



Medical Benefits

At a Glance



You may not have all these benefits. Your benefits are determined by your collective bargaining agreement and your enrollment choices. If you have questions about your coverage or your specific benefits, contact your health fund at **844-427-8501**.

MultiPlan and Pacific Health Coalition	Silver Plan	
WHAT'S COVERED <i>(effective 1/1/2021)</i>	WHAT YOU PAY— Coalition/PPO Provider or Any Provider Outside of Anchorage*	WHAT YOU PAY— Non-PPO (Non-Coalition) in Anchorage*
Office Visits		
Preventive Care	No charge	No charge
Primary Care Provider <i>(includes all care received during visit)</i>	30% coinsurance after deductible	30% coinsurance after deductible
Teladoc <i>(telemedicine)</i>	No charge	Not covered
Specialist <i>(all care received during visit)</i>	30% coinsurance after deductible	30% coinsurance after deductible
Mental Health/Substance Abuse	30% coinsurance after deductible	30% coinsurance after deductible
Chiropractic Services <i>(1 visit per day)</i>	30% coinsurance after deductible	30% coinsurance after deductible
Diabetes Education	No charge	No charge
Emergency, Urgent Care, and Inpatient Services		
Urgent Care Center	30% coinsurance after deductible	30% coinsurance after deductible
ER for Emergency <i>(waived if admitted)</i>	\$100 copay + 30% coinsurance after deductible	\$100 copay + 30% coinsurance after deductible
ER for Routine Care	\$100 copay + 30% coinsurance after deductible	\$100 copay + 30% coinsurance after deductible
Ground Ambulance <i>(100 days per confinement)</i>	30% coinsurance after deductible	30% coinsurance after deductible
Inpatient Hospitalization	\$350 copay + 30% coinsurance after deductible	\$350 copay + 40% coinsurance after deductible for Non-PPO facility in the Municipality of Anchorage
Skilled Nursing Facility <i>(30 days per year)</i>	No charge	No charge
Outpatient Services		
Outpatient Surgery	30% coinsurance after deductible	40% coinsurance after deductible for Non-PPO facility in the Municipality of Anchorage
Physical and Occupational Therapy	30% coinsurance after deductible	40% coinsurance after deductible for Non-PPO facility in the Municipality of Anchorage
Speech Therapy	30% coinsurance after deductible	40% coinsurance after deductible for Non-PPO facility in the Municipality of Anchorage
Infusion Medication and Chemotherapy	30% coinsurance after deductible	30% coinsurance after deductible
Kidney Dialysis	30% coinsurance after deductible	30% coinsurance after deductible
Radiation Therapy	30% coinsurance after deductible	30% coinsurance after deductible

*Services received from a Non-PPO provider will be covered up to the Usual & Customary Charge (UCC). Any amounts above the UCC will not be covered and you may receive a balance bill from the provider.

Medical <i>(continued)</i>	Silver Plan	
WHAT'S COVERED	WHAT YOU PAY– Coalition/PPO Provider or Any Provider Outside of Anchorage*	WHAT YOU PAY– Non-PPO (Non-Coalition) in Anchorage*
Lab and Imaging Services		
Laboratory Services and Radiology <i>No extra copays when part of an office visit</i>	30% coinsurance after deductible	Non-hospital - 30% coinsurance after deductible
Diagnostic Imaging (CT, MRI, PET)	30% coinsurance after deductible	Hospital - 40% coinsurance after deductible for Non-PPO facility in the Municipality of Anchorage
Other Care and Expenses		
Home Health Care Visit <i>(100 visits per year)</i>	No charge	No charge
Hospice Care <i>(inpatient limited to 30 days)</i>	30% coinsurance after deductible	30% coinsurance after deductible
Podiatric Orthotics	Not covered	Not covered
Durable Medical Equipment	30% coinsurance after deductible	30% coinsurance after deductible
Prescription Drug		
Generic	40% coinsurance (\$5 minimum at retail; \$10 minimum at mail)	
Brand Name Drugs	40% coinsurance (\$5 minimum at retail; \$10 minimum at mail)	
Diabetes Oral Medications, Insulin and Supplies	\$5 copay retail / \$10 copay mail	
Specialty and Biosimilar Drugs	40% coinsurance (\$5 minimum at retail; \$10 minimum at mail)	
Other		
Medical Deductible	\$500 person/\$1,000 family for Coalition/PPO Provider or Any Provider Outside of Anchorage, \$1,000 person/\$2,000 family for Non-PPO (Non-Coalition) in the Municipality of Anchorage	
Coalition/PPO Provider or Any Provider Outside of Anchorage Out-of-Pocket Spending Limit Once your cost sharing for network covered expenses reaches these limits, the Plan pays 100% for most of your covered network expenses for the rest of the year <i>(see your SPD for expenses that don't count)</i> .	Medical	\$3,500 individual; \$7,000 family
Non-PPO (Non-Coalition) in the Municipality of Anchorage Out-of-Pocket Spending Limit	Medical	\$10,000 individual; \$20,000 family
Prescription Drug Out-of-Pocket Spending Limit		\$2,350 individual \$4,700 family

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844-427-8501
www.uhh.org

This document is an easy-to-read summary and does not include all benefits. If you want more details about your benefits or want to find out which treatments/services require prior authorization, please refer to your Summary Plan Description (SPD) or call UNITE HERE HEALTH.



Non-Medical Benefits

At a Glance



Dental, Life and AD&D

Effective 1/1/2021

Dental – Employee Only

Effective January 1, 2021

Maximum Benefit Per Person <i>Calendar year</i>	Plan pays up to \$1,000
Preventive and Diagnostic Services	Plan pays 100% of Usual and Customary Charge
Coinsurance	50%*
Periodic Oral Exam	No Charge*
Most X-rays	No Charge*
Regular Periodic Cleaning (adult or child prophylaxis)	up to 2 total per person each year
Calendar Year Deductible	\$50 per person

*Services received will be covered up to the Usual & Customary Charge (UCC). Any amounts above the UCC will not be covered and you may receive a balance bill from the provider.

Life and AD&D – Employee Only

<i>Employees only</i>	WHAT THE PLAN PAYS
Life Insurance	\$20,000
Accidental Death & Dismemberment Insurance	

For Prior Authorization, please contact Medical Rehabilitation Consultants:
Phone: **800-827-5058** toll free

Call UNITE HERE HEALTH at **844-427-8501** to verify benefits and eligibility.

Prior authorization is required for:

Adenoidectomy – surgical removal of the adenoids
Carpal Tunnel Release – surgery to release pressure on the median nerve in the wrist
Hemorrhoidectomy – surgical removal of hemorrhoids
Knee Arthroscopy (Diagnostic and Repair) – examination of the inside of the knee with a tiny camera (arthroscope)
Pelvic Laparoscopy – examination of female organs by a scope
Surgical treatment of obesity
Tonsillectomy Adenoidectomy – surgical removal of the tonsils and adenoids
Tonsillectomy – surgical removal of the tonsils
Tympanostomy Tube Insertion – surgery to place drainage tubes in the ear
Upper Gastrointestinal Endoscopy – examination of the esophagus, stomach and the first part of the small intestine by inserting a small tube (camera with a light) down the throat
Outpatient Surgery
Hospital stays
Inpatient services for mental health, behavioral health or substance abuse services
Rehabilitation services
Clinical Trials
Hospice services

This table is only a general guideline to UHH Plans prior authorization requirements.

This list may be updated from time to time. It is the provider’s responsibility to check for updates. If the procedure billed is not the procedure approved, there may be no payment and the patient is not liable. The presence or absence of a procedure code and/or service on this list does not determine benefits or coverage for your patient. Verification of benefits and eligibility should be obtained by calling **UNITE HERE HEALTH** at **844-427-8501**.