



TACOMA-PIERCE COUNTY CHAMBER
P O W E R T H R O U G H
C O N N E C T I O N S

Benefit Program Insurance Products and Services Plan Year October 2010 - September 2011

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Contents

About Endorsed Sponsorship	1
About Business Health Trust	2
Association Health Plans	3
Business Health Trust Product Representative	4
Business Health Trust Exclusive Membership Advantages	5
Medical Plan Information: Regence BlueShield and Group Health Options, Inc.	7-11
Dental Plan Information: Washington Dental Service and Dental Health Services	12-15
Vision Plan Information: Vision Service Plan	16-17
Ancillary Plan Information	18
Regence Life and Health	19
Employee Assistance Plan Information: Wellspring Family Services	20
21st Century Legal Plan	21
Third Party Administration Information	22
Business Health Trust Underwriting Guidelines	23-27
Business Health Trust Contact List	28-29

About Endorsed Sponsorship Tacoma-Pierce County Chamber Membership Services

The Tacoma-Pierce County Chamber is the largest and most diverse network of influential business leaders in Pierce County.

We work together to foster a globally competitive, job-growing economy that supports a sustainable, high quality of life for all residents.

Current membership totals nearly 1,200 organizations of all types and sizes.

All employees at member companies can take advantage of our resources

BUSINESS DEVELOPMENT CONNECTIONS

Get connected to the people, information, and resources needed to grow your business.

- Meet potential customers: Tap into our business network to build lasting relationships with your target customers.
- Increase your visibility: Take advantage of high-impact yet economical marketing opportunities exclusively for members
- Strengthen executive and managerial skills: Motivate your employees and sharpen your own skills with affordable seminars and workshops taught by local and national business experts.

HAVE A VOICE

Be part of the Chamber's efforts to fuel a job-growing economy and shape strategies that will ensure our region's competitiveness in the long-term.

- Join a member-led policy committee or program: Make a positive impact on the issues most important to our business climate.
- Participate in annual legislative and congressional advocacy opportunities: build relationships with policymakers and contribute in efforts to build a more prosperous region for all.
- Stay informed: Track policy issues most important to business by following our *News That Moves Business* e-communications and our *Chamber Advocacy* e-newsletter
- Delivering results for business: Even if you cannot participate in policy activities, be assured the Chamber is representing your interests, every day and at the local, regional, and state levels on the issues most important to competitiveness and the ability to do business.

BECOME INVOLVED

There are multiple pathways to engagement—for you and your employees. Learn more at www.tacomachamber.org or contact Chamber staff at 253.627.2175. We are here to help you connect!



About Business Health Trust: Serving Washington Small Business with Large Business Benefits.

Business Health Trust is a state-wide benefit trust bringing together endorsed sponsors supporting small business. "Serving small business with large business benefits". Business Health Trust is a catalyst for setting new industry directions, sharing expertise, fostering collaboration, delivering key business services, and advancing the economic value and global impact of small business in Washington.

Business Health Trust is a consolidation of available products put together specifically for the members of Business Health Trust and its endorsed sponsors. The benefit program includes employee benefits for medical, dental, vision, life, supplemental life, long-term disability, accident insurance, legal, and employee assistance coverage for employer groups 2-149 employees.

The BHT Advantage

Cost Savings

Our exclusive arrangements with selected carriers enable us to deliver health insurance and related products and services to your company using volume discounts. In addition, we have negotiated preferred rates to reduce the cost of your employee benefit plans without compromising the level of coverage.

Comprehensive Benefits

Business Health Trust is able to provide a range of comprehensive benefit programs as well as cost effective benefit plans to fit your small business needs.

Flexibility

Does your health plan have the flexibility to offer programs tailored to your employees' individual lifestyles? Offering employees the opportunity to choose from a variety of health and welfare benefits means greater employee satisfaction. Consumer-driven health plans enable employers to more accurately predict their benefit expenditures now and in the future.

BUSINESS 
HEALTH TRUST

Association Health Plans

A Present Day Success Story

Association Health Plans (AHPs) are health benefit plans sponsored by established trade and employer membership organizations with the goal of providing the association's members with affordable health care coverage for their employees. AHPs were authorized in 1995 and provide a meaningful way for small employers to benefit from the purchasing power of a large organization.

Did you know: Typically one-quarter to one-third of all new AHP employer participants had not previously provided coverage to their employees?

Did you know: AHPs allow small employers to compete with industry giants for employee talent by allowing those small employers to offer similar benefits at more affordable rates?

Did you know: Satisfaction with affordable AHPs has been a leading factor in increasing the number of employers who provide health coverage? Only 12% of the uninsured are employed by employers that do not offer coverage.

Why Are AHPs Working?

- AHPs are the only portion of the small group market that is successfully creating access to affordable health care coverage for a growing number of Washingtonians who seem highly satisfied with this coverage. Typically 85% of AHP members annually renew their policies.
- AHPs include all state mandated benefits but they negotiate directly with health carriers to develop unique plan designs more in line with employer needs than off-the-shelf plans.
- AHPs serve a variety of industry needs providing coverage to cities, counties, school districts, union groups, chambers, and businesses statewide.
- AHPs provide tremendous choice. The regulatory structure of the AHP market is highly stable, attracting a broad number of insurers into the market. In 2004 less than one percent of all AHP enrollees were in plans outside of the big three carriers in Washington. By 2007, more than 11 percent of enrollees purchased from carriers outside of the big three.
- Because AHPs provide stable coverage, small group members can predictably engage in wellness efforts that can be sustained over time - an opportunity that is nearly impossible within the volatile small group market.
- While AHPs may have flexibility from standard rating requirements, many follow the standards and are still able to provide high value, lower cost plans. A report from the nonpartisan research firm Mathematica to the Health Insurance Partnership noted that AHPs are approximately 11% less expensive than standard small group market plans.



Meet Your BHT South Sound Business Partners.

Program Representative: Paul M. Brown

Program Manager: Bev Losey

Paul has held several executive level positions in the health care industry since 1980. In addition to association health plans, he has been the Director of Sales and Marketing for two health plans, an employee benefits broker and district manager for a Blues carrier. Paul earned a B.S. in Finance and Business Economics from the University of Southern California and has served on several health care industry boards during his career. He is the primary advocate within BHT South Sound for accredited producers and participating Chamber members, and as such, provides the following:

- Rate negotiations on behalf of groups and accredited brokers
- Broker credentialing and training
- Marketplace benchmarking
- Value driven strategies
- Helps coordinate employer presentations and enrollment meetings
- High level enrollment, claims and service issues
- General advocacy for accredited brokers and member companies

Bev leads the Brown & Brown Tacoma office and performed as Tacoma Pierce County Chamber Program Manager since 1995. With a B.A. in Law & Justice from Indiana/Central Washington Universities, she is also a Chartered Life Underwriter and holds a Health Cost Management certificate from the National Wellness Institute. She supports Paul and the valued brokers for the BHT team to find competitive opportunities to add and retain business, and further, to problem solve and think creatively to strengthen the BHT for the nine counties in the South Sound area.

BHT Exclusive Member Advantages

Regence BlueShield / Asuris Northwest Health Medical:

12 Plan Designs, 4 Rx Options, Plus Dual Choice and Dual Carrier Options!

- Infinity Plans: Unlimited preventive care! Unlimited outpatient office visits!
- Progressive Plans: Deductible waived for chiro services and OOP family maximums at 2 x 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! Additional \$35,000 buy up available 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!

- \$15,000 of coverage included with purchase of medical plan
- \$50,000 Buy-up option, Supplemental options, and Voluntary plans
- Rates EXCLUSIVE to BHT member companies!

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

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

21st Century 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!

Medical Plan

Health coverage from Regence BlueShield

Regence is 2.5 million members, here for our families, co-workers and neighbors, helping each other be and stay healthy and provide support in time of need. We've been here for our members more than 90 years. Regence is a nonprofit health care company.

We are the largest health insurer in the Northwest / Intermountain Region, serving members in Washington, Idaho, Oregon and Utah. Each plan is an independent licensee of the BlueCross and BlueShield Association.

The strength of the BlueCross and BlueShield brand is unsurpassed, and its reach is global. Our members can access health care across the country and the world. We are financially stable which means we will be here when our members need us most.

Regence has a rich history of commitment and contribution of both financial and volunteer support to our local communities. We know that doing good is good business. We take a thoughtful and careful strategic approach to our community investment. From the Regence Foundation to key partnerships with select local nonprofits to our employees' volunteer efforts, Regence live it's Cause to transform health care by helping improve the quality of life for others.

In addition to being a part of the Regence family and community when you are part of the Business Health Trust you can also take advantage of our programs to help you take charge of your health.

- myRegence.com
- Regence Vitality
 - o Regence Health Coach
 - o General Health Assessment on MyRegence.com
 - o CareEnhance our 24 hour nurse line
 - o Special Beginnings for expectant mothers
 - o Rewards

Take advantage of the collective purchasing power of BHT and these valuable products and services offered by Regence. To learn more, visit www.businesshealthtrust.com or contact your broker representative.



Business Health Trust



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

October 2010 to September 2011 Medical Comparison

Plan Options	Progressive 0 PPO 90/\$0/\$25		Progressive 200 PPO 90/\$0/\$25		Progressive 500 PPO 80/\$0/\$25		Progressive 650 PPO 80/\$0/\$25		HSA Healthplan 1,500 PPO 80/60		HSA Healthplan 2,500 PPO 80/60	
	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3
Annual Deductible (Individual/Family)	\$0 / \$0		\$200 / \$400	\$500 / \$1,000	\$650 / \$1,300	\$2,500 / \$5,000	\$1,500 / \$3,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$3,500 / \$7,000	\$2,500 / \$5,000	\$3,500 / \$7,000
Out-of-Pocket Maximum (Individual/Family)	\$2,500 / \$5,000		\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000
Plan Benefits	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3
Coinsurance Level	90% 50%	50%	90% 50%	80% 50%	80% 50%	\$200	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%
ER Copay (Waived if admitted)	\$200		\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
Physician Office Visit	\$25 Copay Only 50%	Deductible then 50%	\$25 Copay Only 50%	\$25 Copay Only Deductible then 50%	\$25 Copay Only Deductible then 50%	\$25 Copay Only Deductible then 50%	\$25 Copay Only Deductible then 50%	\$25 Copay Only Deductible then 50%	\$25 Copay Only Deductible then 50%	\$25 Copay Only Deductible then 50%	\$25 Copay Only Deductible then 50%	\$25 Copay Only Deductible then 50%
Preventive Care (Deductible Waived)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostic Lab & X-ray	90% 50%	50%	90% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%
Chiropractic	90% 50%	50%	90% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%
Acupuncture	90% 50%	50%	90% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%
Rehabilitation	90% 50%	50%	90% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%
Chemical Dependency	90% 50%	50%	90% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%
Mental & Nervous	90% 50%	50%	90% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 50%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

Prescription Drug Plans	Must elect one prescription drug plan with medical plan, except H.S.A. plan		HSA Prescription Drug Plan
Retail (84 day)	\$10/\$20/\$40	\$10/\$25/\$50	80%
Mail (90 day)	\$20/\$40/\$80	\$30/\$75/\$150	Deductible Applies
MAC Policy	Voluntary	Mandatory	Voluntary

Plan Year October 2010 - September 2011
All rates guaranteed for 12 months.



Making smart choices is the key to living well.

FOUR WAYS TO STAY AT YOUR HEALTHIEST

As a member of Business Health Trust, you can choose from four Group Health Options, Inc. health plans, each offering tools and services designed to keep you feeling your best, easily. Each plan lets you choose care from Group Health Cooperative, Virginia Mason, and The Everett Clinic or contracted community doctors in-network. You can also see licensed physicians out-of-network at a discounted rate through First Choice Health or Beech Street networks, or see any licensed doctor anywhere.

THE ADVANTAGES OF GROUP HEALTH CARE

When you choose care at a Group Health medical center, you can:

- See Group Health personal physicians, and self-refer to hundreds of specialists
- Change doctors anytime
- Get convenient appointments
- Use the 24-hour Consulting Nurse helpline
- Lab, pharmacy, and X-ray services under one roof

MYGROUPHEALTH FOR MEMBERS

MyGroupHealth for Members is the online service that makes connecting to your health care easier than ever—and it's yours at no extra charge. Visit www.ghc.org to see why thousands of members use MyGroupHealth to make a stronger connection to their health care.

- Refill prescriptions
- Securely e-mail your doctor*
- View your online medical record*
- Get test results*
- Schedule appointments*
- Create your own Health Profile
- Access your child's records through age 12*
- Work with a lifestyle coach
- Check your benefits

WELLNESS TOOLS

MyGroupHealth for Members features the Health Profile—your personalized online health assessment. Learn where you're doing well and where you can use some help. Depending on your answers, you may also talk to a lifestyle coach to help you make the positive healthy changes you want. Check it out at www.ghc.org

* Service available when you get care at a Group Health medical center.

Plan highlights

GROUP HEALTH'S ALLIANT PLUS PLANS (with embedded Rx and vision exam).

With the Alliant Plus plans, your deductible is waived for outpatient services both in- and out-of-network. And your coinsurance is also waived on the Alliant Plus 200 Balance Plan for outpatient services.

BENEFITS	ALLIANT PLUS 200 BALANCE PLAN		ALLIANT PLUS 500 MID PLAN		ALLIANT PLUS 1000 BALANCE PLAN		ALLIANT PLUS 3000 50/50 PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE Shared in-and out-of-network	\$200 per individual \$600 per family		\$500 per individual \$1,500 per family		\$1,000 per individual \$3,000 per family		\$3,000 per individual \$9,000 per family	
— DEDUCTIBLE WAIVED FOR OUTPATIENT SERVICES —								
COINSURANCE What the plan pays	90%	70%	80%	60%	70%	50%	50%	50%
OUT-OF-POCKET LIMIT Shared in-and out-of-network	\$2,000 per individual \$6,000 per family		\$2,000 per individual \$6,000 per family		\$3,000 per individual \$9,000 per family		\$5,000 per individual \$15,000 per family	
OFFICE VISITS Deductible waived	\$20 copay		\$20 copay + coinsurance		\$25 copay + coinsurance		50% coinsurance	
PREVENTIVE CARE Deductible waived	\$20 copay		\$20 copay + coinsurance		\$25 copay + coinsurance		50% coinsurance	
OUTPATIENT LAB & RADIOLOGY Deductible waived	Covered in full		Coinsurance		Coinsurance		Coinsurance	
PRESCRIPTION DRUGS Mail order: 2x retail for 90-day supply (in-network)	\$20 generic \$40 brand-name	\$25 generic \$45 brand-name	\$20 generic \$40 brand-name	\$25 generic \$45 brand-name	\$20 generic \$40 brand-name	\$25 generic \$45 brand-name	\$20 generic \$40 brand-name	\$25 generic \$45 brand-name

This is a summary of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the master policy or agreements. Other stipulations apply.

Plan Year October 2010 - September 2011
All rates guaranteed for 12 months.





Dental Plan

Washington Dental Service



Washington Dental Service, a member of the nationwide Delta Dental Plans Association, is the state’s leading dental benefits company, providing comprehensive coverage both locally and nationally. Washington Dental Service offers the largest network of dentists – more than 3,800 in Washington state and more than 131,000 across the country. This is a benefit no other company can match.

A focus on prevention: Washington Dental Service coverage focuses on preventive care, which improves oral – and overall – health and reduces long-term costs.

Hassle-free coverage: Participating Washington Dental Service dentists complete claim forms and submit them directly to WDS, so you don’t have to deal with time-consuming paperwork.

MySmile® personal benefits center: Want to find a dentist nearby, check your benefits or find out whether a specific treatment is covered? MySmile® personal benefits center, your patient portal on Washington Dental Service’s www.DeltaDentalWA.com Web site, is customized to your individual needs and provides you with answers to your most pressing questions about your dental coverage. This interactive patient portal provides immediate access to the dental benefits information you need most, such as,

- A Find a Dentist search feature that lets you locate dentists in your plan network. It allows you to search by radius and provides a map marking dentist locations within your designated area.
- A snapshot of your recent dental activity, including an explanation of benefits summary
- Details about your plan coverage, eligible benefits and payment history
- Immediate view-and-print access to your ID card
- The status of your claims

WDS is proud to partner with Business Health Trust to bring increased value and resources to Washington employers. We look forward to serving you.

Washington Dental Service

BUSINESS HEALTH TRUST	Delta Premier Incentive Plan A 159	Delta Premier PPO Incentive Plan AA 158	Delta Premier PPO Plan C 158	Delta Premier PPO Plan F 158	Delta Premier PPO Plan G 158	Delta Premier PPO Plan H 159	Delta Preferred PPO Plan J 158	Family Ohio Rider	Child Only Ohio Rider
Group Size Requirement	2 or more employees	2 or more employees	2 or more employees	2 or more employees	2 or more employees	2 or more employees	2 or more employees		
Annual Deductible - Per Person	\$50	\$50	\$0	\$50	\$25	\$0	\$50	\$0	\$0
Annual Deductible - Per Family	\$150	\$150	\$0	\$150	\$75	\$0	\$150	\$0	\$0
Annual Maximum	\$2,500	\$2,500	\$2,000	\$1,000	\$2,000	\$1,500	\$1,000	\$1,000	\$1,000 Lifetime Max
Class I - Diagnostic & Preventive (Deductible Waived)	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %
Exams, Prophyls, Fluoride, X-Rays, Sealants	Premier	Preferred	Preferred	Preferred	Preferred	Premier	Preferred	Premier	Benefit %
	Incentive 70-100%	Incentive 70-100%	100%	100%	100%	80%	80%	80%	70%
Class II - Restorative	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %
Restoration, Endodontics, Periodontics, Oral Surgery	Premier	Preferred	Preferred	Preferred	Preferred	Premier	Preferred	Premier	Benefit %
	Incentive 70-100%	Incentive 70-90%	90%	90%	80%	80%	80%	80%	70%
Crowns at Class II Incentive (Plan AA Only)	N/A	Incentive 70-100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Class III - Major	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %
Crowns, Dentures, Partials, Bridges, Implants	Premier	Preferred	Preferred	Preferred	Preferred	Premier	Preferred	Premier	Benefit %
	Incentive 50%	Incentive 40%	50%	50%	50%	50%	50%	50%	40%
Temporomandibular Joint Benefits	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %
TMJ - Surgical & Non-surgical	Premier	Preferred	Preferred	Preferred	Preferred	Premier	Preferred	Premier	Benefit %
	Incentive 50%	Incentive 50%	50%	50%	50%	50%	50%	50%	50%
TMJ Annual Maximum	\$1,000	\$1,000	\$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	\$5,000	\$5,000
Employee	\$69.63	\$59.29	\$59.97	\$58.70	\$60.80	\$53.98	\$40.99	\$1.09	\$0.00
Employee + Spouse	\$130.64	\$111.56	\$114.01	\$115.29	\$119.42	\$100.15	\$77.91	\$2.19	\$0.00
Employee + Spouse + Child(ren)	\$193.74	\$173.55	\$169.86	\$173.72	\$179.92	\$147.96	\$116.07	\$27.32	\$24.33
Employee + Child	\$132.73	\$113.34	\$115.82	\$117.12	\$121.31	\$101.79	\$79.15	\$26.22	\$24.33

Plan Year October 2010 - September 2011
All rates guaranteed for 12 months.



Dental Health Services

**BUSINESS
HEALTH
TRUST
PLAN 2010-2011**

The Difference: We are here to serve YOU

Dental Health Services is proud to offer dental benefits through Business Health Trust to allow employees and their families the opportunity to enjoy comprehensive dental coverage, receive care from independent Quality Assured dentists, become better educated dental consumers and benefit from outstanding, prompt, and personalized service — all with ***minimal out-of-pocket cost***.

Save money

Over 175 covered procedures are offered with low copayments. See the plan comparison on the back of this sheet to find which plan is right for you.

Go to a great dentist

You'll receive excellent care, because all of our local participating dental offices are independently owned and adhere to our Quality Assurance program.

Get the care you need

You'll be able to get the help you need, with no waiting periods, no annual benefit maximum, no pre-existing condition exclusions, and easy appointment scheduling. Appointments for most general dentist services are available within three weeks.

Enjoy great coverage

A broad range of general dental procedures are covered, from exams, to x-rays, cleanings, sealants, amalgam & composite restorations, crowns, bridges, dentures, extractions, periodontics, and orthodontics.

Enhance your smile

Orthodontic treatment is available for both children and adults at a low copayment. You also save 15% on cosmetic services.

Work with employee-owners

Independently operated in Seattle for more than 25 years, Dental Health Services is a unique employee-owned plan. When you work with us, you'll have questions answered quickly and easily by your helpful Member Service Specialist.

Members are able to get assistance whenever they need help by contacting our local, bilingual Member Service Specialists by phone, fax, or online.

Dental Health Services is an employee-owned company that serves nearly 100,000 satisfied plan members throughout Washington and California.

A Great Reason To Smilesm

936 N. 34th Street, Suite 208 | Seattle, WA 98103 | Phone: 206.633.2300 & 800.248.8108 | www.dentalhealthservices.com

2G053 © 2009

Prepaid dental benefit solutions for the Business Health Trust



Dental Health Services

Plan Year 2010-2011

Available in two benefit levels for groups of all sizes, each SmartSmile plan offers access to a network of local, independently-owned, Quality Assured dental offices. In addition to receiving prompt, personalized service from our bilingual Member Service Specialists, plan members enjoy coverage that features:

- Highly affordable rates and copayments
- Savings ranging from 20 to 100 percent
- No waiting periods to satisfy
- No deductibles to meet
- No yearly maximum dollar limits
- Coverage on more than 175 procedures
- No claim forms to fill out
- No enrollment restrictions
- No pre-authorization for most services
- For groups as small as one enrollee

<u>Procedure</u>	<u>SmartSmile</u>	<u>Super SmartSmile With Specialty</u>
Periodic oral examination	\$5.00	\$2.00
Intraoral x-rays — complete series	\$25.00	\$0.00
Teeth cleaning — adult	\$25.00	\$12.00
Two-surface amalgam filling	\$52.00	\$35.00
Porcelain crown fused to base metal	\$400.00	\$400.00
Bicuspid root canal therapy	\$395.00	\$370.00
Extraction of an erupted tooth or an exposed root	\$65.00	\$60.00
<u>Monthly premium rates</u>	<u>SmartSmile</u>	<u>Super SmartSmile With Specialty</u>
Employee only	\$17.75	\$27.76
Employee and one dependent	\$33.75	\$54.25
Employee and two dependents	\$43.50	\$72.24
Employee and three or more dependents	\$53.25	\$92.75

206.633.2300

www.dentalhealthservices.com

A Great Reason to Smilesm



The Value of Vision

See eyecare in a whole new light.



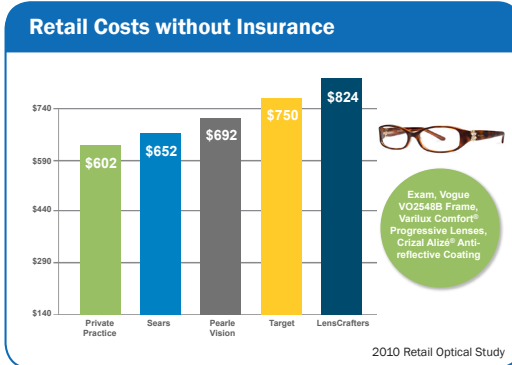
This program delivers everything you expect from a vision plan: choice, affordable prices, easy administration, and responsive customer service—only we do it better. But the real difference is the VSP® Vision Care doctor network with 43,000 access points nationwide.

Choice

- VSP has the largest network of private-practice eyecare doctors in the industry.
- VSP doctors are located in retail, neighborhood, medical, and professional settings.
- All VSP doctors offer full-service, one-stop shopping.
- 88% of VSP doctors offer early morning, evening, or weekend hours.
- Members can choose from a wide selection of frames.

Reasonable Prices

Our plan-specific discounts and/or cost-controlled option pricing significantly lower member out-of-pocket expenses.



Members save more on popular options.

VSP Signature Plan®			
Lens Option	Average U&C	VSP Member Price	Savings
Polycarbonate	\$51	\$25	\$26
Anti-reflective	\$106	\$61	\$45
Progressive Lens	\$137	\$93	\$44
Transitions® Lens	\$96	\$62	\$34
Scratch Coating	\$24	\$15	\$9

Pricing is valid only through VSP doctors and subject to change without notice.

Easy Administration

- Our benefit is easy to use—no claim forms.
- VSP has the highest satisfaction ratings in the industry:
 - 97% satisfied with convenience of VSP doctor hours
 - 97% satisfied with convenience of VSP doctor locations
 - 96% satisfied with VSP doctor’s service overall

Source: 2010 VSP Patient Satisfaction with Level of Coverage Research

World-class Customer Service

- We guarantee members will be 100% satisfied or we’ll make it right. It’s that simple.
- Service Quality Measurement (SQM) Group, Inc., has awarded VSP a “World Class Customer Service Call Center” for five years.
- Personalized benefits information, VSP doctor directory, and eyecare information are all available 24/7 on vsp.com.

The VSP Difference

Our Private-practice Network
Our private-practice doctors are also small-business owners with a vested interest in keeping their customers happy. The result is a high-quality, personalized eyecare experience with great savings only a VSP private-practice doctor can deliver.

- VSP doctors are committed to total eyecare and their patients’ overall health and wellness.
- Averaging 21 years of experience in private practice, VSP doctors get to know their patients and personalize their eyecare experience.
- With 99% doctor network retention, your members can count on their VSP doctor to be around when they need them.

Nearly 50% of all VSP members have seen the same VSP doctor for more than four years. And 12% of these members have seen the same doctor for 11-20 years.

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JOB#6042CL 3/11

Plan Year October 2010 - September 2011
All rates guaranteed for 12 months.

Vision Service Plan

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

	VSP Signatiure Plan B	VSP Choice Plan A
	12/12/24	12/24/24
Copay	\$10 office visit \$25 materials	\$10 office visit \$25 materials
Single Vision	100% VSP Dr. 100% to \$45 Other Provider	100% VSP Choice Dr. 100% to \$26 Other Provider
Lined Bifocal	100% VSP Dr. 100% to \$65 Other Provider	100% VSP Choice Dr. 100% to \$43 Other Provider
Lined Trifocal	100% VSP Dr. 100% to \$85 Other Provider	100% VSP Choice Dr. 100% to \$60 Other Provider
Contacts (in lieu of lenses/ frame)	Contacts \$120 VSP Dr. \$105 Other Provider	Contacts \$120 VSP Choice Dr. \$100 Other Provider
Frames	Frames \$120 VSP Dr. \$47 Other Provider	Frames \$120 VSP Dr. \$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 Dr. 100% to \$45 Other Provider	\$10 Copay 100% VSP Choice Dr. 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

Vision Plan Highlights

- **2 Vision plans with rates available ONLY to BHT member companies!**
- **Extensive and reputable network!**
- **No copays for elective contact lenses!**
- **Polycarbonate lenses for dependent children covered in full (in0network)!**
- **Average 15% laser vision discounts from VSP- contracted facilites.**
- **Additional savings on all non-covered lens options from VSP doctor.**

Plan Year October 2010 - September 2011
All rates guaranteed for 12 months.



Ancillary Benefits

Regence

Life and Health Insurance Company



Wellspring Family Services EAP
It's to Your Benefit



Life and Disability Plan Highlights

Regence Life and Health Insurance Company

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



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 \$5,000 increments to a maximum of \$200,000
- Long Term disability plans available with 60% coverage up to \$3,000 or \$6,000 per month with either a 90 or 180 day elimination period.



EAP Plan Highlights

WellSpring Family Service 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 per month!



Legal Plan Highlights

21st Century Legal Plan

- 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!

Monthly Premiums are only \$8.00 per employee per month!



Plan Year October 2010 - September 2011
All rates guaranteed for 12 months.

Regence Life and Health- A Trusted Partner



History

Backed by The Regence Group – the largest affiliation of health plans in the Northwest – Regence Life and Health blends the flexibility and responsiveness of a regional carrier with the strength and stability of a large not-for-profit company. We have been a trusted provider of comprehensive group life and disability insurance products and services since 1984. Based in Portland, Oregon, we are affiliated with community-centered health plans in Oregon, Washington, Utah, and Idaho. But we don't just serve here, we live here too – so you get service from local folks who understand your needs. We live and work in the communities we serve.

Commitment

- We continuously evaluate our services to maintain an industry leadership position.
- We return all calls within 24 hours.
- We process 98% of “clean” life claims within four days and review and respond to all long-term disability claims within five working days.

Financial Responsibility

- Regence Life and Health (RLH) does not answer to Wall Street, only to our members, and that is reflected in our investment philosophy. We do not rely on the capital markets for our financial needs and stringently manage our financial resources for the benefit of our members, our company and our community. Investments are made conservatively, with an approach that focuses on broad diversification, liquidity and a high-quality asset base. This diversification strategy has helped to build solid returns and has lowered the overall risk to our portfolio.
- Regence Life and Health has maintained an A.M. Best rating of A- (Excellent) since 2006; a testament to our investment philosophy.
- The National Association of Insurance Commissioners (NAIC) determines carrier risk via a Risk Base Capital calculation. As of 12/31/08, RLH's Risk Base Capital exceeds the NAIC's acceptable levels by almost three times and exceeds the industry average by 25%.

Integrity

RLH follows two golden rules of building solid financial health: never spend more than you have and always save for a rainy day. These basic tenets enable us to serve our members through ups and downs in our nation's economy and guarantee RLH's long-term commitments.

Wellspring Family Services EAP

It's to Your Benefit

Wellspring Family Services has been part of the Pacific Northwest community since 1892 (117 years). We are a non-profit 501(c)(3) organization with a mission of making a difference in people's lives. Wellspring Family Services provides Family Stabilization, Community Violence Prevention, Mental Health Counseling and Employee Assistance Program (EAP) services. Our corporate offices are located in Seattle at 1900 Rainier Avenue South, Seattle, Washington 98144.

Wellspring Family Services' EAP is a fully integrated Employee Assistance Program that will customize its services to meet the needs of an organization. We have been serving employers headquartered in the Pacific Northwest for a quarter of a century. Wellspring Family Services EAP continues to focus exclusively on improving and enhancing the health and well-being of those in the workplace.

In selecting Wellspring Family Services EAP as their Employee Assistance Program, a company will join 400+ other diverse organizations spanning all sectors, e.g., Biotechnology, Communication, Construction, Education, Entertainment/Sports, Finance, Healthcare, Insurance, Manufacturing, Professional Services, Public Sector, e.g., city, county, utilities, etc., Retail, Social/Community Health Service, and Technology. As of January 2009, 140,000 employees are covered by Wellspring Family Services EAP.

Wellspring Family Services EAP was established to serve as a resource for business and industry to utilize when confronting difficulties within the workplace, and for employee families to use whenever they are experiencing problems. For employers, our EAP includes proactive program promotion, intense support for supervisors and managers, and a clear measurement of the EAP's impact on both employee functioning and business outcomes. For employees, we believe that a therapeutic approach to problem assessment coupled with solution-oriented goals should be established for each individual. The first step in a therapeutic assessment is selecting the most appropriate provider to complete the initial assessment. This provider will be experienced in the presenting concern and be geographically convenient.

Many employers recognize Wellspring Family Services EAP as the Employee Assistance Program of choice for their employee families. Our reputation for quality and excellence in service delivery is perhaps best reflected in our retention rate of over 95% of all companies ever contracted. A further example is that Wellspring Family Services EAP was selected by Microsoft as their "Vendor of the Year"; an organization that we have been providing Employee Assistance Program services to since 1988. Wellspring Family Services has been recognized through a highly competitive process as the recipient of the 2009 Seattle Rotary Centennial Award. We have also been recognized by Seattle Business Monthly as a "Best Place to Work".

Administration Contacts
Phone: 800.553.7798
www.wfseap.org
1900 Rainier Avenue South
Seattle, WA 98144



21st Century Legal Plan



21st Century Legal Plan was established in 1979 by the Law Offices of David J. Sadick to provide affordable quality legal services to employee groups, particularly in the State of Washington.

21st Century Legal Plan is designed to assist individual employees with their personal legal needs, just as Health, Dental, and Vision plans are designed to assist with those. Seven out of ten employees will likely experience at least one legal need each year. The Legal Plan is intended to provide simple process for legal assistance in this complex and fast paced world.

Primarily through legal phone consultations, individuals are provided the direction required to move forward on their legal issues. Free phone advice has proven invaluable in helping people with their legal problems. As well, appropriate documents can be reviewed and letters written at no charge. If the matter is complex and requires direct representation, the Plan provides immediate referrals to qualified attorneys at reduced rates. Additionally, a free simple will is included, and help with Power of Attorney and Directive to Physicians (Living Wills) made available.

The Legal Plan provides peace of mind and a solution for the question of who to call and at what cost when faced with a legal issue. The Plan supplies legal representation opportunity to the unrepresented 70% of the American public and puts members on an even footing when dealing with these matters.

21st Century Legal Plan allows for a valuable and inexpensive benefit enhancing an existing package at no employer cost with little or no administrative effort. The Plan further increases employee productivity by decreasing absenteeism and the wasted time caused by unnecessary stress and conversation with co-workers about legal problems.

The mission of the 21st Century Legal Plan is to provide affordable and quality legal services to local employee groups without increasing benefit costs or administrative duties to the employer.

21st Century Legal Plan
Customer Service:
Phone: 425.882.7805
Fax: 206.542.5107
11426 238th Street SW
Woodway, WA 98020



Benefit Administration Company:

TPA Responsibilities

Established in 1980, Benefit Administration Company (BAC) is a Seattle-based employee benefits administration firm serving over 600 client relationships throughout the West Coast. BAC has been providing plan sponsors with administrative services for 25 years. Working in cooperation with your client’s human resource professionals and professional advisors, they proactively participate in the design, implementation, and management of innovative client focused benefit solutions.

BAC provides administrative services to Member Companies including:

- Customer Service for Billing and Eligibility
- Transmitting Eligibility received from the Employer to the Carriers
- Consolidated Monthly Billing and Adjustments
- Premium Processing
 - o Premium and Eligibility Reconciliations
 - o Broker Commissions
 - o Late Payment and Delinquency Processing and Adjudication
- Client Fulfillment
 - o Benefit Booklets
 - o Administrative Guides

Their experience and dedication to customer care allows BAC to offer a truly unique perspective in the development and administration of a comprehensive benefits plan.

Benefit Administration Company provides additional services such as:

- Premium Only Plans – Offered at no additional cost to the Member Company
- Flexible Spending Accounts – Discounted fee schedule
- COBRA administration – Offered for lines of coverage within the Trust at no additional cost to the Member Company. For administration outside of the Trust, a discounted fee schedule is available. In both cases, BAC retains the 2% premium charge from COBRA participants.

Administration Contacts

Customer Service: 206-812-1325 ext 319

Broker Support: 206-812-1325 ext 323

Fax: 206-812-1326

Email: Bhtadmin@baclink.com

www.benefitadministrationcompany.com

Physical Address: 1200 5th Avenue, Suite 1100 Seattle, WA 98101-3105

Payment Address: P.O. Box 24425 Seattle, WA 98124-1425



Program Management Provided By
Wells Fargo Insurance Services



Business Health Trust (BHT) Employee Benefit Program 2010 - 2011 Underwriting Guidelines

Agent/Broker Eligibility

- 1) All agents and brokers must be fully accredited through Wells Fargo Insurance Services to promote Business Health Trust's (BHT) products and services. Among other requirements, all agents and brokers must maintain all endorsed insurance carriers appointments. Please reference the BHT Accreditation Agreement for a list of requirements and further details.
- 2) All accredited agents and brokers are required to obtain and maintain dues membership with one or several of the BHT endorsed sponsors. Accredited agents and brokers are eligible to request and receive quotes without becoming a dues paying member of an affiliated BHT endorsed sponsor, however, membership must be secured at the time of the insurance placement with BHT. No commissions can be paid until the accredited agent or broker becomes an active, dues-paying member with the applicable endorsed sponsor. It is the responsibility of the accredited agent or broker to ensure their membership status is active.
- 3) Broker of Record Letters and Letters of Authorizations (Search Letters) will only be accepted from fully-accredited BHT agents and brokers. Broker of Record letters from accredited agents/brokers will be processed within 2-3 business days of receipt and will become effective the first of the month following the date of receipt (for commission purposes). All Broker of Record Letters must be dated within thirty days of receipt to be valid. Broker of Record changes require the agent/broker to be fully accredited with BHT. Among other requirements, the agent/broker must have one active group with BHT at time of transfer.

Group Eligibility

- 1) All groups must be an active, dues-paying member of a BHT endorsed sponsor. Proposals issued to qualified prospective groups are released on the condition that membership will be secured by the prospective group prior to the insurance placement with BHT. Proof of membership is required.
- 2) An enrolling group must be headquartered in Washington state. Additionally, at least 51% of the enrolled employees must reside in the areas serviced by The Regence Group. For Group Health Options coverage, 80% of all covered subscribers must reside within the Group Health Options service area. There can be no more than 10% of the group enrolled in any specific state outside of the service area.



- 3) Annual tax forms are required for groups with 2-3 employees. The employer must satisfy the definition of “Small Employer” as stated under ESHB 1046 and submit the necessary tax forms.
 - A. IRS Form 1040 with Form 1065 and Schedule K-1 (for partnerships)
 - B. IRS Form 1040 with Schedule F (for farms)
 - C. IRS Form 1120 or 1120S (for corporations)
 - D. 5208 Quarterly Wage and Tax Form
 - E. For partnerships, if a married couple has filed a joint IRS Form 1040 and one spouse has a separate business or occupation from the one applying for coverage, copies of that spouse’s W-2, 1099 or business tax return may be required.
 - F. Nonprofit groups that do not file any of the above tax forms may instead submit copies of Washington State Employee Quarterly Tax Form 5208 Parts A and B to verify an employee’s work status.
- 4) Sole proprietors and partners are eligible for coverage if they are full-time, active in the business and 75% of the owner’s income is derived from the business.
- 5) All BHT selected product offerings must have the same anniversary date. Additional lines of coverage can be added off-anniversary however these policies will renew on one common renewal date.
- 6) Groups that fall under the Regence BlueShield Restricted Industry designation have additional criteria that must be met to be eligible for coverage through BHT. To review a list of restricted industries and the additional guidelines surrounding these industries please execute the following link: [Restricted Industry Quoting Profile](#).

Employee Eligibility

- 1) An employer-employee relationship must exist. An eligible employee must be permanent, full-time and work a minimum of 20 hours per week. Commissioned salespeople and independent contractors whose earnings are reported on IRS form 1099 are not considered eligible employees. Eligible employees must be reported on the company’s regular payroll and appear on their quarterly report of wages filed with the Washington State Employment Security Department. Documentation sustaining this relationship may be required.
- 2) Employees who choose not to enroll themselves or their dependents when initially eligible, must wait until the next open enrollment unless a qualifying event occurs. For supplemental life, guarantee issue amounts are only available to new employees within the first 31 days of eligibility. A member group can only make changes to their eligibility hours or probationary period at their anniversary date.
- 3) The Business Health Trust administers common eligibility between all lines of coverage. Dependent eligibility must flow through the enrolled subscriber (employee). To clarify, if a

spouse (or domestic partner if applicable) or dependents are to be covered, their coverage must be identical to the subscriber's (employee's) coverage.

- 4) Retirees, including early retirees, are not eligible for coverage unless otherwise specified.
- 5) Group eligibility policies may vary by employer. BHT only requires the employer to meet the minimum eligibility qualifications.

Additional Guidelines and Assumptions

- 1) The company must contribute a minimum of 75% towards the employee premium. For non-contributory products such as basic life/AD&D, the employer must pay 100% of the employee premium.
- 2) A minimum of 75% of all eligible employees must participate within each member group. Employee waivers will be required. Qualified reasons for waiving coverage are coverage under spouse, TRICARE, Medicare as primary, collective bargaining unit, Christian Scientist or under COBRA provisions.
- 3) The minimum group size to offer bundled medical, dental or basic life/AD&D plan is 2 enrolling employees. Bundled vision coverage is available to groups of 3 enrolling employees or more. Disability coverage is available for groups of 5 or more enrolling employees. The maximum group size eligible for coverage is 149 employees.
- 4) Broker commissions are 5% for medical, WDS dental, vision and compulsory life/AD&D. For additional commission details please reference the following link: [BHT Broker Commission Schedule](#).
- 5) A minimum of \$15,000 basic life/AD&D coverage is compulsory and must be included with all medical products offered through BHT. The EAP plan is not compulsory however it can only be purchased when a BHT medical plan is also selected.
- 6) WDS Dental, vision, life/AD&D and disability coverage may be sold on a stand-alone basis, as long as the group has a minimum of 10 enrolling employees. The minimum group size to offer Dental Health Services products is two 2 enrolling employees.
- 7) Rates will be guaranteed for twelve months, regardless of the group's effective date with the exception of products added off anniversary. This assumes there are no regulatory or related legislative changes that affect the benefits provided through BHT.
- 8) Groups of 10 or more may select dual choice within Regence BlueShield/Asuris Northwest Health product offerings. A minimum of 2 employees must enroll on each plan. Please see the [BHT Dual Choice – Regence](#) or [BHT Dual Choice – Asuris](#) for available plan combinations.



- 9) Groups of 10 or more may select dual choice within the Group Health Options product offerings. A minimum of 5 employees must enroll on each plan. Each BHT Group Health Options plan can be offered in combination with another.
- 10) Dual choice between Regence BlueShield/Asuris Northwest Health and Group Health Options is allowed for any group renewing or sold, assuming 75% of eligible subscribers enroll with Regence/Asuris and a minimum of 5 employees enroll on each plan. Regence/Asuris H.S.A. products cannot be offered alongside any Group Health Options product. The rate variation between the two products cannot exceed 10%.
- 11) Rates quoted assume that none of the deductible, coinsurance or co-payments will be self-insured by the company, except those specifically identified as such.
- 12) New business paperwork, along with a copy of the Broker of Record letter, is due no later than the 20th of the month prior to the effective date (except for January 1 renewals which are due on the 10th of December).
- 13) Requests for proposals received after the 10th of the month prior to the requested effective date may be declined.
- 14) A copy of either a Letter of Authorization (Search Letter) or Broker of Record Letter may be requested from each accredited agent or broker in a multiple quoting scenario.
- 15) BHT reserves the right to adjust rates for a new member group if any information is different from the original quote. BHT reserves the right to decline coverage if the group does not meet all the established underwriting guidelines.

BHT Non-Compete Provisions

- 1) The Regence BlueShield/Asuris Northwest Health non-competite rules apply to BHT. For an overview of these rules, please access the following link: [Regence BlueShield/Asuris Northwest Health Non-Compete Policy](#).
- 2) The Group Health Options non-competite rules apply to BHT. They are:
 - A. Groups of any size that are currently covered by a Group Health Association have the right to request a quote for a direct contract. For small groups (under 51 total employees) they will be offered the in-force plan and rate options filed with the State of Washington for small group plans offered at that time. For large groups (over 50 total employees) the group will be rated separately, but will not be given a rate that is lower than that being offered through the Association for a period of 12 months. If direct rating on matched benefits and effective date, would produce a rate higher than the rate the Group was being offered through the Association, that rate will become the default rate for contracting directly with Group Health and Group Health Options, Inc.

- B. Groups currently covered under a medical plan underwritten directly by Group Health are eligible for Association coverage, provided the Group has been a member of the Association for at least six months, and meets all other requirements for coverage. Quotes must be developed and approved by the Group Health Underwriting department. Rates will not be lower than the renewal direct quote on matched benefits and effective dates. No quotes will be allowed for groups off anniversary.
- C. Groups of any size that are currently covered by a Group Health Association may be eligible for coverage through another Association plan underwritten by Group Health, as long as the Member Firm has been a member of the other Association for at least six months and meets all other requirements for coverage of the Association and Group Health. Quotes must be developed and approved by the Group Health Underwriting department. Rates will not be lower than the renewal rates from the current association on matched benefits and effective dates. No quotes will be allowed for groups off anniversary.

Health Savings Account (HSA) Underwriting Assumptions

- 1) All underwriting assumptions previously released remain applicable, unless specifically superseded by the underwriting assumptions within this document.
- 2) In the event of dual option plans (wherein Regence BlueShield/Asuris is the sole carrier), the dual choice matrix must be followed.
- 3) The HSA plan cannot be offered alongside a medical plan underwritten by another carrier.
- 4) The employer may fund up to 100% of the deductible.
- 5) The rates do not include any transaction and/or administrative fees charged directly by the HSA administrator.
- 6) Rollover funds combined with HSA contributions cannot exceed federal limits.
- 7) The HSA product is only available in the Regence BlueShield/Asuris service area.

Additional Life and Disability Underwriting Assumptions

- 1) The guarantee issue for Basic Life/AD&D is based on group size. For groups of 5 to 9 employees, the guarantee issue is \$50,000. For groups of 10 to 49 employees, the guarantee issue is \$75,000. For groups over 50 employees, the guarantee issue is \$100,000.
- 2) The guarantee issue for Supplemental Life/AD&D is based on group size. For groups of 5 to 49 employees, the employee guarantee issue is \$25,000 and \$10,000 for spouses. For groups over 50 employees, the employee guarantee issue is \$50,000 and \$25,000 for spouses.
- 3) For Long Term Disability, evidence of insurability is required for employers with less than 6 employees.

BUSINESS HEALTH TRUST



Business Health Trust Contact List



Business Health Trust Product Representatives	
South Sound & Tacoma Pierce County Chamber	
Paul Brown	
Phone: 253.396.5609	
Fax: 253.396.4609	
pbrown@bttacoma.com	

Wells Fargo Insurance Services USA, Inc. – Accredited Broker Services	
Customer Service	Send quote submissions to:
Broker Line: 206.892.9562	bht.ins@wellsfargo.com
Fax: 866.972.2881	Send renewal or new business submissions to:
601 Union St. Suite 3400	programservices@wellsfargo.com
Seattle, WA 98101-1371	www.BusinessHealthTrust.com

Wells Fargo Insurance Services USA, Inc. – Quality Control & Operations	
Keith VanderZanden	Bret Ioli
Sr. VP and Managing Benefit Consultant	Business Implementation and Broker
Phone: 206.892.9582	Accreditation Services
keith.vanderzanden@wellsfargo.com	Phone: 206.892.9579
	programservices@wellsfargo.com

Benefit Administration Company (BAC) – Third Party Administrator	
Customer Service	Patty Burrow
Billing Phone: 206.812.1325 ext. 319	Administration Manager
Broker Commission Phone: 206.812.1325 ext. 323	Phone: 206.812.1325 ext. 210
PO Box 2735	pburrow@baclink.com
Seattle, WA 98111-2735	
bhtadmin@baclink.com	

Regence Blue Shield & Asuris Northwest Health – Medical Insurance		
1800 Ninth Avenue, PO Box 21267	Lance Belville	Diane Fisher
Seattle, WA 98111-3267	Account Executive	Back-up membership/accounting
Broker Support: 206.464.7822	Phone: 206.332.3845	Phone: 800-547-0939 x3179
Customer Service: 800.458.3523	Fax: 206.332.6203	Fax: 888.734.3807
www.regence.com	www.asuris.com	dfisher@regence.com
	lance.belville@regence.com	

Group Health Options, Inc. – Medical Insurance		
Customer Service	Cheri Cisneros	Ian Tushar
Phone: 888.901.4636	Account Manager	Account Specialist
320 Westlake Avenue, Suite 100	Phone: 206.448.4127	Phone: 206.448.4177
Seattle, WA 98109-5233	Fax: 206.877.0655	Fax: 206.877.0655
www.ghc.org	cisneros.c@ghc.org	tushar.i@ghc.org

BUSINESS HEALTH TRUST




Washington Dental Service (WDS) – Dental Insurance		
Customer Service Phone: 800.554.1907 9706 4 th Avenue NE Seattle, WA 98115 www.deltadentalwa.com	Nancy Buchanan Client Account Coordinator Phone: 206.528.7334 Fax: 206.985.7145 nbuchanan@deltadentalwa.com	Carol Rawlings Group Administration Rep Phone: 800.572.7835, x3574 Fax: 206.685.6734 crawlings@deltadentalwa.com

Dental Health Services (DHS) – Dental Insurance		
Customer Service Phone: 800.248.8108 936 N. 34 th Street, Suite 208 Seattle, WA 98103 www.dentalhealthservices.com	Toby Miller Sales and Service Manager Phone: 206.788.3412 Fax: 206.788.3413 tmiller@dentalhealthservices.com	Thuha Nguyen Sales and Service Specialist Phone: 206.788.3414 Fax: 206.788.3415 tnguyen@dentalhealthservices.com

VSP – Vision Insurance		
Customer Service Phone: 800.877.7195 3333 Quality Drive Rancho Cordova, CA 95670 www.vsp.com	Eligibility Phone: 1.866.213.2249 Fax: 916.463.3914 fieldclientwestteam@vsp.com	Deborah Suchoski Account Manager Phone: 206.623.5178 Fax: 206.621.7515 deborah.suchoski@vsp.com

Regence Life and Health – Basic Life, AD&D, Voluntary Life & AD&D and Disability Insurance	
Customer Service Phone: 800.794.5390 100 SW Market St., M/S E3A Portland, OR 97207 www.regencelife.com	Cindy Funk Lead Account Representative Phone: 206-332-5801 Fax: 206-332-6779 clfunk@regence.com

Wellspring Family Services EAP – Employee Assistance Plan	
Customer Service Phone: 800.553.7798 1900 Rainier Avenue South Seattle, WA 98144 www.wfseap.org	Ed Emerson Director Business Development Phone: 206.903.2302 Fax: 866.495.0441 eemerson@wfseap.org

21 st Century Legal Plan – Legal Services	
Customer Service Phone: 425.882.7805 Fax: 206.542.5107 11426 238 th Street SW Woodway, WA 98020	David Sadick Attorney-at-Law Phone: 206.443.0800 Fax: 206.542.5107 dj@dlawgroup.com

BUSINESS **HEALTH TRUST**

Program Management Provided Through:
Wells Fargo Insurance Services USA, Inc.