



Individual and family plans

MEDICAL AND DENTAL

www.odsalaska.com



PLANS AND TOOLS TO HELP YOU FEEL YOUR BEST

For more than 50 years, we have been working to make sure you have everything you need to feel your best. From our broad network of physicians, hospitals and clinics to our in-house health experts, state-of-the-art claims payment system and standard ODS Alaska health tools, we are committed to helping you live well at every stage of your life.

PERSONALIZED MEMBER WEBSITE

ODS Alaska members can access all insurance-related information at one convenient online location with myODS, which provides access to member handbooks, claims status and history, detailed benefit information and more.

EVIDENCE-BASED DENTAL PLAN DESIGNS

We know that good overall health depends on good oral health. Dental benefits give additional protection to your total health, which is why ODS Alaska offers evidence-based dental programs to enhance your medical coverage.

PHARMACY DISCOUNT CARD

ODS Alaska members receive a pharmacy discount card with your medical plan that will save you money on prescription drugs. This card allows you to receive the advantage of ODS Alaska discounted rates at the pharmacy when you need them, even if you have a high deductible plan.

YOUR PARTNER IN HEALTH

Our wide array of personalized health programs, services and support help you improve your health and live a more productive life. Through our care coordination and health coaching programs, clinical professionals — physicians, registered nurses,

social workers, dietitians and pharmacists — help you identify, plan, and achieve the goals that are essential in helping you achieve optimal control of your health.

Our integrated clinical teams use evidence-based practices to work one-on-one with you to manage both acute and chronic medical conditions including diabetes, asthma, depression, and cardiac care, as well as a coach to guide you through your pregnancy with our maternity care program. Helping you navigate the complexities of the healthcare system optimizes clinical outcomes and saves you money on out-of-pocket claims costs.

A variety of helpful tools, both online and via telephone, are available around the clock to help you improve your health, including:

- E-mail answers from doctors, psychologists, dentists, pharmacists, dietitians and fitness experts
- Phone advice from a registered nurse, 24/7
- Online tools to track healthy living habits*
- Web-based health and symptom evaluator*
- Tobacco cessation counseling
- Access to nicotine replacement therapy
- Health assessments
- Online medical library
- Health news articles, forums and more*

**These features are not available with all plans.*



Choosing the right plan for you

ODS Alaska offers a variety of health plans to meet the healthcare needs of Alaskans. Our Beneficial, Preferred and HSA plans are consumer-driven plans with comprehensive major medical coverage. The list below highlights key features of our three plan designs. Coverage varies from plan to plan, so look for the features that best fit your healthcare preferences.

BENEFICIAL PLAN: PREFERRED PROVIDER ORGANIZATION (PPO)

- First-dollar coverage including three office visits for any illness or injury before the deductible applies
- Routine exams, including immunizations and related X-ray and lab, subject to a \$350 plan year maximum
- First-dollar coverage for women's and men's preventive care visit
- Covers chiropractic, acupuncture and naturopathic care visits after deductible, payable up to \$1,000 per person, per plan year
- Deductible waived for treatment received within 90 days of an accident
- Annual deductible choices of \$1,000 and \$2,500
- 80% reimbursement of prescriptions after deductible



PREFERRED PLAN: PREFERRED PROVIDER ORGANIZATION (PPO)

- First-dollar coverage for women’s and men’s preventive care visit
- Routine exams, including immunizations and related X-ray and lab, subject to a \$350 plan year maximum
- Annual deductible choices of \$5,000 and \$7,500
- Covers chiropractic, acupuncture and naturopathic care visits after deductible, payable up to \$1,000 per person, per year
- 80% reimbursement of prescriptions after deductible is met

HEALTH SAVINGS ACCOUNT: CHOICE AND SELECT (PPO)

- Routine exams, including immunizations and related X-ray and lab, subject to a \$350 plan year maximum
- Annual deductible options of \$1,200 individual/\$2,400 family or \$2,800 individual/\$5,600 family
- Co-insurance options of 80%/60% or 50%/50%
- Prescription reimbursement at 70% (Choice plan) and 50% (Select plan) after deductible is met



MEDICAL PLAN OFFERINGS

	INDIVIDUAL BENEFICIAL (PPO)				INDIVIDUAL PREFERRED (PPO)	
Maximum lifetime benefit	\$2,000,000 (\$250,000 can be accessed out-of-network)				\$2,000,000 (\$250,000 can be accessed out-of-network)	
	In-network Provider		Out-of-network Provider ²		In-network Provider	
Annual deductible	\$1,000 individual/ \$3,000 family** ¹	\$2,500 individual/ \$7,500 family** ¹	\$1,000 individual/ \$3,000 family** ¹	\$2,500 individual/ \$7,500 family** ¹	\$5,000 individual/ \$15,000 family** ¹	\$7,500 individual/ \$22,500 family** ¹
Annual out-of-pocket maximum	\$3,000 individual** ¹		No maximum**		\$3,000 individual** ¹	
PREVENTIVE CARE	\$350 PLAN YEAR MAXIMUM				\$350 PLAN YEAR MAXIMUM	
Well-baby care	No copay*		No copay*		No copay*	
Routine physicals	\$20 copay* ¹		50%		\$20 copay* ¹	
Immunizations	No copay*		50%		No copay*	
PROFESSIONAL SERVICES						
Routine women’s exams (including pap test, pelvic exam and breast exam)	\$20 copay* ¹		50%		\$20 copay* ¹	
Routine prostate rectal exam	\$20 copay* ¹		50%		\$20 copay* ¹	
Office and home visits	\$20 copay*** ³ /20%		50%		20%	
Urgent care visits	20% after \$50 copay		50% after \$50 copay		20% after \$50 copay	
Surgery	20%		50%		20%	
Acupuncture, chiropractic and naturopathic (\$1,000 plan year maximum)	20%		50%		20%	
MATERNITY CARE						
Practitioner services	20%		50%		20%	
Hospital stay	20%		50%		20%	
HOSPITAL SERVICES						
Inpatient care	20%		50%		20%	
Skilled nursing facility care	20%		50%		20%	
OUTPATIENT SERVICES						
Outpatient hospital/facility	20%		50%		20%	
Diagnostic X-ray and lab	20%		50%		20%	
Specified imaging (MRI, CT, CAT, PET scans)	20%		50%		20%	
Emergency room visits	20% after \$100 copay		50% after \$100 copay		20% after \$100 copay	
OTHER COVERED SERVICES						
Physical therapy	20%		50%		20%	
Allergy injections	20%		50%		20%	
Ambulance service	20%				20%	
Durable medical equipment	20%		50%		20%	
Home health, hospice and respite care	20%		50%		20%	
Accident benefit	Deductible waived for treatment completed within 90 days of accident				Paid as any other illness subject to deductible	
PRESCRIPTION DRUG (show your ODS ID card to access discounts at participating pharmacies)	20% (\$10,000 annual maximum)				20% (\$10,000 annual maximum)	

* Deductible waived. ** Combined in- and out-of-network deductibles, separate out-of-pocket maximums. *** Beneficial plan pays first three office visits with a \$20 copayment, which may be used for either illness or injury visits. Subsequent office visits, you pay 20% after deductible.

¹ Fixed dollar copays and disallowed charges do not apply to the annual deductible or to the out-of-pocket maximum. Expenses applied toward the annual deductible do not apply to the out-of-pocket maximum.

² Out-of-network coverage copayments are based on the maximum plan allowance for those services. All hospital and professional services, except out-of-network hospital services located more than 50 miles from an in-network hospital, provided in the state of Alaska will be paid at the in-network benefit level, subject to the in-network deductible and accrue toward the in-network out-of-pocket maximum.

³ Covers visits except for services for TMJ, occupational therapy, speech therapy, family planning and biofeedback.

(The deductibles, copayments and coinsurance percentages below represent what you pay.)

			INDIVIDUAL HSA CHOICE	INDIVIDUAL HSA SELECT		
be accessed out-of-network)		Maximum lifetime benefit	\$2,000,000 (\$250,000 can be accessed out-of-network)			
Out-of-network Provider²			In-network Provider (you pay)	Out-of-network Provider²	In-network Provider (you pay)	Out-of-network Provider²
\$5,000 individual/ \$15,000 family**¹		\$7,500 individual/ \$22,500 family**¹	MEMBER ONLY: APPLIES ONLY IF EMPLOYEE IS ENROLLING IN PLAN WITH NO OTHER FAMILY MEMBERS.			
No maximum**		Annual deductible	\$1,200**¹	\$2,400**¹	\$2,800**¹	\$5,600**¹
ANNUAL MAXIMUM		Annual out-of-pocket maximum	\$3,800**¹	No maximum**	\$2,200**¹	No maximum**
No copay*		FAMILY (member plus one or more dependents): Applies to members enrolling in plan with one or more dependents. Family deductible can be met by one or more family members. The family deductible is an aggregate deductible and must be met before benefits will be paid.				
50%		Annual deductible	\$2,400**¹	\$4,800**¹	\$5,600**¹	\$11,200**¹
50%		Annual out-of-pocket maximum	\$7,600**¹	No maximum**	\$4,400**¹	No maximum**
		PREVENTIVE CARE (\$350 plan year maximum)	In-network Provider (you pay)	Out-of-network Provider²	In-network Provider (you pay)	Out-of-network Provider²
50%		Well-baby care	No copay*	No copay*	No copay*	No copay*
50%		Routine physicals	20%*	40%	50%*	50%
50%		Immunizations	20%*	40%	50%*	50%
		PROFESSIONAL SERVICES				
50% after \$50 copay		Routine women’s exams (including pap test, pelvic exam and breast exam)	20%*	40%	50%*	50%
50%		Routine men’s exams (including prostate rectal exam and prostate specific antigen test)	20%*	40%	50%*	50%
50%		Office and home visits	20%	40%	50%	50%
		Urgent care visits	20%	40%	50%	50%
50%		Surgery	20%	40%	50%	50%
50%		Acupuncture, chiropractic and naturopathic (\$1,000 plan year maximum)	20%	40%	50%	50%
		MATERNITY CARE				
50%		Practitioner services	20%	40%	50%	50%
50%		Hospital stay	20%	40%	50%	50%
		HOSPITAL SERVICES				
50%		Inpatient care	20%	40%	50%	50%
50%		Skilled nursing facility care	20%	40%	50%	50%
50%		OUTPATIENT SERVICES				
50% after \$100 copay		Outpatient hospital/facility	20%	40%	50%	50%
		Diagnostic X-ray/lab	20%	40%	50%	50%
50%		Specified imaging (MRI, CT, CAT, PET scans)	20%	40%	50%	50%
50%		Emergency room visits	20%	40%	50%	50%
		OTHER COVERED SERVICES				
50%		Physical therapy	20%	40%	50%	50%
50%		Allergy injections	20%	40%	50%	50%
50%		Ambulance service	20%	–	50%	–
Subject to deductible/co-insurance		Durable medical equipment	20%	40%	50%	50%
		Home health, hospice and respite care	20%	40%	50%	50%
Annual maximum)		PRESCRIPTION DRUG (show your ODS ID card to access discounts at participating pharmacies)	30%	–	50%	–

* Deductible waived.

** Separate in- and out-of-network deductibles and out-of-pocket maximums.

1 Expenses applied toward the annual deductible do not apply to the out-of-pocket maximum. Expenses for transplants performed at non-participating transplant facilities do not apply to the out-of-pocket maximum.

2 Out-of-network coverage copayments are based on the maximum plan allowance for those services. All hospital and professional services, except out-of-network hospital services located more than 50 miles from an in-network hospital, provided in the state of Alaska will be paid at the in-network benefit level, subject to the in-network deductible and accrue toward the in-network out-of-pocket maximum.

Individual dental plans protect your total health

Did you know that good oral health is critical to maintaining good overall health? When you enroll in a ODS Alaska medical plan, we encourage you to consider the Delta Dental Premier plan to ensure protection of your total health. Eligibility for the following dental plan is available to members enrolling in an ODS Alaska individual medical plan at the time of initial enrollment.

Individual dental plan highlights

- Freedom to choose any licensed dentist
- No waiting periods for Class 1 and Class 2 services
- 12-month waiting period for some Class 3 services
- Filed-fee savings from participating dentists
- Increasing maximums
- Pre-determination of benefits if requested in a pre-treatment plan
- No claim forms
- Prompt and accurate claims payment
- Superior customer service
- Indemnity plan
- The largest dental networks in Alaska

DELTA DENTAL PREMIER PLAN

SERVICE	BENEFIT
Plan year maximum, per member	\$750: 1st year benefit maximum \$1,000: 2nd year benefit maximum \$1,250: 3rd year benefit maximum
Plan year deductible, per member	\$50
CLASS 1: Examinations/X-rays (routine exam and bitewing X-rays once every six months); prophylaxis (cleanings once every six months); fissure sealants; fluoride	Premier Network
	80%
CLASS 2: Restorative dentistry (treatment of tooth decay with amalgam, synthetic porcelain and plastic materials); space maintainers; repair of denture and bridgework	80%
CLASS 3: Oral surgery (surgical extractions and certain minor surgical procedures); endodontics and periodontics; 12-month waiting period on major services: crowns; cast restorations; dentures and bridge work (construction or repair of fixed bridges, partials and complete dentures	50%

Refer to your policy for a complete listing of limitations and exclusions. This is a benefit summary only. For a complete description of benefits, refer to your policy.

The largest dental network anywhere

Wherever you go, Delta Dental Premier goes with you. Delta Dental offers the nation's largest dentist network. The Delta Dental Premier network includes the largest dental network in Alaska and three out of every four dentists nationwide, serving all 50 states, the District of Columbia and Puerto Rico.

DOES MY DENTIST PARTICIPATE IN THE DELTA DENTAL PREMIER NETWORK?

Log onto www.deltadentalak.com to access our up-to-date provider directory and search for participating dentists in your area.

DENTAL LIMITATIONS AND EXCLUSIONS

- Examination and bitewing X-rays are limited to once every six months.
- Full mouth X-rays are limited to once every three years.
- Prophylaxis (cleaning) is limited to once every six months.
- Fluoride application is limited to once every six months.
- Surgical placement or removal of implants is not covered.
- Orthodontic services are not covered.
- Services for cosmetic reasons are not covered.

This is a benefit summary only. For a complete description of benefits, limitations and exclusions, refer to your member handbook or call 907-278-2626 or 888-374-8910.

Insurance products provided by Oregon Dental Service, doing business as Delta Dental of Alaska.





How am I eligible to apply for ODS Alaska individual medical and Delta Dental Premier plans?

To be eligible for any ODS Alaska individual medical and dental plan, you and any dependents applying for coverage must be Alaska residents. Eligible members include you, your legal spouse and any unmarried children up to age 23. Individuals must be younger than 65 and not eligible for Medicare.

Do you offer a dental plan?

Delta Dental offers one individual dental plan. To be eligible to enroll in an individual dental plan, you need to enroll when you first apply for an ODS Alaska individual medical plan.

What payment methods do you offer?

We offer monthly electronic deduction from your bank account, monthly billing statements and quarterly payments. For details on sending payment to ODS Alaska, please see the ODS Alaska Application for Individual Insurance.

Can my employer sponsor my individual coverage?

ODS Alaska Individual plans cannot be employer-sponsored plans. You are responsible for directly paying ODS Alaska your monthly premium. ODS Alaska does not accept employer checks.

Can you describe the application process?

You can apply online at www.odsalaska.com or submit an original application to ODS Alaska. Applications must be received by the 20th for the next month's effective date. Once the application is complete and mailed to ODS Alaska, each applicant must be approved by Individual Underwriting. Each applicant is required to complete the health statement included in the application. This section requires that anyone who is applying include all medical symptoms, diagnosis, treatment or advice received within the past 10 years. This includes all doctor visits for an illness or injury; visits to specialists, hospitals and emergency rooms; and prescription drugs. Each medical condition or treatment is evaluated according to established underwriting standards to determine whether you will be approved or declined for coverage. You will be notified if you are approved or declined for coverage. If your application is approved, the coverage effective date will be the first of 15th day of the month following approval.

Is there a waiting period for pre-existing conditions?

ODS Alaska does not pay toward a pre-existing condition, even if the pre-existing condition worsens or recurs during the first 12 months you and your dependent(s) are insured under the policy. However, creditable coverage can reduce the 12-month period if an individual's most recent period of creditable coverage is still in effect on the date of enrollment or ended within 90 days of the effective date of coverage. Creditable coverage followed by a significant break in coverage cannot be used to reduce the exclusion period. Each day of creditable coverage will reduce the 12-month period by one day.



When do your rates change?

ODS Alaska renews all individual plans on November 1 each year, including benefit and rate adjustments. Rates also change when the primary applicant moves into the next age band; new rates are effective the following month.

How do I enroll a newborn child?

Your newborn children, or your enrolled dependent's newborn child, will be automatically covered for 31 days following birth. To continue coverage, you must submit a complete and signed change form within those 31 days. If ODS does not receive the change form within that timeframe, coverage for the child will end 31 days after birth. Then, you may only add the newborn child by submitting a complete and signed health statement application, which ODS may accept or deny. Proof of legal guardianship will be required for coverage of a grandchild beyond the first 31 days from birth.

Does ODS Alaska quote for multiple children on one application (with no adults)?

Yes, if the older child is a legal guardian of the younger child and can produce proof of legal guardianship. If not, a separate policy is issued for each child upon approval of separate applications.

Can I switch to a different plan at any time?

You may switch to another ODS Alaska Individual plan at any time. If you would like to switch to a plan with lower benefits, a letter must be sent to ODS Alaska. The letter will need to include the plan you would like to switch to with a dated signature from the primary applicant. If you would like to switch to a plan with higher benefits, you will need to submit a new application. The application will be health underwritten, and you could be approved or declined for the new plan.



We understand healthcare can be complex and sometimes confusing.

This brief list of commonly used insurance terms will help make choosing an individual medical and dental plan for you and your family as easy as possible. For more helpful information, visit us at www.odsalaska.com.

COINSURANCE

An insurance arrangement stipulating that the member is responsible for paying a specified percentage of any medical bills.

COPAYMENT (COPAY)

The insured patient's share of the total medical bill, usually expressed as a specific dollar amount paid for a given service, product or treatment. For example, the patient might pay \$20 for each doctor's office visit. The patient is usually responsible for payment at the time of the treatment or service.

DEDUCTIBLE

The portion of an individual's applicable healthcare expenses that must be paid by the member in a given year before the insurance plan will start paying for treatment.

OUT-OF-POCKET MAXIMUM

A specified amount of applicable claims expenses in a plan year that must be met before benefits are paid in full. Once the member has met his or her out-of-pocket maximum, the plan begins covering eligible expenses at 100 percent. The out-of-pocket maximum starts over every plan year.

PLAN YEAR

The 12-month period commencing on the effective date and each 12-month period thereafter.

PREFERRED PROVIDER

A provider contracted within a network. By choosing a preferred provider, the member's out-of-pocket expenses will be less than if he or she chooses a physician outside the network.



SERVICE AREA

Illustrated in the ODS Alaska Provider Directory.

DEPENDENT ELIGIBILITY

Dependents are lawful spouse and unmarried children to age 23.

OUT-OF-AREA DEPENDENT CHILDREN COVERAGE

If your enrolled dependent child(ren) resides outside of Alaska and outside of the ODS network service area, we will extend benefits for treatment of an illness or injury and preventive healthcare and maternity services, as if care were rendered by a participating physician or provider. Out-of-state and out-of-area dependents must access benefits within a 50-mile radius of their residence in order for the in-network benefit level to apply.

LIMITATIONS

A 12-month exclusion period applies to the following:

- ▶ Otitis media
- ▶ Removal of tonsils or adenoids
- ▶ Allergies
- ▶ Sterilization
- ▶ Elective procedures (procedures that can be reasonably postponed for the exclusion period)
- ▶ Pre-existing conditions even if they worsen or reoccur
- ▶ Maternity benefits are limited to \$5,000 per plan year.

Note: Your plan's 12-month pre-existing exclusion period will be shortened one day for each day you had "creditable coverage" under another health plan, provided you do not have a 90-day lapse (or longer) in coverage immediately prior to your effective date in your plan.

- ▶ All medical and surgical admissions must be authorized by ODS Alaska.
- ▶ All transplants will have a 24-month exclusion period.
- ▶ ODS Alaska will not pay benefits for covered expenses to the extent that you have any other coverage for those expenses.
- ▶ Inpatient rehabilitation benefits are limited to 30 days per plan year (prior authorization for up to 60 days for head and spinal cord injuries); outpatient rehabilitation benefits are limited to 30 sessions per plan year (prior authorization for up to 60 sessions for head and spinal cord injuries).
- ▶ Transplant benefits are limited to an aggregate lifetime maximum benefit of \$250,000.

- ▶ Hospice benefits are limited to \$15,000 for home and respite care; 12 days of inpatient care; 120 hours/three months respite care.

EXCLUSIONS

- ▶ Services provided by a member of the patient's immediate family
- ▶ Services or supplies that are not medically necessary
- ▶ Services and supplies for reversal of sterilization or infertility
- ▶ Services and supplies for obesity, including complications arising out of such treatment
- ▶ Surgery to alter the refractive character of the eye
- ▶ Dental examinations and treatment, except as specifically listed
- ▶ Massage or massage therapy
- ▶ Services or supplies for the treatment of sexual dysfunction or inadequacy, or those related to sex change procedures
- ▶ Treatment of personality disorders
- ▶ Experimental or investigational treatment
- ▶ Services or supplies available in whole, or in part, under any city, county, state or federal law, except Medicaid
- ▶ Charges above those considered the maximum plan allowance
- ▶ Services or supplies for which an employer is required by law to provide benefits even if you choose not to accept those benefits
- ▶ Instructional programs, including, but not limited to, those to learn to self-administer drugs or nutrition, except as specifically provided for under the outpatient diabetic instruction benefit of this plan
- ▶ Appliances or equipment primarily for comfort, convenience, cosmetics, environmental control or education
- ▶ Cosmetic/reconstructive services and supplies
- ▶ Services and supplies associated with orthognathic surgery
- ▶ Treatment for mental illness and chemical dependency, including alcohol treatment

This is a benefit summary only. For a complete description of benefits, limitations and exclusions, refer to your member handbook. Insurance products provided by ODS Health Plan, Inc.



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*Medical insurance products provided by ODS Health Plan, Inc.
Dental insurance products provided by Oregon Dental Service,
doing business as Delta Dental of Alaska.*