

**Medical Benefits
Healthcare Management Administrators (HMA) / Regence BlueShield Network**

Covered Services	Preferred Providers	Participating Providers	Non-Contracted Providers
Calendar Year Deductible (Applies to all services unless otherwise noted)	\$250 per individual \$750 per family		
Maximum Out-of-Pocket per Calendar Year (Includes deductible, copays, and coinsurance)	\$2,500 per individual \$7,500 per family		
Preventive Care			
Routine well-baby care, routine physical examinations, routine immunizations and routine health screenings	100% (DW*)	100% (DW)	70%
Professional Care			
Office Visits	100% after \$25 copay (DW)	100% after \$35 copay (DW)	70%
MDLive / Telehealth Visits	100% (DW)	N/A	N/A
Diagnostic X-Ray and Lab – First \$400	100% (DW)	100% (DW)	100% (DW)
Diagnostic X-Ray and Lab – \$401+	100%	70%	70%
Hospital Services			
Inpatient Care	100%	70%	70%
Outpatient Surgery	100%	70%	70%
Emergency Care			
Outpatient Emergency Care (Copay waived if admitted directly to a hospital)	100% after a \$150 copay	100% after a \$150 copay	100% after a \$150 copay
Urgent Care	100%	100%	100%
Ambulance Transportation	100%	100%	100%
Mental Health Care / Chemical Dependency			
Inpatient Services	100%	100%	70%
Outpatient	100% after \$25 copay (DW)	100% after \$25 copay (DW)	70%
Rehabilitation Services			
Inpatient Services (30-day limit)	100%	70%	70%
Outpatient Services (25-visit maximum per calendar year)	100%	70%	70%
Alternative Care			
Massage Therapy, Acupuncture, Chiropractic (25-visit maximum for each specialty)	100%	70%	70%
Lifetime Maximum	Unlimited Annual and Lifetime Limit on All Essential Benefits		

*DW = deductible waived

For Preferred and Participating Providers, you will not be billed for balances beyond any deductible, copayment, and/or coinsurance for covered services; For Non-Contracted Providers, you may be billed for balances beyond any deductible, copayment, and/or coinsurance (balance billing).

Please keep in mind that the benefits listed on this handout are simply an outline of the plan. If there is a discrepancy between what has been stated here and the actual contract, the contract will prevail.

Prescription Benefits –Elixir

Outpatient Prescription Drugs	Member Cost Share
Retail Pharmacy – Up to a 30-day supply	
Tier 1: Generic	\$10 Copay (DW)
Tier 2: Preferred Brand (on the Preferred Drug List)	\$20 Copay (DW)
Tier 3: Non-Preferred Brand (Prescriptions not on the Preferred Drug List)	50% coinsurance or \$100 copay (whichever is less) (DW)
Mail Order Service - 90-day supply	2x Retail Copay

To find out more about your medications, activate your online account, go to www.elixirsolutions.com and select "Register". Or call 800-361-4542

Flexible Spending Accounts

	Healthcare Contribution Limit	Dependent Care Limit
2023 Maximum	\$3,050	\$5,000 (per household)

Long Term Care Insurance - Lifesecure

\$100,000/\$200,000/\$300,000 Lifetime Benefits Available

Port of Bellingham pays for a portion of the premium cost for employees

To find out more information about your options see the benefit flyers available on the USI Mobile App.

Dental Benefits – Healthcare Management Administrators (HMA)

Dental Benefits	
Calendar Year Deductible	\$50 individual / \$150 family
Calendar Year Maximum Benefit	\$1,500 per person
Preventive & Diagnostic Services	Plan pays 100% (DW)
Basic Services	Plan pays 80%
Major Services	Plan pays 50%
Orthodontia Benefit	Plan pays 50% up to \$1,500 per lifetime

Vision Benefit – Healthcare Management Administrators (HMA)

Vision Benefits	
Exam	Covered at 100% every calendar year
Lenses	Covered at 100% up to \$130 every calendar year
Frames	Covered at 100% up to \$130 every other calendar year
Contacts (In lieu of frames)	Covered at 100% up to \$130 every calendar year

Life and AD&D / Long Term Disability Benefits – Lincoln Financial

Life and AD&D Benefit Amounts	
Employee Life Insurance Amount	1x salary to a maximum of \$250,000
Accidental Death & Dismemberment	In the event of an accidental death or dismemberment, a benefit is provided up to a scheduled amount corresponding to the loss. Life and AD&D benefits will begin to reduce at age 65.
Long Term Disability Benefits	
Benefits Begin (Self-insured by Port after 90 days to day 180)	After a 180-day elimination (waiting) period of continuous disability from the day your disabling condition occurs
Monthly Benefit	66.67% of your covered pre-disability monthly salary
Maximum Benefit	\$7,500 per month

Voluntary Life/AD&D Benefits – Lincoln Financial

Life and AD&D Benefit Amounts	
Voluntary Life Maximum Elections	Employee - Up to 3x salary (\$600,000 maximum) Spouse - Up to 50% of employee election Child - Up to \$10,000
Guarantee Issue Amounts: available for new hires	Employee - \$150,000 Spouse - \$30,000 Child - \$10,000

For additional information, including rates, see the Lincoln Voluntary Life/AD&D flyers in the USI Mobile App.

Benefit Contacts

Carrier	Plan	Website	Phone Number
Healthcare Management Administrators, Inc. (HMA)	Medical / Dental / Vision	www.accesshma.com	(800) 700-7153
Lincoln Financial	Life and Disability	www.lincolffinancial.com Group ID: PORTOFBEL	(800) 423-2765
Navia Benefit Solutions	FSA	www.naviabenefits.com	(425) 452-3500
Health Promotion Northwest	Employee Assistance Program	www.peacehealth.org/whatcom/eap	(360) 788-6565
ComPsych	Employee Assistance Program	www.GuidanceResources.com	(888) 628-4824
USI Insurance Services	Benefit Resource Center	Email: BRCWest@usi.com	(866) 468-7272

Monthly Contributions

	Monthly Medical Premium				Monthly Dental / Vision Premium		
	Total Cost	Port Pays	You Pay (Flat Dollar)	You Pay 6%	Total Cost	Port Pays	You Pay
Employee	\$722.61	\$683.50	\$39.11	\$43.36	\$57.24	\$57.24	\$0.00
Employee + SP/DP	\$1,621.63	\$1,528.75	\$92.88	\$97.30	\$112.21	\$102.21	\$10.00
Employee + Child(ren)	\$1,327.34	\$1,251.35	\$76.03	\$79.64	\$108.31	\$108.31	\$0.00
Employee + SP/DP +Child(ren)	\$2,226.35	\$2,098.33	\$127.62	\$133.58	\$163.31	\$153.31	\$10.00

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