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.*

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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 inoffice 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 <u>www.premera.com</u> 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:
 - o **Doctor on Demand** video or phone-based care for general medicine 24/7
 - o myCare Alaska mobile texting platform for general medicine 24/7
 - **Talkspace** online therapy with licensed clinician for mental health needs
 - o **Omada** virtual care physical therapy for rehabilitation with convenience
 - o Get all the Virtual Care options with the Premera MyCare App!

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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 <u>www.peakoneadmin.com</u> 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 <u>www.premera.com.</u> 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.



Contact Information

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 <u>www.premera.com</u>, 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 <u>30-day</u> window to get the form to Human Resources.

Find form and see plan description for more information.

<u>www.alyeska-</u> pipe.com/employees-andretirees



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

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. You may request a paper copy of any document from Dena Thomas at (907) 787-8110 or 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.

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ACTIVE EMPLOYEE MEDICAL PLAN PREMIUMS					
	ACTIVE EMPLOYEE MEDICAL PLAN PREMIUMS				
Coverage Level Per Pay Check Rate	Coverage Level	Per Pay Check Rate			
Employee \$128.00		\$128.00			
Employee + 1 (spouse or child) \$255.50					
Employee + 2 or more dependents \$352.50					
*Employee + Child(ren) + DP \$352.50 *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					
Annual Deductible	\$25 / \$50				
Individual / Family	\$25 / \$50				
Annual Maximum	\$3,000 per person, per plan year				
Orthodontia Lifotimo Max (any ago)	\$2,000 per lifetime				
Orthodontia Lifetime Max (any age)	(does not apply to annual max)				
Coinsurance is a percentage of allowable charges. Deductible applies if not stated.					
PREVENTATIVE SERVICES	Deductible waived, then covered 100%,				
	does not apply to annual maximum				
BASIC RESTORATION	20% coinsurance				
(fillings, simple extractions, etc.)					
MAJOR RESTORATION	30% coinsurance				
(implants, crowns, bridgework, dentures, etc.)					
ORTHODONTIA (no age limit)	50% coinsurance				
ACTIVE EMPLOYEE DENTAL PLAN PREMIUM					
Coverage Level	Per Pay Check Rate				
Employee	\$7.50				
Employee + 1 (spouse or child)	\$15.00				
Employee + 2 or more dependents					
*Employee + Domestic Partner					
*Employee + Child(ren) + Domestic Partner	\$26.50				
*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		
Health Care FSA*	Most medical, dental, and vision care expenses (copayments, deductibles, prescriptions, etc.)	\$3,200 maximum per plan year		
Dependent Care FSA	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 HCFSA will supply a debit card for payment transactions. No rollover at end of plan year.				