## Medical plan comparison 2020-2021

### PREMERA MOBILE
- View detailed claims information
- Show your Premera ID card or send it directly to your doctor
- Find nearby in-network doctors, hospitals, urgent care centers, and more
- Track your deductible usage and out-of-pocket maximum

### ACTIVE&FIT DIRECT
The Active&Fit Direct program allows Premera members 18 and older to choose from 9,000+ participating fitness centers nationwide for $25 a month (plus a $25 enrollment fee and applicable taxes).

The Active&Fit Direct program is offered through American Specialty Health Fitness, Inc., one of the nation’s leading fitness networks serving millions of members.

Active&Fit Direct® is an independent company that does not provide services on behalf of Premera Blue Cross.

### EXPERIAN
No-cost security services are available to Premera members and their dependents and include credit report monitoring, plus theft and fraud resolution services.

Experian®, a global leader in consumer and business credit reporting, is an independent company solely responsible for its products and services.

### MEDICAL ADVICE LINE
The Medical Advice Line offers free 24/7 access to a nurse who can give you valuable medical advice from the comfort of your own home. If needed, the nurse can connect you to a U.S. board-certified doctor who can diagnose and treat you, and send a prescription to your pharmacy of choice.

- Sinus infections
- Cold and flu symptoms
- Allergies
- Bronchitis
- Skin inflammation

This service is available to all Amazon employees and their families.

Call the Medical Advice Line at 888-434-9473 for an alternative to costly urgent care and emergency room visits.

### IN-NETWORK PREVENTIVE SERVICES ARE COVERED IN FULL

### SHARED DEDUCTIBLE PLAN
- A low paycheck contribution
- A mid-range deductible
- The Company helps pay the deductible by contributing 50% into a health reimbursement account (HRA)

The money that the Company contributes to the HRA is automatically used to pay for your medical and prescriptions costs. As long as you stayed enrolled on the plan, any unused HRA funds will roll over year after year.

### HEALTH SAVINGS PLAN
- A low paycheck contribution
- A higher deductible
- The Company contributes money to a health savings account (HSA) to which you can also contribute pre-tax dollars

HSA funds roll over from year to year, so you can use money for care now or save for the future. Additionally, HSAs can be used for both you and your family, even if they are not on your health plan. HSAs never expire and the funds are yours, even if you leave the Company.

### STANDARD PLAN
- A moderate paycheck contribution
- A low deductible
- Predictable prescription costs

Although you pay a little more out of your paycheck each month, the deductible is low. And just like the Shared Deductible Plan and the Health Savings Plan, the Standard Plan allows you to see both in-network and out-of-network doctors, should you need to explore additional options for care.

### IN-NETWORK ONLY PLAN
- A higher paycheck contribution
- A low deductible
- Predictable medical and prescription costs

This plan requires a designated primary care provider (PCP). In order to see other doctors and specialists, your PCP must provide a referral. If you already have a PCP you should confirm they are in network before enrolling in this plan. With the exception of emergencies, there is no out-of-network coverage.

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**Member benefits**

**ACTIVE&FIT DIRECT**
- The Active&Fit Direct program allows Premera members 18 and older to choose from 9,000+ participating fitness centers nationwide for $25 a month (plus a $25 enrollment fee and applicable taxes).

**EXPERIAN**
- No-cost security services are available to Premera members and their dependents.
- Credit report monitoring, plus theft and fraud resolution services.

**MEDICAL ADVICE LINE**
- Free 24/7 access to a nurse who can give you valuable medical advice from the comfort of your own home.
- Connect to a U.S. board-certified doctor.
- Send prescriptions to your pharmacy of choice.

**IN-NETWORK PREVENTIVE SERVICES ARE COVERED IN FULL**

**SHARED DEDUCTIBLE PLAN**
- Low paycheck contribution
- Mid-range deductible
- Company helps pay deductible by contributing 50% into HRA

**HEALTH SAVINGS PLAN**
- Low paycheck contribution
- Higher deductible
- Company contributes money to HSA, you can also contribute pre-tax dollars

**STANDARD PLAN**
- Moderate paycheck contribution
- Low deductible
- Predictable prescription costs

**IN-NETWORK ONLY PLAN**
- Higher paycheck contribution
- Low deductible
- Predictable medical and prescription costs

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**PREMERA MOBILE**
- View detailed claims information
- Show your Premera ID card
- Find nearby in-network doctors
- Track deductible usage
- Out-of-pocket maximum

**ACTIVE&FIT DIRECT**
- Allows Premera members 18 and older to choose from 9,000+ participating fitness centers.

**EXPERIAN**
- No-cost security services.
- Credit report monitoring.

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**MEDICAL ADVICE LINE**
-Free access to a nurse.
- Connect to a doctor.
- Send prescriptions.

**IN-NETWORK PREVENTIVE SERVICES ARE COVERED IN FULL**

**SHARED DEDUCTIBLE PLAN**
- Low contribution.
- Mid-range deductible.
- Company helps pay deductible by contributing 50% into HRA.

**HEALTH SAVINGS PLAN**
- Low contribution.
- Higher deductible.
- Company contributes money to HSA, you can also contribute pre-tax dollars.

**STANDARD PLAN**
- Moderate contribution.
- Low deductible.
- Predictable prescription costs.

**IN-NETWORK ONLY PLAN**
- Higher contribution.
- Low deductible.
- Predictable medical and prescription costs.

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**24/7 customer service**
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- 877-995-2696
- Email or chat with us on [premera.com/amazon](http://premera.com/amazon)
### Shared Deductible Plan

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Health Savings Plan</th>
<th>Standard Plan</th>
<th>IN-Network Only Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-40 Hours/Week</td>
<td>$31.00</td>
<td>$84.00</td>
<td>$99.00</td>
</tr>
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<td>$31.00</td>
<td>$84.00</td>
<td>$99.00</td>
</tr>
<tr>
<td>20-29 Hours/Week</td>
<td>$46.50</td>
<td>$1,000</td>
<td>$3,600</td>
</tr>
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</tr>
</tbody>
</table>

### For Medical and Prescription Expenses

**Deductible:** $1,000

**Who pays first?**

- Amazon pays the first 50% of your deductible; then you pay the second half of your deductible until your deductible is met.
- You pay 100% of cost until your deductible is met; you may use available HSA dollars.

**Annual Amazon contributions**

- Prorated for mid-year hires

**Annual out-of-pocket maximum**

- $2,000 for medical expenses only
- $4,600 for medical and prescription expenses

### Prescription Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Out-of-pocket Maximum</th>
<th>After Deductible You Pay:</th>
<th>In Network:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail 30-day supply</td>
<td>$2,000</td>
<td>10% coinsurance</td>
<td>$300/person up to $900/family max</td>
</tr>
<tr>
<td>Mail order 90-day supply</td>
<td>$2,000</td>
<td>10% coinsurance</td>
<td>$300/person up to $900/family max</td>
</tr>
</tbody>
</table>

### Medical Services

**Out-of-network coverage**

- Yes

**Primary care visit**

- In-network only: $20 copay + deductible

**Specialist visit**

- In-network only: $45 copay + deductible

**Mental health/substance abuse outpatient visit**

- In-network only: $30 copay + deductible

**Inpatient hospital admission**

- In-network only: $1,200 copay + deductible

**Urgent care**

- In-network only: $75 copay + deductible

### Family Planning/Maternity Care

**Infertility treatment**

- Administered by Progyny

**Prenatal/maternity care office visit**

- In-network only: $45 copay + deductible

**Prenatal/maternity hospital birth and delivery**

- In-network only: $1,000 copay + deductible

### Miscellaneous Services

**Chiropractic visit**

- In-network only: $45 copay

**Alternative care**

- Deductible Waived, you pay: 10% in-network/10% out-of-network

**Medical care outside the United States**

- After deductible you pay: 10% in-network/10% out-of-network

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**NOTES:**

- This information is intended for Classes F, R, and H employees only.
- This guide is intended for reference only. Please refer to the benefits site for full details on your plan.
- *Paycheck deductions are subject to change. Please refer back to the Amazon EHR portal for the most current paycheck deduction information.*

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*This full HRA contribution is available the first day you are covered by the plan. HSA contributions are made over time and you can only use funds currently in your account.

**To the extent the visit or any services provided during the visit constitute preventive care, the plan pays 100% and you pay $0.** Subject to allowed amounts.

**If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.** For details see the applicable Summary Plan Description.

**Your full HRA contribution is available the first day you are covered by the plan. HSA contributions are made over time and you can only use funds currently in your account.**

**This plan pays 100% and you pay $0.** Subject to allowed amounts.
Discrimination is Against the Law

Premera Blue Cross (Premera) 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, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and 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: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentlinguistics@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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-6979 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意事項：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471（TTY：711）。


Language Assistance

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