

Plan Summary

*preferred in-network benefits shown

Medical Plan Options	2021 TONGASS \$0 PPO
MEDICAL COST SHARES	
Individual Deductible (2x Family)	\$0 PCY
Coinsurance	20%
Individual Out-of-Pocket Maximum (2x Family)	\$1,500 PCY
Office Visit - Non Specialist and Specialist	\$25 Non Specialist; \$50 Specialist, applies to the OOP Max
PREVENTIVE CARE & HEALTH EDUCATION	
Preventive Care (Immunizations, Preventative Office Visits, Health Education)	Covered in Full
PROFESSIONAL CARE	
Professional Office Visit (includes Telemedicine)	\$25 Non Specialist; \$50 Specialist, applies to the OOP Max
Virtual Care	Covered in Full
DIAGNOSTIC SERVICES	
Preventive X-Ray and Labs - Including Mammogram, PAP & PSA	Covered in Full
Basic Diagnostic X-Ray and Labs	Deductible waived, then 20%
Major Diagnostic Imaging (MRI, CT, PET)	Deductible waived, then 20%
FACILITY CARE	
Includes Inpatient, Skilled Nursing, and Outpatient Surgery Facilities	Deductible waived, then 20%
EMERGENCY CARE	
Emergency Care	\$300 Copay applies to the OOP Max, then Deductible waived, then 20%
OTHER SERVICES	
Mental Health + Chemical Dependency Inpatient Facility Care	Deductible waived, then 20%
Mental Health + Chemical Dependency Office Visit	\$25 Non Specialist, applies to the OOP Max
Maternity	Covered in Full
Rehab Inpatient Facility 30 days PCY	Deductible waived, then 20%
Rehab Outpatient Care - (Occupational Therapy, Physical Therapy, Massage Therapy, etc..) 45 visits PCY	\$50 Specialist, applies to the OOP Max
ALTERNATIVE CARE	
Manipulations - Spinal and other (12 visits PCY)	\$25 Non Specialist, applies to the OOP Max
Acupuncture (12 visits PCY)	\$25 Non Specialist, applies to the OOP Max
Naturopathic	\$25 Non Specialist, applies to the OOP Max
PHARMACY	
Formulary	Preferred B4
Tier 1	Deductible waived, then 10%
Tier 2	Deductible waived, then 20%
Tier 3	Deductible waived, then 30%
Tier 4	Deductible waived, then 10% with a \$250 per script maximum

*PCY = Per Calendar Year