



AV9 Medical Plan Summary

Effective 1/1/2021

This is only a summary of the key coverage provisions of the AV9 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	\$1,050.00
Managed Care Plan	No
Pre-Existing Condition Exc.	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	Premera Blue Cross
Retail Pharmacy Network	MaxorPlus
Annual Plan Maximum	No
Life Insurance	
Employee	\$10,000
Dependents	\$5,000 spouse; \$5,000 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 indicated.

Prescription Drugs	Participating Pharmacy	Other Pharmacy
Retail Pharmacy	Up to a 30 day supply	Up to a 30 day supply
Generic	15% copay	15% copay
Formulary Brand	30% copay	30% copay
Non-Formulary Brand	50% copay, minimum \$50	50% copay, minimum \$50
Mail Order	Up to a 90 day supply	Not applicable
Generic	15% up to \$15 copay Generic	
Formulary Brand	30% up to \$50 copay Preferred Brand	
Non-Formulary Brand	\$100 copay Non Preferred Brand	
Pharmacy Annual Out-Of-Pocket (OOP)	\$2,900 Individual \$5,800 Family Once the OOP maximum is met the benefits increase to 100% for the remainder of the year	No annual maximum
Chiropractic	\$25 copay, 100% of 24 adjustments per year \$25 copay, 100% of one exam per year \$200 for x-rays per year	



AV9 Medical Plan Summary

Effective 1/1/2021

	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, 100%	\$25 copay, 60%
Other physician services	80%	60%
Preventive Care	100%, no cost share	\$25 copay, 60% not subject to deductible
Diagnostic; X-ray and Lab	80%	60%
Alternative Care	\$25 copay 100%	\$25 copay 60%
Acupuncture, Naturopath and Massage Therapy	Maximum of 24 visits per year	
Therapy	\$25 copay, 100%	\$25 copay, 60%
physical, occupational and speech	maximum 48 visits per calendar year	
chemo, radiation	no visit limits	
Maternity (includes Midwives)	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%	60%
	\$7,500 lifetime maximum	



AV9 Medical Plan Summary

Effective 1/1/2021

	Preferred Provider (PPO)	Non-Preferred Provider (Non-PPO)
Vision	Vision benefit is not subject to the annual deductible	
Exam	Exam benefit is limited to once per calendar year	
Eye Exam Child (up to age 19)	100%	100% up to \$150
Eye Exam Adult (age 19 and above)	\$25 copay, 100% to \$250 max	\$25 copay, 60% up to \$250 max
Hardware	Discount programs are available at certain facilities when you show your premera ID card. Visit www.premera.com/sharedadmin and select the "Eye care services and hardware" under Discounts from Premera Blue Cross.	
Contacts	80% limited to \$150 per calendar year	
Frames (up to age 19)	80% limited to \$200, once per calendar year	
Frames (age 19 and above)	80% limited to \$200, once every two calendar years	
Lens	80% limited to \$250, once per calendar year	