

# Welcome to your Benefits Program

## July 2016



This summary was prepared  
for you by  
Wells Fargo Insurance.

Your benefits contact is:

Northwest Indian College  
Human Resources Department  
Phone: 360.392.4268

Our goal is to provide a benefit plan that is easy to understand so you can make the most of the benefits we provide, and receive the best service and care available. With that in mind, we offer this quick reference summary of your benefits.

## Plan Highlights

**Medical Plan.** We offer employees a medical plan administered by Healthcare Management Administrators. It is a contracted network, which gives you the freedom to seek care from most physicians and hospitals in the area.

**Prescription Drug.** We offer a 3-tier prescription drug benefit through Healthcare Management Administrators and CVS Caremark. There are different copayments depending on the type of drug prescribed. The copays are \$10 for generic, \$20 for preferred brand, and \$35 for non-preferred brand for a 30 day supply at a retail pharmacy. The mail order prescription program provides the convenience of obtaining maintenance medications at copays of \$25 for a Generic, \$50 for a Preferred Brand, and \$87.50 for a Non-Preferred Brand up to a 90-day supply.

**Dental Plan.** We offer employees two dental plans, a Base Plan and a voluntary Buy-Up Plan, each administered by Delta Dental of Washington. The plans provide the freedom to select the dentist of your choice and encourage the use of preventive care. The deductible is waived for preventive care and orthodontia (orthodontia only available through the Buy-Up).

**Vision Plan.** The vision care benefits are provided through VSP. The plan helps pay for eye exams, frames, and lenses or contact lenses. Employee may choose between the Core and the Buy-Up plan.

**Life Insurance and AD&D.** This benefit from Unum protects employees and their families from financial hardship in case of death. The company provides \$10,000 in coverage.

**Short- and Long-Term Disability.** One of the most important assets to you as an employee is the ability to earn an income. The disability plans from Unum are designed to replace a portion of your income if you are disabled because of injury or illness.

**Supplemental Life and AD&D.** You may elect and pay for Voluntary Life and AD&D coverage through Unum. See page 8 for benefits.

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# Medical/Pharmacy Plan Group #020267B

Healthcare Management Administrators, Inc.  
PO Box 85008  
Bellevue, WA 98015-5008

Customer Service: 800.700.7153  
[www.accesshma.com](http://www.accesshma.com)

	Preferred, Participating, Non Contracted and Out of Area (U.S. Providers only)	Out of Network
<b>Calendar Year Deductible</b>	\$200 per individual \$400 per family	\$200 per individual \$400 per family
<b>Calendar Year Out of Pocket Maximum</b> (includes prescription drug copays)	\$2,200 per individual \$4,400 per family	\$2,200 per individual \$4,400 per family
<b>Pre-Authorization (mandatory)</b>	Services for Infusion Therapy, Kidney Dialysis and all Inpatient Treatment (including but not limited to facility, surgery, rehabilitation, residential treatment) must be pre-authorized by HMA's Health Services Department prior to services being rendered. Failure to pre-authorize services may result in denial of claim; the only exception is emergent treatment in the emergency room.	
<b>Physician Office Visit</b>	\$20 copay then 100%; deductible waived	80% of allowable amount
<b>Preventive Care</b>	100%; deductible waived	80% of allowable amount
<b>Covered Services</b>	Includes Routine Physicals, Well Baby Care, Immunizations (including travel), Colonoscopy, Mammograms, Prostate Exams, Preventive X-Ray and Lab	
<b>Inpatient Physician Visit</b>	80%	80%
<b>Inpatient Facility Services</b> (mandatory pre-authorization)	80%	80%
<b>Urgent Care</b>	\$20 copay then 100%; deductible waived	\$20 copay then 100%; deductible waived
<b>Emergency Room</b> (non-emergency not covered)	\$75 copay, then 80% (copay waived if admitted to the hospital)	\$75 copay, then 80% (copay waived if admitted to the hospital)
<b>Prescription Drugs</b> CVS Caremark	Must use a Caremark Network Contracted Pharmacy - Retail and Mail Order	
<b>Participating Retail Pharmacies</b> 30 day supply	\$10 Generic \$20 Preferred Brand \$35 Non-Preferred Brand	
<b>Mail Order Pharmacy</b> 90 day supply	\$25 Generic \$50 Preferred Brand \$87.50 Non-Preferred Brand	
<b>\$4 Generic Prescription Program</b>	Many pharmacy chain drug stores offer generic prescriptions for \$4 (or other reduced prices) per prescription for up to a 30 day supply. Examples are Wal-Mart, Walgreens, QFC, Target, Fred Meyer, etc. Please check with these pharmacies, or on their websites, to review a list of generics the pharmacy offers at \$4, or other reduced price.	

Medical Plan Continued	Preferred, Participating, Non Contracted and Out of Area (U.S. Providers only)	Out of Network
<b>Acupuncture</b> 8 visits per calendar year	\$20 copay then 100% deductible waived	80%
<b>Allergy Injections</b>	100% deductible waived	80%
<b>Anesthesiologist</b>	80%	80%
<b>Chemical Dependency and Detoxification</b>		
<b>Inpatient</b> (mandatory pre-authorization)	80%	80%
<b>Outpatient</b>	\$20 copay then 100%: deductible waived	80%
<b>Chiropractic Services</b> 10 visits per calendar year	\$20 copay then 100%; deductible waived	80%
<b>Dietary Education</b>	100% deductible waived	80%
<b>Durable Medical, Equipment, Prosthetics</b>	80%	80%
<b>Hearing Exam</b> Once per calendar year	100% deductible waived	80%
<b>Home Health Care</b> Limited to 60 visits per calendar year	100% deductible waived	80%
<b>Infusion Therapy</b> (mandatory pre-authorization)	80%	80%
<b>Mental Health Treatment</b>		
<b>Inpatient</b> (mandatory pre-authorization)	80%	80%
<b>Outpatient</b>	\$20 copay then 100%; deductible waived	80%

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PO Box 85008  
Bellevue, WA 98015-5008

Customer Service: 800.700.7153  
[www.accesshma.com](http://www.accesshma.com)

Medical Plan Continued	Preferred, Participating, Non Contracted and Out of Area (U.S. Providers only)	Out of Network
<b>Rehabilitation Services</b> <i>Services must be ordered by a physician and include a treatment plan (includes physical, occupational, speech and massage therapy)</i>		
<b>Inpatient</b> Limited to 60 days per calendar year (mandatory pre-authorization)	80%	80%
<b>Outpatient</b> 60 visits per calendar year	\$20 copay then 100%; deductible waived	80%
<b>Transplants &amp; Donor Benefits</b>	80%	80%

## HMA Preferred Provider Internet Lookup Instructions

### How to Find Preferred Providers

- Go to [www.accesshma.com](http://www.accesshma.com)
- At the top of the screen click Networks
- At the right side of the screen under Quick Links select "Find a Provider"
- Select the appropriate network; HMA Preferred with PHCS or HMA Preferred and PPO
- Under the applicable state select appropriate network from the drop down list
- You can search using a provider name, location and/or provider specialty

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# Dental Plan Policy #00707

Delta Dental of Washington  
Claims  
PO Box 75983  
Seattle, WA 98115

Customer Service: 800.554.1907  
[www.deltadentalwa.com](http://www.deltadentalwa.com)

		Delta Dental PPO Network	Delta Dental Premier / Out of Network
<b>Annual Deductible</b>	Individual / Family	\$25 / \$75	\$25 / \$75
<b>Maximum Benefit</b>	Base Plan Buy-Up Plan	\$2,000 \$3,000	\$2,000 \$3,000
<b>Preventive (Type A)</b>	Oral exam, X-Ray, oral prophylaxis, fluoride, sealants, space maintainers, periodontal maintenance. Deductible waived	100%*	80%**
<b>Basic Restorative (Type B)</b>	Amalgam fillings, extractions, periodontal, scaling, oral resin, surgery, maintenance, general anesthesia, root canal	90%*	70%**
<b>Major Restorative (Type C)</b>	Crowns, inlays, onlays, dentures, restoration, im- plantology, consultations, periodontal treatment	80%*	50%**
<b>Orthodontia (Buy-Up Only)</b>	Covered Percentage	50%	50%
<b>Children Only</b>	Aggregate Lifetime Maximum Benefit	\$1,000	\$1,000

\* In-Network means benefits provided under this plan for covered dental services provided by a Delta Dental PPO provider.

\*\* Out-of-Network means benefits under this plan for covered dental services that are not provided by a Delta Dental PPO provider.

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# Vision Plan Policy #010-350732

VSP Administered by Ameritas Group  
P.O. Box 997105  
Sacramento, CA 95899-7105

Customer Service: 800.877.7195  
[www.vsp.com](http://www.vsp.com)

	VSP Choice Network Provider	Non-VSP Choice Network Provider
<b>Core Coverage</b>	Availability begins with the first date of service and then every 12 or 24 months as noted below.	
<b>Annual Eye Exam</b> (once every 12 months)	100% after \$10 copay	Up to \$45 less \$10 copay
<b>Lenses and Frames</b>	<p>100% after \$25 copay. Wide selection of frames covered in full up to \$120</p> <p>Lenses such as single vision, lined bifocal and lined trifocal are covered in full limited to once every 12 months</p> <p>Frames limited to once every 24 months</p> <p>Frames covered up to plan allowance</p> <p>20% off amount over your allowance</p>	<p>\$25 copay</p> <p>Single Vision - Limited to \$50</p> <p>Lined Bifocal - Limited to \$75</p> <p>Lined Trifocal - Limited to \$100</p> <p>Frames - Up to \$70</p> <p>Contacts \$105</p> <p>Lenses limited to once every 12 months</p> <p>Frames limited to once every 24 months</p>
<b>Contact Lenses</b> (in lieu of lenses/frames)	Limited to \$120 which includes exam and fitting	Limited to \$105 which includes exam and fitting
<b>Additional Pair of; Prescription Glasses or Sunglasses</b>	30% discount off additional prescription glasses and sunglasses including lens options if purchased from the same VSP Choice Network doctor on the same day as your exam, or get 20% off from any VSP Choice Network provider within 12 months of your last exam, 15% discount on contacts lens exam from a VSP Choice Network provider. Laser surgery: discounts available from contracted facilities of VSP- contact VSP for information.	
<b>Voluntary Buy-Up</b>	Same as Core Coverage except: Frames limited to once every 12 months (Frame up to \$150) Lens treatments covered in full (anti-reflective coating, progressive and photochromic) by VSP Choice Network provider. Non-VSP Choice Network provider reimbursements are the same as the Core coverage.	

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# Life / AD&D / STD / LTD Policy #590378

Unum  
211 Congress St.  
Portland, ME 04122

Life / AD&D / STD / LTD Claims:  
800.343.5406

<b>Eligibility</b>	Any employee working at least 25 hours each week in active employment with Northwest Indian College.	
<b>Employee Basic Life Amount</b>	\$10,000	
<b>Employee Basic AD&amp;D Amount</b>	\$10,000	
<b>Benefit</b>	<b>STD:</b> 60% of before tax Weekly Earning, maximum of \$500. <b>LTD:</b> 60% of monthly earnings reduced by deductible income. Maximum monthly benefit \$2,500 before reduction by income.	
<b>Benefit Elimination Period</b>	<b>STD:</b> 7 days for accident or sickness, benefits begin on 15th day. <b>LTD:</b> 90 calendar days or when STD ends.	
<b>Pre-existing Conditions Exclusions for LTD</b>	Disabilities related to an injury or illness for which you have consulted a physician, received medical attention, taken prescription drugs or medicines, or incurred expenses during the 90 days prior to the coverage effective date are excluded if you become disabled during the first 12 months of coverage.	
<b>Maximum Payment Period</b>	<b>Age at Disability</b>	<b>Duration of Payments</b>
	Less than 68	2 years
	Age 68	To age 70, but not less than one year.
	Age 69 or older	One year

# Supplemental Life / AD&D Policy #589497

Unum  
211 Congress St.  
Portland, ME 04122

Life / AD&D: 800.343.5406

The Life and Accidental Death and Dismemberment (AD&D) coverage available through UNUM is voluntary. If you choose this coverage you are responsible for enrollment and premiums.

<b>Eligibility</b>	Any employee working at least 25 hours each week in active employment with Northwest Indian College, and their eligible spouse and child(ren) (up to age 19, or to age 26 if a full-time student).
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## Coverage Amounts

<b>Employee</b>	Up to 5x salary in increments of \$10,000. Not to exceed \$500,000. Guarantee Issue up to \$200,000. New employees are able to elect up to Guarantee Issue without medical underwriting. Existing employees participating in the Voluntary Life / AD&D program can elect up to the Guarantee Issue without medical underwriting between 05/01-06/30 of each year for a 07/01 effective date.
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<b>Spouse</b>	Up to 100% of employee's coverage amount in increments of \$5,000. Not to exceed \$250,000. Benefits will be paid to employee. Guarantee Issue up to \$25,000.
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<b>Child</b>	Up to 100% of employee's coverage amount in increments of \$2,000. Not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and 6 months is \$1,000. Benefits will be paid to the employee.
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<b>Benefit Reduction</b>	At age 70 reduces to 65% of original amount; at age 75 reduces to 50% of reduced amount.
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# Employee Benefit Contacts



Carrier	Type of Coverage	Plan name / Group number	Address	Customer Service / Website
Healthcare Management Administrators, Inc.	Medical	Northwest Indian College 020267B	P.O. Box 85008 Bellevue, WA 981015	800.700.7153 www.accesshma.com
Regence Preferred Provider Network	Medical PPO Network	Northwest Indian College 020267B	P.O. Box 85016 Bellevue, WA 98015	800.700.7153 www.regence.com
CVS Caremark	Pharmacy	Northwest Indian College 24079002		866.885.4944 www.caremark.com
Delta Dental of Washington	Dental	Northwest Indian College 00707	Claims: PO Box 75983 Seattle, WA 98175-0983	800.554.1907 www.deltadentalwa.com
VSP Administered by Ameritas Group	Vision	Northwest Indian College 010-350732	P.O. Box 997105 Sacramento, CA 95899-7105	800.877.7195 www.vsp.com
Unum	Life, AD&D, STD, LTD	Northwest Indian College 590378	211 Congress St. Portland, ME 04122	800.421.0344 www.unum.com
Unum	Supplemental Life and AD&D	Northwest Indian College 589497	211 Congress St. Portland, ME 04122	800.421.0344 www.unum.com
Wells Fargo Benefits Department	Northwest Indian College Broker	Northwest Indian College	999 Third Ave, Suite 4100 Seattle, WA 98104	Benefit Helpline Phone: 888.336.7463
Northwest Indian College Human Resources Department			Northwest Indian College 2522 Kwina Rd. Bellingham, WA 98266	Phone: 360.392.4268

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Plan Arranged by:  
**Wells Fargo Insurance**

Employee Benefits • Commercial Insurance • Personal Lines • Administrative Services • Excess & Surplus Lines  
Industry Specialties • Reinsurance • International Coverages

*Revised July, 2016*