

2014 Health Plan Proposals

The fully-insured estimates were presented to Mercer Administration and the City prior to fourth quarter claim expenses and stop-loss reimbursements. The 2013 total expenses including stop loss reimbursements could have potential to increase the proposals below.

In-Network Medical	Premiera	Aetna	Premiera	Aetna	Premiera
Deductible (Individual/Family)	\$100 / \$300	\$100 / \$300	\$500 / \$1,500	\$500 / \$1,500	\$1,000 / \$3,000
Out of Pocket Max (Individual/Family)	\$500 / \$1,500	\$700 / \$1,400	\$2,000 / \$6,000	\$2,000 / \$4,000	\$2,000 / \$6,000
Coinsurance	90% / 10%	90% / 10%	80% / 20%	80% / 20%	70% / 30%
Estimated Annual Premium	\$ 3,901,889.76	\$ 2,860,724.04	\$ 3,409,768.80	\$ 2,626,142.28	\$ 3,151,254.72

In-Network Medical	Aetna	Premiera	Aetna
Deductible (Individual/Family)	\$1,000 / \$3,000	\$1,250 / \$2,500	\$1,250 / \$2,500
Out of Pocket Max (Individual/Family)	\$3,000 / \$6,000	\$5,000 / \$10,000	\$3,000 / \$6,000
Coinsurance	70% / 30%	80% / 20%	70% / 30%
Estimated Annual Premium	\$ 2,483,109.36	\$ 2,472,846.72	\$ 2,317,186.92

The State of Alaska Political Subdivision Group Health and Life Plan is sponsored by the State of Alaska. A governmental unit (a municipality, school district or other political subdivision of the State) as defined within Alaska state statute may apply to participate in the State-sponsored Political Subdivision Group Health and Life Insurance plan. There are four plan options available for an eligible political subdivision to select from, for their employees and family members. The current insurance carrier for the medical, pharmacy, dental, vision and audio benefits is Aetna. The current premiums for the different plans are shown in the premium exhibit. Premiums are subject to change, generally in July of each year. **If the City participates, coverage is mandatory for all eligible employees and optional for their dependents.** The renewal rates increased by 12.2% for Fiscal Year 2014, compared to 3.1% in Fiscal Year 2013 and 39.9% in Fiscal Year 2012. According to the State of Alaska, administrator of the polysub plan, the increase would have been 23.1% for Fiscal Year 2014 had the State not decided to commit \$1.25 million to the Premium Stabilization Reserve in order to "pre-pay" a portion of the increase.

In-Network Medical	Aetna AK Political Subdivision	Aetna AK Political Subdivision	Aetna AK Political Subdivision	Aetna AK Political Subdivision
Deductible (Individual/Family)	\$250 / \$750	\$500 / \$1,500	\$750 / \$2,500	\$2,000 / \$4,000
Out of Pocket Max (Individual/Family)	\$500	\$1,000	\$2,000	\$3,000 / \$6,000
Coinsurance	90% / 10%	80% / 20%	80% / 20%	80% / 20%
Estimated Annual Premium	\$ 4,167,237.60	\$ 3,142,654.44	\$ 2,551,851.36	\$ 1,858,384.92

2014 Dental Plan Proposals

Dental	Premiera	Aetna	Aetna AK Political Subdivision
Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150	\$50 per person
Annual Maximum	\$1,500	\$1,500	\$1,500
Preventive Services	100%	80%	80%
Basic Services	80%	80%	80%
Major Services	50%	60%	50%
Orthodontia Benefit (lifetime)	\$1,000	70% to \$750	0
Estimated Annual Premium	\$ 186,439.56	\$ 146,847.24	\$ 120,987.00



**City of Homer
Medical/Vision Plan Proposal
Effective Date: January 1, 2014**



Benefits	In Network		Out of Network	
	Unlimited	Unlimited		
Lifetime/Annual Max Maximum				
Deductible				
Individual	\$100		\$300	
Family	\$300		\$900	
Coinurance (Plan Pays / Member Pays)				
Out of Pocket Max				
Individual (includes deductible)	\$500		N/A	
Family (includes deductible)	\$1,500		N/A	
Office Visits (Including Urgent Care)				
	90% after deductible		90% after deductible	
Diagnostic Lab & X-Ray				
	90% after deductible		40% after deductible: Hospital/CD Facility 90% after deductible: ARP/Other Facilities & Other Professionals	
Preventive Care				
Preventive Care Office Visits	Covered in full		Covered in full	
Preventive Care DX&L	Covered in full		40% after deductible: Hospital/CD Facility 90% after deductible: ARP/Other Facilities & Other Professionals	
Hospital Benefits				
Inpatient	90% after deductible - Preferred; 60% after deductible - Participating		40% after deductible: Hospital/CD Facility 90% after deductible: ARP/Other Facilities & Other Professionals	
Outpatient Surgery	90% after deductible - Preferred; 60% after deductible - Participating		40% after deductible: Hospital/CD Facility 90% after deductible: ARP/Other Facilities & Other Professionals	
Emergency Room (copay waived if admitted to inpatient facility)		90% after deductible		
Prescription Drugs				
Retail (90 day supply)	\$5/\$10		\$5/\$10	
Mail Order (90 day supply)	\$10/\$30		Not Covered	
Mental Health				
Inpatient (unlimited days)	90% after deductible - Preferred		40% after deductible: Hospital/CD Facility 90% after deductible: ARP/Other Facilities & Other Professionals	
Outpatient (unlimited visits)	90% after deductible		90% after deductible	
Manipulations (Spinal and other) (24 visits PCY)	90% after deductible		90% after deductible	
Vision Exam (1 PCY; \$350 PCY, shared with Vision Hardware)	AK Mandate 90%		90% (deductible waived)	
Vision Hardware (1 pair of frames every 2 years, combined \$90 dollars retail max. Contacts \$170 PCY max; Vision Exam/Test and Hardware annual max \$350)	Covered in full		Covered in full	
Rates				
Employee	26		Premera Proposal #1	\$1,281.44
Employee Spouse	22			\$2,947.31
Employee Child(ren)	14			\$2,942.19
Employee Spouse Child(ren)	40			\$4,677.25
Estimated Monthly Premium	101			\$325,157.48
Estimated Annual Premium				\$3,901,889.76

This is a summary of benefits. This is not a contract.





City of Homer
Medical/Vision Plan Proposal
Effective Date: January 1, 2014



Benefits	In Network	Out of Network
Lifetime/Annual Max Maximum	Unlimited	
Deductible		
Individual	\$500	\$1,500
Family	\$1,500	\$4,500
Coinsurance (Plan Pays / Member Pays)		
Out of Pocket Max		
Individual (includes deductible)	\$2,000	N/A
Family (includes deductible)	\$6,000	N/A
Office Visits (including Urgent Care)	80% after deductible	80% after deductible
Diagnostic Lab & X-Ray	80% after deductible	40% after deductible: Hospital/CD Facility 80% after deductible: ARP/Other Facilities & Other Professionals
Preventive Care		
Preventive Care Office Visits	Covered in full	Covered in full
Preventive Care DX&L	Covered in full	40% after deductible: Hospital/CD Facility 80% after deductible: ARP/Other Facilities & Other Professionals
Hospital Benefits		
Inpatient	80% after deductible - Preferred; 60% after deductible - Participating	40% after deductible: Hospital/CD Facility 80% after deductible: ARP/Other Facilities & Other Professionals
Outpatient Surgery	80% after deductible - Preferred; 60% after deductible - Participating	40% after deductible: Hospital/CD Facility 80% after deductible: ARP/Other Facilities & Other Professionals
Emergency Room (copay waived if admitted to inpatient facility)		80% after deductible
Prescription Drugs		
Retail (90 day supply)	\$5/\$10	\$5/\$10
Mail Order (90 day supply)	\$10/\$30	Not Covered
Mental Health		
Inpatient (unlimited days)	80% after deductible - Preferred	40% after deductible: Hospital/CD Facility 80% after deductible: ARP/Other Facilities & Other Professionals
Outpatient (unlimited visits)	80% after deductible	80% after deductible
Manipulations (Spinal and other) (24 visits PCY)	80% after deductible	80% after deductible
Vision Exam (1 PCY; \$350 PCY, shared with Vision Hardware)	AK Mandate 90%	90% (deductible waived)
Vision Hardware (1 pair of frames every 2 years, combined \$90 dollars retail max. Contacts \$170 PCY max; Vision Exam/Test and Hardware annual max \$350)	Covered in full	Covered in full
Rates		Premiera Proposal #2
Employee	25	\$1,119.82
Employee Spouse	22	\$2,575.58
Employee Child(ren)	14	\$2,671.11
Employee Spouse Child(ren)	40	\$4,087.34
Estimated Monthly Premium	101	\$284,147.40
Estimated Annual Premium		\$3,409,768.80

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City of Homer
Medical/Vision Plan Proposal
Effective Date: January 1, 2014



Benefits	In Network	Out of Network
Lifetime/Annual Max Maximum	Unlimited	
Deductible		
Individual	\$1,000	\$3,000
Family	\$3,000	\$9,000
Coinsurance (Plan Pays / Member Pays)		
Out of Pocket Max		
Individual (includes deductible)	70 / 30%	40/60%: Hospital/CD Facility
Family (includes deductible)	\$2,000	70/30%: ARP/Other Facilities & Other Professionals
Office Visits (including Urgent Care)	\$6,000	
	70% after deductible	70% after deductible
Diagnostic Lab & X-Ray	70% after deductible	40% after deductible: Hospital/CD Facility
		70% after deductible: ARP/Other Facilities & Other Professionals
Preventive Care		
Preventive Care Office Visits	Covered in full	Covered in full
Preventive Care DX&L	Covered in full	40% after deductible: Hospital/CD Facility
		70% after deductible: ARP/Other Facilities & Other Professionals
Hospital Benefits		
Inpatient	70% after deductible - Preferred; 60% after deductible - Participating	40% after deductible: Hospital/CD Facility
Outpatient Surgery	70% after deductible - Preferred; 60% after deductible - Participating	40% after deductible: Hospital/CD Facility
Emergency Room (copay waived if admitted to inpatient facility)		70% after deductible: ARP/Other Facilities & Other Professionals
Prescription Drugs		
Retail (90 day supply)	\$5/\$10	\$5/\$10
Mail Order (90 day supply)	\$10/\$30	Not Covered
Mental Health		
Inpatient (unlimited days)	70% after deductible - Preferred	40% after deductible: Hospital/CD Facility
Outpatient (unlimited visits)	70% after deductible	70% after deductible: ARP/Other Facilities & Other Professionals
Manipulations (Spinal and other) (24 visits PCY)	70% after deductible	70% after deductible
Vision Exam (1 PCY; \$350 PCY, shared with Vision Hardware)	AK Mandate 90%	90% (deductible waived)
Vision Hardware (1 pair of frames every 2 years, combined \$90 dollars retail max. Contacts \$170 PCY max; Vision Exam/Test and Hardware annual max \$350)	Covered in full	Covered in full
Rates		Premiera Proposal #3
Employee	25	\$1,034.92
Employee Spouse	22	\$2,380.32
Employee Child(ren)	14	\$2,376.18
Employee Spouse Child(ren)	40	\$3,777.46
Estimated Monthly Premium	101	\$262,604.66
Estimated Annual Premium		\$3,151,264.72

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City of Homer
Medical/Vision Plan Proposal
Effective Date: January 1, 2014



Benefits	In Network	Out of Network
Lifetime/Annual Max Maximum	Unlimited	Unlimited
Deductible		
Individual		\$1,250
Family (aggregate deductible)		\$2,500
Coinurance (Plan Pays / Member Pays)		
Out of Pocket Max	80 / 20%	40/60% - Hospital/CD Facility 80/20% - ARP/Other Facilities & Other Professionals
Individual (includes deductible)	\$5,000	N/A
Family (includes aggregate deductible)	\$10,000	N/A
Office Visits (including Urgent Care)	80% after deductible	80% after deductible
Diagnostic Lab & X-Ray	80% after deductible	40% after deductible: Hospital/CD Facility 80% after deductible: ARP/Other Facilities & Other Professionals
Preventive Care	Covered in full	Covered in full
Preventive Care Office Visits	Covered in full	Covered in full
Preventive Care DX&L	Covered in full	40% after deductible: Hospital/CD Facility 80% after deductible: ARP/Other Facilities & Other Professionals
Hospital Benefits		
Inpatient	80% after deductible - Preferred; 60% after deductible - Participating	40% after deductible: Hospital/CD Facility 80% after deductible: ARP/Other Facilities & Other Professionals
Outpatient Surgery	80% after deductible - Preferred; 60% after deductible - Participating	40% after deductible: Hospital/CD Facility 80% after deductible: ARP/Other Facilities & Other Professionals
Emergency Room (copay waived if admitted to inpatient facility)	80% after deductible	80% after deductible
Prescription Drugs		
Retail (90 day supply)	80% after deductible	80% after deductible
Mail Order (90 day supply)	80% after deductible	Not Covered
Mental Health		
Inpatient (unlimited days)	80% after deductible - Preferred	40% after deductible: Hospital/CD Facility 80% after deductible: ARP/Other Facilities & Other Professionals
Outpatient (unlimited visits)	80% after deductible	80% after deductible
Manipulations (Spinal and other)	80% after deductible	80% after deductible
Vision Exam (1 PCY: \$350 PCY, shared with Vision Hardware)	AK Mandate 90%	90% (deductible waived)
Vision Hardware (1 pair of frames every 2 years, combined \$90 dollars retail max. Contacts \$170 PCY max; Vision Exam/Test and Hardware annual max \$350)	Covered in full	Covered in full
Rates		Premiera Proposal #4
Employee	26	\$812.12
Employee Spouse	22	\$1,867.87
Employee Child(ren)	14	\$1,864.63
Employee Spouse Child(ren)	40	\$2,964.24
Estimated Monthly Premium	101	\$206,070.66
Estimated Annual Premium		\$2,472,846.72

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City of Homer
Dental Plan Proposal
Effective Date: January 1, 2014



Benefits	In / Out of Network
Annual Maximum	\$1,500 PCY
Deductible	
Individual	\$50
Family	\$150
Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontia Benefit (Lifetime)	\$1,000
Rates	
Employee	25
Employee + Spouse	22
Employee + Child(ren)	14
Employee + Family	<u>40</u>
Estimated Monthly Premium	101
Estimated Annual Premium	
	Premera \$62.87 \$135.17 \$152.31 \$221.47 \$15,536.63 \$186,439.56

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**City of Homer
Medical/Vision Plan Proposal
Effective Date: January 1, 2014**



Benefits	In Network	Out of Network
Lifetime/Annual Max Maximum	Unlimited	
Deductible		
Individual	\$100	\$100
Family	\$300	\$300
Coinsurance (Plan Pays / Member Pays)		
Out of Pocket Max	90 / 10%	70 / 30%
Individual (includes deductible)	\$700	\$700
Family (includes deductible)	\$1,400	\$1,400
Office Visits	Primary: 100% after deductible Specialists: 90% after deductible	70% after deductible
Diagnostic Lab & X-Ray	90% after deductible	70% after deductible
Hospital Benefits		
Inpatient	90% after deductible	70% after deductible
Outpatient Surgery	90% after deductible	70% after deductible
Emergency Room (copay waived if admitted)	90% after deductible	
Prescription Drugs	90% after deductible	
Retail (90 day supply)	\$5 / \$15	70% after deductible
Mail Order (90 day supply)	\$10 / \$30	Not Covered
Vision Exam	1 exam every 12 months	
Vision Hardware	\$200 allowance every 24 months	
Rates	Aetna Proposal #1	
Employee	25	\$1,070.95
Employee Spouse	22	\$2,356.09
Employee Child(ren)	14	\$1,927.71
Employee Spouse Child(ren)	40	\$3,319.95
Estimated Monthly Premium	101	\$238,393.67
Estimated Annual Premium		\$2,860,724.04

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**City of Homer
Medical/Vision Plan Proposal
Effective Date: January 1, 2014**



Benefits	In Network	Out of Network
Lifetime/Annual Max Maximum		
Deductible	Unlimited	
Individual	\$500	\$500
Family	\$1,500	\$1,500
Coinurance (Plan Pays / Member Pays)	60 / 40%	
Out of Pocket Max		
Individual (includes deductible)	\$2,000	\$2,000
Family (includes deductible)	\$4,000	\$4,000
Office Visits	Primary: 100% after deductible Specialists: 80% after deductible	
Diagnostic Lab & X-Ray	80% after deductible	
Hospital Benefits		
Inpatient	60% after deductible	
Outpatient Surgery	60% after deductible	
Emergency Room (copay waived if admitted)	60% after deductible	
Prescription Drugs	80% after deductible	
Retail (90 day supply)	\$5 / \$15	60% after deductible
Mail Order (90 day supply)	\$10 / \$30	Not Covered
Vision Exam	1 exam every 12 months	
Vision Hardware	\$200 allowance every 24 months	
Rates	Aetna Proposal #2	
Employee	25	\$983.13
Employee Spouse	22	\$2,162.89
Employee Child(ren)	14	\$1,769.64
Employee Spouse Child(ren)	40	\$3,047.71
Estimated Monthly Premium	101	\$218,845.19
Estimated Annual Premium		\$2,626,142.28

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**City of Homer
Medical/Vision Plan Proposal
Effective Date: January 1, 2014**



Benefits	In Network	Out of Network
Lifetime/Annual Max Maximum		Unlimited
Deductible		
Individual	\$1,000	\$1,000
Family	\$3,000	\$3,000
Coinsurance (Plan Pays / Member Pays)		
Out of Pocket Max	70 / 30%	50 / 50%
Individual (includes deductible)	\$3,000	\$3,000
Family (includes deductible)	\$6,000	\$6,000
Office Visits	Primary: 100% after deductible Specialists: 70% after deductible	50% after deductible
Diagnostic Lab & X-Ray	70% after deductible	50% after deductible
Hospital Benefits		
Inpatient	70% after deductible	50% after deductible
Outpatient Surgery	70% after deductible	50% after deductible
Emergency Room (copay waived if admitted)	70% after deductible	50% after deductible
Prescription Drugs	70% after deductible	
Retail (90 day supply)	\$5 / \$15	50% after deductible
Mail Order (90 day supply)	\$10 / \$30	Not Covered
Vision Exam	1 exam every 12 months	
Vision Hardware	\$200 allowance every 24 months	
Rates	Aetna Proposal #3	
Employee	25	\$929.58
Employee Spouse	22	\$2,045.09
Employee Child(ren)	14	\$1,673.25
Employee Spouse Child(ren)	40	\$2,881.72
Estimated Monthly Premium	101	\$206,925.78
Estimated Annual Premium		\$2,483,109.36

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**City of Homer
Medical/Vision Plan Proposal
Effective Date: January 1, 2014**



Benefits	In Network	Out of Network
Lifetime/Annual Max Maximum	Unlimited	
Deductible		
Individual	\$1,250	\$1,250
Family	\$2,500	\$2,500
Coinsurance (Plan Pays / Member Pays)		
Out of Pocket Max	70 / 30%	50 / 50%
Individual (<i>includes deductible</i>)	\$3,000	\$3,000
Family (<i>includes deductible</i>)	\$6,000	\$6,000
Office Visits	70% after deductible	50% after deductible
Diagnostic Lab & X-Ray	70% after deductible	50% after deductible
Hospital Benefits		
Inpatient	70% after deductible	50% after deductible
Outpatient Surgery	70% after deductible	50% after deductible
Emergency Room (copay waived if admitted)	70% after deductible	50% after deductible
Prescription Drugs	70% after deductible	70% after deductible
Retail (90 day supply)	\$5 / \$15	50% after deductible
Mail Order (90 day supply)	\$10 / \$30	Not Covered
Vision Exam	1 exam every 12 months	
Vision Hardware	\$200 allowance every 24 months	
Rates	Aetna Proposal #4	
Employee	25	\$867.47
Employee Spouse	22	\$1,908.43
Employee Child(ren)	14	\$1,561.45
Employee Spouse Child(ren)	40	\$2,689.16
Estimated Monthly Premium	101	\$193,098.91
Estimated Annual Premium		\$2,317,186.92

This is a summary of benefits. This is not a contract.





City of Homer

Dental Plan Proposal

Effective Date: January 1, 2014



Benefits	In / Out of Network
Annual Maximum	\$1,500 PCY
Deductible	
Individual	\$50
Family	\$150
Preventive Services	80%
Basic Services	80%
Major Services	60%
Orthodontia Benefit (Lifetime)	70% to \$750
Rates	
Employee	Aetna
Employee + Spouse	\$54.41
Employee + Child(ren)	\$105.30
Employee + Family	\$120.83
	\$171.72
Estimated Monthly Premium	\$12,237.27
Estimated Annual Premium	\$146,847.24

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ALASKA POLITICAL SUBDIVISIONS
Medical Plan Comparison Chart
Effective July 1, 2013

Eligibility: Full-Time Permanent Employees (30+ hours) on 31st day of pay; Part-Time Permanent Employees (15-30 hours) who elect coverage on 31st day of pay; Elected Officials who receive a salary - effective date when sworn into office.
Eligible Dependents: Spouse or Domestic Partner (same sex) and Children up to age 26; Newborns automatically covered first 60 days (legislative).

Plan Provision	Plan I	Plan II	Plan III	Plan IV HDHP
Calendar Year Deductible	\$250/\$750	\$500/\$1,500	\$750/\$2,250	\$2,000 Individual Plan \$4,000 Family Plan
Office Visit Deductible (In addition to calendar year deductible)	\$10/Visit	\$10/Visit	\$10/Visit	N/A
Out-of-Network Hospital Admission Deductible (Additional)	\$500 per admission	\$500 per admission	\$500 per admission	\$500 per admission
Deductible Carryover	Does not apply			N/A
Coinsurance - In-network	90%	80%	80%	80%
Coinsurance - Out of network	70%	60%	60%	60%
Emergency Room	90%, 50% for non-emergency use	80%, 50% for non-emergency use	80%, 50% for non-emergency use	80%, 50% for non-emergency use
In-Network Out of Pocket Limit	\$500 (Doesn't include deductible)	\$1000 (Doesn't include deductible)	\$2000 (Doesn't include deductible)	\$3,000 Individual Plan \$6,000 Family Plan
Out-of-Network Out of Pocket Limit - Additional	N/A	N/A	N/A	\$1,000 Individual Plan \$2,000 Family Plan
Prescription Drugs - Retail (30 day max supply) Medications obtained from a non-network pharmacy are reimbursable at 80% after the separate pharmacy deductible (Plans I, II and III). For Plan IV, combined medical and pharmacy deductible must be met before reimbursement applies. Member must pay up front.	After separate \$50/\$150 annual deductible, the member's coinsurance is: 1) Generics - 0% 2) Brand Formulary - 20%* 3) Brand Non-Formulary 30% * * Minimum and Maximum copays apply	After separate \$50/\$150 annual deductible, the member's coinsurance is: 1) Generics - 0% 2) Brand Formulary - 20%* 3) Brand Non-Formulary 30% * * Minimum and Maximum copays apply	After separate \$50/\$150 annual deductible, the member's coinsurance is: 1) Generics - 0% 2) Brand Formulary - 20%* 3) Brand Non-Formulary 30% * * Minimum and Maximum copays apply	After deductible, the following copayments apply: 1) Generics - \$10 2) Brand Formulary - \$20 3) Brand Non-Formulary - \$35
Mail Order Pharmacy (90 day max supply)	Generics - \$10 copay Brands - \$30 copay	Generics - \$10 copay Brands - \$30 copay	Generics - \$10 copay Brands - \$30 copay	After deductible, the following copayments apply: 1) Generics - \$20 2) Brand Formulary - \$40 3) Brand Non-Formulary - \$60
Mandatory Generics	Applies	Applies	Applies	Applies

**ALASKA POLITICAL SUBDIVISIONS
Medical Plan Comparison Chart
Effective July 1, 2013**

Plan Provision	Plan I	Plan II	Plan III	Plan IV HDHP
Preventive Care including cancer screenings (Paps, PSA, Mammograms and Colorectal Cancer Screening)	100% coverage for adult/well child care No deductible	100% coverage for adult/well child care No deductible	100% coverage for adult/well child care No deductible	100% coverage for adult/well child care No deductible
Spinal Disorders	Subject to Medical Necessity			25 visits
Durable Medical Equipment	Unlimited	Unlimited	Unlimited	\$10,000 maximum per year
Skilled Nursing - Convalescent Facility	120 days per year	120 days per year	120 days per year	120 days per year
Home Health Care	Unlimited	Unlimited	Unlimited	60 Visits per year
Private Duty Nursing	Unlimited	Unlimited	Unlimited	70 8-hr shifts per year
Hospice	90% after deductible, no maximums	80% after deductible, no maximums	80% after deductible, no maximums	80% after deductible, no maximums
Mental Health or Chemical Dependency Treatment -- Inpatient	90% after deductible	80% after deductible	80% after deductible	80% after deductible
Mental Health or Chemical Dependency Treatment -- Outpatient	90% after deductible	80% after deductible	80% after deductible	80% after deductible
Pre-Existing Conditions	\$1000 first 12 months <i>(Does not apply to children under the age of 19)</i>			

This chart is meant to be a summary only of the main features of the plan of benefits. Please refer to the Aetna Plan booklet certificates for the State of Alaska Political Subdivisions, including summary of changes, for additional details.

POLITICAL SUBDIVISION HEALTH AND LIFE PREMIUMS - Effective July 1, 2013

Plan is on Calendar Year, Premiums set on Fiscal year

Traditional Plans

Medical Premium		DVA Premium		Total Monthly Premium		Combined Family Health Premium		Basic Life		Combined Family Life Premium	
		Dependent DVA Optional				Includes Medical & DVA for all Covered Family				Includes Life for all Covered Family	
Plan I - Suffix 31											
<i>\$250 ded, 90% coinsurance, \$500 out of pocket limit</i>											
Employee	\$ 1,523.23	+	Included	=	\$ 1,523.23			\$0.59			
Child/Children	\$ 1,216.30	+	\$ 85.00	=	\$ 1,301.30	\$ 2,824.53		\$0.09		\$0.68	
Spouse	\$ 1,790.22	+	\$ 81.00	=	\$ 1,871.22	\$ 3,394.45		\$0.19		\$0.78	
Spouse and Children	\$ 3,024.92	+	\$ 165.75	=	\$ 3,190.67	\$ 4,713.90		\$0.28		\$0.87	
Plan II - Suffix 32											
<i>\$500 ded, 80% coinsurance, \$1000 out of pocket limit</i>											
Employee	\$ 1,157.35	+	Included	=	\$ 1,157.35			\$0.59			
Child/Children	\$ 905.00	+	\$ 85.00	=	\$ 990.00	\$ 2,147.35		\$0.09		\$0.68	
Spouse	\$ 1,356.24	+	\$ 81.00	=	\$ 1,437.24	\$ 2,594.59		\$0.19		\$0.78	
Spouse and Children	\$ 2,260.77	+	\$ 165.75	=	\$ 2,426.52	\$ 3,583.87		\$0.28		\$0.87	
Plan III - Suffix 33											
<i>\$750 ded, 80% coinsurance, \$2000 out of pocket limit</i>											
Employee	\$ 915.39	+	Included	=	\$ 915.39			\$0.59			
Child/Children	\$ 752.88	+	\$ 85.00	=	\$ 837.88	\$ 1,753.27		\$0.09		\$0.68	
Spouse	\$ 1,123.99	+	\$ 81.00	=	\$ 1,204.99	\$ 2,120.38		\$0.19		\$0.78	
Spouse and Children	\$ 1,876.78	+	\$ 165.75	=	\$ 2,042.53	\$ 2,957.92		\$0.28		\$0.87	

Employee coverage is mandatory for all permanent employees and includes medical and dental-vision-audio, Basic Life and AD&D coverage. Medical/Life insurance is optional for dependents and may be selected with or without the DVA portion of the package. The DVA coverage CANNOT be selected without the medical/life Health insurance premiums are paid directly to Aetna. Life insurance premiums are paid directly to Unum. You must pay life insurance premiums on all employees for whom you pay health premiums.

POLITICAL SUBDIVISION HEALTH AND LIFE PREMIUMS - Effective July 1, 2013

Plan is on Calendar Year, Premiums set on Fiscal year

High Deductible Health Plan Option

Plan IV - Suffix 34

*Ind: \$2000 ded, 80% coinsurance, \$3000 out of pocket limit
Fam: \$4000 ded, 80% coinsurance, \$6000 out of pocket limit*

	Medical Premium	DVA Premium	Total Monthly Premium	Combined Family Health Premium	Basic Life	Combined Family Life Premium
Employee	\$ 642.01	Included =	\$ 642.01	Includes Medical & DVA for all Covered Family	\$0.59	Includes Life for all Covered Family
Child/Children	\$ 503.15	+ \$ 85.00 =	\$ 588.15		\$0.09	
Spouse	\$ 744.23	+ \$ 81.00 =	\$ 825.23		\$0.19	
Spouse and Children	\$ 1,247.28	+ \$ 165.75 =	\$ 1,413.03		\$0.28	

Employee coverage is mandatory for all permanent employees and includes medical and dental-vision-audio, Basic Life and AD&D coverage. Medical/Life insurance is optional for dependents and may be selected with or without the DVA portion of the package. The DVA coverage CANNOT be selected without the medical/life Health insurance premiums are paid directly to Aetna. Life insurance premiums are paid directly to Unum. You must pay life insurance premiums on all employees for whom you pay health premiums.