

**POLITICAL SUBDIVISION HEALTH PLAN
BENEFIT SUMMARY
PLAN II**

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.....	\$100 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 \$4,900, or, in other words, until out-of-pocket expenses for covered claims reach \$980 (not including the deductible). After paid claims reach \$4,900, 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
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Coinsurance

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

Benefit Maximum

Individual Calendar Year.....	\$1,500
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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%
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Benefit Maximum

Individual/3 consecutive calendar years.....	\$800
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