Amalgamated Local 426 Health and Welfare Fund | Powered By capcare

AMALGAMATED LOCAL 426
2026 MEMBER BENEFIT PROGRAM INFORMATION

Alaska DENTAL SOCIETY

Plan Name	Deductible IN | OON (1)	Co-Insurance IN | OON (2)	Max Out-of-Pocket IN | OON (1)	Physician/Specialist Services IN | OON (2)	Preventative Services IN | OON
Local 426 Health Benefit Fund Base Plan	$3,000 | Not Covered	50% | Not Covered	$5,350 | Not Covered	Ded then 50% |Not Covered	Plan Pays 100%
Local 426 Health Benefit Fund 4000 Bronze Plan	$4,000 | $5,000	20% | 50%	$9,100 | $13,500	$45 PCP/Specialist Copay|50%	Plan Pays 100%
Local 426 Health Benefit Fund Bronze Plan	None | Not Covered	40% | Not Covered	$7,350 | Not Covered	40% | Not Covered	40% coinsurance (2)
Local 426 Health Benefit Fund 2500 Silver II Plan	$2,500 | $5,000	20% | 50%	$9,100 | $13,500	$30 PCP/Specialist Copay|50%	Plan Pays 100%
Local 426 Health Benefit Fund Blue Liberty 1500 Plan	$1,500 | Not Covered	0% | Not Covered	$5,350 | Not Covered	Ded then $30 PCP/$50 Specialist Copay|Not Covered	Plan Pays 100%
Local 426 Health Benefit Fund 1000 Gold Plan	$1,000 | $7,500	20% | 50%	$9,100 | $15,000	$40 PCP/$40 Specialist Copay|50%	Plan Pays 100%
Local 426 Health Benefit Fund Liberty Plan	None | Not Covered	0% | Not Covered	$5,350 | Not Covered	$30 PCP/$50 Specialist Copay|Not Covered	Plan Pays 100%
Local 426 Health Benefit Fund Gold Plan	None | $200	20% | 40%	$7,350 | Not Applicable	20% Coinsurance, subject to $10 Copay | Not Covered	Plan Pays 100%
Local 426 Health Benefit Fund ASO Plan	None | $1,500	0% | 30%	None | Not Applicable	$25 PCP/Specialist Copay|Ded then 30%	$10 Child/$25 Adult Preventative Services
Local 426 Health Benefit Fund HSA 6000 Plan	6,000 | Not Covered	30% | Not Covered	$8,300 | Not Applicable	Ded then 30%|Not Covered	Plan Pays 100%

Note: *This summary is not intended to be a comprehensive list of services. Interested members can request a proposal to receive additional benefit details related to covered services.*
(1) Amounts shown are based on an individual
(2) Percentages and amounts shown represent the members benefit responsibility

Program highlights:

- National PPO Network In-Network coverage in all 50 states, plus DC & Puerto Rico
- 4 tier rates nationwide - No age rating, no census needed subject to actively at work rules.
- Available to all group sizes, including sole proprietors and 1099 contractors.
- Participants benefit from large group rates nationwide.
- Fully funded, first dollar coverage
- Coverage cannot be denied (no pre-existing limitations)
- Additional Ancillary and Supplemental Programs Available
- Account information, customer service support available with the click of a button through a dedicated concierge team

About Amalgamated Local 426 Member Benefit Program

Amalgamated Local 426 accesses certain member benefits through a Sponsoring Union, Amalgamated Local 298 and Amalgamated Local 22. The Program provides benefits for services and has entered into an agreement with one or more networks of hospitals and physicians, called PPO networks. Services for PPO providers are paid at 100% of the fee schedule contracted by Blue Cross Blue Shield with their participating providers. The Plan Administrator is the Board of Trustees of the Health Benefit Fund and contracts with various vendors to assist in the management of the program.
Amalgamated Local 426 Member Benefit Program is not an insurance program and is not marketed or sold in the commercial market or through brokers. The Local 426 program is an invite only, exclusive program, NOT an employer sponsored health plan rather a member benefit that is offered through the membership with a designated affiliated association or organization. Participants are accessing these member benefits by becoming a Core Financial Member of the Amalgamated Local 426. It is the sole responsibility of the participating member to review the summary of benefits coverage (SBC's) as well as the summary plan documents (SPD's) to understand the benefits being offered or selected. All program partners, Benefit Development Consultants, Facilitators and Member Benefit Advisors are consultants and not brokers. These consultants are available to assist you with questions and provide awareness materials and education on behalf of the Local 426-member benefit program. A participating member does not have a contract with such consultants.

About CapCare, Member Manager

CapCare was founded on the premise of providing a single-source, turn-key employee healthcare solution to businesses seeking innovative alternative risk management solutions for their employee healthcare programs that are affordable and more transparent.
Our team specializes in the designing, implementing, and servicing of healthcare benefit solutions to businesses and organizations seeking alternatives to the traditional health insurance marketplace with a focus on creating a friendly employee/member experience by reducing the friction between patient and healthcare provider – all at a lower cost with access to data-driven analytics.
The CapCare team understands the many complexities with the healthcare marketplace and can expertly guide business owners on getting more for their employees out of the dollars spent on employee benefit plans.

FOR ADDITIONAL INFORMATION OR TO RECEIVE A PROPOSAL CONTACT A MEMBER BENEFIT PROGRAM REPRESENTATIVE

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