

BUSINESS HEALTH TRUST



Serving Small Businesses
with
Large Business Benefits

BUSINESS HEALTH TRUST OCTOBER 2010 — SEPTEMBER 2011

BHT PLAN YEAR 2010-2011

BHT is proud to share the new program enhancements for the 2010-2011 Plan Year.

BHT Member company advantages are available to groups with 2-149 employees!

PROGRAM BENEFITS INCLUDE:

Medical, Dental, Vision, Basic Life, AD&D, Supplemental and Voluntary Life, Long-Term Disability, Employee Assistance Program, Legal Consulting Services and a **Complimentary Business Travel Accident policy!**



Business Health Trust Partners with the Following Vendors for 2010-2011 Plan Offerings:

- Medical plans underwritten by [Regence BlueShield](#) [Asuris NorthWest Health](#) [Group Health Options, Inc.](#)
- Basic Life, AD&D, Supplemental and Voluntary Life and Disability plans underwritten by [Regence Life & Health](#)
- Dental plans underwritten by [Washington Dental Services \(WDS\)](#) & [Dental Health Services](#)
- Vision plans underwritten by [Vision Service Plan \(VSP\)](#)
- EAP plans offered through [WellSpring Family Services](#) and legal services through [Century 21 Legal Services](#)
- Plans will continue to be administered by [Benefit Administration Company \(BAC\)](#)

2010-2011 BHT Program: What You Need to Know

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Business Health Trust 101: Renewal Basics



- **Renewal forms are due the 15th of the month prior to the group's renewal date!** If the "Group Master Application" is not received by this date, group eligibility cannot be guaranteed for the scheduled renewal date. Therefore, providers and carriers may inform the employees that they do not have coverage.
- **If renewal forms are not received by the last day of the current contract, coverage will automatically terminate!** BHT will assume the group desires to cancel coverage unless advised otherwise.
- **Pre-renewal billing premiums should be paid exactly as billed!** Please advise your clients to contact BAC with any premium or enrollment questions, concerns or discrepancies. Any needed revisions will be reflected on the group's next billing statement. *Bhtadmin@baclink.com OR 206.812.1325x319*



BHT REQUIRED RENEWAL ACTIONS:

EVENT: BHT RENEWAL DATE	ACTION: CHOOSE RENEWAL PLAN	REQUIREMENT: BROKER & MEMBER COMPANY	DUE DATE (Ex: Oct. 1 Renewal)
All renewing groups maintain their current anniversary dates	Option 1: Renew "AS IS."	BROKER: Submit completed BHT Group Master Application indicating group's desired plan selections to: ProgramServices@wellsfargo.com -OR- FAX: 866-972-2881 MEMBER COMPANY: Pay Pre-Renewal Billing Premium as invoiced. Remit to BAC.	RENEWAL FORMS: September 15, 2010
	Option 2: Choose <u>ANY</u> quoted BHT plan with either Regence BlueShield or Group Health Cooperative (a RFP must be submitted with current census information to get a quote).		PRE-RENEWAL BILL: September 20, 2010



NOTE: ALL Member Companies MUST complete a new BHT Group Master Application for group renewal!

Enrollment eligibility will automatically carry over;

Enrollment / Change forms are only needed for census changes not yet submitted.

SEND ALL RATE NEGOTIATION REQUESTS TO YOUR ENDORSED SPONSOR PRODUCT REPRESENTATIVE:

- Nathan Edmondson:** Greater Seattle Chamber of Commerce, Bellingham-Whatcom Chamber of Commerce **Nathan.Edmondson@wellsfargo.com**
- Paul Baker:** Greater Spokane Inc., Tri-City Regional Chamber of Commerce **Paul.Baker@wellsfargo.com**
- Paul Brown:** South Sound & Tacoma-Pierce County Chamber **pbrown@bbtacoma.com**

[Return Completed GMA:](#)

BHT EXCLUSIVE MEMBER ADVANTAGES

Regence BlueShield Medical: 12 Plan Designs, 4 Rx Options, Plus Dual Choice and Dual Carrier Options!

- Infinity Plans: Deductible waived on first \$500 Outpatient Lab and X-Ray!
- Progressive Plans: Family deductible and OOP at 2 times individual!
- HSA Plans: 2 Options Available: \$1500 or \$2500 option with embedded Rx plan!
- Regence Vitality in all plans: 24 Hr. Nurse Consultation, Health Coach, Special Beginnings, Case Management!

Group Health Options, Inc. Medical: 4 Plan Designs with Embedded Rx

- No Deductible for Most Outpatient Services!
- Group Health Options, Alliant Plus: Coverage with any licensed physician, Everett Clinic and Virginia Mason!
- Award Winning Wellness Program built-in for all medical plans!

BHT Exclusive Medical Plan Advantages: Included in ALL Medical Plans at No Extra Cost!

- Life & AD&D Benefit: \$15,000 benefit included with all medical plans! Buy-up options at extremely competitive rates!
- Business Travel Accident Benefit: \$10,000 benefit! 24 Hour worldwide assistance and more!

Washington Dental Service (Delta Dental): 7 Plan Designs and 4 Annual Maximums!

- Surgical and Non-surgical TMJ benefits in ALL plans!
- Extensive Network: Premier: 90% of WA Dentists; PPO: 60% of WA Dentists; Participating: Dentists in all 50 states!

Dental Health Services: Available to Groups with Only 1 or More Enrolled Employees!

- Copay Plan! No deductibles! No Annual Maximum!

Regence Life and Health: Life, AD&D, and Long Term Disability plans!

- \$50,000 Buy-up option, Supplemental options, and Voluntary plans
- LTD plans available to groups of 5 or more!
- Rates EXCLUSIVE to BHT member companies!

VSP Vision: 2 Plan Designs, NO Copay for Contact Lenses, Reduced rates only available to BHT member companies!

Wellspring EAP: 3 Visit model, 24/7 Counselors, Legal and Financial Consulting, Onsite Orientation, and MORE!

Century 21 Voluntary Legal: Legal Advice, Consultations, Document Reviews, Will Preparation with Annual Updates, and 30% Off Legal Fees!

Business Travel Accident & Assist Services: Worldwide Assistance 24/7, Medical Services, Legal Assist, MORE!

Voluntary Personal Accident: Benefits in Multiples of \$25,000 to \$250,000 + Optional Family Coverage & Education Benefits!

Benefit Administration Company (BAC): Currently Serves Over 100,000 Employees Nationwide!

- **Third Party Administrator:** Coordinates ALL billing, eligibility and compliance!
- **COBRA Administration and P.O.P. Services** available at no additional cost for all lines of coverage!
- **Flex Plan (Section 125)** administration, installation, documentation, compliance, and employee meetings!

BHT Endorsed Sponsor Product Representative: Primary Advocate and Resource for BHT Accredited Brokers!

- Negotiates with Underwriting on behalf of broker and group!
- Accessible for employer meetings and Broker Credentialing upon request and availability
- Offering creative strategy with BHT products to amplify broker competitiveness!



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association



Regence BlueShield and Asuris Northwest Health Plan Line-Up

BHT PLAN LINE-UP!

Regence BlueShield
Asuris Northwest Health

- Progressive 0
- Progressive 200
- Infinity 200
- Infinity 300
- Infinity 500
- Progressive 650
- Infinity 1000
- HSA \$1500
- Infinity \$2000
- HSA \$2500
- Infinity \$3000

RX PLANS

10/20/40 2x mail
10/25/50 3x mail MAC A
10/35/70 3x mail MAC A
10/35/70 (\$150 brand ded.)
3x mail MAC A

GENERAL CHANGES TO ALL PLANS

- There are no plan eliminations or additions for the 2010—2011 Plan Year.
- The rehabilitation benefit has increased to \$1,500 outpatient and \$25,000 inpatient.
- The TMJ benefit has been removed from all plans (still available through BHT dental products).
- The hospice benefit will be capped at 14 days.
- The emergency room copay will increased to \$200 for all non-H.S.A. plans.
- The medical equipment benefit will now be \$7,500 for all plans.
- The PAR and Out-of-Network coinsurance will be 50% for all non-H.S.A. plans.
- There are several mandated changes to note as well. Please reference the Contractual Changes document included with your renewal for additional details.

PLAN SPECIFIC CHANGES OTHER THAN THOSE NOTED ABOVE

PROGRESSIVE \$0 Coinsurance from 100%/80% to 90%	INFINITY \$500 The OOP will increase from \$2,500 to \$3,000
PROGRESSIVE \$200 OV copay to \$25, Coins. from 90%/80% to 90%; OOP to \$2,500	INFINITY \$1,000 The OOP will increase from \$2,500 to \$3,000
PROGRESSIVE \$500 No Plan Specific Changes	INFINITY \$2,000 No Plan Specific Changes
PROGRESSIVE \$650 No Plan Specific Changes	INFINITY \$3,000 No Plan Specific Changes
INFINITY \$200 No Plan Specific Changes	H.S.A. \$1,500 No Plan Specific Changes
INFINITY \$300 No Plan Specific Changes	H.S.A. \$2,500 No Plan Specific Changes
Rx PLAN \$10/\$20/\$40, 2 X's MAIL No Plan Changes	Rx PLAN \$10/\$35/\$70, 3 X's MAIL, MAC A No Plan Changes
Rx PLAN \$10/\$25/\$50, 3 X's MAIL, MAC A No Plan Changes	Rx PLAN (\$150 BRAND DED) \$10/\$35/\$70, 3 X's MAIL, MAC A No Plan Changes
WELLNESS INCLUDED WITH ALL PLANS!	BOOKLETS NOW AVAILABLE VIA MEMBER PORTAL!



GroupHealth

Plan Highlights: Group Health Options, Inc.

What's New! — See attached [GHO Contractual Language Changes](#).

- **Four Medical Plans:** All with embedded Rx and vision exam!
- **Alliant Plus Plans:** *Medical services allowed with any licensed physician*, and provide network discounts through Group Health, Virginia Mason, The Everett Clinic, and participating First Choice Health & Beech Street providers!
- **Deductible waived** for most *outpatient services* including office visits, lab & x-ray, surgery, mental health & rehabilitation!
- **Alliant Plus Balance Plan waives deductible & coinsurance** for most *outpatient services*!
- **Wellness program** built-in for all medical plans, including 24 hour access to the award winning www.MyGroupHealth.org website!

BENEFITS	Group Health Options, Alliant Plus Medical Plans (Embedded Rx and Vision Exam)			
	Alliant Plus 200 Balance Plan	Alliant Plus 500 Mid Plan	Alliant Plus 1000 Balance Plan	Alliant Plus 3000 50/50 Plan
Deductible <i>(Includes copays except Rx)</i>	\$200 individual \$600 family	\$500 individual \$1,500 family	\$1,000 individual \$3,000 family	\$3,000 individual \$9,000 family
	<i>Deductible Waived for Outpatient Services</i>			
Out of pocket max <i>(excludes deductible)</i>	\$2,000 individual \$6,000 family	2,000 individual \$6,000 family	\$3,000 individual \$9,000 family	\$5,000 individual \$15,000 family
Coinsurance	90% in and 70% out of network <i>waived for outpatient services</i>	80% / 60%	70% in and 50% out of network	50% in and out of network
Office Visit	\$20 Copay, 100% deductible waived	\$20 Copay, 80% / 60% deductible waived	\$25 Copay, 70% / 50% deductible waived	50%, deductible waived
Outpatient Lab & Radiology	100%, deductible waived	80% / 60% deductible waived	70% / 50% deductible waived	50%, deductible waived

VISION BENEFITS



VSP Plan Comparisons:

BHT offers two vision plans underwritten by VSP. Both options offer differing hardware schedules and benefit maximums.

No changes were made to the BHT VSP vision plans.

Benefit	VSP Signature Plan B 12/12/24	VSP Signature Choice Plan A 12/24/24
Copay	\$10 office visit \$25 materials	\$10 office visit \$25 materials
Single Vision	100% VSP 100% to \$45 Other Provider	100% VSP 100% to \$26 Other Provider
Bifocal	100% VSP 100% to \$65 Other Provider	100% VSP 100% to \$43 Other Provider
Trifocal	100% VSP 100% to \$85 Other Provider	100% VSP 100% to \$60 Other Provider
Contacts	Contacts \$120 VSP \$105 Other Provider	Contacts \$120 VSP \$100 Other Provider
Frames	Frames \$120 VSP \$47 Other Provider	Contacts \$120 VSP \$40 Other Provider
Limitations	If you choose contact lenses you will be eligible for frames in 12 months.	Frames are limited to one pair every two calendar years
Exam	\$10 Copay 100% VSP 100% to \$45 Other Provider	100% VSP 100% to \$43 Other Provider
EE	\$4.93	\$3.79
ES	\$7.86	\$6.05
ESC	\$10.97	\$8.44
EC	\$8.03	\$6.18

**EXCLUSIVE
VSP VISION
BENEFITS
THROUGH BHT
AT VERY
COMPETITIVE
RATES!**

VISION PLAN HIGHLIGHTS

- 2 Vision plans with rates available ONLY to BHT member companies!
- Extensive and reputable network!
- No copays for contact lenses!
- Polycarbonate lenses for dependent children covered in full (in-network)!
- Significant laser vision discounts!
- Visit www.businesshealthtrust.com for full benefit summaries



DENTAL BENEFITS

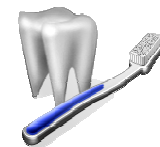
DELTA DENTAL
Washington Dental Service

Washington Dental Service is a member of the Delta Dental Plans Association

WDS PLAN HIGHLIGHTS

- 7 Plan designs and 4 different annual maximums available!
- Embedded Surgical and Non-surgical TMJ benefits for ALL plans!
- Child and Family Orthodontia Benefits Available for groups 10+!

BENEFIT	BHT	RATES
	Plan A Premier Incentive	EE 69.63
Deductible	\$50/\$150	ES \$130.64
Annual Maximum	\$2,500	ESC \$193.74
Coinsurance	70-100/70-100/50% Crowns Class III	EC \$132.73
	Plan AA Preferred Incentive PPO	EE \$59.29
Deductible	\$50/\$150	ES \$111.56
Annual Maximum	\$2,500	ESC \$173.55
Coinsurance	70-100(70-90) 70-100(70-90) Crowns Class II 70-100(70-90) 50/40%	EC \$113.34
	Plan C Preferred PPO	EE \$59.97
Deductible	\$0	ES \$114.01
Annual Maximum	\$2,000	ESC \$169.86
Coinsurance	100-100/90-80/50-50%	EC \$115.82
	Plan F Preferred PPO	EE \$58.70
Deductible	\$50/\$150	ES \$115.29
Annual Maximum	\$1,000	ESC \$173.72
Coinsurance	100/90/50%	EC \$117.12
	Plan G Preferred PPO	EE \$60.80
Deductible	\$25/\$75	ES \$119.42
Annual Maximum	\$2,000	ESC \$179.92
Coinsurance	100-80/80-70/50-40%	EC \$121.31
	Plan H Premier	EE \$53.98
Deductible	\$0	ES \$100.15
Annual Maximum	\$1,500	ESC \$147.96
Coinsurance	80/80/50%	EC \$101.79
	Plan J Preferred PPO	EE \$40.99
Deductible	\$50/\$150	ES \$77.91
Annual Maximum	\$1,000	ESC \$116.07
Coinsurance	80-70/80-70/50-40%	EC \$79.15



No benefit changes for the 2010–2011 Plan Year!

BHT ANCILLARY BENEFITS

Regence

Life and Health Insurance Company



Wellspring Family Services EAP
It's to Your Benefit

LIFE & DISABILITY PLAN HIGHLIGHTS

Regence Life and Health Insurance Company

- 3 Buy-up Life and AD&D options
- Supplemental AND Voluntary Life Options
- 4 Voluntary Long Term Disability Plans
- Rates are EXCLUSIVE to BHT member companies!

\$15,000 Basic Life and AD&D coverage continues as **COMPLIMENTARY FOR ALL GROUPS WITH BHT MEDICAL PLANS!**

This benefit is provided by our new carrier partner, Regence Life & Health!

Life and Disability Buy-Op Options

- Plan B: \$50K
- Plan C: 1 x salary to 100K
- Plan D: 2 x salary to 200K.
- Supplemental Life/AD&D benefits, available in \$10,000 increments to a maximum of \$200,000.
- Long-term disability plans available with 60% coverage up to \$3000 or \$6000 per month with either a 90 or 180 day elimination period.

EAP PLAN HIGHLIGHTS

WellSpring Family Services Employee Assistance Program

WellSpring Family Services EAP program is available to all BHT member companies but is not a compulsory benefit. If elected, EAP benefits must be 100% employer paid. A full summary of EAP benefits can be found on the BHT Website.

- 3 visit model!
- Legal and financial consulting included!
- Onsite employee orientation!
- Counselors available 24/7!

• **Monthly premiums are only \$1.90 per employee!**

LEGAL PLAN HIGHLIGHTS

Century 21 Legal Services

- Legal advice and consultation by phone during business hours at no cost!
- Legal letters and phone calls on employee's behalf included!
- Single simple will prepared and updated annually, no additional fees!
- Complimentary simple document reviews!

Available as a group benefit rider for only \$8.00 per employee!



BENEFIT ADMINISTRATION COMPANY: TPA RESPONSIBILITIES

- Maintain and process member eligibility
- Consolidated Billing
- Premium processing
- Premium and eligibility reconciliation
- Broker commissions
- Delinquency processing and adjudication
- Client Fulfillment: Benefit booklets and administrative guides for new and renewing groups

Premium Remittance Address:

Business Health Trust Admin
P.O. Box 2735
Seattle, WA 98111-2735

Customer Service: 206-812-1325 x 319 Email: bhtadmin@baclink.com

Additional Services Available Through BAC

- Complimentary COBRA Administration for all lines of coverage with BHT!** COBRA Administration for non-BHT coverage is also available at a discounted rate.
- Complimentary Premium only Plan Services** for all BHT member companies!
- Discounted Flex Plan (Section 125)** administration, installation, documentation, compliance, and employee meetings!

2010-2011 BHT RENEWAL PACKET:

- Proposed renewal rates and alternative plan designs with rates
- Summary Comparison of Medical Plan Offerings: Included on page 4
- Summary of WDS Dental plans: Included on page 5
- 2010 – 2011 BHT [Group Administration Guide](#)
- Group Master Application: REQUIRED FOR ALL RENEWALS!
All plan selections and changes should be indicated on this document.
- Consolidated Enrollment Form
- Benefit Summaries for all Medical, Life and AD&D, Dental, and Vision Plans

PLEASE BE SURE TO USE THE CORRECT AND UP-TO-DATE FORMS!

BHT Offers 24 Hour online access to benefit summaries, booklets and forms!
 24 Hour online access to provider directories, pharmacy directories and Rx information!
 Access our online resources and learn more about Business Health Trust!

All Updated BHT Forms and Benefit Summaries are available at
www.businesshealthtrust.com

Reminder!

"EMPOWERING SMALL BUSINESS WITH LARGE BUSINESS BENEFITS"

BUSINESS HEALTH TRUST

BHT PRODUCT REPRESENTATIVES ARE HERE TO SERVE YOU!

- Resource and advocate for BHT accredited brokers
- Negotiate with carriers on behalf of group and brokers
- Rate relief negotiated case-by-case and upon broker request when coupled with competitive data
- Accessible for employer meetings upon request and availability
- BHT broker credentialing seminars upon request
- Facilitates value-driven solutions for BHT brokers and represented groups
- Offering a creative strategy with BHT product offerings to promote broker competitiveness



BUSINESS HEALTH TRUST ENDORSED SPONSOR PRODUCT REPRESENTATIVE:

- **Nathan Edmondson: Greater Seattle Chamber of Commerce, Bellingham-Whatcom County Chamber** 206.892.9576 / Nathan.Edmondson@wellsfargo.com
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- **Paul Baker: Greater Spokane Incorporated, and Tri-City Regional Chamber** 206.892.9573 / Paul.Baker@wellsfargo.com
- **Paul Brown: South Sound and Tacoma-Pierce County Chamber**



Partners of Business Health Trust

www.tacomachamber.org

www.seattlechamber.com

www.greaterspokane.org

www.tcrchamber.com



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