POLITICAL SUBDIVISION HEALTH PLAN
BENEFIT SUMMARY
PLAN III

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.

Medical Benefits

Deductibles

Calendar Year Individual .... $500 per person
Physician Office Visit .... $10 per visit

Coinsurance

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

After the deductible, the plan will pay the 80% coinsurance shown above until paid claims for an individual reach $10,000, or, in other words, until out-of-pocket expenses for covered claims reach $2,000 (not including the deductible). After paid claims reach $10,000, 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.

Benefit Maximums—Individual

Chemical Dependency Treatment
Two consecutive calendar years $12,475
Lifetime $24,950
Subject to change every 3 years

Mental and Nervous Disorders
Inpatient Calendar Year .... 21 days
Outpatient Calendar Year .... 25 visits

Prescription Drugs

The Plan pays normal plan benefits for a brand name drug after deductible. Generic drugs are covered at 100% after deductible.

Generic Drugs: You pay $10.00 up to a 90 day supply.
Brand Name Drugs: You pay $30.00 up to a 90 day supply.

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