



Public Education
HEALTH TRUST 

July 1, 2022 - June 30, 2023

Trust Office

2550 Denali St. Suite 1614
Anchorage, AK 99503
pehtak.com

Phone: 907.274.7526
Fax: 907.222.2556





March 27, 2022

Craig School District
Chris Reitan– Superintendent

RE: Public Education Health Trust – FY23 Renewal

Dear Chris,

Public Education Health Trust understands the impact that insurance premiums have upon district, and employee's household budgets. We strive to provide plan options to districts/associations/employees with *choice* in mind. The Trust offers plans with low administrative *costs*, and we prioritize local *control* in decision making. Your group understands and knows best which benefits to offer to attract and retain qualified employees while addressing budget constraints.

PEHT utilizes professional consultants and actuaries to guide decisions for each plan offered by the Trust including premium amounts. The trustees met on March 26, 2022 to set rates for FY23. The topics discussed included the continued COVID-19 pandemic and how PEHT can help your plan members, wellness vendors, cost saving measures, historical utilization, healthcare inflation trends, and benefit design options.

FY23 Renewal Update:

Medical inflation nationally is trending upwards of 7%, in Alaska it is even higher. I am pleased to report that once again, we were able to keep the plan increases below in industry averages. The medical/vision rates will be adjusted between 2.9%-4% for FY23 depending on the plan. The Dental rates are not changing with this renewal. We strive for rate stability and have worked very hard to assure our plan members are getting the best value for their dollars.

As a non-profit, we are a small and mighty management team. Our trustees are volunteers providing their services at no cost and we spend more than 95 cents of every dollar we take in on covered medical services. A less than 5% administrative load on premium is a great achievement, allowing PEHT to maximize benefits at the least cost.

PUBLIC EDUCATION HEALTH TRUST
2550 Denali St., Suite 1614
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Ph: (907) 274-7526
Fax: (907) 222-2556
www.pehtak.com

TRUSTEES

Chairperson
Josh Andrews

Secretary
Kathy Bell

Jessica Cook, Tom Klaameyer, Laura Mulgrew, Tim Walters, Bridget Weiss

Small also means nimble, and our innovative cost containment measures are saving more than \$12,500 per plan member per year. In fact, in the past two years PEHT has saved the State of Alaska nearly \$140 million, or about \$70 million per year, through innovation, our ability to make quick adaptations, and by negotiating with high quality providers who are vested in supporting public education employees with discounted rates on their services.

New Program/Plan Changes:

To further assist in controlling plan administration and costs while ensuring our benefit plan is market competitive, we will be making the following plan changes with this renewal:

- **Providence Express Clinic Expansion** – Providence Medical Group has opened a new primary care clinic and an urgent care clinic in Midtown Anchorage to better serve the PEHT membership's health care needs.
- **Removal of the \$500 Emergency Room Deductible** – when members seek care through emergency rooms, they will no longer be required to pay the additional \$500 deductible (per incident)
- **Prescription Drug Out of Pocket Maximum** – The Trust will be implementing a stand-alone Prescription Drug Out of Pocket Maximum. Currently the cap on prescription co-insurance is tied to the Super Global Out of Pocket Maximum. Inserting a lower annual cap on prescription co-insurance will assist our members.
- **Removal of Inpatient Copay** – The inpatient copay has been removed on all plans.

Continuing Programs:

- **Healthy Schools Go365 Wellness Program Incentive** – Our Healthy Schools Go365 wellness program incentive will continue this year. Groups that meet the Go365 engagement criteria during FY23 will receive a 2% discount on the next year's (FY24) premiums. Please see the flyer located immediately after this letter.

The Trust launched the Healthy Schools Go365 wellness program in 2019. This program is available to all members of the Trust, and we are pleased with the progress made so far to engage plan members in wellness activities and behaviors. For FY22, 50% of districts who opted to participate will receive a 2% medical premium discount. Please take the time to read through the wellness program criteria and complete the information requested at the bottom of the renewal selection form by April 29, 2022, to renew your coverage. PEHT will be requesting information from you at the end of February 2023, to evaluate if groups have met the criteria for the 2% discount effective July 1, 2023.



Public Education

HEALTH TRUST

- **Teladoc** – This program, allowing 24/7 access to a licensed medical provider, has been a huge success. In 2021, 1,682 medical consultations were held with PEHT members/dependents. These consultations avoided emergency room and urgent care visits, **providing a projected savings of almost \$800,000**. This service also reduces absenteeism from schools and worksites as members do not have to schedule significant time away from work to drive and attend an office/clinic visit with a primary care provider.
- **BridgeHealth** – BridgeHealth is a long-term partner of the Trust that provides tremendous value and savings by arranging for patients to travel when having an elective surgery. Trust members are directed to professionals who provide quality outcomes at lower cost. In 2021, BridgeHealth arranged for 20 successful surgeries where members experienced no cost. The projected aggregate savings were more than \$510,000.
- **Virtual Physical Therapy (PT) through SWORD Health** – We continue to offer Trust members access to virtual in-home physical therapy. SWORD's digital PT solution offers both measurable outcomes and affordable, high-quality care without ever needing to leave home. Their platform pairs a licensed PT with FDA-listed wearable technology to guide members through personalized treatment plans. Thirteen members completed the SWORD program in 2021. Nine members are currently utilizing the service.

PEHT also offers a travel benefit administered through EBMS to include other services not restricted to the BridgeHealth surgery list. If demonstrated savings are available by traveling for care, the Trust will pay for their travel expenses. Please refer to the enclosed packet for information outlining the benefits of the MiChoice program.

The Trust continues to offer 8 different medical plans, 3 dental options and the additional choice to add orthodontia coverage. If you are still on the composite rate, you may move to the 4-tier rate structure at renewal or continue with the composite rate. If you have already moved to the 4-tier rate structure, the composite rate is no longer available. At this time the Trust has not determined a date to sunset the composite rate, however, if a date is determined plans will be given advance notice for planning purposes. The selection form enclosed provides the plan design choices and associated rates for each option. Should the administrative department of the school district agree, each group/association may select multiple plan options.

*Notification of renewal or termination is required by April 29, 2022. The effective date of either action would be July 1, 2022. **The renewal selection form must be returned no later than April 29, 2022.*** Members/employees may need to complete new enrollment forms to process plan design selection changes.



Open Enrollment is May 9th through June 17th, 2022. Please provide the required notification to your employees/members during the month of May to remind them to update the Trust with their specific health plan needs no later than June 17th, 2022.

Please remember that PEHT staff are here to serve you. If you have any questions or concerns, please feel free to contact Rhonda Prowell-Kitter, Chief Financial Officer at (907) 274-7526 or 1-888-685-7526.

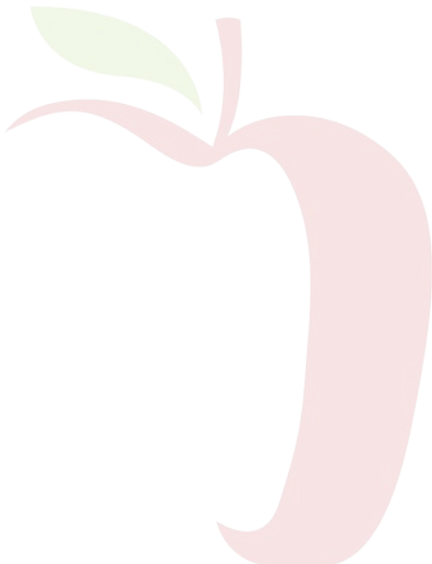
We look forward to serving your health benefit needs in fiscal year 2023.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Andrews", is placed below the word "Sincerely,".

Josh Andrews
Board Chair

Attachment (Renewal Information Binder)



Public Education HEALTH TRUST



The fourth year of our Go365 Healthy Schools Wellness program is already underway. If your group did not earn the goal or participate last year, it's not too late to sign-up for this year's program. Your group could benefit from a 2% reduction in premiums in FY24 simply by taking advantage of the Go365 program already offered to you!

Leadership Expectation

- Assign Wellness Champion and provide contact information to the Trust with your renewal form
- Assign contact to receive monthly participation statistics and provide contact information to the Trust with your renewal form (can be same as Wellness Champion if desired)
- Send a minimum of six (6) written/electronic communications about Go365 to all employees March 1, 2022 through February 28, 2023

Wellness Champion Expectation

- Attend 80% of monthly calls March 1, 2022 through February 28, 2023

4th Year Go365 Participation Requirements

October 1, 2021 - September 30, 2022

- 50% of all enrolled employee/family units to reach Bronze Status
- 10% of all enrolled employee/family units to reach Silver Status or above

While the above requirements are already underway, if all above criteria is met by February 28, 2023, your group will qualify for a 2% reduction in medical premiums for FY24.

Questions?

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



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



Public Education
HEALTH TRUST 

TRUST VISION STATEMENT

Maximum 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 COINSURANCE MAXIMUM
OUT-OF-POCKET (Non Preferred)
PROVIDENCE EXPRESS CARE CLINIC VISITS
PRIMARY CARE OFFICE VISITS
CHIROPRACTIC OR MASSAGE THERAPY
SPECIALTY PROVIDER OFFICE VISITS
PREVENTIVE CARE (Well baby and routine cancer screenings)
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
\$25 copay	\$25 copay
Subject to deductible and coinsurance	Subject to deductible and coinsurance
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
Subject to deductible and coinsurance	Subject to deductible and coinsurance
Paid at 100%	Paid at 100%
100% no deductible	100% no deductible

PRESCRIPTIONS
INDIVIDUAL/FAMILY MAXIMUM PRESCRIPTION OUT-OF-POCKET
RETAIL 34-DAY SUPPLY
GENERIC (Generic medications required when available)
PREFERRED
NON-PREFERRED
MAIL ORDER 90-DAY SUPPLY
GENERIC (Generic medications required when available)
PREFERRED
NON-PREFERRED
SPECIALTY
VALUE
FORMULARY
NON-FORMULARY

\$3,000/\$6,000	\$3,000/\$6,000
25% (\$10 min/\$25 max)	25% (\$10 min/\$25 max)
25% (\$20 min/\$40 max)	25% (\$20 min/\$40 max)
25% (\$45 min/\$85 max)	25% (\$45 min/\$85 max)
25% (\$20 min/\$50 max)	25% (\$20 min/\$50 max)
25% (\$40 min/\$80 max)	25% (\$40 min/\$80 max)
25% (\$90 min/\$170 max)	25% (\$90 min/\$170 max)
50% (\$100 max)	50% (\$100 max)
50% (\$400 max)	50% (\$400 max)
50% (\$600 max)	50% (\$600 max)

INDIVIDUAL/FAMILY DEDUCTIBLE
COINSURANCE %
INDIVIDUAL/FAMILY COINSURANCE MAXIMUM
OUT-OF-POCKET (Non Preferred)
PROVIDENCE EXPRESS CARE CLINIC VISITS
PRIMARY CARE OFFICE VISITS
CHIROPRACTIC OR MASSAGE THERAPY
SPECIALTY PROVIDER OFFICE VISITS
PREVENTIVE CARE (Well baby and routine cancer screenings)
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
\$25 copay	\$25 copay
Subject to deductible and coinsurance	Subject to deductible and coinsurance
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
Subject to deductible and coinsurance	Subject to deductible and coinsurance
Paid at 100%	Paid at 100%
100% no deductible	100% no deductible

PRESCRIPTIONS
INDIVIDUAL/FAMILY MAXIMUM PRESCRIPTION OUT-OF-POCKET
RETAIL 34-DAY SUPPLY
GENERIC (Generic medications required when available)
PREFERRED
NON-PREFERRED
MAIL ORDER 90-DAY SUPPLY
GENERIC (Generic medications required when available)
PREFERRED
NON-PREFERRED
SPECIALTY
VALUE
FORMULARY
NON-FORMULARY

\$3,000/\$6,000	\$3,000/\$5,400
30% (\$15 min/\$35 max)	30% (\$15 min/\$35 max)
30% (\$25 min/\$50 max)	30% (\$25 min/\$50 max)
30% (\$55 min/\$100 max)	30% (\$55 min/\$100 max)
30% (\$30 min/\$70 max)	30% (\$30 min/\$70 max)
30% (\$50 min/\$100 max)	30% (\$50 min/\$100 max)
30% (\$110 min/\$200 max)	30% (\$110 min/\$200 max)
50% (\$100 max)	50% (\$100 max)
50% (\$400 max)	50% (\$400 max)
50% (\$600 max)	50% (\$600 max)

INDIVIDUAL/FAMILY DEDUCTIBLE
COINSURANCE %
INDIVIDUAL/FAMILY COINSURANCE MAXIMUM
OUT-OF-POCKET (Non Preferred)
PROVIDENCE EXPRESS CARE CLINIC VISITS
PRIMARY CARE OFFICE VISITS
CHIROPRACTIC OR MASSAGE THERAPY
SPECIALTY PROVIDER OFFICE VISITS
PREVENTIVE CARE (Well baby and routine cancer screenings)
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
\$25 copay	\$25 copay
\$25 (1st 6 visits per Calendar Year)	\$30 (1st 6 visits per calendar year)
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.
Subject to deductible and coinsurance	Subject to deductible and coinsurance
Paid at 100%	Paid at 100%
100% no deductible	100% no deductible

PRESCRIPTIONS
INDIVIDUAL/FAMILY MAXIMUM PRESCRIPTION OUT-OF-POCKET
RETAIL 34-DAY SUPPLY
GENERIC (Generic medications required when available)
PREFERRED
NON-PREFERRED
MAIL ORDER 90-DAY SUPPLY
GENERIC (Generic medications required when available)
PREFERRED
NON-PREFERRED
SPECIALTY
VALUE
FORMULARY
NON-FORMULARY

\$3,000/\$6,000	\$2,700/\$5,400
30% (\$15 min/\$35 max)	30% (\$15 min/\$35 max)
30% (\$25 min/\$50 max)	30% (\$25 min/\$50 max)
30% (\$55 min/\$100 max)	30% (\$55 min/\$100 max)
30% (\$30 min/\$70 max)	30% (\$30 min/\$70 max)
30% (\$50 min/\$100 max)	30% (\$50 min/\$100 max)
30% (\$110 min/\$200 max)	30% (\$110 min/\$200 max)
50% (\$100 max)	50% (\$100 max)
50% (\$400 max)	50% (\$400 max)
50% (\$600 max)	50% (\$600 max)

	HDHP	HDHPSG
INDIVIDUAL/FAMILY DEDUCTIBLE	\$1,500 / \$3,000	\$7,050/\$14,100
COINSURANCE %	Preferred 80% to \$3,500/\$7,000; 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 COINSURANCE MAXIMUM	\$3,500 plus deductible / \$7,000 plus deductible	\$7,050/\$14,100
OUT-OF-POCKET (Non Preferred)	No limit	No Limit
PROVIDENCE EXPRESS CARE CLINIC VISITS	\$25 copay after the deductible is met	\$25 copay after the deductible is met
PRIMARY CARE OFFICE VISITS	Subject to deductible and coinsurance	Subject to deductible
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
SPECIALTY PROVIDER OFFICE VISITS	Subject to deductible and coinsurance	Subject to deductible
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	50% co-payment per prescription with a per prescription maximum of \$100 Value/\$400 Formulary/\$600 Non-Formulary	Prescriptions are subject to deductible
INDIVIDUAL/FAMILY MAXIMUM PRESCRIPTION OUT-OF-POCKET	\$2,050/\$4,100	N/A
PREVENTIVE CARE (Well baby and routine cancer screenings)	Paid at 100%	Paid at 100%
BridgeHealth or miChoice	100% after deductible	100% after deductible

Your Dental Benefit Options

Dental Plan A

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

Dental Plan B

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

Dental Plan - Value

Deductible	None
Maximum (per calendar year)	\$500 per person
Preventive Care	100% up to the UCR (two visits per person per year)
Basic	None
Major	None

Orthodontia

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

Your Health Benefit Plan

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

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

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


ID Card Updates

Due to federal regulatory requirements, PEHT plan participants will be receiving new ID cards this year. The appearance has changed somewhat, and there have been updates to the information that can be found on the card.

Your Group and Member ID numbers.

Information for your providers on submitting claims and contacting customer service.

Member




www.pehtak.com
907.274.7526

Group #: 00350
Employee: JOHN SAMPLE
ID Number: 00000001

Healthcare Provider: This card in no way guarantees benefits.


Provider Contact Information/Claims Submission

Submit claims electronically with payer ID #81039 at ebms.com/services/providers
Mail: EBMS
P.O. Box 21367
Billings, MT 59104
For questions regarding your patient's plan, please call (866) 462-9051



Medical and Dental Network

To Find a Participating Provider:



Aetna Signature Administrators®
PPO
aetna.com/asa

Aetna Dental™ Administrators

For questions regarding your patient's plan, please call (866) 462-9051
Aetna participating doctors, dentists and hospitals are independent providers and are neither agents nor employees of Aetna

Member Applicable Ded/OOP Amounts

Plan A

Deductible: \$100 Ind / \$300 Fam
In Net Coinsurance Max: \$1,000 Ind / 3,000 Fam
Out of Net Coinsurance Max: Unlimited
Rx Out of Pocket Max: \$2,500 Ind / \$5,000 Fam

Information regarding your provider network.

NEW! Information regarding your Medical Benefit Plan.


VSP information for your VSP providers.

Information for your pharmacy providers.

Information on how you can access Teladoc services.

Vision Plan Information


Vision Service Plan
PO Box 385018
Birmingham, AL
35238-5018



VSP Customer Service:
(800) 877-7195
www.vsp.com


Pharmacy Plan

Rx BIN: 005947
Rx PCN: CLAIMCR
Rx GRP: NEAAKHP



For Pharmacy Plan Questions: (855) 395-2022
www.optumrx.com/mycatamaranrx

24/7 Physician Consultations



Teladoc: (800) 835-2362
MyDrConsult.com
Teladoc.com/mobile (phone app)

Member Contact Information

Claims and Benefit Information:

Online: Log in to miHealth manager at miBenefits.ebms.com

On the phone: For knowledgeable, friendly service call (866) 247-1443

SupportLinc MAP: (888) 881-5462 Please contact prior to all mental health & substance abuse claims

Pre-Notification

CareLink Pre-Notification: (866) 894-1505
Hospital Pre-Notification: CareLink must be notified of all hospital admissions.

Non-emergent Travel Pre-Notification is MANDATORY
Please contact the PEHT office.

Information on how you can access customer service and your Member Assistance Program.

Information on how to notify the plan of your planned care – check your benefit booklet for when this is required.

Your VSP Vision Benefits



VSP Vision Care, a not-for-profit company, is the nation's largest vision care company in the U.S., covering 1-in-4 Americans (82+ million members) and 61,000+ clients. Public Education Health Trust members receive quality eye care and great value with VSP. The network has more than 104,000 access points, including private practice doctors and certain retail chains. For more information, visit vsp.com or call 1-800-877-7195.

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

All Medical Plans

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

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

Lenses: Paid-in-full every calendar year after copay. Lens enhancement for anti-reflective coating and standard progressive lenses are also covered in full.

Frames: Paid-in-full up to \$195 every calendar year after copay.

Contact Lenses (instead of spectacle lenses and frames): Elective – paid up to \$170. Contact lens fitting and evaluation exam is covered after a \$60 copay.

Additional set of glasses or contacts are allowed, subject to the same copay and frequencies as the first set of services.

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 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.



Public Education Health Trust has contracted with Teladoc to provide 24/7 physician consultants 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. Benefits pay at 100%, deductible waived on all plans except the HDHP and HDHPSG where the benefits pay at 100% after the deductible has been met.

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

Go365



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

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

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

LEVELS | All participants start in Blue status and begin to work their way up by earning Points. To move to Bronze, members can complete their health assessment, biometric screening or log a verified workout. After achieving Bronze status, participants work toward Silver, Gold and Platinum. Participants become eligible for Bonus Bucks 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 | You can use your Member ID number to register at Go365.com or on the Go365 mobile app. 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?

If you don’t know your Go365 Member ID to register, please contact PEHT or your local Go365 Champ. For other Go365 questions contact your local Go365 Champ. To contact Go365 directly, use the “chat” feature on the Go365 website or call customer service by calling the number on the back of your Go365 member ID card. To get answers to general Go365 questions visit the Go365 Community page at <https://humanaservice.force.com/Go365Commercial>.

Your health is what matters most. That's why the PEHT health plan offers you and your family access to two important benefits to help you live a healthy and pain-free life.

Are you considering surgery?

If your doctor has recommended surgery, get top-quality care through BridgeHealth Surgery Care. When you choose Surgery Care, the PEHT health plan pays for the surgery and travel expenses for you and a companion. You pay little to nothing for the procedure.

- **Is there really a reduced cost?** YES! Surgery costs are covered at 100% for members and family members enrolled in PPO plans. On HDHPs, there is no cost after you meet your deductible.
- **Rest assured you're getting high-quality care.** Surgery Care's stringent standards for providers and doctors ensure you get the best care specific to your procedure. You will be matched with high-quality providers specific to your procedure – members have 80% fewer complications as compared to the national average.
- **Help every step of the way.** Your dedicated Care Coordinator provides concierge support that takes the headaches out of approvals, scheduling, and paperwork.

Surgical procedures covered:

- Cardiac
- General
- Orthopedic
- Spine
- Women's health
- Vascular
- Neurological

Call BridgeHealth Surgery Care at 855-265-2874 to get started.



Not ready for surgery? Get Virtual Physical Therapy for back, joint and muscle pain

Start your journey to living pain free with virtual physical therapy for back, joint and muscle pain that you can do from the comfort of your home, or anywhere. You are paired with a licensed physical therapist who learns about you over a video call and designs a customized program.

You'll then get a Digital Therapist[®] tablet and motion sensors to track your exercise progress, give feedback and help correct your form in real-time. Your physical therapist supports you every step of the way and even adjusts the program as your needs change, so you get better, faster.

No doctor referral is needed, and the cost of the program is paid by the PEHT health plan. For post-surgical rehab, there may be a cost if you are enrolled in a high deductible health plan and have not met your deductible. See how it works and register at join.bridgehealth.com/peht/.

miChoice



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, and 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.

What services are available through the ExpressCare Clinics?

ExpressCare providers treat common conditions and offer convenient exams and lab tests. All exams are conducted in private rooms. If it turns out you need more than what is available at an ExpressCare clinic, Providence Alaska has a network of providers, clinics and hospitals to help you feel better.

Providence ExpressCare accepts patients 18 months of age and older.

ExpressCare Common Conditions

- Cold, flu and allergies
- Cough, congestion and asthma
- Ear, nose and throat issues
- Eye irritations
- Urinary tract infections
- Skin conditions
- Sprains and strains
- Cuts and scrapes
- Stitches

ExpressCare Screenings and Tests

- Strep test
- Mono test
- Urinalysis
- Pregnancy test
- Sports and school physicals
- Flu test

ExpressCare Locations

- **Huffman:** 1389 Huffman Park Drive, Suite 110, Anchorage
- **Midtown Mall:** 2900 Seward Hwy., Suite D, Anchorage
- **Tikahtnu:** 1118 N. Muldoon Road, Anchorage
- **Eagle River:** 17101 Snowmobile Lane, Suite 114
- **Wasilla:** 1861 E. Parks Hwy.

ExpressCare Virtual: Patients can receive care without leaving the comfort of their home or office. ExpressCare Virtual provides online appointments with a provider via computer or mobile device with most insurance accepted. Providers can diagnose and treat minor medical concerns, and prescribe medication or lab work, as needed. For mobile use, download the Providence Health Connect app.

If a higher level of care or follow-up is needed, ExpressCare clinicians can help patients navigate to primary care based on patient convenience. If patients are unable to be treated during a visit to an ExpressCare location and must be referred elsewhere, they are not charged for their visit.

For more information and the full list of clinic locations, visit providenceexpresscare.org. For more information about ExpressCare Virtual, including conditions we treat, visit virtual.providence.org/.

Providence Alaska opens new Midtown primary care, urgent care clinics

Providence Medical Group has opened a new primary care clinic in Midtown Anchorage to better serve the community's health care needs. The clinic is co-located with Providence's first urgent care clinic in Alaska and a rehabilitative therapy gym.

The clinics offer same-day, high-quality care to patients of all ages. Primary care appointments are available 7 a.m.-6 p.m., Monday-Friday, and 8 a.m.-4:30 p.m. on Saturdays, and urgent care appointments are available 7 a.m.-7 p.m., Monday-Saturday.

The Providence Midtown clinics are located at 1200 W. Northern Lights Blvd. in the space previously occupied by REI.

Visit blog.providence.org/regional-blog-news/providence-alaska-opens-new-midtown-primary-care-urgent-care-clinics to learn about services offered at both clinics and how to schedule an appointment.

Convenient Lab Service Locations

No appointment required!

- **Southside Anchorage:** 345 W. 104th Ave., Suite 300
- **Providence Health Park (STU towers):** 3841 Piper St., Suite T211
- **Tudor Square:** 3425 E. Tudor Rd.

Emotional wellbeing and work-life balance resources to keep you at your best



SupportLinc Member Assistance Program offers expert guidance to help you and your family address and resolve everyday issues.



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.



Financial expertise

Consultation and planning with a financial counselor.



Legal consultation

By phone or in-person with a local attorney.



Short-term counseling

Access up to eight (8) no-cost counseling sessions, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.



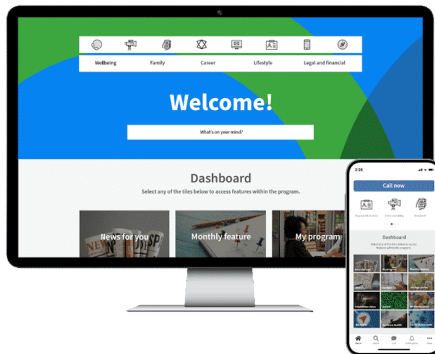
Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.



Your web portal and mobile app

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

Convenient, on-the-go support

- **Textcoach®**
Personalized coaching with licensed counselor on mobile or desktop
- **Animo**
Self-guided resources to improve focus, wellbeing and emotional fitness.
- **Virtual Support Connect**
Moderated group support sessions on an anonymous, chat-based platform



Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.



Download the mobile app today!

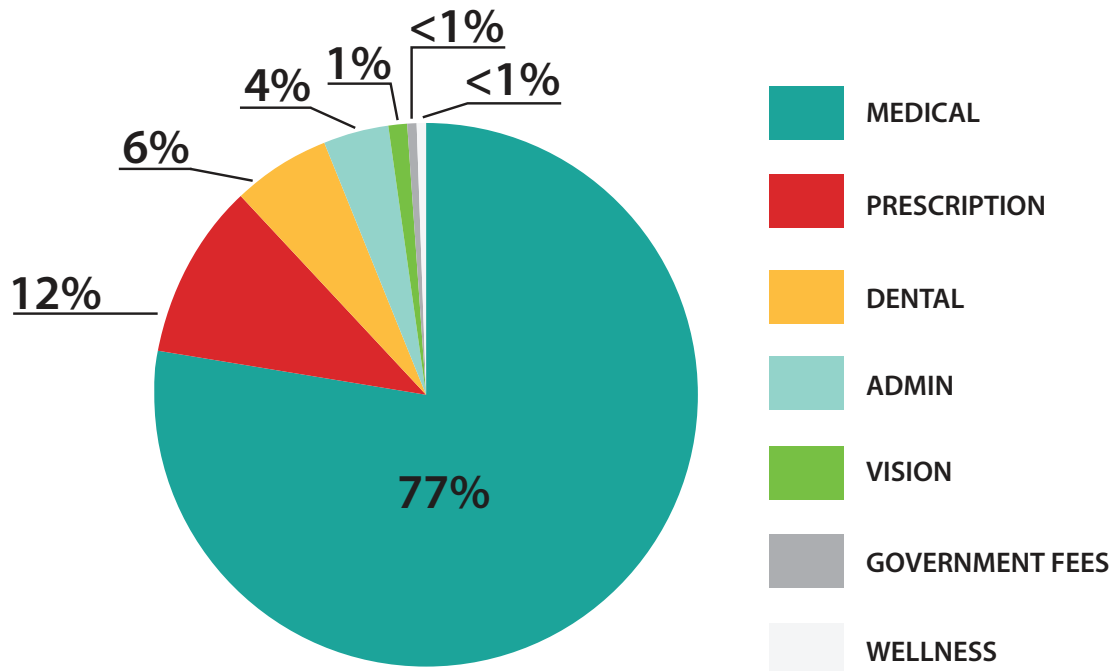


1-888-881-5462



supportlinc.com
group code: peht

Public Education Health Trust FY 2021 Dollar Spend



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

As of January 1, 2022, the following associations/employer groups participate in the Trust:

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 Education Association
Kake School District
Kashunamiut School Board
Kashunamiut School District
Klawock 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
Tanana School District
Wrangell School District

Contact the Health Plan by Mail:

Public Education Health Trust
2550 Denali Street, Suite 1614, Anchorage, AK 99503

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



Rates for Plan Year FY 2023 Effective July 1, 2022

Group: Craig City School District

- Please complete the following steps:**
- Indicate which medical plan or plans you will offer by checking the appropriate green box(s)
 - Indicate the dental plan that will go with the medical plan(s) offered by checking the corresponding orange box(s)
 - If orthodontia is included under the plan indicate by checking the corresponding purple box
- Review your current option(s) and enrollment provided within the rate exhibit below. The enrollment by plan and rate tier is listed under the Tiered Rates section.

Check option, sign and date at the bottom of the rate sheet

Return this form to the Trust no later than April 29, 2022

Medical Plan Choices		TIERED RATES				Dental Plan Choices			
		Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)	(rates illustrated below medical rates)			
Med A - Den A - No Ortho		18	5	4	19	A	B	V	Ortho
<input type="checkbox"/>	Plan A Medical	\$997.00	\$2,094.00	\$1,934.00	\$3,031.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Plan B Medical	\$959.00	\$2,014.00	\$1,860.00	\$2,915.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Plan C Medical	\$935.00	\$1,963.00	\$1,814.00	\$2,842.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Plan E Medical	\$884.00	\$1,856.00	\$1,715.00	\$2,687.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Plan F Medical	\$865.00	\$1,816.00	\$1,678.00	\$2,629.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Plan G Medical	\$807.00	\$1,695.00	\$1,566.00	\$2,454.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	HDHP	\$821.00	\$1,725.00	\$1,593.00	\$2,497.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SHDHP	\$727.00	\$1,527.00	\$1,410.00	\$2,210.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan Dental A		\$58.10	\$122.00	\$130.70	\$194.60				
Plan Dental B		\$55.40	\$116.30	\$124.70	\$185.60				
Plan Dental Value (V)		\$20.20	\$42.40	\$45.50	\$67.70				
Orthodontia Rider		\$9.60	\$20.20	\$21.60	\$32.20				

Please renew coverage as indicated above.

Group will terminate coverage effective July 1, 2022.

Signature Title Date

- We intend to participate in the PEHT Healthy Wellness Incentive program to try and achieve leadership, champion and employee engagement that will qualify us for a 2% premium discount for the 2023-2024 Plan Year.
- We do not intend to participate in the PEHT Health Wellness Incentive program for the plan year 2023-2024.

Contact to Send Monthly Go365 Member Engagement Statistics	Wellness Champion(s)—can be same person as Go365 contact and can be more than one person
Name(s): _____	_____
Email Address: _____	_____
Phone Number: _____	_____
Name: _____	_____
Email Address: _____	_____
Phone Number: _____	_____



2022–23

Administrative Guide

Welcome!

This guide helps you with most of your day-to-day administration of Public Education Health Trust (PEHT) health plans and programs. Visit your Trust website for forms, resources, updates and more information.

As a member, you have access to robust online resources.

www.pehtak.com

Inside...

The Trust	3
PEHT Staff and Board of Trustees	3
Our Partners in Health	4
Our Direct Contract Partners in Health	5
Go365 Wellness Incentive Program	8
Participation and Rating Criteria	10
Plan Administration Rules	16
New Group Enrollment Process	17
Renewal Timing/Activities	19
Premium Billing Process	20
Group Termination	22
Continuation of Coverage — COBRA	23
Trust Approved Broker Partners	25

Public Education Health Trust

PEHT Vision

Maximum Member Benefits at the Least Cost

Trust Address and Contact Information:

2550 Denali Street #1614, Anchorage, AK 99503

Phone: 907.274.7526

Fax: 907.222.2556

PEHT Staff

Rhonda Prowell-Kitter

Chief Financial Officer/Plan Administrator

rpk@pehtak.com

Rebecca Hubbard

Trust Claims Analyst

rg@pehtak.com

Tia Cross

Administrative Assistant

tcross@pehtak.com

PEHT Board of Trustees

Josh Andrews — Chair

joshandrews@me.com

Kathy Bell — Secretary

bell.kathy@gmail.com

Jessica Cook

jessica.cook@anchorageea.net

Laura Mulgrew

mulgrewla@hotmail.com

Tim Walters

Timlikescoffee@gmail.com

Tom Klaameyer

tom.klaameyer@neaalaska.org

Bridget Weiss

bridget.weiss@juneauschools.org

Our Partners in Health

Medical and Dental

EBMS

866.247.1443

<http://www.ebms.com/>

Vision

VSP

800.877.7195

<https://www.vsp.com/>

Medical Travel

BridgeHealth (a Transcarent Company)

855.265.2874

<https://bridgehealth.com/>

Medical and Dental Provider Network

Aetna Signature

Administrators (ASA)

To search for an in-network provider please use the following link:

www.aetna.com/asa

TeleHealth

Teladoc

800.835.2362

<https://www.teladoc.com/>

Wellness Program

Go365

800.708.1105

<https://www.go365.com/>

Prescription Drug

Optum Rx

855.395.2022

<https://www.optumrx.com/public/landing>

Member Assistance Program

SupportLinc

888.881.5462

<http://peht.mysupportportal.com/>

Virtual Physical Therapy

Sword Health

(through BridgeHealth – a Transcarent Company)

855.265.2874

<https://bridgehealth.com/>

Our Direct Contract Partners in Health

In addition to our ASA providers, the Trust has negotiated direct relationships with providers throughout Alaska.

Acupuncture

Brian Yelverton (Anchorage)

907.929.7818

Silver Moon Acupuncture (Anchorage)

907.980.1468

Snow Blossom Acupuncture (Anchorage)

907.245.7669

Addiction Treatment

Free By The Sea (Ocean Park, WA)

800.272.9199

Allergist

Valley Allergy and Asthma Clinic (Palmer)

907.745.4488

Cardiothoracic Surgery

Northstarr Cardiothoracic Surgery (Anchorage)

907.917.2200

Chiropractic/Acupuncture

Alpine Chiropractic — Dr. Fuller (Wasilla)

907.376.2475

Arctic Chiropractic Eagle River (Eagle River)

907.694.7700

Arctic Chiropractic East Mat-Su (Palmer)

907.746.7842

Arctic Chiropractic East (Anchorage)

907.222.6122

Arctic Chiropractic Haines (Haines)

907.766.3200

Arctic Chiropractic Huffman (Anchorage)

907.222.6122

Arctic Chiropractic South (Anchorage)

907.243.0660

Arctic Chiropractic West Mat-Su (Wasilla)

907.746.7842

Arctic Chiropractic Wrangell (Wrangell)

907.874.3361

Arctic Medical Center Matsu (Palmer)

907.205.5957

Arctic Chiropractic Wrangell (Wrangell)

907.874.3361

Complete Chiropractic & Sports Therapy (Petersburg)

907.650.7775

Dimond Chiropractic (Anchorage)

907.344.0033

Dr. L Morris (Anchorage)

907.929.7818

Dr. T Desalvo/Dr. K Bunde (Wasilla)

907.357.7463

Dr. W. Hopkins (Anchorage)

907.929.7818

Jorgensen Family Chiropractic (Palmer)

907.707.1380

Larson Chiropractic (Wasilla)

907.376.2225

Luminary Chiropractic Care (Anchorage)

907.279.1838

Natural Family Health (Eagle River)

907.622.7770

Northstar Chiropractic (Wasilla)

907.357.4111

Ramirez Chiropractic (Wasilla)

907.631.0776

Soma Wellness (Anchorage)

907.563.7662

Spine & Sports Injury Center dba Complete Family Care (Wasilla)

907.376.2225

Sports, Personal Injury & Chiropractic Consulting (Wasilla)

907.745.3668

Clinical Psychology

Dr. B. Kiernan (Juneau)

907.586.4266

Clinical Social Worker/Therapist

Amy Smith, LCSW, CDCI (Anchorage)

907.717.9238

Jennie Schroll, LCSW (Chugiak)

907.691.4528

Counseling

Sharon Litwin (Anchorage)

907.351.0174

Solomon's Porch (Wasilla)

907.350.4353

Our Direct Contract Partners in Health

In addition to our ASA providers, the Trust has negotiated direct relationships with providers throughout Alaska.

Counseling

The Talking Place, Child & Adolescent Counseling (Eagle River)

907.726.0426

Wendi Compton-Karuna Counseling (Anchorage)

907.444.5641

Family Practice/Internal Medicine

Alaska Family Health Center (Palmer)

907.745.1777

Ambasht Family Medicine (Anchorage)

907.770.6200

Dr. H Makin (Anchorage)

907.212.3171

Ideal Family Medicine (Palmer)

907.746.3366

Natural Family Health (Eagle River)

907.622.7770

Valley Medica Center (Juneau)

907.586.2434

General

Express Care Clinic (Anchorage)

888.227.3312

Providence Alaska Medical Center (Anchorage)

907.562.2211

Hematology and Oncology

Alaska Oncology and Hematology (Anchorage)

907.279.3155

Intervention Therapy, Pain Relief and Wound Care

Alaska Pain and Wellness Centre (Anchorage)

907.277.9700

Licensed Professional Counselor

Logan Larson (Anchorage)

907.229.5029

Massage Therapy

Arctic Chiropractic East Mat-Su (Palmer)

907.746.7842

Arctic Chiropractic South (Anchorage)

907.243.0660

Arctic Chiropractic West Mat-Su (Wasilla)

907.746.7842

Arctic Chiropractic Wrangell (Wrangell)

907.874.3361

Arctic Medical Center Matsu (Palmer)

907.205.5957

Healing Therapeutics — M. Stiubhard (Anchorage)

907.301.9568

Peoples Integrative Wellness (Anchorage)

907.306.7956

Wild Iris Integrative Massage — Lawton (Palmer)

907.746.3270

Medical Air Transport

Medevac Alaska (Alaska)

907.868.9001

Mental Health & Wellness

Fireweed Counseling & Wellness (Anchorage)

907.830.9633

Neurobehavior North, Inc (Palmer)

907.745.5066

Pemberton & Young Counseling (Anchorage)

907.258.8005

Transitions Counseling — Christina McGauthier (Eagle River)

907.622.1522

Willow Medical & Wellness (Anchorage)

907.222.0753

Wisdom Traditions Counseling Services (Anchorage)

907.770.3656

Midwifery

Birds & Bees Midwifery (Anchorage/Palmer/Wasilla)

907.315.9916

Integrated Wellness and Center for Birth (Wasilla)

907.357.7781

Labor of Love Midwifery (Wasilla)

907.841.2565

Naturopathy

Alaska Natural Health Solutions (Anchorage)

907.569.5757

Dr. M Morrison (Anchorage)

907.632.5632

Our Direct Contract Partners in Health

In addition to our ASA providers, the Trust has negotiated direct relationships with providers throughout Alaska.

Naturopathy

Natural Family Health (Eagle River)
907.622.7770

Neurosurgery/Neurology (Spine, Brain, Related Nerves)

**Anchorage Neurosurgical Associates, Inc.
(Anchorage)**
907. 258. 6999
Mary Margaret Hillstrand ANP (Anchorage)
907. 263. 2200

Nutrition

Nutrition Partnership, LLC (Anchorage)
907. 631. 9005

OB/GYN

Valley Medical Center (Juneau)
907. 586. 2434

Oncology

Midnight Sun Oncology (Palmer)
907. 746. 7771

Ophthalmologist

Wolf Eye Center (Wasilla)
907. 376. 2020

Orthopedic

Alaska Surgery Center (Anchorage)
907. 550. 6241
Dr. L. Wickler (Anchorage)
907. 264. 2044
Pioneer Peak Orthopedics (Palmer)
907. 707. 1671

Pediatric

Rainforest Pediatric Care (Juneau)
907. 463. 1210

Physical Therapy

Arctic Chiropractic East (Anchorage)
907.222.6122
Arctic Chiropractic East Mat-Su (Palmer)
907.746.7842
Arctic Chiropractic Haines (Haines)
907.766.3200
Arctic Chiropractic Huffman (Anchorage)
907.222.6122
Arctic Chiropractic West Mat-Su (Wasilla)
907.746.7842
Arctic Chiropractic Wrangell (Wrangell)
907.874.3361
Arctic Medical Center Matsu (Palmer)
907. 205. 5957
**Arctic Rehabilitation & Physical Therapy
(Anchorage)**
907. 277. 3422

Back in Action Physical Therapy (Wasilla)

907. 376. 2225

Jaded Body Wellness & Spine Institute (Wasilla)

907. 631. 0600

Spine & Joint Rehabilitation Specialists (Anchorage)

907. 230. 4645

Surgery

Dr. B. Taylor (Palmer)
907. 745. 9400
Dr. Sharon Schaefer (Palmer)
907. 746. 6100

Surgery Centers

Alaska Surgery Center (Anchorage)
907. 550. 6241

TMS Treatment

True North TMS (Anchorage)
907. 344. 0753

Vascular Surgery

Alyeska Vascular Surgery (Anchorage)
907. 562. 8346

Women's Health & Mental Wellness

Restoration Wellness (Wasilla)
907. 376. 7300

Go365 Wellness Incentive Program

To continue to promote our wellness initiative, the Trust and Go365 have partnered together to provide groups an opportunity to save on their medical premiums by participating in the Go365 Wellness Incentive Program.

- There are both Leadership and Member requirements that must be met in order to receive the medical premium discount.
 - Group Leadership and Wellness Champion Requirements (must be met by February 28, 2023).
 - Proof of Leadership support and involvement by sending out at least six (6) written communication regarding the Go365 program and other health related topics.
 - Leadership to assign a Wellness Champion(s) to support the Wellness Program within your organization. Their role is to help communicate and engage your membership, to help you reach the program goals.
 - Wellness Champion(s) must participate in **80%** of scheduled monthly Go365 led conference calls to support the program. More than one Wellness Champ can participate.
 - Calls are held from March 1, 2022 and go through February 28, 2023.
 - Group must assign a contact to receive monthly participation statistics from Go365 to help track your populations engagement toward the below Bronze and Silver Status.

Go365 Wellness Incentive Program (continued)

Continued from the previous page:

- Go365 Member engagement
 - Each group must achieve the following engagement by their membership:
 - 50% of all enrolled employee/family units to reach Bronze Status
 - 10% of all enrolled employee/family units to reach Silver Status or above
 - Go365 status is tracked October through September of each year and then resets. For the FY23 plan year incentive, the above status must be met during the period of October 1, 2021 through September 30, 2022.
- If all above criteria are met, the District/Group will receive a **2% medical premium reduction** for the 2023/2024 plan year.
- The Trust reserves the right to change the incentive criteria requirements each fiscal year.



Participation and Rating Criteria

General Eligibility Criteria

- A person is eligible for coverage when he or she works at least 15 hours during an average work week, and
 - Is a covered member under a Collective Bargaining Agreement (CBA) entered into by a participating Public Education Union working in Alaska; and
 - Completes an applicable Waiting Period as defined in the CBA
- **OR**
 - Meets the definition of eligible Employee as defined by the Policy & Procedures Manual/Personal Policy of the participating employer; and
 - Completes an applicable Waiting Period as defined in the Policy & Procedures Manual/Personal Policy of the participating employer
- Eligibility Requirements for Board Members:
 - Board members are eligible if the district school board has passed a resolution allowing school board members to participate in the health benefits. Each participating school board member must sign a participation agreement.

Participation and Rating Criteria (continued)

General Eligibility Criteria (continued from previous page)

- Eligibility Requirements for Dependent Coverage:
 - A family member of a Member will become eligible for Dependent Coverage on the first day of the month following the date timely enrollment is received and the family member satisfies the requirements for dependent coverage including all supporting documentation.
 - Marriage Certificate
 - Court-Appointed Legal Guardianship
 - Approved Statement of Financial Interdependence
 - Birth Certificate
 - Adoption or Placement for Adoption
 - Qualified Medical Child Support Order

Participation and Rating Criteria (continued)

Plan Participation Criteria

- Dependent / Family Definition:
 - A dependent is any one of the following persons:
 - Covered Members' Spouse, Domestic Partner and/or children from birth to the limiting age of 26, including dependent adult children of covered members. When a child reaches the limiting age, coverage will end on the last day of the child's birthday month.
 - Domestic Partner shall mean a person of either opposite sex or of the same sex meeting the following criteria:
 - Share an intimate, exclusive committed personal relationship of mutual caring.
 - Are not related by blood closer than permitted under marriage laws of the State of Alaska.
 - Are not acting under fraud or duress, and who are both at least 18 years old and competent to enter into a contract.

Participation and Rating Criteria (continued)

Plan Participation Criteria (continued from the previous page)

- Have no other Domestic Partner nor had a different Domestic Partner/Spouse in the last 12 consecutive months.
- Shared the same principal residence for the last 12 consecutive months.
- Are jointly responsible for each other's basic living expenses and agree that anyone who is owed for these expenses can collect from either person.
- Declares in writing as evidenced by the notarized Statement of Financial Interdependence form, under penalty of perjury, that she or he is the other's Domestic Partner.
- If a Domestic Partner does not enroll with a Member when first eligible for coverage, once the above criteria is met the Domestic Partner can only enroll during Open Enrollment or first of the month following the loss of other coverage provided timely enrollment is requested.

Participation and Rating Criteria (continued)

Plan Rating and Underwriting Rules

- The Trust rates assume that PEHT plans are the only benefits offered to members. If other plans are made available, the Trust must be notified and have an opportunity to review.
- The Trust reserves the right to adjust rates for new groups if enrollment changes by 10% or more from the enrollment submitted with the proposal process.
- If a higher than core rate has been merited for new group enrollment:
 - The rate action may be reviewed annually
 - In no event will a group's rate be lower than the core rates for each plan
- Groups must take the same Rate Structure for all coverages (medical, dental, and orthodontia, if applicable).
- New groups must enroll in a 4-tier rate structure.

Participation and Rating Criteria (continued)

Plan Rating and Underwriting Rules (continued from previous page)

- Once a four-tier rate structure has been selected by current participating employers; groups may not switch back to composite rates.
- The Trust is a fully-pooled program and claims experience is not shared with groups, regardless of size.
- A minimum of 75% participation of eligible employees must participate in the plan.
- Dental and orthodontia coverage is bundled with the medical plan. An employer can select which dental plan to offer with a medical plan and whether or not orthodontia is included.

Plan Administration Rules

- Plan deductibles and out-of-pocket maximums are accumulated on a calendar year basis.
- For participants changing plans at renewal, the prior plan deductibles and out-of-pocket maximums will automatically be credited to the selected new Trust plan.
- Individual plan participants selections can only be made during the Open Enrollment Period (May and June) unless a Qualifying Event occurs.

New Group Enrollment Process

- A new District's Acceptance of the Trust's rate offer must be made at least 60-days before the plan effective date.
- For mid-calendar-year enrollment of new groups, plan deductibles can be credited for prior coverage, provided Explanation of Benefits (EOB) information is submitted to the Plan Administrator.
- The Board of Trustees must have a majority vote to accept a new eligible group into the Trust. The vote will take place at the first meeting following notification from the group.
- After approval, the Trust prepares and sends a Group Participation Agreement.
 - This agreement must be signed and returned 30 business days prior to group effective date.

New Group Enrollment Process (continued)

- Once the group accepts and signs the Trust election form:
 - The Trust will send enrollment forms to the group.
 - All enrollment forms must be submitted to the Trust 30 business days prior to the group effective date.
 - Dependent verification of eligibility must be submitted by the 31st day after the group effective date.
 - No benefits are provided during this window but will be retroactive to members effective date if dependent verification of eligibility is submitted in a timely manner.
 - If the enrollment processed is 10% change to enrollment reviewed, the Trust may re-rate the coverage.
 - Trust will bill group based on enrollment forms received.
 - First month premium will be due on the group effective date.
 - Trust will send a monthly invoice on or about the 20th of each month.

Renewal Timing/Activities

- The Board of Trustees approve the renewal rates for a July 1st effective date at the beginning of April each year.
- The Trust will send a renewal confirmation letter with a rate sheet specific to each group shortly after the Board Trustees approval of renewal rates around the first week in April of each year.
- Each group must return the signed renewal confirmation rate sheet back to the Trust on or before April 30th. If not received by this date, the Trust can not guarantee your renewal will be processed timely.
- Open enrollment is held between May 9th through June 17th for the renewal effective July 1, 2022.
- Enrollment changes must be submitted to the Trust by June 17th for the renewal effective July 1, 2022.
- Proof of eligibility for newly enrolling dependents must be submitted to the Trust no later than July 31st for coverage effective July 1st.

Premium Billing Process (Tiered Groups ONLY)

Premium Payment & Reconciliation

- On or about the 20th of each month the Trust shall prepare an invoice of your employees that we show as enrolled and covered for the following month. The invoice shall incorporate any additional enrollment forms or notices of terminations we have received by the 20th.
 - The invoice will indicate what level of coverage (Employee, Employee Spouse, etc.) that the employee has selected.
 - A preliminary amount due for the following month will be included.
 - There will be sections for the District to make changes, including additions and deletions.
 - As the District determines eligibility, any changes to the invoice the Trust has generated will need to be notated and the payment amount adjusted by District personnel.

Premium Billing Process (continued)

Premium Payment & Reconciliation (continued from previous page)

- Payments are due to the Trust no later than the 5th of the following month.
 - The District shall return a copy of the invoice with any adjustments and corrected payment amounts to the Trust.
 - The Trust office will prepare a reconciliation and contact the District should there be any questions of eligibility or payment amounts.
- Late Payments
 - If a premium payment is not received by the Trust by the deadline provided above, the District shall pay a late fee at a rate equal to the Prime Rate plus two (2) percent per day on the past due balance until such outstanding balance is paid in full
- Premium changes as a result of the addition of a newborn or child placed for adoption, are due first of the month following the birth or placement of the child.

Billing for September 2017

Division Number	Division Name	Jan Desig	Emp last name	Emp first name	Monthly Premium	MedTierDesc	Emp Eff Date	Emp Term Date
CB			Altman	John	\$ 1,541.10	Emp & Children	01-Jul-13	
			Beck	Greg	\$ 1,541.10	Emp & Children	01-Jul-13	
			Bono	Sonny	\$ 1,541.10	Emp & Children	01-Jul-13	
			Cash	June	\$ 1,541.10	Emp & Children	01-Jul-13	
			Gordon	Flash	\$ 2,405.30	Emp & Family	01-Jul-13	
			Klinger	Maxwell	\$ 1,650.00	Emp & Spouse, Partner	01-Sep-14	
			Reese	Sarah	\$ 785.80	Emp Only	01-Feb-16	
			Severide	Kelly	\$ 785.80	Emp Only	01-Feb-16	
			Wallace	Boden	\$ 785.80	Emp Only	01-Feb-16	
					Total:	\$ 9,494.90		
ADDITIONS					Amount	Coverage Selected	Effective Date	
	1	CB	Last Name Dawson	First Name Gabriela	\$ 1,650.00	Employee/Spouse	9/1/2017	
	2	CB	Last Name Lindsay	First Name Erin	\$ 785.80	Employee Only	9/1/2017	
	3							
Deletions					Amount	Coverage Selected	Term Date	Reason
	1	CB	Last Name Gordon	First Name Flash	\$ (2,405.30)	Employee/Family	8/31/2017	Resigned
	2							
	3							
Payment Submitted					Total	\$ 9,525.40		

Group Termination

The following is the procedural policy for groups that wish to terminate their coverages through the Trust:

- The Trust will only accept a termination date of June 30th unless extenuating circumstances are such that termination may take place on another date. For a date of termination other than June 30th, a majority vote of the Trustees is required.
- The group will need to give the Trust at least sixty (60) days notice before termination; if such advance notice is not provided, the Trust will continue to bill the terminating group full premium for sixty (60) days past the date that the Trust was notified of termination.
- The group is not entitled to any portion of the designated reserves, IBNR funds or waiver funds held by the Trust.
- The Trust will pay run out claims submitted to the Trust within ninety (90) days of the last date the terminating group participates in the Trust. Claims incurred on or after the effective date of termination shall not be paid.
- The group will not be allowed to re-enter the Trust for a period of three (3) years.

Continuation of Coverage — COBRA

COBRA Administration Process

- The Trust contracts with EBMS to provide COBRA services for the Trust's participating Districts.
- Receipt of member term notice will be processed by the next business day.
- This will generate delivery to the member of the initial COBRA packet and offer which should be received within two weeks; this includes:
 - Benefit Information
 - Contact Information
 - Premium Options
 - Enrollment Forms
 - Termination Letter and Credible Coverage Information
- The member will have 60 days to respond with their enrollment. Once the COBRA election form is received the member will have an additional 45 days to submit their premium payment(s).

Continuation of Coverage — COBRA (continued)

COBRA Payment Process

- The member has the option to pay monthly or multiple months at one time. However, in order for payments to be considered timely, payment for each month will be due prior to the last day of the month due. Please, note that eligibility and benefits will only be available for the months where payment has been received.
- Monthly payments are due on the first of each month; however, the member has a grace period of 30 days after the first day of the month to make each monthly payment. If payments are not received by the 30-day grace period, all COBRA rights will then be terminated.
- COBRA benefits are available for 18 months following the date of termination (*There are some exceptions to this and if a member is eligible for additional time, it will be noted in their COBRA offering packet). Please note COBRA continuation is a retroactive policy and will always back date coverage to the date following termination.
- Payments must be paid by check or money order. Cash and/or Credit Cards will not be accepted.
- Once the first payment is received by EBMS, the member will receive a set of 12 months of monthly premium coupons in the mail. Please note, it is the member's responsibility to pay their COBRA premiums on time. At any time, they can request more coupons by calling the client service line.
- If a member has underpaid or overpaid their premiums, they will receive a letter in the mail that lets them know they have an over payment or a partial premium payment and the premium balance due.
- Payments should be made out to the Trust and sent to EBMS for processing:

Public Education Health Trust c/o EBMS

PO Box 21367

Billings, MT 59104-1367

800. 777.3575

Trust Approved Broker Partners

Through a formalized agreement between your broker and the Trust, an approved broker partner has committed to:

- Be a licensed Life and Health agent, in good standing, with the State of Alaska.
- Sign a Broker Agreement Letter with the Trust.
- Participate in training provided by the Trust and the vendor partners the Trust works with.
- Provide input regarding your satisfaction and suggestions for changes to the Trust offerings.
- Make contact with you, as the group administrator, at least twice during the year (outside of renewal timeframe).
- Make the Trust aware of any challenges and concerns expressed by you.
- For the Brokers partnership with a participating District and the Trust, the Trust:
 - Requires a copy of the Brokers Alaska license.
 - Requires a broker of record letter signed by the participating District, authorizing the Trust to discuss the groups benefits with the Broker.
 - Provides broker payments of 2.75% of premium to a maximum of \$15,000 per plan year when the broker brings a new group to the Trust.

GET READY FOR REWARDS



SAY HI TO Go365



Welcome to your health reward journey!

Go365™ is a program where healthy choices are rewarded with items such as gift cards, movie tickets and more. Starting on your program's effective date, visit **Go365.com** or download the Go365 App to start your journey to healthier habits. The program is for everyone, no matter your age or health status. Once you get started, you'll be on your way to earning Points and Bucks for healthy activities that you can use in the Go365 Mall to get rewarded!

You'll receive a welcome letter and email soon after your effective date with next steps to unlock activities and rack up rewards.*

Sign in to **Go365.com** or download the Go365 App on your program's effective date to get started!



Call PEHT for your unique Go365 Member ID Number!!! (907) 274-7526

*Only the primary Go365 member receives a welcome letter. All other Go365 members will receive a welcome email if their email is on file with Go365.

Go365 is not an insurance product. Not available with all Humana health plans.

EARNING POINTS in Go365



Take the stairs. Keep your blood pressure in check.
Eat more salads. There are lots of things you can do to get healthier.
With Go365[®], you can earn Points for doing them.

Activities

These are things you do every day—like taking a walk or getting your flu shot—to be your healthiest.

Recommended activities

These personalized activities are created just for you, based on what you told us about your health in your Health Assessment. Recommended activities are things like losing weight or exercising more that are designed to jump-start your health, and they're worth more Points!

Challenges

Here's your chance to boost your health even more when you compete against friends and co-workers. Challenge them for most steps taken or pounds lost, or create your own Challenge!

Go365 Kids

Even your kids can get involved. They'll earn Points for doing healthy things they already enjoy, like playing on a soccer team, as well as for getting checkups and shots.

Learn more at Go365.com

Go365 is not an insurance product and is not available with all Humana health plans. This is a general description of services which are subject to change. Please refer to Customer Support for more information. Recommended activities are not medical advice. Consult your physician. We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Contact Go365's Customer Care team by signing in to Go365.com and using the secure live chat feature on the bottom right of the screen or by calling the number on the back of your member ID card, and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward.

EARNING POINTS in Go365

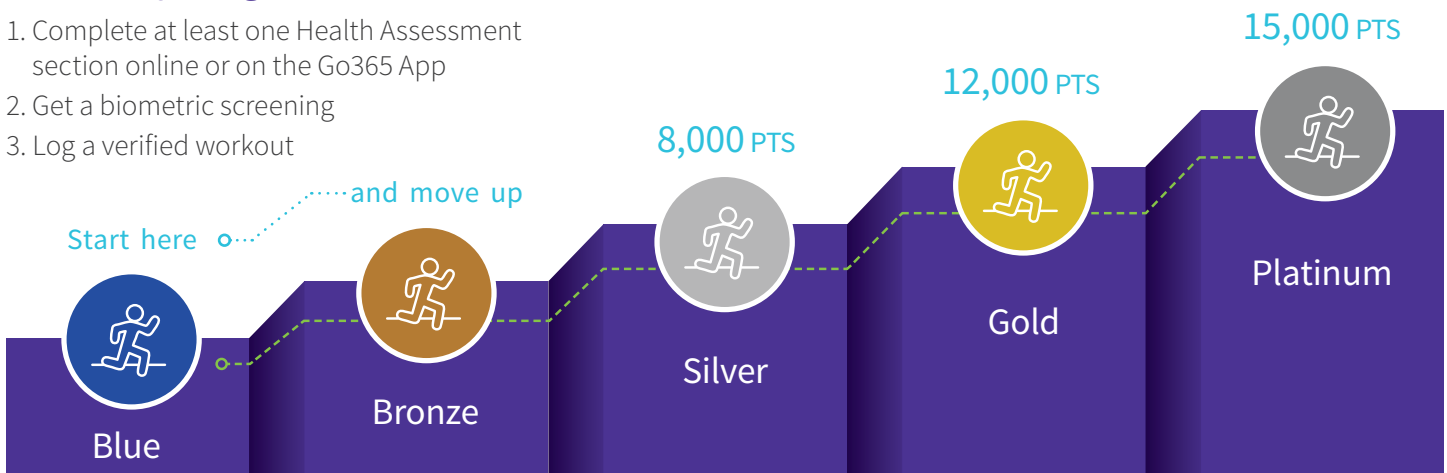


Unlock activities to earn more Points and move up to a higher Status

Points shown are for the primary member plus one eligible member 18+. Each additional eligible member 18+ adds 3,000 Points to reach Silver Status, 4,000 Points to reach Gold Status or 5,000 Points to reach Platinum Status.

Three ways to get to Bronze*

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a biometric screening
3. Log a verified workout



Earn Bonus Bucks when you reach Silver Status or higher	500 Primary member	1,500 Primary member	5,000 Primary member
	250 Eligible member 18+	750 Eligible member 18+	2,500 Eligible member 18+
Earn Double Bonus Bucks when you achieve your prior year highest Status	1,000 Primary member	3,000 Primary member	10,000 Primary member
	500 Eligible member 18+	1,500 Eligible member 18+	5,000 Eligible member 18+

Bonus Bucks are not tied to Points and increase a Go365 members' buying power in the Go365 Mall. Bonus Bucks are awarded when a Go365 member reaches Silver, Gold and Platinum Status, and are doubled when the prior year highest Status is achieved. For example, a year one primary Go365 account holder reaches Gold Status at the end of their program year. The primary Go365 account holder will earn 1,000 Bonus Bucks for reaching Silver Status (1,000 Bonus Bucks are awarded the first time the primary Go365 account holder reaches Silver Status) and 1,500 Bonus Bucks for reaching Gold Status. In the primary Go365 account holder's next program year, the highest Status reached is Gold Status. In this example, 500 Bonus Bucks are awarded at Silver Status and 3,000 Bonus Bucks are awarded when the member reaches Gold Status again. Bonus Bucks apply to the 30,000 Bucks maximum each adult member can earn in a program year.

Eligible dependents 18 years of age and older earn Bonus Bucks, too. When the family reaches a new Status or when the family reaches their highest Status from the prior program year, eligible dependents will earn half the amount of Bonus Bucks awarded to the primary Go365 account holder. For example, when the family reaches Silver Status for the first time the primary Go365 account holder will earn 1,000 Bonus Bucks and each eligible dependent will earn 500 Bonus Bucks. When the family reaches Gold Status in the next program year, the primary Go365 account holder will earn 3,000 Bonus Bucks and each eligible family member will earn 1,500 Bonus Bucks.

*Adult children can only move a family out of Blue Status by completing a verified workout.



Go365.com



Stay connected with Go365

Participate when, where and how you want

Whether you go online or are on the go, Go365 goes right along with you. Engage and track your wellness journey through a best-in-class digital experience that was designed just for you.

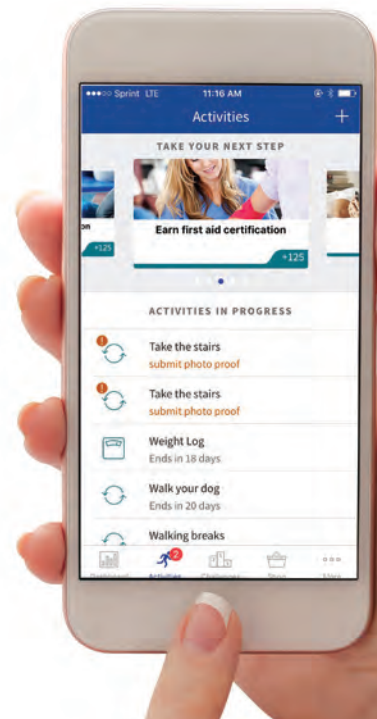
Go365 puts you in the driver's seat. There are lots of ways to get started and start earning Points. Sign in online or with the App to unlock recommended activities that are personalized just for you.

Then track your Points and watch your Bucks build up. Go365 connects to dozens of the most popular activity tracking apps, more than 75 fitness devices and over 40,000 participating fitness facilities, so you can earn rewards for healthy activities you're already doing. Plus, the App makes it even easier to track your activities—just snap and send a picture.

Make the connection so you don't miss out on rewards!

Get it done online or on the go

- View personalized dashboard
- Take your Health Assessment
- Connect your compatible fitness devices or tracking apps
- Unlock activities
- Track Points
- Submit a picture
- Reach out to the Go365 Community
- Join a Challenge



Unlock activities

Watch your success lead to your well-being

Go365 is for anyone, at any stage... no matter what shape you're in or how hard you work out. Go365 knows what it takes to motivate and reward you to make healthier choices for life.

Activities

These are simple things you can do every day to get healthier. Tracking your steps, getting a flu shot, going for a bike ride—these are easy ways to keep moving forward with Go365.

Recommended activities

Once you complete your Health Assessment, you'll get personalized activities based on your responses. Because recommended activities are created just for you, they can have a big impact on your overall health. Plus, you earn more Points for each one you complete.

Challenges

Earn Points by going head-to-head against your friends and co-workers and compete for the most steps taken or pounds lost.

Have some healthy fun

Getting healthier is a lot more fun with Go365. Earn Bucks you can use in the Go365 Mall for e-gift cards from Amazon.com, Target, Lowe's and Spafinder, the latest activity trackers from Fitbit and Garmin, and more. Plus, you could win a prize in our monthly Jackpot drawings or get a surprise reward.



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Go365.com

Activities and Points Adults 18+

Points listed are per program year unless stated otherwise.



Education

Activity	Points
<input type="radio"/> Health Assessment <p>Take your full Go365 Health Assessment online or on the App and earn Points for completing it for the first time each program year. Adult children are not eligible to earn Points or Bonus Points for Health Assessment completion.</p>	500
<input type="radio"/> OR Health Assessment sections <p>>> Get Active >> Eat Better >> Reduce Stress >> Live Well >> Know Your Health >> Introduce Yourself</p> <p>200 bonus Points when you complete all six sections</p>	50
Bonus Points	
<input type="radio"/> First Step Health Assessment bonus	500 once/lifetime
<input type="radio"/> Fast Start Health Assessment bonus	250
<input type="radio"/> Calculators	75 each (up to 300/program year)
<input type="radio"/> CPR certification	125
<input type="radio"/> First-aid certification	125
<input type="radio"/> Update/confirm contact information	50
<input type="radio"/> Monthly Go365.com, Humana.com or Go365 App sign-in	10 (up to 120/program year)
<input type="radio"/> First time Go365 App sign-in	50 once/lifetime
<input type="radio"/> Accept online statements Available for Go365 members with Humana medical coverage only.	50 once/lifetime

Prevention

Activity	Points
<input type="radio"/> Health screening*	400 per eligible screening
<input type="radio"/> Dental exam	200 per exam (up to 400/program year)
<input type="radio"/> Vision exam	200
<input type="radio"/> Flu shot	200
<input type="radio"/> Nicotine test**	400
Biometric screening completion	
Adult children are not eligible to earn Points for biometric screening completion.	
<input type="radio"/> Body mass index (BMI)	800
<input type="radio"/> Blood pressure	400
<input type="radio"/> Blood glucose	400
<input type="radio"/> Total cholesterol	400

Maximum Points for Health Assessment completion per program year is 500. Fast Start bonus awarded for full Health Assessment completion within the first 90 days of your program year.

*Subject to certain requirements and will appear as a recommended activity if they are applicable to you.

**Cost associated with nicotine tests are the responsibility of the Go365 member. Nicotine tests are not associated with biometric screenings.

Activities and Points Adults 18+

Points listed are per program year unless stated otherwise.



Healthy living

Activity	Points
○ Blood donation	50 each (up to 300/ program year)
○ Nicotine test (in-range results)	400
○ Virtual well-being coaching ongoing interactions	10 per week (up to 520/program year)
○ Weekly log	10 weekly
○ Sleep diary	25 weekly (up to 150/ program year)
○ Daily health quiz	2 daily
○ Fitness habit	up to 25 per month
Biometric screening (in-range results)	
Adult children are not eligible to earn Points for biometric screening completion.	
○ Body mass index ≥ 18.5 and < 25 , or BMI ≥ 25 and < 30 , with a waist circumference < 40 " for males and < 35 " for females	800
○ Blood pressure(systolic and diastolic) $< 130/85$ mm Hg	400
○ Blood glucose < 100 mg/dL or A1c $< 6.5\%$	400
○ Total cholesterol < 200 mg/dL or an HDL ≥ 40 mg/dL for males and ≥ 50 /mg/dL for females	400

Fitness

Daily verified workout types		up to 50/day
○ Steps*		1 Point per 1,000 steps
○ Heart Rate (HR)*		5 Points for every 15 minutes above 60% of maximum HR
○ Calories*		5 Points per 100 calories if burn rate exceeds 200 calories/hour
○ Participating fitness facility or digital fitness connection*		10 per daily visit
○ Photo proof of home or gym workout*		10 points per workout
Bonus Points		
○ Exceeded 50 weekly workout Points	50	only one bonus
○ Exceeded 100 weekly workout Points	100	awarded per week
○ First lifetime verified workout		500
○ First verified workout each new program year		750
○ Sports leagues		350 Points per league team (up to 1,400/program year)
Challenges		up to 200/month total for all Challenge-related activities
Sponsored Challenges are set up by employers or Go365. Member-created Challenges are set up by members.		
○ Participate in a Member-created Challenge		100
○ Participate in a Sponsored Challenge		100
Athletic events		up to 3,000/program year
(running, walking, cross-country skiing, cycling, triathlon)		
○ Level 1 (example: 5K)		250
○ Level 2 (example: 10K)		350
○ Level 3 (example: half-marathon)		500

*Calculating daily workout Points: Each day, Go365 will look at Points earned across all workout types and award the category with the highest value for that day. Points are awarded for one workout type per day. Week is defined as Sunday–Saturday. Maximum of 50 daily workout Points can be awarded.

Go365 Kids Activities and Points




Your dependents under 18 years old who are part of your Go365 program can earn Points that contribute to your family's Points total and Status—1,000 maximum Points per program year. Points listed are per program year unless stated otherwise.

Education

Activity

Points

- Kids Health Assessment**  No Points are awarded for Kids Health Assessment completion.
The Kids Health Assessment covers a child's physical activity, nutrition, lifestyle and well-being. You get a better understanding of your child's current health and the areas that need improvement.

Prevention Up to 500 Points per program year per child

Activity

Points

- Kids preventive care visits**  200
- Kids dental exam**  100 (up to 200/program year)
- Kids vision exam**  100
- Kids immunizations**  100
- Kids flu shot**  100

Fitness

Activity

Points

- Kids sports leagues**  100 each (up to 200/program year)
- Kids athletic events**  50 each (up to 200/program year)

Events

- Employer-sponsored events**  10–100 (up to 200/program year)

Go365 Kids is not available on all Go365 programs.

Plan your next Status move

Sign in to Go365.com or download the Go365 App



Then use this worksheet to map out the number of Points you need to move up to the next Go365 Status level. Include standard activities, as well as recommended activities based on your Health Assessment responses.

(Check the next Status level based on your current Status)

Status goal: Silver Gold Platinum

Points required:

Sign in to Go365.com to verify your actual Points required or reference page 2 of this document for required Points for each Status level.

EXAMPLE:

Get a flu shot 200 PTS

Recommended activities

Once you complete your Health Assessment, you'll get personalized activities based on your responses. Because recommended activities are created just for you, they can have a big impact on your overall health. Plus, you earn more Points for each one you complete.

- _____ PTS
- _____ PTS
- _____ PTS

Activities

These simple things you can do every day to get healthier. Tracking your steps, getting a flu shot, going for a bike ride – these are easy ways to keep moving forward with Go365.

- _____ PTS
- _____ PTS
- _____ PTS
- _____ PTS

Go shopping: the Go365 Mall has a wide selection of rewards to choose from:



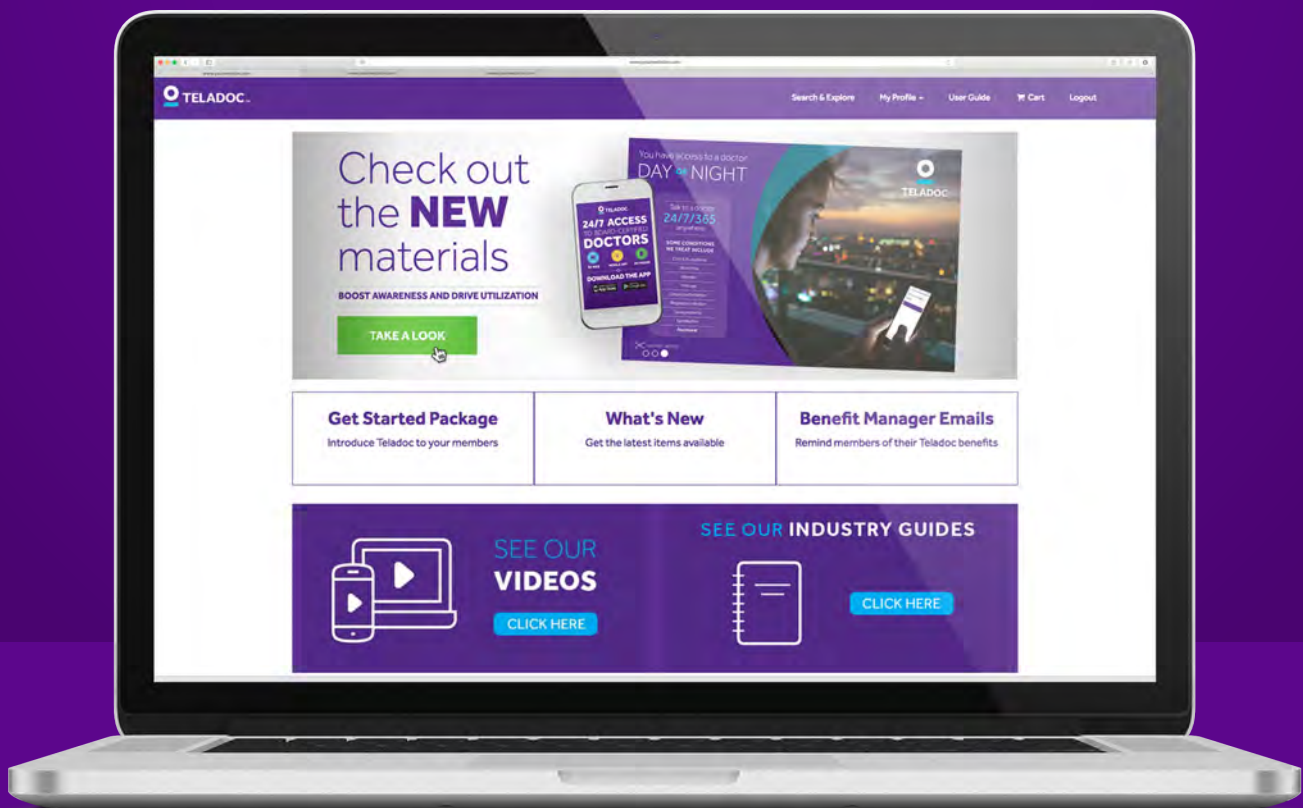
Go365 is not an insurance product. Not available with all Humana health plans. The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company's website for additional terms and conditions. This guide is only for primary Go365 account holders. All other member types should reference their Go365 account for eligible activities and Points.





Teladoc: Tips & Tools

Your Guide to the Teladoc Benefit



Welcome to Teladoc

Teladoc connects your employees and dependents, also known as members, 24/7/365 to a national network of U.S. board-certified doctors. When a member requests a doctor visit either by phone, web or mobile app, they'll be connected within minutes to an experienced physician who can diagnose and treat the non-emergency health issue.

If medically necessary, a prescription can also be sent to the members' pharmacy of choice.



24/7/365 ACCESS

Provides 24/7/365 access to U.S. board-certified doctors with an average of 20 years' experience.



GET A DIAGNOSIS

Diagnose, treat and prescribe medications (if necessary) for common health issues such as cold & flu, allergies, ear infections, rash and much more!



CONNECT IN MINUTES

Connect with a doctor by phone or video in minutes.



PROVEN ROI

Transition unnecessary ER and urgent care visits to a more cost-effective mode of care.

Why Teladoc?

Timely access to quality healthcare is a growing concern. Frustrated patients may use the emergency room (ER) or urgent care as their primary care physician (PCP), which drives up costs for health plans, employers and employees.

Teladoc's national network of board-certified physicians — while not intended to replace the primary care physician — can help members get the care they need when their own doctor is unavailable. Teladoc also helps cover access shortages in rural areas, and provides an alternative to costly ER or urgent care visits.

A Holistic Approach to Member Engagement

Breaking through the clutter means reaching our target member with multiple touchpoints, through distinct channels, with the contextually appropriate message. Teladoc has built the capabilities in-house to facilitate reaching our members across all of these channels cost efficiently, and on a timely basis. Our robust toolkit of tactics is built to reach members where they are – whether at home, on the go or when the need arises.

A few key elements of our reach are:

- 1** **INTRODUCTION TO TELADOC**
To introduce members to Teladoc, welcome kits are sent directly to member households. The welcome kit includes an introduction to Teladoc with instructions for getting started.
- 2** **SEASONAL CAMPAIGNS**
Our members need us the most during those times of the year when health issues peak. We invest in communications broadly during allergy season in the spring and flu season in the fall through fully integrated, multi-channel campaigns that are tailored to the client, specific plan design and customer segment.
- 3** **TARGETED EMAIL & DIGITAL**
Encouraging and reminding our members to use Teladoc whether need arises or reaching them where they are on their terms, our analytics power highly segmented and targeted email, social and digital communications to deliver the right message to the right person at the right time.

Getting Started

It's quick and easy to set up your Teladoc account. Set up your account today so when you need care, **a doctor is just a call or click away**. Get started by following the steps below.

1

REGISTER

You can register your account by phone, web or mobile app. You will need basic information about yourself such as your name, date of birth and name of employer or insurance provider.

- Visit **Teladoc.com** and click "Set up account"
- Download the app and click "Activate account"
- Call 1-800-Teladoc (835-2362) and a member services agent will register your account over the phone



2

COMPLETE MEDICAL HISTORY

Once you register, you will need to complete your medical history which provides Teladoc doctors with the information they need to make an accurate diagnosis. Much like the paperwork you complete at a doctor's office, the medical history details past conditions, medications, allergies, as well as information about your family's medical history.

3

REGISTER MINOR DEPENDENTS (UNDER 18)

Be sure to register your eligible dependents under the age of 18. Once logged in to your account:

- Go to the "My Family" tab
- Click "Add Dependents"
- Enter required information
- Follow the instructions to register and complete minors' medical history
- Add adult consenters if you wish to designate another adult who can request a consult for your minor dependent

Adult dependents 18 and older must set up their own account (register and complete medical history).



Teladoc[®] Frequently Asked Questions

What is Teladoc?

Teladoc is the first and largest provider of telehealth medical consults in the United States, giving you 24/7/365 access to quality medical care through phone and video consults.

Who are the Teladoc doctors?

Teladoc doctors are U.S. board certified in Internal Medicine, Family Practice, or Pediatrics. They average 20 years practice experience, are licensed in your state, and incorporate Teladoc into their day-to-day practice as a way to provide people with convenient access to quality medical care.

Does Teladoc replace my doctor?

No. Teladoc does not replace your primary care physician. Teladoc should be used when you need immediate care for non-emergent medical issues. It is an affordable, convenient alternative to urgent care and ER visits.

What kind of medical care does Teladoc provide?

Teladoc provides adult and pediatric general medical care.

What consult methods are available?

You can talk with a Teladoc doctor via a phone consult, video consult within the secure member portal, or video consult within the Teladoc mobile app.

How do I set up my Teladoc account?

Setting up your account is a quick and easy process online. Visit the Teladoc website and click "Set Up Account". Follow the online instructions.

How do I request a consult to talk to a doctor?

Visit the Teladoc website, log into your account and click "Request a Consult". You can also call Teladoc to request a consult by phone.

How quickly can I talk to the doctor?

Median call back time is just 10 minutes. If you miss the doctor's call, whether you are away from the phone or you have anonymous call blocker on, you will be returned to the bottom of the waiting list. The consult request is cancelled if you miss three calls.

Is there a time limit when talking with a doctor?

There is no time limit for consults.

Can Teladoc doctors write a prescription?

Yes, Teladoc doctors can prescribe short-term medication for a wide range of conditions when medically appropriate. Teladoc doctors do not prescribe substances controlled by the DEA, non-therapeutic and/or certain other drugs which may be harmful because of their potential abuse.

How do I pay for a prescription called in by Teladoc?

When you go to your pharmacy of choice to pick up the prescription, you may use your health/prescription insurance card to help pay for the medication. You will be responsible for the co-pay based on the type of medication and your plan benefits.

Is the consult fee the same price, regardless of the time?

Yes! Teladoc charges one flat rate per consult. There is no charge for PPO plans.

How do I pay for the consult?

You can pay with your HSA (health savings account) card, credit card, prepaid debit card or by PayPal.

If the Teladoc doctor recommends that I see my primary care physician or a specialist, do I still have to pay the Teladoc consult fee?

Yes. Just like any doctor appointment, you must pay for the consulting doctor's time.

Can I provide consult information to my doctor?

Yes. You have access to your electronic medical record at anytime. Download a copy online from your account or call Teladoc and ask to have your medical record mailed or faxed to you.

 [Teladoc.com](https://www.teladoc.com)

 [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

 [1-800-Teladoc](tel:1-800-Teladoc)

 [Teladoc.com/mobile](https://www.teladoc.com/mobile)



Imagine this...

You wake up one morning with cold-like symptoms. You don't want to take time off from work, but you need care now. **What can you do?**

1



You consider urgent care, but don't want to spend the time and money.

2



Then you call Teladoc®.

3



The Teladoc doctor calls you back about your symptoms.

4



Turns out you have sinus problems.

5



You pick up an antibiotic at your local pharmacy on your way to work.

6



Problem solved.
Boss happy.

What is Teladoc? Teladoc provides a national network of U.S. board-certified doctors available 24/7/365 to resolve many of your medical issues. It's quality care when you need it at a price you can afford.

Talk to a doctor anytime for Free or \$50 for HDHP

 Teladoc.com

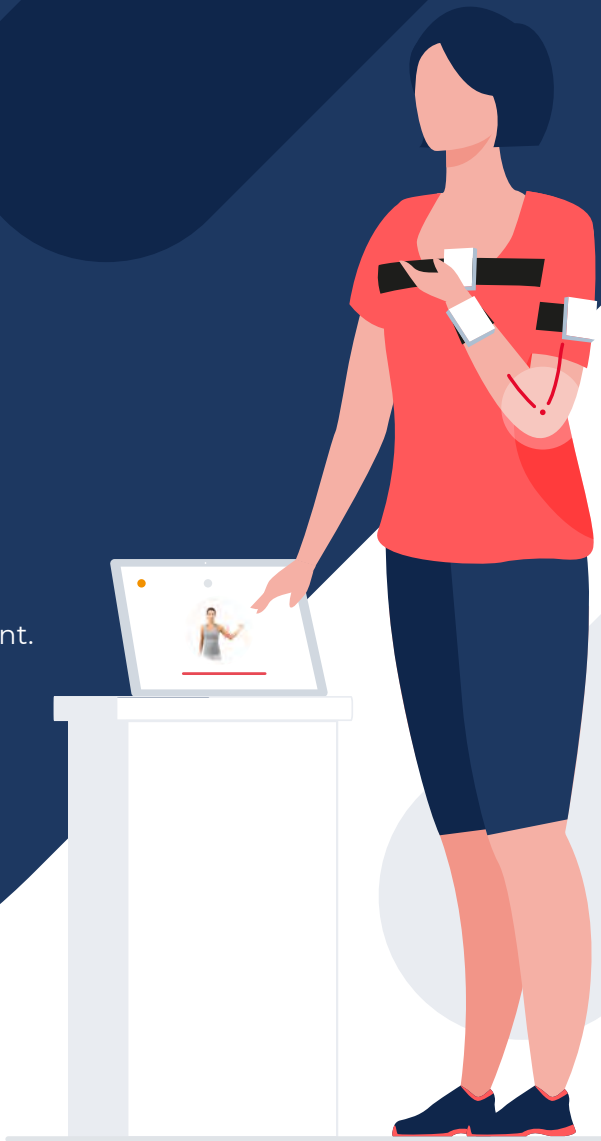
 Facebook.com/Teladoc

 1-800-Teladoc

 Teladoc.com/mobile

Relieve pain from the comfort of home

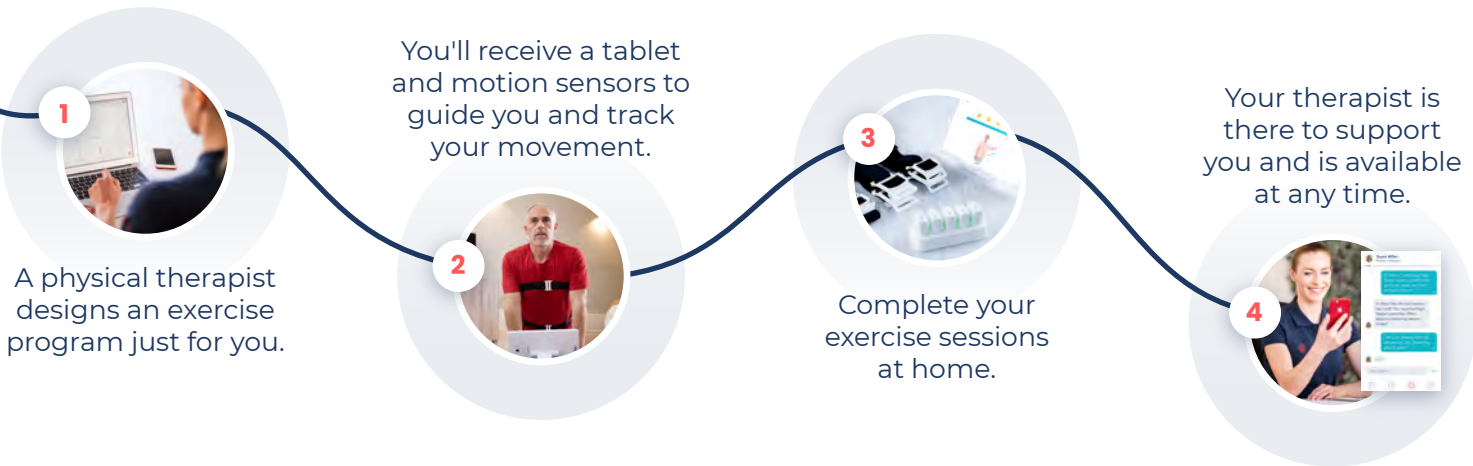
Tired of chronic and post surgical pain or loss of mobility? We have you covered! Meet SWORD, the new virtual therapy program designed to help you overcome your back, joint or muscle pain – at home. Combining physical therapists with easy-to-use technology, SWORD is far more than just convenient. It's proven to work better than in-person physical therapy.



Get started today. No additional cost.

join.swordhealth.com/bridge-health

How it works



Wherever it hurts, SWORD can help

- Lower Back
- Shoulder
- Neck
- Knee
- Elbow
- Hip
- Ankle



NEW BENEFIT

Virtual Therapy

*Surgery Avoidance, Pain Management
& Pre- and Post Surgery Support*



**Wherever and whenever it hurts,
virtual therapy can help.**



**Lower
Back**



Shoulder



Neck



Knee



Elbow



Hip



Ankle

Manage Pain

Avoid Surgery

Surgical Prehab/Rehab

Why Virtual Therapy?

- Clinical-grade digital solution
- Virtual, in-home therapy delivered on your terms
- Licensed physical therapists
- Proven to outperform in-person care
- Delivers measurable quality outcomes
- No cost to you - included in your health benefits

How it Works –

MSK CARE FOR PAIN MANAGEMENT

- Enroll online and complete an evaluation call with SWORD Health physical therapist
- Your physical therapist designs an exercise program just for you
- You'll receive a tablet and motion sensors to guide and track your movement
- Complete your exercise sessions
- Your physical therapist monitors your results and provides feedback

VIRTUAL PT FOR SURGICAL PREHAB / REHAB

- Call BridgeHealth with a surgical recommendation
- Surgeon reviews your case and recommends physical therapy
- Care Coordinator schedules your evaluation call with a SWORD Health physical therapist
- Your physical therapist designs a program just for you
- You'll receive a tablet and motion sensors to guide and track your movement
- Complete your exercise sessions
- Your physical therapist monitors your results and provides feedback



What's included –

- FDA-listed wearable tech
- Personalized treatment plan
- Interactive on-demand PT sessions/coaching
- Immediate feedback from tech
- Feedback from Licensed Physical Therapist

Receive a care allowance of
— **\$750** —
when you choose
Surgery Care



Considering Surgery?

You deserve the best.

Did you know,
**With BridgeHealth
Surgery Care you pay**

\$0

You read that right—
Surgery costs are covered 100%*



High-quality Care

Our stringent standards for providers and doctors ensure you get the best care specific to your procedure.



Help Every Step of the Way

Your dedicated Care Coordinator provides concierge support that takes the headaches out of approvals, scheduling and paperwork.



Is there really no cost to me?

YES! Surgery Care is available to members and their family members enrolled in plans offered by Public Education Health Trust. You'll never receive a surprise bill!

*On high-deductible plans, you need to meet your deductible. After that, your surgery is covered at no additional cost.

Your health is what matters most –

That's why Public Education Health Trust offers you and your family access to top-quality surgery through Surgery Care. Because Surgery Care is included in your benefits, the Public Education Health Trust health plan pays for the surgery and your family never sees a bill.

What can Surgery Care do for you?

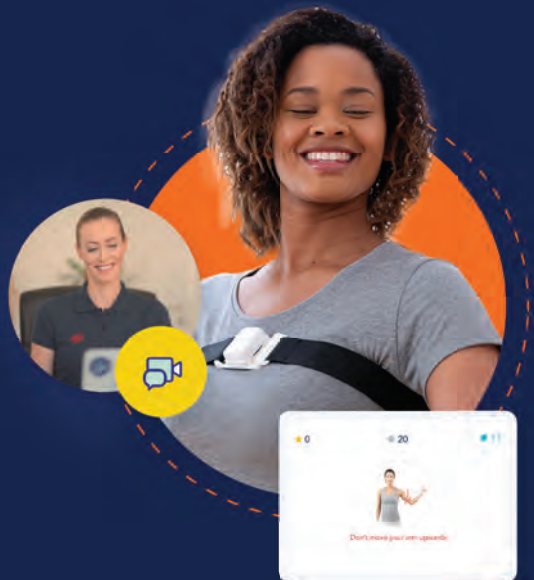
We're here to make the surgery process worry-free and affordable. Rest assured that you'll be matched with high-quality providers specific to your procedure. In fact, our members have **80% fewer complications** as compared to the national average.

Surgical Procedures

- Cardiac
- General
- Orthopedic
- Spine
- Bariatric
- Women's Health
- Vascular
- Neurological



Emergency, pediatric (under age 13), cosmetic, dental, diagnostic, vision and transplant procedures are not available through Surgery Care.



Not ready for surgery?

Ask us about Virtual Physical Therapy, an alternative to in-person physical therapy for back, joint and muscle pain. There's **no cost to you***—it's included in your Public Education Health Trust benefits.

Virtual physical therapy may also be an option for post-surgical rehab with your surgeon's approval.

*High Deductible Plans: For post-surgical rehab, program costs are covered at 100% after your deductible has been met.

Contact Us –

 (855) 265-2874

 [BridgeHealth.com](https://www.BridgeHealth.com)

 peht@bridgehealth.com

A background image of a smiling woman with blonde hair, wearing a green scarf and a dark top, sitting at a desk in a hospital setting. The image is overlaid with a green gradient.

The Closest Hospital Is Not Always the Best Choice

That's why miChoice provides you with quality and cost information upfront

Let's face it, comparison shopping between healthcare facilities has typically been very difficult.

Until now.

Your current benefit plan includes miChoice, a program designed to help you navigate the complexities of the healthcare system.

Three Things You Need To Know Before Scheduling a Procedure



Quality

Right in your town, the quality of care can vary wildly. For example, a hospital that ranks highly for cancer care may be a poor choice for a knee replacement.



Cost

The same medical procedure at different facilities can vary in price by thousands of dollars. And, higher costs don't always mean higher quality.



Value

When you receive care from a top-ranked provider without over-paying for it, that is considered high-value healthcare.

Be an Empowered Consumer with miChoice!

Pinpoint and evaluate ALL your options for care

Whenever you're facing a non-emergency surgery or medical procedure, miChoice can help you weigh the two things that matter most: healthcare quality and healthcare costs.

By working with one of our miChoice navigators, you can potentially:



Avoid facilities

that are associated with poor outcomes, medical errors, and complications



Lower your out-of-pocket costs

(and know them upfront, with no surprises!)



Receive a recovery benefit

depending on your chosen plan

How do I get started?

CONTACT

a healthcare navigator at **1-866-326-7340** when you're facing any type of costly medical or surgical procedure.

CONSIDER

all the options your navigator has found for you, along with quality and cost information.

CHOOSE

the provider you are most comfortable with. If your choice involves any type of travel, your navigator will coordinate all the details for you.

Emotional wellbeing and work-life balance resources to keep you at your best

SupportLinc MAP offers expert guidance to help you and your family address and resolve everyday issues.



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.



Financial expertise

Consultation and planning with a financial counselor.



Legal consultation

By phone or in-person with a local attorney.



Short-term counseling

Access up to **eight (8) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.



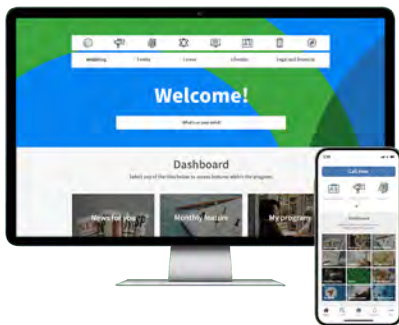
Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.



Your web portal and mobile app

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

Convenient, on-the-go support

- **Textcoach®**
Personalized coaching with a licensed counselor on mobile or desktop.
- **Animo**
Self-guided resources to improve focus, wellbeing and emotional fitness.
- **Virtual Support Connect**
Moderated group support sessions on an anonymous, chat-based platform



Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.



Download the mobile app today!



1-888-881-5462

supportlinc.com

group code:

peht



Virtual Support Connect

Confidential group support

When you are dealing with a challenge at home or at work, group support can offer perspective, encouragement and most importantly, the reassurance that you are not alone. Virtual Support Connect (VSC) provides live, moderated sessions on a wide variety of topics via the desktop or mobile platform. Confidentiality is key – you answer questions, participate in activities and provide feedback anonymously by exchanging texts with the moderator.

Moderated sessions

When you join a session, only the moderator will be on video. You and all other users will participate via text. In addition to leading the session, the moderator will post tip sheets, exercises and links to other resources. You can also easily access individual, in-the-moment support or connect to the program web portal for additional services and information.

Virtual Support Connect session topics include:

- Avoiding addiction
- Mindfulness
- Caregiver support
- Preventing burnout
- Coping with stress
- Self care
- Grief
- Sleep Fitness

Get started!



supportlinc.com
group code:
peht



Download
the mobile
app today!





**EBMS technology
that improves
benefits for everyone**

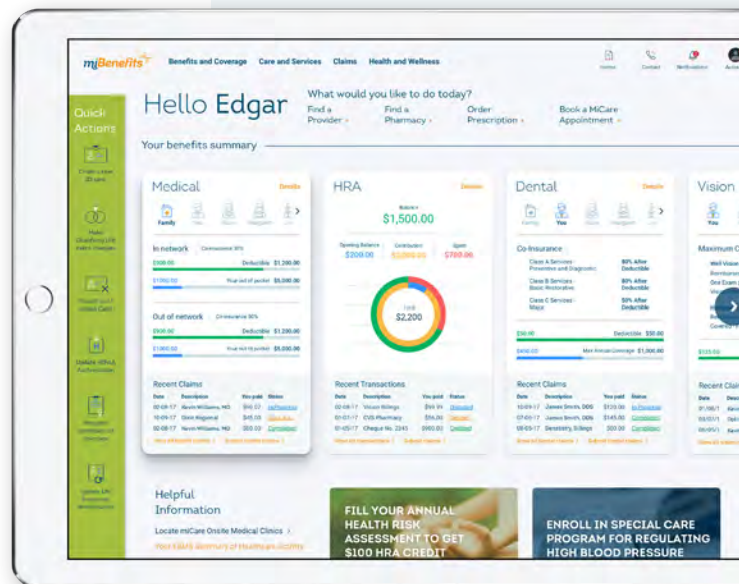
The **miBenefits** 
portal



Members

**Isn't It About Time
Something in Your
Life Got Easier?**

We have important information about your EBMS benefit plan.



Members

Manage your benefits online, right from your browser, with our miBenefits portal.

Our latest technology allows you easier access to your healthcare information.

To register* for miBenefits, please visit miBenefits.ebms.com

Fast, simple, and frustration-free!

Like a digital helping hand, our next-generation portal makes your life easier. The days of struggling to make sense of a confusing benefit statement are gone. With our miBenefits portal, you'll login to a dynamic dashboard that puts everything you need right at your fingertips. We think you'll find it's even easier than calling our customer service center.

What you'll find in the miBenefits portal:

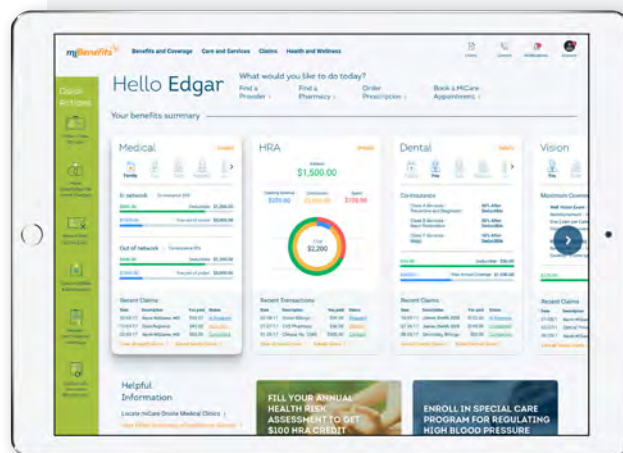
- ✓ One login for everything – medical, dental, vision, prescription, and HSA/FSA
- ✓ Simplified navigation – get 80% of what you need right from the home page
- ✓ Quick-links to find a physician, order an ID card, and perform other common tasks

Other features to check out:

- Claims status in real time
- Separate tabs for each family member on your plan
- At-a-glance tracking of where you are in terms of deductibles and out-of-pocket maximums

You can find more information about the miBenefits portal by calling the number on the back of your card

The **miBenefits** portal



Be an empowered healthcare consumer

Comparison shopping has always been nearly impossible in healthcare. We're changing the game with our consumer-oriented transparency tools, available through the miBenefits portal.

You can compare hospitals and doctors based on quality measures and typical costs. You can easily identify the providers that have the best outcomes and the fewest complications. And you can make better choices with your healthcare dollars.

