Appendix C
Plan Option Summary

All proposals must be based upon a verbatim duplication of the benefits, language changes are not permitted. The following plan summaries describing the benefit plans on which you are to provide your proposal are available by electronic version by contacting the MOA Purchasing Department. The Gentile & Command Officer retiree plans are exempt plans and have unique benefits. If you are not able to administer ANY of the benefits you will need to notify MOA in your proposal. No deviations are allowed on these plans. The Highlights and SPDs are in Appendix S.

1.1 Benefit Plans

The Municipality of Anchorage offers the following plans.

2021 Plans – APDEA including Fire and Police PFMT Retirees

1. $500 Deductible - Standard Plan
2. Co-Pay $1,000 - Standard Plan
3. High Deductible - Standard Plan

2021 Plans – All other groups

1. $500 Deductible - Modified plan
2. Co-Pay $1,000 - Modified plan
3. High Deductible - Modified plan

The main difference on the Modified plans (from the Standard) are the OOP Maximum, OON reimbursement level and pharmacy copayments. Refer to Plan Highlights for specific benefit information.

2021 Plans – Retirees – Pre-gentile, Post Gentile, Command Officers

1. Pre-Gentile Retiree IAFF - $50 Deductible - $250k lifetime max – Major Med / Rx – optional vision and hearing
2. Pre-Gentile Retiree APDEA - $50 Deductible - $250k lifetime max – Major Med / Rx – optional vision and hearing
3. Post Gentile Retiree IAFF - $150 Deductible - $250k lifetime max – Major Med / Rx – optional vision and hearing
4. Post Gentile Retiree APDEA - $150 Deductible - $250k lifetime max – Major Med / Rx – optional vision and hearing
5. Command Officers –$0 Basic Med Deducible with $50 Major Med Deductible - $1M lifetime max – optional vision and hearing

1.2 Plan Highlights

2021 Plans – APDEA including Fire and Police PFMT Retirees (see Plan Highlights below)

1. $500 Deductible - Standard Plan
2. Co-Pay $1,000 - Standard Plan
3. High Deductible - Standard Plan

Standard Health Plan Features	**$500 Plan**	**Co-Pay $1000**	**QHDHP**
	In-Network	In-Network	In Network
Annual Deductible Individual/Family	$500/$1,500	$1,000/$3,000	$1,400/$2,800
Annual Out-of-Pocket Maximum Individual/Family	$2,000/$12,700	$2,000/$12,700	$5,000/$6,900 (family embedded/$10,000

	Patient Cost	Patient Cost	Patient Cost
Preventive Care Visit	Covered in full	Covered in full	Covered in full
Primary Care Visit	20% after deductible	$25 copay (6 visits), then 20% after deductible	20% after deductible
Specialist Visit	20% after deductible	$25 copay (6 visits), then 20% after deductible	20% after deductible
Lab & X-ray	20% after deductible	20% after deductible	20% after deductible
Urgent Care	20% after deductible	$25 copay (6 visits), then 20% after deductible	20% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Inpatient/Outpatient Hospital Services	20% after deductible	20% after deductible	20% after deductible
Outpatient Mental Health Services	20% after deductible	20% after deductible	20% after deductible
Prescription Drugs: Retail (30-day supply per copay, up to a 90-day supply allowed)			
Generic	Generic Maintenance: $2 copay Generic: $7.50 copay	Generic Maintenance: $2 copay Generic: $7.50 copay	20% after deductible
Preferred Brand	$15 copay	$15 copay	20% after deductible
Non-Preferred Brand	50% ($75 max copay)	50% ($75 max copay)	20% after deductible
Specialty (30-day supply)	50% ($75 max copay)	50% ($75 max copay)	20% after deductible
Prescription Drugs: Mail Order (up to a 90-day supply)			
Generic	Generic Maintenance: $4 copay Generic: $15 copay	Generic Maintenance: $4 copay Generic: $15 copay	20% after deductible
Preferred Brand	$30 copay	$30 copay	20% after deductible
Non-Preferred Brand	50% ($150 max copay)	50% ($150 max copay)	20% after deductible
Specialty (30-day supply)	50% ($75 max copay)	50% ($75 max copay)	20% after deductible

Dental Plan Features	In-Network
	Patient Cost
Calendar Year Deductible (waived for Preventive Services)	$25 Individual $75 Family
Calendar Year Benefit Maximum	$1,500
Diagnostic & Preventive Services (e.g., x-rays, cleanings, exams)	Covered in full
Basic & Restorative Services (e.g., fillings, extractions, root canals)	20% after deductible
Major Services (e.g., dentures, crowns, bridges)	50% after deductible

Vision Plan Features	**$500 Plan**	**Co-Pay $1000**	**QHDHP**
	In-Network	In-Network	In Network
	Patient Cost	**Patient Cost**	**Patient Cost**
Exam Every calendar year	Covered in full	Covered in full	Covered in full (to allowable amount)

Frames & Lenses or Contacts (instead of glasses) Every calendar year	Adult: $200 Allowance Child(ren) under age 19: 1 pair of glasses or 12 mos. supply of contacts	Adult: $200 Allowance Child(ren) under age 19: 1 pair of glasses or 12 mos. supply of contacts	Adult: $200 Allowance Child(ren) under age 19: 1 pair of glasses or 12 mos. supply of contacts
Hearing Exam Every 3 years ($800 limit for exams & hardware)	20%	20%	20%

2021 Plans – All other groups

1. $500 Deductible - Modified plan
2. Co-Pay $1,000 - Modified plan
3. High Deductible - Modified plan

Modified Health Plan Features	**$500 Plan**	**Co-Pay $1000**	**QHDHP**
	In-Network	In-Network	In Network
Annual Deductible Individual/Family	$500/$1,500	$1,000/$3,000	$1,400/$2,800
Annual Out-of-Pocket Maximum Individual/Family	$3,000/$13,700	$3,500/$13,700	$7,000/$8,550 (family embedded/$14,000
	Patient Cost	**Patient Cost**	**Patient Cost**
Preventive Care Visit	Covered in full	Covered in full	Covered in full
Primary Care Visit	20% after deductible	$25 copay (6 visits), then 20% after deductible	20% after deductible
Specialist Visit	20% after deductible	$25 copay (6 visits), then 20% after deductible	20% after deductible
Lab & X-ray	20% after deductible	20% after deductible	20% after deductible
Urgent Care	20% after deductible	$25 copay (6 visits), then 20% after deductible	20% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Inpatient/Outpatient Hospital Services	20% after deductible	20% after deductible	20% after deductible
Outpatient Mental Health Services	20% after deductible	20% after deductible	20% after deductible
Prescription Drugs: Retail (30-day supply per copay, up to a 90-day supply allowed)			
Generic	$10 copay	$10 copay	20% after deductible
Preferred Brand	$30 copay	$30 copay	20% after deductible
Non-Preferred Brand	50% ($150 max copay)	50% ($150 max copay)	20% after deductible
Specialty (30-day supply)	50% ($150 max copay)	50% ($150 max copay)	20% after deductible
Prescription Drugs: Mail Order (up to a 90-day supply)			
Generic	$20 copay	$20 copay	20% after deductible
Preferred Brand	$60 copay	$60 copay	20% after deductible
Non-Preferred Brand	50% ($300 max copay)	50% ($300 max copay)	20% after deductible

Specialty (30-day supply)	50% ($150 max copay)	50% ($150 max copay)	20% after deductible

Dental Plan Features	In-Network
	Patient Cost
Calendar Year Deductible (waived for Preventive Services)	$25 Individual $75 Family
Calendar Year Benefit Maximum	$1,500
Diagnostic & Preventive Services (e.g., x-rays, cleanings, exams)	Covered in full
Basic & Restorative Services (e.g., fillings, extractions, root canals)	20% after deductible
Major Services (e.g., dentures, crowns, bridges)	50% after deductible

Vision Plan Features	$500 Plan	Co-Pay $1000	QHDHP
	In-Network	In-Network	In Network
	Patient Cost	**Patient Cost**	**Patient Cost**
Exam Every calendar year	Covered in full	Covered in full	Covered in full (to allowable amount)
Frames & Lenses or Contacts (instead of glasses) Every calendar year	Adult: $200 Allowance Child(ren) under age 19: 1 pair of glasses or 12 mos. supply of contacts	Adult: $200 Allowance Child(ren) under age 19: 1 pair of glasses or 12 mos. supply of contacts	Adult: $200 Allowance Child(ren) under age 19: 1 pair of glasses or 12 mos. supply of contacts
Hearing Exam Every 3 years ($800 limit for exams & hardware)	20%	20%	20%

Retiree Plans

The closed Gentile Retiree Plans are plans that date back to 1992. They contain dollar and day maximums consistent with pre-1995 plan designs. The Highlights and SPDs are in Appendix S.

	Police Retiring Before 2/1/1992 Fire Retired Before 9/1/1992	Police Retiring Between 2/1/1992 & 1/1/1995 Fire Retired Between 9/1/1992 & 1/1/1995	Police & Fire Command Officers Retiring on or after 8/9/1977 and appointed to a Command Officer position prior to 1/1/1995
Individual Annual Deductible	$50	$150	$50
Family Annual Deductible Limit	$150	$450	$150
Coinsurance	80%	80%	Specific Basic Benefits @ 100% Major Medical @ 80%
Individual Annual Out of Pocket	$500 Excludes deductible	$1,000 Excludes deductible	$500 Excludes deductible
Family Annual Out of Pocket	N/A	N/A	N/A
Lifetime Maximum	$250,000	$250,000	$1,000,000

Annual Auto-restoration	$5,000	$5,000	$5,000
Rx	Deductible & Coins	Deductible & Coins	$1 co-pay
Dental	Type A – Preventative Services 100% Type B – Basic Services 100% Type C – Major Services 60% Calendar Year Maximum - $1,000 Orthodontia – 50% - Lifetime Maximum - $1,500		Type A - $25 Deductible Type B - $50 Deductible “Post- Gentile” Class Only

The Police & Fire Medical Trust retirees have the same options as active police and fire.