

University of Alaska : High Deductible plan on the Yukon Network

Coverage for: Individual or Family | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-318-2596. (TTY: 711) or visit us at [www.premiera.com](http://www.premiera.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-318-2596. (TTY: 711) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	Plan year aggregate <u>deductible</u> . \$1,600 Individual / \$3,200 Family.	Generally, you must pay all of the costs from providers up to the out-of-pocket maximum.

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
<p>If you need help recovering or have other special health needs</p>	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Limited to 130 visits per plan year.
	Rehabilitation services	40% <u>coinsurance</u>	40% <u>coinsurance</u>	

[Excluded Services](#) & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
Cosmetic surgery	Infertility treatment	Routine eye care (Adult)
Dental care (Adult)	Long-term care	
	Private-duty nursing	

  

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
Acupuncture	Foot care	Non-emergency care when traveling outside the U.S.
Bariatric surgery	Hearing aids	Weight loss programs
Chiropractic care or other spinal manipulations		

[Your Rights to Continue Coverage](#): There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: for ERISA plans, contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-



## Discrimination is Against the Law

Demosa Plus Cross-Plus Shield of Alaska (Demosa) complies with applicable Federal civil rights laws and does not discriminate on the

