




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, log into your account at [www.aseahealth.org](http://www.aseahealth.org) or call 1.866.553.8206. 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 in your Plan booklet, or request a copy by calling 1.866.553.8206.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	
Are there services covered before you meet your <a href="#">deductible</a> ?	This plan has no deductible for covered medical services.	See the chart starting on page 2 for your costs for services this plan covers.
Are there other <a href="#">deductibles</a> for specific services?	For dental services, the deductible is \$25/person and \$75/family.	You must pay all of the costs for these services up to the specific <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay for these services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	This plan has no out-of-pocket limit for covered medical services.	See the chart starting on page 2 for your costs for services this plan covers.
What is not included in the <a href="#">out-of-pocket limit</a> ?	This plan has no out-of-pocket limit for covered medical services.	See the chart starting on page 2 for your costs for services this plan covers.
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. Medical network providers in the Municipality of Anchorage are: Alaska Regional Hospital, Surgery Center of Anchorage, ACENT Ear Nose & Throat, Alpine Surgery Center, Geneva Woods Birthing Center, Alaska Surgery Center, Chugach Physical Therapy, Alaska Fracture & Orthopedic, Ascension Physical Therapy and Alaska Hand Rehabilitation. In the Mat-Su Borough: Mat-Su Regional Medical Center. For all other areas, the Aetna	This <a href="#">plan</a> uses provider <a href="#">networks</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.

	PPO Network. For a list of participating providers, see <a href="http://www.aetna.com">www.aetna.com</a> . For a list of participating pharmacy providers, see <a href="http://www.caremark.com">www.caremark.com</a> .	
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No	You can see the specialist you choose without permission from this plan.

 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)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care office visits to treat an injury or illness	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	None
	<a href="#">Specialist</a> visit	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	None
	<a href="#">Preventive care/screening/immunizations</a>	No charge for recommended services under PPACA; 80% <a href="#">coinsurance</a> for all other preventive services	No charge for recommended services under PPACA; 80% <a href="#">coinsurance</a> for all other preventive services	You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services you need are preventive. And then check what your <a href="#">plan</a> will pay cover.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	None
	Imaging (CT/PET scans, MRIs)	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	May require <a href="#">preauthorization</a>
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.caremark.com">www.caremark.com</a>	Generic drugs (retail & mail order)	80% <a href="#">coinsurance</a> per prescription	80% <a href="#">coinsurance</a> per prescription	Up to a 90-day supply.
	Preferred brand drugs (retail & mail order)	80% <a href="#">coinsurance</a> per prescription	80% <a href="#">coinsurance</a> per prescription	
	Non-preferred brand drugs (retail & mail order)	80% <a href="#">coinsurance</a> per prescription	80% <a href="#">coinsurance</a> per prescription	
	<a href="#">Specialty drugs</a>	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	Up to a 30-day supply; requires <a href="#">preauthorization</a>
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	May require <a href="#">preauthorization</a> . If you don't get <a href="#">preauthorization</a> , benefits could be reduced.
	Physician/surgeon fees	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	
If you need immediate medical attention	<a href="#">Emergency room care</a>	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	\$100 penalty for non-emergency services
	<a href="#">Emergency medical transportation</a>	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	None
	<a href="#">Urgent care</a>	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	None

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)	
If you have a hospital stay	Facility fee (e.g., hospital room)	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required. If you don't get <a href="#">preauthorization</a> , benefits could be reduced.
	Physician/surgeon fees	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	May require <a href="#">preauthorization</a> ,
	Inpatient services	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	
If you are pregnant	Office visits (pre and postnatal care)	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> does not apply to certain <a href="#">preventive services</a> . Depending on the type of services, <a href="#">coinsurance</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a> for non-PPO facilities in the Municipality of Anchorage; all others same as network providers	
	Childbirth/delivery facility services	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	120 visits/year
	<a href="#">Rehabilitation services</a>	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	No limit for rehabilitation services to restore and improve bodily functions lost due to injury or illness. Limit of 24 visits per year for chiropractic, massage therapy and acupuncture services combined.
	<a href="#">Habilitation services</a>	Not covered	Not covered	No coverage for habilitation services except following cochlear implants
	<a href="#">Skilled nursing care</a>	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required
	<a href="#">Durable medical equipment</a>	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	None
	<a href="#">Hospice services</a>	80% <a href="#">coinsurance</a>	80% <a href="#">coinsurance</a>	None
If your child needs dental or eye care	Children's eye exam	No charge	No charge up to \$150	Coverage limited to one exam/plan year
	Children's glasses	No charge for basic single vision or lined lenses; frames up to \$150	No charge up to \$175 for basic single vision lenses; frames up to \$150	Coverage limited to lenses every plan year and frames every other plan year
	Children's dental exams	No charge	No charge	\$2,000 maximum benefits per plan year

## 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](#).)

- |  |                         |                     |
|--|-------------------------|---------------------|
| • Custodial care                           | • Infertility treatment |                     |
| • Cosmetic surgery                         | • Long-term care        | • Routine foot care |
| • Experimental or investigational services | • Private duty nursing  |                     |

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- |                        |  |  |
|------------------------|--|--|
| • Acupuncture          | • Hearing Aids   | • Weight Loss Programs (under medical supervision) |
| • Bariatric surgery    | • Non-emergency care when traveling outside the U.S. (must be in an accredited facility) |  |
| • Chiropractic care    | • Routine eye care (adults)  |  |
| • Dental care (adults) |  |  |

**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: U.S. Department of Labor, Employee Benefits Security Administration at 1.866.444.3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the Center for Medicare and Medicaid Services at 1.877.267.2323, x61565 for the Health Insurance Hotline or [www.cciio.cms.gov](http://www.cciio.cms.gov). 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](http://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 the Health Trust Administrator at 1.866.553.8206.

### Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### 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 1.866.874.3972, # 781115

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1.866.874.3972, # 781115

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist coinsurance</a>	80%
■ Hospital (facility) <a href="#">coinsurance</a>	80%
■ Other <a href="#">coinsurance</a>	80%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,800</b>
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#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$10,192
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$10,252</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist coinsurance</a>	80%
■ Hospital (facility) <a href="#">coinsurance</a>	80%
■ Other <a href="#">coinsurance</a>	80%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$5,920
What isn't covered	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$5,932</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist coinsurance</a>	80%
■ Hospital (facility) <a href="#">coinsurance</a>	80%
■ Other <a href="#">coinsurance</a>	80%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$1,520
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,520</b>



## Notes

