



► Individuals and families

HEALTH BENEFIT PLAN OPTIONS



www.odsalaska.com

*Available November 2012
through December 2013*



WELCOME TO ODS ALASKA.

We are honored to have the opportunity to provide you with everything you need to feel your best. When you choose ODS Alaska, you not only choose a local team dedicated to serving you; you choose our local team backed by an entire company with more than 55 years of experience.

ODS Alaska is proud to stand on the front line of innovation, advancing a wide range of initiatives to enhance evidence-based preventive healthcare. Our in-house health experts, diverse networks and superb customer service also guarantee you have the resources that will help you get well sooner and live well longer.



Think of us as your partner in health

When you choose ODS Alaska, you choose much more than just an insurance plan. You choose a healthier you. That's because our integrated clinical teams and programs are designed to support you and help you achieve your health goals.

MYODS

As a member of ODS Alaska, you have access to myODS, your personalized member website. myODS helps you manage your benefits so you get the most from your plan. With myODS, you can:

- View your benefits, eligibility and history
- Review prescription history and pharmacy benefits, including medication pricing information
- View account details such as contact information and enrolled dependents
- Order additional or replacement ID cards
- Check the status of pending claims, view personal claim history and access claim forms
- Receive and view electronic Explanation of Benefits (EOBs)

ODS WELL

ODS Well™ includes tools and individualized support to help you get well sooner and live well longer. Included as part of all ODS Alaska medical plans, ODS Well is available through myODS, your personalized member website.

ODS eDoc

This service helps you understand your symptoms and make informed health decisions. Email a specialized health professional at any time of the day to get the answers you need.

ODS eDoc gives you access to:

- Board-certified physicians
- Licensed psychologists
- Pharmacists
- Dentists
- Dietitians
- Fitness experts

Nurse Line

Our Registered Nurse Advice Line allows you to get answers and information about your health over the phone, day or night. Nurses can help you with basic health situations, such as:

- Understanding symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When it's time to make a doctor's appointment
- Whether you should go to urgent care or the emergency room

Condition management and health coaching

ODS Alaska offers in-depth support programs for those dealing with chronic health conditions. You have access to tools and resources that help you maintain a healthy lifestyle. Individual health coaches provide you with one-on-one support. These specialized programs include:

- Cardiac Care
- Depression Care
- Diabetes Care
- Lifestyle Coaching
- Maternity Care
- Respiratory Care
- Spine & Joint Care

Care coordination

If you are dealing with a serious illness or recovering from an accident, you have access to case managers who can help you navigate the complexities of the healthcare system. An ODS Alaska case manager can help:

- Communicate with providers
- Explain treatment options
- Arrange for in-home caregivers
- Order medical equipment

Tobacco cessation

The Free & Clear® Quit For Life™ program is available to some members, ages 10 and over. This evidence-based program offers:

- One-on-one phone-based sessions
- Toll-free telephone access to Quit For Life coaches
- Recommendations for stop-smoking medications
- Free delivery of recommended nicotine replacement products
- A Quit Guide to help members stay on track between calls
- Interactive online tools

Online tracking tools*

We provide secure, online health education tools and information to help you better manage your health. Keep track of your progress by using the following tools:

- Health and symptom evaluator
- Medical library
- Health helpers (tools such as health trackers, calculators and more)
- Pharmacy costs and research
- My health files
- News, forums and communication

**These services are available to members with a pharmacy benefit.*

Finding the right coverage is easier than ever

ODS Alaska is pleased to offer two comprehensive networks in Alaska, designed to make finding coverage easy and convenient.

In each network, members are welcome to see any licensed provider at the in-network benefit level; however, their benefits will go further when they choose to see a contracted provider.

The difference between the ODS Alaska Select network and ODS+Providence Alaska network are hospital services in Anchorage. Members must seek hospital services from the network's participating hospitals in order to receive the in-network benefit level.

ODS+PROVIDENCE ALASKA NETWORK

The in-network hospital in Anchorage for this network is Providence Alaska Medical Center.

ODS ALASKA SELECT NETWORK

The in-network hospital in Anchorage for this network is Alaska Regional Hospital.

Additional in-network hospitals for both networks include:

- Mat-Su Regional Medical Center
- Central Peninsula Hospital
- Providence Seward Medical and Care Center
- Providence Kodiak Island Medical Center
- Providence Valdez Medical Center
- Maniilaq Health Center
- South Peninsula Hospital
- Cordova Community Medical Center
- Fairbanks Memorial Hospital

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 Health Savings Account (HSA) plans are consumer-driven plans with comprehensive major medical coverage. To help find the best fit for you, we've highlighted some of our plan features.

BENEFICIAL PREFERRED PROVIDER ORGANIZATION (PPO) PLAN

- First four office or urgent care visits for illness or injury covered with a \$20 copay, the deductible waived
- Periodic health exams and immunizations have no dollar maximum
- No copay and deductible waived for mandated in-network evidence-based preventive services
- Covers chiropractic, acupuncture and naturopathic care visits after the 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
- Prescriptions covered at \$2 value tier, \$15 generic; brand drugs covered at 50% after a \$250 deductible

ESSENTIAL PLAN

- No copay and deductible waived for mandated in-network evidence-based preventive services
- Periodic health exams and immunizations have no dollar maximum
- Annual deductible options of \$7,500 and \$10,000
- Covers chiropractic, acupuncture and naturopathic care visits after the deductible, payable up to \$1,000 per person, per plan year
- Prescriptions covered at \$2 value tier, \$15 generic; brand drugs covered at 50% after a \$500 deductible

PREFERRED PPO PLAN

- First two office or urgent care visits for illness or injury covered with a 20% coinsurance, the deductible waived.
- No copay and deductible waived for mandated in-network evidence-based preventive services
- Periodic health exams and immunizations have no dollar maximum
- Annual deductible choices of \$5,000 and \$7,500
- Covers chiropractic, acupuncture and naturopathic care visits after the deductible, payable up to \$1,000 per person, per plan year
- Prescriptions covered at \$2 value tier, \$15 generic; brand drugs covered at 50% after a \$500 deductible

HSA PLANS

HSA plans offer lower insurance premiums through a tax-advantaged and high-deductible health plan. ODS Alaska offers two HSA options:

HSA Choice and Select (PPO)

- Periodic health and immunizations have no dollar maximum
- Annual deductible options of \$1,250 individual/\$2,500 family or \$2,800 individual/\$5,600 family
- In-network coinsurance options of 80% or 50%
- Prescription reimbursement at 70% (Choice plan) and 50% (Select plan) after the deductible is met

HSA Value (PPO)

- Annual deductible option of \$5,000 individual/\$10,000 family
- Reimbursement at 100% after the deductible is met
- Prescription reimbursement at 70% after the deductible is met

MEDICAL PLANS

	BENEFICIAL PPO	
	In-network	Out-of-network ¹
Plan year deductible ² (individual/family)	\$1,000/\$3,000 and \$2,500/\$7,500	
Plan year out-of-pocket maximum ² (per individual)	\$3,000	No maximum
Plan year essential benefit maximum ³	\$2,000,000	
PREVENTIVE CARE		
Well-baby care	No copay ⁴	No copay ⁴
Periodic health exams	No copay ⁴	50%
Immunizations	No copay ⁴	50%
Routine women’s exam (including pap test, pelvic exam and breast exam)	No copay ⁴	50%
Routine prostate rectal exam	\$20 ⁴	50%
PROFESSIONAL SERVICES		
Office visits	\$20 ⁵	50%
Urgent care visits	\$20 ⁵	50%
Surgery	20%	50%
Acupuncture, chiropractic and naturopathic care (\$1,000 plan year maximum)	20%	50%
HOSPITAL SERVICES		
Inpatient care	20%	50%
Skilled nursing facility care	20%	50%
OUTPATIENT SERVICES		
Outpatient hospital/facility	20%	50%
Diagnostic X-ray and lab	20%	50%
Specified imaging (MRI, CT, CAT, PET scans)	20%	50%
Emergency room visits	20% after \$100 copay	20% after \$100 copay
OTHER COVERED SERVICES		
Physical therapy	20%	50%
Allergy injections	20%	50%
Ambulance service	20%	
Durable medical equipment	20%	50%
Home health, hospice and respite care	20%	50%
Accident benefit	Deductible waived for treatment within 90 days	
PRESCRIPTION DRUG (show your ODS Alaska ID card to access discounts at participating pharmacies)	\$2 value tier, \$15 generic; brand covered at 50% after \$250 deductible	

¹ Out-of-network coverage coinsurance is 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, are subject to the in-network deductible and accrue toward the in-network out-of-pocket maximum.

² Combined in- and out-of-network deductibles, separate out-of-pocket maximums.

³ Includes combined medical and prescription drug costs.

⁴ Deductible waived.



No copay [†]	No copay [†]	No copay [†]	No copay [†]
No copay [†]	50%	No copay [†]	50%
No copay [†]	50%	No copay [†]	50%
No copay [†]	50%	No copay [†]	50%
35%	50%	\$20/visit [†]	50%

6 Medical home, office or urgent care visits: deductible waived, first two visits; subsequent visits, 30% deductible applies. First two visits do not include visits for physical therapy, occupational therapy or speech therapy.

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HEALTH SAVINGS ACCOUNT (HSA) PLANS

	HSA CHOICE	
	In-network	Out-of-network ¹
Plan year deductible ² (individual/family)	\$1,250/\$2,500	\$2,500/\$5,000
Plan year out-of-pocket maximum ² (individual/family)	\$3,800/\$7,600	No maximum
Plan year essential benefit maximums ³	\$2,000,000	
PREVENTIVE CARE		
Well-baby care	No copay ⁴	No copay ⁴
Periodic health exams	No copay ⁴	40%
Immunizations	No copay ⁴	40%
Routine women’s exam (including pap test, pelvic exam and breast exam)	No copay ⁴	40%
Routine prostate rectal exam	20% ⁴	40%
PROFESSIONAL SERVICES		
Office visits	20%	40%
Urgent care visits	20%	40%
Surgery	20%	40%
Acupuncture, chiropractic and naturopathic care (\$1,000 plan year maximum)	20%	40%
HOSPITAL SERVICES		
Inpatient care	20%	40%
Skilled nursing facility care	20%	40%
OUTPATIENT SERVICES		
Outpatient hospital/facility	20%	40%
Diagnostic X-ray and lab	20%	40%
Specified imaging (MRI, CT, CAT, PET scans)	20%	40%
Emergency room visits	20%	20%
OTHER COVERED SERVICES		
Physical therapy	20%	40%
Allergy injections	20%	40%
Ambulance service	20%	
Durable medical equipment	20%	40%
Home health, hospice and respite care	20%	40%
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
PRESCRIPTION DRUG (Show your ODS ID card to access discounts at participating pharmacies)	30%	

¹ Separate in- and out-of-network deductibles and out-of-pocket maximums.

² Out-of-network coverage coinsurance is 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, are subject to the in-network deductible and accrue toward the in-network out-of-pocket maximum.

³ Includes combined medical and prescription drug costs.

⁴ Deductible waived.



The largest dental network in the nation

Wherever you go, Delta Dental Premier goes with you. The Delta Dental Premier network includes the largest dental network in Alaska and the country. Three out of every four dentists participate 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.odsalaska.com to access our up-to-date Find Care tool and search for participating dentists in your area.

Dental coverage for your total health

Did you know that good oral health is critical to maintaining your overall health? When you enroll in an ODS Alaska medical plan, you can choose dental coverage through our evidence-based dental programs, designed to protect your total health.



INDIVIDUAL DENTAL PLANS	DELTA DENTAL PREMIER PLAN ¹	DELTA DENTAL FORTIFY PLAN	DELTA DENTAL STANDALONE PREMIER PLAN
	Premier network		
Plan year benefit maximum, per member	\$750 (1st-year) \$1,000 (2nd-year) \$1,250 (3rd-year)	\$500	\$750 (1st-year) \$1,000 (2nd-year) \$1,250 (3rd-year)
Plan year deductible, per member	\$50	\$0	\$50
CLASS 1			
Routine examinations and prophylaxis (cleanings) once every six months and bitewing X-rays once every 12 months; fissure sealants; fluoride is limited to once every 12 months to age 19	80% ²	100%	80% ²
CLASS 2			
Restorative dentistry (treatment of tooth decay with amalgam, synthetic porcelain and plastic materials); space maintainers	80%	10%	60%
Restorative dentistry (repair of fixed bridges)	80%	10%	n/a
CLASS 3			
Oral surgery (surgical extractions and certain minor surgical procedures); endodontics and periodontics; crowns; cast restorations; partials and complete dentures; construction of fixed bridges	50%	10%	50%
Restorative dentistry (repair of fixed bridges)	n/a	n/a	50%

¹ An option including the Alaska-mandated dental plan is also available.

² Deductible waived for preventive services.

Individual dental plan highlights

- › Freedom to choose any licensed dentist
- › No waiting periods for Class 1 services
- › Filed-fee savings from participating dentists
- › 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 network in Alaska

DENTAL LIMITATIONS AND EXCLUSIONS

- › Routine examinations are limited to once every six months.
- › Supplementary bitewing X-rays are covered once in any 12-month period.
- › Full mouth X-rays are limited to once every five years.
- › Prophylaxis (cleaning) 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.
- › Topical application of fluoride is covered once in any six-month period for members age 18 and under.

RATES (Effective Nov. 1, 2012)

NON-SMOKER RATES

AGE	0-1		2-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65+	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Beneficial PPO \$1,000	282	282	188	188	231	242	243	316	284	369	340	408	424	467	546	562	768	768	960	931	1150	1092	1312	1220
Beneficial PPO \$2,500	197	197	132	132	161	169	170	221	198	258	238	285	296	326	381	393	536	536	645	626	767	729	865	805
Essential \$7,500	102	102	68	68	84	87	88	114	103	133	123	148	153	169	197	203	277	277	334	234	324	377	397	417
Essential \$10,000	89	89	59	59	73	76	77	99	89	116	107	128	133	146	171	176	241	241	290	281	344	327	389	362
Preferred PPO \$5,000	137	137	91	91	112	117	118	153	138	179	165	198	206	226	265	272	372	372	447	434	532	505	600	558
Preferred PPO \$7,500	118	118	79	79	97	101	102	132	119	154	142	171	177	195	228	235	321	321	386	375	459	436	518	482
HSA PPO Plan \$1,250	236	236	157	157	193	203	203	265	237	309	284	341	355	390	457	470	642	642	772	749	918	872	1036	963
HSA PPO Plan \$2,800	157	157	105	105	128	135	135	176	158	205	189	227	236	259	303	313	427	427	513	498	610	580	688	640
HSA PPO Plan \$5,000	149	149	99	99	122	128	129	167	150	195	180	215	224	246	288	297	405	405	488	473	580	551	654	608
HSA PPO Plan \$1,200 2+Party	199	199	132	132	162	171	171	222	200	259	239	286	298	327	384	396	539	539	648	629	771	733	870	810
HSA PPO Plan \$2,800 2+Party	132	132	88	88	107	113	114	148	133	172	159	191	198	218	254	263	358	358	431	418	513	488	578	537
HSA PPO Plan \$5,000 2+Party	126	126	83	83	102	107	109	141	126	164	151	181	188	207	241	249	340	340	410	397	488	463	549	510

SMOKER RATES

AGE	0-1		2-19		20-24		25-29		30-34		35-39		40-44		45-49		50-54		55-59		60-64		65+	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Beneficial PPO \$1,000	302	302	201	201	242	259	256	342	298	399	360	441	452	499	584	602	825	825	1036	1005	1242	1180	1417	1317
Beneficial PPO \$2,500	211	211	141	141	169	181	178	239	208	278	252	308	316	349	408	420	576	576	697	676	828	787	934	869
Essential \$7,500	109	109	73	73	87	93	92	124	108	144	131	159	163	181	211	218	298	298	360	350	429	407	483	449
Essential \$10,000	95	95	63	63	76	81	80	107	94	125	113	138	142	157	183	189	259	259	313	304	372	353	419	390
Preferred PPO \$5,000	146	146	98	98	117	126	124	166	144	193	175	214	219	242	283	292	400	400	483	469	575	546	648	603
Preferred PPO \$7,500	126	126	84	84	101	108	107	143	125	167	151	184	189	209	244	252	345	345	417	405	496	471	559	520
HSA PPO Plan \$1,250	253	253	168	168	203	217	214	286	249	333	301	369	378	418	489	503	690	690	834	809	992	942	1119	1040
HSA PPO Plan \$2,800	168	168	112	112	135	144	142	190	166	222	200	245	251	278	325	334	459	459	554	538	659	626	744	691
HSA PPO Plan \$5,000	160	160	106	106	128	137	135	180	157	210	190	233	239	264	308	318	436	436	527	511	626	595	706	657
HSA PPO Plan \$1,200 2+Party	213	213	141	141	171	182	179	240	210	280	252	310	317	351	411	423	580	580	701	680	834	791	940	873
HSA PPO Plan \$2,800 2+Party	141	141	95	95	113	121	119	160	140	186	169	206	211	234	273	281	385	385	466	452	554	527	624	581
HSA PPO Plan \$5,000 2+Party	134	134	90	90	107	115	113	152	133	177	160	196	201	222	259	267	366	366	442	429	526	501	593	552

INDIVIDUAL DENTAL PLAN RATES

	2-19	20-34	35-44	45+
INSURED				
Individual Premier	\$42	44	54	56
Individual Fortify	28	28	28	28
Stand Alone Premier	46	48	59	62
DEPENDANT CHILD				
Individual Premier	25	25	n/a	n/a
Individual Fortify	n/a	n/a	n/a	n/a
Stand Alone Premier	n/a	n/a	n/a	n/a

Frequently asked questions

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 or dental plan, you and any dependents applying for coverage must be Alaska residents. Eligible members include you, your legal spouse and any children up to age 26. Children under 19 are eligible to enroll in a family plan at any time during the year.

What payment methods do you offer?

We offer monthly electronic deduction from your bank account, monthly billing statements and quarterly billing statements. You can also quickly and easily pay your bill electronically through ODS eBill.

Can my employer sponsor my individual coverage?

The Alaska Division of Insurance allows for individual insurance policies to be paid for by an employer only under the following circumstances:

- If the employee is not eligible for a group benefit plan (such as a seasonal, temporary or part-time employee who works less than 30 hours per week); or
- If the employer does not offer a health benefit plan and has not offered a health benefit plan in the last six months

If you are not eligible to have your premiums paid by your employer, please submit a check or money order from a personal bank account for your premium.

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 prior to the desired effective date. Desired effective dates do not guarantee issue.

Once the application is complete and mailed to ODS Alaska, each applicant must be approved by Individual Underwriting.

Each applicant age 19 and older is required to complete the health statement included in the application. This section requires that anyone who is applying include all medical symptoms, diagnoses, treatment or advice received within the past 5 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 or 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) over the age of 19 are insured under the policy. Please see the “Exclusion periods” note on page 18 for information about creditable coverage.

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 a lower deductible, 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. If you would like to switch to a plan with a higher deductible, 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.

Glossary of terms

We understand healthcare can be complex and sometimes confusing. This brief list of commonly used terms in insurance will help make choosing an individual medical and dental plan for you and your family as easy as possible. For more detailed information, visit www.odsalaska.com.

COINSURANCE

The percentage of allowable charges for which the patient is responsible.

COPAY

The insured patient's share of the total medical bill, 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.

PLAN YEAR ESSENTIAL BENEFIT MAXIMUM

The term "essential benefit" refers to benefits subject to a plan year maximum of \$2,000,000. The coverage of these benefits — whether in- or out-of-network — accrues toward the plan year maximum for each member. Once the maximum is met, coverage for all essential benefits will cease until the following plan year.

Essential benefits include these categories:

- Ambulatory services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and chemical dependency services
- Prescription drugs
- Covered rehabilitative and habilitative services and devices
- Laboratory tests

- Covered preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care, if any

DEDUCTIBLE

The portion of an individual's applicable healthcare expenses that must be paid by the member in a given plan 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.

PPO

A Preferred Provider Organization is a panel of providers contracted with ODS Alaska to provide in-network benefits at agreed-upon rates.

PPY

Per person, per 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.

MEDICAL PLAN LIMITATIONS AND EXCLUSIONS

NETWORK INFORMATION

Visit www.odsalaska.com to find an ODS Alaska provider.

DEPENDENT ELIGIBILITY

Dependents are lawful spouses and eligible children up to age 26.

OUT-OF-AREA DEPENDENT COVERAGE

Enrolled children residing outside the service area may receive the in-network benefit level. Benefits will be extended to such enrolled dependents residing outside the primary service area if the care were rendered by in-network providers. Services will be paid at the in-network benefit level if provided within a 50-mile radius of the dependent child's residence or at the closest appropriate facility.

LIMITATIONS

- ▶ All medical and surgical admissions must be authorized by ODS Alaska.
- ▶ 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 15 days per plan year; outpatient rehabilitation benefits are limited to 15 sessions per plan year.
- ▶ Hospice benefits are limited to 12 days of inpatient care and 120 hours/three months respite care.

EXCLUSION PERIODS

A 12-month exclusion period applies to:

- ▶ Applied behavior analysis
- ▶ Otitis media (inner or middle ear infection)
- ▶ Removal of tonsils or adenoids, with or without myringotomy
- ▶ Allergies
- ▶ Sterilization
- ▶ Elective procedures (procedures that can be reasonably postponed for the exclusion period)
- ▶ Pre-existing conditions for members age 19 and older

A 24-month exclusion period applies to:

- ▶ Transplants (benefits are limited to an aggregate lifetime maximum benefit of \$250,000). Donor costs are limited to a \$25,000 per transplant maximum.

Note: Your plan's 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 our plan.

GENERAL 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, except as required under the Affordable Care Act
- ▶ 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, except for certain mandated clinical cancer treatments
- ▶ 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 (exceptions are provided for reconstructive surgery following a mastectomy)
- ▶ Services and supplies associated with orthognathic surgery
- ▶ Treatment for mental illness and chemical dependency, including alcohol treatment
- ▶ Maternity or obstetrical care, except for complications of pregnancy

This is a benefit summary only. For a complete description of benefits, limitations and exclusions, please refer to your policy, or call 888-374-8910.



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For more information, please contact an ODS Alaska-appointed producer or call toll-free 888-374-8910.



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