

**ALASKA POLITICAL SUBDIVISIONS**  
**Medical Plan Comparison Chart**  
**Effective July 1, 2016**

**Eligibility:** Full-Time Permanent Employees (30+ hours) on 31st day of pay; Elected Officials effective date when sworn into office; Part-Time Permanent Employees (15-30 hours) must pay half of premium.

**Eligible Dependents:** Spouse or Domestic Partner and Children to age 26; Newborns automatically covered first 60 days (legislative).

Plan Provision	Plan I Premium	Plan II Standard	Plan III Economy	Plan IV HDHP
<b>Calendar Year Deductible</b>	\$250/\$750	\$500/\$1,500	\$750/\$2,250	\$2,000 Individual Plan \$4,000 Family Plan
<b>Out-of-Network Hospital Admission Deductible (Additional)</b>	\$500 per admission	\$500 per admission	\$500 per admission	\$500 Individual Plan
<b>Deductible Carryover</b>	Does Not Apply			
<b>Coinsurance - In-network</b>	90%	80%	80%	80%
<b>Coinsurance - Out of network</b>	70%	60%	60%	60%
<b>Emergency Room</b>	90%	80%	80%	80%
	50% for non emergency use	50% for non emergency use	50% for non emergency use	50% for non-emergency use
<b>In-Network Out of Pocket Limit</b>	\$750 (Includes deductible)	\$1,500 (Includes deductible)	\$2,750 (Includes deductible)	\$3000 Individual Plan \$6000 Family Plan
<b>IN-Network Out of Pocket Limit (Family)</b>	\$2,250	\$4,500	\$8,250	N/A
<b>Out-Network Out of Pocket Limit - Additional</b>	N/A	N/A	N/A	\$1000 Individual Plan \$2,000 Family Plan
<b>Prescription Drugs - Retail (rider)</b>				
<i>Medications obtained from a non-network pharmacy on or after July 1, 2010, are reimbursable at 80% after the separate pharmacy deductible (Plans I, II and III). For Plan IV, combined medical and pharmacy deductible must be met before reimbursement applies.</i>	1) Generics - 0% 2) Brand Formulary - 20%* 3) Brand Non-Formulary 30% * * Minimum and Maximum copays apply	1) Generics - 0% 2) Brand Formulary - 20%* 3) Brand Non-Formulary 30% * * Minimum and Maximum copays apply	1) Generics - 0% 2) Brand Formulary - 20%* 3) Brand Non-Formulary 30% * * Minimum and Maximum copays apply	After deductible, the following copayments apply: 1) Generics -- \$10 2) Brand Formulary - \$20 3) Brand Non-Formulary - \$35
<b>Mail Order Pharmacy</b>	Generics - \$10 copay Brands - \$30 copay	Generics - \$10 copay Brands - \$30 copay	Generics - \$10 copay Brands - \$30 copay	After deductible, the following copayments apply: 1) Generics -- \$20 2) Brand Formulary - \$40 3) Brand Non-Formulary - \$60
<b>Pharmacy Out of Pocket Max</b>	\$1,000 Individual \$3,000 Family	\$1,000 Individual \$3,000 Family	\$1,000 Individual \$3,000 Family	N/A
<b>Preventive Care including cancer screening (Paps, PSA, Mammograms and Colorectal Cancer Screenings)</b>	100% Coverage for adult/well child care  No Deductible	100% Coverage for adult/well child care  No Deductible	100% Coverage for adult/well child care  No Deductible	100% Coverage for adult/well child care  No Deductible
<b>Spinal Disorders</b>	Subject to Medical Necessity			25 visits
<b>Durable Medical Equipment</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Skilled Nursing - Convalescent Facility</b>	120 days per year	120 days per year	120 days per year	120 days per year
<b>Home Health Care</b>	Unlimited	Unlimited	Unlimited	60 Visits per year
<b>Private Duty Nursing</b>	Unlimited	Unlimited	Unlimited	70 8-hr shifts per year
<b>Hospice</b>	90% after deductible, no maximums	80% after deductible, no maximums	80% after deductible, no maximums	80% after deductible, no maximums
<b>Mental Health or Chemical Dependency Treatment -- Inpatient</b>	90% after deductible	80% after deductible	80% after deductible	80% after deductible
<b>Mental Health or Chemical Dependency Treatment -- Outpatient</b>	90% after deductible	80% after deductible	80% after deductible	80% after deductible