



AN AFFORDABLE ACA QUALIFIED AND ERISA COMPLIANT HEALTH PLAN SOLUTION

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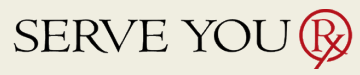
The Alaska REALTORS® is the voice for real estate in Alaska. As a state association, we provide timely information, education, and opportunities to benefit our members and their families. Alaska REALTORS® has been researching for some time an affordable healthcare options for its Members. FMA Freedom Select Plans may be a viable option for you and your family. Membership Benefits is a high priority for the association, and we welcome this healthcare option.

FMA FREEDOM SELECT PLANS

Plans A and B
Includes Minimum Essential Coverage
plus Preventive Care Benefits

Maximizing savings and providing cutting-edge solutions to help you effectively manage your health care costs

Sponsored by:
SB/A Cooperative
Administered by:
Free Market Administrators, LLC



Partners of FMA Freedom Select Plans

Free Market Administrators, LLC

Free Market Administrators, LLC (FMA) is a Third Party Administrator headquartered in Addison, Texas.

- FMA was created with over 100 years of experience in health care at the Senior Executive Level.
- FMA is committed to creating value for our broad client base of both fully insured, major medical, and self-funded clients.
- FMA remains focused on not only exceeding the highest ethical standards and upholding the utmost integrity for our clients, but also redefining the way our clients look at the world of healthcare benefits.
- FMA has over 20,000 members.
- FMA works with major PPO networks including access to Reference Based Pricing.

SB/A CoOp

The SB/A CoOp is a Non-Profit “Agency” Cooperative Corporation that does not buy or sell products or services, but acts as the “Legal Collective Agent” of all the Cooperative Members to facilitate contractual relationships for and between the members. The SB/A CoOp may legally “aggregate” small employers

together without becoming a Multiple Employer Welfare Association (MEWA) or acting as a Multiple Employer Trust (MET). The SBA CoOp sponsors the unique ERISA Employer Healthcare Benefits Plans that are ACA qualified when attached to ACA Minimum Essential Coverage.

Serve You Rx

Since 1987, **Serve You Rx** has been the pharmacy benefit manager (PBM) of choice for employee benefit brokers and consultants. Their clients include employers, unions, coalitions, and governmental entities, as well as third party administrators looking for a valuable partner to effectively manage prescription drug costs. Serve You Rx is privately owned and headquartered in Milwaukee, Wisconsin.

Serve You Rx offers:

- Custom plan designs
- Consultative clinical support
- Robust trend management programs and strategies
- Focused member service
- Wholly-owned mail order pharmacy
- Over 66,000 pharmacies nationwide



Healthcare2U

Healthcare2U—A Coast-to-Coast Healthcare Membership™

Healthcare2U's mission is to provide affordable and convenient access to excellent primary medical care, wellness and chronic disease management. We deliver the Direct Primary Care Plus (DPCplus) membership to individuals ages 2 to 65 and accept pre-existing conditions manageable ranges. Through our proprietary Private Physician Network (PPN)™, Healthcare2U is breaking down the barriers to convenient access to quality primary care with a focus on promoting healthy living while preventing disease. Members receive the unlimited services listed below by scheduling care through Healthcare2U's Central Scheduling Department (CSD) during business hours.

When to Use Your Membership:

Non-Emergency medical needs, such as:

- Flu Symptoms
- Bladder Infections
- Asthma Issues
- Urinary Tract Infections (UTI)
- Respiratory Infection
- Minor Burns
- Allergies or Allergic Reactions
- Sore Throat or Strep
- GERD
- Gout
- Hypertension
- Thyroid

Unlimited Direct Primary Care*

- Unlimited doctor visits with a \$10 visit fee
- Unlimited urgent care visits with a \$25 visit fee
- Annual physical¹—with four labs: complete metabolic panel (CMP), complete blood count (CBC), thyroid stimulating hormone (TSH) and lipid panel
- Patient navigation center staffed by bilingual medical assistants to schedule care for members and eligible participants

Unlimited Chronic Disease Management*

Unlimited treatment and management of 13 chronic disease states for the same \$10 visit fee. Healthcare2U accepts pre-existing conditions within manageable ranges, including: Anxiety, Arthritis, Asthma, Blood Pressure, CHF, COPD, Depression, Diabetes, Fibromyalgia, GERD, Gout, Hypertension and Thyroid.

Unlimited Virtual DPC²

Unlimited access to bilingual licensed medical providers online or by phone 24/7/365 for minor illnesses and injuries at \$0 out-of-pocket cost to members. When appropriate, the physician will call in a prescription to the member's pharmacy of choice.

How to Access DPCplus Benefits:

In order to utilize Healthcare2U's DPCplus benefits, members must call our Central Scheduling Department.

* Healthcare2U Disclaimers:

No walk-ins allowed.

Unlimited services (including Virtual DPC/telehealth) must be accessed through Healthcare2U's Central Scheduling Department (CSD). In-office appointments are only available within business hours (Monday through Friday, 7 AM to 6 PM CST). The CSD may direct the member to another level of care if appropriate, depending on the member's condition and utilization of services.

Healthcare2U's Direct Primary Care is a healthcare membership. It is not insurance.

¹ Well-woman pap smear pathology interpretation is not included.

² Telehealth services are provided through MeMD, a third-party provider. When medically necessary, MeMD's providers can submit a prescription electronically for purchase and pickup at your local participating pharmacy; however, MeMD providers cannot prescribe elective medications, narcotic pain relievers, or controlled substances. MeMD's providers are each licensed by the appropriate licensing board for the state in which they are providing services, and all have prescriptive authority for each of the states in which they are licensed. MeMD provides access to online medical consultations with physicians, nurse practitioners, and physician assistants who can write prescriptions when medically necessary and permitted by state law. MeMD is not an online pharmacy, and medications cannot be purchased or dispensed from MeMD directly. MeMD is not a replacement for your primary care physician or annual doctor's office visit. Subject to state regulations, MeMD is available nationwide with providers licensed to practice in your state who use video and/or audiotechnology.

Minimum Essential Coverage is offered through a third-party provider.

Annual Maximum Benefit
 Individual \$10,000
 Family \$20,000

FMA Freedom Select Plan A
 Summary Plan of Coverage

PPO Network ①	PHCS
BASIC BENEFITS (Base Plan)	
Deductible - Individual / Family ②	None
Healthcare2U's Direct Primary Care – Unlimited Virtual DPC / Telehealth Unlimited In-Office Doctor Visits for Acute and Chronic Care Unlimited Urgent Care Visits	Virtual Consults \$0 Visit Fee ④ In-Office Visits \$10 Visit Fee Urgent Care Visits \$25 Visit Fee
Primary Care Office Visits (non-Healthcare2U Visits) Internal Medicine, Family Practice, Pediatrician, & OB/GYN - Office and Other Outpatient Services	Subject to Coinsurance ⑤
Specialist Care	Subject to Coinsurance
Prescription Drugs ⑥ Generic / Brand	Subject to Coinsurance \$500 Maximum on any Prescription/mo.
Inpatient & Outpatient Hospital ⑦	Subject to Coinsurance
Behavioral Health Care Inpatient/Outpatient limited to 30 days/visits	Subject to Coinsurance
Chiropractic Care (Limited to Spinal Adjustments)	Subject to Coinsurance
Medical Imaging & X-Ray	Subject to Coinsurance
Emergency Room & Ambulance	Subject to Coinsurance
Urgent Care Facility	Subject to Coinsurance
Durable Medical Equipment	Subject to Coinsurance
Preventive Care Services and Minimum Essential Coverage (MEC) ⑧ Adult, Women, Child - Immunization, Screenings, & Services MEC not subject to Annual Maximum or Coinsurance Percentages	Preventive Care coverage paid at 100%
Careington Dental & Vision Discounted Benefits ⑨	Fee Schedule

SUMMARY	
Coinsurance on Base Plan (Percentage of Covered Benefits by Plan)	50% of \$10,000
Annual Out-of-Pocket Maximum ⑩	\$5,000 Individual \$10,000 Family
Annual Maximum Benefit Covered ⑪	\$10,000 Individual \$20,000 Family
Out of Network Coverage	See Provisions and Exclusions

Footnotes for each circled number are found on page 7

Annual Maximum Benefit Individual \$20,000 Family \$40,000	FMA Freedom Select Plan B Summary Plan of Coverage
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PPO Network ^①	PHCS
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BASIC BENEFITS (Base Plan)

Deductible - Individual / Family ^②	None
Healthcare2U's Direct Primary Care – Unlimited Virtual DPC / ^③ Telehealth Unlimited In-Office Doctor Visits for Acute and Chronic Care Unlimited Urgent Care Visits	Virtual Consults \$0 Visit Fee ^④ In-Office Visits \$10 Visit Fee Urgent Care Visits \$25 Visit Fee
Primary Care Office Visits (non-Healthcare2U Visits) Internal Medicine, Family Practice, Pediatrician, & OB/GYN - Office and Other Outpatient Services	Subject to Coinsurance ^⑤
Specialist Care	Subject to Coinsurance
Prescription Drugs ^⑥ Generic / Brand	Subject to Coinsurance \$500 Maximum on any Prescription/mo.
Inpatient & Outpatient Hospital ^⑦	Subject to Coinsurance
Behavioral Health Care Inpatient/Outpatient limited to 30 days/visits	Subject to Coinsurance
Chiropractic Care (Limited to Spinal Adjustments)	Subject to Coinsurance
Medical Imaging & X-Ray	Subject to Coinsurance
Emergency Room & Ambulance	Subject to Coinsurance
Urgent Care Facility	Subject to Coinsurance
Durable Medical Equipment	Subject to Coinsurance
Preventive Care Services and Minimum Essential Coverage (MEC) ^⑧ Adult, Women, Child - Immunization, Screenings, & Services MEC not subject to Annual Maximum or Coinsurance Percentages	Preventive Care coverage paid at 100%
Careington Dental & Vision Discounted Benefits ^⑨	Fee Schedule

SUMMARY

Coinsurance on Base Plan (Percentage of Covered Benefits by Plan)	50% of First \$10,000 80% of Next \$10,000
Annual Out-of-Pocket Maximum ^⑩	\$7,000 Individual \$14,000 Family
Annual Maximum Benefit Covered ^⑪	\$20,000 Individual \$40,000 Family
Out of Network Coverage	See Provisions and Exclusions

Footnotes for each circled number are found on page 7

Minimum Essential Coverage ACA Annual Benefits

All Employer Plans – MEC Covered Services	Minimum Essential Coverage (MEC Plan) In-Network Provider (PPO) Only
Annual Deductible	None
Member Annual Out-of-Pocket Maximum	None
Co-Insurance Percentage covered (Plan Pays Based on Contracted Amounts)	100%
Preventative Care	Covered at 100%
Pharmacy Benefit	100% of ACA mandated prescription, i.e. Birth Control
Annual Maximum of Covered Services	No Annual Maximum
Routine Well Care – As Provided Under the Affordable Care Act (ACA)	
Adult Preventative Services - Screenings and Services Listed Below are Eligible	
1. Abdominal Aortic Aneurysm	Covered at 100%
2. Alcohol Misuse	Covered at 100%
3. Aspirin	Covered at 100%
4. Blood Pressure	Covered at 100%
5. Cholesterol	Covered at 100%
6. Colorectal Cancer	Covered at 100%
7. Depression	Covered at 100%
8. Type 2 Diabetes	Covered at 100%
9. Diet Counseling	Covered at 100%
10. Obesity	Covered at 100%
11. Sexually Transmitted Infection (STI)	Covered at 100%
12. Syphilis	Covered at 100%
13. HIV	Covered at 100%
14. Tobacco Use	Covered at 100%
15. Immunization Vaccines	Covered at 100%
Women Preventative Services – Screenings and Services Listed Below are Eligible	
1. Anemia	Covered at 100%
2. Bacteriuria Urinary Tract	Covered at 100%
3. BRCA	Covered at 100%
4. Breast Cancer Mammography	Covered at 100%
5. Breast Cancer Chemoprevention	Covered at 100%
6. Breastfeeding	Covered at 100%
7. Cervical Cancer	Covered at 100%
8. Chlamydia Infection	Covered at 100%
9. Contraception	Covered at 100%
10. Domestic and Interpersonal Violence	Covered at 100%
11. Folic Acid Supplements	Covered at 100%
12. Gestational Diabetes	Covered at 100%
13. Gonorrhea	Covered at 100%
14. Hepatitis B	Covered at 100%
15. Human Immunodeficiency Virus (HIV)	Covered at 100%
16. Human Papillomavirus (HPV) DNA Test	Covered at 100%
17. Osteoporosis	Covered at 100%
18. Rh Incompatibility	Covered at 100%
19. Tobacco Use	Covered at 100%
20. Sexually Transmitted Infections (STI)	Covered at 100%
21. Syphilis	Covered at 100%
22. Well Woman Visits	Covered at 100%
Child Preventative Services – Screenings and Services Listed Below are Eligible	
1. Alcohol and Drug Use	Covered at 100%
2. Autism	Covered at 100%
3. Behavioral	Covered at 100%
4. Blood Pressure	Covered at 100%
5. Cervical Dysplasia	Covered at 100%
6. Congenital Hypothyroidism	Covered at 100%
7. Depression	Covered at 100%
8. Developmental	Covered at 100%
9. Dyslipidemia	Covered at 100%
10. Fluoride Supplements	Covered at 100%
11. Gonorrhea	Covered at 100%
12. Hearing	Covered at 100%
13. Height, Weight and Body Mass Index	Covered at 100%
14. Hematocrit or Hemoglobin	Covered at 100%
15. Hemoglobinopathies or Sickle Cell	Covered at 100%
16. HIV	Covered at 100%
17. Immunization Vaccines	Covered at 100%
18. Iron Supplements	Covered at 100%
19. Lead Exposure	Covered at 100%
20. Medical History	Covered at 100%
21. Obesity	Covered at 100%
22. Oral Health	Covered at 100%
23. Phenylketonuria (PKU)	Covered at 100%
24. Sexually Transmitted Infection	Covered at 100%
25. Tuberculin Testing	Covered at 100%
26. Vision	Covered at 100%

Footnotes

- ① **PPO (Preferred Provider):** Healthcare plans utilize providers that are within a network with general pricing and care agreements. You may choose any provider within your network. The SB/A Freedom Plans utilize PHCS, one of the largest provider networks in the country.
- ② **Deductible:** With the SB/A Freedom Plans, there are no deductibles. However, in traditional healthcare, a deductible is the amount you owe for healthcare services your healthcare plan covers, before your plan begins to pay. For example, if your deductible was \$5000, your plan will not pay anything until you've met your \$5000 deductible for covered healthcare services subject to the deductible.
- ③ **Healthcare2U:** Healthcare2U's telehealth services are provided through MeMD, a third-party provider. When medically necessary, MeMD's providers can submit a prescription electronically for purchase and pick-up at your local participating pharmacy; however, MeMD providers cannot prescribe elective medications, narcotic pain relievers, or controlled substances. MeMD's providers are each licensed by the appropriate licensing board for the state in which they are providing services, and all have prescriptive authority for each of the states in which they are licensed. MeMD provides access to online medical consultations with physicians, nurse practitioners, and physician assistants who can write prescriptions when medically necessary and permitted by state law. MeMD is not an online pharmacy, and medications cannot be purchased or dispensed from MeMD directly. MeMD is not a replacement for your primary care physician or annual doctor's office visit. Subject to state regulations, MeMD is available nationwide with providers licensed to practice in your state who use video and/or audio technology.
Healthcare2U accepts pre-existing conditions within manageable ranges. (see page 3)
- ④ **Visit Fee:** Healthcare2U is not insurance but does charge visit fees for particular services.
- ⑤ **Co-Insurance:** Your share of the costs of a covered health care service, calculated as a percent (for example, 50%) of the allowed amount of the service. The plan pays for the rest of the allowed amount. These plans provide for first dollar coverage with a 50/50 co-insurance. For example, if you have a 50% co-insurance on the first \$10,000 of covered health care services, the plan would pay \$5000.00 and you would pay \$5000.00. If your plan had a component of 80/20 for the next \$10,000 portion of a \$20,000 base plan, the plan would pay 80% and you would pay 20%, or \$8000.00 from the plan and \$2000.00 from you.
- ⑥ **Pharmacy:** Prescription pharmacy benefit contains the same zero deductible co-insurance provisions of all the plans contained within. Upon exhaustion of benefit plan, discounts are still available to all enrollees but without the co-insurance split.
- ⑦ **Inpatient/Outpatient:** These are the hospitalization and professional services, medical and surgical professional services, ER/Urgent care, lab, X-ray and imaging, ambulance, chiropractic care, and inpatient/outpatient behavioral healthcare, provided for in the base plans.
- ⑧ **Affordable Care Act:** Correctly named the Patient Protection and Affordable Care Act. Congress signed into law the ability to obtain health insurance in all 50 states without fear of rejection for pre-existing conditions. There were subsidies for those whose incomes were below a pre-set threshold, and without subsidies would be unaffordable. Congress also mandated that citizens could receive an annual physical and required screenings and lab services under the Minimum Essential Coverage (MEC) provision.
- ⑨ **Careington Discount Dental Plan:** Your SB/A Freedom Plans medical benefits also includes Careington Discount Dental Plan. Careington negotiates with dentists nationwide to reduce what they charge. The Careington dental discount plan is not insurance and is not intended to replace insurance.
- ⑩ **Out-Of-Pocket maximum (annual):** This is the highest amount you will pay out of your own pocket as an individual or family for covered health care services within the limits of each plan.
- ⑪ **Annual Maximum of Coverage:** The maximum amount of benefits and services named in the plan documents. This includes the base plan and extended benefits subject to plan description.

Basic Plan Provisions and Exclusions

Provisions:

- Preventative Care, Wellness Visits, Pap Smears, Flu Shots, Immunizations, and more.
- Primary Care, Specialist, and Urgent Care Visits includes X-rays, CT and MRI Scans, Lab and Diagnostic Services.
- Prescription Drugs – ACA at 100% (includes Birth Control) plus all others at indicated co-pays or indicated co-insurance up to threshold limit using the Serve You Rx pharmacy card at your favorite pharmacy.
- Healthcare2U Services.
- Inpatient/Outpatient Behavioral Health Care benefits limited to 30 days/visits per year.
- Pharmacy benefits are eligible for Rx discounts above base plan threshold.
- Pharmacy prescription coverage is limited to \$500 per prescription per month.
- Employee must be actively at work for their coverage to be effective on their initial effective date.
- Out-of-network provider charges will be subject to negotiated reimbursement and covered member may be subject to balance billing by the provider.
- Certificates of coverage cannot be changed for 12 months from effective date except as regulated by law.
- No Medical Underwriting is required.
- No Pre-Existing Condition clauses apply to the Basic Benefit provisions.
- No Waiting Periods apply to Basic Benefit provisions.
- All medical claims over \$5,000 are subject to claims auditor review for medical necessity, permissibility, and appropriateness of charges.
- Plans A and B are available to employer groups with 2 or more enrolled.
- Patient is eligible for “Contractual Discounts” in excess of Annual Maximum benefits as “Patient Pay Responsibility.”
- Non-Network providers will be paid at 150% of the Medicare rate.

Exclusions:

- Any hospital confinement that began on or before the effective date is excluded from plan coverage.
- Pharmacy Specialty Drugs are excluded.
- Workers Compensation injuries and illness.
- Cosmetic surgery procedures – exceptions to some reconstructive surgeries.
- Bariatric/Gastric Sleeve surgery.
- Sex transformation/Change surgery





Ash Catastrophic

Health Share Program

\$150,000 - \$250,000 - \$500,000

Plan Summary

Sharing Amounts & Maximums		Sharing Amounts	
Member Responsibility Amount (MRA)		\$20,000 MRA per Program Year	
Single / Family MRA Maximum per year		Single \$20,000 / Family \$40,000	
Annual Sharing Maximum		\$150,000 / \$250,000 / \$500,000	
Lifetime Sharing Maximum		\$300,000 / \$500,000 / \$1,000,000	
Sharing Services			
Network Access		No Network (Reference Based Pricing)	
Providers / Facilities		No Provider Restrictions	
Emergency Room / Ambulance		MRA Applies	
PCP Visits, Specialist Visits, Urgent Care		No Sharing	
Diagnostic / X-Ray / Labs		100% Shareable after MRA	
Hospitalization		100% Shareable after MRA	
Surgery Inpatient / Outpatient		2 month waiting period applies (no wait for life threatening emergencies) <ul style="list-style-type: none"> • 100% after MRA is met, up to Max. per Year • No network requirements 	

Q. Are pre-existing conditions eligible for sharing on the ASH Catastrophic program?

A. If a member enrolls with a medical condition that would be considered a pre-existing condition, it will not be shareable for the first 24 months of membership. For example, if a person was treated for a heart condition in the 24 months prior to joining, that would be considered a preexisting condition. The ASH Community would not share expenses for any services or treatments related to that person's heart condition for the first 24 months the member is on the program.

Q. How are medical bills paid?

A. Members share in each other's medical needs. Alliance for Shared Health (ASH) collects member monthly contribution amounts and pays the providers directly, minus any applicable Member Responsibility Amounts (MRA). Members voluntarily submit contributions to the program on a monthly basis in order to maintain eligibility for sharing of medical needs and to help share in the needs of others.

Q. If a Member has a large family, are they eligible for the ASH Catastrophic program?

A. Yes, families of any size are eligible.

Q. Does this program use a specific network?

A. No, ASH offers an enhanced sharing level program that extends medical needs sharing for enrolled members to have medical needs shared at any hospital in the United States. Medical expenses are paid directly to the hospital at referenced-based pricing reimbursement levels.

Q. Does ASH Catastrophic share in hospital-based medical expenses?

A. The ASH Community will share in the following hospital based medical expenses for participants of this enhanced sharing level:

- Inpatient surgery (excludes elective surgeries)
- Hospital stays for inpatient substance abuse and mental health

Q. If Members move to another state, will they be able to continue in the ASH Catastrophic program?

A. Yes, Members will continue in their ASH Catastrophic program if they move to another state. Note: The membership is not available outside the U.S. and cannot be used while traveling or relocating outside the U.S.

Q. Are Members allowed to make changes to their ASH Catastrophic program?

A. Members may only make changes to their program on their Annual Enrollment Date or if they experience a Qualified Event. A Qualified Event is one of the following:

- Change in legal marital status – marriage, divorce, annulment, death of a spouse or legal separation
- Change in dependent children – birth, adoption, legal guardianship or death of a child
- Loss of spousal coverage – loss of job, etc.
- Dependent children “age out” – child's age exceeds the age limitations of the membership To make changes to their plan, members need to call Member Service at (844) 552-3646.

What happens when a member turns 65 years old?

A. Their membership in the ASH Catastrophic program will be termed at midnight on the day of their 65th birthday.

Q. How will members identify the monthly drafts from their account?

A. All drafts will have “Free Market Administrators” listed as the originator of the drafts.

Q. Can Members cancel at any time?

A. Yes, Members may cancel at any time. If Members are not satisfied with the program, they may request a cancellation and their program will be terminated at the end of the billing cycle for their last monthly contribution, and they will not be billed any further. No further medical needs will be shared after member termination, regardless of the date of service.

Q. Who do Members contact if they have questions about their ASH Catastrophic program?

A. Members can contact Member Service at (844) 552-3646 and one of our representatives will assist them.

Summary of 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



Want to talk to a live specialist about the plan?

855-9AK-REAL

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