Life and AD&D for employee only**

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* Not subject to the calendar year deductible  
**Once the out-of-pocket maximum is met, covered in-network services are paid at 100% of allowable charges for the remainder of the calendar year. There is no out-of-pocket maximum for Plans 5, EasyChoice A, B and Basic for out-of-network services.

† Please see the benefit modifications portion of your summary for more information on prior authorization for rehabilitation services.
### Copayments, Deductible & Coinsurance

<table>
<thead>
<tr>
<th>Provider Network</th>
<th>EasyChoice A</th>
<th>EasyChoice B</th>
<th>Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td><strong>Ded + Coin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-specialist Copay</strong></td>
<td>$25*</td>
<td>50%</td>
<td>$30*</td>
</tr>
<tr>
<td><strong>Specialist Copay</strong></td>
<td>$35*</td>
<td>50%</td>
<td>$40*</td>
</tr>
<tr>
<td><strong>Inpatient Copay</strong> (per person)</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Outpatient Surgery Copay</strong></td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>ER Copay</strong> (waived if admitted)</td>
<td>$100</td>
<td>$150</td>
<td>$200</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PCY</strong></td>
<td>Individual</td>
<td></td>
<td>Family</td>
</tr>
<tr>
<td><strong>In-Network</strong></td>
<td>$1,250</td>
<td>$2,000</td>
<td>$750</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td>$3,750</td>
<td>$6,000</td>
<td>$2,250</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>20%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>50%</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PCY</strong> ** includes copays, deductible and coinsurance (Basic only; shared with Rx OOPM)**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Individual</strong></td>
<td>$4,000</td>
<td>50%</td>
<td>$3,500</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td>No limit</td>
<td>50%</td>
<td>No limit</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$8,000</td>
<td>50%</td>
<td>$7,000</td>
</tr>
<tr>
<td><strong>Covered Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Office Visits—Professional Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical and Naturopathic Office Visits unlimited visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spinal and Other Manipulations 12 visits PCY (chiropractic)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acupuncture 12 visits PCY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams/Immunizations</td>
<td>$0*</td>
<td>Not covered</td>
<td>$0*</td>
</tr>
<tr>
<td>Preventive Screenings (includes mammography and colon health screenings)</td>
<td>$0*</td>
<td>50%</td>
<td>$0*</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Imaging/Laboratory</td>
<td>Coin to $250** PCY, then Ded + Coin</td>
<td>Ded + Coin</td>
<td>Ded + Coin</td>
</tr>
<tr>
<td>Hospital/Facility Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Inpatient</td>
<td>Ded + Coin</td>
<td>Ded + Coin</td>
<td>Ded + Coin</td>
</tr>
<tr>
<td>Maternity—Prenatal/Postnatal Care</td>
<td>Ded + Coin</td>
<td>Ded + Coin</td>
<td>Ded + Coin</td>
</tr>
<tr>
<td>Maternity—Delivery (newborns have their own deductibles and coinsurance)</td>
<td>Ded + Coin</td>
<td>Ded + Coin</td>
<td>Ded + Coin</td>
</tr>
<tr>
<td>Emergency Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional / Facility</td>
<td>ER Copay + Ded + Coin</td>
<td>ER Copay + Ded + Coin</td>
<td>ER Copay + Ded + Coin</td>
</tr>
<tr>
<td>Ambulance (air and ground)</td>
<td>Ded + Coin</td>
<td>Ded + Coin</td>
<td>Ded + Coin</td>
</tr>
<tr>
<td>Other Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Outpatient unlimited visits</td>
<td>$25*</td>
<td>50%</td>
<td>$30*</td>
</tr>
<tr>
<td>Mental Health Inpatient unlimited days</td>
<td>Ded + Coin</td>
<td>Ded + Coin</td>
<td>Ded + Coin</td>
</tr>
<tr>
<td>Rehabilitation Outpatient†</td>
<td>A and Basic: 30 visits PCY; B: 45 visits PCY (PT, Massage, Speech, OT)</td>
<td>Ded + Coin</td>
<td>Ded + Coin</td>
</tr>
<tr>
<td>Rehabilitation Inpatient†</td>
<td>A and Basic: 30 days PCY; B: 45 days PCY</td>
<td>Ded + Coin</td>
<td>Ded + Coin</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong> (participating pharmacies)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rx Deductible per person PCY</td>
<td>$500 (waived for generics)</td>
<td>$250 (waived for generics)</td>
<td>$750 individual</td>
</tr>
<tr>
<td>Rx Out-of-Pocket Maximum**</td>
<td>$2,500 individual</td>
<td>$2,500 individual</td>
<td>$15 / $30 / $50</td>
</tr>
<tr>
<td>Retail Cost Share up to 30-day supply</td>
<td>$10 / 30% / 30%</td>
<td>$5 / $30 / $45</td>
<td>$750 individual</td>
</tr>
<tr>
<td>Mail Order Cost Share up to 90-day supply</td>
<td>$20 / 30% / 30%</td>
<td>$10 / $75 / $112</td>
<td>$750 individual</td>
</tr>
<tr>
<td>Specialty Drug Cost Share up to 30-day supply</td>
<td>$15 / 30% / 30%</td>
<td>$750 individual</td>
<td>$1,500 family</td>
</tr>
<tr>
<td><strong>Drug List</strong> (use Rx Search tool at premera.com/wea to find your drug tier)</td>
<td>A-2</td>
<td>B-4</td>
<td>A-2</td>
</tr>
</tbody>
</table>

**Notes:**
- * Not subject to the calendar year deductible
- ** Once the out-of-pocket maximum is met, covered in-network services are paid at 100% of allowable charges for the remainder of the calendar year. There is no out-of-pocket maximum for Plans 5, EasyChoice A, B and Basic for out-of-network services.
- † Please see the benefit modifications portion of your summary for more information on prior authorization for rehabilitation services.

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Benefits that have changed are highlighted in [orange](#).

**PCY =** Per Calendar Year  
**OT =** Occupational Therapy  
**PT =** Physical Therapy  
**Rx =** Prescription Drugs  

November 2016
Cost share amounts represent what you pay. **All services are subject to the deductible except as noted.** Dual WEA coverage is not allowed if you are enrolled in QHDHP.

**Before enrolling in QHDHP, consider the following:**

> Are you able to pay 100% of your healthcare costs until your deductible is met?
>  - If you cover **any** dependent(s), benefits do not begin until your **family** deductible is met.

> There is no deductible carryover.

> To enroll on this plan, you cannot have any other active coverage, or be a dependent on any other coverage.

> What are your annual healthcare expenses?
>  - Review your claims information and Spending Activity Report from the previous calendar year. Log in to [premera.com/wea](http://premera.com/wea).
>  - Include any elective services planned in the next calendar year, such as surgeries or maternity care.

> Designed to work with a Health Savings Account (HSA).
>  - An HSA is an account you fund to pay for current health expenses not covered by your medical plan, such as deductible and out-of-pocket expenses. For more detailed information, refer to IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans, available at [www.irs.gov](http://www.irs.gov). Consult your tax advisor to determine tax implications of participating in an HSA.

---

**Before enrolling in QHDHP, consider the following:**

> Are you able to pay 100% of your healthcare costs until your deductible is met?
>  - If you cover **any** dependent(s), benefits do not begin until your **family** deductible is met.

> There is no deductible carryover.

> To enroll on this plan, you cannot have any other active coverage, or be a dependent on any other coverage.

> What are your annual healthcare expenses?
>  - Review your claims information and Spending Activity Report from the previous calendar year. Log in to [premera.com/wea](http://premera.com/wea).
>  - Include any elective services planned in the next calendar year, such as surgeries or maternity care.

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Monthly rates

WEA Select Medical Plan rates listed do not include any amounts made available through the State Fringe Benefit Allocation or district pooling.

Healthcare costs— we’re all in it together

Healthcare claim costs are maintained for WEA enrollees on a statewide basis to help keep annual rate increases stable over time for the group as a whole. Rates are based solely on WEA enrollee claims experience. Claims experience for other Premera groups does not affect the rates for WEA plans.

- The 2016–17 renewal rate increase ranges from +7.7% to +13.8% depending on the plan. **NOTE: The rate increase for the Basic Plan is +0.7%**.

- Bargaining groups/districts can save 10% on their monthly subscription rates if only WEA Select Plans and (optional) one licensed HMO option are offered.

- The full rates apply to all groups that do not meet the discount requirements. Check with your district to find out if the discount rates are available to you.

### WEA Plan/ Rate increase

<table>
<thead>
<tr>
<th>WEA Plan/ Rate increase</th>
<th>Full</th>
<th>Discount</th>
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</thead>
<tbody>
<tr>
<td><strong>Plan 5</strong></td>
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<tr>
<td>+7.7%</td>
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<tr>
<td>Employee only</td>
<td>$1,133.45</td>
<td>$1,259.45</td>
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<td><strong>Plan 3</strong></td>
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<td><strong>EasyChoice A and B</strong></td>
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<tr>
<td>+13.8%</td>
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<td><strong>Basic Plan</strong></td>
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<td>$758.35</td>
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</tbody>
</table>

Value for your healthcare dollar

Ninety cents of every dollar you spend for your healthcare plan goes to pay for WEA Select Plan enrollees’ medical claims.
Open enrollment notes

PREMERA CUSTOMER SERVICE
(Benefits and Claims)
premera.com/wea
WEA Select Customer Service
800-932-9221
TTY 800-842-5357

UPOINT®
(formerly known as Your Benefits Resources™)
(Eligibility and Enrollment)
http://resources.hewitt.com/wea
WEA Select Benefits Center
855-668-5039

WEA Plan Consultant:
206-467-4646
Aon Hewitt, an independent provider of plan consultation and administration services, does not provide Premera Blue Cross products or services. Aon Hewitt is solely responsible for their own services.

Life insurance underwritten by:
Unum
Unum, an independent provider of life insurance services, does not provide Premera Blue Cross products or services. Unum is solely responsible for its products and services.
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. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
- 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

Toll free 885-332-4535, Fax 425-918-5952, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

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/ocr/portal/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. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

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. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

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Informações importantes a respeito de sua aplicação ou cobertura por meio
contendo informação importante acerca de sua solicitação ou cobertura a
través de Premera Blue Cross. É possível que haja fechas clave em este
aviso. É possível que deba tomar alguma medida antes de determinadas
fechas para manter sua cobertura médica ou ajuda com os custos. Usted
tiene derecho a recibir esta información y ayuda en su idioma sin costo

Română (Romanian):
Prezenta notificare conține informații importante. Această notificare
canțe informatii importante privind cererea sau acoperirea asigurării
dumneavoastră de sănătate prin Premera Blue Cross. Pot existe date cheie
în această notificare. Este posibil să fie nevoie să acționați până la anumite
termene limitate pentru a vă menține acoperirea asigurării de sănătate sau
asistența prívitoare la costuri. Aștept dreptul de a obține gratuit aceste
informații și ajutor în limba dumneavoastră. Sunăți la 800-722-1471
(TTY: 800-842-5357).

Arabic (Arabic):
تمامًا، لا يمكن أن تكون هذه المعلومات مناسبة لشخص معين
في ضوء نوع تغطية الخدمة ومستوى التغطية، وكذلك ميزانية
الشخص. أيضاً، قد تكون هناك بعض التقييمات المتعلقة
بخدمة العملاء،婴儿collisionow سالكية في الأفعال
والمبادئ القانونية المذكورة. إذا كنت بحاجة إلى المعلومات
الإضافية أو مساعدة في اللغة العربية، يمكنك الاتصال
ب中方 (Chinese):
在此通知中包含重要的信息。这些信息包括关于您的
申请或保险覆盖的重要信息。如果您需要在特定日期之前
采取行动以保持您的健康保险或有偿支持，请参阅
此通知。您有权免费获得您语言的此信息和援助。
请拨打800-722-1471 (TTY: 800-842-5357)。

English (Asian - Chinese):
In this notification, there are important information.
These information include about your application or
coverage. If you need to take action before a certain date
in order to maintain your health insurance or paid support,
please refer to this notification. You have the right to get
this information and assistance in your language for free.
Please call 800-722-1471 (TTY: 800-842-5357).

Spanish (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

Tagalog (Tagalog):
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa
na ito ay maaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagkakapok sa pamamagitan ng Premera Blue Cross. Maaring magaangalan ka na magsagawa ng hakbang sa ilang mga tatakdaan

Ukrainian (Ukrainian):
Це повідомлення містить важливу інформацію. Це повідомлення
може містити важливу інформацію про ваше звернення щодо
страхового 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
кінцеві 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 đóng bạ hiện của quý vị qua
cühruntin Premera Blue Cross. Xin xem nguyên quan trọng thông
thông báo này. Quý vị có thể thực hiện thông báo đóng trong thời hạn
dể 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 truy cập bằng ngôn ngữ của mình