



2011 RENEWAL

PHT Member Service Center



Benefit Solutions, Inc.
PO Box 6
12121 Harbour Reach Drive, Suite 105
Mukilteo, WA 98275
Phone: (877) 694-8291 Fax: (866) 867-2752
pht@bsitpa.com



June 15, 2011

Dear Pacific Health Trust Member:

Thank you for your participation in the Pacific Health Trust this last year. The Pacific Health Trust Board of Trustees and General Agent continue to work with the Trust's insurance carriers to maintain a quality health benefits program while doing everything possible to control premium costs in a difficult economy.

There are significant changes to the program this year and there are a few things we would like to make sure we highlight:

1. Patient Protection and Affordable Care Act (PPACA) legislation is being implemented into the association effective August 1, 2011. This means all plans will include preventive care covered at no cost, dependent children will no longer have a pre-existing condition clause, and lifetime maximums will be eliminated. Also, the dependent age is increasing to age 26. This means that your group's open enrollment period (the 30 days prior to your renewal effective date) is the time to add any dependents under 26 years old that previously aged off the plan.
2. There have been significant changes to the medical plan line-up effective August 1, 2011. Please note that if your group was enrolled in a medical plan that is being discontinued, your renewal will be mapped to the next closest benefit available. Please see additional information within this booklet regarding the specific plan line-up changes.
3. Pacific Health Trust now requires that if your group funds a Health Reimbursement Account (HRA) for your employees, you must disclose this arrangement and the amount funded for each employee on your renewal application.

We believe these changes are in the best interest of the members of Pacific Health Trust and will help mitigate the rising costs of health insurance. Please take time to review the information in this booklet, along with your renewal rates and options. If you have any questions about your renewal, please contact your PHT authorized agent or the Trust's General Agent at (866) 873-6175 or service@pacifichealthtrust.com.

Sincerely,

Pacific Health Trust



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Information in this booklet is to the best of Pacific Health Trust's knowledge as of printing.

This booklet is intended to be a summary of the Trust and its products and is not to be considered a binding part of your contract. For official benefit language and coverage information, please refer to benefit summaries and/or the contract provided to the Trust by Health Net of Oregon, Inc..

Please review the information carefully and contact your PHT authorized agent or the PHT Service Center, toll free (866) 873-6175, if you have any questions regarding your renewal.

Member Contact Information

Do you have questions about **Billing, Eligibility, Enrollment, Cobra or CDHP administration?**
Contact the dedicated PHT Service Center!

Benefit Solutions, Inc. (BSI)
PO Box 6
12121 Harbour Reach, Drive, Suite 105
Mukilteo, WA 98275

Phone: (877) 694-8291
Fax: (866) 867-2752
E-mail: pht@bsitpa.com

Do you have questions about **Benefits or Claims?**
Contact your PHT authorized agent or the carrier!

Health Net of Oregon Customer Service: (888) 802-7001

Vision Service Plan Claims Line: (800) 877-7195

Guardian Dental Claims Line: (800) 541-7846

Lifewise Assurance Customer Service: (800) 258-0394

2011 Renewal Checklist

Renewal Application – DUE 30 DAYS PRIOR TO YOUR RENEWAL DATE

- Review plan options available to your company for the new plan year
- Elect your company's choices for medical, dental, vision, life/AD&D and ancillary products for 2011
- Review eligibility criteria and make changes for the new plan year
- Review probationary period and make changes for the new plan year
- Return completed renewal applications to the General Agent's office via e-mail or fax.

E-mail: service@pacifichealthtrust.com

Fax: (866) 873-6175 or (503) 459-4555

The Renewal Application is part of your annual contract.

Please review each option carefully.

Open Enrollment Changes – THE MONTH PRIOR TO YOUR RENEWAL DATE

- Announce Open Enrollment to your employees.
- If employees are making changes to their benefit elections, ask them to complete the PHT Enrollment/Change/Waiver Form.
 - If an employee is making changes to their benefits or adding/dropping dependents, the employee **must** complete a 2011 Enrollment/Change/Waiver Form.
 - If an employee is NOT making changes to their benefits, the member will be enrolled in the group's new 2011-2012 benefits with the same enrollment as of the group's billing statement for the month prior to the group's anniversary.
- Send enrollment changes and/or updates to employee addresses to the PHT Service Center at pht@bsitpa.com.
- Keep signed PHT Enrollment/Change/Waiver Forms in a safe place for future reference and audit.

Note: New employee packets will be available for open enrollment and throughout the year. To order packets, please contact your agent or the PHT Service Center at (877) 694-8291 or pht@bsitpa.com.

During Open Enrollment...

If you have questions regarding Benefits, Enrollment, Eligibility, Billing, Forms, or need online help, please contact the PHT Service Center at (877) 694-8291 or pht@bsitpa.com.

Renewal FAQ

What is Open Enrollment?

Open Enrollment is the month prior to your renewal anniversary for medical, dental, vision, life insurance, and ancillary benefits offered through Pacific Health Trust.

What kind of changes can my company make during Open Enrollment?

Your company may:

- Select a new medical or pharmacy plan.
- Change, add or delete benefits such as dental, vision, or ancillary products such as an additional life insurance buy-up or CDHP products.
- Modify existing employee eligibility criteria (i.e., definition of full-time employment, probationary period, etc).
- Take advantage of open enrollment to enroll employees and dependents not enrolled when initially eligible.

What kind of changes can employees make during Open Enrollment?

Employees may:

- Enroll in your company's benefit plan(s) without a qualifying event.
- Re-enroll if they previously terminated benefits.
- Add eligible dependents, not previously enrolled, without a qualifying event.
- Add dependents that may have previously aged off your company's benefit plan(s) and are still under the age of 26.

What are the due dates for company changes?

Renewal applications indicating company changes must be received by the General Agent on or before **the 1st of the month prior to your renewal anniversary**. Company changes received after the 1st will be processed as received but employees may experience a delay in the delivery of benefit information and/or ID cards from the carrier(s).

What if we want to make changes after we turn in our renewal application?

Changes requested after the initial election of benefits for 2011-2012 have been submitted to the carrier are subject to underwriting approval. All changes to your initial election must be requested within 30 days of the effective date of your renewal.

How and when will we receive new ID cards and benefit packets?

Employee ID cards are mailed directly to the employee's home within 10-14 business days of the day your company's renewal elections and enrollment changes are entered into the carrier's system. If needed, current ID cards can be used temporarily prior to the receipt of new cards.

Program Overview

Pacific Health Trust Description

Pacific Health Trust is a multiple employer health insurance program underwritten by Health Net of Oregon, Lifewise Assurance, and Vision Service Plan. The Trust consolidates hundreds of Washington employers into one large, experience-rated contract with significant purchasing power. The results are competitive premium rates, more benefit plan options, and excellent customer service for participating companies and their employees. The Health Benefit Trust is directed by a Board of Trustees.

Participation & Eligibility Requirements (Please see Underwriting Guidelines a complete list of requirements.)

- The company must be an active, income-generating business and must have been in business for 60 days.
- The company must be located in Washington.
- The company must have at least two eligible employees and must meet the definition of a business under Washington State law.
- All employees must have a bona fide employee relationship with the company.
- Eligible employees must be active, full-time employees.
 - A full-time eligible employee/subscriber is defined as an individual who has satisfied the company's standard health insurance probationary period (up to six months maximum) and full-time employment criteria (20 hours minimum to 40 hours maximum per week).
 - All individuals meeting this definition are considered Eligible Employees* and the participation percentages specified must be satisfied.
 - Employees (or owners) waiving coverage must sign an Enrollment/Change/Waiver Form indicating they are waiving coverage.
 - Ineligible participants include: former active employees (with the exception of those subject to the re-hire provision), independent or sub-contractors (1099 employees), retirees, part-time employees, or inactive owners.
- The employer must contribute at least 50% toward the cost of employee coverage. There is no requirement for the employer to contribute to the premium costs of dependents.
- At least 75% of eligible employees must enroll. **
- The company must have at least 51% of its covered workforce located in Washington or Oregon.

* "Eligible Employees" includes all employees, waiving or not, **except those submitting signed waivers for other group or government sponsored coverage.**

** Pacific Health Trust is a group insurance program designed to provide coverage for employees (including owners) of participating companies. Unlike individual plans, group plans require a specific percentage of all full-time eligible employees to be covered by the plan. As a result, the minimum employee/subscriber participation requirement is strictly enforced.

All participating companies may be required to provide periodic employment eligibility verification. Companies enrolling ineligible participants or failing to satisfy the Health Benefit Trust's participation requirements may be terminated from the program.

What's New for 2011?

1. Patient Protection and Affordable Care Act (PPACA) will come into effect for Pacific Health Trust!

Effective August 1, 2011 and with each group's renewal thereafter, the following benefits will be included with all medical plans:

- Dependent age is increasing to age 26.
- Dependent children will no longer have a pre-existing condition clause.
- Lifetime maximums are eliminated. An *annual* benefit maximum of \$1.25 million for in and out of network services combined has been added.
- Preventive Care will be covered at no cost.
- All plans will NOT be grandfathered.

2. Underwriting guidelines are changing effective August 1, 2011!

- Minimum employer contribution to employee premiums has been lowered to 50% from 75% in previous years.
- Groups of 10+ eligible employees can elect a multiple plan offering of medical benefits without a premium increase.
- Groups of 2-5 enrolled subscribers are required to submit a Form 5208A/B and/or Ownership documents to establish the employer-employee relationship. (Please see the 2011-2012 Underwriting Guidelines for complete information regarding this additional documentation requirement.

3. The 2011 Health Net plan line-up is changing effective August 1, 2011!

- The current \$3000 and two 50/50 PPO plans have been removed from the medical plan line-up and are being replaced with three Value plan options with the following deductibles: \$500, \$1,000 and \$2,000.*
- The current \$1,500/\$3,000 High Deductible Health Plan is being replaced with a similar \$2,000/\$4,000 High Deductible Health Plan.*
- The \$10/\$50/\$75 pharmacy benefit will be replaced with a \$15/\$35/\$60 pharmacy benefit.*

* If your group is currently enrolled in a plan that is being discontinued, your renewal rate comparison will be mapped to the most comparable available benefit for 2011-2012.

Product Line-Up

Medical Plan Variety and Choices

Pacific Health Trust provides a wide range of medical plan options from very rich benefit packages to plans more catastrophic in design. Plans are offered and underwritten by Health Net of Oregon, Inc. All medical plans include the following:

- **Preventive Care Coverage** – No-cost coverage for preventive care benefits under the Patient Protection and Affordable Care Act (PPACA).
- **Prescription Drug Coverage** – Pacific Health Trust also provides prescription drug benefits through Health Net of Oregon. All plans include a mail order drug benefit which allows employees to obtain a three month supply of prescription for two co-pays.
- **Alternative Care Coverage** – Treatment is limited to in-network providers such as acupuncturists, massage therapists, nutritionists, chiropractors and naturopaths. Benefits may be limited to a specific number of visits annually.
- **24-Hour On-The-Job Coverage** – All Pacific Health Trust plans are designed to include coverage for medical treatment received relating to on-the-job accidents when the claimant is exempt from Workers' Compensation coverage.
- **\$10,000 Base Life/AD&D Coverage** – All Pacific Health Trust medical plans also require enrollment into a \$10,000 in Base Life/AD&D plan underwritten by Lifewise Assurance Company. (Unless your company does not qualify for life insurance.)

Dental Benefits

Pacific Health Trust offers a stand-alone dental plan underwritten by Guardian Life Insurance Company of America. With several plans to choose from, your employees will have quality dental care with first dollar coverage for preventive care. In addition, Guardian's Maximum Rollover Provision allows employees to accumulate unused benefits for future years when the need may be greater. (Please note that orthodontia options are no longer available to due to lack of enrollment.)

Vision Benefits

Vision benefits for employees enrolled in Health Net's medical plans are provided through Vision Service Plan (VSP). *Vision enrollment must match medical enrollment.*

Additional Life/Accidental Death & Dismemberment (AD&D)

Pacific Health Trust offers additional buy-up Life/AD&D coverage through Lifewise Assurance Company. As an employer, you may purchase this benefit for your employees in \$10,000 increments, to a maximum of \$50,000* at competitive group insurance rates. Groups can elect to extend Life/AD&D coverage to either ALL Eligible Employees or Medical Enrollees only.

** Amounts in excess of \$20,000 are available to only groups of 10 or more employees at the time of enrollment.*

Product Line-Up

LifeBalance

Pacific Health Trust has entered into a partnership with LifeBalance that brings this lifestyle program to its members at a discounted rate. The LifeBalance provider network consists of recreational, wellness and cultural benefit providers such as health clubs, retail stores, guide services, performance venues, museums, theaters, massage therapists and much more. Employees receive exclusive benefits and discounts 365 days a year. Please see pages 12-13 for additional information on LifeBalance and visit their website: www.lifebalanceprogram.com for a complete listing of participating vendors.

Resources For Living

Pacific Health Trust also offers access to an Employee Assistance Program (EAP) through Resources for Living. This program provides confidential support to your employees for a variety of concerns, such as coping with grief and stress to information and support on financial issues, relationships, etc.

CDHP Products



Pacific Health Trust now offers options for Flexible Spending Accounts, Health Savings Accounts, and Health Reimbursement Arrangements administered by Benefit Solutions, Inc. These products are an excellent way for employees to set aside pre-tax funds for medical expenses or employers to pay a portion of their employee's deductibles. For more information on each of these types of accounts or arrangements, please contact:

Todd Gesinger
CDHP Product Manager, Benefit Solutions, Inc.
(206) 859-2664 or tgesinger@bsitpa.com

Cobra Administration

Companies subject to Federal COBRA Continuation Coverage regulations (generally companies with 20 or more employees) will receive COBRA administration services at no additional cost by Benefit Solutions, Inc.

Dedicated Service Center

Pacific Health Trust, in conjunction with Benefit Solutions, Inc., provides each employer and its employees a committed single point of contact for questions regarding: billing, enrollment, eligibility, forms, and assistance in using the Trust's online benefit management tools.

Online Benefit Services and EFT Premium Payment

Pacific Health Trust allows each employer to manage their benefits online. With secure log-in information, you can enroll and terminate employees, access benefit summaries, forms, provider directories, and view your consolidated premium invoices. Also, enjoy the convenience of electronic funds transfer (EFT), providing you with an easy way to ensure fast, accurate premium payments without taking time away from running your business.



Pacific Health Trust Underwriting Guidelines – Page 1

Plans Underwritten by Health Net Health Plan of Oregon, Guardian, Vision Service Plan and LifeWise Assurance
Contract Period: August 1, 2011 through July 31, 2012

Group Eligibility:	<ul style="list-style-type: none"> Group must be a member of PHT and have a minimum of 2 enrolled employees (employees working at least 20 hours/week). Retirees are not eligible. Group must be headquartered in Washington and have been in business for 60 days.
Minimum Contribution and Participation:	<ul style="list-style-type: none"> Employer must contribute at least 50% toward the cost of employee coverage. At least 75% of eligible employees must enroll. Employees with other group coverage will not be counted against participation as long as that coverage is through a spouse, registered domestic partner, another employer, Medicare, Medicaid CHAMPUS, Indian Health Services or the Oregon Health Plan.
Multiple Plan Choice:	<ul style="list-style-type: none"> Groups with 6 or more enrolling employees may offer as many plans as the association offers, with no load impact for multiple plan offerings.
Probationary Period:	<ul style="list-style-type: none"> Newly Eligible Employees: First day of the month following 0, 30, 60, 90, or 180 days from date of hire. Newly Eligible Hour Bank Employees: First of the month following 130, 260 or 390 hours.
Out of Area Employees	<ul style="list-style-type: none"> A maximum of 49% of the total enrolling eligible population may be out of state/out of area.
RFP Restriction:	<ul style="list-style-type: none"> 1099 employees are not eligible for coverage.
Product Enrollment:	<ul style="list-style-type: none"> RX, Vision and Domestic Partner require medical enrollment. COBRA requires medical and/or dental enrollment.
Remittance:	<ul style="list-style-type: none"> All quoted rates assume remittance via EFT. Check payments require 2% administrative fee.
Renewal:	<ul style="list-style-type: none"> Association Anniversary date is August 1.
Rolling Renewal:	<ul style="list-style-type: none"> 12-month contracts begin on each group's effective date.
Open Enrollment:	<ul style="list-style-type: none"> The month prior to each group's anniversary.
Dependents:	<ul style="list-style-type: none"> Dependents are covered to age 26.
Late Enrollees:	<ul style="list-style-type: none"> Late enrollees may enroll at open enrollment only, unless they have a qualifying event.
Current HN Groups	<ul style="list-style-type: none"> Groups currently enrolled directly with HN Oregon may only enroll under the Association at the August 1st annual group enrollment period. Note: The current Agent of Record for a Health Net group may request an Association quote at the group's renewal if the Agent is also appointed with the Association.
COBRA:	<ul style="list-style-type: none"> COBRA provisions apply based on group size and location, according to federal law.
Carve Outs:	<ul style="list-style-type: none"> Not eligible
Domestic Partners:	<ul style="list-style-type: none"> Coverage available at no additional charge, however, coverage must be elected by group.
Medical Riders:	<ul style="list-style-type: none"> Groups may choose one Rx and / or Well Net rider to attach to the medical plan(s)
Pre-Existing Waiting:	<ul style="list-style-type: none"> Employer groups and newly eligible employees or dependents will be subject to Pre-Existing Condition Exclusion. Credit will be provided in accordance with State and Federal requirements.
Funding Deductibles:	<ul style="list-style-type: none"> Benefit plans may be combined with any form of self funding or insuring the deductible subject to Underwriting approval.
24 Hour Coverage:	<ul style="list-style-type: none"> For Owners/officers excluded from Workers Compensation is included in the medical plan. The owners first and last name must be listed on the Master Application for 24 hour coverage to be in effect.
Final Rates:	<ul style="list-style-type: none"> All rates are based on final enrollment and subject to underwriting approval.



Pacific Health Trust Underwriting Guidelines – Page 2

Plans Underwritten by Health Net Health Plan of Oregon, Guardian, Vision Service Plan and LifeWise Assurance
 Contract Period: August 1, 2011 through July 31, 2012

Case Submission	<ul style="list-style-type: none"> All new groups requesting coverage must be submitted by the 20th of the month prior to the month coverage is to be effective. Any case submitted after the 20th must be accompanied by a late submission letter.
Health Statement	<ul style="list-style-type: none"> Individual Health Statements are required.
Underwriting:	<ul style="list-style-type: none"> If any of the Underwriting Guidelines are not met, coverage will be declined.
New Group Paperwork	<ul style="list-style-type: none"> Groups of 2-5 enrolled subscribers are required to submit a Form 5208A/B and/or Ownership documents to establish the employer-employee relationship. Note: A Form 5208 A/B is required for those groups who have been in business long enough to have a Form 5208A/B. Those groups who have not been in business long enough to have a Form 5208 A/B may submit 2 weeks of payroll. Ownership documents must be submitted for owners not appearing on the payroll/Form 5208 A/B.



Pacific Health Trust



Traditional PPO and HDHP Plan Options

	PPO-250 (WPT152VLX)	PPO-500 (WPT155V2DX)	PPO-750 (WPT207V2DX)	PPO-1000 (WA25-1000-2-2500U)	PPO-1500 (WPT2515V2DX)	PPO-2500 (WPT3025V2DX)	HDHP 2000/4000	
	PPO Network	Out-of-Network	PPO Network	Out-of-Network	PPO Network	Out-of-Network	PPO Network	Out-of-Network
Annual Deductible	\$250 individual / \$750 family	\$500 individual / \$1,500 family	\$750 individual / \$2,250 family	\$1,000 individual / \$3,000 family	\$1,500 individual / \$4,500 family	\$2,500 individual / \$7,500 family	\$2,000 indiv. / \$6,000 family	\$4,000 indiv. / \$8,000 family
Annual Out of Pocket Maximum (Individual)	\$1,000 PPO Network and Out of Network Combined	\$1,500 PPO Network and Out of Network Combined	\$2,500 PPO Network and Out of Network Combined	\$3,000 PPO Network and Out of Network Combined	\$4,500 PPO Network and Out of Network Combined	\$7,500 PPO Network and Out of Network Combined	\$4,000 ³	\$9,000 ³
Annual Out of Pocket Maximum (Family)	\$3,000 PPO Network and Out of Network Combined	\$4,500 PPO Network and Out of Network Combined	\$7,500 PPO Network and Out of Network Combined	\$9,000 PPO Network and Out of Network Combined	\$13,500 PPO Network and Out of Network Combined	\$22,500 PPO Network and Out of Network Combined	\$8,000 ³	\$16,000 ³
Lifetime Transplant Benefit	Unlimited	not covered	Unlimited	not covered	Unlimited	not covered	Unlimited	not covered
Annual Limit	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000
Physician Services								
Office Visits - Preventive Care	No Charge	40% MAA	No Charge	40% MAA	No Charge	40% MAA	No Charge	40% MAA
Office Visits - Non-Preventive ²	\$15 per visit ³	40% MAA	\$20 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$30 per visit ³	40% MAA
Diagnostic Lab/x-Ray	20% ³	40% MAA	20% ³	40% MAA	20% ³	40% MAA	20% ³	40% MAA
Urgent Care Physician Services ²	\$50 per visit MAA ³	\$50 per visit MAA ³	\$50 per visit MAA ³	\$50 per visit MAA ³	\$50 per visit MAA ³	\$50 per visit MAA ³	\$50 per visit MAA ³	\$50 per visit MAA ³
CT/MRI/EEG/Hotter monitor/Stress test	20% ³	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Maternity Delivery Care	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Outpatient rehabilitation (30 days/year max)	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Outpatient (Hospital Based Facility)	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Ambulatory Care Center	15%	40% MAA	15%	40% MAA	15%	40% MAA	15%	40% MAA
Hospital Care	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Inpatient Services	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Emergency Care								
Outpatient emergency room services	\$150 per visit ³ + 20% MAA	\$150 per visit ³ + 20% MAA	\$150 per visit ³ + 20% MAA	\$150 per visit ³ + 20% MAA	\$150 per visit ³ + 20% MAA	\$150 per visit ³ + 20% MAA	\$150 per visit ³ + 20% MAA	\$150 per visit ³ + 20% MAA
Ambulance transport (3 trips/year max; \$10,000 All max)	20%	20% MAA	20%	20% MAA	20%	20% MAA	20%	20% MAA
Behavioral Health Services								
Outpatient mental health/chemical dependency	\$15 per visit ³	40% MAA	\$20 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$30 per visit ³	40% MAA
Inpatient mental health/chemical dependency	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Other Services								
Durable Medical Equipment and supplies ⁴	20%	40% MAA	20%	40% MAA	20%	40% MAA	20%	40% MAA
Health education - \$150/year combined max	Any charges over maximum reimbursement of \$50/qualifying class	Any charges over maximum reimbursement of \$50/qualifying class	Any charges over maximum reimbursement of \$50/qualifying class	Any charges over maximum reimbursement of \$50/qualifying class	Any charges over maximum reimbursement of \$50/qualifying class	Any charges over maximum reimbursement of \$50/qualifying class	Any charges over maximum reimbursement of \$50/qualifying class	Any charges over maximum reimbursement of \$50/qualifying class
Spinal & Other Manipulations (Any Provider MD, DO, Chiropractor) - 15 Manipulations/Year Max	\$15 per visit ³	40% MAA	\$20 per visit ³	40% MAA	\$25 per visit ³	40% MAA	\$30 per visit ³	40% MAA
Acupuncture Care (15 visits/yr max)	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA
Neurographic Care	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA
Massage Therapy (15 visits/yr max)	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA	\$15 per visit ³	40% MAA

Value Plan Options

	Value 500 (WA-20-500-2-2500V)	Value 1000 (WA-30-1000-3-3500V)	Value 2000 (WA-35-2000-3-3500V)	
	PPO Network	Out-of-Network	PPO Network	Out-of-Network
Annual Deductible	\$500 individual / \$1,500 family	\$1,000 individual / \$3,000 family	\$1,500 individual / \$4,500 family	\$2,000 individual / \$6,000 family
Annual Out of Pocket Maximum (Individual)	\$2,500	\$3,500	\$3,500	\$10,500
Annual Out of Pocket Maximum (Family)	\$7,500	\$10,500	\$10,500	\$31,500
Lifetime Transplant Benefit	Unlimited	not covered	Unlimited	not covered
Annual Maximum	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000
Physician Services				
Office Visits - Preventive Care	No Charge	40% MAA	No Charge	50% MAA
Office Visits - Non-Preventive ²	\$20 per visit ³	40% MAA	\$30 per visit ³	50% MAA
Diagnostic Lab/x-Ray	20%	40% MAA	30%	50% MAA
Urgent care physician services	\$50 per visit MAA ³	\$50 per visit MAA ³	\$50 per visit MAA ³	\$50 per visit MAA ³
CT/MRI/EEG/Hotter monitor/Stress test	20%	40% MAA	30%	50% MAA
Maternity delivery care	20%	40% MAA	30%	50% MAA
Outpatient rehabilitation (30 days/year max)	20%	40% MAA	30%	50% MAA
Outpatient (Hospital Based Facility)	20%	40% MAA	30%	50% MAA
Ambulatory care center	15%	40% MAA	25%	50% MAA
Hospital Care	20%	40% MAA	30%	50% MAA
Inpatient Services	20%	40% MAA	30%	50% MAA
Emergency Care				
Outpatient emergency room services	\$150 + 20% ³	\$150 + 20% MAA ³	\$150 + 30% ³	\$150 + 20% MAA ³
Ambulance transport (3 trips/year max; \$10,000 All max)	20%	20% MAA	30%	30% MAA
Behavioral Health Services				
Outpatient mental health/chemical dependency	\$20 per visit ³	40% MAA	\$30 per visit ³	50% MAA
Inpatient mental health/chemical dependency	20%	40% MAA	30%	50% MAA
Other Services				
Durable Medical Equipment and supplies ⁴	20%	40% MAA	30%	50% MAA
Health education - \$150/year combined max	Any charges over maximum reimbursement of \$50/qualifying class	Any charges over maximum reimbursement of \$50/qualifying class	Any charges over maximum reimbursement of \$50/qualifying class	Any charges over maximum reimbursement of \$50/qualifying class
Well Net - Spinal & Other Manipulations (Any Provider MD, DO, Chiropractor) - 15 Manipulations/Year Max	\$20 per visit ³	40% MAA	\$30 per visit ³	50% MAA
Well Net Acupuncture Care (15 visits/yr max)	\$20 per visit ³	40% MAA	\$30 per visit ³	50% MAA
Well Net Neurographic Care	\$20 per visit ³	40% MAA	\$30 per visit ³	50% MAA
Well Net Massage Therapy (15 visits/yr max)	\$20 per visit ³	40% MAA	\$30 per visit ³	50% MAA

¹ Amount does not accrue to the out of pocket maximum.
² Physician services only, other services subject to copayments and coinsurance as listed.
³ Deductible is waived. Copays accrue to the out of pocket maximum.
⁴ DME and prosthetic devices are subject to a \$5,000 annual maximum.
⁵ You must meet the specified deductible each calendar year before Health Net pays any claims.
⁶ Annual OOP max includes the annual deductible. After you reach the OOP max in a calendar year, HN will pay your covered services during the res.

- The annual deductible and annual out-of-pocket maximum accrue on a calendar year basis (January 1 through December 31).
 - The annual out-of-pocket maximum does not include the annual deductible. After you reach the out-of-pocket maximum in a Calendar Year, we will pay the rest of that Calendar Year at 100% of our contract rates for PPO services and at 100% of MAA for Out-of-Network (OON) services.
 You are still responsible for OON billed charges that exceed MAA.
 - This summary is informational only, please refer to the Health Net Benefit and contract for plan detail. In the event of a discrepancy, the benefit and contract will prevail.
 - **Deductible Carryover - The fourth quarter deductible carryover provision has been removed. Covered services that satisfy the deductible during the last three months of the Calendar Year will no longer apply to the following year's deductible.**

Information on this document is subject to change in the future due to health care reform.

Pacific Health Trust

Health Net Prescription Drug Plans

\$10/\$20/\$40		Mailorder ²
Tier 1	Retail ¹	\$20
Tier 2	\$10	\$40
Tier 3	\$20	\$80
\$15/\$30/\$50		
Tier 1	Retail ¹	Mailorder ²
Tier 2	\$15	\$30
Tier 3	\$30	\$60
\$15/\$35/\$60		
Tier 1	Retail ¹	Mailorder ²
Tier 2	\$15	\$30
Tier 3	\$35	\$70
\$15/\$30/50% \$5,000 OOP		
Tier 1	Retail ¹	Mailorder ²
Tier 2	\$15	\$30
Tier 3	30%	30%
	50%	50%

¹ up to 30 day supply

² up to 90 day supply

- Prescription drugs must be purchased at a participating Health Net pharmacy

- This summary is informational only, please refer to the Plan Summary and contract for plan detail. In the event of a discrepancy, the Plan Summary and contract will prevail.

VSP Vision Plans

	\$10 / \$25			\$0 / \$10	
	PPO Network	Out-of-Network (Allowance)		PPO Network	Out-of-Network (Allowance)
Exam	\$10 Copay	\$50 Max	\$0 Copay	\$50 Max	
Eyewear	\$25 Copay		\$10 Copay		
Single Vision Lenses	Covered in Full	\$50	Covered in Full	\$50	
Lined Bi-Focal Lenses	Covered in Full	\$75	Covered in Full	\$75	
Lined Tri-Focal Lenses	Covered in Full	\$100	Covered in Full	\$100	
Frame Allowance	\$120 Retail Allowance	\$70	\$120 Retail Allowance	\$70	
Contacts	\$120 Allowance	\$105 Max	\$120 Allowance	\$105 Max	

Guardian Dental Plans

	In-Network	Out-of Network
Calendar Year Maximum*	\$1,000, \$1,500 or \$2,000	
Deductible (Ind/Fam)	\$50/\$150	\$50/\$150
Preventive Services**	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia Services	Not Available	Not Available

* Group elects ONE maximum benefit amount.

** Deductible Waived



LifeBalance

Work-Life Balance for



Since 1996, The LifeBalance Program has made it simple and cost effective for employers to provide a completely customizable active wellness solution for employees and their family members establishing LifeBalance as the leading stand alone wellness option for employers of all shapes and sizes.

The LifeBalance Program is a turnkey active wellness program that is sold to employer groups and associations as a value added wellness and health promotion program.

LifeBalance provides access to over **10,000 recreational, cultural and wellness based businesses** within the LifeBalance Vendor Network that offer exclusive discounts and benefits, special events and a discount ticketing service.

Additionally, the program also features a myriad of online **wellness tools and relevant wellness content** to educate, plan and monitor progress in exercise, activity and food selections. Walking, activity, nutritional and personal assessment tools have also been added to offer more options and more value for program members to improve health and wellbeing.

The LifeBalance Program currently services over **3,500 clients and over 500,000 program members** across multiple states.

For more information on how to get your organization involved with the LifeBalance Program please contact the Pacific Health Trust general agent at 866.873.6175 or talk to your individual broker.

The LifeBalance Program - Promoting Active Wellness Since 1996
888.754.5433 or 503.234.1375 | www.LifeBalanceProgram.com

My Life...
My LifeBalance



Willis

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