# 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.\*

Protected Document. Refer to Alyeska Data Access and Classification Policy, LEGAL-DPOL-001.

**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!

Protected Document. Refer to Alyeska Data Access and Classification Policy, LEGAL-DPOL-001.

## 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
<b>MetLife-</b> 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 <a href="https://www.alyeska-pipe.com/employees-and-retirees">www.alyeska-pipe.com/employees-and-retirees</a>. You may request a paper copy of any document from Dena Thomas at (907) 787-8110 or <a href="https://www.alyeska-pipeline.com">compensationBenefits@alyeska-pipeline.com</a>.

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.

Network     Non-Network       Beductible     52.000 err person / \$5.000 family max       Health Reimbursement Account (IRR)     \$1.000 errployee plus (No. 07 (S0.000 errployee plus two Annual HRA rollover       Out-of-Pocket Maximum     \$0.000 pre person / \$13.000 (rallover inity) storm / \$13.000 (rallover)     Not Available       Perventive Care: Routine physical exams, well-baby exams, nutritional counselling, and immunizations     Deductible valued, then covered 100%     50% coinsurance       Absign and the physical exams, well-baby exams, nutritional counselling, and immunizations     Deductible valued, then covered 100%     50% coinsurance       Absign and the physical exams, well-baby exams, nutritional counselling, and immunizations     Deductible valued, then covered 100%     50% coinsurance       Acupuncture or Chiropractic 20% coinsurance     20% coinsurance     50% coinsurance     50% coinsurance       Virtual care (hearing alds, warranty, protection)     Doctor On Demand, myCare Alaska and Talkspace. Omada for physical therapy.     Not Available       VISION BENEFITS     Hearing Exam     Deductible waived, then 20%     Deductible waived, then 20%       Adult Vision Hardware (trance or contacts or glasses / frames)     Deductible waived, then 20%     Sol00 every 3 years       VISION BENEFITS     Vision Exam     Deductible waived, then 20%     Sol00	Alyeska Medical Plan effective 3/1/2024 - 2/28/2025				
Deductible     52,000 per person / 58,000 employee plus two.       Health Reimbursment Account (HRA)     51.000 employee plus two.     53.000 employee plus two.     Not Available       MEDICAL BENEFITS     Coinsurance is a percentage of allowable charges.     Not Available     Not Available       Preventive Care: Routine physical exams     Deductible waived.     50% coinsurance     50% coinsurance       MEDICAL BENEFITS     Deductible waived.     50% coinsurance     50% coinsurance       Method Service     20% coinsurance     50% coinsurance     50% coinsurance       Acupuncture or Chiropractic     20% coinsurance     50% coinsurance     50% coinsurance       Chemical dependency treatment     20% coinsurance     50% coinsurance     50% coinsurance       Metal Heath In/Outpatient     20% coinsurance     50% coinsurance     50% coinsurance       Virtual care     Dector On Demand, myCare Alaska and Takspace. Omada for physical therapy.     Not Available       HEARING BENEFITS     Hearing Exam     Deductible waived, then 20%     Aduit Vision Hardware       (contacts or glasses / frames)     The plan will coverage hardware to a max of \$350     Child (under age 19) Vision Hardware     Deductible waived, covered 100%     Coverage 100% <th colspan="5"></th>					
Health Reinbursoment Account (HRA)   \$1.000 employee plus toor / \$3.000 femily max   Not Available     Duic-0f-Pocket Maximum   \$6.000 per person / \$13.700 femily max   Not Available     Deficie List Section 2000 per person / \$13.700 femily max   Not Available   Not Available     Preventive Care: Routine physical exams, well-baby exams, nutritional counselling, then covered 100%   \$00% coinsurance   50% coinsurance     Office Visit   20% coinsurance   50% coinsurance   50% coinsurance     Ambulance Service   20% coinsurance   50% coinsurance   50% coinsurance     Mental Heath In/Outpatient   20% coinsurance   50% coinsurance   50% coinsurance     Virtual care   Dector On Demand, myCare Alaska and   Not Available     HEARING BENEFITS   Deductible waived, then 20%   Coinsurance   50% <t< th=""><th></th><th></th><th></th></t<>					
Annual HRA rollover     55007 \$1.000 / \$1.000 / 101ever IIIIs apply)       MEDICAL BENEFITS     \$6.000 per person / \$15.700 family max     Not Available       Preventive Care: Routine physical exams, well-baby exams, nutritional counselling, and immunizations     Deductible waived, then covered 100%     50% coinsurance       Office Visits     20% coinsurance     50% coinsurance       Ambulance Service and Emargency Room     20% coinsurance     20% coinsurance       Acupuncture or Chiropraetic and Emargency Room     20% coinsurance     50% coinsurance       Chemical dependency treatment inpatient/outpatient     20% coinsurance     50% coinsurance       Obstor On Demand, myCare Alaska and Talkspace. Ornada for physical therapy.     Not Available       HEARING BENEFITS     Deductible waived, then 20%       Hearing Hardware (hearing aids, warranty, protection)     S3.000 every 3 years       Vision BENEFITS     Vision Bardware (trains or glasses / frames)     Deductible waived, then 20%       Child (under age 19) Vision Hardware (trains or glasses / frames)     Option to travel for approved lective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-384-299       Actust Vision Hardware (to did under age 19) Vision Hardware (to did under age 19) Vision Hardware (to on surance on ybe purchanotheristate for procedure with a BCBS network provider. </th <th></th> <th colspan="3"></th>					
Out-of-Pocket Maximum     \$6,000 per person / \$13,700 family max     Not Available       PERICAL ERKPETIS     Consurance is a percentage of allowable charges.       Preventive Care: Routine physical exams, well-baby exams, nutritional counselling, and immunizations     Deductible waived, then covered 100%     50% coinsurance       Ambulance Service and Emergency Room     20% coinsurance     50% coinsurance       Ambulance Service and Emergency Room     20% coinsurance     50% coinsurance       Chemical dependency treatment inpatient/outpatient     20% coinsurance     50% coinsurance       Virtual care     Doctor On Demand, myCare Alaska and Talkspace. Omda for physical therapy.     Not Available       HEARING BENEFITS     Hearing Hardware Hearing Hardware (hearing aids, warranty, protection)     Deductible waived, then 20%       VISION BENEFITS     Vision Exam     Deductible waived, then 20%       Actu Vision Hardware (contacts or glasses / frames)     Option to travel for approved lective (non-emergency) surgeries. Prior approval coverage on taxel is up to IRS limits. Call Premera BCBS 1-800-364-299       Access to Canter of Excellance     Option to travel for approved lective (non-emergency) surgeries. Prior approval coverage on approved is contact or glasses / frames)       Child (under age 19) Vision Hardware (to contact or glasses / frames)     Conton of taxellane Racit is for approved iscoverage is apula					
MEDICAL BENEFITS     Consurance is a percentage of allowable charges.       Preventive Care: Routine physical axams, well-baby exams, nutritional counselling, and immunizations     Deductible waived, then covered 100%     50% coinsurance       Montained Service     20% coinsurance     50% coinsurance     50% coinsurance       Antbulance Service     20% coinsurance     20% coinsurance     50% coinsurance       Acupuncture or Chiropractic     20% coinsurance     50% coinsurance     50% coinsurance       Chemical dependency treatment inpatient/outpatient     20% coinsurance     50% coinsurance     50% coinsurance       Dector On Demand, myCare Alaska and Talkspace. Omada for physical therapy.     Not Available     Not Available       HEARING BENEFITS     Hearing Hardware (hearing aids, warranty, protection)     S3.000 every 3 years     Vision Bardware (contacts or glasses / frames)     Deductible waived, then 20%       Child (under age 19) Vision Hardware (contacts or glasses / frames)     Option to travel for approved lective (non-emergency) surgeries. Prior approval nocverage on Staulit by to IRS limits. Call Premera BCBS 1-800-364-299       Actual Vision Hardware (contacts or glasses / frames)     Option to travel for approved lective (non-emergency) surgeries. Prior approval nocverage on Staulit by to IRS limits. Call Premera BCBS 1-800-364-299       Actual Vision Hardware (cot contacts or glasses /					
Preventive Care: Routine physical exams, well-baby exams, nutritional counseling, and immunizations     Deductible waived, then covered 100%     50% coinsurance       Well-baby exams, nutritional counseling, and immunizations     Deductible waived, then covered 100%     50% coinsurance       Office Visits     20% coinsurance     20% coinsurance     20% coinsurance       Acupancture or Chiropractic     20% coinsurance     20% coinsurance     50% coinsurance       Acupancture or Chiropractic     20% coinsurance     50% coinsurance     50% coinsurance       Chemical dependency treatment inpatient/outpatient     20% coinsurance     50% coinsurance     50% coinsurance       Virtual care     Doctor On Demand, myCare Alaska and Talkspace. Omada for physical therapy.     Not Available       HEARING BENEFITS     Hearing Hardware (hearing alds, warranty, protection)     S000 every 3 years       VISION BENEFITS     Vision Exam     Deductible waived, then 20%       Adult Vision Hardware (contacts or glasses / frames)     Deductible waived, then 20%       Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)     Deductible waived, covered 100%       MEDICAL TRANSPORTATION     Option to travel for approved elective (non-emergency) surgerles. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299					
well-baby exams, nutritional courseling, and immunizations (hencovered 100%)     50% coinsurance       00ffice Visits     20% coinsurance     20% coinsurance       00ffice Visits     20% coinsurance     20% coinsurance       00ffice Visits     20% coinsurance     50% coinsurance       00ffice Visits     Doctor On Demand, myCare Alaska and Talkspace. Omada for physical therapy.     Not Available       HEARING BENEFITS     Doctor On Demand, myCare Alaska and Talkspace. Omada for physical therapy.     Not Available       Vision Exam     Deductible waived, then 20%     Coinsurance       (contacts or glasses / frames)     The plan will coverage hardware to a max of \$350       Child (under age 19) Vision Hardware (t2 mo. of contacts or glasses / frames)     Option to travel for approved elective (non-emergenet vising and sof \$350       Elective Proce	-		of allowable onlarges.		
and immunizations     untert overlag totals       Office Visits     20% coinsurance     50% coinsurance       Hospital Inpatient Care     20% coinsurance     20% coinsurance       Acupuncture or Chiropractic     20% coinsurance     20% coinsurance       Acupuncture or Chiropractic     20% coinsurance     50% coinsurance       Mental Heath InOutpatient     20% coinsurance     50% coinsurance       Chemical dependency treatment inpatient/outpatient     20% coinsurance     50% coinsurance       Virtual care     Doctor On Demand, myCare Alaska and Talkspace. Omads for physical therapy.     Not Available       HEARING BENEFITS     Hearing Exam     Deductible waived, then 20%       Hearing aids, warranty, protection)     Vision Bex     Deductible waived, then 20%       Vision BENEFITS     Vision Hardware (contacts or glasses / frames)     Deductible waived, covered 100%       Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)     Deductible waived, covered 100%       MEDICAL TRANSPORTATION     Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299       Retail Generic     Soccess to Center of Excellence facility in Anchorage and Seattif for specialty medical procedures. Declutible an			50% coinsurance		
Office Visits     20% coinsurance     50% coinsurance       Heoptal Inpatient Care     20% coinsurance     50% coinsurance       Ambulance Service and Emergency Room     20% coinsurance     20% coinsurance       Acupuncture or Chiropratic     20% coinsurance     50% coinsurance       Chemical dependency treatment     20% coinsurance     50% coinsurance       Chemical dependency treatment     20% coinsurance     50% coinsurance       Virtual care     Doctor On Demand, myCare Alaska and Taikspace. Omada for physical therapy.     Not Available       HEARING BENEFITS     Doctor On Demand, myCare Alaska and Taikspace. Omada for physical therapy.     Not Available       HEARING BENEFITS     Vision Exam     Deductible waived, then 20%       Mearing Hardware (hearing aids, warranty, protection)     \$3,000 every 3 years     Vision Exam       Aduit Vision Hardware (contacts or glasses / frames)     Deductible waived, covered 100%     Mot Available       Centers of Excellence     Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-384-299     Access to Center of Excellence facility in Anchorage and Seattle for specialty medical procedures. Deductible and coinsurance waived plus travel and odging is included.     Not Available       PRES		then covered 100%			
Hospital inpatient Care and Emergency Room     20% coinsurance     50% coinsurance       Acupuncture or Chiropractic Mental Heath InOutpatient     20% coinsurance     20% coinsurance     20% coinsurance       Chemical dependency treatment inpatient/outpatient     20% coinsurance     50% coinsurance     50% coinsurance       Virtual care     Doctor On Demand, myCare Alaska and Talkspace. Omada for physical therapy.     Not Available       HEARING BENEFITS     Deductible waived, then 20%     Not Available       Hearing Hardware (hearing aids, warranty, protection)     Quictuble waived, then 20%     Not Available       VISION BENEFITS     Vision Exam     Deductible waived, then 20%     Mod       Aduit Vision Hardware (contacts or glasses / frames)     The plan will coverage hardware to a max of \$350     Child (under age 13) Vision Hardware (12 mo. of contacts or glasses / frames)     Deductible waived, covered 100%     Not Available procedures. Decluctible waived, covered 100%       MEDICAL TRANSPORTATION     Option to travel for approval coinsurance waived plas travel and lodging is included.     Not Available       PRESCRIPTION DRUG BENEFITS     Reimbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedure with a BCBS network provider.     Not Available       PRESCRIPTION DRUG BENEFITS     Retail generic		20% coinsurance	50% coinsurance		
Ámbulánce Service and Emergency Rom     20% coinsurance     20% coinsurance       Acupuncture or Chiropractic     20% coinsurance (12 visits)     50% coinsurance (12 visits)       Chemical dependency treatment     20% coinsurance     50% coinsurance       Chemical dependency treatment     20% coinsurance     50% coinsurance       Virtual care     Doctor On Demand, myCare Alaska and Talkspace. Omada for physical therapy.     Not Available       HEARING BENEFITS     Hearing Hardware (hearing aids, warranty, protection)     Solo every 3 years       Vision Exam     Deductible waived, then 20%     Mot Available       Child (under age 19) Vision Hardware (contacts or glasses / frames)     Deductible waived, then 20%     Solo       Child (under age 19) Vision Hardware (contacts or glasses / frames)     Deductible waived, covered 100%     Solo       MEDICAL TRANSPORTATION     Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299     Access to Center of Excellence plus travel and hoding is included.       Reimbursement of travel expenses (light, lodging, car rental, etc.) from Alaska to another state for procedure with a BCBS network provider.     Not Available       PRESCRIPTION DRUG BENEFITS     Retail prescription drug program: Required for prescription sex-eeding 68 days (equiv at retail) and		-			
Acupuncture or Chiropractic     20% coinsurance (12 visits)     50% coinsurance (12 visits)       Mental Heath In/Outpatient     20% coinsurance     50% coinsurance       Chemical dependency treatment     20% coinsurance     50% coinsurance       Virtual care     Doctor On Demand, myCare Alaska and Talkspace. Omada for physical therapy.     Not Available       HEARING BENEFITS     Hearing Exam     Deductible waived, then 20%       Hearing aids, warranty, protection     \$3,000 every 3 years       VISION BENEFITS     Vision Exam     Deductible waived, then 20%       Adult Vision Hardware (contacts or glasses / frames)     Deductible waived, then 20%     S3,000 every 3 years       Child (under age 19) Vision Hardware (contacts or glasses / frames)     Deductible waived, then 20%     S3,000       MEDICAL TRANSPORTATION     Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299       Releactive Procedure Travel     Access to Center of Excellence facility in Anchorage and Seattle for speciality medical procedures with a BCBS network provider.     Not Available       PRESCRIPTION DRUG BENEFITS     Relial prescription drug program. Facilicipant pays the amount or percentage listed below: haat order prescription drug program. Required for prescription sexceeding 68 days (equiv aut relai) and for certanal stupy	· ·	000%	200/		
Mental Heath In/Outpatient Chemical dependency treatment inpatient/outpatient     20% coinsurance     50% coinsurance       Wirtual care HEARING BENEFITS     Doctor On Demand, myCare Alaska and Talkspace. Omada for physical therapy.     Not Available       HEARING BENEFITS     Hearing Hardware (hearing lardware (hearing aids, warranty, protection)     S3,000 every 3 years     Not Available       VISION BENEFITS     Usion Exam     Deductible waived, then 20%     Deductible waived, then 20%       Adult Vision Hardware (contacts or glasses / frames)     Deductible waived, then 20%     Deductible waived, then 20%       Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)     Deductible waived, covered 100%     Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299       MEDICAL TRANSPORTATION     Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299       Relinbursement of travel and lodging is included.     Not Available       procedures. Deductible and coinsurance waived plus travel and lodging is included.     Not Available       Relinbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedure with a BCBS network provider.     Not Available       PRESCRIPTION DRUG BENEFITS     Retail pres	and Emergency Room	20% coinsurance	20% coinsurance		
Mental Heath In/Outpatient     20% coinsurance     50% coinsurance       Chemical dependency treatment     20% coinsurance     50% coinsurance       Wirtual care     Doctor On Demand, myCare Alaska and Talkspace. Omada for physical therapy.     Not Available       HEARING BENEFITS     Deductible waived, then 20%     Not Available       Hearing Hardware (hearing aids, warranty, protection)     \$3,000 every 3 years     Vision Exam       VISION BENEFITS     Deductible waived, then 20%        Adult Vision Hardware (contacts or glasses / frames)     Deductible waived, then 20%        Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)     Deductible waived, covered 100%        MEDICAL TRANSPORTATION     Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299     Not Available       PRESCRIPTION DRUG BENEFITS     Access to Center of Excellence facility in Anchorage and Seattle for speciality medical procedures. Deductible and coinsurance waived plus travel and lodging is included.     Not Available       PRESCRIPTION DRUG BENEFITS     Reinipurscription drug program: Required for prescription drug organ coinsurance is applied to out- procedure with a BCBS network provider.     Not Available       PRESCRIPTION DRUG BENEFITS     Reital prescription	u 1	20% coinsurance (12 visits)	50% coinsurance (12 visits)		
inpatient/outpatient     20% consultative     30% consultative       Virtual care     Doctor On Demand, myCare Alaska and Talkspace. Omada for physical therapy.     Not Available       HEARING BENEFITS     Deductible waived, then 20%     Not Available       Hearing Hardware (hearing alds, warranty, protection)     \$3,000 every 3 years     Vision Exam       Adult Vision Hardware (contacts or glasses / frames)     Deductible waived, then 20%     Deductible waived, then 20%       Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)     Deductible waived, covered 100%     S350       Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)     Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299       MEDICAL TRANSPORTATION     Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299       Retail Centers of Excellence     Reimbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedures. Deductible waived, rovider.     Not Available       PRESCRIPTION DRUG BENEFITS     Retail greecription drug opogram: Participant pays the amount or percentage listed below. Tharmacy, Drugs can only be purchased in 34-day or less quantities. Refills provided only on has used 75% of current supply. Prescription drug opograv recequinged to suced. M		20% coinsurance	50% coinsurance		
Inpatient/outpatient     Doctor On Demand, myCare Alaska and Talkspace. Omada for physical therapy.     Not Available       HEARING BENEFITS     Not Available     Not Available       Hearing Hardware (hearing aids, warranty, protection)     \$3,000 every 3 years     Not Available       VISION BENEFITS     Vision Exam     Deductible waived, then 20%       Konduction     Contacts or glasses / frames)     Deductible waived, then 20%       Child (under age 19) Vision Hardware (t2 mo. of contacts or glasses / frames)     Deductible waived, covered 100%       MEDICAL TRANSPORTATION     Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299       MEDICAL TRANSPORTATION     Option to travel for speciative medical procedures. Deductible and coinsurance waived plus travel and lodging is included.     Not Available       Relinbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedure with a BCBS network provider.     Not Available       PRESCRIPTION DRUG BENEFITS     Retail prescription drug program: Participant pays the amount or percentage listed below in the sue of 75% of current supply. Prescription for group or coinsurance is applied to out- Mail order prescription drug program. Retail Retail Mame Brand (no generic available)     Sto copay (90 day supply)       Retail Reneric Retail Mame Brand (no generic available)     Sto cop	Chemical dependency treatment	20% coincurance			
Virtual care Talkspace. Omada for physical therapy. INCL Available   HEARING BENEFITS Hearing Exam Deductible waived, then 20%   Hearing aids, warranty, protection \$3,000 every 3 years   VISION BENEFITS Usion Exam Deductible waived, then 20%   Adult Vision Hardware (contacts or glasses / frames) Deductible waived, then 20%   Child (under age 19) Vision Hardware (contacts or glasses / frames) Deductible waived, then 20%   MEDICAL TRANSPORTATION Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premara BCBS 1-800-364-299   MEDICAL TRANSPORTATION Option to travel for specialty medical plus travel and lodging is included.   Relictive Procedure Travel Reimbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedure with a BCBS network provider.   PRESCRIPTION DRUG BENEFITS Retail Prescription drug program: Participant pays the amount or percentage listed below in Mail order prescription drug program: Required for prescriptions exceeding 68 days (equiv a tretail) and for certain drugs, such as oral contraceptives. SeP D for more information minitations.   Retail Name Brand (no generic available) 50% coinsurance purp (90 day supply)   Mail Order Name Brand (mo generic available) 50% coinsurance purp (90 day supply)   Mail Order Name Brand (w/ generic available) \$250 copay (90 day supply)   Mail Order Name Brand (w/ generic available) <t< th=""><th></th><th>20% consulance</th><th>50% consulance</th></t<>		20% consulance	50% consulance		
HEARING BENEFITS   Hearing Exam     Hearing Hardware (hearing aids, warranty, protection)   \$3,000 every 3 years     VISION BENEFITS   Vision Exam     Aduit Vision Hardware (contacts or glasses / frames)   Deductible waived, then 20%     Aduit Vision Hardware (contacts or glasses / frames)   Deductible waived, then 20%     Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)   Deductible waived, covered 100%     MEDICAL TRANSPORTATION   Option to travel for approved lective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299     MEDICAL TRANSPORTATION   Option to travel for approved lective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299     Reteil Procedure Travel   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     PRESCRIPTION DRUG BENEFITS   Retail prescription drug program: Participant pays the amount or percentage listed below on parmacy. Drugs can only be purchased in 34-day reless quantities. Refills provided only has used 75% of currents 10% of corinsurance salved Mail order prescription drug program: Required for prescription secreding 86 days (equiv at retail) and for certain drugs, such as oral contraceptives. See SPD for more informa limitations.     Retail Remeric   \$10 copay     Retail Name Brand (no ge	Virtual care		Not Available		
Hearing Exam Hearing Hardware (hearing aids, warrahy, protection)     Deductible waived, then 20%       VISION BENEFITS     Vision Exam     Deductible waived, then 20%       Aduit Vision Hardware (contacts or glasses / frames)     Deductible waived, then 20%       Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)     Deductible waived, covered 100%       MEDICAL TRANSPORTATION     Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299       MEDICAL TRANSPORTATION     Option to travel for specialty medical procedures. Deductible and coinsurance weical plus travel and lodging is included.     Not Available       Reteating Example     Access to Center of Excellence facility in Anchorage and Seattle for specialty medical procedures. Deductible and coinsurance weical plus travel and lodging is included.     Not Available       PRESCRIPTION DRUG BENEFITS     Retail prescription drug program: Participant pays the amount or percentage listed below is pharmacy. Drugs can only be purchased in 34-40 yor class quantities. Reflis provided only v has used 75% of current supply. Prescription drug or consurance is applied to out-of Mail order prescription drug program: Required for prescriptions exceeding 68 days (equiv at retail) and for certain drugs, such as oral contracequives. See SPD for more informa limitations.       Retail Remeric weights     S10 copay     S10 copay       Retail Name Brand (no generic available)     S0% coinsura		Talkspace. Omada for physical therapy.	· · · · · · · · · · · · · · · · · · ·		
Hearing Hardware (hearing aids, warranty, protection)   \$3,000 every 3 years     VISION BENEFITS   Vision Exam     Aduit Vision Hardware (contacts or glasses / frames)   Deductible waived, then 20%     Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)   Deductible waived, covered 100%     MEDICAL TRANSPORTATION   Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299     MEDICAL TRANSPORTATION   Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299     MEDICAL TRANSPORTATION   Option to travel active of socially medical procedures. Deductible and coinsurance waived plus travel and lodging is included.     Relative Procedure Travel   Reimbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedure with a BCBS network provider.   Not Available     PRESCRIPTION DRUG BENEFITS   Retail prescription drug program: Participant pays the amount or percentage listed below in pharmacy. Drugs can only be purchased in 34-4ay or less quantities. Reflip provided only w has used 37% of current supply. Prescription drug orgay or coinsurance is applied to out-of Mail order prescription drug program: Required for prescriptions exceeding 68 days (equivi at retail) and for certain drugs, such as oral contraceptives. See SPD for more informa limitations.     Retail Generic (w/ generic available)   50% coinsurance plus difference in		Deductible waived, then 20%			
(hearing aids, warranty, protection)   \$3,000 every 3 years     VISION BENEFITS   (intermediate in the intermediate intermedia		<u> </u>	2 voare		
VISION BENEFITS   Usion Exam   Deductible waived, then 20%     Adult Vision Hardware (contacts or glasses / frames)   Deductible waived, then 20%     Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)   Deductible waived, covered 100%     MEDICAL TRANSPORTATION   Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299     Access to Center of Excellence   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     Elective Procedure Travel   Reimbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedure with a BCBS network provider.   Not Available     PRESCRIPTION DRUG BENEFITS   Retail prescription drug program: Required for prescriptions exceeding 68 days (equiv at retail) and for certain drugs, such as oral contraceptives. See SPD for more informa imitations.     Retail Name Brand (no generic available)   50% coinsurance purger prescription, not to exceed \$400 maximum per fil Mail Order Name Brand (w/ generic available)   S26 copay (90 day supply)     Mail Order Name Brand (w/ generic available)   \$300 copay (90 day supply)   S20 copay (90 day supply)	(hearing aids, warranty, protection)	\$3,000 every	3 years		
Adult Vision Hardware (contacts or glasses / frames)   Deductible waived, then 20% The plan will coverage hardware to a max of \$350     Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)   Deductible waived, covered 100%     MEDICAL TRANSPORTATION   Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299     Access to Center of Excellence   Anchorage and Seattle for specialty medical procedures. Deductible and coinsurance waived plus travel and lodging is included.   Not Available     Elective Procedure Travel   Retail prescription drug program: Participant pays the amount or percentage listed below is pharmacy. Drugs can only be purchased in 34-day or less quantities. Refills provided only w has used 75% of current supply. Prescription drug program: Required for prescriptions exceeding 68 days (equiv- hail order prescription drug program: Required for prescriptions exceeding 68 days (equiv- at retail) and for certain drugs, such as oral contraceptives. See SPD for more informa limitations.     Retail Generic (w/ generic available)   50% coinsurance plus difference in price between brand and generic \$25 copay (90 day supply)     Mail Order Name Brand (no generic available)   580 copay (90 day supply)   S80 copay (90 day supply)     Mail Order Name Brand (w/ generic available)   \$80 copay (90 day supply) plus difference in price between brand and generic \$25 copay (90 day supply)					
(contacts or glasses / frames)   The plan will coverage hardware to a max of \$350     Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)   Deductible waived, covered 100%     MEDICAL TRANSPORTATION   Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299     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     Elective Procedure Travel   Reimbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedure. Unit a BCBS network provider.   Not Available     PRESCRIPTION DRUG BENEFITS   Retail prescription drug program: Participant pays the amount or percentage listed below is trateal in and for certain drugs, such as oral contraceptives. See SPD for more informa limitations.     Mail order prescription drug program: Required to prescriptions exceeding 68 days (equival at retail) and for certain drugs, such as oral contraceptives. See SPD for more informa limitations.     Retail Remeric   \$10 copay     Retail Name Brand (w/ generic available)   50% coinsurance plus difference in price between brand and generic *25 copay (90 day supply)     Mail Order Name Brand (no generic available)   \$20% coinsurance per prescription, not to exceed \$400 maximum per fit Mail Order Name Brand (no generic available)     Mail Order Name Brand (no generic available)   \$	Vision Exam	Deductible waived, then 20%			
(contacts or glasses / frames)   The plan will coverage hardware to a max of \$350     Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)   Deductible waived, covered 100%     MEDICAL TRANSPORTATION   Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299     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     Elective Procedure Travel   Reimbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedure. Unit a BCBS network provider.   Not Available     PRESCRIPTION DRUG BENEFITS   Retail prescription drug program: Participant pays the amount or percentage listed below is trateal in and for certain drugs, such as oral contraceptives. See SPD for more informa limitations.     Mail order prescription drug program: Required to prescriptions exceeding 68 days (equival at retail) and for certain drugs, such as oral contraceptives. See SPD for more informa limitations.     Retail Remeric   \$10 copay     Retail Name Brand (w/ generic available)   50% coinsurance plus difference in price between brand and generic *25 copay (90 day supply)     Mail Order Name Brand (no generic available)   \$20% coinsurance per prescription, not to exceed \$400 maximum per fit Mail Order Name Brand (no generic available)     Mail Order Name Brand (no generic available)   \$	Adult Vision Hardware	Deductible waived, then 20%			
(12 mo. of contacts or glasses / frames)   Deductible waived, Covered 100%     MEDICAL TRANSPORTATION   Option to travel for approved elective (non-emergency) surgeries. Prior approval coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299     Access to Center of Excellence   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     Elective Procedure Travel   Reimbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedure with a BCBS network provider.   Not Available     PRESCRIPTION DRUG BENEFITS   Retail prescription drug program: Required for prescription seceeding 68 days (equival at retail) and for certain drugs, such as oral contraceptives. See SPD for more informat limitations.     Retail Generic (w/ generic available)   Sto Coinsurance per perscription, not to exceed \$400 maximum per fil Mail Order Retail Name Brand (no generic available)     Mail Order Name Brand (no generic available)   \$50 copay (90 day supply)     Mail Order Name Brand (no generic available)   \$50 copay (90 day supply)     Mail Order Name Brand (no generic available)   \$50 copay (90 day supply)     Mail Order Name Brand (no generic available)   \$50 copay (90 day supply)     Mail Order Name Brand (no generic available)   \$50 copay (90 day supply)					
MEDICAL TRANSPORTATION     coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-299       Access to Center of Excellence     Anchorage and Seattle for specialty medical procedures. Deductible and coinsurance waived plus travel and lodging is included.     Not Available       Elective Procedure Travel     Reimbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedure with a BCBS network provider.     Not Available       PRESCRIPTION DRUG BENEFITS     Retail prescription drug program: Participant pays the amount or percentage listed below a pharmacy. Drugs can only be purchased in 34-day or less quantities. Refilis provided only w has used 75% of current supply. Prescription drug copay or coinsurance is applied to out-of Mail order prescription drug program: Required for prescriptions exceeding 66 days (equiv. at retail) and for certain drugs, such as oral contraceptives. See SPD for more informa limitations.       Retail Generic     \$10 copay       Retail Name Brand (no generic available)     50% coinsurance purce supplion, not to exceed \$400 maximum per fil Mail Order Generic       Specialty Drugs     30% coinsurance per prescription, not to exceed \$400 maximum per fil Mail Order Name Brand (no generic available)       Mail Order Name Brand (w/ generic available)     \$50 copay (90 day supply)       Mail Order Name Brand (w/ generic available)     \$80 copay (90 day supply) plus difference in price between brand and generic 'see SDP for Generic Drugs' see SDP for Generic D					
Centers of Excellence     Anchorage and Seattle for specialty medical procedures. Deductible and coinsurance waived plus travel and lodging is included.     Not Available       Elective Procedure Travel     Reimbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedure with a BCBS network provider.     Not Available       PRESCRIPTION DRUG BENEFITS     Retail prescription drug program: Participant pays the amount or percentage listed below in pharmacy. Drugs can only be purchased in 34-day or less quantities. Refills provided only or has used 75% of current supply. Prescription drug copay or coinsurance is applied to out-of Mail order prescription drug program: Required for prescriptions. See SPD for more informa limitations.       Retail Generic     \$10 copay       Retail Name Brand (no generic available)     50% coinsurance plus difference in price between brand and generic (w/ generic available)       Specialty Drugs     30% coinsurance per prescription, not to exceed \$400 maximum per fil Mail Order Name Brand (no generic available)       Mail Order Name Brand (no generic available)     \$50 copay (90 day supply)       Mail Order Name Brand (no generic available)     \$50 copay (90 day supply)       Mail Order Name Brand (no generic available)     \$50 copay (90 day supply)	IEDICAL TRANSPORTATION	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.			
Elective Procedure Travel   car rental, etc.) from Alaska to another state for procedure with a BCBS network provider.   Not Available     PRESCRIPTION DRUG BENEFITS   Retail prescription drug program: Participant pays the amount or percentage listed below a pharmacy. Drugs can only be purchased in 34-day or less quantities. Refills provided only or has used 75% of current supply. Prescription drug copay or coinsurance is applied to out-ou Mail order prescription drug program: Required for prescriptions exceeding 68 days (equivate at retail) and for certain drugs, such as oral contraceptives. See SPD for more informa limitations.     Retail Generic   \$10 copay     Retail Name Brand   30% coinsurance     (no generic available)   *see SPD for Generic Drugs     Specialty Drugs   30% coinsurance plus difference in price between brand and generic see SPD for Generic Drugs     Mail Order Generic   \$25 copay (90 day supply)     Mail Order Name Brand (w/ generic available)   \$80 copay (90 day supply) plus difference in price between brand and generic *see SDP for Generic Drugs	Centers of Excellence	Anchorage and Seattle for specialty medical procedures. Deductible and coinsurance waived	Not Available		
PRESCRIPTION DRUG BENEFITS   pharmacy. Drugs can only be purchased in 34-day or less quantities. Refills provided only w     has used 75% of current supply. Prescription drug copay or coinsurance is applied to out-of     Mail order prescription drug program: Required for prescriptions exceeding 68 days (equivalateration).     Retail Generic     Retail Name Brand     (no generic available)     Retail Name Brand     (w/ generic available)     Specialty Drugs     30% coinsurance plus difference in price between brand and generic     *see SPD for Generic Drugs     Specialty Drugs     30% coinsurance per prescription, not to exceed \$400 maximum per fil     Mail Order Name Brand     (no generic available)     Mail Order Name Brand     (no generic available)     *see SPD for Generic Drugs     Specialty Drugs     30% coinsurance per prescription, not to exceed \$400 maximum per fil     Mail Order Name Brand     (no generic available)     %80 copay (90 day supply)     Mail Order Name Brand     (w/ generic available)     *see SDP for Generic Drugs	Elective Procedure Travel	Reimbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for	Not Available		
Retail Name Brand (no generic available)   30% coinsurance     Retail Name Brand (w/ generic available)   50% coinsurance plus difference in price between brand and generic *see SPD for Generic Drugs     Specialty Drugs   30% coinsurance per prescription, not to exceed \$400 maximum per fil     Mail Order Generic   \$25 copay (90 day supply)     Mail Order Name Brand (no generic available)   \$50 copay (90 day supply)     Mail Order Name Brand (no generic available)   \$80 copay (90 day supply) plus difference in price between brand and generic *see SDP for Generic Drugs	PRESCRIPTION DRUG BENEFITS	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.			
(no generic available)   30% coinsurance     Retail Name Brand (w/ generic available)   50% coinsurance plus difference in price between brand and generic *see SPD for Generic Drugs     Specialty Drugs   30% coinsurance per prescription, not to exceed \$400 maximum per fil     Mail Order Generic   \$25 copay (90 day supply)     Mail Order Name Brand (mo generic available)   \$50 copay (90 day supply)     Mail Order Name Brand (w/ generic available)   \$80 copay (90 day supply) plus difference in price between brand and generic *see SDP for Generic Drugs		\$10 copay			
(no generic available)     Retail Name Brand (w/ generic available)   50% coinsurance plus difference in price between brand and generic *see SPD for Generic Drugs     Specialty Drugs   30% coinsurance per prescription, not to exceed \$400 maximum per fil     Mail Order Generic   \$25 copay (90 day supply)     Mail Order Name Brand (no generic available)   \$50 copay (90 day supply)     Mail Order Name Brand (no generic available)   \$80 copay (90 day supply) plus difference in price between brand and generic *see SDP for Generic Drugs		30% coinsurance			
(w/ generic available)   *see SPD for Generic Drugs     Specialty Drugs   30% coinsurance per prescription, not to exceed \$400 maximum per fil     Mail Order Generic   \$25 copay (90 day supply)     Mail Order Name Brand (no generic available)   \$50 copay (90 day supply)     Mail Order Name Brand (w/ generic available)   \$80 copay (90 day supply) plus difference in price between brand and generic *see SDP for Generic Drugs					
Mail Order Generic   \$25 copay (90 day supply)     Mail Order Name Brand (no generic available)   \$50 copay (90 day supply)     Mail Order Name Brand (w/ generic available)   \$80 copay (90 day supply) plus difference in price between brand and generic *see SDP for Generic Drugs	(w/ generic available)	*see SPD for Generic Drugs			
Mail Order Name Brand (no generic available)   \$50 copay (90 day supply)     Mail Order Name Brand (w/ generic available)   \$80 copay (90 day supply) plus difference in price between brand and generic *see SDP for Generic Drugs					
(no generic available)   \$50 copay (90 day supply)     Mail Order Name Brand (w/ generic available)   \$80 copay (90 day supply) plus difference in price between brand and generic *see SDP for Generic Drugs					
Mail Order Name Brand (w/ generic available)   \$80 copay (90 day supply) plus difference in price between brand and generic *see SDP for Generic Drugs		\$50 copay (90 day supply)			
		\$80 copay (90 day supply) plus difference in price between brand and generic			
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.				