



Alaska Gateway School District Employee Benefits

July 2021 to July 2022

Deductibles & out of pocket runs from January 1 – December 31

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gina bosnakis & associates
insurance brokers



BENEFITS SUMMARIES TABLE OF CONTENTS

Medical, Dental, RX Benefits Summary

| | |
|--|-----------------|
| Premera Blue Cross Blue Shield of Alaska | Group # 4022169 |
| www.premera.com | 1.800.508.4722 |
| Travel Benefit | 1.800.364.2994 |

Paid for employees and available to family members

| | |
|--|-----------------|
| VSP through The Principal | Group # 1143075 |
| www.vsp.com | 1.800.877.7195. |

The following benefits are at no cost to you and your family enrolled in Medical

| | |
|------------------|---|
| Doctor on Demand | www.doctorondemand |
| Work it Health | www.workithealth.com/premera/ |
| Boulder Care | 1.888.316.0451 |
| Talk Space | https://redemption.talkspace.com/redemption/premera |
| 24-HR Nurse Line | 1.800.841.8343 |

Life and Accidental Death/Dismemberment and Voluntary Insurance Summary

| | |
|--|---------------------------|
| UNUM | Group # 00210843/00210844 |
| www.askunum.com | 1.877.851.7637 |



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ALASKA GATEWAY
SCHOOL DISTRICT

PREMERA
MEDICAL

Rx

and

DENTAL

Highlights of your Health Care Coverage

Alaska Gateway School District

Effective Date: 07/01/2021

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

| MEDICAL PLAN | | PREMERA PREFERRED CHOICE - HP \$100/20%/\$1000/\$20/\$50 | |
|---|--|---|--|
| | HERITAGE IN-NETWORK | OUT-OF-NETWORK | |
| MEDICAL COST SHARE OPTIONS | | | |
| Individual Deductible PCY (Family embedded deductible 2X Individual) | \$100 PCY | \$200 PCY | |
| Coinsurance (Member's percentage of costs after deductible based on allowable charges) | 20% Preferred/40% Participating | Hospital and Professional; 60% | |
| Individual Out of Pocket Maximum PCY, includes deductible, coinsurance, copay and pharmacy if applicable (Family embedded OOP max 2X Individual) | \$1,000 PCY | \$45,000 PCY | |
| Office Visit Cost Share | \$20 Copay Non Specialist, applies to the Out of Pocket Maximum; \$50 Copay Specialist, applies to the Out of Pocket Maximum | Out of Network Deductible, then Hospital and Professional; 60% | |
| PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION | | | |
| Preventive Office Visit (Unlimited, subject to standard medical guidelines) | Covered in Full | Out of Network Deductible, then Hospital and Professional; 60% | |
| Immunizations (Unlimited, subject to standard medical guidelines) | Covered in Full | Out of Network Deductible, then Hospital and Professional; 60% | |
| Health Education (HE) (Unlimited) | Covered in Full | Covered In Full | |
| Diabetes Health Education (DE) (Unlimited) | Covered in Full | Covered In Full | |
| PROFESSIONAL CARE | | | |
| Professional Office Visit (Includes Telemedicine) | \$20 Copay Non Specialist, applies to the Out of Pocket Maximum; \$50 Copay Specialist, applies to the Out of Pocket Maximum | Out of Network Deductible, then Hospital and Professional; 60% | |
| VIRTUAL CARE SERVICES | | | |
| Telemedicine - General Medical (Virtual Care Only) | Covered in Full | Not Covered | |
| Telemedicine - Mental Health (Virtual Care Only) | Subject to Mental Health Outpatient Professional Care In-Network Cost Share | Not Covered | |
| Telemedicine - Chemical Dependency (Virtual Care Only) | Subject to Chemical Dependency Outpatient Office Visit | Not Covered | |
| DIAGNOSTIC SERVICE OPTIONS | | | |
| Preventive Professional Diagnostic Imaging and Laboratory Services - Including Mammogram and PAP/PSA | Covered in Full | Out of Network Deductible, then Hospital and Professional; 60% | |

| MEDICAL PLAN | | PREMERA PREFERRED CHOICE - HP \$100/20%/\$1000/\$20/\$50 | |
|---|--|--|--|
| | HERITAGE IN-NETWORK | OUT-OF-NETWORK | |
| Other Professional Diagnostic Imaging | In Network Deductible, then 20% Preferred/40% Participating | Out of Network Deductible, then Hospital and Professional; 60% | |
| Other Professional Diagnostic Laboratory/Pathology | In Network Deductible, then 20% Preferred/40% Participating | Out of Network Deductible, then Hospital and Professional; 60% | |
| Diagnostic Mammography | In Network Deductible, then 20% Preferred/40% Participating | Out of Network Deductible, then Hospital and Professional; 60% | |
| FACILITY CARE OPTIONS | | | |
| Inpatient Facility | In Network Deductible, then 20% Preferred/40% Participating | Out of Network Deductible, then Hospital and Professional; 60% | |
| Inpatient Professional Services | In Network Deductible, then 20% Preferred/40% Participating | Out of Network Deductible, then Hospital and Professional; 60% | |
| Outpatient Surgery Facility | In Network Deductible, then 20% Preferred/40% Participating | Out of Network Deductible, then Hospital and Professional; 60% | |
| Skilled Nursing Facility (60 days PCY) | In Network Deductible, then 20% Preferred/40% Participating | Out of Network Deductible, then Hospital and Professional; 60% | |
| HOSPICE & HOME HEALTH CARE | | | |
| Hospice Inpatient Facility (10 days Inpatient; within the 6 month lifetime maximum) | In Network Deductible, then 20% Preferred/40% Participating | Out of Network Deductible, then Hospital and Professional; 60% | |
| Hospice Care (Home Health and Respite) (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum) | In Network Deductible, then 20% Preferred/40% Participating | Out of Network Deductible, then Hospital and Professional; 60% | |
| Home Health Visits (130 visits PCY) | In Network Deductible, then 20% Preferred/40% Participating | Out of Network Deductible, then Hospital and Professional; 60% | |
| MATERNITY & REPRODUCTIVE CARE | | | |
| Contraceptive Management Services (Unlimited) | Covered in Full | Out of Network Deductible, then Hospital and Professional; 60% | |
| Sterilization - Female (Unlimited) | in network Covered in Full | Out of Network Deductible, then Hospital and Professional; 60% | |
| Sterilization - Male (Unlimited) | for all In Network Deductible, then 20% Preferred/40% Participating | Out of Network Deductible, then Hospital and Professional; 60% | |
| PREMERA DESIGNATED CENTERS OF EXCELLENCE | | | |
| Centers of Excellence Packaged Services (Eligible Services Include: Total Joint Replacement (Knee & Hip Replacement), Spine & Gynecology) | Covered in Full | Covered as any other service | |
| Travel and Care Coordination (See Elective Procedure Travel) | See Elective Procedure Travel | See Elective Procedure Travel | |
| ALASKA MEDICAL TRANSPORTATION BENEFITS | | | |
| Medical Access Transportation (High Option 3 round trips PCY for patient (includes 3 round trips PCY for parent or guardian if pt. under 19 yrs of age)) | In Network Deductible, then 20% Preferred | In Network Deductible, then 20% Preferred | |

| MEDICAL PLAN | | PREMERA PREFERRED CHOICE - HP \$100/20%/\$1000/\$20/\$50 | |
|--|------------------------------------|--|---|
| | | HERITAGE IN-NETWORK | OUT-OF-NETWORK |
| Elective Procedure Travel (Prior Approval Required: Member & Medically Necessary Companion - Air: 1 round-trip per episode; Surface Transportation & Parking: \$35/day; Ferry Transportation \$50 per person each way; Lodging \$50/day per person) | | Travel: Covered In Full; Medical Procedures: covered as any other service | Travel: Covered In Full; Medical Procedures: covered as any other service |
| EMERGENCY CARE | | | |
| Emergency Care (If applicable, waive copay if admitted to inpatient facility) | | \$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred | \$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred |
| Emergency Room Physician | | In Network Deductible, then 20% Preferred | In Network Deductible, then 20% Preferred |
| Urgent Care Center | | \$40 Copay, applies to the Out of Pocket Maximum | Out of Network Deductible, then Hospital and Professional; 60% |
| Ambulance Transportation (Unlimited) | | \$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred | \$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred |
| Non-Emergent Ground Ambulance (Unlimited) | | \$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred | \$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred |
| Air Ambulance (Unlimited) | Guardian Air paid as billed | \$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred | \$100 Copay applies to the Out of Pocket Maximum, then In Network Deductible, 20% Preferred |
| Non-Emergent Air Ambulance (Unlimited) | | \$100 Copay, applies to the Out of Pocket Maximum; then In Network Deductible, 20% Preferred/40% Participating | Out of Network Deductible, then 60% |
| ALTERNATIVE CARE | | | |
| Acupuncture (12 visits PCY) | | \$20 Copay Non Specialist, applies to the Out of Pocket Maximum | Out of Network Deductible, then Hospital and Professional; 60% |
| Manipulations (Spinal and other) (12 visits PCY) | | \$20 Copay Non Specialist, applies to the Out of Pocket Maximum | Out of Network Deductible, then Hospital and Professional; 60% |
| CHEMICAL DEPENDENCY & MENTAL HEALTH | | | |
| Chemical Dependency Inpatient Facility Care (Unlimited) | | In Network Deductible, then 20% Preferred | Out of Network Deductible, then Hospital and Professional; 60% |
| Chemical Dependency Outpatient Professional Care (Unlimited) | | \$20 Copay Non Specialist, applies to the Out of Pocket Maximum | Out of Network Deductible, then Hospital and Professional; 60% |
| Mental Health Inpatient Facility Care (Unlimited) | | In Network Deductible, then 20% Preferred | Out of Network Deductible, then Hospital and Professional; 60% |
| Mental Health Outpatient Professional Care (Unlimited) | | \$20 Copay Non Specialist, applies to the Out of Pocket Maximum | Out of Network Deductible, then Hospital and Professional; 60% |
| REHABILITATION & NEURO | | | |

| MEDICAL PLAN | | | PREMERA PREFERRED CHOICE - HP \$100/20%/\$1000/\$20/\$50 | | |
|---|--|--|---|-----------------------|--|
| | | | HERITAGE IN-NETWORK | OUT-OF-NETWORK | |
| Rehab Inpatient Facility (30 days PCY) | | | In Network Deductible, then 20% Preferred/40% Participating | | Out of Network Deductible, then Hospital and Professional; 60% |
| Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab.; and Chronic Pain (45 visits PCY) | | | \$50 Copay Specialist, applies to the Out of Pocket Maximum | | Out of Network Deductible, then Hospital and Professional; 60% |
| OTHER SERVICES | | | | | |
| Allergy/Therapeutic Injections | | | In Network Deductible, then 20% Preferred/40% Participating | | Out of Network Deductible, then Hospital and Professional; 60% |
| Medical Supplies, Equipment, Prosthetics (MS: Unlimited, ME: Unlimited, Pro: Unlimited) | | | In Network Deductible, then 20% Preferred/40% Participating | | Out of Network Deductible, then Hospital and Professional; 60% |
| Transplants (Unlimited; \$75,000 donor and \$7,500 travel and lodging limits) | | | Covered as any other service | | Not Covered |
| SUPPLEMENTAL BENEFITS | | | | | |
| Routine Vision Exam (1 PCY; \$350 PCY, shared with Vision Hardware) | | | Waive In Network Deductible, then 10% | | Waive In Network Deductible, then 10% |
| Vision Hardware (1 set of frames every 2 consecutive years, \$90 max; 1 pair of lenses PCY; contacts \$170 PCY max; Vision Exam/Test and Hardware \$350 PCY max) | | | Covered in Full | | Covered In Full |
| Pediatric Vision Exam (1 PCY Under age 19) If on plan | | | Subject to Office Visit Cost Share Non-Specialist | | Subject to Office Visit Cost Share Non-Specialist |
| Pediatric Vision Hardware (Under age 19: One pair of glasses PCY (frames & lenses). 12 month supply of contacts PCY, in lieu of glasses (frames & lenses).) | | | If on plan Covered in Full | | Covered in Full |
| Routine Hearing Exam (1 every 2 calendar years) If on plan | | | Waive In Network Deductible, then 20% | | Waive In Network Deductible, then 20% |
| Hearing Hardware (\$3,000 every 3 calendar years) If on plan | | | Waive In Network Deductible, then 20% | | Waive In Network Deductible, then 20% |
| ANNUAL PLAN MAXIMUM | | | | | |
| Annual Plan Maximum | | | Unlimited | | Unlimited |

Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.
Seasonal immunizations provided at a pharmacy will be covered in full up to maximum allowable amount.
Autism: Mental Health, Psychological & Neuropsychological Testing, Outpatient Professional & Facility Care covered as any other service.

Copays are not subject to the deductible unless otherwise noted.
Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.
PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross Blue Shield of Alaska. Members are responsible for amounts in excess of the allowable charge.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.

Highlights of your Health Care Coverage

Alaska Gateway School District

Effective Date: 07/01/2021

Below is a brief overview of your Pharmacy Benefits. For more information on your benefits, please refer to your benefit booklets. To find out what tiers apply to a specific medication, refer to our Preferred Drug List in your Pharmacy Packet or at www.premera.com

| PHARMACY PLAN | | PREMERA PREFERRED CHOICE - RX \$10/\$30/\$50 |
|---|---|---|
| PRESCRIPTION DRUGS | | |
| Drug List | Preferred B3 Tier 1 = generic Tier 2 = preferred brand Tier 3 = non-preferred brands | |
| Retail Cost Shares | \$10/\$30/\$50 | |
| Mail Cost Shares | \$25/\$75/\$125 | |
| Day Supply | Retail: 90 Days; Mail: 90 Days and 30 Days Specialty; Specialty: Not Applicable | |
| Individual Deductible PCY | \$0 | |
| Family Deductible PCY | No Family Deductible | |
| Out of Network (Non-participating retail pharmacies) | Same as in-network cost share | |
| Out of Pocket Maximum | Applies to the medical out of pocket maximum | |
| Annual Benefit Maximum | Unlimited | |
| Specialty Pharmacy | Mandatory - Exclusive | |

Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.
 Seasonal immunizations provided at a pharmacy will be covered in full up to maximum allowable amount.
 Autism: Mental Health, Psychological & Neuropsychological Testing, Outpatient Professional & Facility Care covered as any other service.

Copays are not subject to the deductible unless otherwise noted.
 Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.
 PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross Blue Shield of Alaska. Members are responsible for amounts in excess of the allowable charge.

PEHT COVERAGE

| | |
|---------------|-------------------------|
| Generic | 25% (\$10 min/\$25 max) |
| Formulary | 25% (\$20 min/\$40 max) |
| Non Formulary | 25% (\$45 min/\$85) |

SPECIALTY

| | |
|---------------|--------------|
| Value | 50% to \$100 |
| Formulary | 50% to \$400 |
| Non Formulary | 50% to \$600 |

Highlights of your Dental Coverage

Alaska Gateway School District

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

Effective Date: 07/01/2021

| DENTAL PLAN | | PREMERA PREFERRED CHOICE - DENTAL OPTIMA 2000 ENHANCED + ORTHO | |
|--|---|---|--|
| | IN-NETWORK | OUT-OF-NETWORK | |
| Dental Cost Share | | | |
| Individual Deductible | \$50 | Shared with In Network | |
| Family Deductible | \$150 | Shared with In Network | |
| Preventive Cost Share | Covered in Full | Covered In Full | |
| Basic Cost Share | Deductible, then 20% | Deductible, then 20% | |
| Major Cost Share | Deductible, then 50% | Deductible, then 50% | |
| Dental Annual Maximum | \$2,000 PCY applies to basic and major services | Shared with In Network | |
| Benefit Enhancement Rider | | | |
| Benefit Enhancement Rider | Endodontics & Periodontal Treatment (In Basic) | Endodontics & Periodontal Treatment (In Basic) | |
| Office Visit | | | |
| Routine Comprehensive / Periodic Oral Exams (2 PCY) | Preventive Cost Share | Preventive Cost Share | |
| Limited Problem Focused (Emergency Exams) (2 PCY Shared with Non Routine Exam) | Preventive Cost Share | Preventive Cost Share | |
| Non Routine Exams (Non Emergency) (2 PCY Shared with Emergency Exam) | Preventive Cost Share | Preventive Cost Share | |
| Preventive Services | | | |
| Prophylaxis - Cleaning (2 PCY) | Preventive Cost Share | Preventive Cost Share | |
| Fluoride Treatments (2 PCY; under the age of 20) | Preventive Cost Share | Preventive Cost Share | |
| Sealants (Under age 20 limited to permanent first and second molars only. Replacements limited to once every 2 calendar years.) | Preventive Cost Share | Preventive Cost Share | |
| Space Maintainers (Members under age 20) | Preventive Cost Share | Preventive Cost Share | |
| Diagnostic Imaging | | | |
| Bitewings X-rays (Unlimited) | Preventive Cost Share | Preventive Cost Share | |
| Panoramic X-ray or comparable Conebeam view (1 complete series, 1 panoramic or 1 cone beam view in any 36 consecutive months) | Preventive Cost Share | Preventive Cost Share | |
| Restorative | | | |
| Fillings (1 per surface every 24 consecutive months) | Basic Cost Share | Basic Cost Share | |
| Installation of Inlays, Onlays and Crowns (1 every 5 years) | Major Cost Share | Major Cost Share | |
| Re-cement or Rebond Crowns/Inlay/Onlay (Unlimited) | Major Cost Share | Major Cost Share | |

| DENTAL PLAN | | |
|--|-------------------------------|-------------------------------|
| PREMERA PREFERRED CHOICE - DENTAL OPTIMA 2000 ENHANCED + ORTHO | | |
| | IN-NETWORK | OUT-OF-NETWORK |
| Installation of Inlays, Onlays and Crowns (1 every 5 years) | Major Cost Share | Major Cost Share |
| Re-cement or Rebond Crowns/Inlay/Onlay (Unlimited) | Major Cost Share | Major Cost Share |
| Repair Crown/Inlay/Onlay (Unlimited) | Major Cost Share | Major Cost Share |
| Endodontics | | |
| Endodontic Therapy - Root Canal (Once per tooth every 2 calendar years) | See Benefit Enhancement Rider | See Benefit Enhancement Rider |
| Endodontic Retreatment - Root Canal (Once per tooth every 2 calendar years) | See Benefit Enhancement Rider | See Benefit Enhancement Rider |
| Periodontics | | |
| Periodontal Maintenance (4 PCY) | Basic Cost Share | Basic Cost Share |
| Full Mouth Debridement (Once every 3 calendar years) | See Benefit Enhancement Rider | See Benefit Enhancement Rider |
| Periodontal Scaling and Root Planing (Once per quadrant every 2 calendar year) | See Benefit Enhancement Rider | See Benefit Enhancement Rider |
| Periodontal Surgery (Once per quadrant every 3 calendar years) | See Benefit Enhancement Rider | See Benefit Enhancement Rider |
| Prosthodontics (Dentures/Bridges) | | |
| Installation or Replacement of Dentures, Partials and Fixed Bridges (1 every 5 calendar years) | Major Cost Share | Major Cost Share |
| Repair or Re-cement Bridgework and Dentures (Unlimited) | Major Cost Share | Major Cost Share |
| Implant Services | | |
| Implant Crowns/Bridge/Denture (1 every 5 calendar years for surgical implants, implant abutments, and/or implant prosthetics) | Major Cost Share | Major Cost Share |
| Oral Surgery | | |
| Simple Extractions | Basic Cost Share | Basic Cost Share |
| Surgical Extractions (Unlimited) | Basic Cost Share | Basic Cost Share |
| Oral Surgery (Unlimited) | Basic Cost Share | Basic Cost Share |
| General Services | | |
| Anesthesia - Intravenous or General | Basic Cost Share | Basic Cost Share |
| Palliative (Emergency) Treatment of Dental Pain | Basic Cost Share | Basic Cost Share |
| Orthodontia | | |
| Orthodontia Cost Share | 100% up to Lifetime Max | 100% up to lifetime max |
| Lifetime Maximum Benefit | \$1,500 Lifetime | \$1,500 Lifetime |

Diagnostic and Preventive Care Services aren't subject to the calendar year deductible.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross Blue Shield of Alaska. Members are responsible for amounts in excess of the allowable charge.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service

Premera Designated Centers of Excellence

ALWAYS TRY FIRST

SHINING A LIGHT ON COST AND QUALITY IN SPECIALTY CARE

Truth is, not all medical specialists offer the same quality of care. And higher cost doesn't always equal higher quality. With Premera Designated Centers of Excellence, it's easy to identify specialty care facilities that deliver quality care at a fair cost.

Premera Blue Cross Blue Shield of Alaska members who reside in Alaska have exclusive benefits when they travel to Virginia Mason Medical Center in Seattle for select procedures:

- Total joint replacement (knee or hip)
- Spine surgery
- Gynecological procedures

Exclusive benefits

When you have an eligible specialty medical procedure at Virginia Mason, you'll have:

- **Lower out-of-pocket costs.** No copays. No coinsurance. Some plans even waive the deductible. Stress less about high medical bills and concentrate on getting well.
- **Travel benefits.** Getting the highest quality care is within reach with pre-paid roundtrip airfare for you and a travel companion, lodging at select hotels, and ground transportation between airport and hotel.¹
- **Personalized support services.** A team of care specialists can help you weigh your options and navigate the process—from travel arrangements to medical records transfers to appointment scheduling.

Easy pricing

Using innovative pricing called bundling, we cut the guesswork out of medical billing:

- Your health plan pays a set fee for your presurgical and postsurgical appointments, plus the surgery
- **You pay zero²**



An Independent Licensee of the Blue Cross Blue Shield Association

World-class care

Seattle's Virginia Mason Medical Center has been rated in the top one percent of healthcare facilities in the U.S. for three years in a row. Its network of specialty care medical centers and providers offer superior treatment results.³

These are just some of the reasons Virginia Mason was chosen as a Premera Designated Center of Excellence for total joint replacement, spine surgery, and gynecology.

Benefits

Coverage is provided for the following medical expenses.

| Covered | Not covered under this program |
|--|---|
| Presurgical consultations (office visit, laboratory work, x-ray) | Care that is necessary to become a surgical candidate |
| Hospitalization and surgery, including anesthesia | Physical therapy that's not provided during hospitalization |
| Postsurgical assessments | Medications prescribed at discharge |
| Postsurgical physical therapy (in-hospital) | Follow-up care other than the initial post-surgical checkup at Virginia Mason |

Coverage is provided for the following travel expenses.

| Covered | Not covered |
|--|--|
| Round-trip economy airfare for member and care companion (plus one checked bag per traveler) | First-class airline fees |
| Hotel accommodations | Lodging at non-commercial establishments |
| Parking fees (airport, hotel, hospital) | Meals, groceries, alcohol, or tobacco |
| Ground transportation between airport, hotel, and hospital | Hotel related expenses (such as phone, internet, movies, room service) |
| Flight, ferry, train, or bus fare (to get to originating airport in Alaska) | Sightseeing costs (including mileage and parking) |
| Private car mileage | Costs for pets, other than service animals |

Note: Travel costs are subject to IRS limits.

Get-started guide

Need care in one of the specialties covered by Premera Designated Centers of Excellence?
Want to explore if the benefit is right for you?

Here's how to get started:

1. Call a Premera representative at **800-364-2994** who can: **ALWAYS TRY FIRST**
 - Answer your benefit questions
 - Send you additional program information and required forms
2. Complete the required forms and activities and return them to Premera.
 - A personal health support clinician will supply the necessary forms and guide you through the process of getting them filled out and turned in

If you go ahead with getting care through your Premera Designated Centers of Excellence benefit, program experts at Premera will work with you to:

- Coordinate medical records transfer and communication with the specialist's office
- Assist in scheduling your care appointments
- Provide personalized information to guide you through your care journey
- Make any travel arrangements
- Provide you with a journey booklet and travel itinerary
- Get you set up for recovery back home

Then you'll be ready to get down to the business of feeling better.



1 Travel benefits apply when you travel more than 50 miles to the nearest participating facility. Travel expenses are subject to IRS limits.

2 Depending on your health plan you may need to meet your annual deductible before Premera Designated Centers of Excellence benefits apply. Additional fees may be incurred for services provided during the surgical journey that are not part of the bundled services and/or surgery-related readmission and services that occur after 90 days postsurgical discharge.

3 Healthgrades America's Best Hospitals 2019.

Elective Procedure Travel

Try 2nd but still ask if you can qualify for Virginia Mason plan for best deal

This benefit provides travel costs for members who reside in Alaska only for specified non-emergent medical procedures performed by in-network providers. **Please contact Customer Service** for a list of eligible procedures and providers. Before you travel you must get prior approval. Prior approval is based on the member's medical condition, and the provider who will be performing the services. Please contact Customer Service for assistance with the process. **After the plan deductible is met**, benefits are provided for:

- One roundtrip airfare by a licensed commercial carrier for the member **and one companion** per episode.
- Air transportation expenses for the member **and a companion** from the member's home in Alaska to and from the medical facility where services will be provided. Air travel expenses cover unrestricted, flexible and fully refundable round trip airfare from a licensed commercial carrier.
- Surface transportation, car rental, taxicab fares and parking fees, for the member and a companion between the hotel and the medical facility where services will be provided to IRS limits.
- Mileage expenses for the member's personal automobile are reimbursed at IRS limits.
- Ferry transportation expenses for the member and a companion from the member's home community, each way, reimbursed up to IRS limits.
- Lodging expenses at commercial establishments (hotels and motels) for the member and a companion are covered while traveling between home and the medical facility where services will be provided, reimbursed up to IRS limits.

If the member using the Medical Travel Support benefit is a child (up to age 19), one companion is automatically permitted, however a second companion will only be permitted if medically necessary.

Reimbursement rates are **based on IRS guidelines** for the date(s) the expenses were incurred. Reimbursement amounts are subject to change due to IRS regulations. Please refer to the IRS website, www.irs.gov, for additional information. Air travel and lodging arrangements can be made by you or by Premera's travel partner. Expenses must be incurred while the member is covered under the plan. Companion travel and lodging are only covered if they must, as a matter of medical necessity or safety, accompany the member.

The full price for these expenses must be **paid in advance, and a claim for reimbursement must be submitted.**

This benefit **does not cover**

- Reimbursement for travel **before contacting us and receiving prior approval.**
- Travel to providers outside the network
- International travel
- Airline charges and fees for booking changes
- Reimbursement for mileage rewards or frequent flier coupons
- Travel for ineligible medical procedures
- Lodging at any establishment that is not a hotel or motel
- Travel in a mobile home, RV, or travel trailer
- Meals
- Personal care items
- Pet care, except for service animals
- Phone service and long distance calls



How To File an Elective Procedure Travel Claim

To make a claim for travel expenses covered under this benefit, please complete a Medical Travel Support Claim Form.

A separate Medical Travel Support Claim Form is necessary for each patient and each carrier or transportation service used.

You must include a statement or letter from your doctor attesting to the medical necessity of extending your stay past the recommended travel duration guidelines.

First ask Premera if they will pre-arrange/pay. If not then You must also attach the following documents

- **The boarding pass and a copy of the ticket from the airline or other transportation carrier.** The tickets must indicate the names of the passenger(s), dates and total cost of travel, and the origination and final destination points; or
- **A copy of the detailed itinerary as issued by the airline,** transportation carrier, travel agency or online travel web site. The itinerary must identify the name of the passenger(s), the dates of travel and total cost of travel, and the origination and final destination points.
- **Receipts** for all covered travel expenses
- **A Utilization Management Authorization number** for travel to facilities not on the list

**Credit card statements or other payment receipts
are not acceptable
forms of documentation**



Elective Procedure Travel
 (previously Medical Travel Support)
Claim Form

What is Elective Procedure Travel?

With Elective Procedure Travel, you can be reimbursed for certain travel expenses when you travel outside Alaska for approved elective (non-emergency) surgeries.

| Covered | | Not covered |
|-----------------|---|---|
| Airplane | Mileage* | Airline charges and fees; International travel; Lodging at an establishment that is not a motel or hotel; Meals; Phone service and long distance calls; Personal care items; Pet care, except for service animals; Travel in a mobile home, RV, or travel trailer; Travel to, or service provided by, an out-of-network provider. |
| Ferry* | Ground transport between hotel and medical facility* | |
| Lodging* | Companion travel* | |

*Up to IRS limits

How to get reimbursed

Call Premera Customer Service prior to your travel. The number is on the back of your member ID card.

You must have pre-approval from Premera for your medical travel in order to be reimbursed.

- After you return from approved medical travel, complete this Travel Claim Form.
- Copy your **itemized travel documents that show proof of travel and payment**. Please include:
 - Airline boarding pass and detailed itinerary (with name, date, and cost/payment method)
 - Ground transportation ticket (with name, date, and cost/payment method)
 - Hotel bill (with name, date, and cost/payment method)

Documents must include:

- Name of the passenger
- Dates and total cost of travel
- Origination and final destination points

Reimbursement may be delayed if:

- All the above information is not included
- Travel documents are highlighted or modified

- Send completed claim form and itemized travel receipts to:
 Premera Blue Cross Blue Shield of Alaska
 P.O. Box 327
 Seattle, WA 98111

For quickest reimbursement, be sure to submit:

Completed, signed claim form

Copies of itemized travel receipts

| 1. PATIENT / MEMBER INFORMATION (see Premera ID card) | | | | |
|--|--------------------------------|---------------------------------------|----------------------------|---|
| Identification # (with prefix) | Group number | Patient name (first, middle, last) | Date of birth (MM/DD/YYYY) | |
| Address | | City | State | Zip |
| Home phone number | Work or alternate phone number | Subscriber name (first, middle, last) | | Relationship to patient <input type="checkbox"/> Self <input type="checkbox"/> Other: _____ |
| Does the patient have coverage from another health plan? <input type="checkbox"/> No, skip to section 2. <input type="checkbox"/> Yes. Please attach the Explanation of Benefits (EOB) statement from the primary plan with this claim and complete information below. | | | | |
| Name of other health plan | | ID/policy number | Phone number | |
| 2. SIGNATURE | | | | |
| Patient signature (or legal guardian if patient cannot legally consent to services) | | | Date (MM/DD/YYYY) | |

Compare medical prices

BE AN INFORMED SHOPPER

You likely do some research before shopping for a car or computer to get the best value for your money. In the same way, it's good to do some research before making a healthcare purchase.



Find Care is your go-to research tool to help you take control of your healthcare costs. Use it to compare prices of medical services from doctors and hospitals in your plan's network. Since you share in the costs of your healthcare, this kind of information can help you spend your money wisely.

It pays to be transparent

With your plan, you have access to an important online cost transparency tool that provides estimated treatment costs.

With the Estimate Treatment Costs tool, you can select from a list of common treatments or search for a procedure. You can see a list of in-network providers in your area who perform this procedure, plus estimated costs for each provider. You'll receive a range of prices—from lowest to highest—you can expect to pay based on your plan's coverage and the amount remaining to meet your deductible.

Healthcare coverage wherever you go

AT HOME, ACROSS THE COUNTRY, AND AROUND
THE WORLD—THE POWER OF BLUE IS WITH YOU.

Your medical benefits allow you to get care from a broad array of physicians and specialists without the need for referrals.

As a Premera member, you can see a network provider anywhere in the United States through the BlueCard® program. Our expansive national network is built on our strong relationships with providers, hospitals, and specialists.

With the Blue Cross Blue Shield Global Core program, you take your healthcare benefits with you when traveling or living abroad. You have access to medical assistance services, doctors, and hospitals in nearly 200 countries and territories around the world, at no extra cost to you.

An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization if necessary.



Using your preventive benefits

YOUR PREMIERA BLUE CROSS PLAN PAYS
IN-NETWORK PREVENTIVE SERVICES IN FULL **Unless there is a diagnostic**

You'll get the most value from these benefits by choosing a doctor in your plan's network. Getting timely preventive care is one way to detect potential health issues before they become serious and possibly expensive to treat.

So take advantage by following these simple steps:

- 1 Schedule your annual exam and vaccinations with your doctor right away!
- 2 When you make your appointment, be sure to tell the scheduler that you want a preventive exam.
- 3 Bring this flyer with you to show your doctor what's considered preventive and covered in full under your medical plan. Talk with your doctor about preventive services that are right for you.

Keep in mind

During your visit, your doctor may find a problem that needs more screening or tests to pinpoint the issue. Also, if you manage an ongoing health issue, your doctor may run further tests. Screenings and tests that diagnose or monitor your condition are not preventive services and are subject to your annual plan deductible and coinsurance. Recommended age and frequency of preventive services varies.

If you have any questions about your preventive coverage, call the customer service number on the back of your member ID card.

For more specific information about your coverage and guidelines, see the back of this brochure.

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BLUE CROSS

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ADULTS 18 AND OLDER

Services, screenings, and tests

- **Wellness exams** for ages 18 and older; visits for routine wellness or physical exams
- **Abdominal aortic aneurysm screening** for men (65 to 74) who have ever smoked; one-time screening
- **Alcoholism screening and counseling**
- **Unhealthy drug use screening** for ages 18 and older. Screening refers to asking questions about unhealthy drug use, not testing biological specimens.
- **Blood pressure screening**
- **Breast cancer screening:** screening mammography
- **Cholesterol test** for adults of specific ages or those at higher risk
- **Colorectal cancer screenings** starting at age 50 through age 75; sooner than age 50 for those at higher risk of colon cancer. Colorectal screening options include:
 - **Home tests:** Fecal occult blood (FOBT), fecal immunochemical (FIT) and stool DNA (Cologuard¹)
 - **Doctor's office:** Sigmoidoscopy
 - **Outpatient hospital, ambulatory surgical center:** Colonoscopy (If your doctor recommends a screening colonoscopy, costs for related services such as pre-colonoscopy consultation, anesthesia your doctor considers medically appropriate for you, removal of polyps, and pathology are included.)
- **Depression screening**
- **Diabetes (Type 2) screening**
- **Fall prevention** for ages 65 and older
- **Healthy eating assessment and dietary counseling**
- **Hepatitis B screening** for those at higher risk
- **Hepatitis C screening** for those at higher risk
- **HIV (human immunodeficiency virus) infection screening** for those at higher risk
- **HIV Preexposure Prophylaxis (PrEP) Therapy** (Certain HIV PrEP medication is covered at no cost when used as a preventive measure for those identified as high risk for HIV infection.²)
- **Latent tuberculosis infection screening** for those at higher risk
- **Lung cancer screening** for ages 50 to 80 who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Prior authorization may be required; please contact customer service

- **Nicotine dependency screening and counseling** for quitting smoking or chewing tobacco
- **Obesity screening and counseling for weight loss**
- **Prostate cancer screening;** prostate-specific antigen (PSA) blood test
- **Sexually transmitted infection (STI) counseling** for those at higher risk
- **Syphilis testing** for those at higher risk

Medications and supplements

- **Aspirin** for pregnant women who are at high risk for preeclampsia or those at risk due to heart conditions between the ages of 45 and 79; over-the-counter, aspirin-only products (75–325 mg). **Requires a written prescription.**
- **Birth control** for birth control devices and family planning; generic, single-source brand, and multi-source brand oral contraceptives (including emergency contraception), cervical caps, patches, diaphragms, IUDs (intrauterine device), contraceptive implants, injectable contraception, and over-the-counter birth control (for example, female condoms, sponges). **Requires a written prescription.** Please see benefit booklet for additional coverage detail.
- **Breast cancer preventive medications** for those at higher risk — raloxifene, Soltamox, tamoxifen, or aromatase inhibitors
- **Folic acid** for women who are pregnant or are considering pregnancy; over-the-counter (0.4–0.8 mg). **Requires a written prescription.**
- **Pre-colonoscopy cleansing preparations** for those between the ages of 50 and 75; generic or single-source brands. **Requires a written prescription.** Fill limit of 2 every 365 days. (Over-the-counter drugs are not covered as a preventive benefit.)
- **HIV Preexposure Prophylaxis (PrEP) drug coverage²** – emtricitabine-tenofovir, Truvada, Descovy
- **Statins** for prevention of cardiovascular diseases; generic low- to moderate-dose statins for males and females between ages of 40 and 75.
- **Tobacco cessation** over-the-counter, generic patches, lozenges, and gum; prescription only for bupropion (generic Zyban), Chantix, NRT (nicotine replacement therapy) nasal spray, or NRT inhaler. **Requires a written prescription.**

1 Cologuard services may be subject to additional out-of-pocket expense.

2 For additional coverage details, including the effective date of coverage for PrEP at no cost under your health plan, please call customer service at the number on the back of your ID card.

ADULTS 18 AND OLDER (CONTINUED)

Reproductive and women's health

- **Birth control, contraception, and family planning:** visits for birth control devices and family planning; generic, single-source brand, and multi-source brand oral contraceptives (including emergency contraception), cervical caps, patches, diaphragms, insertion or removal of IUD (intrauterine device), contraceptive implants, injectable contraception, and over-the-counter birth control (for example: female condoms, sponges). Requires a written prescription. Please see benefit booklet for additional coverage detail.
- **Bone density (osteoporosis) screening**
- **Breast and ovarian cancer (BRCA) genetic counseling and testing:** prior authorization for testing required; please contact customer service
- **Breast cancer (chemoprevention) counseling** for women at higher risk
- **Breast cancer preventive medications** for those at higher risk – raloxifene, Soltamox, tamoxifen, or aromatase inhibitors
- **Breast cancer screening:** screening mammography
- **Cervical cancer screening**
 - Ages 21 to 65: Cytology (pap test) every 3 years
 - Ages 30 to 65 who want to lengthen the screening interval, human papillomavirus (HPV) screening alone or in combination with cytology every 5 years
- **Chlamydia infection screening**
- **Domestic violence screening and counseling**
- **Gonorrhea screening** for those at higher risk
- **HPV (human papillomavirus) screening**
- **Perinatal/Postpartum depression:** Counseling interventions for those at higher risk
- **Sterilization** for women

Vaccinations

- **Chicken pox** (Varicella)
- **Ebola** (Ervebo)
- **Flu** (Influenza)
- **Hepatitis A**
- **Hepatitis B**
- **HPV** (Human papillomavirus)
- **Meningitis** (Meningococcal)

Please also see the [Medications and Supplements](#) section on previous page for covered drugs.



- **MMR** (Measles, mumps, rubella)
- **Pneumonia** (Pneumococcal)
- **Shingles** (Herpes zoster)
- **Td** (Diphtheria toxoids)
- **Tdap** (Tetanus, diphtheria, pertussis)

Pregnancy

- **Anemia screening**
- **Bacteriuria urinary tract infection screening**
- **Breast-feeding interventions** to support and promote breast-feeding before and after childbirth
- **Breast pumps** and supplies (single or double styles)
- **Folic acid** for women who are pregnant or are considering pregnancy; over the counter (0.4–0.8 mg). Requires a written prescription.
- **Gestational diabetes screening**
- **Hepatitis B infection screening**
- **Rh (antibody) incompatibility testing**
- **Syphilis screening**

CHILDREN AND TEENS

For children under age 18, routine exams, vaccinations, and screenings listed below are covered in full when received from a doctor within your plan's network.

Services, screenings, and tests

- **Well-baby exam** from birth to 3 years
- **Well-child exam** for ages 4 to 18
- **Anemia screening**
- **Annual alcohol and drug use screening**
- **Autism screening**
- **Behavioral issues**
- **Bilirubin screening** for newborns through the 28th day
- **BMI:** height, weight, and body mass
- **Cervical dysplasia** for sexually active females
- **Depression screening**
- **Developmental screening**
- **Hearing screening**
- **Hepatitis B screening** for those at higher risk
- **HIV (human immunodeficiency virus) screening** for those at risk
- **HIV Preexposure Prophylaxis (PrEP) Therapy** (Certain HIV PrEP medication is covered at no cost when used as a preventive measure for those identified as high risk for HIV infection.¹)
- **Hypothyroidism:** congenital; lack of thyroid secretions
- **Lead screening** for children at risk of exposure
- **Lipid disorders:** cholesterol and triglycerides
- **Metabolic screening for newborns (such as PKU);** phenylketonuria is an inherited metabolic deficiency
- **Obesity screening and counseling for weight loss**
- **Oral health risk assessment and fluoride varnish to primary teeth:** completed during routine physical exam
- **Sexually transmitted infection (STI) prevention counseling**

- **Sickle cell anemia and trait for newborns:** hemoglobinopathies
- **TB testing:** tuberculin
- **Vision screening**

Vaccinations

- **Chicken pox** (Varicella)
- **DTaP** (Diphtheria, tetanus, pertussis)
- **DTaP-IPV-Hib-HepB** (Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, hepatitis B)
- **Flu** (Influenza)
- **HiB** (Haemophilus influenzae type b)
- **Hepatitis A**
- **Hepatitis B**
- **HPV** (Human papillomavirus)
- **IPV** (Inactivated polio virus)
- **Meningitis** (Meningococcal)
- **MMR** (Measles, mumps, rubella)
- **Pneumonia** (Pneumococcal)
- **Rotavirus**
- **Tdap** (Tetanus, diphtheria, pertussis)

Medications and supplements

- **Fluoride** up to age 18. Generic only — 0.25 mg, 0.5 mg, 1 mg only; no combinations. **Requires a written prescription.**
- **Iron supplements** from birth to 12 months; over the counter, liquid form only
- **HIV Preexposure Prophylaxis (PrEP) drug coverage¹** — emtricitabine-tenofovir, Truvada, Descovy

These services are based on guidelines required under state or federal law. The guidelines are changed from time to time and come from:

- Services that the U.S. Preventive Services Task Force has given an A or B rating
- Vaccinations that the Centers for Disease Control and Prevention recommends
- Screening and other care for women, babies, children, and teens that the Health Resources and Services Administration recommends
- Services that meet legal requirements in Washington state

This is a summary only. For more specific information, go to this government website:

[healthcare.gov/coverage/preventive-care-benefits/](https://www.healthcare.gov/coverage/preventive-care-benefits/)

See our preventive care medical policy at [premera.com/medicalpolicies/10.01.523.pdf](https://www.premiera.com/medicalpolicies/10.01.523.pdf)

¹ For additional coverage details, including the effective date of coverage for PrEP at no cost under your health plan, please call customer service at the number on the back of your ID card.

2021 Virtual Care Benefits at a Glance

| | Providers | Benefit Category | Cost Share |
|---------------------------------------|---|--|---|
| Primary/Urgent Care and Mental Health | NurseLine myCare Alaska Doctor on Demand Talkspace | Telemedicine General Medical Virtual care only | \$0 Copay or Deductible Coinsurance |
| | | Telemedicine Mental Health Virtual care only | Mental Health outpatient OV cost shares |
| Substance Use Disorder | Boulder Care | Telemedicine Chemical Dependency Virtual care only | Chem Dep outpatient OV cost shares |
| | Workit | | |

Brick and Mortar (traditional provider) Telemedicine embedded in all plans following professional OV cost shares.

Virtual Care Providers

myCare Alaska

provided by Premera

24/7 Text based access to an ER Physician

- May use text, video, or phone for consultation

If a prescription is given = telehealth visit & cost shares will apply

You will not pay at time of service.

Cost:

PPO Plan: \$0 Co-pay
HSA Plan: Deductible/Coinsurance

APP for iPhone or Android: [myCare Alaska](#)
URL: [mycarealaska.com](#)

dr. on demand

24/7 Text based access to a doctor

- General Medicine, internal medicine, or dermatologists

Cost:

PPO Plan: \$0 Co-pay
HSA Plan: Deductible/Coinsurance

Mental Health Access

- US-based psychiatrists and therapists
- Available 7 days a week
- Video consultations

Cost:

Mental Health Office Visit Cost Share

APP for iPhone or Android: [Doctor on Demand](#)
URL: [doctorondemand.com](#)

NOW AVAILABLE **VIRTUALLY AT NO COST TO YOU!**

Primary Care/Urgent Care + Mental Health

Alaska's biggest network just expanded the spectrum of care with more providers and virtual access. Our world has changed, so has access to care. Continue to access care anytime, anywhere 24/7/365 or from the safety of home with a one-stop shop for your whole-body health.

The Premera virtual health network provides easy-to-access, board-certified, quality care that saves you money and time. This network—as well as in-network brick-and-mortar telemedicine—are available as part of your plan.*

The day of week, time, and even your location don't limit your access to service. Contact myCare Alaska, Doctor On Demand, or Talkspace anytime, anywhere.

- Get everything from fast diagnosis and treatment of common ailments to routine checkups and ongoing monitoring of chronic conditions anytime with myCare Alaska and Doctor On Demand.**
- Getting an appointment for mental health struggles can take days or weeks. With Talkspace and Doctor On Demand, you get specialized psychiatric treatment from a licensed prescriber—all from the comfort of your home.

myCare Alaska
provided by Premera

dr. on demand

talkspace

People ages

18 - 34

are more likely to rely on ER, urgent care, and retail clinics than a primary care doctor for non-emergency treatment.

(98point6.com)

1 in 5

U.S. adults experience mental illness.

(nami.org/mhstats)

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*Does not include rehabilitation.

**Care is provided for family members who are 1 year and older.

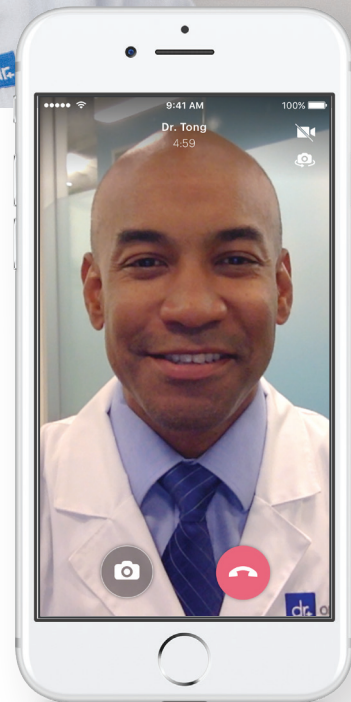


Covered in Full

dr+ on demand

A doctor who is with you always - every day.

Connect with our board-certified doctors and licensed psychologists via live video right from your phone, tablet or computer on demand 24/7 or by appointment.



How we can help

Some examples of how our doctors and psychologists can help:

- + Colds & Allergies
- + Migraines & Headaches
- + Urinary Tract Infections
- + Acne & Skin Conditions
- + Anxiety & Depression
- + Heart Health
- + Labs & Screenings
- + Prescription Refills*

What it costs

Doctor On Demand video visits cost far less than a trip to the emergency room or urgent care. **The cost of your visit is provided up front, so you won't have any surprises after your visit. There are no setup or monthly fees.**

For more information, visit:
doctorondemand.com

Get started

Join Doctor On Demand in 3 easy steps.



Download the app



Sign up and create an account



Add your coverage

These newest virtual providers are integrated into your health plan and provide:

- Convenient high-quality care at low or no out-of-pocket costs
- The ability to get your prescriptions filled
- Great customer experience by addressing your healthcare issues in a timely manner and providing treatment options within minutes

Avoid an unnecessary trip to your in-person provider, urgent care, and the ER.

You can receive care for a spectrum of conditions in the privacy and security of your home.

Getting Started

Connect to your myCare or Doctor on Demand apps directly on the Premera Mobile App.* If you haven't already, download the Premera mobile app on the App Store or Google Play.

Want to find out more? Ask your HR representative for more information or log in to your account at premera.com.

*If you already have the myCare or Doctor On Demand apps downloaded, you can continue using as is. You are not required to access through the Premera app.

NO COST TO YOU ... VIRTUAL

Virtual Mental Health Care



Outpatient therapy and psychiatric services via live video and text messaging

4,000 Behavioral Health providers in all 50 states

Providers may dispense prescriptions in Alaska

Cost:

PPO Plan: Specialist Co-pay

HSA Plan: Deductible/Coinsurance

How to Access: talkspace.com/premera



Substance Use Treatment

Opioid and Alcohol Virtual Treatment

Boulder Care Opioid Addiction Treatment

Access care 24/7 through secure video and text

Medication Assisted Treatment
Psychosocial support

Cost: Chemical Dependence Outpatient Office
Visit cost shares

Call: 1-888-316-0451

Workit Health Alcohol Addiction Treatment

Access care 24/7 through secure video and text

Members also have access to:
Interactive therapeutic courses
Supervised online support groups

Cost: Chemical Dependence Outpatient Office
Visit cost shares

<https://www.workithealth.com/premera/>

Covered in Full

Help is a phone call away.



It's after hours. Who can help you decide what to do?

Should you treat the problem at home, call your doctor in the morning, or get to an emergency room or urgent care center? Whether it's pain, an injury, or a fever that won't go down, advice on what to do is just a phone call away—**24 hours a day, 7 days a week, 365 days a year.**

Get FREE, confidential help from the 24-Hour NurseLine.

Treating the flu within 48 hours can reduce the length of your illness. To help you feel better sooner, call the 24-Hour NurseLine at the first sign of flu. A registered nurse will help you decide how to treat your symptoms.

- Your call is answered quickly.
- The nurse asks you the right questions, helps you decide what to do, then can help you find the nearest in-network provider or pharmacy if you need one.
- The nurse stays on the line as long as it takes to decide.

24-Hour NurseLine 800-841-8343

(number is on the back of your Premera card)

Always call 911 or your local emergency number if you are having a medical emergency. NurseLine gives general information, but does not diagnose or prescribe. NurseLine cannot advise you about what is covered by your plan.

"I just wanted to thank you so much for the care over the weekend, it was scary for all of us and your help was great. Thank you."

"The nurse I talked to was very knowledgeable and caring. I would have done everything wrong if I hadn't called, and she gave me great advice. Please tell her thank you."

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Maternity Support Phone: 1.855.756.0797
Phones answered by Nurse
Monday-Friday 6am - 8pm PST
Saturday 9am - 1pm PST

Covered in Full

BestBeginnings Maternity

Provide either Name & Date of Birth
or ID Number to Nurse

HEALTHIER OUTCOMES FOR MOMS AND BABIES

Are you expecting? Get a head start on ensuring the good health of you and your baby with BestBeginnings.

[Premera.com Secured Member Portal](#)
has more detailed information

Start smart with the BestBeginnings app



Get pregnancy support with the free BestBeginnings mobile app.

BestBeginnings
BROUGHT TO YOU BY PREMERA

- Access health plan tools including the 24-Hour NurseLine and Find Care
- Review customized maternity information
- Get alerts on pregnancy-related issues
- Create a personalized birthing plan
- Set reminders for appointments, medications, exercise, and more
- Access a direct line to Premera's maternity specialists if issues arise

Special care for baby

For those who qualify, if your baby is admitted to the Neonatal Intensive Care Unit (NICU), our maternity program provides you with a dedicated maternity clinician. As your advocate, they will help you understand what is happening and help with any special needs when your baby comes home.



Download the app today. You'll need to have your Premera member ID number to register.



Invite a partner or friend to join you on BestBeginnings. It's a great way to get support on your pregnancy journey.

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042552 (10-01-2017)

How to manage your care and your account

YOU'RE ON THE GO—AND SO IS YOUR HEALTH PLAN.

Get the big picture—sign in at premera.com

- Track your care and your spending, including your deductible and out-of-pocket maximum
- Find in-network doctors, hospitals, and pharmacies
- Refill prescriptions and get dose reminders
- Find the forms you need
- Find out more about your benefits

Have your info on the go

Get it done on the go with Premera mobile:

- Find doctors and other providers
- Monitor claims
- Show proof of coverage—no card required
- View your deductible and what you've spent toward your out-of-pocket maximum
- See your prescription information in Medicine Cabinet
- Connect to virtual care providers

Manage your prescriptions

To track your prescriptions, sign in at premera.com. You can also download the Express Scripts app to manage or order prescriptions on the go.*

Find Care

Sign in at premera.com or on the Premera mobile app to find medical, dental, and other providers and pharmacies, hospitals, and facilities in your specific network. You'll also get access to helpful cost-of-care information for various healthcare procedures, and you can see reviews of providers.

Receive timely reminders

Sign up to receive text messages including flu shot reminders, prescription savings alerts, and other useful messages to help you make the most of your plan. Give it a try. You can cancel at any time. To sign up, call **866-369-3486**.

Download Premera mobile

Download the Premera mobile app from your Android or iOS store today and set it up now. Be ready when you need it.

*Express Scripts® is an independent company that provides pharmacy benefit services on behalf of Premera Blue Cross.

ALASKA GATEWAY
SCHOOL DISTRICT

The Principal (VSP)
VISION

Group vision for all eligible employees and available to dependents

Benefit summary for all members

Effective date: 07/01/2021

What's available to me?

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor.

This coverage is available to all eligible employees. Employees may elect to cover family members for a cost

PEHT \$25

| | |
|--|--|
| Exams | Every 12 months, one exam is covered in full after \$10 copay |
| Prescription glasses Lenses - 1 pair covered every 12 months Frames - covered up to \$150 every 12 months; 20% off amount over allowance ¹ | \$25 copay <ul style="list-style-type: none"> • Single lenses • Lined bifocal lenses • Lined trifocal lenses • Lenticular lenses |
| Lens enhancements | Standard progressive lenses covered once every 12 months with a \$0 copay ¹ Most other popular lens enhancements are covered after a copay, saving our members an average of 20-25% ¹ |
| Elective contacts | Covered up to \$150 every 12 months. Contact lenses can be chosen instead of glasses. PEHT \$195 |
| Contact fitting and evaluation | \$60 copay |
| Necessary contacts | Covered in full after \$25 copay every 12 months |

¹This can vary based on state laws and provider location Savings may not apply at participating retail chains.

Who can buy coverage?

- You may buy coverage for your dependents.

○

Additional eligibility requirements may apply.

What's the difference between elective and necessary contacts?

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than \$60 at in-network providers.

Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is \$80 which is equivalent to a \$150 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

How do I find a VSP doctor?

- Visit vsp.com to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
 - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.

Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from vsp.com after logging in as a member using your member ID. Or call 800-877-7195.

Are there any additional savings with VSP?

- Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.
- Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics.

These savings can vary based on state laws and provider location.

What benefits do I receive if my doctor is outside VSP's network?

| Covered charges | Benefit | Frequency |
|-----------------------|-------------|---|
| Exams | Up to \$45 | Once every 12 months |
| Single lenses | Up to \$30 | One pair every 12 months |
| Lined bifocal lenses | Up to \$50 | One pair every 12 months |
| Lined trifocal lenses | Up to \$65 | One pair every 12 months |
| Lenticular lenses | Up to \$100 | One pair every 12 months |
| Frames | Up to \$70 | One set every 12 months |
| Elective contacts | Up to \$105 | Contacts are instead of frames and lenses |
| Necessary contacts | Up to \$210 | Contacts are instead of frames and lenses |

What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
 - Non-prescription glasses
 - Medical or surgical treatment of the eyes
 - Claims submitted by a doctor who is part of your family

Once enrolled, you'll receive a booklet with more details regarding your plan limitations and exclusions.

ALASKA GATEWAY
SCHOOL DISTRICT

UNUM

Life, Accidental Death
and/or Dismemberment
and Voluntary Insurance

Alaska Gateway School District

Policy #210843

Employer-paid Life and AD&D Benefit Summary

| | | | | | | | |
|--|---|-------------|-------------------------------------|----|------------------------|----|------------------------|
| Who is eligible for this coverage? | All actively employed employees working at least 6 hours each day for your employer in the U.S. and their eligible spouses and children (up to age 19, or to 26 if they are full-time students). | | | | | | |
| What is my Life benefit amount? | <p>Your employer is providing you with 2X times your annual earnings plus a flat benefit amount of \$2,000 rounded to the next higher \$1,000; not to exceed \$102,000 of term life insurance.</p> <p>Spouse Term Life Coverage: \$1,000</p> <p>Child Term Life Coverage:</p> <ul style="list-style-type: none"> - Live birth up to 14 days: \$100 - 14 days to 6 months: \$100 - 6 months to 19 years (26 years if full time student): \$1,000 | | | | | | |
| What is my AD&D benefit amount? | <p>Your employer is providing you with a flat amount of \$105,000 of AD&D insurance.</p> <p>Accidental death and dismemberment coverage is not subject to health questions.</p> | | | | | | |
| Is it portable (can I keep it if I leave my employer)? | If you retire, reduce your hours or leave your employer, you can continue coverage at the group rate. Portability is not available for people who have a medical condition that could shorten their life expectancy — but they may be able to convert their term life policy to an individual life insurance policy. | | | | | | |
| Do my life insurance benefits decrease with age? | <p>Coverage amounts will reduce according to the following schedule:</p> <table border="0"> <tr> <td>Age:</td> <td>Insurance amount reduces to:</td> </tr> <tr> <td>65</td> <td>65% of original amount</td> </tr> <tr> <td>70</td> <td>50% of original amount</td> </tr> </table> <p>Coverage may not be increased after a reduction.</p> | Age: | Insurance amount reduces to: | 65 | 65% of original amount | 70 | 50% of original amount |
| Age: | Insurance amount reduces to: | | | | | | |
| 65 | 65% of original amount | | | | | | |
| 70 | 50% of original amount | | | | | | |
| When is my coverage effective? | Please see your plan administrator for your effective date. | | | | | | |
| What does my AD&D insurance pay for? | <p>The full benefit amount is paid for loss of:</p> <ul style="list-style-type: none"> - Life - Both hands or both feet or sight of both eyes - One hand and one foot - One hand and the sight of one eye - Speech and hearing | | | | | | |



Alaska Gateway School District

Voluntary Life and AD&D Insurance Plan Highlights

Policy #210844

| | | |
|-------------------------------------|---|--|
| Who is eligible for this coverage? | All actively employed employees working at least 6 hours each week for your employer in the U.S. and their eligible spouses and children (up to age 19, or to 26 if they are full-time students). | |
| What are the coverage amounts? | Employee: | up to 5 times salary in increments of \$10,000; not to exceed \$500,000. |
| | Spouse: | up to 100% of employee amount in increments of \$5,000; not to exceed \$500,000. |
| | Child: | up to 100% of employee coverage amount in increments of \$2,000; not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and six months is \$1,000. |
| What are the AD&D coverage amounts? | Employee: | up to 5 times salary in increments of \$10,000; not to exceed \$500,000. |
| | Spouse: | up to 100% of employee amount in increments of \$5,000; not to exceed \$500,000. |
| | Child: | up to 100% of employee coverage amount in increments of \$2,000; not to exceed \$10,000. The maximum death benefit for a child between the ages of live birth and six months is \$1,000. |
| | Note: You may purchase AD&D coverage for yourself regardless of whether you purchase term life coverage. In order to purchase life and AD&D coverage for your dependents, you must buy coverage for yourself. | |
| Can I be denied coverage? | <p>Current employees: If you and your eligible dependents are enrolled in the plan and wish to increase your life insurance coverage, you may apply on or before 10/01/2019 for any amount of additional coverage up to \$50,000 for yourself and any amount of additional coverage up to \$25,000 for your spouse. Any life insurance coverage over the guaranteed amount(s) will be subject to answers to health questions.</p> <p>If you and your eligible dependents are not currently enrolled in the plan, you may apply for coverage on or before 07/01/2021 and will be required to answer health questions for any amount of coverage.</p> <p>New employees: To apply for coverage, complete your enrollment within 31 days of your eligibility period. If you apply for coverage after 31 days, or if you choose coverage over the amount you are guaranteed, you will need to complete a medical questionnaire which you can get from your plan administrator. You may also be required to take certain medical tests at Unum's expense.</p> | |
| How do I apply? | Please see your plan administrator. | |
| When is coverage effective? | <p>Please see your plan administrator for your effective date.</p> <p>Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.</p> | |



For your dependent spouse and children, insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Totally disabled means that as a result of an injury, sickness or disorder, your dependent spouse and children: are confined in a hospital or similar institution; are unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; are cognitively impaired; or have a life-threatening condition. Exception: Infants are insured from live birth.

How much does the coverage cost?

Term life

| Age band | Employee rate per \$10,000 | Spouse rate per \$5,000 |
|----------|----------------------------|-------------------------|
| <25 | \$0.800 | \$0.400 |
| 25-29 | \$0.900 | \$0.450 |
| 30-34 | \$1.100 | \$0.550 |
| 35-39 | \$1.600 | \$0.800 |
| 40-44 | \$2.500 | \$1.250 |
| 45-49 | \$3.800 | \$1.900 |
| 50-54 | \$5.900 | \$2.950 |
| 55-59 | \$7.800 | \$3.900 |
| 60-64 | \$11.900 | \$5.950 |
| 65-69 | \$18.000 | \$9.000 |
| 70-74 | \$36.000 | \$18.000 |
| 75+ | \$53.000 | \$26.500 |

Child life monthly rate is \$0.700 per \$2,000. One life premium covers all children.

Term life calculation worksheet

| Coverage amount | Increment | Rate | Monthly cost |
|-----------------|------------|------|--------------|
| Employee \$ | ÷ \$10,000 | X \$ | = \$ |
| Spouse \$ | ÷ \$5,000 | X \$ | = \$ |
| Children \$ | ÷ \$2,000 | X \$ | = \$ |

AD&D rate chart

| | AD&D cost | Monthly Cost |
|----------|--------------|--------------|
| Employee | Per \$10,000 | \$0.500 |
| Spouse | Per \$5,000 | \$0.250 |
| Child | Per \$2,000 | \$0.120 |

AD&D calculation worksheet

| Coverage amount | Increment | Rate | Monthly cost |
|-----------------|------------|------|--------------|
| Employee \$ | ÷ \$10,000 | X \$ | = \$ |
| Spouse \$ | ÷ \$5,000 | X \$ | = \$ |
| Children \$ | ÷ \$2,000 | X \$ | = \$ |

Your rate is based on your age as of 10/01/2019 — your coverage-anniversary date. Insurance age is calculated by subtracting your year of birth from the year your coverage becomes effective or the current anniversary date.

Spouse rate is based on spouse’s insurance age.

Do my life insurance benefits

Coverage amounts will reduce according to the following schedule:

| | |
|-------------|-------------------------------------|
| Age: | Insurance amount reduces to: |
| 70 | 65% of original amount |
| 75 | 50% of original amount |