

# 2024 OPEN ENROLLMENT



Make your elections January 16-February 6, 2024  
**Your elections take effect March 1, 2024**

- ◆ Open enrollment provides Alyeska employees with the yearly opportunity to assess and modify your current Medical, Dental, and Flexible Spending Account (FSA) benefit selections. It's also a chance to review elections and/or update beneficiary for your Life and Accident insurance plans.
- ◆ Here's what you need to do during open enrollment:

- Access [Oracle Alyeska Employee Self Service](#) for Medical, Dental, and/or FSA.
  - Review current elections, verify covered dependents, and update as needed.
  - Evaluate FSA enrollment, as **FSAs require annual re-enrollment.**
  - Review and update personal information and emergency contacts.
- Log in to the MetLife website for Life and Accident Insurance to review or change your current elections and update beneficiaries at <https://boonchapman.benselect.com/alyeska>.
  - Use your Alyeska employee ID and PIN (last four digits of your SSN followed by the last two digits of your date of birth year) to log in.
  - Navigate through the screens, press "next," and electronically sign for any changes using your PIN.

- ◆ Note: If no action is taken, you'll remain in your current medical, dental, and/or MetLife elections, and will not participate in the 2024 plan year FSA without a qualifying life event.\*

**Medical & Dental plans:** Alyeska's Medical plan is seeing increases in both the quantity and the cost of claims, and as a result premiums for medical coverage will increase by about 8 percent. The Dental plan had a more favorable experience of claim activity and will see a decrease of about 11 percent. This equals a \$8.50 increase for employee only medical and dental per pay period. Other coverage levels rates available at end of newsletter.



As a participant in Alyeska Pipeline Service Company's self-insured health plan, it's important to understand your decisions impact rates and coverage. Tools are available to help you make informed choices and manage costs effectively. Ways for you and our plan to save:

1. Opt for **Paperless EOB** by making this selection online.
2. Seek **network doctors and facilities**.
3. Contact **Optavise** at 1-877-548-7714 for medical procedure cost and comparison.
4. Utilize **Centers of Excellence (COE)** in Seattle and Anchorage for certain medical procedures.
5. Explore the **Elective Procedure Travel** program for approved cost reimbursement when traveling outside Alaska for medical procedures.
6. Leverage **telemedicine** options; they can save you time and are offered at a lower cost than in-office visits.

More details about ways to save:

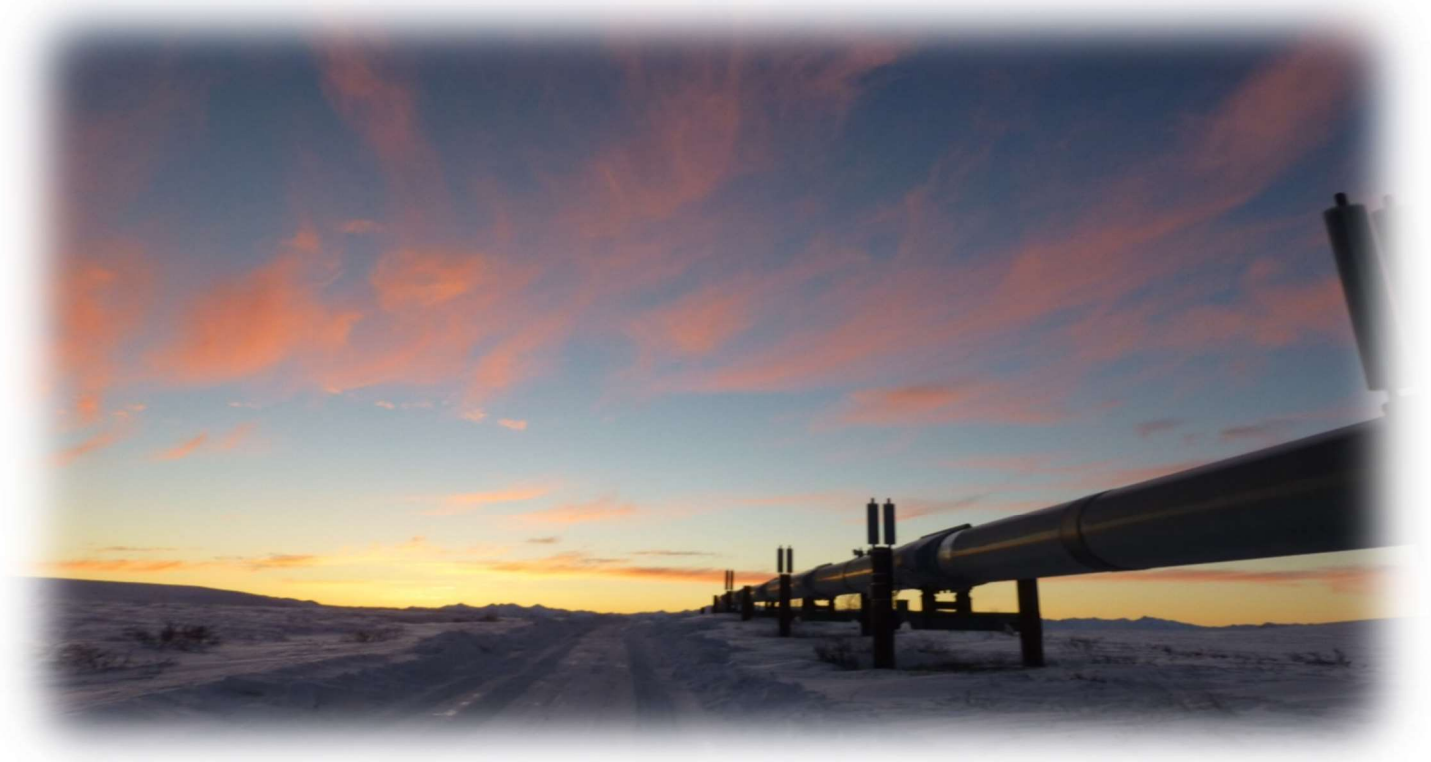
- ◆ [Log in to ditch the paper!](#) Read your Explanation of Benefits (EOB) online. Premera BCBS will send you an email when a new EOB is available to view. Log on and change your preference to **Paperless EOB**.
- ◆ Find a Doctor. Log in at [www.premera.com](http://www.premera.com) when searching for a provider or prior to appointment to verify your provider is network. Call **Premera BCBS** if you need assistance with this process.
- ◆ **Optavise** is your Benefit Advocate. Call **1-877-548-7714** to get a cost comparison prior to having a medical procedure. Talk with the nurse regarding your health and ask questions about options for treatment. Have your advocate assist you with getting prior approval needed for medical travel. Your advocate helps save you time, frustration, and money!
- ◆ A **Center of Excellence (COE)** provides specialty medical services such as total joint replacements (knee and hip), spine surgery, and certain gynecological procedures. A pre-approved procedure performed at a COE will waive your cost share (deductible and copay) and may cover airfare, hotel, and transportation of either out-of-state or in-state. Currently, the Anchorage COE is only for knee and hip total joint replacement. Seattle COE covers more procedures. Call Premera BCBS for more information.
- ◆ The **Elective Procedure Travel** program reimburses approved costs such as airfare, hotel, and car rental when you travel outside Alaska for an eligible medical procedure. Premera BCBS pre-approval is required; call (800) 364-2994 to inquire and get started.
- ◆ Many participants have discovered using **telemedicine** for access to a doctor, or a physical and mental therapist, and as a great way to save money and time. Telemedicine can be text, video, phone or chat. Telemedicine providers include:
  - [Doctor on Demand](#) video or phone-based care for general medicine 24/7
  - [myCare Alaska](#) mobile texting platform for general medicine 24/7
  - [Talkspace](#) online therapy with licensed clinician for mental health needs
  - [Omada](#) virtual care physical therapy for rehabilitation with convenience
  - Get all the Virtual Care options with the [Premera MyCare App!](#)

### Flexible Spending Account (FSA) Information:

- **Health Care FSA (HCFSA)** annual limit increases to \$3,200 per employee in 2024.
- **Dependent Care FSA (DCFSA)** remains at \$5,000 per family. This FSA is for DAYCARE expense so you can work.
- **Contact Peak One Administration** for questions on FSAs, eligible expenses, and claims.

Elect a 2024 FSA using Oracle Employee Self Service during open enrollment (January 16-February 6, 2024) for an effective date of March 1, 2024. If you do not have access to Oracle during these dates, contact your Human Resource Generalist (HRG) or Compensation and Benefits representative to request a form.

Following FSA enrollment, you can access your account at [www.peakoneadmin.com](http://www.peakoneadmin.com) or on the Peak One Administration mobile app. For the mobile app, simply search Peak1 Admin on the App Store or Google Play store, select "Install," and login or register. The login process includes a one-time passcode to verify your identity. If you experience issues, call Peak One Customer Service at 866-315-1777.



**GET THE APPS!** Log in as a member at [www.premera.com](http://www.premera.com). Sign on with the app to have card, network, nurse hotline and more access right from your phone. Premera app and MyCare (virtual care) app are available from App Store and Google Play.



**Women's Health and Cancer Rights Act** October 1998, Congress enacted the Women's Health and Cancer Rights Act. This act requires group health plans that provide coverage for a mastectomy and provide coverage for breast reconstruction, including surgery, reconstruction for symmetrical purposes, prostheses, and treatment of physical complications of all stages of mastectomy, including lymphedema. The act requires we notify you about the law's provisions.

**Preferred Provider Network**  
Since Preferred Provider status is subject to change at any time, it is important to confirm the status of a provider before services are rendered. For the most current network information, please refer to [www.premera.com](http://www.premera.com), access the Premera BCBS mobile app, or contact Premera BCBS Customer Service at 1-800-508-4722. If you are outside Alaska

or Washington, call 1-800-810-BLUE (2583) for assistance.

**\*Qualifying Life Event** If you experience a life event during the plan year like having a baby, getting married, getting a divorce... please complete the Health Plans form 10501 for election changes/updates. Most life events have a **30-day** window to get the form to Human Resources.

Find form and see plan description for more information.

[www.alyeska-pipe.com/employees-and-retirees](http://www.alyeska-pipe.com/employees-and-retirees)



## Contact Information

VENDOR / BENEFIT	PHONE NUMBER	WEBSITE
<b>Optavise-</b> Benefit Advocacy	1-877-548-7714	<a href="mailto:advocate@optavise.com">advocate@optavise.com</a>
<b>Premera BCBS-</b> Medical and Dental	1-800-508-4722 Premera 1-800-841-8343 NurseLine 1-800-364-2994 Travel	<a href="http://premera.com">premera.com</a>
<b>Peak One Administration-</b> FSA	1-866-315-1777	<a href="http://peakoneadmin.com">peakoneadmin.com</a>
<b>Express Scripts-</b> Rx coverage	1-800-391-9701	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
<b>MetLife-</b> Term Life and Voluntary Insurance	1-800-GET-MET8	<a href="https://boonchapman.benselect.com/alyeska">https://boonchapman.benselect.com/alyeska</a>
<b>Oracle HR Self Service-</b> Elections	Password resets online	<a href="#">A-Net/Applications/Oracle EBS</a>

This open enrollment guide is designed to highlight your 2024 health plan benefits. For more detailed information about your benefits, including covered expenses, exclusions and limitations, refer to the individual summary plan descriptions (SPDs), summary of benefit coverage (SBC), plan documents, full rate sheets, and dependent eligibility guidelines. The official documents are available on the A-Net and outside of Alyeska at [www.alyeska-pipe.com/employees-and-retirees](http://www.alyeska-pipe.com/employees-and-retirees). You may request a paper copy of any document from Dena Thomas at (907) 787-8110 or [CompensationBenefits@alyeska-pipeline.com](mailto:CompensationBenefits@alyeska-pipeline.com).

This document describes certain processes and provisions of Alyeska Pipeline Service Company. Nothing contained in this communication is a contract for employment or a promise to provide benefits. Alyeska reserves the right to amend or terminate the plans at any time and for any reason. In the event there is a conflict between the terms of this document and the governing plan document, the governing plan document shall control.



**Alyeska Medical Plan effective 3/1/2024 - 2/28/2025**

	Network	Non-Network
<b>Deductible</b>	\$2,000 per person / \$6,000 family max	
<b>Health Reimbursement Account (HRA)</b>	\$1,000 employee only / \$2,000 employee plus one / \$3,000 employee plus two or more	
<b>Annual HRA rollover</b>	\$500 / \$1,000 / \$1,500 (rollover limits apply)	
<b>Out-of-Pocket Maximum</b>	\$6,000 per person / \$13,700 family max	Not Available
<b>MEDICAL BENEFITS</b>	Coinsurance is a percentage of allowable charges.	
<b>Preventive Care: Routine physical exams, well-baby exams, nutritional counseling, and immunizations</b>	Deductible waived, then covered 100%	50% coinsurance
<b>Office Visits</b>	20% coinsurance	50% coinsurance
<b>Hospital Inpatient Care</b>	20% coinsurance	50% coinsurance
<b>Ambulance Service and Emergency Room</b>	20% coinsurance	20% coinsurance
<b>Acupuncture or Chiropractic</b>	20% coinsurance (12 visits)	50% coinsurance (12 visits)
<b>Mental Health In/Outpatient</b>	20% coinsurance	50% coinsurance
<b>Chemical dependency treatment inpatient/outpatient</b>	20% coinsurance	50% coinsurance
<b>Virtual care</b>	Doctor On Demand, myCare Alaska and Talkspace. Omada for physical therapy.	Not Available
<b>HEARING BENEFITS</b>		
<b>Hearing Exam</b>	Deductible waived, then 20%	
<b>Hearing Hardware (hearing aids, warranty, protection)</b>	\$3,000 every 3 years	
<b>VISION BENEFITS</b>		
<b>Vision Exam</b>	Deductible waived, then 20%	
<b>Adult Vision Hardware (contacts or glasses / frames)</b>	Deductible waived, then 20% The plan will coverage hardware to a max of \$350	
<b>Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)</b>	Deductible waived, covered 100%	
<b>MEDICAL TRANSPORTATION</b>	Option to travel for approved elective (non-emergency) surgeries. Prior approval required, coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-2994.	
<b>Centers of Excellence</b>	Access to Center of Excellence facility in Anchorage and Seattle for specialty medical procedures. Deductible and coinsurance waived plus travel and lodging is included.	Not Available
<b>Elective Procedure Travel</b>	Reimbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedure with a BCBS network provider.	Not Available
<b>PRESCRIPTION DRUG BENEFITS</b>	Retail prescription drug program: Participant pays the amount or percentage listed below at a network pharmacy. Drugs can only be purchased in 34-day or less quantities. Refills provided only when member has used 75% of current supply. Prescription drug copay or coinsurance is applied to out-of-pocket max. Mail order prescription drug program: Required for prescriptions exceeding 68 days (equivalent to 2 fills at retail) and for certain drugs, such as oral contraceptives. See SPD for more information and limitations.	
<b>Retail Generic</b>	\$10 copay	
<b>Retail Name Brand (no generic available)</b>	30% coinsurance	
<b>Retail Name Brand (w/ generic available)</b>	50% coinsurance plus difference in price between brand and generic *see SPD for Generic Drugs	
<b>Specialty Drugs</b>	30% coinsurance per prescription, <b>not to exceed \$400</b> maximum per fill	
<b>Mail Order Generic</b>	\$25 copay (90 day supply)	
<b>Mail Order Name Brand (no generic available)</b>	\$50 copay (90 day supply)	
<b>Mail Order Name Brand (w/ generic available)</b>	\$80 copay (90 day supply) plus difference in price between brand and generic *see SDP for Generic Drugs	

**ACTIVE EMPLOYEE MEDICAL PLAN PREMIUMS**

Coverage Level	Per Pay Check Rate
<b>Employee</b>	<b>\$128.00</b>
<b>Employee + 1 (spouse or child)</b>	<b>\$255.50</b>
<b>Employee + 2 or more dependents</b>	<b>\$352.50</b>
<b>*Employee + Domestic Partner (DP)</b>	<b>\$255.50</b>
<b>*Employee + Child(ren) + DP</b>	<b>\$352.50</b>

\*Employee will be taxed on a portion of their medical premiums if electing coverage for a domestic partner.

## Alyeska Dental Plan effective 3/1/2024 - 2/28/2025

<b>Annual Deductible</b> Individual / Family	\$25 / \$50
<b>Annual Maximum</b>	\$3,000 per person, per plan year
<b>Orthodontia Lifetime Max (any age)</b>	\$2,000 per lifetime (does not apply to annual max)
Coinsurance is a percentage of allowable charges. Deductible applies if not stated.	
<b>PREVENTATIVE SERVICES</b>	Deductible waived, then covered 100%, does not apply to annual maximum
<b>BASIC RESTORATION</b> (fillings, simple extractions, etc.)	20% coinsurance
<b>MAJOR RESTORATION</b> (implants, crowns, bridgework, dentures, etc.)	30% coinsurance
<b>ORTHODONTIA (no age limit)</b>	50% coinsurance

### ACTIVE EMPLOYEE DENTAL PLAN PREMIUM

Coverage Level	Per Pay Check Rate
<b>Employee</b>	<b>\$7.50</b>
<b>Employee + 1 (spouse or child)</b>	<b>\$15.00</b>
<b>Employee + 2 or more dependents</b>	<b>\$26.50</b>
<b>*Employee + Domestic Partner</b>	<b>\$15.00</b>
<b>*Employee + Child(ren) + Domestic Partner</b>	<b>\$26.50</b>

\*Employee will be taxed on a portion of their medical premiums if electing coverage for a domestic partner.

**Flexible Spending Account (FSA)**  
**for plan year 3/1/2024 to 2/28/2025**

Account	Use For	Annual Contribution
<b>Health Care FSA*</b>	Most medical, dental, and vision care expenses (copayments, deductibles, prescriptions, etc.)	\$3,200 maximum per plan year
<b>Dependent Care FSA</b>	Dependent care expenses (daycare, after-school programs, or eldercare programs) so you and your spouse can work or school full-time.	\$5,000 maximum per plan year

\*Alyeska's HCFSAs will supply a debit card for payment transactions. No rollover at end of plan year.