

# Highlights of your Health Care Coverage

UIC (Ukpeagvik Inupiat Corporation)

Group Number: 4002747

Effective Date: 01/01/2026

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

MEDICAL PLAN		2026 HP HDHP WITH HSA \$1,700/20%/\$3,400 - ESSENTIALS	
	YUKON IN-NETWORK	OUT-OF-NETWORK	
MEDICAL COST SHARES			
Individual Deductible PCY (Family aggregate deductible 2x Individual)	\$1,700 PCY/ \$3,400 PCY	\$3,400 PCY/\$6,800 PCY	
Coinsurance (Member's percentage of costs after deductible based on allowable charges)	20% Preferred/30% Participating	Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
Individual Out of Pocket Maximum PCY, includes deductible, coinsurance, copay and pharmacy if applicable (Family embedded OOP max 2X Individual)	\$3,400 PCY/\$6,800 PCY	\$6,800 PCY/\$13,600 PCY	
Office Visit Cost Share	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION			
Preventive Office Visit (Unlimited, subject to standard medical guidelines)	Covered in Full	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
Immunizations (Unlimited, subject to standard medical guidelines)	Covered in Full	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
Health Education (HE) (Unlimited)	Covered in Full	Covered In Full	
Diabetes Health Education (DE) (Unlimited)	Covered in Full	Covered In Full	
CHRONIC CONDITION MANAGEMENT PROGRAMS			
Diabetes Management Plus	Included	Included	
Diabetes Prevention Plus	Included	Included	
Hypertension Plus	Included	Included	
Weight Management	Included - Standard	Included - Standard	
PROFESSIONAL CARE			
Professional Office Visit (Includes Telemedicine)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
APP-BASED VIRTUAL CARE SERVICES			
Telemedicine - General Medical (Virtual Care Only)	In Network Deductible, then 20% Preferred	Not Covered	

MEDICAL PLAN		2026 HP HDHP WITH HSA \$1,700/20%/\$3,400 - ESSENTIALS	
	YUKON IN-NETWORK	OUT-OF-NETWORK	
Telemedicine - Mental Health (Virtual Care Only)	Subject to Mental Health Outpatient Professional Care In-Network Cost Share	Not Covered	
Telemedicine - Chemical Dependency (Virtual Care Only)	Subject to Chemical Dependency Outpatient Office Visit	Not Covered	
Telemedicine - Outpatient Rehab (Virtual Care Only) (Shared with Rehab Outpatient Care)	Subject to Rehab Outpatient Care In-Network Cost Share	Not Covered	
DIAGNOSTIC SERVICES			
Preventive Imaging and Laboratory	Covered in Full	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
Diagnostic Laboratory	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
Basic Diagnostic Imaging	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
Major Diagnostic Imaging	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
Preventive Mammography	Covered in Full	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
Diagnostic Mammography	In Network Deductible, then 0%	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
Supplemental Breast Exam	In Network Deductible, then 0%	Covered as any other service	
FACILITY CARE			
Inpatient Facility	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
Inpatient Professional Services	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
Outpatient Surgery Facility	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
Outpatient Facility	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network	
MEDICAL PLAN		2026 HP HDHP WITH HSA \$1,700/20%/\$3,400 - ESSENTIALS	

	YUKON IN-NETWORK	OUT-OF-NETWORK
<b>Skilled Nursing Facility</b> (100 days PCY)	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>HOSPICE &amp; HOME HEALTH CARE</b>		
<b>Hospice Inpatient Facility</b> (Inpatient: Unlimited; Respite: 240 hours; 6 month limit)	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>Hospice Care (Home Health and Respite)</b> (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum)	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>Home Health Visits</b> (130 visits PCY)	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>MATERNITY &amp; REPRODUCTIVE CARE</b>		
<b>Contraceptive Management Services</b> (Unlimited)	Covered in Full	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>Sterilization - Female</b> (Unlimited)	Covered in Full	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>Sterilization - Male</b> (Unlimited)	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>MEDICAL CARE COORDINATION AND TRAVEL SERVICES</b>		
<b>Centers of Excellence Packaged Services</b> (Eligible Services Include: Total Joint Replacement (Knee & Hip Replacement), Spine & Gynecology)	In Network Deductible, then 0%	Covered as any other service
<b>Centers of Excellence Travel and Care Coordination</b> (See Elective Procedure Travel)	See Elective Procedure Travel	See Elective Procedure Travel
<b>Medical Access Transportation</b> (3 round trips PCY for patient (includes 3 round trips PCY for parent or guardian if pt. under 19 yrs of age))	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Transplants</b> (Unlimited; \$75,000 donor)	Covered as any other service	Not Covered
<b>Transplant Travel &amp; Lodging</b> (\$7,500 travel and lodging)	Subject to Deductible, then 0%	Subject to Deductible, then 0%
<b>Elective Procedure Travel</b> (Prior Approval Required: Member & Medically Necessary Companion - Air: 1 round-trip per episode; Surface Transportation & Parking: \$35/day; Ferry Transportation \$50 per person each way; Lodging \$50/day per person)	\$1,700 PCY/ \$3,400 PCY Deductible, then 0%	\$1,700 PCY/ \$3,400 PCY Deductible, then 0%
<b>Medical Services from Elective Procedure Travel</b>	Covered as any other service	Covered as any other service
<b>EMERGENCY CARE</b>		
<b>MEDICAL PLAN</b>		
<b>2026 HP HDHP WITH HSA \$1,700/20%/\$3,400 - ESSENTIALS</b>		

	YUKON IN-NETWORK	OUT-OF-NETWORK
<b>Emergency Care</b>	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Emergency Room Physician</b>	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Urgent Care Center</b>	In Network Deductible, then 20% preferred & participating	Same as In-Network
<b>Ambulance Transportation</b> (Unlimited)	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Non-Emergent Ground Ambulance</b> (Unlimited)	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Air Ambulance</b> (Unlimited)	In Network Deductible, then 20% Preferred	In Network Deductible, then 20% Preferred
<b>Non-Emergent Air Ambulance</b> (Unlimited)	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then CD & Professional: 40%; ARP
<b>ALTERNATIVE CARE</b>		
<b>Acupuncture</b> (12 visits PCY)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>Manipulations (Spinal and other)</b> (20 visits PCY)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>CHEMICAL DEPENDENCY &amp; MENTAL HEALTH</b>		
<b>Chemical Dependency Inpatient Facility Care</b> (Unlimited)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>Chemical Dependency Outpatient Professional Care</b> (Unlimited)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>Mental Health Inpatient Facility Care</b> (Unlimited)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>Mental Health Outpatient Professional Care</b> (Unlimited)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>PHARMACY</b>		
<b>Formulary Drug List</b>	E4 Essentials Formulary Tier 1 = preferred generic Tier 2 = preferred brand Tier 3 = preferred specialty Tier 4 = non-preferred all drugs	E4 Essentials Formulary Tier 1 = preferred generic Tier 2 = preferred brand Tier 3 = preferred specialty Tier 4 = non-preferred all drugs
<b>Enhanced Preventive Drug List</b> (PV Core Plus (Buy-Up))	Covered in Full	Specialty Drugs: Not Covered; All other Drugs: Same as In-network cost share
<b>MEDICAL PLAN</b>		
<b>2026 HP HDHP WITH HSA \$1,700/20%/\$3,400 - ESSENTIALS</b>		

	YUKON IN-NETWORK	OUT-OF-NETWORK
<b>Prescription Drugs - Retail</b> (Retail: 90 Days, if applicable one copay every 30 day supply; Mail: 90 Days; Specialty: 30 Days)	Tier 1 = Subject to Deductible, then \$10 Tier 2 = Subject to Deductible, then \$30 Tier 3 = Subject to Deductible, then \$50 Tier 4 = Subject to Deductible, then 30% (cost shares apply to the OOP Max)	Specialty Drugs: Not Covered; All other Drugs: Same as In-network cost share
<b>Prescription Drugs - Mail</b> (Retail: 90 Days, if applicable one copay every 30 day supply; Mail: 90 Days; Specialty: 30 Days)	Tier 1 = Subject to Deductible, then \$25 Tier 2 = Subject to Deductible, then \$75 Tier 3 = Subject to Deductible, then \$50 Tier 4 = Subject to Deductible, then 30% (cost shares apply to the OOP Max)	Not Covered
<b>REHABILITATION &amp; NEURO</b>		
<b>Rehab Inpatient Facility</b> (100 days PCY)	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy; Cardiac &amp; Pulmonary Rehab.; and Chronic Pain</b> (45 visits PCY)	In Network Deductible, then 20% Preferred	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>OTHER SERVICES</b>		
<b>Allergy/Therapeutic Injections</b>	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>Medical Supplies, Equipment, Prosthetics</b> (Unlimited)	In Network Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then Hospital/CD & Professional: 40%; ARP/Certified ABA: Same as In-Network
<b>SUPPLEMENTAL BENEFITS</b>		
<b>Routine Hearing Exam</b> (1 PCY)	Exam & Test: INN Deductible, then 20% Preferred/30% Participating	Out of Network Deductible, then 40%
<b>Hearing Hardware</b> (\$800 limit every 3 consecutive years)	In Network Deductible, then 20%	In Network Deductible, then 20%
<b>ANNUAL PLAN MAXIMUM</b>		
<b>Annual Plan Maximum</b>	Unlimited	Unlimited

Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.

Seasonal immunizations provided at a pharmacy will be covered in full up to maximum allowable amount.

Autism: Mental Health, Psychological & Neuropsychological Testing, Outpatient Professional & Facility Care covered as any other service.

Copays are not subject to the deductible unless otherwise noted.

Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross Blue Shield of Alaska. Members are responsible for amounts in excess of the allowable charge.

*This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms of the plan. This benefit highlight is not a contract and may change. Please see your benefit booklet or call Customer Service for full coverage information including a description of waiting periods, limitations, and exclusions.*