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YOUR GUIDE TO

# Tropical Shipping

## 2023 COBRA Benefits

# BENEFIT OVERVIEW

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Tropical Shipping offers a wide variety of benefits. For some benefits, you share the cost and you need to enroll to be covered. Other benefits are provided automatically at no cost to you.

Plan	Details
Medical	<ul style="list-style-type: none"><li>• Premera High Deductible Health Plan (HDHP)</li><li>• Premera Base PPO</li><li>• Premera Buy-up PPO (Closed to employees hired after January 1, 2018)</li></ul>
Dental	<ul style="list-style-type: none"><li>• Delta Dental Base Plan</li><li>• Delta Dental Buy-up Plan</li></ul>
Vision	VSP Vision Plan
Employee Assistance Program	Free confidential support when you need it

# MEDICAL

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Tropical Shipping offers three medical plans. All are administered by Premera Blue Cross. Premera is part of the national Blue Cross Blue Shield network.

With each plan, you can see any doctor you like, but you'll pay less when you see a doctor from a Premera network. All cover the same services, but differ in what you pay for coverage (premiums) and how much you pay when you get care (deductibles, copays and coinsurance).

**The High Deductible Health Plan (HDHP)** has the lowest premium, but the highest deductible. It also comes with a Health Savings Account (HSA), where you can save pre-tax money to pay for health care expenses. Tropical Shipping will also contribute to your HSA – \$875 for employee-only coverage, or \$1,750 if you cover one or more dependents. This plan is great for those who don't expect high medical expenses.

**The Base PPO** is a middle-ground plan. It has a lower deductible than the HDHP option, but a higher premium. However, it has a higher deductible and lower premium than the Buy-up PPO.

**The Buy-up PPO** has the lowest deductible, but the highest premium. This option might be right for you if you expect to have significant medical expenses, such as for an ongoing condition, or if you are expecting a child this year. **Closed to employees hired after January 1, 2018.**

## Get the Premera app

Once enrolled in a medical plan, create a Premera account at [premera.com](https://premera.com) (select "Create your account" on the home page) and download the Premera app:

- Log in as a "member" at [premera.com](https://premera.com).
- The login you create for your Premera account should also be used for the Premera app – the app will give you access to your electronic medical ID card.

## Finding network providers

To find a network provider, go to [premera.com](https://premera.com) > *Find Care* > *Find a Doctor*. For providers in Washington and Alaska, select the *Heritage* network. For providers elsewhere, select the *BlueCard PPO* network.

## Healthcare terms you should know

**Coinsurance:** The percentage of a covered expense you pay after you meet the deductible. For example, the plan may pay 80%. The remaining 20% is your coinsurance.

**Copay:** A flat amount you may pay for certain healthcare services.

**Deductible:** The amount you pay each calendar year before the plan begins to cover a share of the cost for most services. The way the deductible works depends on your plan:

- **For the HDHP plan:** If you cover yourself only, you need to meet the employee-only deductible. If you cover any family members, you must meet the family deductible.
- **For the PPO plans:** Each covered individual needs to meet the per-person deductible. If three family members meet their per-per-person deductible, the family deductible will be satisfied and no additional family members would need to meet the deductible.

**Out-of-pocket maximum:** The maximum you will pay in a calendar year. Once you reach this amount, the plan pays 100% of covered expenses for the rest of the year.

**In-network and out-of-network:** In-network care is received from providers and facilities that are part of Premera's network. Care received elsewhere is considered out-of-network. You pay more of the cost for out-of-network services.

**Generics:** Prescription drugs that have the exact same active ingredients as brand name drugs but cost substantially less.

**Preferred:** A drug listed as a preferred medication by Premera. You typically pay less for preferred medications.

**Non-preferred:** A drug that is not listed as a preferred medication by Premera. You generally pay more for non-preferred medications.

## Plan comparison

The table below shows how much you'll pay when receiving in-network care. You pay more if you receive out-of-network care.

Medical plan highlights	HDHP	Base PPO	Buy-up PPO (closed to employees hired after January 1, 2018)
Calendar year deductible	\$1,750 employee only \$3,500 family	\$350 per person \$1,050 family	\$100 per person \$300 family
Calendar year out-of-pocket maximum (includes deductible and coinsurance)	\$3,425 employee only \$6,850 family	\$2,500 per person \$7,500 family	\$1,000 per person \$2,000 family
Tropical Shipping HSA funding	\$875 employee only \$1,750 family	Not applicable	
Coinsurance	20%	10%	10%
Preventive care	No charge		
Doctor office visit (PCP or specialist)	20% after deductible	\$20 copay	\$25 copay
Virtual care		No charge for primary care visits (virtual mental health, chemical dependency and physical therapy visits covered as office visits)	
Emergency room		\$200 copay + 10% after deductible	\$200 copay
Urgent care (freestanding and not attached to a hospital)		\$20 copay, deductible waived	\$25 copay, deductible waived
Hospital (inpatient and outpatient)		10% after deductible	10% after deductible
Lab and X-ray			
<b>Prescription drugs</b>			
Retail (30-day supply)	20% after deductible	<ul style="list-style-type: none"> <li>Preferred generic (tier 1): \$10 copay</li> <li>Preferred brand (tier 2): \$30 copay</li> <li>Non-preferred (tier 4): 30%</li> </ul>	
Mail order (90-day supply)		<ul style="list-style-type: none"> <li>Preferred generic (tier 1): \$20 copay</li> <li>Preferred brand (tier 2): \$60 copay</li> <li>Non-preferred (tier 4): 30%</li> </ul>	
Specialty drugs via Accredo (30-day supply)		<ul style="list-style-type: none"> <li>Preferred specialty (tier 3): \$50 copay</li> </ul>	

## Prescription drug coverage

To see the list of covered drugs, go to [premera.com](http://premera.com). Scroll to the bottom of the page and select *Covered Drugs*, then the *E1/E4* drug list.

**Specialty medications:** All specialty medications must be filled via Premera's specialty pharmacy partner, Accredo: **800-689-6592**.

**Preventive medications:** Many preventive medications are free to you. To see the list, sign in to [premera.com](http://premera.com) > *Benefits & Coverage* > *Benefit Details* > *Benefit booklets* and download the *Prescription Preventive* PDF.

## Resources to help you stay well

If you enroll in a Premera medical plan, you have many resources to help you stay well.

### 24/7 nurseline

Get medical advice, day or night. Call **800-841-8343**.

### 98point6

Access on-demand primary care through your mobile device, for you and your covered dependents age 1 and older. Download the **98point6** app.

If you are in the HDHP medical plan, services are subject to the deductible and coinsurance. If you are in one of the PPO plans, there is no cost to you for primary care visits; mental health and chemical dependency visits are covered as office visits.

Additional costs, such as prescriptions and lab tests, are covered at your medical plan's regular level of benefits.

### Alcohol and opioid dependency help

Get virtual care for alcohol or opioid dependency:

- Boulder Care: Go to [boulder.care/getstarted](https://boulder.care/getstarted) or call **888-608-0836**
- Workit Health: Go to [workithealth.com/premera](https://workithealth.com/premera)

If you are in the HDHP medical plan, services are subject to the deductible and coinsurance. If you are in one of the PPO plans, you'll pay a copay for services.

### Catapult Health

Access next-generation preventive care. Order a free check-up kit, follow the instructions and receive a comprehensive health report and virtual consultation with a nurse practitioner. Go to [virtualcheckup.com/saltchuk](https://virtualcheckup.com/saltchuk).

### Centers of Excellence

Premera plan members receive enhanced benefits at Designated Centers of Excellence for these services:

- Cardiac care
- Cancer
- Spine surgery
- Knee or hip replacement
- CAR-T and gene therapy
- Organ transplants
- Substance abuse treatment
- Bariatric surgery

Go to [premera.com/specialty-care](https://premera.com/specialty-care) or call **800-722-1471**.

### Doctor on Demand

Get immediate and convenient care, over the phone or online. Go to [doctorondemand.com/premera](https://doctorondemand.com/premera).

If you are in the HDHP medical plan, services are subject to the deductible and coinsurance. If you are in one of the PPO plans, there is no cost to you for primary care visits; mental health and chemical dependency visits are covered as office visits.

### Livongo diabetes support

Access free personalized coaching and digital tools to manage diabetes and hypertension, as well as a diabetes prevention program for those at risk.

Go to [join.livongo.com/premerawa/register](https://join.livongo.com/premerawa/register) or call **800-945-4355**. Use the registration code **PremeraWA**. You'll need your Premera member ID and group ID to register. You can find these on your medical ID card.

### Omada for Joint and Muscle Health

Connect to a licensed physical therapist for virtual physical therapy. Go to [omadahealth.com/premera](https://omadahealth.com/premera).

Your cost for services depends on the medical plan you're enrolled in (deductible, coinsurance and copays apply).

### Premera MyCare

Connect with virtual care providers, from primary care to physical therapy. Download the **Premera MyCare** app.

### Talkspace

Connect to a therapist or psychiatrist by video or secure text. Go to [talkspace.com/premera](https://talkspace.com/premera).

If you are in the HDHP medical plan, services are subject to the deductible and coinsurance. If you are in one of the PPO plans, you'll pay a copay for services.

# DENTAL

Tropical Shipping offers two dental plans through Delta Dental of Washington. Both plans cover the same services and are part of the same network.

Whenever you need dental care, you have a choice of providers:

- **Delta Dental PPO dentist:** Highest coverage, most discounted – you pay the least.
- **Delta Dental Premier dentist:** Like seeing a PPO dentist, but with slightly lower coverage – you pay a bit more of the cost.
- **Out-of-network dentists:** Same coverage as a Premier dentist but without cost protection. If charges are higher than the maximum allowed, you’re responsible for the additional cost.

The table below compares the plans and shows what you’ll pay for services under each.

Dental plan highlights	Base Plan	Buy-up Plan
Calendar year maximum benefit (per person)	\$1,500	\$2,000
Calendar year deductible		\$0
Preventive care (up to 2 exams per year, does not count against the plan’s calendar year maximum)		\$0
Restorative services (fillings, root canal, periodontics and oral surgery)		Delta Dental PPO dentist: 10% Delta Dental Premier or Out-of-network: 20%
Major services (dentures, implants, bridges, crowns and anesthesia)		Delta Dental PPO dentist: 40% Delta Dental Premier or Out-of-network: 50%
Orthodontia for children and adults		Covered in full up to a \$1,500 lifetime maximum benefit

## Finding a Delta Dental dentist

Search for Delta Dental dentists at [deltadentalwa.com](http://deltadentalwa.com). Go to *Online Tools > Find a Dentist* and select either the *Delta Dental PPO* or *Delta Dental Premier* network from the drop-down menu. You can also call **800-554-1907** for assistance.



# VISION

Tropical Shipping offers vision coverage through VSP. You can see any provider you'd like, but you pay less when you receive coverage from a VSP provider. The table below shows what you pay for vision services.

## No ID card required

At your appointment, tell your provider you have VSP and provide the employee's Social Security number. ID cards are not required.

Vision plan highlights		
	VSP providers	Other providers
Basic examination <i>Once every calendar year</i>	\$10 copay	Reimbursed up to \$50 after a \$10 copay
Hardware <i>Excluding elective contact lenses</i>	\$25 copay	
Lens allowance every calendar year		
• Single vision	Covered in full	Reimbursed up to \$50 per pair
• Lined bifocals	Covered in full	Reimbursed up to \$75 per pair
• Lined trifocals	Covered in full	Reimbursed up to \$100 per pair
Contact lens fitting and evaluation <i>Once every calendar year</i>	15% discount, then no greater than \$60 copay	Reimbursement included in contact lens allowance
Contact lens allowance (in lieu of glasses) <i>Once every calendar year</i>	Covered in full (up to \$130)	Reimbursed up to \$105
Frame allowance <i>Once every two calendar years</i>	Covered in full, up to: <ul style="list-style-type: none"> <li>\$130 for a wide selection of frames</li> <li>\$150 for featured frame brands</li> <li>\$70 for Costco/Walmart/Sam's Club frames</li> </ul> 20% discount for any amount over the maximum	Reimbursed up to \$70

## Discounts

- Get up to 40% off non-covered lens options when you use a VSP network provider.
- Lasik – get up to 15% off on laser correction. Go to [vsp.com](http://vsp.com) to register and learn more.

## Finding a VSP provider

Search for VSP providers at [vsp.com](http://vsp.com), or call **800-877-7195**. You can set up an account at [vsp.com](http://vsp.com) and search for providers and additional savings.

# CONTACTS

Benefit plan	Administrator	Group no.	Phone	Website or email
Benefit Advocates	Gallagher		833-535-9274	<a href="mailto:bac.tropicalshipping@ajg.com">bac.tropicalshipping@ajg.com</a>
Medical	Premera Blue Cross	4002978	Customer Service: 800-722-1471	<a href="http://premera.com">premera.com</a>
			Blue Card: 800-810-2583	<a href="http://bcbs.com">bcbs.com</a>
			Nurseline: 800-841-8343	
			Designated Centers of Excellence: 844-722-1471	<a href="http://premera.com/specialty-care">premera.com/specialty-care</a>
			Pharmacy/mail order: 800-391-9701	
			Boulder Care: 888-608-0836	<a href="http://boulder.care/getstarted">boulder.care/getstarted</a> <a href="http://workithealth.com/premera">workithealth.com/premera</a>
			Workit Health: n/a	
			Doctor on Demand	<a href="http://doctorondemand.com/premera">doctorondemand.com/premera</a>
Livongo: 800-945-4355	<a href="http://join.livongo.com/premerawa/register">join.livongo.com/premerawa/register</a>			
Omada	<a href="http://omadahealth.com/premera">omadahealth.com/premera</a>			
98point6	<a href="http://98point6.com/premera">98point6.com/premera</a>			
Talkspace	<a href="http://talkspace.com/premera">talkspace.com/premera</a>			
Dental	Delta Dental of Washington	00036	800-554-1907	<a href="http://deltadentalwa.com">deltadentalwa.com</a>
Vision	VSP	30006353	800-877-7195	<a href="http://vsp.com">vsp.com</a>
EAP	SupportLinc		888-881-5462	<a href="http://supportlinc.com">supportlinc.com</a> Username: <b>tropical</b>



# NOTICES

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## Summary of Benefits and Coverage

The Summary of Benefits and Coverage, or SBC, is available for each of your medical plans on the [Tropical SharePoint \(ourtropical.com\)](https://ourtropical.com) under Human Resources Library. SBCs provide a different format than provided in this guide as to what your medical plans cover and what it will cost you for different medical services, plus other information about the plans, including coverage examples. You can view the SBCs on the [Tropical SharePoint \(ourtropical.com\)](https://ourtropical.com) under Human Resources Library or contact your HR department to order a printed copy. You also have a right to view the Summary Plan Description for your benefit plans, which provides an easy-to-understand overview of how the plans work.

## Notices

As a plan participant, you have rights to know the plan rules, financial information and documents that govern and report out on the operation and management of the plan. Available to you on the [Tropical SharePoint \(ourtropical.com\)](https://ourtropical.com) under Human Resources Library are:

- Medicaid and the Children's Health Insurance Program (CHIP) Notice
- Medicare Part D Creditable Coverage Notice
- Notice of Rights Under the Health Insurance Portability and Accountability Act (HIPAA)
- Wellness Program Notice
- Women's Health and Cancer Rights Act Notice

You have the right to receive a paper copy of these notices by contacting your HR department.

## Non-Discrimination Notice

Section 1557 is the non-discrimination provision of the Affordable Care Act. The law prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs or activities. The Non-Discrimination Notice is available on the [Tropical SharePoint \(ourtropical.com\)](https://ourtropical.com) under Human Resources Library or by contacting your HR department.

This overview has been prepared to briefly highlight key features of your plan and is not to replace your insurance contract or booklet. We have compiled information into summary form to answer common questions. Please refer to the insurance carriers' contracts and booklets for more detailed information and plan limitations. Actual claims paid are subject to the terms and conditions of the individual carriers' contracts.

