POLITICAL SUBDIVISION HEALTH PLAN
BENEFIT SUMMARY
PLAN IV

This is a summary of coverage's provided by the selected plan.
Please refer to the Insurance Information Booklet for State of Alaska Political Subdivisions and the addendum summary changes

Medical Benefits

In Network Deductibles (applies to Medical and Rx)

Calendar Year Individual ..... $1,500 per person
Calendar Year Family ..... $3,000 per family

Out of Network Deductibles (applies to Hospital Expenses)

Calendar Year Individual ..... $2,000 per person
Calendar Year Family ..... $4,000 per family

In –Network Coinsurance (Out of Network Hospital Expenses covered at 60% of covered expenses)

Most Medical Expenses ..... 80% of covered expenses
Second Surgical Opinions ..... 80% of covered expenses
Preoperative Testing ..... 80% of covered expenses
Outpatient Testing ..... 80% of covered expenses
Hospital Expenses ..... 80% of covered expenses
Chemical Dependency Treatment ..... 80% of covered expenses
Mental or Nervous Disorders ..... 50% of covered expenses

Out-of-Pocket Limit (includes deductible noted above)

After the deductible, the plan will pay the 80% in-network coinsurance shown above and the member is responsible for 20%. When an individual's 20% coinsurance, together with the deductible, reach the $2,500 Out of Pocket limit, the plan will pay 100% of most covered medical expenses for that person for the remainder of the calendar year. Expenses paid at a coinsurance different than 80% are not credited to this limit.

Note: The Out of Pocket limit when an individual is seeking out of network hospital care is $3,000 per Individual/ $7,000 for Family.

Preventive Care Benefits and Maximums	
Routine Adult Physical Exams/ Immunizations	Covered 100%; deductible waived, $500 maximum.
1 exam per 12 months for members age 18 to age 65; 1 exam per 12 months for adults age 65 and older.	
Routine Well Child Exams/Immunizations	Covered 100%; deductible waived, $500 maximum.
7 exams in the first 12 months of life, 2 exams in the 13th-24th months of life; 1 exam per 12 months thereafter to age 18.	
Routine Gynecological Care Exams Included Pap smear and related lab fees	Covered 100%; deductible waived, $500 maximum.
Routine Mammograms For covered females age 40 and over.	Covered 100%; deductible waived, $500 maximum.
Routine Digital Rectal Exam / Prostate-specific Antigen Test For covered males age 40 and over	Covered 100%; deductible waived, $500 maximum.
Colorectal Cancer Screening For all members age 50 and over.	Covered 100%; deductible waived, $500 maximum.

Benefit Maximums—Individual

Chemical Dependency Treatment

- Inpatient Calendar year ..... 30 days
- Outpatient Calendar year ..... 20 visits

Mental and Nervous Disorders

- Inpatient Calendar Year ..... 30 days
- Outpatient Calendar Year ..... 30 visits

Prescription Drugs

The member is responsible for the following copay after the deductible is met:

Retail Pharmacy:

- Generic Drugs:……..$10 copay
- Formulary Brand Name Drugs:……..$20 copay
- Non-Formulary Brand Name Drug:…….$35 copay

Mail Order Drugs up to a 90 day supply

- Generic Drugs:……..$20 copay
- Formulary Brand Name Drugs:……..$40 copay
- Non-Formulary Brand Name Drug:…….$60 copay

Dental Benefits

Deductible

- Individual Calendar Year (Class II and III combined) $50

Coinsurance

- Class I (preventive) services 80%
- Class II (restorative) services 80%
- Class III (prosthetic) services 50%

Benefit Maximum

- Individual Calendar Year $1,500

Vision Benefits

Coinsurance

- Examinations 80%
- Lenses 80%
- Frames 80%

Benefit Maximums

- Examinations ..... 1 per calendar year
- Lenses ..... 2 per calendar year
- Frames ..... 1 set every 2 calendar years

Audio Benefits

Coinsurance

- All Covered Services 80%

Benefit Maximum

- Individual/3 consecutive calendar years $800