

ALASKA POLITICAL SUBDIVISIONS
Medical Plan Comparison Chart
Effective July 1, 2020

<p>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).</p>			
Plan Provision	Plan II Standard	Plan III Economy	Plan IV HDHP
Calendar Year Deductible	\$500/\$1,500	\$750/\$2,250	\$2,000 Individual Plan \$4,000 Family Plan
Out-of-Network Hospital Admission Deductible (Additional)	\$500 per admission	\$500 per admission	\$500 Individual Plan
Deductible Carryover			
Coinsurance - In-network	80%	80%	80%
Coinsurance - Out of network	60%	60%	60%
Emergency Room	80%	80%	80%
	50% for non emergency use	50% for non emergency use	50% for non-emergency use
In-Network Out of Pocket Limit	\$1,500 (Includes deductible)	\$2,750 (Includes deductible)	\$3000 Individual Plan \$6000 Family Plan
IN-Network Out of Pocket Limit (Family)	\$4,500	\$8,250	N/A
Out-Network Out of Pocket Limit - Additional	N/A	N/A	\$1000 Individual Plan \$2,000 Family Plan
Prescription Drugs - Retail (rider)			
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.	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
Mail Order Pharmacy	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
Pharmacy Out of Pocket Max	\$1,000 Individual \$3,000 Family	\$1,000 Individual \$3,000 Family	N/A
Preventive Care including cancer screening (Paps, PSA, Mammograms and Colorectal Cancer Screenings)	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
Spinal Disorders			25 visits
Durable Medical Equipment	Unlimited	Unlimited	Unlimited
Skilled Nursing - Convalescent Facility	120 days per year	120 days per year	120 days per year
Home Health Care	Unlimited	Unlimited	60 Visits per year
Private Duty Nursing	Unlimited	Unlimited	70 8-hr shifts per year
Hospice	80% after deductible, no maximums	80% after deductible, no maximums	80% after deductible, no maximums
Mental Health or Chemical Dependency Treatment -- Inpatient	80% after deductible	80% after deductible	80% after deductible
Mental Health or Chemical Dependency Treatment -- Outpatient	80% after deductible	80% after deductible	80% after deductible