

# MEDICAL BENEFITS



Medical benefits are provided through Premera Blue Cross Blue Shield of Alaska. Choose the plan that works best for your lifestyle. Consider the physician networks, premiums and out-of-pocket costs for each plan. Keep in mind your choice is effective for the entire FY24 Plan Year, unless you have a qualifying life event.

## Medical Plan Summary

This chart summarizes the 2023-2024 medical coverage provided by Premera Blue Cross Blue Shield. All covered services are subject to medical necessity as determined by the plan. Please be aware that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	PREMIUM PLAN		BASIC PLAN		HDHP W HSA	
<b>BIWEEKLY CONTRIBUTIONS</b>						
EMPLOYEE ONLY	\$135.97		\$89.58		\$75.58	
EMPLOYEE + SPOUSE	\$290.05		\$188.08		\$157.16	
EMPLOYEE + CHILD(REN)	\$197.55		\$121.35		\$98.16	
EMPLOYEE + FAMILY	\$361.47		\$225.08		\$182.24	
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>ANNUAL DEDUCTIBLE</b>						
INDIVIDUAL	\$750		\$1,250		\$1,500	
FAMILY	\$2,250		\$3,000		\$3,000	
COINSURANCE (PLAN PAYS)	80%*	60%*	80%*	60%*	80%*	60%*
<b>ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)</b>						
INDIVIDUAL	\$4,250	N/A	\$5,000	N/A	\$5,000	N/A
FAMILY	\$9,250	N/A	\$11,000	N/A	\$6,850	N/A
<b>COPAYS/COINSURANCE - % OF COINSURANCE PAID BY THE MEMBER</b>						
PREVENTIVE CARE	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
PRIMARY CARE	20%*	40%*	20%*	40%*	20%*	40%*
SPECIALIST SERVICES	20%*	40%*	20%*	40%*	20%*	40%*
TELEMEDICINE	20%*	40%*	20%*	40%*	20%*	40%*
URGENT CARE	20%*	Hospital-based: 20%* / Freestanding Center: 40%*	20%*	Hospital-based: 20%* / Freestanding Center: 40%*	20%*	Hospital-based: 20%* / Freestanding Center: 40%*
DIAGNOSTIC CARE	20%*	40%*	20%*	40%*	20%*	40%*
EMERGENCY ROOM	20%*	20%*	20%*	20%*	20%*	20%*

\*After Deductible

For the Premium and Basic Plans, the individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount. The same typically applies for the out-of-pocket maximum.

For the HDHP, each covered individual is not required to meet the individual deductible. The HDHP has an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan. The same typically applies for the out-of-pocket maximum.