

Highlights of your Health Care Coverage

UIC (Ukpeagvik Inupiat Corporation)

Group Number: 4002747

Effective Date: 01/01/2019

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		
2019 HP HDHP \$5,000/30%/\$6,000, a UIC (Ukpeagvik Inupiat Corporation) plan administered by Premera Blue Cross Blue Shield of Alaska*		
	IN-NETWORK	OUT-OF-NETWORK
MEDICAL COST SHARE OPTIONS		
Individual Deductible PCY (Family aggregate deductible 2x Individual)	\$5,000 PCY/\$10,000 PCY	Shared with In-Network
Coinsurance (Member's percentage of costs after deductible based on allowable charges)	30% Preferred/40% Participating	Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network
Individual Out of Pocket Maximum PCY, includes deductible, coinsurance, copay and pharmacy if applicable (Family embedded OOP max 2X Individual)	\$6,000 PCY/\$12,000 PCY	Shared with In-Network Out of Pocket Maximum
Office Visit Cost Share	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network
PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION		
Preventive Office Visit (Unlimited, subject to standard medical guidelines)	Covered In Full	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network
Immunizations (Unlimited, subject to standard medical guidelines)	Covered In Full	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network
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	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network
Inpatient Professional Services	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network
Contraceptive Management Services (Unlimited)	Covered In Full	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network
DIAGNOSTIC SERVICE OPTIONS		
Preventive Professional Diagnostic Imaging and Laboratory Services - Including Mammogram and PAP/PSA	Covered In Full	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network
Other Professional Diagnostic Imaging	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network

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Other Professional Diagnostic Laboratory/Pathology	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Diagnostic Mammography	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
FACILITY CARE OPTIONS			
Inpatient Facility	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Outpatient Surgery Facility	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Skilled Nursing Facility (100 days PCY)	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Hospice Inpatient Facility (Unlimited)	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
EMERGENCY CARE			
Emergency Care	Deductible, then 30% Preferred	Deductible, then 30% Preferred	
Emergency Room Physician	Deductible, then 30% Preferred	Deductible, then 30% Preferred	
Urgent Care Center	Deductible, then 30% Preferred	Deductible, then 30% Preferred	
Ambulance Transportation (Unlimited)	Deductible, then 30% Preferred	Deductible, then 30% Preferred	
Non-Emergent Ground Ambulance (Unlimited)	Deductible, then 30% Preferred	Deductible, then 30% Preferred	
Air Ambulance (Unlimited)	Deductible, then 30% Preferred	Deductible, then 30% Preferred	
Non-Emergent Air Ambulance (Unlimited)	Deductible, then 30% Preferred/40% Participating	Deductible, then 50%	
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))	Deductible, then 30% Preferred	Deductible, then 30% Preferred	
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: Deductible, then 0%; Medical Procedures: Deductible, then 0%	Travel: Deductible, then 0%; Medical Procedures: Deductible, then 0%	
OTHER SERVICES			
Allergy/Therapeutic Injections	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Mental Health Inpatient Facility Care (Unlimited)	Deductible, then 30% Preferred	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Mental Health Outpatient Professional Care (Unlimited)	Deductible, then 30% Preferred	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Chemical Dependency Inpatient Facility Care (Unlimited)	Deductible, then 30% Preferred	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	

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Chemical Dependency Outpatient Professional Care (Unlimited)	Deductible, then 30% Preferred	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Rehab Inpatient Facility (100 day PCY)	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab.; and Chronic Pain (45 visits PCY)	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Medical Supplies, Equipment, Prosthetics (Unlimited)	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Foot Orthotics, Orthopedic Shoes and Accessories (Unlimited)	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Home Health Visits (130 visits PCY)	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Hospice Care (Home Health and Respite) (240 hours; 6 month limit)	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Transplants (Unlimited; \$75,000 donor and \$7,500 travel and lodging limits) (Transplant services provided at Blue Distinction Transplant Centers covered at 100%; all other In-Network providers covered as any other service)	Covered as any other service	Not Covered	
Drug List	Open A1 No Tiers	Open A1 No Tiers	
Prescription Drugs - Retail (Generic/Preferred Brand/Non-Preferred Brand/Specialty)	Deductible, then \$10/\$30/\$50/30% (up to \$150 max per specialty prescription, then plan pays 100%) (Per 30 days supply)	Deductible, then 30%	
Prescription Drugs - Mail (Generic/Preferred Brand/Non-Preferred Brand)	Deductible, then \$20/\$60/\$100 (Per 90 days supply)	Not Covered	
Specialty Pharmacy (Mandatory - Dual)	Deductible, then 30% (up to \$150 max per specialty prescription, then plan pays 100%) (Per 30 days supply)	Not covered	
ALTERNATIVE CARE			
Manipulations (Spinal and other) (20 visits PCY)	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
Acupuncture (12 visits PCY)	Deductible, then 30% Preferred/40% Participating	Deductible, then Hospital/CD & Professional: 50%; ARP/Certified ABA: Same as In-Network	
SUPPLEMENTAL BENEFITS			
Routine Hearing Exam (Exam: 1 PCY)	Exam & Test: Deductible, then 30% Preferred/40% Participating	Deductible, then 50%	
Hearing Hardware (HW: \$800 limit every 3 consecutive years)	Deductible, then 30%	Deductible, then 30%	
ANNUAL PLAN MAXIMUM			
Annual Plan Maximum	Unlimited	Unlimited	

*This benefit highlight is for members of the UIC (Ukpeagvik Inupiat Corporation) medical plan. This plan is self-funded by UIC (Ukpeagvik Inupiat Corporation), which means that UIC (Ukpeagvik Inupiat Corporation) is financially responsible for the payment of plan benefits. UIC (Ukpeagvik Inupiat Corporation) has the final discretionary authority to determine eligibility for benefits and construe the terms used in this plan.

UIC (Ukpeagvik Inupiat Corporation) has contracted with Premera Blue Cross Blue Shield of Alaska, an Independent Licensee of the Blue Cross Blue Shield Association, to perform administrative duties, including the processing of claims, under the plan. Premera Blue Cross Blue Shield of Alaska does not insure the benefits of this plan.

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.

Massage therapy must be billed by a licensed physician.

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.