

STLD Plans Offered in Juneau, Alaska¹

	Monthly Premium	Deductible	Out-Of-Pocket Limit	Coinsurance	Hospital Services ²	Prescription Drugs ³	Primary Doctor Visit	Mental Health and Preventative Services
<u>Least Expensive</u> Connect STM 50/10000	Male: \$114.02 Female: \$132.89	\$10,000	\$20,000	50% after deductible	50% coinsurance after deductible	Not covered	\$50 copay (Limited to 1 for 30-90 day)	Not covered
<u>Mid-Range</u> Connect STM 50/2500	Male: \$178.27 Female: \$208.72	\$2,500	\$12,500	50% after deductible	50% coinsurance after deductible	Not covered	\$50 copay (Limited to 1 for 30-90 day)	Not covered
<u>Most Expensive</u> Connect STM 20/2500	Male: \$318.61 Female: \$373.62	\$2,500	\$6,500	20% after deductible	20% coinsurance after deductible	Not covered	\$50 copay (Limited to 1 for 30-90 day)	Not covered

¹ Plan offerings determined for a thirty-five-year-old in zip code 99801

² Emergency Room, Outpatient Lab/X-ray, Outpatient Surgery, Hospitalization

³ Generic drugs, brand name drugs, non-formulary drugs

STLD Plans Offered in Bethel, Alaska⁴

	Monthly Premium	Deductible	Out-Of-Pocket Limit	Coinsurance	Hospital Services ⁵	Prescription Drugs ⁶	Primary Doctor Visit	Mental Health and Preventative Services
<u>Least Expensive</u> Connect STM 50/10000	Male: \$132.63 Female: \$154.80	\$10,000	\$20,000	50% after deductible	50% coinsurance after deductible	Not covered	\$50 copay (Limited to 1 for 30-90 day)	Not covered
<u>Mid-Range</u> Connect STM 50/2500	Male: \$208.30 Female: \$244.06	\$2,500	\$12,500	50% after deductible	50% coinsurance after deductible	Not covered	\$50 copay (Limited to 1 for 30-90 day)	Not covered
<u>Most Expensive</u> Connect STM 20/2500	Male: \$372.88 Female: \$437.51	\$2,500	\$6,500	20% after deductible	20% coinsurance after deductible	Not covered	\$50 copay (Limited to 1 for 30-90 day)	Not covered

⁴ Plan offerings determined for a thirty-five-year-old in zip code 99559

⁵ Emergency Room, Outpatient Lab/X-ray, Outpatient Surgery, Hospitalization

⁶ Generic drugs, brand name drugs, non-formulary drugs

STLD Plans Offered in Anchorage, Alaska⁷

	Monthly Premium	Deductible	Out-Of-Pocket Limit	Coinsurance	Hospital Services ⁸	Prescription Drugs ⁹	Primary Doctor Visit	Mental Health and Preventative Services
<u>Least Expensive</u> Connect STM 50/10000	Male: \$132.63 Female: \$154.80	\$10,000	\$20,000	50% after deductible	50% coinsurance after deductible	Not covered	\$50 copay (Limited to 1 for 30-90 day)	Not covered
<u>Mid-Range</u> Connect STM 50/2500	Male: \$208.30 Female: \$244.06	\$2,500	\$12,500	50% after deductible	50% coinsurance after deductible	Not covered	\$50 copay (Limited to 1 for 30-90 day)	Not covered
<u>Most Expensive</u> Connect STM 20/2500	Male: \$372.88 Female: \$437.51	\$2,500	\$6,500	20% after deductible	20% coinsurance after deductible	Not covered	\$50 copay (Limited to 1 for 30-90 day)	Not covered

⁷ Plan offerings determined for a thirty-five-year-old in zip code 99501

⁸ Emergency Room, Outpatient Lab/X-ray, Outpatient Surgery, Hospitalization

⁹ Generic drugs, brand name drugs, non-formulary drugs