

Government Contractors' Benefits Cooperative

# overview of plans



Premera Blue Cross Blue Shield of Alaska Health Plans offered by the Government Contractors' Benefits Cooperative

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# local service, natio

## Our Alaskan Heritage

The Government Contractors' Benefits Cooperative (GCBC), a dues-based organization located in Anchorage, Alaska, offers federal government service contractors and their agents the means to provide employees with affordable healthcare coverage through Premera Blue Cross Blue Shield of Alaska (PBCBS AK).

Premera Blue Cross Blue Shield of Alaska has been providing healthcare coverage to Alaskans for nearly half a century—before Alaska became a state—and has served more Alaskans than any other health plan.

Since we live in the state we serve, we don't just hear the concerns of Alaskans—we share them.

Simply put: **We're here, we're with you.**

## Premera healthcare coverage: the right choice for Alaskan Businesses

### Affordable, innovative benefit choices designed to meet your business needs

Premera Blue Cross Blue Shield of Alaska is committed to meeting the needs of Alaskan businesses by offering prevailing wage employers, who are members of the GCBC, comprehensive health plans that deliver greater value for federally-mandated fringe benefits.\*

Offering a health plan utilizing fringe benefit funds can help employers decrease payroll and administrative burdens, and reduce payroll taxes. In addition, with Premera's reputation for excellent health coverage and customer service, employers can increase their ability to attract and retain employees.

Because PBCBS AK understands the need for predictable costs that enable small businesses to compete, employers receive one rate, good for a year, no matter how many employees are covered—all without health statements.

### Local, responsive service team

PBCBS AK is local, so employers enjoy the advantages and support of an Alaska-based Account Management team and employees benefit from a dedicated Alaska Customer Service team.

\* To be eligible, a Prevailing Wage employer must be a federal government contractor with employees working under the Service Contract Act or the Davis-Bacon Act, and must be a member of the Government Contractors' Benefits Cooperative.

# nal reach

## The most comprehensive provider network in Alaska

Premera Blue Cross Blue Shield of Alaska offers access to the largest hospital and provider network across Alaska, providing employees access to medical care in all corners of the state, at all times.

As part of our service to you, we negotiate with preferred and participating providers to set fees for covered services. This means that your employees are protected from balance billing (fees above and beyond negotiated rates) when they use in-network providers for covered services. Employees are also free to use out-of-network providers, if needed. Providers who are not in-network may bill the employee for additional charges (balance billing).

Additionally, employers can feel confident that their employees can get prescriptions filled quickly and easily through any of 60,000 pharmacies nationwide, contracted through Medco Health Solutions.\*

## Access to nationwide networks through the BlueCard program

We also understand that Alaska-based employers often have employees working outside of the state. The BlueCard Program, included with all GCBC-sponsored health plans, provides employees access to networks of contracted preferred and participating Blue Cross Blue Shield providers across the United States and worldwide. Just like in Alaska, these networks provide valuable discounts on billed charges.

The BlueCard program options allow employers to choose the out-of-area networks and benefits that are right for their employees. An employer simply selects the benefits they want, then pairs them with a nationwide BlueCard preferred or participating provider network.

\* Medco Health Solutions is a leading independent pharmacy benefit manager responsible for serving the pharmacy needs of Premera members.

## Our plan offerings include:

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### AK HeritageSelect

#### Ideal for employers who want to:

- provide familiar PPO hospital benefit offerings.
- select from a wide range of deductibles, coinsurance and copays to create a plan that is right for their business and employees.

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### AK HeritageSelect HSA

#### Ideal for employers who want to:

- offer a high-deductible, lower-premium health plan that is qualified to be combined with an employee-owned Health Savings Account (HSA).
- share with employees a greater amount of responsibility for their healthcare spending.
- give employees the opportunity to save, on a tax-advantaged basis, for future healthcare expenses.

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### Life Insurance

- A \$15,000 policy, with options of \$25,000 or \$50,000 are built in to the plan.

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### Pharmacy benefits

- Minimize out-of-pocket expenses and maximize the safety of prescription drugs.

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### Optional benefits

- Dental Optima Plans
- Vision Plans
- Disability Products

**QUESTIONS?** Call your broker or call Premera Blue Cross Blue Shield of Alaska at (907) 258-5065.

# AK HeritageSelect

## Ideal for employers who want to:

- provide familiar PPO hospital benefit offerings.
- select from a wide range of deductibles, coinsurance and copays to create a plan that is right for their business and employees.



## AK HeritageSelect Cost Share Options

Cost shares and percentages represent what the member pays.

COST SHARE OPTIONS	300 / 25 / 3000		500 / 25 / 4000		750 / 25 / 5000		1000 / 25 / 5000		1500 / 25 / 5000	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
<b>Individual Deductible</b> PCY (Family=3x)	\$300	\$600	\$500	\$1,000	\$750	\$1,500	\$1,000	\$2,000	\$1,500	\$3,000
<b>Coinsurance</b> <sup>†</sup> (In-network / out-of-network)	20%	50% / 20%*	20%	50% / 20%*	20%	50% / 20%*	20%	50% / 20%*	20%	50% / 20%*
<b>Individual Out-of-pocket Maximum</b> PCY, excludes copay (Family=3x)	\$3,000	N/A	\$4,000	N/A	\$5,000	N/A	\$5,000	N/A	\$5,000	N/A
<b>Office Visit Cost Share</b>	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
<b>LIFETIME BENEFIT MAXIMUM</b>	\$2,000,000									

Out-of-pocket maximum = deductible + coinsurance maximum.

Out-of-pocket costs for out-of-network providers do not accrue toward out-of-pocket maximum.

<sup>†</sup> All coinsurance amounts are based on a percentage of allowable charges.

\* Hospital/CD Facility: 50%. Other facilities and all professionals: 20%

PCY = Per Calendar Year

N/A = Not applicable

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions, please contact Customer Service.

## AK HeritageSelect Benefit Features

All deductibles, copays, and coinsurance percentages shown represent **what the member pays**.

PCY = Per Calendar Year

COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK
<b>PREVENTIVE CARE</b>		
Preventive Office Visit \$300 PCY	\$25	\$25
Immunizations (Shared with exam limit)	Covered in full	Covered in full
Diabetes Health Education (DE) unlimited		
<b>PROFESSIONAL CARE</b>		
Professional Office Visit including Urgent Care	\$25	\$25
Inpatient Professional Services	Deductible/Coinsurance	Hospital/CD Facility: 50%; Other facilities and professionals: 20%
<b>DIAGNOSTIC SERVICES</b>		
Professional Diagnostic Imaging & Laboratory Services includes PAP smears and PSA testing	Covered in full	Hospital/CD Facility: 50%; Other facilities and professionals: 20%
Other Diagnostic Imaging & Laboratory Services	Deductible/Coinsurance	
Mammography	Covered in full	
<b>FACILITIES CARE</b>		
Inpatient Facility	Deductible/Coinsurance	Hospital/CD Facility: 50%; Other facilities and professionals: 20%
Outpatient Surgery Facility		
Skilled Nursing Facility 20 days PCY		
<b>EMERGENCY CARE</b>		
Emergency Care (Copay waived if admitted)	\$100 Copay, Deductible/Coinsurance	\$100 Copay, subject to in-network Deductible/Coinsurance
Ambulance Transportation	Deductible/Coinsurance	Same as in-network deductible/coinsurance
Air Ambulance unlimited		
Air or Surface Transportation		
<b>OTHER SERVICES</b>		
Acupuncture 12 visits PCY	Office visit cost share	Office visit cost share
Chemical Dependency Treatment \$14,495 per 24 months; \$28,985 lifetime	Covered as any other service	Hospital/CD Facility: 50%; Other facilities and professionals: 20%
Home Healthcare 130 visits PCY	Deductible/Coinsurance	
Hospice Care inpatient: 10 days PCY; Respite: 240 hours; 6-month limit		
Manipulations (Spinal and other) 12 visits PCY	Office visit cost share	Office visit cost share
Medical Supplies, Equipment, Prosthetics and Orthotics \$5,000 PCY (Includes \$300 orthotics)	Deductible/Coinsurance	Hospital/CD Facility: 50%; Other facilities and professionals: 20%
Mental Health Inpatient Facility Care 6 days PCY	Covered as any other service	Covered as any other service
Mental Health Outpatient Professional Care 12 visits PCY		
Naturopathy unlimited	Office visit cost share	Office visit cost share
Rehab Inpatient Facility 30 days PCY	Inpatient cost share	Inpatient cost share
Rehab Outpatient Care including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab.; and Chronic Pain (15 visits PCY)	Covered as any other service	Office visit cost share
Transplants (Organ and Bone Marrow) \$250,000 lifetime benefit maximum; combined inpatient and outpatient limit		Not covered

CD= Chemical Dependency. Balance billing may apply if a provider is not contracted with Premera Blue Cross Blue Shield of Alaska.

Members are responsible for amounts in excess of the allowable charge. This plan's benefits are designed to cover care from network providers only except as otherwise stated.

# AK HeritageSelect HSA

## Ideal for employers who want to:

- offer a high-deductible, lower-premium health plan that is qualified to be combined with an employee-owned Health Savings Account.
- share with employees a greater amount of responsibility for their healthcare spending.
- give employees the opportunity to save, on a tax-advantaged basis, for future healthcare expenses.

## AK HeritageSelect HSA Cost Share Options

Cost shares and percentages represent what the member pays.

COST SHARES	IN-NETWORK	OUT-OF-NETWORK
<b>Individual Deductible</b> PCY (Aggregate Family Deductible replaces Individual Deductible)	\$2,000 / \$4,000	Shared with In-network deductible
<b>Coinsurance</b> <sup>†</sup> (In-network / out-of-network)	20%	Hospital/CD Facility: 40%; Other facilities & professionals: 20%
<b>Individual Out-of-pocket Maximum</b> PCY, excludes copay (Aggregate Family OOP replaces Individual OOP)	\$5,000 / \$10,000	Not applicable
<b>Office Visit Cost Share</b>	Deductible/Coinsurance	Deductible/Coinsurance
<b>LIFETIME BENEFIT MAXIMUM</b>	\$2,000,000	

Out-of-pocket maximum = deductible + coinsurance maximum.

Out-of-pocket costs for out-of-network providers do not accrue toward out-of-pocket maximum.

<sup>†</sup> All coinsurance amounts are based on a percentage of allowable charges.

PCY = Per Calendar Year.

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## AK HeritageSelect HSA Benefit Features

All deductibles, copays, and coinsurance percentages shown represent **what the member pays**.

PCY = Per Calendar Year

COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	
<b>PREVENTIVE CARE</b>			
Preventive Office Visit unlimited	Covered in full	Covered in full	
Immunizations (Shared with exam limit)			
Diabetes Health Education (DE) unlimited	Deductible/Coinsurance	Hospital/CD Facility: deductible/coinsurance; Other facilities & professionals: same	
<b>PROFESSIONAL CARE</b>			
Professional Office Visit including Urgent Care	Deductible/Coinsurance	Deductible/Coinsurance	
Inpatient Professional Services		Hospital/CD Facility: deductible/coinsurance; Other facilities & professionals: same	
<b>DIAGNOSTIC SERVICES</b>			
Professional Diagnostic Imaging & Laboratory Services includes PAP smears and PSA testing	Covered in full	Hospital/CD Facility: Deductible/Coinsurance; Other facilities & professionals: same as in-network cost-share	
Other Diagnostic Imaging & Laboratory Services	Deductible/Coinsurance		
Mammography	Covered in full		
<b>FACILITIES CARE</b>			
Inpatient Facility	Deductible/Coinsurance	Hospital/CD Facility: 40% Other facilities and professionals: deductible/coinsurance	
Outpatient Surgery Facility			
Skilled Nursing Facility 60 days PCY			
<b>EMERGENCY CARE</b>			
Emergency Care	Deductible/Coinsurance	Deductible/Coinsurance	
Ambulance Transportation			
Air Ambulance unlimited			
Air or Surface Transportation			
<b>OTHER SERVICES</b>			
Acupuncture 12 visits PCY	Deductible/Coinsurance	Office visit cost share	
Chemical Dependency Treatment \$14,495 per 24 months; \$28,985 lifetime		Hospital/CD Facility: 40%; Other facilities and professionals: 20%	
Home Healthcare 130 visits PCY			
Hospice Care inpatient: 10 days PCY; Respite: 240 hours; 6-month limit		Office visit cost share	
Manipulations (Spinal and other) 12 visits PCY		Hospital/CD Facility: 40%; Other facilities and professionals: 20%	
Medical Supplies, Equipment, Prosthetics and Orthotics \$5,000 PCY (Includes \$300 orthotics)			
Mental Health Inpatient Facility Care 6 days PCY		Covered as any other service	
Mental Health Outpatient Professional Care 12 visits PCY		Office visit cost share	
Naturopathy unlimited		Inpatient cost share	
Rehab Inpatient Facility 30 days PCY		Office visit cost share	
Rehab Outpatient Care including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab; and Chronic Pain (45 visits PCY)		Not covered	
Transplants (Organ and Bone Marrow) \$250,000 lifetime benefit maximum; combined inpatient and outpatient limit		Specific Preventive Drugs: covered in full, all other: deductible/coinsurance	Specific Preventive Drugs: covered in full, all other: deductible/coinsurance

CD= Chemical Dependency. Balance billing may apply if a provider is not contracted with Premera Blue Cross Blue Shield of Alaska.

Members are responsible for amounts in excess of the allowable charge. This plan's benefits are designed to cover care from network providers only except as otherwise stated.

# Pharmacy benefits

Our pharmacy programs focus on minimizing out-of-pocket expenses and maximizing the safety of prescription drugs. These programs are safe and flexible—balancing choice, cost savings and peace of mind.

Cost-shares and percentages represent what the member pays.

PHARMACY PLANS	2-TIER RX COPAY PLANS	2-TIER RX COPAY PLANS	3-TIER RX COPAY PLANS
	\$10 / \$25	\$8 / \$20	\$10 / \$25 / \$45
<b>OUTPATIENT PRESCRIPTION DRUGS</b>	Tier 1 / Tier2	Tier 1 / Tier2	Tier 1 / Tier 2 / Tier 3
<b>Retail Cost Shares</b> (Up to 30-day supply per prescription, 1 Copay required for each 30-day supply)	\$10 / \$25	\$8 / \$20	\$10 / \$25 / \$45
<b>Mail Cost Shares</b> (Up to 90-day supply per prescription)	\$20 / \$50	\$20 / 20%	\$25 / \$62 / \$112
<b>Individual Deductible</b> PCY	\$0	\$0	\$0
<b>Out-of-pocket Maximum</b>	Unlimited	Unlimited	Unlimited
<b>ANNUAL BENEFIT MAXIMUM</b>	Unlimited		

## Preferred Drug List and Pharmacy Network

Our pharmacy benefits provide access to high-quality, cost-effective drug therapy and rewards members for using generic drugs, when appropriate. Our 3-tier plan assures our members the broadest possible selection of prescription drugs. With this benefit, drugs fall into one of three categories as follows.



3-TIER PROGRAM	COST	DRUG DEFINITION
Generic	\$	FDA-approved; as safe and effective as brand-name alternative
Preferred brand-name	\$\$	Cost-effective and effective for treatment
Non-preferred brand-name	\$\$\$	Available generic / preferred alternative is equally or more effective

Our 2-Tier plans provide the same low cost for generics, but preferred and non-preferred drugs are available at the same level of out-of-pocket cost.

2-TIER PROGRAM	COST	DRUG DEFINITION
Generic	\$	FDA-approved; as safe and effective as brand-name alternative
Preferred brand-name	\$\$	Cost-effective and effective for treatment

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# Optional benefits

Dental Optima Plans let employers choose from an array of deductible and cost share options to suit employees' particular needs.

Cost-shares and percentages represent what the member pays.

<b>DENTAL PLANS</b>	<b>\$100 / 20% / 20% / 50% / \$1,000</b>	<b>\$50 / 20% / 20% / 50% / \$1,500</b>	<b>\$50 / 0% / 20% / 50% / \$2,000</b>
<b>Annual Deductible</b> PCY (Individual / Family)	\$100 / \$250	\$50 / \$150	\$50 / \$150
<b>COVERED SERVICES</b>			
<b>DIAGNOSTIC AND PREVENTIVE<sup>†</sup></b>			
Initial & Routine Oral Exams			
Cleanings			
Fluoride Treatments	20%	20%	0%
Routine Dental X-rays			
Sealants			
<b>BASIC</b>			
Oral Surgery			
Fillings			
Periodontal Scaling			
Periodontal Maintenance			
Full Mouth Debridement	20%	20%	20%
Repair & Recementing of Crowns, Inlays, Bridgework & Dentures			
Endodontic (Root Canal) Treatment			
Emergency Palliative Treatment			
General Anesthesia			
<b>MAJOR</b>			
Inlays, Onlays & Crowns			
Dentures & Fixed Bridges	50%	50%	50%
Replacement of Crowns, Inlays, Bridgework & Dentures			
<b>ORTHODONTIA</b>			
Orthodontia Monthly Adjustments/Treatment	Not covered	Not covered	\$1,000 lifetime; \$250 diagnostics/banding
Orthodontia Diagnostics/Banding			\$250 lifetime
<b>ANNUAL BENEFIT MAXIMUM</b>	\$1,000	\$1,500	\$2,000

<sup>†</sup> Annual deductible waived for diagnostic and preventive services.

PCY = Per Calendar Year.

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if out-of-network provider is used.

Coverage is designed with a 12-month, per-calendar-year benefit—ensuring employees have access to eye care on a regular basis.

## VISION PLANS

<b>Routine Vision Exam</b>	1 PCY covered in full—included benefit in all health plans except the AK HeritageSelect HSA
<b>Vision Hardware</b>	\$200 PCY—optional benefit available for purchase in all health plans except the AK HeritageSelect HSA

PCY = Per Calendar Year.

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# Exclusions and Limitations

## General exclusions and limitations

Benefit plans typically have exclusions and limitations—what the plans do not cover. The following are general exclusions and limitations for Premera Blue Cross Blue Shield of Alaska benefit plans. Please contact your Premera Blue Cross Blue Shield of Alaska representative for more information.

### What is not covered

Benefits are not provided for treatment, surgery, services, drugs or supplies for any of the following:

- Any disease, ailment, or condition listed as not covered in the contract
- Caffeine dependence
- Complications of non-covered services
- Conditions arising from acts of war, or service in the military
- Conditions arising from the enrollee's commission of a felony or insurrection, or an act of riot or terrorism
- Convenience or personal comfort items (i.e., guest meals and services, television, telephone charges)
- Cosmetic or reconstructive surgery (except as specifically provided) and supplies
- Dental services (except as specifically provided)
- Dietary and food supplements
- Environmental therapy
- Experimental or investigational services
- Family and marital counseling, and family and marital psychotherapy (except as specifically provided)
- Gender transformations
- Hair loss/cranial prosthesis (wig)
- Infertility diagnosis and treatment, and sterilization reversal
- Learning disorders (except as part of covered neurodevelopmental therapy)
- Obesity/morbid obesity
- Online or internet consultations
- Orthognathic surgery (procedures to lengthen or shorten the jaw)
- Over-the-counter or non-prescription drugs
- Private-duty nursing
- Senile deterioration or dementia
- Services in excess of specified benefit maximums and/or allowable charges
- Services payable by other types of insurance coverage
- Services received when you are not covered by this program
- Sexual dysfunction
- Temporomandibular joint disorders (TMJ)
- Vision therapy, eye exercise, and vision surgeries to improve the refractive character of the cornea (LASIK)
- Vocational counseling, vocational rehabilitation and recreational therapy
- Work-related conditions for which you are eligible for benefits from other sources

### Waiting periods

There is a 12-month waiting period for pre-existing conditions, unless otherwise specified. This waiting period may be credited or waived based on prior healthcare coverage.

# Notes

## Questions?

**Call your broker or call Premera  
Blue Cross Blue Shield of Alaska at  
(907) 258-5065**

*For more information, please contact  
your Premera Blue Cross Blue Shield  
of Alaska representative.*