

# Alaska Municipal Health Trust

In order to meet the needs of AML members and plan beneficiaries, AML has developed the Alaska Municipal Health Trust (AMHT). The Trust was founded in 2020 to ensure that members have a seat at the table in determining how local governments in Alaska can benefit best from this opportunity. The Trust's structure provides for the necessary governance and fiduciary responsibilities, to be taken up by and delivered by members. As part of this process, in signing up to join the plan, local governments also enter into a co-sponsorship agreement with the Trust, thereby becoming members of the Trust. From that membership, Trustees may be elected. These Trustees – you, if you choose to participate – will determine the future of the plan, and ways in which we can work together to address costs and benefits. The Premera plans are self-funded with stop-loss insurance through LifeWise Assurance Company to protect the Trust in the event of large claims.

This arrangement doesn't come with additional or onerous obligations as a co-sponsor – it simply means you are fully apprised of changes, improvements, etc., and that you get to contribute input along the way. It's an innovative arrangement that recognizes local control by working together to meet the needs of public entities of the State.

## Eligibility

- Be an AML member in good standing
- Be an employee of or an elected/appointed official of a member Municipality
- Employ more than two 2+ eligible employees
- Groups of 2-4 enrolled employees: 100% of eligible employees and dependents must participate.
- Groups 5+: minimum of 75% participation of eligible employees and 25% of dependents must participate.

## Benefits

- All plans are fully ACA compliant (expanded preventive care, children covered up to age 26, no exclusions based on pre-existing conditions or waiting period for pre-ex, etc.)
- Four (4) traditional medical plans and two (2) high deductible health (HDHP) plans that may be paired with a health savings account (HSA)
- Dual plan offerings available to groups with 11 or more total enrolled per group (maximum of \$3,500 deductible spread)
- Alaska medical transportation benefits
- Comprehensive prescription drug coverage
- Vision coverage is included in all medical plans
- Two (2) dental plans options available to all groups
- Access to Premera's robust virtual care options for general medical, mental health, and substance abuse/chemical dependency on demand via phone, online video, or mobile app., cost shares waived on some plans
- Nationwide network of providers
- Medicare is the secondary payer on all AMHT plans for individuals enrolled in Medicare
- No requirement to designate a Primary Care Provider
- Deductible waived for basic diagnostic x-ray and labs on some plans
- Potential for surplus funds to stabilize plan costs in future years
- ID Theft Monitoring Services included for all enrolled members
- Ability to provide coverage to elected or appointed officials

AML has partnered with RISQ consulting and Premera Blue Cross Blue Shield of Alaska to create more access to affordable health coverage for AML members. The AMHT will allow members to provide a flexible and attractive health plan for its employees and elected officials within their budget and with providers they trust. For more information and qualifications for the AMHT, please visit [AKML.org](http://AKML.org).



The Alaska Municipal League (AML), a member-driven provider of shared, governmental services, is a statewide organization representing over 97 percent of Alaska's residents.

Our mission is to strengthen Alaska's local governments. AML strives to successfully influence state and federal decision making, build consensus and partnerships to address Alaska's challenges, and provide training and joint services to strengthen Alaska's local governments.



## ABOUT PREMERA BLUE CROSS BLUE SHIELD OF ALASKA

As the largest health plan in the Pacific Northwest, Premera provides comprehensive health plans to employers headquartered in Alaska and Washington. Their health plans include innovative programs focused on wellness and prevention, disease management, and patient safety. Premera delivers these programs through health, life, vision, dental, stoploss, disability, workforce wellness, and other related products and services.

## ABOUT RISQ CONSULTING

RISQ Consulting is the General Agent whose main function is the ongoing strategic consultation with the Alaska Municipal League and the Alaska Municipal Health Trust. RISQ Consulting is an independent firm and provides a wide variety of supportive services, including plan installations, providing quotes, technology implementation, and answering general inquiries and questions.

## LOCAL BROKERS

There are a number of brokers available to advise on the best plans for their clients and help navigate the AMHT based on organizational and employee needs.



For more information contact Dawn Wesley at (907)790-5304 or email [dawn@akml.org](mailto:dawn@akml.org).

# Alaska Municipal Health Trust

PLANS ADMINISTERED BY



BLUE CROSS BLUE SHIELD OF ALASKA

An Independent Licensee of the Blue Cross Blue Shield Association

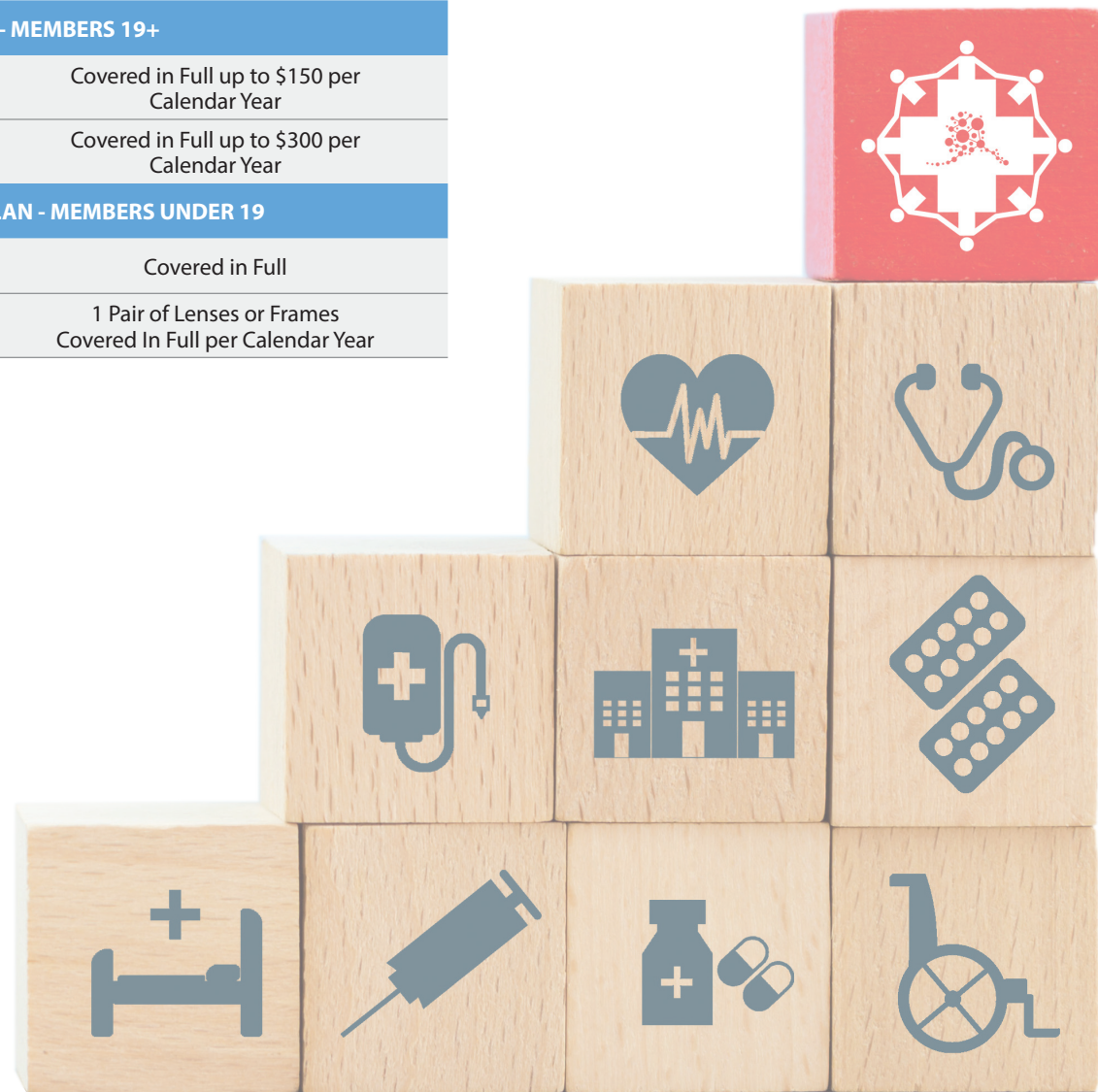


Alaska Municipal Health Trust

For more information contact Dawn Wesley at (907)790-5304 or email [dawn@akml.org](mailto:dawn@akml.org).

Family Dental Options	Foraker Base Plan	Denali Buy Up Plan
Deductible (only applies to Basic and Major)	\$50	\$50
Diagnostic & Preventive (Class I) (e.g. cleanings, oral exams, bitewing x-rays)	Covered in Full	Covered in Full
Basic (Class II) (e.g. fillings, periodontal maintenance, simple extractions)	Deductible, then 20%	Deductible, then 20%
Major (Class III) (e.g. crowns, dentures, bridges)	Deductible, then 50%	Deductible, then 50%
Maximum Allowance	\$1,500	\$2,000
Enhanced	Periodontal/ Endodontic in Major	Periodontal/ Endodontic in Basic
Preventive Waived (Class I) from Max Allowance	No	Yes
Orthodontia Coverage	No	Yes - \$1,500 Lifetime

Embedded Vision Plan	
ADULT VISION PLAN - MEMBERS 19+	
Vision Exam	Covered in Full up to \$150 per Calendar Year
Vision Hardware	Covered in Full up to \$300 per Calendar Year
PEDIATRIC VISION PLAN - MEMBERS UNDER 19	
Vision Exam	Covered in Full
Vision Hardware	1 Pair of Lenses or Frames Covered In Full per Calendar Year



## All Plan Summary

\*preferred in-network benefits shown

Medical Plan Options	Fairweather \$250 PPO	LeConte \$500 PPO	Matanuska \$1,500 PPO	Tustumena \$3,000 PPO	Aurora \$3,000 HSA	Columbia \$5,000 HSA
<b>MEDICAL COST SHARES</b>						
Individual Deductible (2x Family)	\$250	\$500	\$1,500	\$3,000	\$3,000	\$5,000
Coinsurance	20%	20%	20%	30%	20%	30%
Individual Out-of-Pocket Maximum (2x Family)	\$2,000	\$3,500	\$5,000	\$8,000	\$6,000	\$7,000
Office Visit - Non Specialist and Specialist	Non-Specialist: \$25 Specialist: \$50	Non-Specialist: \$35 Specialist: \$70	Non-Specialist: \$40 Specialist: \$80	Non-Specialist: \$50 Specialist: \$100	Deductible, then 20%	Deductible, then 30%
<b>PREVENTIVE CARE &amp; HEALTH EDUCATION</b>						
Preventive Care (Immunizations, Preventative Office Visits, Health Education)	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
<b>PROFESSIONAL CARE</b>						
Professional Office Visit	Non-Specialist: \$25 Specialist: \$50	Non-Specialist: \$35 Specialist: \$70	Non-Specialist: \$40 Specialist: \$80	Non-Specialist: \$50 Specialist: \$100	Deductible, then 20%	Deductible, then 30%
Virtual Care	Covered in Full	Covered in full	Covered in full	Deductible, then 30%	Deductible, then 20%	Deductible, then 30%
<b>DIAGNOSTIC SERVICES</b>						
Preventive X-Ray and Labs - Including Mammogram, PAP & PSA	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Basic Diagnostic X-Ray and Labs	Deductible waived, then 20%	Deductible waived, then 20%	Deductible waived, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 30%
Major Diagnostic Imaging (MRI, CT, PET)	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 30%
<b>FACILITY CARE</b>						
Includes Inpatient, Skilled Nursing, and Outpatient Surgery Facilities	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 30%
<b>EMERGENCY CARE</b>						
Emergency Care	\$300, Deductible, then 20%	\$300, Deductible, then 20%	\$300, Deductible, then 20%	\$300, Deductible, then 30%	Deductible, then 20%	Deductible, then 30%
<b>OTHER SERVICES</b>						
Mental Health + Chemical Dependency Inpatient Facility Care	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 30%
Mental Health + Chemical Dependency Office Visit	Non-Specialist: \$25	Non-Specialist: \$35	Non-Specialist: \$40	Non-Specialist: \$50	Deductible, then 20%	Deductible, then 30%
Maternity	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 30%
Rehab Inpatient Facility 30 days PCY	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 30%
Rehab Outpatient Care - ( Occupational Therapy, Physical Therapy, Massage Therapy, etc..) 45 visits PCY	Specialist: \$50	Specialist: \$70	Specialist: \$80	Specialist: \$100	Deductible, then 20%	Deductible, then 30%
<b>ALTERNATIVE CARE</b>						
Manipulations - Spinal and other (12 visits PCY)	Non-Specialist: \$25	Non-Specialist: \$35	Non-Specialist: \$40	Non-Specialist: \$50	Deductible, then 20%	Deductible, then 30%
Acupuncture (12 visits PCY)	Non-Specialist: \$25	Non-Specialist: \$35	Non-Specialist: \$40	Non-Specialist: \$50	Deductible, then 20%	Deductible, then 30%
Naturopathic	Non-Specialist: \$25	Non-Specialist: \$35	Non-Specialist: \$40	Non-Specialist: \$50	Deductible, then 20%	Deductible, then 30%
<b>PHARMACY</b>						
Formulary	Preferred B4	Preferred B4	Preferred B4	E4 Essentials	Open A1	E1 Essentials
Tier 1	Deductible waived, then 10%	Deductible waived, then 10%	Deductible waived, then 10%	Deductible waived, then 10%	Deductible, then 20%	Deductible, then 30%
Tier 2	Deductible waived, then 20%	Deductible waived, then 20%	Deductible waived, then 20%	Deductible waived, then 20%	Deductible, then 20%	Deductible, then 30%
Tier 3	Deductible waived, then 30%	Deductible waived, then 30%	Deductible waived, then 30%	Deductible waived, then 10% with a \$250 per script maximum	Deductible, then 20%	Deductible, then 30%
Tier 4	Deductible waived, then 10% with a \$250 per script maximum	Deductible waived, then 10% with a \$250 per script maximum	Deductible waived, then 10% with a \$250 per script maximum	Deductible waived, then 30%	Deductible, then 20%	Deductible, then 30%

\*PCY = Per Calendar Year

# Plan Summary

\*preferred in-network benefits shown

Medical Plan Options		<b>2021 TONGASS</b> <b>\$0 PPO</b>
<b>MEDICAL COST SHARES</b>		
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
<b>PREVENTIVE CARE &amp; HEALTH EDUCATION</b>		
Preventive Care (Immunizations, Preventative Office Visits, Health Education)		Covered in Full
<b>PROFESSIONAL CARE</b>		
Professional Office Visit (includes Telemedicine)		\$25 Non Specialist; \$50 Specialist, applies to the OOP Max
Virtual Care		Covered in Full
<b>DIAGNOSTIC SERVICES</b>		
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%
<b>FACILITY CARE</b>		
Includes Inpatient, Skilled Nursing, and Outpatient Surgery Facilities		Deductible waived, then 20%
<b>EMERGENCY CARE</b>		
Emergency Care		\$300 Copay applies to the OOP Max, then Deductible waived, then 20%
<b>OTHER SERVICES</b>		
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
<b>ALTERNATIVE CARE</b>		
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
<b>PHARMACY</b>		
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