

University of Alaska Premium Plan on the Yukon Network

Coverage for Individual or Family Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you understand the plan and how you and the plan would share the cost for covered health care services. Information about the cost plan (including 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 SBC, call 1-800-185-9600 (TTY 711) or visit us at www.premera.com. For general definitions of common terms such as:

All copayment and coinsurance costs shown in this chart are after the 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)	
	Non-preferred generic drugs Non-preferred brand drugs Non-preferred specialty drugs	Non-preferred generic: 30% <u>coinsurance</u> Non-preferred brand: 30% <u>coinsurance</u> Non-preferred specialty: 30% <u>coinsurance</u>	Non-preferred generic: 30% <u>coinsurance</u> (retail), not covered (mail) Non-preferred brand: 30% <u>coinsurance</u> (retail), not covered (mail) Non-preferred specialty: Not covered	Non-preferred generic and brand drugs up to a 90-day supply (retail), covers up to a 90-day supply (mail). Retail pharmacies may require a <u>prior authorization</u> for certain drugs. Non-preferred specialty covers up to a 30-day supply. Only covered at specific contracted specialty pharmacies. <u>Prior authorization</u> recommended for certain drugs. Savings may apply for certain drugs. See www.premera.com/saveonsp for information.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	

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)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior authorization</u> recommended for inpatient services. <u>Penalty contract provider</u> no penalty.
	Physician/surgeon fee	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Prior authorization</u> recommended for inpatient services. <u>Penalty contract provider</u> no penalty.
If you are pregnant	Office visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Cost sharing</u> does not apply to <u>preventive services</u>

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover. Check your policy plan document for more information and a list of <u>excluded services</u> .		
<input checked="" type="checkbox"/> Cosmetic surgery	<input checked="" type="checkbox"/> Infertility treatment	<input checked="" type="checkbox"/> Routine eye care (Adult)
<input checked="" type="checkbox"/> Dental care (Adult)	<input checked="" type="checkbox"/> Longterm care	
	<input checked="" type="checkbox"/> Private duty nursing	
Other Covered Services (Limitations may apply to these services. <u>7Kdey L V Q . W D Please See How to Use Your Plan</u>)		
<input checked="" type="checkbox"/> Acupuncture	<input checked="" type="checkbox"/> Foot care	<input checked="" type="checkbox"/> Non-emergency care when traveling out of U.S.
<input checked="" type="checkbox"/> Bariatric surgery	<input checked="" type="checkbox"/> Hearing aids	
<input checked="" type="checkbox"/> Chiropractic care or other spinal manipulation		<input checked="" type="checkbox"/> 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 these agencies is listed below. For government plans, contact the Department of Health and Human Services, Center for Consumer Information and Oversight at 1-877-267-2323 x6156 or www.cciio.cms.gov for church plans and all other plans, call 1-800-907-8004 or 1-800-675-7255 for the state insurance department, or the insurance ombudsman at 1-800-368-2596 or TTY 711. Other coverage options may be available to you too, including buying individual insurance through the Health Insurance Marketplace. For more information about the marketplace visit 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 regarding your plan. 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 service. For complete information to submit an appeal or a grievance for any reason to your plan, for more information about your rights, this notice, or contact your plan at 1-

Discrimination is Against the Law

Demosa Plus Cross-Plus Shield of Alaska (Demosa) complies with applicable Federal civil rights laws and does not discriminate on the

