



Healthcare Plan Options

HEALTHCARE OPTION		OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Plan Selection		Plan A	Plan B	Plan A + \$150k	Plan B + \$250k	Plan B + \$500k
Base Coverage (Single/Family)		\$10,000/\$20,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000
Catastrophic Benefits (per member)		no coverage	no coverage	\$150,000	\$250,000	\$500,000
Deductible		no deductible	no deductible	no deductible	no deductible	no deductible
Coinsurance 1st \$10k		50%	50%	50%	50%	50%
Coinsurance 2nd \$10k		no coverage	80%	80%	80%	80%
Coinsurance after \$20k		no coverage	no coverage	100%	100%	100%
Out-of-pocket maximum (Single)		\$5,000	\$7,000	\$7,000	\$7,000	\$7,000
Out-of-pocket maximum (Family)		\$10,000	\$14,000	\$14,000	\$14,000	\$14,000
Preventive Care & Wellness		100%	100%	100%	100%	100%
Telemedicine visit (Healthcare2U)		\$0	\$0	\$0	\$0	\$0
Primary Care visit (Healthcare2U)		\$10	\$10	\$10	\$10	\$10
Urgent Care visit (Healthcare2U)		\$25	\$25	\$25	\$25	\$25
Non-Healthcare2U visits		coinsurance	coinsurance	coinsurance	coinsurance	coinsurance
Inpatient/Outpatient		coinsurance	coinsurance	coinsurance	coinsurance	coinsurance
Emergency Room, X-Ray, Ambulance		coinsurance	coinsurance	coinsurance	coinsurance	coinsurance
Chiropractic Care		coinsurance	coinsurance	coinsurance	coinsurance	coinsurance
Prescription Drugs		coinsurance	coinsurance	coinsurance	coinsurance	coinsurance
Out of Network		subject to Medicare pricing - balance billing				
Pre-Existing Conditions (Base Coverage)		no limitation - pre-existing conditions covered				
Pre-Existing Conditions (Catastrophic)		2 year look back period / 2 year wait from enrollment date				
Monthly Rate: SINGLE	Age 18-39	\$254	\$313	\$417	\$492	\$511
	Age 40-49	\$254	\$313	\$432	\$508	\$529
	Age 50-59	\$277	\$351	\$477	\$560	\$583
	Age 60-64	\$277	\$351	\$495	\$591	\$619
Monthly Rate: PLUS 1	Age 18-39	\$429	\$542	\$709	\$783	\$809
	Age 40-49	\$429	\$542	\$717	\$799	\$826
	Age 50-59	\$476	\$621	\$804	\$892	\$922
	Age 60-64	\$476	\$621	\$822	\$923	\$958
Monthly Rate: FAMILY	Age 18-39	\$561	\$723	\$971	\$1,044	\$1,078
	Age 40-49	\$561	\$723	\$980	\$1,060	\$1,096
	Age 50-59	\$629	\$836	\$1,102	\$1,188	\$1,226
	Age 60-64	\$629	\$836	\$1,118	\$1,218	\$1,261
Monthly Rates & Enrollment (IMPORTANT): Rates for Option 1 and 2 include Basic coverage only with no Catastrophic coverage. Options 3, 4, or 5 are combined rates including both Basic coverage & Catastrophic benefits. Catastrophic benefits may be added to any Basic Plan but only recommended to supplement the \$20k Basic Plan to avoid having a gap in coverage.		Option 1 monthly rate includes only \$10k Basic coverage and does not include Catastrophic. When enrolling, only select Plan A with no Catastrophic	Option 2 monthly rate includes only \$20k Basic coverage and does not include Catastrophic. When enrolling, only select Plan B with no Catastrophic	Option 3 monthly rate includes \$20k Basic coverage and \$150k Catastrophic. When enrolling, select Plan B with \$150k Catastrophic	Option 4 monthly rate includes \$20k Basic coverage and \$250k Catastrophic. When enrolling, select Plan B with \$250k Catastrophic	Option 5 monthly rate includes \$20k Basic coverage and \$500k Catastrophic. When enrolling, select Plan B with \$500k Catastrophic



Healthcare Plan FAQs

Who is managing my new healthcare plan?

The healthcare plan being offered to you by the Alaska Realtors® is managed by the SB/A CoOp, a non-profit agency that aggregates small employers and associations together to provide discounted healthcare coverage. Your monthly healthcare premiums are paid directly to the CoOp and your claims are processed by the Free Market Administrators (FMA).

Am I required to complete an application, wait for coverage, or can I be declined?

No application is required and there is no wait for coverage. You will not be declined, and pre-existing conditions are covered.

What kind of network does the plan use and is my doctor included?

The PHCS network (Private Healthcare System) is a PPO network (Preferred Provider) and one of the largest in the country with discounts achieved through general pricing and care agreements. To see if your doctor is included – visit www.FMAFreedomSelect.com, scroll to the bottom of the page and click 'Find A Provider'.

Is preventative care covered at 100%?

Yes. The plan includes Minimum Essential Coverage (MEC) with preventative care and wellness covered at 100%.

Does my plan have a deductible?

No, neither Plan A nor Plan B have a deductible. You receive first dollar coverage...the plan helps with your very first claim.

What is my co-insurance?

Co-insurance is the percentage of cost that the plan and you pay for healthcare services received. Both Plan A and Plan B pay 50% of the first \$10,000 of claims incurred during the plan year and the other 50% is your responsibility. Plan B includes coverage for an additional \$10,000 of claims for which the plan pays 80% and the remaining 20% is your responsibility.

Can I avoid co-insurance for routine primary care?

Yes. Certain PHCS providers participate in Healthcare2U which offers unlimited \$10 doctor visits and unlimited \$25 urgent care visits. Just call Healthcare2U's Central Scheduling Department (800) 496-2805 to see if your PHCS provider currently participates or can be added. If not, choose a Healthcare2U provider close to you who can care for your non-emergencies and other illnesses not requiring your primary doctor. Healthcare2U is a great way to avoid co-insurance and save significant dollars on routine care and chronic disease management.

What are the pharmacy benefits?

Pharmacy benefits are managed by Serve You Rx with over 66,000 pharmacies nationwide and a wholly owned mail order service. ACA mandated prescriptions are paid at 100%, all others are subject to co-insurance.

What are the maximum benefits I can receive under Plan A and Plan B?

Under Plan A, you receive \$10,000 of benefits for Single and \$20,000 of benefits for Family. Under Plan B, you receive \$20,000 of benefits for Single and \$40,000 of benefits for Family. *Note: when factoring in co-insurance, actual claims paid by Plan A is limited to \$5,000 for Single and \$10,000 for Family. Actual claims paid by Plan B are limited to \$13,000 for Single and \$26,000 for Family.*

Can I purchase benefits beyond Plan A and Plan B?

Yes. You may purchase \$150,000, \$250,000, or \$500,000 of catastrophic benefits offered by the Alliance for Shared Health (ASH) Ministry. Catastrophic benefits start once qualified annual medical expenses have reached \$20,000 making it the perfect add-on to Plan B. *Note: ASH benefits include a 2 year wait on medical conditions treated in the prior 24 months before enrollment and a 2 month wait on non-life-threatening surgery.*

I still have questions on what plan I should choose. Who do I call?

You can talk to a live specialist by calling 855-9AK-REAL.

I am ready to enroll, where do I go?

Ready to enroll? Click this link <http://www.1enrollment.com/AlaskaRealtors> and then click Enroll Now.