

	A	B
Individual/Family DEDUCTIBLE	\$100 / \$300	\$250 / \$750
COINSURANCE %	Preferred 80% to \$5,000; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate	Preferred 80% to \$10,000; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate
Individual/Family Medical Coinsurance OUT-OF-POCKET LIMIT	\$1,000 plus deductible/ \$3,000 plus deductible	\$2,000 plus deductible/ \$6,000 plus deductible
OUT-OF-POCKET (Non Preferred)	No limit	No limit
Super Global Out-of-Pocket (SGOOP)*	\$7,900 / \$15,800	\$7,900 / \$15,800
CHIROPRACTIC OR MASSAGE THERAPY	Subject to deductible and coinsurance; up to 20 visits each per calendar year	Subject to deductible and coinsurance; up to 20 visits each per calendar year
PRIMARY CARE OFFICE VISITS	Subject to deductible and coinsurance	Subject to deductible and coinsurance
SPECIALTY PROVIDER OFFICE VISITS	Subject to deductible and coinsurance	Subject to deductible and coinsurance
PREVENTIVE CARE (Well baby and routine cancer screenings)	Paid at 100%	Paid at 100%
EMERGENCY ROOM DEDUCTIBLE (waived if deemed a medical emergency)	\$500	\$500
INPATIENT HOSPITAL CO-PAY	\$500 per admission; capped two times per individual per year	\$500 per admission; capped two times per individual per year
BridgeHealth or miChoice	100% no deductible	100% no deductible
PRESCRIPTIONS		
RETAIL 34-DAY SUPPLY		
GENERIC (Generic medications required when available)	25% (\$10 min/\$25 max)	25% (\$10 min/\$25 max)
PREFERRED	25% (\$20 min/\$40 max)	25% (\$20 min/\$40 max)
NON-PREFERRED	25% (\$45 min/\$85 max)	25% (\$45 min/\$85 max)
MAIL ORDER 90-DAY SUPPLY		
GENERIC (Generic medications required when available)	25% (\$20 min/\$50 max)	25% (\$20 min/\$50 max)
PREFERRED	25% (\$40 min/\$80 max)	25% (\$40 min/\$80 max)
NON-PREFERRED	25% (\$90 min/\$170 max)	25% (\$90 min/\$170 max)
SPECIALTY		
VALUE	50% (\$100 max)	50% (\$100 max)
FORMULARY	50% (\$400 max)	50% (\$400 max)
NON-FORMULARY	50% (\$600 max)	50% (\$600 max)

* Super Global Out-of-Pocket (SGOOP) includes the following in network out-of-pocket responsibilities: calendar year deductible, coinsurance (office copayment where applicable), inpatient hospital deductibles, emergency room deductibles, prescription co-payments, pediatric vision exam and pediatric material co-payment.



*Healthy Schools,
Healthy Members
working together
to save on Premiums.*

Your group could benefit from a 2% reduction in premiums in Fiscal Year 2021 simply by taking advantage of the Go365 program already offered to you.

Leadership Expectation

- Assign Wellness Champion and provide contact information to the Trust with your renewal form
- Assign contact to receive monthly participation statistics and provide contact information to the Trust with your renewal form (can be same as Wellness Champion if desired)
- Send a minimum of six (6) written/electronic communications about Go365 to all employees July 1, 2019 through February 28, 2020

Wellness Champion Expectation

- Attend 80% of monthly calls July 1, 2019 through February 28, 2020

1st Year Go365 Participation Requirements

October 1, 2018 - September 30, 2019

- 40% of all enrolled employee/family units to reach Bronze Status
- 10% of all enrolled employee/family units to reach Silver Status or above

If all above criteria is met by February 28, 2020, your group will qualify for a 2% reduction in medical premiums for Fiscal Year 2021.

2nd Year Go365 Participation Requirements

October 1, 2019 - September 30, 2020

- 50% of all enrolled employee/family units to reach Bronze Status
- 20% of all enrolled employee/family units to reach Silver Status or above

Questions?

Contact the Public Education Health Trust at 907-274-7526.

Your Dental Benefit Options

Dental Plan A

Deductible	\$50 per person or \$150 per family
Maximum (per calendar year)	\$2000 per person
Preventive Care	100% up to Usual and Customary (two visits per person per year)
Basic	80% subject to deductible and up to Usual and Customary
Major	50% subject to deductible and up to Usual and Customary

Dental Plan B

Deductible	\$75 per person or \$225 per family
Maximum (per calendar year)	\$3000 per person
Preventive Care	100% up to Usual and Customary (two visits per person per year)
Basic	80% subject to deductible and up to Usual and Customary
Major	50% subject to deductible and up to Usual and Customary

Dental Plan - Value

Deductible	\$50 per person or \$150 per family
Maximum (per calendar year)	\$500 per person
Preventive Care	100% up to the UCR (two visits per person per year) – after dental deductible
Basic	None
Major	None

Orthodontia

Orthodontia (per lifetime)	50% up to \$2000 per person
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Members are encouraged to use Aetna Dental Administrators aetna.com/asa when available for additional Plan discounts.

Your Health Benefit Plan

Public Education Health Trust (PEHT), has contracted with Employee Benefit Management Services, LLC (EBMS), a nationally recognized third party administrator of group health benefit plans, for the administration of your benefits, including claims processing, access to Aetna Signature Administrator's national provider network, call center and online customer support and Carelink's medical management services. EBMS' dedicated team of health, legal and business strategists work collaboratively with PEHT administration and your member organizations to help maximize health and financial outcomes for the Trust and the members they serve.

EBMS has devoted a team of highly trained professionals available to help members navigate the complicated healthcare and insurance system. These member advocates will help explain the member's summary of benefits, review benefit programs offered by the member's health plan, assist with billing questions, and/or help the member resolve outstanding claims issues. This service is designed for members who are experiencing complex health issues or are having difficulty resolving their claims and benefits questions.

EBMS also provides real time access through our web based benefit administration resource, miBenefits. Allowing 24/7 online access to all benefits, claims, healthcare resources and general information, miBenefits allows you to check claims status and Explanation of Benefits (EOB) forms, view plan documents and provider directories. To access this web based portal, visit www.ebms.com.



Your VSP Vision Benefits



VSP is the largest not-for-profit vision care company in the U.S. today. They've worked exclusively with private-practice doctors to provide Public Education Health Trust members with the best eye care possible. With more than 67 million members nationwide, 49,000 clients, 54,000 access points of care and 31,000 doctors in their network, one in five people in the U.S. rely on VSP for quality eye coverage.

Vision (In VSP Network - for a list of VSP Providers go to www.vsp.com)

Plans A-G

Co-pay: Examination \$25; Materials \$25.

Annual Exam: Paid-in-full every calendar year after copay.

Lenses: Paid-in-full every calendar year after copay. Anti-reflective coating covered in full.

Frames: Paid-in-full up to \$195 every calendar year after copay OR 2 pairs of frames every other calendar year after copay.

Contact Lenses (instead of spectacle lenses and frames): Necessary – paid-in-full after copay; Specific benefit criteria must be met for necessary contact lenses. Eligibility is determined by the VSP doctor at the time of service. Elective – paid up to \$130. Contact lens fitting and evaluation exam is covered after a \$60 copay.

HDHP Plans

Adult coverage:

Annual WellVision Exam paid in full every calendar year after \$25 copay.

Children up to 19 years old:

Co-pay: Examination \$25; Materials \$25.

Annual Exam: Paid-in-full every calendar year after copay.

Lenses: Paid-in-full every calendar year after copay. Anti-reflective coating covered in full.

Frames: Paid-in-full every calendar year after copay.

Contact Lenses (instead of spectacle lenses and frames): Paid-in-full after copay.

**Please see routine care services listed in the medical benefit booklet.*

Pharmacy Benefit Management



As your pharmacy benefits manager, Optum wants to help you get the most value from your prescription benefits. We are committed to giving you the information you need to make the best decisions regarding the prescriptions you take!

YOUR HEALTH IS IN YOUR HANDS

Visit Optumrx.com/myoptumrx or get the Optum Mobile App for iPhone or Android to locate a nearby pharmacy, find your copay, review your benefit documents, order mail order refills, and more. Most national chains and many local pharmacies are included in the Optum network. Save the most money by choosing generic medications when possible.

HOME DELIVERY

Members who take long-term maintenance medications will save money using this service. Medications are delivered right to your door, and you can order refills quickly and easily online or by phone.

CUSTOMER SERVICE

We are here to assist you day and night! Call the phone number on your member ID card or visit Optumrx.com/myoptumrx.



Member Assistance Program

The SupportLinc Member Assistance Program (MAP) is designed to help you manage life's daily challenges. We can refer you to professional counselors and services that can help you and your eligible family members resolve a broad range of personal concerns, such as:

- Marriage and Relationship Issues
- Stress and Anxiety
- Depression
- Substance Abuse
- Anger Management
- Family Problems
- Grief and Loss
- Legal and Financial Services
- Dependent Care

Visit www.supportlinc.com/peht to find out more information!



Go365

Getting motivated to get healthier just got a little easier. PEHT partners with Go365, a wellness rewards program, to provide members with resources to help make better lifestyle choices. Members who participate in Go365 earn points – which translate into dollars – by tracking healthy activities.



POINTS AND BUCKS | Points are earned with activities, such as logging physical activity in a fitness app or device, keeping a sleep diary, tracking food intake, getting a flu shot, going to the dentist, donating blood, participating in online health coaching, using the online Go365 health calculators, and more.

Points earned through the designated activities translate into “bucks” that can be redeemed at Go365’s online mall to purchase e-gift cards to Amazon, Target, movie theaters, Lowe’s, and other retailers. The bucks can also be used to purchase fitness trackers and other items.

LEVELS | All participants start in the Blue status and begin to work their way up by earning points. To move to Bronze, members can complete their health assessment and/or their biometric screening or log a verified workout. After achieving Bronze status, participants work toward Silver, Gold, and Platinum. Participants become eligible for Bonus Bucks, surprise rewards, and monthly jackpot drawings, as they progress.

CONDITIONS | All members participating in the medical plan and their enrolled dependents are eligible to take part in this program. Every member 18 years or older can register and create their own account. The points and bucks earned through the program will track toward the family’s account. **NEXT STEPS** | All members receive an ID card in the mail from Go365. You can use your Member ID number, found on your card, to register at www.Go365.com. Then, you can sign into your account at any time to view a personalized dashboard, connect a compatible fitness device or tracking app, track points, unlock activities, contact a health coach, participate in challenges with coworkers, and more.

QUESTIONS?

Please contact Go365 or visit the Go365 community page.

Teladoc

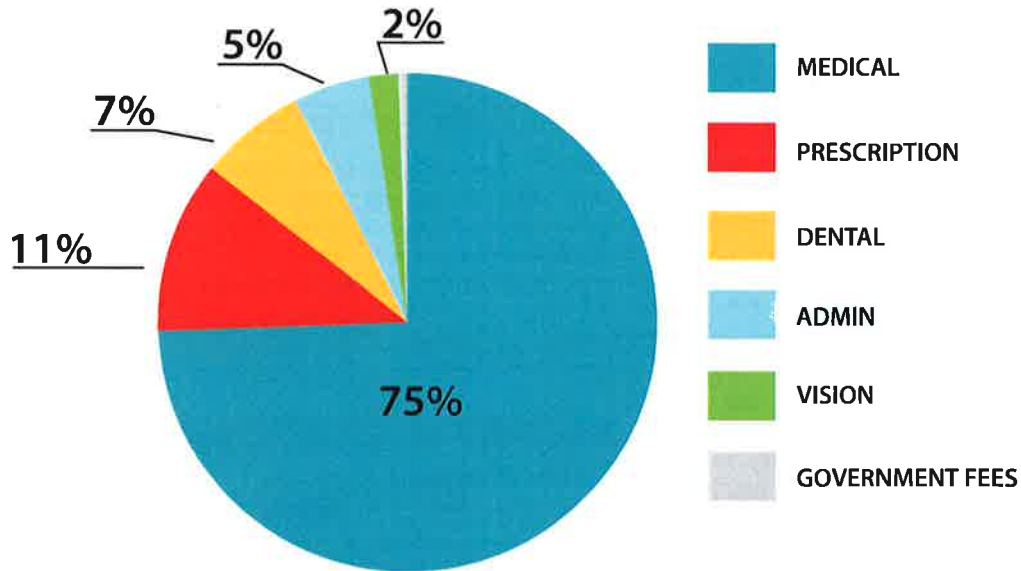


Public Education Health Trust has contracted with Teladoc to provide 24/7 Physician Consultations for you and your Dependents.

Teladoc offers 24/7 Physician Consultations, which provide access to licensed, U.S.-based physicians by phone, secure e-mail, video and mobile app at any time of the day. Physicians offer diagnoses, medical advice, treatment recommendations and can even prescribe medications over the phone.

Call: 1-800-Teladoc or www.Teladoc.com.

Public Education Health Trust FY 2018 Dollar Spend



The Public Education Health Trust was established on July 1, 1996.

As of January 1, 2019, the following associations/employer groups participate in the Trust:

Alaska Gateway School District
Anchorage Education Association
Bristol Bay Borough School District
Chatham School District
Classified Employee Association
Copper River School District
Cordova School District
Craig City School District
Delta Greely School District
Denali Borough School District
Haines School District

Hoonah School District
Hydaburg City School District
Juneau Administrators
Juneau Exempt
Juneau Education Association
Kake School District
Kashunamiut School Board
Kashunamiut School District
Klawock School District
Mat-Su Borough School Board
Mat-Su Borough School District

Mat-Su Education Association
Nenana School District
NEA Alaska - Staff
NEA Alaska - Management
Petersburg School District
Pribilof School District
Public Education Health Trust Office
Southeast Island School District
Tanana School District
Wrangell School District

Contact the Health Plan by Mail:

Public Education Health Trust
4003 Iowa Drive; Anchorage, Alaska 99517

Contact the Health Plan by Phone:

in Anchorage: 907-274-7526
outside of Anchorage: 1-888-685-7526

Contact the Health Plan by Fax:

907-222-2556

