



## **TRUST VISION STATEMENT**

Maximize Member Benefits at the Least Cost.

We value fiscal integrity.  
We value the highest standard of service.  
We value open and honest communication.  
We value mutual respect and building trust.  
We value the greatest possible benefit for all.



Individual/Family DEDUCTIBLE
COINSURANCE %
Individual/Family OUT-OF-POCKET LIMIT*
OUT-OF-POCKET (Non Preferred)
CHIROPRACTIC OR MASSAGE THERAPY
PRIMARY CARE OFFICE VISITS
SPECIALTY PROVIDER OFFICE VISITS
PRESCRIPTIONS - Retail (Generic medications required when available)
PRESCRIPTIONS - Mail Order (Generic medications required when available)
PRESCRIPTION SPECIALTY (Not including oncology medications)
PREVENTIVE CARE (Well baby and routine cancer screenings)
EMERGENCY ROOM DEDUCTIBLE (waived if admitted)
INPATIENT HOSPITAL CO-PAY
BridgeHealth or miChoice

A	B
\$100 / \$300	\$250 / \$750
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
\$1,000 plus deductible/ \$3,000 plus deductible	\$2,000 plus deductible/ \$6,000 plus deductible
No limit	No limit
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
N/A	N/A
N/A	N/A
\$12 / \$25 / \$50 - 30-day supply	\$12 / \$25 / \$50 - 30-day supply
\$24 / \$50 / \$100 - 90-day supply	\$24 / \$50 / \$100 - 90-day supply
50% co-payment per prescription with a per prescription maximum of \$100 Value/\$400 Formulary/\$600 Non-Formulary	50% co-payment per prescription with a per prescription maximum of \$100 Value/\$400 Formulary/\$600 Non-Formulary
Paid at 100%	Paid at 100%
\$500	\$500
\$500 per admission; capped two times per individual per year	\$500 per admission; capped two times per individual per year
100% no deductible	100% no deductible

\* All plans that participate in the Trust are indexed each year to meet ACA required limitations for global out-of-pockets. In network, out-of-pocket responsibilities include calendar year deductible, coinsurance, (office co-payment where applicable) inpatient hospital deductibles, emergency room deductibles, prescription co-payment, pediatric vision exam and pediatric material co-payment.

Individual/Family DEDUCTIBLE
COINSURANCE %
Individual/Family OUT-OF-POCKET LIMIT*
OUT-OF-POCKET (Non Preferred)
CHIROPRACTIC OR MASSAGE THERAPY
PRIMARY CARE OFFICE VISITS
SPECIALTY PROVIDER OFFICE VISITS
PRESCRIPTIONS - Retail (Generic medications required when available)
PRESCRIPTIONS - Mail Order (Generic medications required when available)
PRESCRIPTION SPECIALTY (Not including oncology medications)
PREVENTIVE CARE (Well baby and routine cancer screenings)
EMERGENCY ROOM DEDUCTIBLE (waived if admitted)
INPATIENT HOSPITAL CO-PAY
BridgeHealth or miChoice

C	E
\$500 / \$1,500	\$1,000 / \$3,000
Preferred 80% to \$10,000; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate	Preferred 80% to \$15,000; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate
\$2,000 plus deductible / \$6,000 plus deductible	\$3,000 plus deductible / \$9,000 plus deductible
No limit	No limit
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
N/A	N/A
N/A	N/A
\$17 / \$30 / \$60 - 30-day supply	\$17 / \$30 / \$60 - 30-day supply
\$34 / \$60 / \$120 - 90-day supply	\$34 / \$60 / \$120 - 90-day supply
50% co-payment per prescription with a per prescription maximum of \$100 Value/\$400 Formulary/\$600 Non-Formulary	50% co-payment per prescription with a per prescription maximum of \$100 Value/\$400 Formulary/\$600 Non-Formulary
Paid at 100%	Paid at 100%
\$500	\$500
\$500 per admission; capped two times per individual per year	\$500 per admission; capped two times per individual per year
100% no deductible	100% no deductible

\* All plans that participate in the Trust are indexed each year to meet ACA required limitations for global out-of-pockets. In network, out-of-pocket responsibilities include calendar year deductible, coinsurance, (office co-payment where applicable) inpatient hospital deductibles, emergency room deductibles, prescription co-payment, pediatric vision exam and pediatric material co-payment.

Individual/Family DEDUCTIBLE
COINSURANCE %
Individual/Family OUT-OF-POCKET LIMIT*
OUT-OF-POCKET (Non Preferred)
CHIROPRACTIC OR MASSAGE THERAPY
PRIMARY CARE OFFICE VISITS (PCP OVC)
SPECIALTY PROVIDER OFFICE VISITS
PRESCRIPTIONS - Retail (Generic medications required when available)
PRESCRIPTIONS - Mail Order (Generic medications required when available)
PRESCRIPTION SPECIALTY (Not including oncology medications)
PREVENTIVE CARE (Well baby and routine cancer screenings)
EMERGENCY ROOM DEDUCTIBLE (waived if admitted)
INPATIENT HOSPITAL CO-PAY
BridgeHealth or miChoice

F	G
\$1,500 / \$3,000	\$3,000 / \$6,000
Preferred 80% to \$15,000; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate	Preferred 80% to \$15,000; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate
\$3,000 plus deductible / \$6,000 plus deductible	\$3,000 plus deductible / \$6,000 plus deductible
No limit	No limit
Subject to PCP OVC or deductible/coinsurance; up to 20 visits each per calendar year.	Subject to PCP OVC or deductible/coinsurance; up to 20 visits each per calendar year.
\$25 (1st 6 visits per Calendar Year)	\$30 (1st 6 visits per calendar year)
Subject to deductible and coinsurance	Subject to deductible and coinsurance
\$17 / \$30 / \$60 - 30-day supply	\$17 / \$30 / \$60 - 30-day supply
\$34 / \$60 / \$120 - 90-day supply	\$34 / \$60 / \$120 - 90-day supply
50% co-payment per prescription with a per prescription maximum of \$100 Value/\$400 Formulary/\$600 Non-Formulary	50% co-payment per prescription with a per prescription maximum of \$100 Value/\$400 Formulary/\$600 Non-Formulary
Paid at 100%	Paid at 100%
\$500	\$500
\$500 per admission; capped two times per individual per year	\$500 per admission; capped two times per individual per year
100% no deductible	100% no deductible

\* All plans that participate in the Trust are indexed each year to meet ACA required limitations for global out-of-pockets. In network, out-of-pocket responsibilities include calendar year deductible, coinsurance, (office co-payment where applicable) inpatient hospital deductibles, emergency room deductibles, prescription co-payment, pediatric vision exam and pediatric material co-payment.

	HDHP	SGOOP
Individual/Family DEDUCTIBLE	\$1,500 / \$3,000	\$6,650 / \$13,300
COINSURANCE %	Preferred 80% to \$17,500; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate	Preferred: Paid at 100% Non Preferred Facility & Providers: up to 125% of Medicare equivalent rate
Individual/Family OUT-OF-POCKET LIMIT*	\$3,500 plus deductible / \$7,000 plus deductible	\$6,650 / \$13,300
OUT-OF-POCKET (Non Preferred)	No limit	No Limit
CHIROPRACTIC OR MASSAGE THERAPY	Subject to deductible and coinsurance; up to 20 visits each per calendar year	Subject to deductible; up to 20 visits each per calendar year
PRIMARY CARE OFFICE VISITS	N/A	N/A
SPECIALTY PROVIDER OFFICE VISITS	N/A	N/A
PRESCRIPTIONS - Retail (Generic medications required when available)	Prescriptions are subject to deductible and coinsurance. Some preventive drugs will be covered with deductible waived.	Prescriptions are subject to deductible. Some preventive drugs will be covered with deductible waived.
PRESCRIPTIONS - Mail Order (Generic medications required when available)	Prescriptions are subject to deductible and coinsurance. Some preventive drugs will be covered with deductible waived.	Prescriptions are subject to deductible. Some preventive drugs will be covered with deductible waived.
PRESCRIPTION SPECIALTY (Not including oncology medications)	50% co-payment per prescription with a per prescription maximum of \$100 Value/\$400 Formulary/\$600 Non-Formulary	Prescriptions are subject to deductible
PREVENTIVE CARE (Well baby and routine cancer screenings)	Paid at 100%	Paid at 100%
EMERGENCY ROOM DEDUCTIBLE (waived if admitted)	\$500	N/A
INPATIENT HOSPITAL CO-PAY	\$200 per admission; capped two times per individual per year; applies to out-of-pocket	N/A
BridgeHealth or miChoice	100% after deductible	100% after deductible

\* All plans that participate in the Trust are indexed each year to meet ACA required limitations for global out-of-pockets. In network, out-of-pocket responsibilities include calendar year deductible, coinsurance, (office co-payment where applicable) inpatient hospital deductibles, emergency room deductibles, prescription co-payment, pediatric vision exam and pediatric material co-payment.

# Your Dental Benefit Options

## Dental Plan A

Deductible	\$50 per person or \$150 per family
Maximum (per calendar year)	\$2000
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 [ASALookup.AetnaSignatureAdministrators.com](http://ASALookup.AetnaSignatureAdministrators.com) 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 family-owned, 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](http://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](http://www.vsp.com))**

Co-pay	Examination - \$25; Materials - \$25
Annual Exam	Paid-in-Full every calendar year (after co-payment)
Lenses (single vision, lined bifocal, lined trifocal, and Lenticular Lenses)	Paid-in-Full every calendar year (after co-payment). Anti-reflective coating covered in full.
Frames	Paid-in-Full up to \$195 every calendar year (after co-payment) OR 2 pairs of frames every other calendar year (after co-payment).
Contact Lenses (instead of spectacle lenses and frame)	Necessary - Paid-in-Full (after co-payment); 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.

*\*The above table is not applicable to the HDHP. 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](http://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](http://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](http://www.supportlinc.com) to find out more information!



## Go365

Getting motivated to get healthier just got a little easier. In October, PEHT partnered 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](http://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](http://www.Teladoc.com).



BridgeHealth is a surgery benefit program that is offered to you through PEHT. The suite of tools, services and dedicated Care Coordinators are available to help you when considering a planned surgery. Then, if surgery is right for you, this program may actually lower your out-of-pocket costs while improving the quality of care and the entire experience.

## **BRIDGEHEALTH IS OFFERED TO YOU AT NO EXTRA COST – YOU’RE ALREADY ENROLLED!!**

> **Gain access to decision support:** If you are considering surgery, that’s when to contact BridgeHealth. It’s at this important juncture that you can start off with less anxiety and focus more fully on your options. No worries. That’s the BridgeHealth way.

> **Get top-quality care:** If you decide to have surgery, you want the best care. BridgeHealth’s stringent standards in selecting providers, verified by external data, deliver top-tier options.

> **Save Money:** BridgeHealth has pre-negotiated agreements with care providers that lower your plan sponsor’s healthcare costs as well as those of the actual surgery. These savings, which can be significant, are passed on to you.

> **Let your Care Coordinators help:** BridgeHealth provides you with dedicated Care Coordinators who will guide you toward your most informed decision.

## **FEEL NO PAIN IN YOUR WALLET!!**

How? BridgeHealth pre-negotiates rates for a wide variety of surgical procedures with top tier providers across the nation. These rates translate to lower costs for you. More reasons to take advantage of BridgeHealth include: You’ll know about any costs upfront — no surprises after surgery! Your health plan offers the BridgeHealth surgical benefit to deliver more value, quality and cost savings to you.

Refer to your PEHT Plan Benefits Booklet to learn more about your BridgeHealth Surgery Benefit or call the BridgeHealth Staff at 855.265.2874 with any questions.



## **If your elective surgery is not eligible through the BridgeHealth Surgery Option, you can use the EBMS miChoice program.**

A friendly and knowledgeable miChoice concierge will help find a provider who can perform a high-quality, low-cost procedure.

The concierge will explore options across your area and the U.S. to ensure you receive the high-quality healthcare you deserve. This means you could receive compensation for you and your companion, if travel is required for your procedure.

In addition, our team will coordinate with your providers’ offices for you.

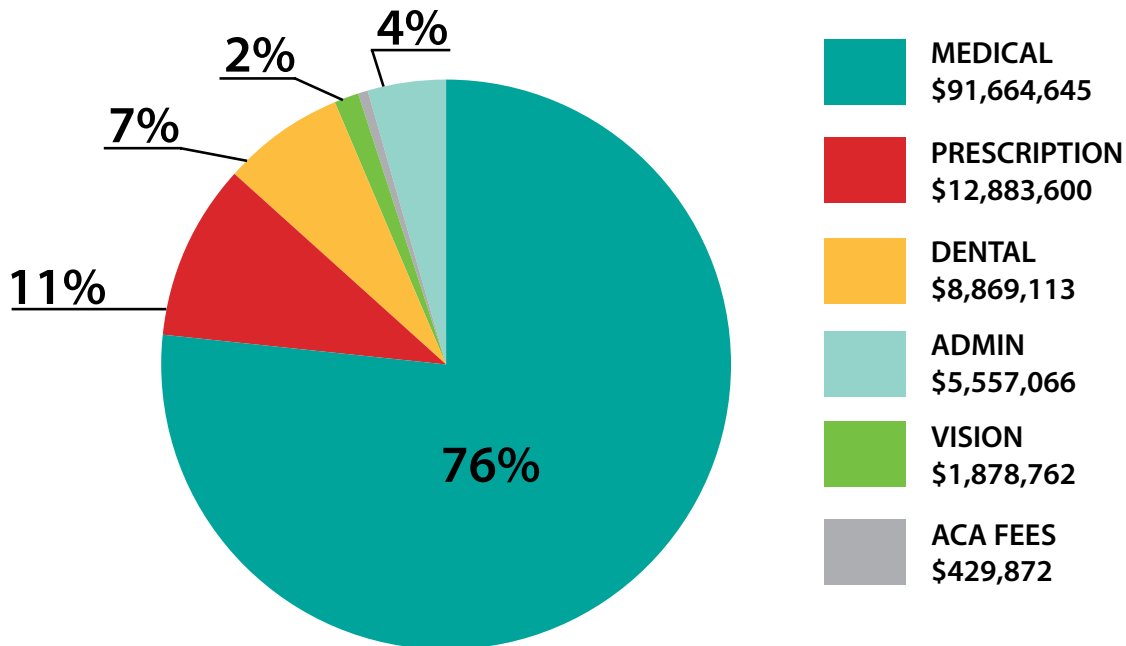
Plus, you’ll experience personalized support from one of our clinical nurses.

Your health plan may also have financial incentives within your benefits to reward you for being an informed healthcare consumer.

The miChoice concierge team analyzes reports of facilities, based on both cost and quality. miChoice also allows a member to see how many times facilities have performed their specific surgery and what the success rate was nationally and compared to others in the area. This information helps the concierge team determine the best medical provider.

**If you would like more information on miChoice and what it can do, call a miChoice advocate toll-free at 866.677.8745.**

# Public Education Health Trust FY 2017 Dollar Spend



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

As of January 1, 2018, 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

