## 2022 Medical plan benefit summary



This summary is for quoting purposes only

| alaelad year costs         Tier 1         Tier 2         Tier 3¹           Deductible per member (Embedded)²         \$4,000         \$6,000         \$16,000           Deductible per family         \$8,000         \$12,000         \$32,000           Out-of-pocket max including deductible per member (Embedded)³         \$6,000         \$7,000         \$80,000           out-of-pocket max including deductible per family         \$12,000         \$14,000         \$80,000           are and service         \$0*         \$0*         \$80,000           are and service         \$0*         \$0*         \$80,000           ACA preventive care visit         \$0*         \$0*         \$0*           PCP office visit         \$0         \$0*         \$0*           CirrusMD virtual visit         \$0         \$0*         \$0*           Other virtual visit         \$0         \$0*         \$0*           Specialist visit         \$20%         \$40%         \$60%           Urgent care visit         \$20%         \$40%         \$60%           Acupuncture care, spinal manipulations (24 visits per year)         \$20%         \$40%         \$60%           Acupuncture care, spinal manipulations (24 visits per year)         \$20%         \$40%         \$60%           Hospita   | Pioneer HDHP_\$4000_\$6000_20%_EMB  |          |          |                     |
|---|---|----------|----------|---------------------|
| Deductible per member (Embedded)²         \$4,000         \$6,000         \$16,000           Deductible per family         \$8,000         \$12,000         \$32,000           Out-of-pocket max including deductible per member (Embedded)³         \$6,000         \$7,000         \$40,000           Out-of-pocket max including deductible per family         \$12,000         \$14,000         \$80,000           are and services         The per service of the per services         The per service of the per services         \$0°         \$0°         \$0°           PCP office visit         20%         40%         60%         60%           PCP office visit         20%         40%         60%           Other virtual visit         20%         40%         60%           Specialist visit         20%         40%         60%           Outpatient mental health/ substance use disorder visit         20%         40%         60%           Outpatient mental health/ substance use disorder visit         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Atternity care         20%         40%         60%           Practitioner services         20%         40%         60%           Outp   |   | Tier 1   | Tier 2   | Tier 3 <sup>1</sup> |
| Deductible per family         \$8,000         \$12,000         \$32,000           Out-of-pocket max including deductible per member (Embedded)³         \$6,000         \$7,000         \$40,000           Out-of-pocket max including deductible per family are and services         \$12,000         \$14,000         \$80,000           ACA preventive care visit         \$0*         \$0*         60%           PCP office visit         20%         40%         60%           CirrusMD virtual visit         \$0         N/A         N/A           Other virtual visit         20%         40%         60%           Specialist visit         20%         40%         60%           Specialist visit         20%         40%         60%           Specialist visit         20%         40%         60%           Urgent care visit         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Acupuncture reare, spinal manipulations (24 visits per year)         20%         40%         60%           Abternity care         Practitioner services         20%         40%         60%           Hospital stay         20%         40%         60%           Inspatient  | Calendar year costs   |          |          |                     |
| Deductible per family         \$8,000         \$12,000         \$32,000           Out-of-pocket max including deductible per member (Embedded)³         \$6,000         \$7,000         \$40,000           Out-of-pocket max including deductible per family are and services         \$12,000         \$14,000         \$80,000           ACA preventive care visit         \$0*         \$0*         60%           PCP office visit         20%         40%         60%           CirrusMD virtual visit         \$0         N/A         N/A           Other virtual visit         20%         40%         60%           Specialist visit         20%         40%         60%           Specialist visit         20%         40%         60%           Specialist visit         20%         40%         60%           Urgent care visit         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Acupuncture reare, spinal manipulations (24 visits per year)         20%         40%         60%           Abternity care         Practitioner services         20%         40%         60%           Hospital stay         20%         40%         60%           Inspatient  | Deductible per member (Embedded) <sup>2</sup>                             | \$4,000  | \$6,000  | \$16,000            |
| Out-of-pocket max including deductible per family are and services         \$12,000         \$14,000         \$80,000           ACA preventive care visit         \$0*         \$0*         60%           PCP Office visit         20%         40%         60%           CirrusMD virtual visit         \$0         N/A         N/A           Other virtual visit         20%         40%         60%           Specialist visit         20%         40%         60%           Urgent care visit         20%         40%         60%           Outpatient mental health/ substance use disorder visit         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Acupuncture services         20%         40%         60%           Acupuncture services         20%         40%         60%           Absiliant stay         20%         40%         60%           Inopital inpatient / outpatient services         20%         40%         60%           Inspital inpatient / outpatient services         20%         40%         60%           Skilled nursing facility care (30 days per year)         20%         40%         60%           Outpatient diagnostic x-ray and lab<  |   | \$8,000  | \$12,000 | \$32,000            |
| ACA preventive care visit \$0° \$0° \$0° 60% PCP office visit 200% 40% 60% CirrusMD virtual visit 50 N/A N/A Other virtual visit 20% 40% 60% Specialist visit 20% 40% 60% Specialist visit 20% 40% 60% Urgent care visit 20% 40% 60% Outpatient mental health/ substance use disorder visit 20% 40% 60% Acupuncture care, spinal manipulations (24 visits per year) 20% 40% 60% Acupuncture care, spinal manipulations (24 visits per year) 20% 40% 60% Abstantity care Practitioner services 20% 40% 60% Hospital stay 20% 40% 60% Inspital stay 20% 40% 60% Spital inpatient / outpatient services Inpatient care 20% 40% 60% Skilled nursing facility care (30 days per year) 20% 40% 60% Outpatient hospital / facility 20% 40% 60% Advanced imaging (MRI, CT, CAT, PET scans) 20% 40% 60% Emergency room: facility 20% 40% 60% Emergency room: physician, lab and other services Outpatient rehabilitation (30 sessions per year) 20% 40% 60% Emergency room: physician, lab and other services Outpatient rehabilitation (30 sessions per year) 20% 40% 60% Emergency room: physician, lab and other services Outpatient rehabilitation (30 sessions per year) 20% 40% 60% Emergency room: physician, lab and other services Outpatient rehabilitation (30 sessions per year) 20% 40% 60% Emergency room: physician, lab and other services Outpatient rehabilitation (30 sessions per year) 20% 40% 60% Emergency room: physician, lab and other services Outpatient rehabilitation (30 sessions per year) 20% 40% 60% Emergency room: physician, lab and other services Outpatient rehabilitation (30 sessions per year) 20% 40% 60% Emergency room: physician, lab and other services Outpatient rehabilitation (30 sessions per year) 20% 40% 60% Emergency room: physician, lab and other services Outpatient rehabilitation (30 sessions per year) 20% 40% 60% Emergency room: physician, lab and other services Outpatient rehabilitation (30 sessions per year) 20% 40% 60% Emergency room: physician, lab and other services Outpatient rehabilitation (30 sessions per year) 20% 40% 60% Emergency room: physicia | Out-of-pocket max including deductible per member (Embedded) <sup>3</sup> | \$6,000  | \$7,000  | \$40,000            |
| ACA preventive care visit         \$0*         \$0*         60%           PCP office visit         20%         40%         60%           CirrusMD virtual visit         \$0         N/A         N/A           Other virtual visit         20%         40%         60%           Specialist visit         20%         40%         60%           Urgent care visit         20%         40%         60%           Outpatient mental health/ substance use disorder visit         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Hospital stay         20%         40%         60%           Hospital stay         20%         40%         60%           Inpatient care         20%         40%         60%           Skilled nursing facility care (30 days per year)         20%         40%         60%           Outpatient hospital / facility<   | Out-of-pocket max including deductible per family                         | \$12,000 | \$14,000 | \$80,000            |
| PCP office visit         20%         40%         60%           CirrusMD virtual visit         \$0         N/A         N/A           Other virtual visit         20%         40%         60%           Specialist visit         20%         40%         60%           Urgent care visit         20%         40%         60%           Outpatient mental health/ substance use disorder visit         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Hospital stay         20%         40%         60%           Hospital stay         20%         40%         60%           Mospital stay         20%         40%         60%           Skilled nursing facility care (30 days per year)         20%         40%         60%           Skilled nursing facility care (30 days per year)         20%         40%         60%           Advanced  | Care and services   |          |          |                     |
| CirrusMD virtual visit         \$0         N/A         N/A           Other virtual visit         20%         40%         60%           Specialist visit         20%         40%         60%           Urgent care visit         20%         40%         60%           Outpatient mental health/ substance use disorder visit         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Maternity care         20%         40%         60%           Mospital stay         20%         40%         60%           Mospital inpatient / outpatient services         20%         40%         60%           Skilled nursing facility care (30 days per year)         20%         40%         60%           Outpatient hospital / facility         20%         40%         60%           Outpatient lagaing (MRI, CT, CAT, PET scans)         20%         40%         60%           Emergency room: physician, lab and other services         20%         40%         60%   | ACA preventive care visit   | \$0*     | \$0*     | 60%                 |
| Other virtual visit         20%         40%         60%           Specialist visit         20%         40%         60%           Urgent care visit         20%         40%         60%           Outpatient mental health/ substance use disorder visit         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Attentity care         ***Practitioner services           Practitioner services         20%         40%         60%           Hospital stay         20%         40%         60%           Hospital inpatient / outpatient services         ****Upations**         ****Upations**         60%           Skilled nursing facility care (30 days per year)         20%         40%         60%           Skilled nursing facility care (30 days per year)         20%         40%         60%           Outpatient hospital / facility         20%         40%         60%           Outpatient diagnostic x-ray and lab         20%         40%         60%           Advanced imaging (MRI, CT, CAT, PET scans)         20%         40%         60%           Emergency room: physician, lab and other services         20%         40%         60%           Outpa  | PCP office visit  | 20%      | 40%      | 60%                 |
| Specialist visit         20%         40%         60%           Urgent care visit         20%         40%         60%           Outpatient mental health/ substance use disorder visit         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Acternity care         ***Practitioner services           Practitioner services         20%         40%         60%           Hospital stay         20%         40%         60%           Inpatient care         20%         40%         60%           Skilled nursing facility care (30 days per year)         20%         40%         60%           Skilled nursing facility care (30 days per year)         20%         40%         60%           Outpatient hospital / facility         20%         40%         60%           Outpatient diagnostic x-ray and lab         20%         40%         60%           Advanced imaging (MRI, CT, CAT, PET scans)         20%         40%         60%           Emergency room: physician, lab and other services         20%         20%           Other covered services         20%         40%         60%           Ottatient rehabilitation (30 sessions per year)         20% <td>CirrusMD virtual visit</td> <td>\$0</td> <td>N/A</td> <td>N/A</td>  | CirrusMD virtual visit  | \$0      | N/A      | N/A                 |
| Urgent care visit         20%         40%         60%           Outpatient mental health/ substance use disorder visit         20%         40%         60%           Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Atternity care         Practitioner services         20%         40%         60%           Hospital stay         20%         40%         60%           Mospital inpatient / outpatient services         Urgential care         20%         40%         60%           Skilled nursing facility care (30 days per year)         20%         40%         60%           Outpatient hospital / facility         20%         40%         60%           Outpatient diagnostic x-ray and lab         20%         40%         60%           Outpatient diagnostic x-ray and lab         20%         40%         60%           Advanced imaging (MRI, CT, CAT, PET scans)         20%         40%         60%           Emergency room: facility         20%         40%         60%           Where covered services         20%         40%         60%           Outpatient rehabilitation (30 sessions per year)         20%         40%         60%           Durable medical equipme   | Other virtual visit   | 20%      | 40%      | 60%                 |
| Outpatient mental health/ substance use disorder visit 20% 40% 60% Acupuncture care, spinal manipulations (24 visits per year) 20% 40% 60% Acupuncture care, spinal manipulations (24 visits per year) 20% 40% 60% Acupuncture services 20% 40% 60% 60% 60% 60% 60% 60% 60% 60% 60% 6   | Specialist visit  | 20%      | 40%      | 60%                 |
| Acupuncture care, spinal manipulations (24 visits per year)         20%         40%         60%           Atternity care         Practitioner services         20%         40%         60%           Hospital stay         20%         40%         60%           Iospital inpatient / outpatient services         Use         40%         60%           Skilled nursing facility care (30 days per year)         20%         40%         60%           Outpatient hospital / facility         20%         40%         60%           Outpatient diagnostic x-ray and lab         20%         40%         60%           Advanced imaging (MRI, CT, CAT, PET scans)         20%         40%         60%           Emergency room: facility         20%         40%         60%           Emergency room: physician, lab and other services         20%         40%         60%           Ottpatient rehabilitation (30 sessions per year)         20%         40%         60%           Therapeutic injections         20%         40%         60%           Durable medical equipment (DME)/ prosthetics         20%         40%         60%           Massage Therapy (24 visits per year)         20%         40%         60%           Ambulance service (6 trips per year)  | Urgent care visit   | 20%      | 40%      | 60%                 |
| Atternity care         20%         40%         60%           Practitioner services         20%         40%         60%           Hospital stay         20%         40%         60%           Iospital inpatient / outpatient services          20%         40%         60%           Skilled nursing facility care (30 days per year)         20%         40%         60%           Outpatient hospital / facility         20%         40%         60%           Outpatient diagnostic x-ray and lab         20%         40%         60%           Advanced imaging (MRI, CT, CAT, PET scans)         20%         40%         60%           Emergency room: facility         20%         40%         60%           Emergency room: physician, lab and other services         20%         40%         60%           Outpatient rehabilitation (30 sessions per year)         20%         40%         60%           Therapeutic injections         20%         40%         60%           Durable medical equipment (DME)/ prosthetics         20%         40%         60%           Ambulance service (6 trips per year)         20%         40%         60%           Home health, hospice, and respite care (limits may apply)         20%         40% <t< td=""><td>Outpatient mental health/ substance use disorder visit</td><td>20%</td><td>40%</td><td>60%</td></t<>   | Outpatient mental health/ substance use disorder visit                    | 20%      | 40%      | 60%                 |
| Practitioner services         20%         40%         60%           Hospital stay         20%         40%         60%           Iospital inpatient / outpatient services         Use of the patient of  | Acupuncture care, spinal manipulations (24 visits per year)               | 20%      | 40%      | 60%                 |
| Hospital stay 20% 40% 60% lospital inpatient / outpatient services Inpatient care 20% 40% 60%   Skilled nursing facility care (30 days per year) 20% 40% 60%   Outpatient hospital / facility 20% 40% 60%   Outpatient diagnostic x-ray and lab 20% 40% 60%   Advanced imaging (MRI, CT, CAT, PET scans) 20% 40% 60%   Emergency room: facility 20%   Emergency room: physician, lab and other services 20%   Outpatient rehabilitation (30 sessions per year) 20% 40% 60%   Outpatient rehabilitation (30 sessions per year) 20% 40% 60%   Outpatient rehabilitation (30 sessions per year) 20% 40% 60%   Outpatient rehabilitation (30 sessions per year) 20% 40% 60%   Outpatient rehabilitation (50 sessions per year) 20% 40% 60%   Outpatient    | Maternity care  |          |          |                     |
| Inpatient care 20% 40% 60%  Skilled nursing facility care (30 days per year) 20% 40% 60%  Outpatient hospital / facility 20% 40% 60%  Outpatient diagnostic x-ray and lab 20% 40% 60%  Advanced imaging (MRI, CT, CAT, PET scans) 20% 40% 60%  Emergency room: facility 20% 40% 60%  Emergency room: physician, lab and other services 20%  Outpatient rehabilitation (30 sessions per year) 20% 40% 60%  Therapeutic injections 20% 40% 60%  Durable medical equipment (DME)/ prosthetics 20% 40% 60%  Ambulance service (6 trips per year) 20% 40% 60%  Ambulance service (6 trips per year) 20% 40% 60%  | Practitioner services   | 20%      | 40%      | 60%                 |
| Inpatient care         20%         40%         60%           Skilled nursing facility care (30 days per year)         20%         40%         60%           Outpatient hospital / facility         20%         40%         60%           Outpatient diagnostic x-ray and lab         20%         40%         60%           Advanced imaging (MRI, CT, CAT, PET scans)         20%         40%         60%           Emergency room: facility         20%         40%         60%           Emergency room: physician, lab and other services         20%         40%         60%           Outpatient rehabilitation (30 sessions per year)         20%         40%         60%           Therapeutic injections         20%         40%         60%           Durable medical equipment (DME)/ prosthetics         20%         40%         60%           Massage Therapy (24 visits per year)         20%         40%         60%           Ambulance service (6 trips per year)         20%         40%         60%           Home health, hospice, and respite care (limits may apply)         20%         40%         60%   | Hospital stay   | 20%      | 40%      | 60%                 |
| Skilled nursing facility care (30 days per year)  Outpatient hospital / facility  Outpatient diagnostic x-ray and lab  Advanced imaging (MRI, CT, CAT, PET scans)  Emergency room: facility  Emergency room: physician, lab and other services  Outpatient rehabilitation (30 sessions per year)  Outpatient rehabilitation (30 sessions per year)  Durable medical equipment (DME)/ prosthetics  Massage Therapy (24 visits per year)  Ambulance service (6 trips per year)  Low  40%  60%  60%  60%  60%  60%  60%  60%   | Hospital inpatient / outpatient services                                  |          |          |                     |
| Outpatient hospital / facility20%40%60%Outpatient diagnostic x-ray and lab20%40%60%Advanced imaging (MRI, CT, CAT, PET scans)20%40%60%Emergency room: facility20%Emergency room: physician, lab and other services20%Other covered servicesOutpatient rehabilitation (30 sessions per year)20%40%60%Therapeutic injections20%40%60%Durable medical equipment (DME)/ prosthetics20%40%60%Massage Therapy (24 visits per year)20%40%60%Ambulance service (6 trips per year)20%40%60%Home health, hospice, and respite care (limits may apply)20%40%60%  | Inpatient care  | 20%      | 40%      | 60%                 |
| Outpatient diagnostic x-ray and lab20%40%60%Advanced imaging (MRI, CT, CAT, PET scans)20%40%60%Emergency room: facility20%Emergency room: physician, lab and other services20%Other covered services20%40%60%Therapeutic injections20%40%60%Durable medical equipment (DME)/ prosthetics20%40%60%Massage Therapy (24 visits per year)20%40%60%Ambulance service (6 trips per year)20%40%60%Home health, hospice, and respite care (limits may apply)20%40%60%   | Skilled nursing facility care (30 days per year)                          | 20%      | 40%      | 60%                 |
| Advanced imaging (MRI, CT, CAT, PET scans)  Emergency room: facility  Emergency room: physician, lab and other services  Outpatient rehabilitation (30 sessions per year)  Durable medical equipment (DME)/ prosthetics  Massage Therapy (24 visits per year)  Ambulance service (6 trips per year)  Home health, hospice, and respite care (limits may apply)  20%  40%  60%  60%  60%  60%  60%  60%  6   | Outpatient hospital / facility  | 20%      | 40%      | 60%                 |
| Emergency room: facility Emergency room: physician, lab and other services  Other covered services Outpatient rehabilitation (30 sessions per year)  Therapeutic injections  Durable medical equipment (DME)/ prosthetics  Massage Therapy (24 visits per year)  Ambulance service (6 trips per year)  Home health, hospice, and respite care (limits may apply)  20%  20%  20%  40%  60%  60%  60%  20%  40%  60%  60%   | Outpatient diagnostic x-ray and lab                                       | 20%      | 40%      | 60%                 |
| Emergency room: physician, lab and other services  Outpatient rehabilitation (30 sessions per year)  Therapeutic injections  Durable medical equipment (DME)/ prosthetics  Massage Therapy (24 visits per year)  Ambulance service (6 trips per year)  Home health, hospice, and respite care (limits may apply)  20%  20%  20%  40%  60%  60%  20%  40%  60%  60%  | Advanced imaging (MRI, CT, CAT, PET scans)                                | 20%      | 40%      | 60%                 |
| Outpatient rehabilitation (30 sessions per year)  Therapeutic injections  Durable medical equipment (DME)/ prosthetics  Massage Therapy (24 visits per year)  Ambulance service (6 trips per year)  Home health, hospice, and respite care (limits may apply)  20%  40%  60%  60%  60%  60%  60%  60%  6  | Emergency room: facility  |          | 20%      |                     |
| Outpatient rehabilitation (30 sessions per year)20%40%60%Therapeutic injections20%40%60%Durable medical equipment (DME)/ prosthetics20%40%60%Massage Therapy (24 visits per year)20%40%60%Ambulance service (6 trips per year)20%40%60%Home health, hospice, and respite care (limits may apply)20%40%60%   | Emergency room: physician, lab and other services                         |          | 20%      |                     |
| Therapeutic injections 20% 40% 60%  Durable medical equipment (DME)/ prosthetics 20% 40% 60%  Massage Therapy (24 visits per year) 20% 40% 60%  Ambulance service (6 trips per year) 20%  Home health, hospice, and respite care (limits may apply) 20% 40% 60%   | Other covered services  |          |          |                     |
| Durable medical equipment (DME)/ prosthetics20%40%60%Massage Therapy (24 visits per year)20%40%60%Ambulance service (6 trips per year)20%Home health, hospice, and respite care (limits may apply)20%40%60%   | Outpatient rehabilitation (30 sessions per year)                          | 20%      | 40%      | 60%                 |
| Massage Therapy (24 visits per year)20%40%60%Ambulance service (6 trips per year)20%Home health, hospice, and respite care (limits may apply)20%40%60%  | Therapeutic injections  | 20%      | 40%      | 60%                 |
| Ambulance service (6 trips per year)  Home health, hospice, and respite care (limits may apply)  20%  40%  60%  | Durable medical equipment (DME)/ prosthetics                              | 20%      | 40%      | 60%                 |
| Home health, hospice, and respite care (limits may apply) 20% 40% 60%   |   | 20%      | 40%      | 60%                 |
|   | Ambulance service (6 trips per year)                                      |          | 20%      |                     |
| Prescription Medication <sup>4</sup> 20%  | Home health, hospice, and respite care (limits may apply)                 | 20%      | 40%      | 60%                 |
|   | Prescription Medication <sup>4</sup>                                      |          | 20%      |                     |

Deductible waived

Tier 1 & 2 are cross accumulated for deductible, coinsurance and out of pocket maximum. Coverage outside of Alaska is only for urgent and emergent care, medical travel support and authorized services.

This Benefit Summary is preliminary and subject to change. Please request a Summary of Benefits and Coverage (SBC) for employers and their employees.

<sup>1</sup> Tier 3 coverage coinsurance is based on the maximum plan allowance for these services.

<sup>2</sup> If you have family members on the policy, the individual deductible applies for each member only until the family deductible is met.

<sup>3</sup> If you have family members on the policy, the individual out-of-pocket max applies for each member only until the family out-of-pocket max is met.

<sup>4 \$0</sup> copay for Value Medications\*