

# 2025 Benefit Comparison

|   | Preferred*<br>Gold          | Standard<br>Gold           | Preferred<br>Silver         | Standard<br>Silver         | Preferred<br>Bronze         | Standard<br>Bronze | Preferred<br>Bronze HSA |
|---|-----------------------------|----------------------------|-----------------------------|----------------------------|-----------------------------|--------------------|-------------------------|
| Member Cost Shares                                    | In-network                  | In-network                 | In-network                  | In-network                 | In-network                  | In-network         | In-network              |
| Deductible / Out-of-pocket Max                        | \$1500 / \$6300             | \$1500 / \$7800            | \$4500 / \$8100             | \$5000 / \$8000            | \$6350 / \$8700             | \$7500 / \$9200    | \$5800 / \$8000         |
| Coinsurance   | 30%                         | 25%                        | 30%                         | 40%                        | 30%                         | 50%                | 35%                     |
| Benefit Highlights                                    |                             |                            |                             |                            |                             |                    |                         |
| Preventive Care**                                     | Covered in full             | Covered in full            | Covered in full             | Covered in full            | Covered in full             | Covered in full    | Covered in full         |
| Primary Care Office Visit                             | First 2 \$1 copay then \$30 | \$30 copay                 | First 2 \$1 copay then \$30 | \$40 copay                 | First 2 \$1 copay then \$50 | \$50 copay         | Ded, then 35%           |
| Mental & Behavioral Health/Substance Use Office Visit | \$60 copay                  | \$30 copay                 | \$60 copay                  | \$40 copay                 | \$75 copay                  | \$50 copay         | Ded, then 35%           |
| Specialist Office Visit                               | \$60 copay                  | \$60 copay                 | \$60 copay                  | \$80 copay                 | Ded, then \$100 copay       | \$100 copay        | Ded, then 35%           |
| Urgent Care   | \$60 copay                  | \$60 copay                 | \$60 copay                  | \$60 copay                 | Ded, then \$100 copay       | \$75 copay         | Ded, then 35%           |
| Emergency Care  | Ded, then 30%               | Ded, then 25%              | Ded, then 30%               | Ded, then 40%              | Ded, then 30%               | Ded, then 50%      | Ded, then 35%           |
| Routine Diagnostic and Labs                           | Ded, then 30%               | Ded, then 25%              | Ded, then 30%               | Ded, then 40%              | Ded, then 30%               | Ded, then 50%      | Ded, then 35%           |
| Acupuncture/Chiropractic                              | \$30 copay                  | \$30 copay                 | \$25 copay                  | \$40 copay                 | Ded, then 30%               | \$50 copay         | Ded, then 35%           |
| OP Rehab  | Ded, then \$60 copay        | \$30 copay                 | Ded, then \$60 copay        | \$40 copay                 | Ded, then 30%               | \$50 copay         | Ded, then 35%           |
| RX – Preferred Generic                                | \$15 copay                  | \$15 copay                 | \$25 copay                  | \$20 copay                 | \$30 copay                  | \$25 copay         | Ded, then 35%           |
| RX – Preferred Brand                                  | \$45 copay                  | \$30 copay                 | \$60 copay                  | \$40 copay                 | Ded, then 30%               | Ded, then 50%      | Ded, then 35%           |
| RX – Non-Preferred & Specialty                        | Ded, then 50%/40%           | Ded, then \$60/\$250 copay | Ded, then 50%/40%           | Ded, then \$80/\$350 copay | Ded, then 30%/40%           | Ded, then 50%      | Ded, then 35%/40%       |

Preventive care\* covered at 100%  
[Preventive Care](#)

Preferred, Standard, and AK One plans use the **Legacy and Dental Select network**.

For information on non-preferred and non-participating (out-of-network) providers, see the [benefit details](#).

**Rx drug coverage:**

**M1** - All AI/AN plans except the HAS

**M2** - The HSA plans

**M4** - All plans except AI/AN and HSA

\*AK One Gold plan has identical benefits to Preferred Gold with the exception that AK One Gold does not cover elective abortion.

\*\*Preventive Care includes services such as immunizations, annual well visit, and preventive RX.

## Discrimination is Against the Law

Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-508-4722 (TTY: 711).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-508-4722 (TTY: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-508-4722 (TTY: 711) 번으로 전화해 주십시오.

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-508-4722 (TTY: 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-508-4722 (телетайп: 711).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-508-4722 (TTY: 711)。

**MO LOU SILAFIA:** Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se togoti, mo oe, Telefoni mai: 800-508-4722 (TTY: 711).

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-508-4722 (TTY: 711).

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。800-508-4722 (TTY:711) まで、お電話にてご連絡ください。

**PAKDAAR:** Nu saritaem ti llocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 800-508-4722 (TTY: 711).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-508-4722 (TTY: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-508-4722 (телетайп: 711).

**เรียน:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-508-4722 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-508-4722 (TTY: 711).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-508-4722 (TTY: 711).

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-508-4722 (رقم هاتف الصم والبكم: 711).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-508-4722 (TTY: 711).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-508-4722 (ATS: 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-508-4722 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-508-4722 (TTY: 711).

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-508-4722 (TTY: 711) تماس بگیرید.