University of Alaska : High Deductible plan on the Yukon Network

Coverage for: Individual or Family | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-318-2596. (TTY: 711) or visit us at www.premera.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-800-318-2596. (TTY: 711) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Plan year aggregate deductible. $1,600 Individual / $3,200 Family.	Generally, you must pay all of the costs from providers up t(0)-3(F)9(a)-3(m)3(il)4(y.rT-3)-3(iP

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

Common

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 need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	Limited to 130 visits per plan year.
	Rehabilitation sery4.7 417.7 1			

Excluded Services & Other Covered Services:

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

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

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: for ERISA plans, contact the Department of Labor's Employee Benefit's Security Administration at 1-866-444-

Discrimination is Against the Law

Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the

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