

Dental Plan

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| Deductible | \$75 per person or \$225 per family (applies to Class B and C services) |
| Maximum (per calendar year) | \$3,000 per person (applies to Class A, B, and C services) |
| Preventive Care (Class A Services) | 100% up to Allowable Charge (two visits per person per year) |
| Basic (Class B Services) | 80% subject to deductible and up to Allowable Charge |
| Major (Class C Services) | 50% subject to deductible and up to Allowable Charge |

Members are encouraged to use Aetna Dental Administrators www.aetna.com/docfind/custom/aetnadentalaccess/ when available for additional Plan discounts.

Vision (In VSP Network - for a list of VSP Providers go to www.vsp.com)

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| Co-pay | Examination - \$0; Materials - \$25 |
| Annual Exam | Paid-in-Full every calendar year (after copayment) |
| Lenses (single vision, lined bifocal, lined trifocal, and Lenticular Lenses) | Paid-in-Full every calendar year (after copayment) Lens enhancement for anti-reflective and UV coating, and standard progressive lenses covered in full |
| Frames* | Paid-in-Full up to \$225 every calendar year (after copayment), or up to \$245 for Enhanced Featured Frame Brands, OR 2 pairs* of frames every other calendar year (after copayment) |
| Contact Lenses* (instead of spectacle lenses and frame) | Copay - Up to \$60 for fitting and evaluation Elective - paid up to \$170.00 |

*Maximum does not apply for dependents age 18 and under

Vision (Out of Network)

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| Copayment | Examination - \$25; Materials - \$25 |
| Annual Exam | up to \$50 (after copayment) |
| Lenses Annually | |
| Single Vision | up to \$50 (after copayment) |
| Lined Bifocal | up to \$75 (after copayment) |
| Lined Trifocal | up to \$100 (after copayment) |
| Lenticular Lenses | up to \$125 (after copayment) |
| Frames | up to \$70 every other calendar year (after copayment) OR 2 pairs* of frames every other calendar year (after copayment) |
| Contact Lenses (Instead of spectacle lenses and frames) | Elective - Paid up to \$105.00 |

*A second pair enhancement allows you to get a second pair of glasses or contacts, subject to the same copays and frequencies as the first pair.

Member Assistance Program (MAP)



MAP services are cost-free, convenient and confidential. MAP coverage includes a spouse or live-in partner and eligible dependent children. To contact your MAP, call 1-888-881-5462.

- Up to 8 free counseling sessions per issue per year
- Legal advice - half hour face to face, unlimited telephone consultation
- Financial planning - unlimited telephone consultation



Your claims history and your Benefit Booklet are available in your personal online or mobile app miBenefits account! To log in to your miBenefits account, follow these easy steps!

1. Go to www.ebms.com or your app store (search EMBS miBenefits)
2. Click on the "Login" button at the top of the screen.
3. Fill out our short registration using your ID card, and EBMS will immediately verify your eligibility, giving you full access to miBenefits!

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