



Medical Benefits

At a Glance



You may not have all these benefits. Your benefits are determined by your collective bargaining agreement and your enrollment choices. If you have questions about your coverage or your specific benefits, call **844-427-8501**.

Aetna and Pacific Health Coalition	Silver Plan	
WHAT'S COVERED <i>(effective 1/1/2022 and after)</i>	WHAT YOU PAY– Coalition/PPO Provider or Any Provider Outside of Anchorage*	WHAT YOU PAY– Non-PPO (Non-Coalition) in Anchorage*
Office Visits		
Preventive Care	No charge	No charge
Primary Care Provider <i>(includes all care received during visit)</i>	30% coinsurance after deductible	30% coinsurance after deductible
Teladoc <i>(telehealth)</i>	No charge	Not covered
Specialist <i>(all care received during visit)</i>	30% coinsurance after deductible	30% coinsurance after deductible
Mental Health/Substance Abuse	30% coinsurance after deductible	30% coinsurance after deductible
Chiropractic Services <i>(1 visit per day)</i>	30% coinsurance after deductible	30% coinsurance after deductible
Diabetes Education	No charge	No charge
Emergency, Urgent Care, and Inpatient Services		
Urgent Care Center	30% coinsurance after deductible	30% coinsurance after deductible
ER for Emergency <i>(waived if admitted)</i>	\$100 copay + 30% coinsurance after deductible	\$100 copay + 30% coinsurance after deductible
ER for Routine Care	\$100 copay +30% coinsurance after deductible	\$100 copay + 30% coinsurance after deductible
Ground Ambulance <i>(100 days per confinement)</i>	30% coinsurance after deductible	30% coinsurance after deductible
Inpatient Hospitalization <i>(copay is waived after 4 or more stays/person/ calendar year)</i>	\$350 copay +30% coinsurance after deductible	\$350 copay +40% coinsurance after deductible for Non-PPO facility in the Municipality of Anchorage
Skilled Nursing Facility <i>(up to 100 days per confinement)</i>	No charge	No charge
Outpatient Services		
Outpatient Surgery	30% coinsurance after deductible	Ambulatory Surgery Center: 30% coinsurance after deductible Outpatient Hospital: 40% coinsurance after deductible for Non-PPO facility in the Municipality of Anchorage
Physical and Occupational Therapy	30% coinsurance after deductible	30% coinsurance after deductible
Speech Therapy	30% coinsurance after deductible	30% coinsurance after deductible
Infusion Medication and Chemotherapy	30% coinsurance after deductible	30% coinsurance after deductible

*Services received from a Non-PPO provider will be covered up to the Usual & Customary Charge (UCC). Any amounts above the UCC will not be covered and you may receive a balance bill from the provider. The Allowed amount for service at a Non-PPO facility in Anchorage will be the rate of the PPO Provider.

Medical <i>(continued)</i>	Silver Plan	
WHAT'S COVERED	WHAT YOU PAY– Coalition/PPO Provider or Any Provider Outside of Anchorage*	WHAT YOU PAY– Non-PPO (Non-Coalition) in Anchorage*
Kidney Dialysis	30% coinsurance after deductible	30% coinsurance after deductible
Radiation Therapy	30% coinsurance after deductible	30% coinsurance after deductible
Lab and Imaging Services		
Laboratory Services and Radiology <i>No extra copays when part of an office visit</i>	30% coinsurance after deductible	Non-hospital - 30% coinsurance after deductible Hospital - 40% coinsurance after deductible for Non-PPO facility in the Municipality of Anchorage
Diagnostic Imaging (CT, MRI, PET)	30% coinsurance after deductible	
Other Care and Expenses		
Home Health Care Visit <i>(100 visits per calendar year)</i>	No charge	No charge
Hospice Care <i>(Must be terminally ill with life expectancy of 12 months or less)</i>	30% coinsurance after deductible	30% coinsurance after deductible
Podiatric Orthotics	Not covered	Not covered
Durable Medical Equipment	30% coinsurance after deductible	30% coinsurance after deductible
Prescription Drug		
Generic	40% coinsurance (\$5 minimum at retail; \$10 minimum at mail)	
Brand Drugs	40% coinsurance (\$5 minimum at retail; \$10 minimum at mail)	
Diabetes Oral Medications, Insulin and Supplies	\$5 copay retail / \$10 copay mail	
Specialty Drugs	40% coinsurance (\$5 minimum at retail; \$10 minimum at mail)	
Other		
Medical Deductible	\$500 individual/\$1,000 family for Coalition/PPO Provider or Any Provider Outside of Anchorage, \$1,000 individual/\$2,000 family for Non-PPO (Non-Coalition) in the Municipality of Anchorage	
Coalition/PPO Provider or Any Provider Outside of Anchorage Out-of-Pocket Spending Limit Once your cost sharing for network covered expenses reaches these limits, the Plan pays 100% for most of your covered network expenses for the rest of the year (see your SPD for expenses that don't count).	Medical	\$3,500 individual; \$7,000 family
Non-PPO (Non-Coalition) in the Municipality of Anchorage Out-of-Pocket Spending Limit	Medical	\$10,000 individual \$20,000 family
Prescription Drug Out-of-Pocket Spending Limit		\$2,350 individual \$4,700 family

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844-427-8501
www.alaskaplan.org

This document is an easy-to-read summary and does not include all benefits. If you want more details about your benefits or want to find out which treatments/ services require prior authorization, please refer to your Summary Plan Description (SPD) or call UNITE HERE HEALTH.



Non-Medical Benefits

At a Glance



Dental, Life and AD&D

Dental – Employee Only

Effective January 1, 2022 and after

Maximum Benefit Per Person <i>Calendar year</i>	Plan pays up to \$1,000
Preventive and Diagnostic Services	Plan pays 100% of Usual and Customary Charge
Coinsurance	50%*
Calendar Year Deductible	\$50 per person

*Services received will be covered up to the Usual & Customary Charge (UCC). Any amounts above the UCC will not be covered and you may receive a balance bill from the provider.

Life and AD&D – Employee Only

<i>Employees only</i>	WHAT THE PLAN PAYS
Life Insurance	\$20,000
Accidental Death & Dismemberment Insurance	

For Prior Authorization, please have your provider call Aetna. Your Aetna providers may submit most prior authorization requests electronically to Aetna through the secure website or using your Electronic Medical Record (EMR) system portal.

Call UNITE HERE HEALTH at **844-427-8501** to verify benefits and eligibility.

The following are the services that will require prior authorization. The prior authorization list may change from time to time. Contact member services at **844-427-8501** for the most up-to-date information.

Prior Authorization List - Subject to Change	
Inpatient admissions (except hospice)	Osseointegrated implant
Ambulance by plane	Osteochondral allograft/knee
Autologous chondrocyte implantation	Proton beam radiotherapy
Chiara malformation decompression surgery	Reconstructive or other procedures that maybe considered cosmetic
Coverage at an in-network benefit level for out-of-network provider/facility (excludes emergent services)	Shoulder Arthroplasty including revision procedures
Dialysis	Spinal procedures
Dorsal column (lumbar) neurostimulators; trial or implantation	Uvulopalatopharyngoplasty, including laser-assisted procedures
Endoscopic nasal balloon dilation procedures	Ventricular assist devices
Functional endoscopic sinus surgery (FESS)	Video electroencephalograph (EEG)
Gender reassignment surgery	Whole exome sequencing
Hip surgery to repair impingement syndrome	Applied behavioral analysis (ABA)
Hyperbaric oxygen therapy	Inpatient admissions
Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics	Partial hospitalization programs (PHPs)
Non-participating freestanding ambulatory surgical facility services, when referred by a participating provider	Residential treatment center (RTC) admissions
Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint	Transcranial magnetic stimulation (TMS)
Drugs and medical injectables (medications administered by or supervised by a provider) paid by the medical plan	

This table is only a general guideline to UHH Plans prior authorization requirements.

This list may be updated from time to time. If you go to an in-network provider, it's the provider's responsibility to check for updates. If you go to an out-of-network provider, you're responsible for making sure your provider gets prior authorization. If the procedure billed is not the procedure approved, there may be no payment. The presence or absence of a procedure code and/or service on this list does not determine benefits or coverage for your patient. Verification of benefits and eligibility should be obtained by calling **UNITE HERE HEALTH** at **844-427-8501**.