University of Alaska : Basic Health Plan

Coverage for: Individual or Family | Plan Type: PPO/High-Deductible

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 1-800-508-4722 (TTY: 1-800-842-5357) or visit us at www.premera.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 1-800-508-4722 (TTY: 1-800-842-5357) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?		

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	

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If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	Limited to 130 visits per plan year.
	Rehabilitation services	20% coinsurance	40% coinsurance	Limited to 45 outpatient professional visits per plan year. Massage therapy limited 26 outpatient visits per plan year. Includes physical therapy, speech therapy, and occupational therapy. Prior authorization is recommended for certain inpatient services. Penalty for non-contract provider: no penalty.
	Habilitation services	20% coinsurance	40% coinsurance	Limited to 45 outpatient professional visits per plan year. Massage therapy limited 26 outpatient visits per plan year. Includes physical therapy, speech therapy, and occupational therapy. Prior authorization is recommended for certain inpatient services. Penalty for non-contract provider: no penalty.
	Skilled nursing care	20% coinsurance	40% coinsurance	Limited to 100 days per plan year. Prior authorization is recommended for certain inpatient services. Penalty for non-contract provider: no penalty.
	Durable medical equipment	20% coinsurance	40% coinsurance	Foot orthotics (non-diabetic) limited to $350 per plan year, Hair Prosthesis (Wigs) limited to $350 per plan year. Prior authorization is recommended for purchase of some durable medical equipment. Penalty for non-contract provider: no penalty.
	Hospice services	20% coinsurance	40% coinsurance	Limited to 240 respite hours, limited to 10 inpatient days - 6 month overall lifetime benefit limit, except when approved otherwise.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge	No charge	Deductible is waived for preventive dental check-up. Routine exams limited to 2 per

Excluded Services & Other Covered Services:

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

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

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 Benefit's Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For governmental plans, contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. For church plans and all other plans, call 1-800-562-6900 for the state insurance department, or the insurer at 1-800-722-1471 or TTY 1-800-842-5357. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: your plan at 1-800-722-1471 or TTY 1-800-842-5357, or the state insurance department at 1-800-562-6900, or Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-508-4722.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-508-4722.
Chinese ( ): 1-800-508-4722.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-508-4722.

Discrimination is Against the Law