



Business  
Health Trust

Washington's Source for Employee Benefits

# Plan Overview

Effective July 1  
**2022**



WHOLESALING  
INDUSTRY  
HEALTH  
TRUST





## Table of Contents

- About Business Health Trust and the Wholesaling Industry Health Trust
- Get More with Business Health Trust: Business Savings Toolkit
- No-Cost HR Tools, HR Services and Retirement Plan Options
- Employee Discount Program
- Benefits Snapshot
- Medical Plan
- Dental Plan
- Vision Plan
- Life, AD&D and Disability Plans
- Employee Assistance Program
- 401(k) Retirement Plan
- Property & Casualty Coverage
- Resources and Contacts

# Plan Overview



## About Business Health Trust

Business Health Trust offers affordable employee benefits to small and mid-sized businesses and non-profits in the state so that they can provide competitive employee benefit programs for sustainable organizations and healthy, productive employees.

Business Health Trust was founded in 2007 so that small businesses and non-profits could offer their employees the health benefits they need to stay competitive, and provide health insurance for groups that might not otherwise be able to afford coverage.

Since our founding, we've joined forces with other health trusts, expanded our reach across the state, improved our offerings, and added additional benefits. Today, we provide a platform that allows more than 18,000 small business employees across the state to get robust health insurance benefits tailored to their industry needs.

More than just a benefits solution, we advocate for small business insurance needs in Washington. We are vigilant about staying on top of changes in the small business health insurance market and advocating for changes that benefit small businesses — nationally, and at the state and local level.

*Business Health Trust provides access to what the insurance industry calls an Association Health Plan. Association Health Plans allow small businesses to join together as a group to purchase insurance so their employees can have access to the same pricing and coverage enjoyed by large employers.*



## About Wholesaling Industry Health Trust

Business Health Trust medical plans are offered through 13 industry health trusts sponsored by the industry group at the Seattle Metropolitan Chamber of Commerce. With large group buying power, the Wholesaling Industry Health Trust offers highly competitive group rates on benefits exclusively to employers with as many as 199 employees in the wholesaling industry.

Pursuant to a joint billing agreement, which you acknowledge and approve upon enrollment, up to 1.2% of the gross insurance premium is paid to the plan sponsor as a participation fee. The plan sponsor charges a fee for marketing, lobbying and oversight activities. This fee is to be paid by the employer and will be remitted to the plan sponsor as soon as administratively possible. If employers wish to pay this fee separate from their monthly billing, please contact [info@businesshealthtrust.com](mailto:info@businesshealthtrust.com).

Visit [www.businesshealthtrust.com](http://www.businesshealthtrust.com) for more information.

# Business Health Trust Business Savings Toolkit



## Safe Start Supplies

We've compiled a list of supplies including **PPE and masks, gloves, hand sanitizer, disinfectants** and other office equipment and services that are available to purchase from member companies throughout Washington. Visit [www.businesshealthtrust.com/supplies](http://www.businesshealthtrust.com/supplies) to see a full list of items and prices.



## Access Your Free HR Toolkit

Through an exclusive partnership with Archbright, Business Health Trust member employers now have access to HR tools such as a free HR Hotline, sample policies, job descriptions, forms and more with a FREE basic membership to Archbright's online HR resources. **BHT members also receive 20% off additional services and membership types.** You will receive your login information directly from Archbright. If you have questions, please email [HR@businesshealthtrust.com](mailto:HR@businesshealthtrust.com)



## Retirement Services for Businesses that Dream Big

Business Health Trust is pleased to offer **401(k) solutions** provided by Newfront Retirement Services, Inc., a team of retirement services professionals who handle the details so you can stay focused on growing your business. If you have questions, please email [BHT@advprofessionals.com](mailto:BHT@advprofessionals.com)



## Save Money on Credit Card Processing Services

**Our members can save 10%–40% on credit card processing fees,** including point-of-sale, online and mobile transactions through Polaris Payments. Get a free, no-obligation rate review by emailing [savings@businesshealthtrust.com](mailto:savings@businesshealthtrust.com)



## Receive Discounted ORCA Passes

**Save up to 50% off retail ORCA passes** with ORCA Business Passport. Receive a free cost analysis by visiting [commuteseattle.com](http://commuteseattle.com), or email [savings@businesshealthtrust.com](mailto:savings@businesshealthtrust.com)



## Save Money on Outsourced IT Services

Through our partnership with Latitudes, Business Health Trust members can **save on high quality outsourced IT support,** and receive a comprehensive GAP analysis report – free of charge. To get your free report, contact Latitudes at [hello@latitudes.io](mailto:hello@latitudes.io)



## Dine, Shop, Travel and Save

**As the economy opens back up there will be opportunities for you and all your employees to save money on dining, shopping, and travel** – as well as gym memberships, childcare and much more, with free access to the Passport Corporate program. To sign up, visit [passportcorporate.com](http://passportcorporate.com) and register your at-work email address. You'll get a confirmation email with your new Passport membership card number. Download the app, enter your new card number and start saving! If you have questions, contact [support@passportunlimited.com](mailto:support@passportunlimited.com)

# Welcome to Online Membership

— with Archbright —

## Free to Business Health Trust Members



Archbright is the go-to-resource for PNW employers. At our core, we offer easy access to expert HR, Safety, and Employment Law advice through an affordable annual membership.

Our focus is helping companies elevate workplace performance — by helping them be compliant with hundreds of employment laws and build more engaged workforces.

### As an Online Member, you receive:

- **Online HR Toolkit.** This knowledge base includes hundreds of sample policies, forms, and keynotes vetted by Archbright's HR professionals and attorneys.
- **Publications and eAlerts.** Includes our monthly newsletter Insights, as well as periodic email alerts to keep members informed of changes in local, state, and federal employment laws.
- **CoffeeTalks, Symposiums, and Webinars.** Through live presentations, events, and select webinars, Online Members can access our HR and Safety experts.

- **AnswersNow Subscription.** AnswersNow is a national database that provides 24/7 access to the latest HR, benefits, and payroll compliance resources—including state laws and a powerful job description tool.
- **Access to Archbright Retirement.** Through our partnership with Trutina Financial, we offer retirement programs designed to benefit all levels of your organization.

Online Members can also access key membership benefits through our app **Archbright Mobile**:

- Browse the Archbright University calendar and register for classes and events.
- Search the HR Toolkit, then view or share key Toolkit resources directly with your team.
- Stay up to date on important employment law changes through app notifications.

Note that additional Archbright Mobile features may not be accessible due to your membership level and user permissions. For more information, visit [Archbright.com](http://Archbright.com).





Your Passport Membership through BHT is kind of a

*big deal...*

And its **FREE** through your health insurance with BHT!

## START SAVING TODAY IN THREE EASY STEPS:

1. Visit <https://passportcorporate.com>
2. Register with your at-work email to get started (i.e. [name@yourwork.com](mailto:name@yourwork.com))
3. Download the "PASSPORT MOBILE" app on your smartphone and sign in with your new mobile card.



Best of all, you can have up to four devices registered - so share the savings with your partner and dependents! Your Passport Mobile Card is the key to a whole world of savings. You can save every day on the products and services you use most!



# Third-Party Administrator



## Vimly — Benefits Administration & SIMON Technology

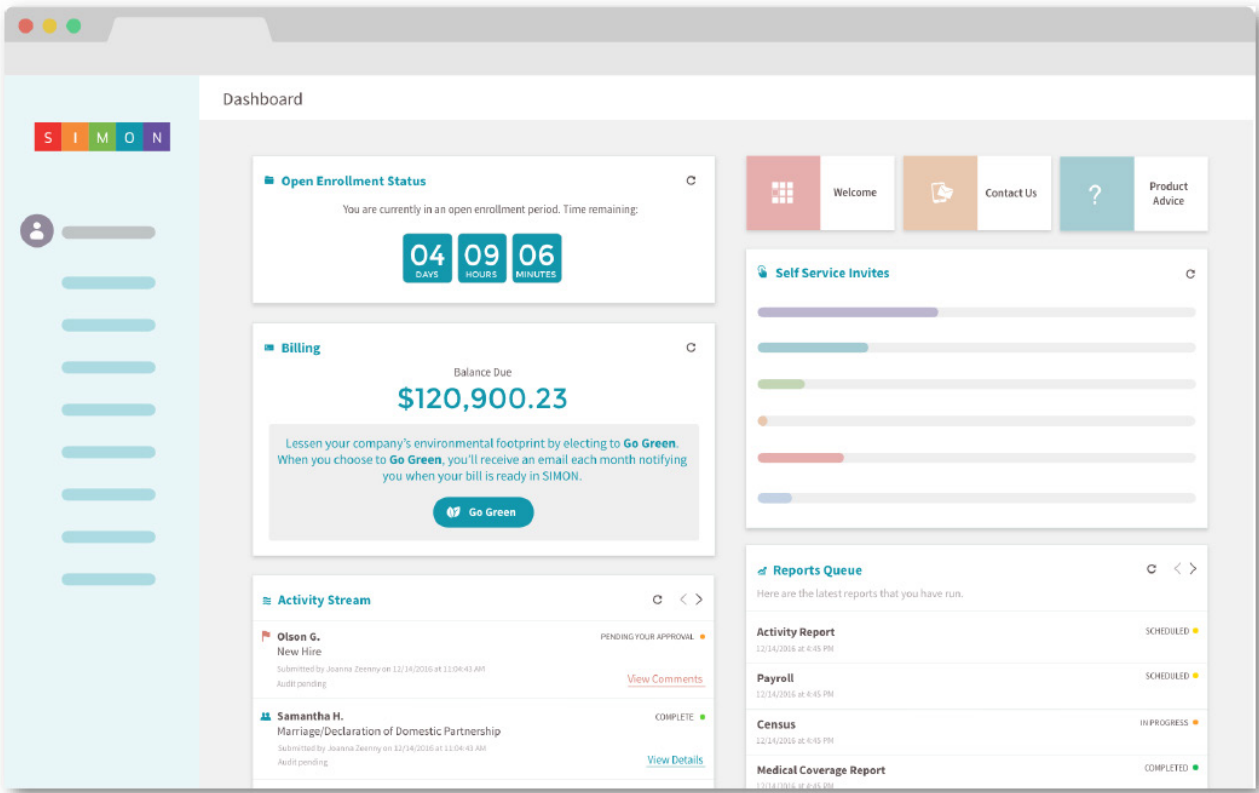
Business Health Trust works with Vimly Benefit Solutions, a healthcare technology and benefit administration services company. The Vimly platform, SIMON®, empowers Business Health Trust to deliver a modern and efficient benefits experience to small employers and their valued employees.

SIMON® is an online benefits management tool that provides a centralized location where an HR administrator can manage year-round benefits enrollment, have access to consolidated billing and payment, compliance support as well as a COBRA management solution. This platform is accessed through an intuitive web interface and is available on any computer or mobile device.

In addition, Vimly’s technology suite provides the opportunity for Business Health Trust members to also conveniently access dental, vision, life, accident and EAP benefits all in one place.

Vimly’s strength is in simplifying the complex world of benefits by delivering a complete administration solution that is often not available to small businesses.

In all cases, the Business Health Trust customer is able to obtain affordable and innovative products that are delivered in a simple and efficient way.



# Benefits Snapshot



## Medical Plan: Kaiser Permanente

### 25 Plan Designs, Rx Embedded in all

- Flexible medical plan designs offered on the Access PPO or Core Networks feature deductibles that range from \$200 to \$5,000
- 3 new Summit PPO plans that offer a good option for employers looking for a low-cost PPO
- 24/7 virtual care on all plans allow members to access health services at their convenience
- Option of HSA plans with deductibles that range from \$2,500 to \$4,500



Delta Dental of Washington

## Dental Plan: Delta Dental of Washington

### 7 Plan Designs with 4 Annual Maximum Options

- Diverse options include a voluntary plan and annual benefit maximums up to \$2,500; employers with 10 or more employees can pair a dental plan with family or child-only orthodontia coverage
- Focus on preventive care, with all Class 1 diagnostic and preventive services covered in full and without reducing the annual benefit maximum
- Surgical and non-surgical TMJ benefits in all plans
- Lower premiums for groups of 10 or more enrolled employees



## Vision Plan: VSP Vision Care Inc.

### 3 Plan Designs

- All plans offer frame allowance of \$200, and contact lens allowance of \$160
- No co-pay for elective contact lenses
- Additional benefits include full coverage for UV coating and scratch coating; Lightcare (formerly called Suncare) frame benefit may now be used for non-prescription sunglasses or non-prescription Blue Light filter glasses.
- Value adds including polycarbonate lenses for dependent children; TruHearing discounts on laser vision correction and prescription sunglasses; and [Eyeconic](#) will continue to be included with all plan options



# Benefits Snapshot



## Life, AD&D and Long Term Disability Plans: LifeMap

- Life & AD&D Benefit: \$15,000 bundled with all medical plans
- Buy-up Basic Life and AD&D plans, including flat \$50,000, 1X and 2X salary benefit options, available to employers with 5 or more eligible employees
- Voluntary life plans with guarantee issue amounts up to \$40,000
- Four LTD plans available to groups of five or more enrolling employees



## Employee Assistance Program: Wellspring EAP

- Three-visit model included with all medical plans with optional six-visit buy-up option
- Telephone Support 24/7, unlimited phone consultation and more plans
- Access to BetterHelp behavioral health counseling via computer, tablet or smartphone



## Voluntary Personal Accident: AIG

- 24-hour Accident Protection
- Benefits in multiples of \$25,000 to \$250,000
- Optional Family coverage
- Conversion privilege



## Retirement Plan: EVOLVE 401(k)

- Full-service retirement solution for small businesses

## Property and Casualty: Newfront Total Solution

- Competitive and broad insurance coverage for venture-backed technology companies

# Medical Plan



## Kaiser Permanente

Business Health Trust offers Kaiser Permanente health plans for employers with up to 199 enrolled employees. All plans include prescription drug coverage and virtual care options such as instant messaging with a clinician, online visits, and a 24/7 consulting nurse helpline. Other highlights of Kaiser Permanente plans include:

### Care and coverage together

Kaiser Permanente provides both health care and health coverage, so your employees get everything they need for their health in one easy-to-use package.

### Plans that offer choice and flexibility

You want health plans that meet the needs of both your business and your employees. Kaiser Permanente's plan portfolio gives you a choice of HMO or PPO networks; a broad range of benefit designs with varying deductibles, waivers, and cost shares; and plans you can pair with an employee-directed health savings account.

### Access to one of the state's leading medical groups

Through Kaiser Permanente plans, your employees have access to one of the top-ranked medical groups in the state — the Washington Permanente Medical Group.<sup>1</sup> Doctors come from leading hospitals and medical schools across the country to practice at the forefront of care innovation, and to be compensated for the quality of care they provide, not the number of services and procedures they perform.

### Connected and coordinated care at medical facilities

Most Kaiser Permanente medical facilities offer primary care, pharmacy services, X-ray, lab, and several specialty services, all under one roof. Doctors, nurses, and other health care professionals at medical facilities all work together to keep your employees healthy. They're connected to each other, and to your employees, through electronic medical records. So they can see what tests your employees have had, what medications they're taking, and any gaps in care.

### Network providers who meet high standards

Community providers and hospitals in the Kaiser Permanente network share the same quality standards and philosophy of care that Kaiser Permanente's physician leadership expects from their own doctors and staff. In return, these community providers have access to Kaiser Permanente's vast clinical resources and ongoing assistance in helping them provide the best care possible.

# Medical Plan



## Better health outcomes

A systematic approach to the prevention and management of chronic conditions has made Kaiser Permanente one of the state's top performers in quality care measures. In 2018, our Core HMO led other health plans in more than 11 critical care measures, including breast and colon cancer screenings and diabetes care. Our Access PPO achieved best performance of any Washington PPO in 9 critical measures.<sup>2</sup>

## Taking the frustration out of health care

People have less time than ever. That's why Kaiser Permanente makes care and service as hassle-free and convenient as possible — from a dedicated new member welcome team to 24/7 phone-based nurse support and responsive member services.

## Resources that keep employees healthier

No-cost extras that come with Kaiser Permanente plans encourage health engagement and improvement — from a tobacco cessation program and phone-based wellness coaching to discounts on alternative care, fitness products, and gym memberships. Online coaching programs can help with weight management, stress, sleep issues, and more.

## Proactive outreach that promotes engagement

Kaiser Permanente's integrated care management program sends members and providers reminders about needed preventive care. If an employee's health questionnaire indicates health risks, they'll receive a follow-up call about Kaiser Permanente's disease management program, or they may be connected to a mental health therapist.

## Great value for your business

A healthy and engaged workforce is a productive workforce. By improving the health and engagement of your employees, Kaiser Permanente helps you reduce the impact that health issues can have on safety, disability, workers' compensation, and health care costs.

<sup>1</sup> Washington Health Alliance 2018 Community Checkup report, [www.wacommunitycheckup.org](http://www.wacommunitycheckup.org). Ranking applies to Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C.

<sup>2</sup> The source for data contained in this publication is Quality Compass® 2018 and is used with the permission of the NCQA. Quality Compass 2018 includes certain CAHPS data. Any data display, analysis, interpretation or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

# 2022-2023 Kaiser Foundation Health Plan of Washington plans

## Core Network

	HMO 200	HMO 500	HMO 750	HMO 1,000
Features	In-network	In-network	In-network	In-network
Plan type	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$200 / \$400	\$500 / \$1,000	\$750 / \$1,500	\$1,000 / \$2,000
Annual out-of-pocket maximum (individual/family) includes deductible	\$2,500 / \$5,000	\$4,500 / \$9,000	\$5,500 / \$11,000	\$6,600 / \$13,200
Coinsurance	10%	20%	20%	20%
<b>Benefits</b>				
<b>Preventive care</b>				
Routine physical exams, mammogram, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services</b>				
Primary care office visit	\$15	\$15	\$15	\$15
Specialty care office visit	\$30	\$30	\$30	\$30
Most X-rays	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Most lab tests	10% after deductible	20% after deductible	20% after deductible	20% after deductible
MRI, CT, PET	10% after deductible	20% after deductible	20% after deductible	20% after deductible
Outpatient surgery	Subject to copay, deductible and coinsurance apply	Subject to copay, deductible and coinsurance apply	Subject to copay, deductible and coinsurance apply	Subject to copay, deductible and coinsurance apply
Mental health visit	\$15	\$15	\$15	\$15
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Maternity</b>				
Routine prenatal care visits, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	10% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Worldwide emergency and urgent care</b>				
Emergency department visit	\$50 ER copay, 10% after deductible	\$50 ER copay, 20% after deductible	\$50 ER copay, 20% after deductible	\$50 ER copay, 20% after deductible
Urgent care visit (primary/specialty)	\$15 / \$30	\$15 / \$30	\$15 / \$30	\$15 / \$30
<b>Prescription drugs (up to 30-day supply)</b>				
Tier 1: Preferred generic	\$10	\$15	\$15	\$15
Tier 2: Preferred brand	\$20	\$30	\$30	\$30
Tier 3: Non-preferred generic and brand	Not covered	Not covered	Not covered	Not covered
Tier 4: Preferred specialty	50% (up to \$150)	50% (up to \$150)	50% (up to \$150)	50% (up to \$150)
Mail order	2X copay per 90-day supply	2X copay per 90-day supply	2X copay per 90-day supply	2X copay per 90-day supply
<b>Alternative medicine</b>				
10 chiropractor visits and 12 acupuncture visits	\$15 copay	\$15 copay	\$15 copay	\$15 copay
<b>Optical (hardware not covered)</b>				
Exam	\$15 copay	\$15 copay	\$15 copay	\$15 copay

This is a brief summary of the benefits. Please review your Evidence of Coverage for more details. Plans are effective January 1, 2022.  
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HMO 2,000	HMO 3,000	HMO 5,000	HMO HSA 2,500	HMO HSA 4,500
In-network	In-network	In-network	In-network	In-network
Deductible	Deductible	Deductible	HSA-qualified	HSA-qualified
\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$2,500 / \$5,000*	\$4,500 / \$7,350*
\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,900 / \$15,800	\$6,750 / \$7,900*	\$6,750 / \$7,900*
20%	20%	30%	10%	30%
No charge	No charge	No charge	No charge	No charge
\$15	\$15	\$15	10% after deductible	30% after deductible
\$30	\$30	\$30	10% after deductible	30% after deductible
20% after deductible	20% after deductible	30% after deductible	10% after deductible	30% after deductible
20% after deductible	20% after deductible	30% after deductible	10% after deductible	30% after deductible
20% after deductible	20% after deductible	30% after deductible	10% after deductible	30% after deductible
Subject to copay, deductible and coinsurance apply	Subject to copay, deductible and coinsurance apply	Subject to copay, deductible and coinsurance apply	10% after deductible	30% after deductible
\$15	\$15	\$15	10% after deductible	30% after deductible
20% after deductible	20% after deductible	30% after deductible	10% after deductible	30% after deductible
No charge	No charge	No charge	No charge	No charge
20% after deductible	20% after deductible	30% after deductible	10% after deductible	30% after deductible
\$50 ER copay, 20% after deductible	\$50 ER copay, 20% after deductible	\$50 ER copay, 30% after deductible	10% after deductible	30% after deductible
\$15 / \$30	\$15 / \$30	\$15 / \$30	10% after deductible	30% after deductible
\$15	\$15	\$15	10% after deductible	30% after deductible
\$30	\$30	\$30	10% after deductible	30% after deductible
Not covered	Not covered	Not covered	Not covered	Not covered
50% (up to \$150)	50% (up to \$150)	50% (up to \$150)	10% after deductible	30% after deductible
2X copay per 90-day supply	2X copay per 90-day supply	2X copay per 90-day supply	3X cost share per 90-day supply	3X cost share per 90-day supply
\$15 copay	\$15 copay	\$15 copay	10% after deductible	30% after deductible
\$15 copay	\$15 copay	\$15 copay	No copay, deductible and coinsurance apply	No copay, deductible and coinsurance apply

\*With an aggregate deductible, the health plan doesn't begin paying for the health expenses of anyone in the family until the entire family deductible is met. If enrolled on the family plan, you must meet the family out-of-pocket limit. See your Evidence of Coverage for details.

# 2022-2023 Kaiser Foundation Health Plan of Washington plans

## Connect Network - Virtual Plus

Network includes providers at Kaiser Permanente facilities and some preferred providers and hospitals. Available in King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties.

	VP 500 / 3000 / 20%	VP 1000 / 3000 / 20%
<b>Features</b>		
Plan type	Virtual Plus	Virtual Plus
Annual medical deductible (individual/family)	\$500 / \$1,000	\$1,000 / \$2,000
Annual out-of-pocket maximum (individual/family) <i>All out-of-pocket expenses for covered services are included in the out-of-pocket limit.</i>	\$3,000 / \$6,000	\$3,000 / \$6,000
Coinsurance	20%	20%
<b>Benefits</b>		
<b>Preventive care</b>		
Routine physical exams, mammogram, etc.	Covered in full	Covered in full
<b>Outpatient services</b>		
Primary care office visit	\$20 copay*	\$20 copay*
Specialty care office visit	\$40 copay*	\$40 copay*
Most X-rays	Deductible and coinsurance apply	Deductible and coinsurance apply
Most lab tests	Deductible and coinsurance apply	Deductible and coinsurance apply
MRI, CT, PET	Deductible and coinsurance apply	Deductible and coinsurance apply
Outpatient surgery	Deductible and coinsurance apply	Deductible and coinsurance apply
Mental health visit <i>Inpatient: Deductible and coinsurance apply</i> <i>Outpatient: Deductible and coinsurance do not apply</i>	Outpatient: \$20 copay*	Outpatient: \$20 copay*
<b>Inpatient hospital care</b>		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	Deductible and coinsurance apply	Deductible and coinsurance apply
<b>Maternity</b>		
Routine prenatal care visits, first postpartum visit	No charge	No charge
Delivery and inpatient well-baby care	Deductible and coinsurance apply	Deductible and coinsurance apply
<b>Worldwide emergency and urgent care</b>		
Emergency department visit	\$200 copay Deductible and coinsurance apply	\$200 copay Deductible and coinsurance apply
Urgent care visit	\$20 copay primary / \$40 copay specialty	\$20 copay primary / \$40 copay specialty
<b>Prescription drugs (up to 30-day supply)</b> <i>After first fill, maintenance drugs must be filled through Kaiser Permanente's mail-order service</i>		
Tier 1: Preferred generic	\$15	\$15
Tier 2: Preferred brand	\$35	\$35
Tier 3: Non-preferred generic and brand	NA	NA
Tier 4: Preferred specialty	\$150 up to 30-day supply	\$150 up to 30-day supply
Mail order	\$5 per 90 days for generics 2X retail cost share per 90 days for brand	\$5 per 90 days for generics 2X retail cost share per 90 days for brand
<b>Alternative medicine</b>		
10 chiropractor visits and 12 acupuncture visits	\$20 copay, deductible and coinsurance do not apply	\$20 copay, deductible and coinsurance do not apply
<b>Optical (hardware not covered)</b>		
Exam	\$20 copay, deductible and coinsurance waived	\$20 copay, deductible and coinsurance waived

This is a brief summary of the benefits. Please review your Evidence of Coverage for more details. Plans are effective January 1, 2022.

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VP 3000 / 6000 / 30%	VP 5000 / 8150 / 30%
Virtual Plus \$3,000 / \$6,000	Virtual Plus \$5,000 / \$10,000
\$6,000 / \$12,000	\$8,150 / \$16,300
30%	30%
Covered in full	Covered in full
\$30 copay*	\$40 copay*
\$60 copay*	\$80 copay*
Deductible and coinsurance apply	Deductible and coinsurance apply
Deductible and coinsurance apply	Deductible and coinsurance apply
Deductible and coinsurance apply	Deductible and coinsurance apply
Deductible and coinsurance apply	Deductible and coinsurance apply
Outpatient: \$30 copay*	Outpatient: \$40 copay*
Deductible and coinsurance apply	Deductible and coinsurance apply
No charge	No charge
Deductible and coinsurance apply	Deductible and coinsurance apply
\$200 copay Deductible and coinsurance apply	\$200 copay Deductible and coinsurance apply
\$30 copay primary / \$60 copay specialty	\$40 copay primary / \$80 copay specialty
\$20	\$20
\$40	\$40
NA	NA
\$150 up to 30-day supply	\$150 up to 30-day supply
\$5 per 90 days for generics 2X retail cost share per 90 days for brand	\$5 per 90 days for generics 2X retail cost share per 90 days for brand
\$30 copay, deductible and coinsurance do not apply	\$40 copay, deductible and coinsurance do not apply
\$30 copay, deductible and coinsurance waived	\$40 copay, deductible and coinsurance waived



## Virtual Plus plans focus on virtual care

Our new Virtual Plus plans offer members convenient and affordable ways to get care virtually – when and where they want it – and in-person care when they need it.

### Virtual Plus highlights

- Low monthly premiums.
- No charge and no referral needed for virtual care, first in-person primary care visit, and all preventive care.
- Most care, including care from a specialist, starts with a virtual visit.
- Virtual care provided through 24/7 Care Chat online messaging or nurse phone line, scheduled video visits and phone appointments, e-visits, or email for nonurgent questions.<sup>1</sup>
- Virtual visits are with Kaiser Permanente doctors and clinicians – the same ones you'd find in our medical facilities.
- When your employees get a referral for in-person care, their cost will be lower than if they start in-person care on their own
- Fill the prescription for a new medication at an in-network pharmacy or mail order. Get most refills and maintenance medications through mail order. Delivery is free and usually takes 1 to 2 days.

<sup>1</sup> When appropriate and available. This feature is available when your employees get care from Kaiser Permanente doctors and care teams. If you travel out of state, virtual care could be limited due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

\*Virtual visits and the first nonpreventive primary care office visit are covered in full. Deductible and coinsurance do not apply to authorized outpatient visits. Deductible and coinsurance do apply to non-authorized outpatient services, including all surgical services, but copays are waived. For more information regarding cost share differences between authorized and non-authorized visits, please refer to your Evidence of Coverage. [www.businesshealthtrust.com](http://www.businesshealthtrust.com)

# 2022–2023 Kaiser Foundation Health Plan of Washington Options, Inc. plans Access PPO Network

Features	PPO 200		
	In Network - Enhanced	In Network - Standard	Out of Network
Plan type	Deductible		
Annual medical deductible (individual/family)	\$200 / \$400		Shared with in-network
Annual out-of-pocket maximum (individual/family)	\$2,500 / \$5,000		Shared with in-network
Coinsurance	10%		50%
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exams, mammogram, etc.	No charge	No charge	50% after deductible
<b>Outpatient services</b>			
Primary care office visit	\$20	\$30	50% after deductible
Specialty care office visit	\$40	\$60	50% after deductible
Most X-rays	10% after deductible	10% after deductible	50% after deductible
Most lab tests	10% after deductible	10% after deductible	50% after deductible
MRI, CT, PET	10% after deductible	10% after deductible	50% after deductible
Outpatient surgery	10% after deductible	10% after deductible	50% after deductible
Mental health visit	\$20	\$30	50% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% after deductible		50% after deductible
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	10% after deductible		50% after deductible
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	\$100 copay, 10% after deductible		
Urgent care visit (primary/specialty)	\$20 / \$40	\$30 / \$60	50% after deductible
<b>Prescription drugs (up to 30-day supply)</b>			
Tier 1: Preferred generic	\$5	\$15	Not covered
Tier 2: Preferred brand	\$15	\$25	Not covered
Tier 3: Non-preferred generic and brand	\$35	\$45	Not covered
Tier 4: Preferred specialty	50% up to \$150	50% up to \$150	Not covered
Mail order	2X enhanced copay per 90-day supply		Not covered
<b>Alternative medicine</b>			
15 chiropractor visits and 12 acupuncture visits	\$30 copay		50% after deductible
<b>Optical (hardware not covered)</b>			
Exam	Covered in full		

Enhanced benefit applies when services are provided by an enhanced provider.

This is a brief summary of the benefits. Please review your Evidence of Coverage for more details. Plans are effective January 1, 2022.

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PPO 500			PPO 750		
In Network - Enhanced	In Network - Standard	Out of Network	In Network - Enhanced	In Network - Standard	Out of Network
Deductible			Deductible		
\$500 / \$1,000		Shared with in-network	\$750 / \$1,500		Shared with in-network
\$4,000 / \$8,000		Shared with in-network	\$5,000 / \$10,000		Shared with in-network
20%		50%	20%		50%
No charge	No charge	50% after deductible	No charge	No charge	50% after deductible
\$20	\$30	50% after deductible	\$20	\$30	50% after deductible
\$40	\$60	50% after deductible	\$40	\$60	50% after deductible
20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible
20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible
20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible
20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible
\$20	\$30	50% after deductible	\$20	\$30	50% after deductible
20% after deductible		50% after deductible	20% after deductible		50% after deductible
No charge		50% after deductible	No charge		50% after deductible
20% after deductible		50% after deductible	20% after deductible		50% after deductible
\$100 copay, 20% after deductible			\$100 copay, 20% after deductible		
\$20 / \$40	\$30 / \$60	50% after deductible	\$20 / \$40	\$30 / \$60	50% after deductible
\$5	\$15	Not covered	\$5	\$15	Not covered
\$15	\$25	Not covered	\$15	\$25	Not covered
\$35	\$45	Not covered	\$35	\$45	Not covered
50% up to \$150	50% up to \$150	Not covered	50% up to \$150	50% up to \$150	Not covered
2X enhanced copay per 90-day supply		Not covered	2X enhanced copay per 90-day supply		Not covered
\$30 copay		50% after deductible	\$30 copay		50% after deductible
Covered in full			Covered in full		

# 2022-2023 Kaiser Foundation Health Plan of Washington Options, Inc. plans Access PPO Network

Features	PPO 1,000		
	In Network - Enhanced	In Network - Standard	Out of Network
Plan type	Deductible		
Annual medical deductible (individual/family)	\$1,000 / \$2,000		Shared with in-network
Annual out-of-pocket maximum (individual/family)	\$6,600 / \$13,200		Shared with in-network
Coinsurance	20%		50%
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exams, mammogram, etc.	No charge	No charge	50% after deductible
<b>Outpatient services</b>			
Primary care office visit	\$20	\$30	50% after deductible
Specialty care office visit	\$40	\$60	50% after deductible
Most X-rays	20% after deductible	20% after deductible	50% after deductible
Most lab tests	20% after deductible	20% after deductible	50% after deductible
MRI, CT, PET	20% after deductible	20% after deductible	50% after deductible
Outpatient surgery	20% after deductible	20% after deductible	50% after deductible
Mental health visit	\$20	\$30	50% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible		50% after deductible
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	20% after deductible		50% after deductible
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	\$100 copay, 20% after deductible		
Urgent care visit (primary/specialty)	\$20 / \$40	\$30 / \$60	50% after deductible
<b>Prescription drugs (up to 30-day supply)</b>			
Tier 1: Preferred generic	\$5	\$15	Not covered
Tier 2: Preferred brand	\$15	\$25	Not covered
Tier 3: Non-preferred generic and brand	\$35	\$45	Not covered
Tier 4: Preferred specialty	50% up to \$150	50% up to \$150	Not covered
Mail order	2X enhanced copay per 90-day supply		Not covered
<b>Alternative medicine</b>			
15 chiropractor visits and 12 acupuncture visits	\$30 copay		50% after deductible
<b>Optical (hardware not covered)</b>			
Exam	Covered in full		

Enhanced benefit applies when services are provided by an enhanced provider.

This is a brief summary of the benefits. Please review your Evidence of Coverage for more details. Plans are effective January 1, 2022.

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PPO 2,000			PPO 3,000		
In Network - Enhanced	In Network - Standard	Out of Network	In Network - Enhanced	In Network - Standard	Out of Network
Deductible			Deductible		
\$2,000 / \$4,000		Shared with in-network	\$3,000 / \$6,000		Shared with in-network
\$7,900 / \$15,800		Shared with in-network	\$7,900 / \$15,800		Shared with in-network
20%		50%	20%		50%
No charge	No charge	50% after deductible	No charge	No charge	50% after deductible
\$20	\$30	50% after deductible	\$20	\$30	50% after deductible
\$40	\$60	50% after deductible	\$40	\$60	50% after deductible
20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible
20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible
20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible
20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible
\$20	\$30	50% after deductible	\$20	\$30	50% after deductible
20% after deductible		50% after deductible	20% after deductible		50% after deductible
No charge		50% after deductible	No charge		50% after deductible
20% after deductible		50% after deductible	20% after deductible		50% after deductible
\$100 copay, 20% after deductible			\$100 copay, 20% after deductible		
\$20 / \$40	\$30 / \$60	50% after deductible	\$20 / \$40	\$30 / \$60	50% after deductible
\$5	\$15	Not covered	\$5	\$15	Not covered
\$15	\$25	Not covered	\$15	\$25	Not covered
\$35	\$45	Not covered	\$35	\$45	Not covered
50% up to \$150	50% up to \$150	Not covered	50% up to \$150	50% up to \$150	Not covered
2X enhanced copay per 90-day supply		Not covered	2X enhanced copay per 90-day supply		Not covered
\$30 copay		50% after deductible	\$30 copay		50% after deductible
Covered in full			Covered in full		

# 2022–2023 Kaiser Foundation Health Plan of Washington Options, Inc. plans Access PPO Network

Features	PPO 5,000		
	In Network - Enhanced	In Network - Standard	Out of Network
Plan type	Deductible		
Annual medical deductible (individual/family)	\$5,000 / \$10,000		Shared with in-network
Annual out-of-pocket maximum (individual/family)	\$7,900 / \$15,800		Shared with in-network
Coinsurance	30%		50%
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exams, mammogram, etc.	No charge	No charge	50% after deductible
<b>Outpatient services</b>			
Primary care office visit	\$20	\$30	50% after deductible
Specialty care office visit	\$40	\$60	50% after deductible
Most X-rays	30% after deductible	30% after deductible	50% after deductible
Most lab tests	30% after deductible	30% after deductible	50% after deductible
MRI, CT, PET	30% after deductible	30% after deductible	50% after deductible
Outpatient surgery	30% after deductible	30% after deductible	50% after deductible
Mental health visit	\$20	\$30	50% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible		50% after deductible
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	No charge		50% after deductible
Delivery and inpatient well-baby care	30% after deductible		50% after deductible
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	\$100 copay, 30% after deductible		
Urgent care visit (primary/specialty)	\$20 / \$40	\$30 / \$60	50% after deductible
<b>Prescription drugs (up to 30-day supply)</b>			
Tier 1: Preferred generic	\$5	\$15	Not covered
Tier 2: Preferred brand	\$15	\$25	Not covered
Tier 3: Non-preferred generic and brand	\$35	\$45	Not covered
Tier 4: Preferred specialty	50% up to \$150	50% up to \$150	Not covered
Mail order	2X enhanced copay per 90-day supply		Not covered
<b>Alternative medicine</b>			
15 chiropractor visits and 12 acupuncture visits	\$30 copay		50% after deductible
<b>Optical (hardware not covered)</b>			
Exam	Covered in full		

Enhanced benefit applies when services are provided by an enhanced provider.

This is a brief summary of the benefits. Please review your Evidence of Coverage for more details. Plans are effective January 1, 2022.

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18

PPO HSA 2,500			PPO HSA 4,500		
In Network - Enhanced	In Network - Standard	Out of Network	In Network - Enhanced	In Network - Standard	Out of Network
HSA-qualified			HSA-qualified		
\$2,500 / \$5,000*		Shared with in-network*	\$4,500 / \$9,000*		Shared with in-network*
\$6,750 / \$7,900*		Shared with in-network*	\$6,750 / \$7,900*		Shared with in-network*
20% (10% enhanced)		50%	30%		50%
No charge			No charge		
No charge		50% after deductible	No charge		50% after deductible
10% after deductible	20% after deductible	50% after deductible	20% after deductible	30% after deductible	50% after deductible
10% after deductible	20% after deductible	50% after deductible	20% after deductible	30% after deductible	50% after deductible
20% after deductible	20% after deductible	50% after deductible	30% after deductible	30% after deductible	50% after deductible
20% after deductible	20% after deductible	50% after deductible	30% after deductible	30% after deductible	50% after deductible
20% after deductible	20% after deductible	50% after deductible	30% after deductible	30% after deductible	50% after deductible
10% after deductible	20% after deductible	50% after deductible	30% after deductible	30% after deductible	50% after deductible
10% after deductible	20% after deductible	50% after deductible	20% after deductible	30% after deductible	50% after deductible
20% after deductible	20% after deductible	50% after deductible	30% after deductible	30% after deductible	50% after deductible
No charge		50% after deductible	No charge		50% after deductible
20% after deductible	20% after deductible	50% after deductible	30% after deductible	30% after deductible	50% after deductible
\$0 copay, 20% after deductible			\$0 copay, 30% after deductible		
10% after deductible	20% after deductible	50% after deductible	20% after deductible	30% after deductible	50% after deductible
10% after deductible	20% after deductible	Not covered	20% after deductible	30% after deductible	Not covered
10% after deductible	20% after deductible	Not covered	20% after deductible	30% after deductible	Not covered
10% after deductible	20% after deductible	Not covered	20% after deductible	30% after deductible	Not covered
10% after deductible	20% after deductible	Not covered	20% after deductible	30% after deductible	Not covered
2X enhanced copay per 90-day supply		Not covered	2X enhanced copay per 90-day supply		Not covered
20% after deductible	20% after deductible	50% after deductible	30% after deductible	30% after deductible	50% after deductible
Covered in full			Covered in full		

\*With an aggregate deductible, the health plan doesn't begin paying for the health expenses of anyone in the family until the entire family deductible is met. If enrolled on the family plan, you must meet the family out-of-pocket limit. See your Evidence of Coverage for details.

# 2022-2023 Kaiser Foundation Health Plan of Washington Options, Inc. plans Summit PPO Network

Features	Summit PPO 500		
	Preferred In-Network	In Network	Out of Network
Plan type	Deductible		
Annual medical deductible (individual/family)	\$500/\$1,000		\$1,500/\$3,000
Annual out-of-pocket maximum (individual/family)	\$3,000/\$6,000		Unlimited
Coinsurance	10%	30%	50%
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exams, mammogram, etc.	No charge	No charge	50% after deductible
<b>Outpatient services</b>			
Primary care office visit	\$10	\$20	50% after deductible
Specialty care office visit	\$20	\$40	50% after deductible
Most X-rays	10% coinsurance	30% coinsurance	50% after deductible
Most lab tests	10% coinsurance	30% coinsurance	50% after deductible
MRI, CT, PET	10% coinsurance	30% coinsurance	50% after deductible
Outpatient surgery	10% after deductible	30% after deductible	50% after deductible
Mental health visit	\$10	\$20	50% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% after deductible	30% after deductible	50% after deductible
<b>Maternity</b>			
Routine prenatal care visits, first postpartum visit	\$0		50% after deductible
Delivery and inpatient well-baby care	10% after deductible	30% after deductible	50% after deductible
<b>Worldwide emergency and urgent care</b>			
Emergency department visit	\$100, In-network deductible and coinsurance apply		
Urgent care visit (primary/specialty)	\$10/\$20	\$20/\$40	50% after deductible
<b>Prescription drugs (up to 30-day supply)</b> <i>After first fill, maintenance drugs must be filled through Kaiser Permanente's mail-order service</i>			
Tier 1: Preferred generic	\$5	\$15	Not covered
Tier 2: Preferred brand	\$30	\$50	Not covered
Tier 3: Non-preferred generic and brand	\$65	\$95	Not covered
Tier 4: Preferred specialty	\$150	\$150	Not covered
Tier 5: Non-preferred specialty	30%	30%	Not covered
Mail order	2x the preferred benefit prescription drug cost share up to a 90-day supply	Not covered	Not covered
<b>Alternative medicine</b>			
8 chiropractor visits and 12 acupuncture visits	\$20		50% after deductible
<b>Optical (hardware not covered)</b>			
Exam	\$10	\$20	50% after deductible

This is a brief summary of the benefits. Please review your Evidence of Coverage for more details. Plans are effective January 1, 2022.

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20

Summit PPO 1000			Summit PPO 3000		
Preferred In-Network	In Network	Out of Network	Preferred In-Network	In Network	Out of Network
Deductible			Deductible		
\$1,000/\$2,000		\$3,000/\$6,000	\$3,000/\$6,000		\$9,000/\$18,000
\$4,000/\$8,000		Unlimited	\$6,000/\$12,000		Unlimited
10%	30%	50%	20%	40%	50%
No charge	No charge	50% after deductible	No charge	No charge	50% after deductible
\$10	\$20	50% after deductible	\$20	\$40	50% after deductible
\$20	\$40	50% after deductible	\$40	\$80	50% after deductible
10% coinsurance	30% coinsurance	50% after deductible	20% coinsurance	40% coinsurance	50% after deductible
10% coinsurance	30% coinsurance	50% after deductible	20% coinsurance	40% coinsurance	50% after deductible
10% coinsurance	30% coinsurance	50% after deductible	20% coinsurance	40% coinsurance	50% after deductible
10% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible
\$10	\$20	50% after deductible	\$20	\$40	50% after deductible
10% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible
\$0		50% after deductible	\$0		50% after deductible
10% after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible	50% after deductible
\$150, In-network deductible and coinsurance apply			\$200, In-network deductible and coinsurance apply		
\$10/\$20	\$20/\$40	50% after deductible	\$20/\$40	\$40/\$80	50% after deductible
\$10	\$20	Not covered	\$15	\$25	Not covered
\$20	\$40	Not covered	\$30	\$50	Not covered
\$30	\$60	Not covered	\$50	\$80	Not covered
\$150	\$150	Not covered	\$150	\$150	Not covered
30%	30%	Not covered	30%	30%	Not covered
2x the preferred benefit prescription drug cost share up to a 90-day supply	Not covered	Not covered	2x the preferred benefit prescription drug cost share up to a 90-day supply	Not covered	Not covered
\$20		50% after deductible	\$40		50% after deductible
\$10	\$20	50% after deductible	\$20	\$40	50% after deductible

## Notice of Nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) comply with applicable Federal and Washington state civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide 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, and other formats)
  - Assistive devices (magnifiers, Pocket Talkers, and other aids)
- Provide 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 Member Services at **1-888-901-4636** (TTY **711**).

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance by mail, phone, or online at **kp.org/wa/feedback**. If you need help filing a grievance, our 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, DC 20201, **1-800-368-1019, 800-537-7697** (TDD)  
Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at **<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>**, or by phone at **800-562-6900, 360-586-0241** (TDD). Complaint forms are available at **<https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>**



# Dental Plan



Delta Dental of Washington

## About Delta Dental of Washington

For more than 60 years, we've always focused on what truly matters – healthy smiles. It drives everything we do.

We are a founding member of the nationwide Delta Dental Plans Association, and administer dental benefits to over 2.8 million members in state and nationwide, more than any other dental benefits provider.

Our unique two-tier Delta Dental PPOSM and Delta Dental Premier® networks offer the access to the most quality dentists – more than 4,400 in Washington State and more than 152,000 across the country. This is a benefit that no other company can match.

Regular dental exams and cleanings are key to keeping your smile healthy. Visit your dentist regularly. They'll keep you on the road to a lifelong, healthy smile.

MySmile® personal benefits center is your patient portal at [DeltaDentalWA.com](https://www.deltadentalwa.com).

It's customized to your benefits information and allows you to:

- Print your ID card
- View your coverage
- Get instant out-of-pocket cost estimates with MySmile Cost Genie®
- Endorse your favorite dentist and help others find theirs
- Sign up for paperless Explanation of Benefits (EOB) via email

Have a question? Give us a call at 800-554-1907 or send an email to [cservice@deltadentalwa.com](mailto:cservice@deltadentalwa.com).

We're happy to help.

## Dental Plan

	Plan 1	Plan 2	Plan 3	Plan 4 - Incentive	Plan 5	Plan 6	* Plan 7 - Voluntary
Annual Deductible Per Person/Family	\$50/\$150	\$50/\$150	\$0/\$0	\$50/\$150	\$50/\$150	\$50/\$150	50/\$150
Annual Maximum	\$1,000	\$2,000	\$2,000	\$2,500	\$2,000	\$1,500	\$1,500
Class I - Diagnostic & Preventive Exams, X-rays, Cleanings, Fluoride, Sealants <i>(Deductible waived; services do not apply toward benefit period maximum)</i>	80%	100%	100%	Incentive: Start at 100% down to 70%	100%	100%	100%
Class II - Restorations, Endodontics, Periodontics, Oral Surgery	80%	80%	90%	Incentive: Start at 100% down to 70% (including crowns)	90%	80%	80%
Class III – Crowns, Dentures, Partials, Bridges, Implants	50%	50%	50%	50%	50%	50%	50%
TMJ	50%	50%	50%	50%	50%	50%	50%
TMJ Annual Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
TMJ Lifetime Maximum	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000

\*Groups enrolling on Plan 7 are not eligible for either orthodontia rider.

### Optional Orthodontic Benefits Available

- 1. Child Only:** 50% to \$1,000 lifetime maximum
- 2. Family:** 50% to \$1,000 lifetime maximum for adults and dependent children

Please Note: This is a brief summary of in-network benefits only and does not constitute a contract.

# A LOOK AT YOUR VSP VISION COVERAGE



## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM BUSINESS HEALTH TRUST AND VSP.



As a VSP® member you get personalized eye care from a VSP network doctor at low out-of-pocket costs.

### VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

### PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of **private practice** doctors and over 700 **Visionworks retail locations** nationwide.



### MORE EYEWEAR CHOICES

Shop more than 50 brands of contacts, eyeglasses, and sunglasses on **eyeconic.com**. Best of all, you can use your VSP benefits and connect directly with your eye doctor for your prescription.

### QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

## GET YOUR PERFECT PAIR

**EXTRA \$50 + UP TO 40%**  
TO SPEND ON FEATURED FRAME BRANDS\* | SAVINGS ON LENS ENHANCEMENTS

bebe CALVIN KLEIN COLE HAAN FLEXON

LACOSTE NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://www.vsp.com/offers).



Contact us: **800.877.7195** or [vsp.com](https://www.vsp.com)

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

## YOUR VSP VISION BENEFITS SUMMARY

BUSINESS HEALTH TRUST and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

### PROVIDER NETWORK:

VSP Choice

### EFFECTIVE DATE:

01/01/22



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Choice Plan A Coverage with a VSP Provider</b>			
<b>WELLVISION EXAM</b>	• Focuses on your eyes and overall wellness	\$20	Every 12 months
<b>PRESCRIPTION GLASSES</b>		\$25	See frame and lenses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$200 allowance for a wide selection of frames</li> <li>\$250 allowance for featured frame brands</li> <li>\$110 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>UV protection</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$0	Every 24 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$160 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 24 months
<b>SUNCARE</b>	• \$200 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts	\$25	Every 24 months
<b>Choice Plan B Coverage with a VSP Provider</b>			
<b>WELLVISION EXAM</b>	• Focuses on your eyes and overall wellness	\$20	Every 12 months
<b>PRESCRIPTION GLASSES</b>		\$25	See frame and lenses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$200 allowance for a wide selection of frames</li> <li>\$250 allowance for featured frame brands</li> <li>\$110 Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>UV protection</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$0	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$160 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>SUNCARE</b>	• \$200 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts	\$25	Every 24 months
<b>Choice Plan C Coverage with a VSP Provider</b>			
<b>WELLVISION EXAM</b>	• Focuses on your eyes and overall wellness	\$20	Every 12 months
<b>PRESCRIPTION GLASSES</b>		\$25	See frame and lenses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$200 allowance for a wide selection of frames</li> <li>\$250 allowance for featured frame brands</li> <li>\$110 Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
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<b>SUNCARE</b>	• \$200 allowance for ready-made non-prescription sunglasses instead of prescription glasses or contacts	\$25	Every 12 months
<b>ALL PLAN OPTIONS</b>			
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b>		
	<ul style="list-style-type: none"> <li>Extra \$50 to spend on featured frame brands. Go to <a href="http://vsp.com/framebrands">vsp.com/framebrands</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Routine Retinal Screening</b>		
	<ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b>		
	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities</li> </ul>		

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

eyeconic<sup>®</sup>

SAVE TIME AND  
MONEY WITH  
EYECONIC.<sup>®</sup>



*Use your VSP<sup>®</sup> vision benefits to purchase contacts, glasses, and sunglasses online with Eyeconic.*

The best part? **You'll save an additional 20%**, just for being a VSP member. Here's how to start saving:



1. **Find your product.** Over 50 brands you know and love. All at the best possible price when you apply your benefits.



2. **Customize your order.** Choose your lenses, upload your prescription and see your savings in real time.



3. **We do the rest.** Eyeconic is the only site where you can buy eyewear with your VSP<sup>®</sup> insurance—in network.

**MORE REASONS TO LOVE EYECONIC:**

- Free shipping and returns
- A free frame adjustment or contact consultation—on us
- Save up to \$120 on contacts with an annual supply discount
- See yourself in any pair with our Virtual Try-on tool
- Choose from 50+ popular brands like Calvin Klein, Cole Haan, Nike, Acuvue<sup>®</sup>, Biofinity<sup>®</sup>, DAILIES<sup>®</sup>, and more

**START SAVING NOW. CHECK OUT EYECONIC.COM<sup>®</sup> TODAY.**

# Life, AD&D and Disability



## LifeMap

### Life and AD&D

- Basic Life/AD&D: Plan A, \$15,000 included with medical
- Buy-up Basic Life/AD&D and voluntary options are available to employers with 5 or more eligible employees:
  - » Plan B: Flat \$50,000
  - » Plan C: One-time salary to \$100,000
  - » Plan D: Two-times salary to \$200,000
  - » Voluntary Life Plans offered in \$20,000 increments up to \$100,000. Guarantee issue amounts up to \$40,000.

### Long Term Disability

- Available to groups of five or more enrolling employees
- Four LTD plans available:
  - » Plan A: 90 day elimination period, 60% of monthly salary up to \$3,000
  - » Plan B: 180 day elimination period, 60% of monthly salary up to \$3,000
  - » Plan C: 90 day elimination period, 60% of monthly salary up to \$6,000
  - » Plan D: 180 day elimination period, 60% of monthly salary up to \$6,000

# Employee Assistance Program



For support  
1-866-607-4535  
wellspringeap.org

USERNAME: BHT

A service provided by



CONFIDENTIAL  
PROFESSIONAL  
CONVENIENT  
AVAILABLE 24/7

A benefit paid for by your company through the Business Health Trust

Your EAP is a confidential & professional resource—available 24/7—paid for by your company and available to you and eligible dependents without cost. Benefits include:

#### **COUNSELING ASSESSMENTS**

Up to 3 in-person meetings with a counselor.

#### **LEGAL SERVICES**

Free initial 30-minute phone consultation; ongoing consultations with a lawyer at 25% off attorney's regular fees; unlimited access to do-it-yourself legal documents online.

#### **FINANCIAL SERVICES**

Free initial 30-minute phone consultation and access to financial calculators and resource documents.

#### **ID THEFT VICTIM RESOURCES**

Free initial 60-minute phone consultation, ID theft response kit, and prevention information for non-breach related incidents.

#### **DAILY LIVING INFORMATION SERVICES**

Unlimited phone or live chat consultations/requests for finding consumer services and resources.

#### **CHILDCARE & PARENTING RESOURCES**

Unlimited phone or live chat consultations.

#### **OLDER ADULT & ELDERCARE RESOURCES**

Unlimited phone or live chat consultations

#### **WEBSITE ACCESS**

Unlimited access to online resources including:

- Live Chat with a resource consultant (for Childcare, Eldercare & Daily Living)
- Online referral request
- Skill builders/online trainings
- Well-being & productivity content
- Monthly live & on-demand webinars
- Search tools

#### **SUBSCRIPTIONS**

Monthly emails featuring the webinar of the month, spotlight on an EAP benefit, and a feature article on well-being or productivity, with direct links to the website.

#### **WELLSPRING STRESS CENTER™**

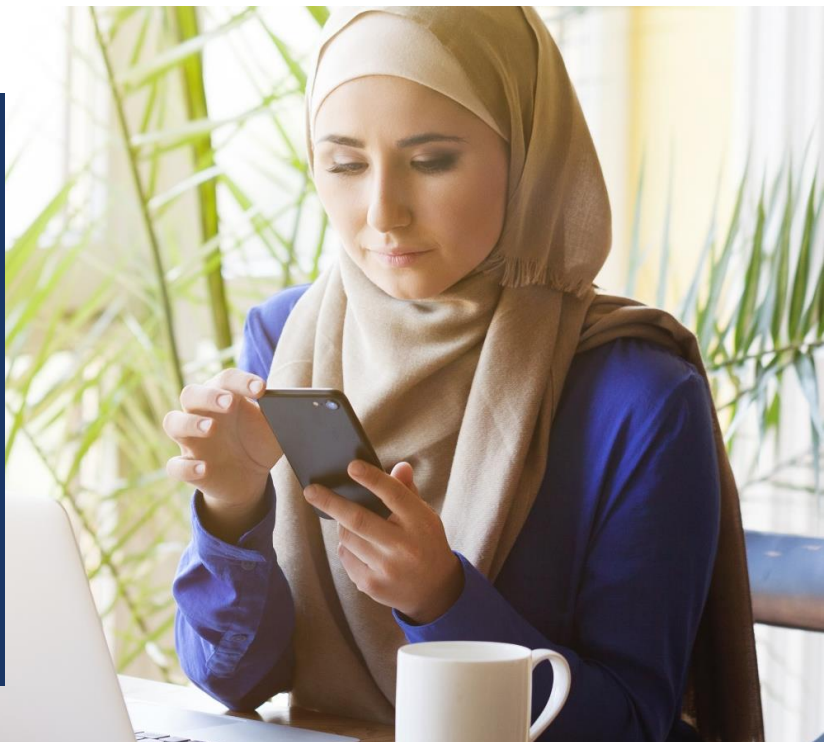
Unlimited access to an online stress management and prevention center, including instant relief tools and long-term solutions.

#### **IN-THE-MOMENT SUPPORT**

24/7 access to a professional, masters-level therapist who will help you manage your distress, create a plan of action, & provide resources (which may include referrals for further services).



Talk to a counselor anytime, anywhere—on your computer, tablet, or smartphone, with your BetterHelp benefit, available through Wellspring EAP.



Access your BetterHelp benefit by calling Wellspring EAP at 1-866-607-4535

#### ELIGIBILITY

This service can be used for individual and couples counseling. It is not appropriate for children under 13-years-old, those in crisis, or family therapy.

#### WHAT IS COVERED?

Your EAP sessions can be used for BetterHelp in the same way you would use it for traditional counseling. Live/scheduled meetings count as 1 session, and unlimited asynchronous text over a period of 1 week counts as 1 session.

#### HOW DOES IT WORK?

To access your BetterHelp benefit, call the Wellspring EAP access line. Going directly to the BetterHelp website without calling Wellspring will not activate the benefit.

When you call, a Wellspring EAP counselor will assess your concerns to determine whether online counseling is clinically appropriate. If you don't meet the criteria, you will be offered a traditional counseling referral. Otherwise, upon qualification, you will immediately receive an email with instructions to complete the signup process.

You can expect to be connected with a BetterHelp therapist within an average of 48 hours.

#### HOW DO I COMMUNICATE WITH MY THERAPIST?

You can engage with your BetterHelp therapist in four different ways:

- **Messaging:** (Unscheduled) Message your therapist anytime from anywhere (1 week of unlimited, unscheduled texts counts as 1 session)
- **Chat:** (Live & scheduled) Text conversations with your counselor in real-time (counts as 1 session)
- **Phone:** (Live & scheduled) Talk with your counselor over the phone (counts as 1 session)
- **Video:** (Live & scheduled) Talk with your counselor in a virtual face-to-face setting (counts as 1 session)

#### WHAT IF I CHANGE MY MIND ABOUT BETTERHELP?

Simply call Wellspring EAP within 30 days of accessing services to be re-referred. Your access to BetterHelp will terminate and you will receive a referral to traditional in-person services from Wellspring EAP.





## Retirement Services

EVOLVE 401(k):

The 401(k) plan for businesses that dream big.

Offering a 401(k) plan can be costly and time-consuming – and when you're growing a business, you need to manage your resources wisely.

EVOLVE is run by Newfront Retirement Services, Inc., an experienced team of retirement services professionals who handle the details so you can stay focused on growing your business.

## Providing all-in-one solutions for your future.

As your source for employee benefits, Business Health Trust is pleased to offer EVOLVE, a 401(k) plan solution for small businesses.

More than insurance, Business Health Trust is a resource, offering small employers in Washington the information and tools they need to design and manage a competitive employee benefits program.

EVOLVE is the ideal 401(k) solution for businesses that want to offer full-service retirement benefits and keep costs in check.

**Contact us today!**  
[BHT@advprofessionals.com](mailto:BHT@advprofessionals.com)

## Investing in the future has never been easier. EVOLVE 401(k) offers:



### Quality plans. Affordable prices.

Setup a cost effective plan that meets your budget and provides your employees with an easy way to save for retirement.



### Streamlined service. Worry-free plans.

Minimize your plan involvement with efficient on-boarding, monitoring and compliance support.



### Easy to use. Employee resources.

Offer your employees an easy to use platform that offers low cost investments, tools and resources.

**Learn more: [newfrontretirement.com](http://newfrontretirement.com)**

## Washington's Source for Employee Benefits and Much More



### PROPERTY & CASUALTY COVERAGE DESIGNED FOR TECHNOLOGY COMPANIES

Emerging companies like yours exist to disrupt industries and revolutionize the world. This takes time—obtaining insurance should not.

That's why Business Health Trust has partnered with Newfront—a leading insurance and financial services company—to offer Newfront Total Solution—Property & Casualty coverage to our venture-backed technology members.

More than health insurance, Business Health Trust is a resource offering the tools and programs small companies need to compete. Newfront Total Solution is the premium insurance policy for companies that want to secure a competitive advantage with broad insurance coverage that's easy to obtain and keeps up with you as you grow.

We offer the high-quality, affordable employee benefits and small business resources growing companies need to be competitive:

#### Health Insurance

High-quality, affordable medical plans that include prescription, virtual care and a 24-hour nurse line.



#### Ancillary Insurance

A range of additional insurance you can purchase with your medical plan.

- Vision
- Dental
- Life
- AD&D
- Long Term Disability
- Accident Protection

#### Retirement Solutions

We've partnered with Newfront—a leading insurance and financial services company—to offer EVOLVE 401(k) to our members.

### Business Insurance

Newfront Total Solution—Property & Casualty coverage for venture-backed technology companies.

Learn more today: [theabdteam.com/services/total-solution/](https://theabdteam.com/services/total-solution/)

#### HR Tools & Employee Wellness

- Archbright HR Membership & Resources
- Employee Assistance Program (EAP)
- And more

#### Additional Small Business Savings

- Passport Corporate Membership
- Savings on ORCA cards
- Discounts of office supplies, technology and more

### Ready to Request a Quote?

Please contact your insurance producer or broker. Don't have a broker? Contact us at (425) 201-1972 or [quote@businesshealthtrust.com](mailto:quote@businesshealthtrust.com) and we can refer you to a Business Health Trust-accredited broker.

Learn more today: <https://theabdteam.com/services/total-solution/>

# Association Partners

Business Health Trust members and accredited producers have the opportunity to choose which association partner they join when enrolling or renewing with Business Health Trust. Business Health Trust members that are part of one of the below partner associations also receive a required membership to the Industry Group within the Endorsing Sponsor. Membership dues are subject to normal nominal annual increases. Association partners include:



- **Seattle Metropolitan Chamber of Commerce**  
(Sponsoring Industry Group is within this organization)  
[SeattleChamber.com](http://SeattleChamber.com)



- **Bellingham Regional Chamber of Commerce**  
[Bellingham.com](http://Bellingham.com)



- **Bellevue Chamber of Commerce**  
[BellevueChamber.org](http://BellevueChamber.org)



- **Bothell Kenmore Chamber of Commerce**  
[BothellKenmoreChamber.org](http://BothellKenmoreChamber.org)



- **Economic Alliance Snohomish County**  
[EconomicAllianceSC.org](http://EconomicAllianceSC.org)



- **OneRedmond**  
[OneRedmond.org](http://OneRedmond.org)



- **Tacoma-Pierce County Chamber**  
[TacomaChamber.org](http://TacomaChamber.org)



- **Thurston County Chamber of Commerce**  
[ThurstonChamber.com](http://ThurstonChamber.com)



- **Greater Yakima Chamber of Commerce**  
[Yakima.org](http://Yakima.org)



- **Archbright**  
[Archbright.com](http://Archbright.com)

Pursuant to a joint billing agreement, which you acknowledge and approve upon enrollment, 1.2% of the gross insurance premium is paid to the Greater Seattle Chamber of Commerce ("Plan Sponsor") as a participation fee. This joint collection is for the convenience of the employer. This fee is to be paid by the employer and will be remitted to the Plan Sponsor as soon as administratively possible. If employers wish to pay this fee separate from their monthly billing, please contact [info@businesshealthtrust.com](mailto:info@businesshealthtrust.com). This fee is not a Trust asset. The services performed by the Plan Sponsor for such fee include, but are not limited to: (i) promotion and marketing the industry trusts to promote growth and stability; (ii) monitoring regulatory compliance at the state and federal level; (iii) public affairs relating to healthcare issues impacting small businesses; (iv) performing administrative services relating to maintenance of the trust platforms; (v) utilization of the Seattle Chamber facilities; (vi) access to and utilization of the Seattle Chamber staff as point persons for inquiries and issues.

# Contact Us



Vimly Benefit Solutions  
P.O. Box 6  
Mukilteo, WA 98275-0006  
425.771.7359

[BHT@vimly.com](mailto:BHT@vimly.com)

## Contact Information for Employers

### Existing Members – Billing or Group Administration Questions

Email: [BHT@vimly.com](mailto:BHT@vimly.com)

Phone: 425.771.7359

Or log on to [SIMON](#) to manage your plan.

### New Business

To request a Business Health Trust quote, please contact your insurance producer or broker. Don't have a broker? Fill out our [Request a Quote](#) form.

### Other Inquiries

Phone: 425.201.1972

Email [info@businesshealthtrust.com](mailto:info@businesshealthtrust.com)

## Contact Information for Employee Members

### Customer Service

Email: [BHT@vimly.com](mailto:BHT@vimly.com)

Phone: 425.771.7359

### Find a form or document

Visit our [Online Benefit Portal](#)

## Contact Information for Producers

**Advanced Professionals Insurance & Benefit Solutions** is the Managing General Agent for Business Health Trust. With more than 50 years of combined trust management experience, and deep knowledge of the ever-changing health insurance environment, they design Business Health Trust's benefit packages, provide ongoing program management, and work with insurance producers/brokers to best meet the specific needs of their clients.

### To submit an RFP, send renewals and business paperwork, access forms and materials:

Log in to [AP Connect](#)

### Become an accredited producer, get access to AP Connect, questions answered:

Email [BHT@advprofessionals.com](mailto:BHT@advprofessionals.com) or call 206.602.3558



Advanced Professionals  
Insurance & Benefit Solutions  
1201 Third Avenue, Suite 800  
Seattle, WA 98101  
206.602.3558

[BHT@advprofessionals.com](mailto:BHT@advprofessionals.com)

# Carrier Contacts



- **Kaiser Permanente**  
800.813.2000  
[WA.KaiserPermanente.org](http://WA.KaiserPermanente.org)



Delta Dental of Washington

- **Delta Dental**  
800.554.1907  
[DeltaDentalWA.com](http://DeltaDentalWA.com)



- **LifeMap**  
800.794.5390  
[LifeMapCo.com](http://LifeMapCo.com)



- **Wellspring EAP**  
800.553.7798  
[WellspringEAP.org](http://WellspringEAP.org)



- **VSP Vision Care Inc.**  
800.877.7195  
[VSP.com](http://VSP.com)



- **AIG Personal Accident**  
212.770.7000  
[AIG.com](http://AIG.com)



Washington's Source for Employee Benefits

Business Health Trust  
12121 Harbour Reach Drive  
Mukilteo, WA 98275  
425.201.1972

[www.businesshealthtrust.com](http://www.businesshealthtrust.com)