



AACA

Alaska Air Carriers Association

Calendar Year Benefits
Medical Deductible Individual / Family
Medical Out-of-Pocket Maximum Individual / Family
Pharmacy Out-of-Pocket Maximum Individual / Family
Physician/Professional Services ¹
Office Visits
Preventive Care
Basic Lab/X-ray
MRI / CT / CAT / PET
Chiropractic (12 visits/yr)
Acupuncture (12 visits/yr)
Naturopathic (12 visits/yr)
Hospital Services ²
Inpatient & Outpatient Services
Diagnostic Lab & X-ray
MRI / CT / CAT / PET
Emergency Room
Pharmacy Services
Value
Select Generic
Preferred
Brand
Specialty
Mail Order (90 day supply)
Monthly Premium Costs

2014 Medical HDHP	
In-Network	Non-Network
\$3,000/\$6,000	\$6,000/\$12,000
\$6,350/\$12,700	\$12,700/\$25,400
Combined with Medical	
In-Network	Non-Network
25% after deductible	50% after deductible
No charge	Not covered
25% after deductible	50% after deductible
25% after deductible	50% after deductible
25% after deductible	50% after deductible
25% after deductible	50% after deductible
25% after deductible	50% after deductible
25% after deductible	50% after deductible
In-Network	Non-Network
25% after deductible	50% after deductible
25% after deductible	50% after deductible
25% after deductible	50% after deductible
25% after deductible	
In-Network	Non-Network
25% after deductible	25% after deductible
25% after deductible	25% after deductible
25% after deductible	25% after deductible
25% after deductible	25% after deductible
25% after deductible	not covered
25% after deductible ³	not covered
\$0 Rates good thru 09/30/2015	

2014 Value Medical PPO Plan	
In-Network	Non-Network
\$2,500/\$5,000	\$5,000/\$10,000
\$6,000/\$12,000	\$12,000/\$24,000
Combined with Medical	
In-Network	Non-Network
\$25 copay	50% after deductible
No charge	Not covered
25%, deductible waived	50% after deductible
25% after deductible	50% after deductible
\$25 copay	50% after deductible
\$25 copay	50% after deductible
\$25 copay	50% after deductible
In-Network	Non-Network
25% after deductible	50% after deductible
25%, deductible waived	50% after deductible
25% after deductible	50% after deductible
25% after deductible	
In-Network	Non-Network
\$2 copay	\$2 copay
\$10 copay	\$10 copay
45%, deductible waived	45%, deductible waived
45%, deductible waived	45%, deductible waived
45%, deductible waived	not covered
\$6/\$30/45%/45%/NA ³	not covered
\$0 Rates good thru 09/30/2015	

2014 Deluxe Medical PPO Plan	
In-Network	Non-Network
\$1,000/\$2,000	\$2,000/\$4,000
\$4,500/\$9,000	\$9,000/\$18,000
Combined with Medical	
In-Network	Non-Network
\$15 copay	50% after deductible
No charge	Not covered
20% deductible waived	50% after deductible
20% after deductible	50% after deductible
\$15 copay	50% after deductible
\$15 copay	50% after deductible
\$15 copay	50% after deductible
In-Network	Non-Network
20% after deductible	50% after deductible
20% deductible waived	50% after deductible
20% after deductible	50% after deductible
20% after deductible	
In-Network	Non-Network
\$2 copay	\$2 copay
\$10 copay	\$10 copay
45%, deductible waived	45%, deductible waived
45%, deductible waived	45%, deductible waived
45%, deductible waived	not covered
\$6/\$30/45%/45%/NA ³	not covered
\$0 Rates good thru 09/30/2015	

Disclaimer: This is a brief summary provided for informational purposes only. If there is a discrepancy between this summary and the Plan Documents the Plan Documents supersede this summary. Any errors are unintentional.

¹ **Professional Services rendered inside Alaska:** All licensed "eligible" professional providers are covered at the In-Network benefit level, however, if your provider does not participate in the "Beech Street" or "ODS Plus" networks, in addition to the copay/coinsurance the member will also be responsible for amounts Moda deems above the "Usual & Customary".

¹ **Professional Services rendered outside Alaska:** Licensed "eligible" professional providers are covered at the In-Network benefit level if your provider is a member of the "Beech Street" or "ODS Plus" networks.

² **Hospital Services rendered inside Alaska:** Groups choosing Select Network must access affiliated facilities within 50 mile range of the Alaska Regional facilities in order for In-Network benefits to apply.

² **Hospital Services rendered inside Alaska:** Groups choosing Providence Network must access affiliated facilities within 50 mile range of the Providence facilities in order for In-network benefits to apply.

² **Hospital Services rendered outside 50 mile range of selected hospital network and inside Alaska:** Hospital services occurring outside the maximum range will be paid as In-Network subject to the plan allowance and applicable deductible and coinsurances.

² **Hospital Services rendered outside Alaska:** Hospital services rendered outside Alaska will be paid at the In-Network benefit level for services rendered via Beech Street and ODS Plus Networks. Hospital services not participating in these two networks will be deemed Non-Network and applicable deductible/coinsurance will apply.

³ Specialty drugs are not available through mail order.

NOTE: AACA medical plans are "large group", plans; Federal/State mandated benefits attributed to "small group", such as *Pediatric Dental & Vision for covered members under age 19, are not inclusive of these medical plans.*