

## University of Alaska : High Deductible Health Plan with HSA

Coverage for: Individual or Family | Plan Type: High-Deductible

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





## Excluded Services & Other Covered Services:

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

  

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

**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 Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For governmental plans, contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). For church plans and all other plans, call 1-800-562-6900 for the state insurance department, or the insurer at 1-800-722-1471 or TTY 1-800-842-5357. 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: your [plan](#) at 1-800-722-1471 or TTY 1-800-842-5357, or the state insurance department at 1-800-

### Peg is Having a Baby

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

Managing Joe's type 2 Diabetes  
(a year of routine in-network care of a well-controlled condition)

Ma's Simple Fracture  
(in-network emergency room visit and follow up care)

The plan's overall deductible	\$1,500
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

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*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
Deductibles	\$1,500
Copayments	\$0
Coinsurance	\$2,200
<u>What isn't covered</u>	
Limits or exclusions	\$60
The total Peg would pay is	

