
Summary of Coverage

Employer: Anchorage School District

Group Policy: GP-658742

SOC: 3A

Issue Date: July 29, 2005

Effective Date: July 1, 2005

The benefits shown in this Summary of Coverage are available for you and your eligible dependents.

The accident and health benefits described in this Booklet-Certificate are integrated with certain benefits for which the Employer is liable. Aetna is liable for such benefits to the extent that they are not the liability of the Employer. Aetna, however, will process all benefit payments.

Eligibility

Employees

You are in an Eligible Class if you are a regular full-time employee of an Employer participating in this Plan and not an employee who is in a class for which a separate SOC has been designated for the coverage's described in this SOC.

Classified employees must work at least 25 hours per week to be in an Eligible Class. Permanent Members of the Anchorage Council of Education employees must work at least 20 hours per week to be in an Eligible Class.

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is the first day of the calendar month coinciding with or next following the date you commence active service for your Employer, unless the first falls on a Saturday or Sunday, or Monday is the second, in which case coverage is to begin on the first day of the calendar month you commence active service for your Employer or, if later, the date you enter the Eligible Class.

Dependents

You may cover your:

- wife or husband; and
- unmarried children who are under 25 years of age.

Primarily dependent upon the subscriber for support, your children include:

- Your or your spouse's biological children.
- Your or your spouse's adopted children.
- Your or your spouse's stepchildren.

A foster child is not eligible.

Enrollment Procedure

You will be required to enroll in a manner determined by Aetna and your Employer. This will allow your Employer to deduct your contributions from your pay. Be sure to enroll within 31 days of your Eligibility Date.

Your contributions toward the cost of this coverage will be deducted from your pay and are subject to change. The rate of any required contributions will be determined by your Employer. See your Employer for details.

Effective Date of Coverage

Employees

Your coverage will take effect on the later to occur of:

- your Eligibility Date; and
 - the date you return your signed form.
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Dependents

Coverage for your dependents will take effect on the date yours takes effect if, by then, you have enrolled for dependent coverage. You should report any new dependents. This may affect your contributions.

Special Rules Which Apply to an Adopted Child

Any provision in this Plan that limits coverage as to a preexisting condition will not apply to effect the initial health coverage for a child who meets the definition of dependent as of the date the child is "placed for adoption" (this means the assumption and retention of a legal obligation for total or partial support of a child in anticipation of adoption of the child), provided:

- such placement takes effect after the date your coverage becomes effective; and
- you make written request for coverage for the child within 31 days of the date the child is placed with you for adoption.

Coverage for the child will become effective on the date the child is placed with you for adoption. If request is not made within such 31 days, coverage for the child will be subject to all of the terms of this Plan.

Special Rules Which Apply to a Child Who Must Be Covered Due to a Qualified Medical Child Support Order

Any provision in this Plan that limits coverage as to a preexisting condition will not apply to effect the initial health coverage for a child who meets the definition of dependent and for whom you are required to provide health coverage as the result of a qualified medical child support order issued on or after the date your coverage becomes effective. You must make written request for such coverage. Coverage for the child will become effective on the date specified by your Employer.

If you are the non-custodial parent, proof of claim for such child may be given by the custodial parent. Benefits for such claim will be paid to the custodial parent.

Health Expense Coverage

Employees and Dependents

Your Booklet-Certificate spells out the period to which each maximum applies. These benefits apply separately to each covered person. Read the coverage section in your Booklet-Certificate for a complete description of the benefits payable.

Recognized Charge Percentage: The charge determined by Aetna on a semiannual basis to be in the 90th percentile of the charges made for a service or supply by providers in the geographic area where it is furnished.

Comprehensive Dental Expense Coverage

Calendar Year Deductible	\$ 25
The Calendar Year Deductible applies to all expenses except Type A Expenses.	
Family Deductible Limit	\$ 75
Payment Percentage	
Type A Expenses	100%
Type B Expenses	80%
Type C Expenses	50%
Calendar Year Maximum	\$ 3,000

Adjustment Rule

If, for any reason, a person is entitled to a different amount of coverage, coverage will be adjusted as provided elsewhere in the group contract, except that an increase is subject to any Active Work Rule described in Effective Date of Coverage section of this Summary of Coverage.

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of this Plan in effect prior to the date of any adjustment.

General

This Summary of Coverage replaces any Summary of Coverage previously in effect under the group contract. Requests for amounts of coverage other than those to which you are entitled in accordance with this Summary of Coverage cannot be accepted.

The insurance described in this Booklet-Certificate will be provided under Aetna Life Insurance Company policy form GR-29.

**KEEP THIS SUMMARY OF COVERAGE
WITH YOUR BOOKLET-CERTIFICATE**