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Open enrollment is your annual opportunity to evaluate and make any necessary changes to your elections under the Alyeska Pipeline Service Company (Alyeska) Retiree Group Medical and Dental Pre-Age 65 Plan. The period for making these elections is **January 16-Feb. 6, 2024**. All changes will become effective March 1, 2024, and can be made by contacting Peak One Administrators. If you are not making changes to your elections or your covered dependents, no action is necessary.

2024 Medical and Dental rates: The Alyeska's Pre-Age 65 Retiree Medical and Dental premiums will match the rates provided to active employees starting March 1, 2024. For family coverage, this is an increase to Medical however all other Medical and Dental coverage level premiums will be decreasing. Peak One will be informed of these rate changes and adjust their system. If you are not set up on ACH with Peak One, a request form is included with this letter to complete and return as directed on the form.

Here are ways you can contain costs to benefit you and the plan.

- ◆ You are highly encouraged to **use Blue Cross Blue Shield (BCBS) network providers** to receive the best coverage under the plan. You can find the network directory online at www.premera.com and by calling the phone numbers on your Premera BCBS card.
- ◆ **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**.
- ◆ **Optavise** is your Benefit Advocate **1-800-548-7714**. Call to get a cost comparison prior to having a medical procedure. Talk with the nurse regarding your health and ask questions regarding options for treatment. Have your advocate assist you with getting the prior approval needed for medical travel. Your advocate is there to help save you time, frustration, and money!
- ◆ A **Center of Excellence (COE)** is in Seattle and now in Anchorage, too! A 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.
- ◆ 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) 508-4722 to get started.
- ◆ Many participants have discovered using **telemedicine** for access to a doctor, or a physical and mental therapist, is a great way to save money and time. You have choices when it comes to how you want to access virtual care – text, video, phone or chat. Telemedicine providers are available as follows:
 - [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 provides convenient rehabilitation
 - Get all Virtual Care options with the [Premera MyCare App!](#)

Other important information

- ◆ If you are not currently enrolled in the Medical Plan, you do not have the option to enroll.
- ◆ If you are not currently enrolled in the Dental Plan, you do not have the option to enroll.
- ◆ Alyeska retiree medical and/or dental plan participants (retiree or covered spouse) turning age 65 are eligible for the Retiree Medicare Eligible Reimbursement Health Plan administered by **Via Benefits**. After enrolling in Medicare parts A and B, Via Benefits can assist with enrollment into a coordinating Medicare plan starting the first of the month when you (or your eligible spouse) turn age 65 (same as Medicare eligibility due to age). Premera BCBS Medical and/or Dental coverage ends the last day in the month prior to this eligibility. If your spouse is under age 65, he or she can remain on the retiree medical and/or dental plan until they become eligible due to turning age 65.
- ◆ If you or your spouse are turning age 65 and have questions about eligibility or HRA benefits, contact **Via Benefits at 1-855-241-5725** and view the Retiree Medicare Eligible Reimbursement Health Plan Summary Plan Description (SPD). Enrollment with Medicare and then with Via Benefits can start as early as three months prior to the month turning age 65. It's highly encouraged you enroll prior to turning age 65.

If you are unsure of your current coverage or have any questions regarding payments, contact **Peak One Administrators at 1-877-404-9443**. Open Enrollment changes to your retiree medical and/or dental plan coverage must be received by Peak One Administrators no later than **Feb. 6, 2024**. **No exceptions will be made for late submissions.**

General Plan Information: Alyeska's benefit summaries including the 2024 Summary of Benefit Coverage (SBC) are available at www.alyeska-pipe.com/employees-and-retiree. You may request a paper copy of any documents by contacting Dena Thomas at (907) 787-8110.

Optavise: All Alyeska retiree plan participants can utilize Optavise, a personal advocacy service available to help understand benefits program(s) and the broader health care system, as well as become better health care consumers. Advocates help find in-network providers, research cost and quality for planned medical services, resolve claims and billing issues, and more. Alyeska's Optavise also includes access to the Clinical Specialist program. A Registered Nurse is available, as an expert, to simplify and help you understand a clinical diagnosis, explain treatment options, and coordinate services on your behalf with multiple providers. Call Optavise at 1-877-548-7714.

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 information on Preferred and Participating Providers in Alaska or Washington, please refer to 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).

Women's Health and Cancer Rights Act: In 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.

Future Life Events: If you experience a “life event” (e.g., marriage, divorce, change in dependent status), eligible changes to your health care coverage must be made within 30 days of the event by notifying Peak One Administrators. See summary plan description for more information.

VENDOR / BENEFIT	PHONE NUMBER	WEBSITE
Optavise Advocacy Services	1-877-548-7714	advocate@optavise.com
Premera Blue Cross Blue Shield (BCBS) Medical/Vision and Dental	1-800-508-4722	www.premera.com
Peak One Administrators under 65 Retiree/Cobra payment administrators	1-877-404-9443	Peakoneadmin.wealthcarecobra.com
Express Scripts Prescription coverage	1-800-391-9701	www.express-scripts.com
Via Benefits/age 65+ retiree plan administrator	1-855-241-5725	https://my.viabenefits.com/alyeska
Dena Thomas, Alyeska Benefits Coordinator	(907) 787-8110	www.alyeska-pipe.com/employees-and-retiree/

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 please refer to the individual summary plan descriptions (SPDs), summary of benefit coverage (SBC), plan documents, full rate sheets and dependent eligibility guidelines. These official documents are available on A-net and from computers outside of Alyeska at www.alyeska-pipe.com/Connect/Benefits. You may request a paper copy of any document.

If you are a COBRA plan participant, this mailing has been sent to inform you of any rate and plan changes. Please contact Peak1 Administrators for any payment or eligibility questions.

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 Pipeline Service Company
2024 Medical Plan for active employees and pre age 65 retiree participants

Consumer Choice Medical Plan		
	Network	Non-Network
Deductible	\$2,000 per person / \$6,000 maximum family deductible	
Health Reimbursement Account (HRA)	\$1,000 one only / \$2,000 plus one / \$3,000 family	
Annual HRA rollover	\$500 one only / \$1000 plus one / \$1,500 family maximum (limits apply)	
Out-of-Pocket Maximum	\$6,000 / \$13,700	Not Available
MEDICAL BENEFITS	<i>Coinsurance is a percentage of allowable charges. Deductible applies if not stated.</i>	
Preventive Care: Routine physical exams, well-baby exams, immunizations, and preventative Office Visits	Deductible waived, then covered 100%	50% coinsurance
Diagnostic	20% coinsurance	50% coinsurance
Hospital Inpatient Care	20% coinsurance	50% coinsurance
Ambulance Service and Emergency Room	20% coinsurance	20% coinsurance
Skilled Nursing	20% coinsurance (120 days/yr.)	20% coinsurance (120 days/yr.)
Hospice Care (in-home, inpatient and respite)	20% coinsurance (not to exceed 6 months)	20% coinsurance (not to exceed 6 months)
Home health	20% coinsurance (120 visits)	50% coinsurance (120 visits)
Acupuncture or Chiropractic	20% coinsurance (12 visits)	50% coinsurance (12 visits)
Mental health inpatient/outpatient	20% coinsurance	50% coinsurance
Chemical dependency treatment inpatient/outpatient	20% coinsurance	50% coinsurance
Teladoc virtual care	Doctor On Demand, myCare Alaska and Talkspace. Omada for physical therapy.	Not Available
HEARING BENEFITS		
Hearing exam	Deductible waived, then 20% coinsurance	Deductible waived, then 20% coinsurance
Hearing aids	\$3,000 every 3 years	
VISION BENEFITS		
Vision exam	Deductible waived, then 20% coinsurance	
Vision hardware (includes contacts, glasses and frames)	Deductible waived, 20% coinsurance coverage is to a max of \$350 *	
MEDICAL TRANSPORATION	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.	
Centers of Excellence	Access, plus travel and lodging (if applies) to a Center of Excellence in Seattle or Anchorage for specialty medical procedures. Deductible and coinsurance waived.	Not Available
Elective Procedure Travel	Reimbursement of travel expenses (flight, lodging, car rental, etc.) for procedure performed in another state from a BCBS network provider. Travel is from Alaska to another state.	Not Available
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.	
Retail Generic	\$10 copay	
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 fill	
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 between brand and generic *see SDP for Generic Drugs	

* For more information, please refer to the Consumer Choice Medical Plan Summary Plan Description (SPD).

<https://www.alyeska-pipe.com/employees-and-retirees/>

Optavise can help you understand you plan and answer questions. Contact them at 1-877-548-7714.

Alyeska Pipeline Service Company
2024 Dental Plan for active employees and pre-age 65 retiree participants

DENTAL BENEFITS	
Annual Deductible	\$25 per person / \$50 maximum family deductible
Annual Maximum	\$3,000 per person, per plan year
Orthodontia Dependent Maximum	\$2,000 per lifetime
Orthodontia Adult Maximum	\$2,000 per lifetime

Coinsurance is a percentage of allowable charges. Deductible applies if not stated.

DIAGNOSTIC AND PREVENTIVE	
Oral exams (2/yr.)	Deductible waived, then covered 100%, does not apply to annual maximum
Cleanings (2/yr.)	
Bitewing x-rays (2/yr.)	
Panoramic x-rays (once every three years)	
*Sealants for dependents only (2/yr.)	
* Fluoride applications for dependents only (2/yr.)	

BASIC (fillings, simple extractions, etc.)	20% coinsurance
MAJOR (implants, crowns, bridgework, dentures, etc)	30% coinsurance
ORTHODONTIA (no age limit)	50% coinsurance

IMPORTANT REMINDER:

Your dentist should submit an estimate of dental benefits request to Premera BCBS of AK for any proposed dental services that exceed \$450 before course of treatment begins. If your dentist makes a major change in the treatment plan, a revised plan should be submitted. The decision to deny, reduce, or end benefits for an otherwise covered service because that service isn't dentally necessary will be made by a Premera BCBS of Alaska employee or consultant who is a licensed dental care provider. If you have questions, please contact a Premera BCBS at 1-800-508-4722.

For more information, please refer to the Consumer Choice Medical Plan Summary Plan Description (SPD).

<https://www.alyeska-pipe.com/employees-and-retirees/>

Optavise can help you understand you plan and answer questions. 1-877-548-7714

ALYESKA PIPELINE SERVICE COMPANY

Medical Plan Monthly Costs

for plan year effective 3/1/2024 to 2/28/2025

ACTIVE EMPLOYEE MEDICAL PLAN COSTS

CONSUMER CHOICE MEDICAL PLAN

	<u>Monthly Rate</u>
Employee	\$256.00
Employee + 1 (spouse or child)	\$511.00
Employee + 2 or more dependents	\$705.00
*Employee + Domestic Partner	\$511.00
*Employee + Child(ren) + Domestic Partner	\$705.00

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

COBRA COSTS

CONSUMER CHOICE MEDICAL PLAN

	<u>Monthly Rate</u>
Employee	\$1,183.00
Employee + 1 (spouse or child)	\$2,365.00
Employee + 2 or more dependents	\$3,266.00
Spouse only	\$1,183.00
Child only	\$1,183.00

Cobra rates above do not include the additional 2% administration charge

RETIREE MEDICAL PLAN COSTS

Subsidized pre age 65

	<u>Monthly Rate</u>
Retiree only (or spouse only, or child only)	\$256.00
Retiree + 1 (spouse or child)	\$511.00
Retiree + 2 or more dependents	\$705.00

Unsubsidized rate for participants pre age 65

	<u>Monthly Rate</u>
Retiree only (or spouse only, or child only)	\$1,183.00
Retiree + 1 (spouse or child)	\$2,365.00
Retiree + 2 or more dependents	\$3,266.00

ALYESKA PIPELINE SERVICE COMPANY

Dental Plan Monthly Costs

for plan year effective 3/1/2024 to 2/28/2025

ACTIVE EMPLOYEE DENTAL PLAN COSTS

	<u>Monthly Rate</u>
Employee	\$15.00
Employee + 1 (spouse or child)	\$30.00
Employee + 2 or more dependents	\$53.00
*Employee + Domestic Partner	\$30.00
*Employee + Child(ren) + Domestic Partner	\$53.00

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

COBRA COSTS

	<u>Monthly Rate</u>
Employee	\$61.00
Employee + 1 (spouse or child)	\$122.00
Employee + 2 or more dependents	\$213.00
Spouse or child only	\$61.00

Cobra rates above do not include the additional 2% administration charge

RETIREE DENTAL PLAN COSTS

<u>Subsidized rates for participants pre age 65</u>	<u>Monthly Rate</u>
Retiree only (or spouse only, or child only)	\$15.00
Retiree + 1 (spouse or child)	\$30.00
Retiree + 2 or more dependents	\$53.00

<u>Unsubsidized rates for participants pre age 65</u>	<u>Monthly Rate</u>
Retiree only (or spouse only, or child only)	\$61.00
Retiree + 1 (spouse or child)	\$122.00
Retiree + 2 or more dependents	\$213.00

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PEAK ONE ADMINISTRATION

AUTOMATIC PAYMENT (ACH) REQUEST FORM

PLEASE READ:

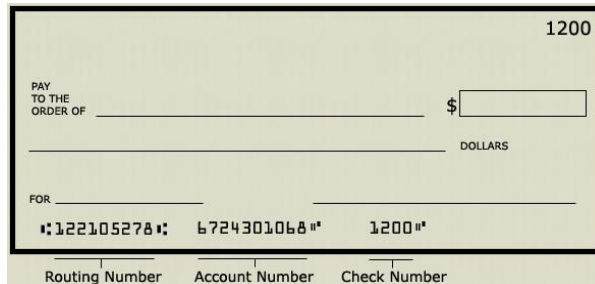
1. To be eligible for RETIREE ACH, you must be fully enrolled and paid to a current status. Please note, ACH is only available for monthly billing periods.
2. Complete **Section 1** -- Participant Information.
3. Attach a voided check (or photocopy). We are not able to accept deposit slips; they do not always show the required information.
4. If you do not supply a voided check, complete **Section 2**.
5. Complete **Section 3** and fax the form along with your voided check to us at **855-495-3669** or mail to the address below.
6. When adding your ACH, please note we need to receive notification at least 10 days prior to the 1st of the month.
7. When canceling or changing your ACH, please note we need to receive notification at least 15 days prior to the 1st of the month of your request. If your request is **received after** this timeframe, we will continue to process your ACH as normal.
8. We are not able to process incomplete forms.

SECTION 1 - PARTICIPANT INFORMATION

<input type="checkbox"/> ADD AUTHORIZATION	<input type="checkbox"/> CANCEL AUTHORIZATION Effective: _____	<input type="checkbox"/> CHANGE AUTHORIZATION Effective: _____
Your Full Name (please print clearly)		Your Social Security Number <div style="display: flex; justify-content: space-between;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>
Phone Number:		Member ID Number:

SECTION 2 - BANK ACCOUNT INFORMATION

Bank Name:	Account Type (check one) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
Routing Number:	
Account Number:	



SECTION 3 - AUTHORIZATION SIGNATURE

Authorized Account Holder Signature	Date
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I authorize **PEAK ONE ADMINISTRATION** ("Company") to initiate a debit from my checking or savings account for my recurring scheduled payment via ACH. If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of the amount equal to the new required premium payment plus any additional service fees, if any. This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company a reasonable opportunity to act on it. I understand that automatic debits will automatically cease if my coverage ends, is terminated or my automatic debit rejects for insufficient funds. I understand and agree to the terms outlined and authorize Company to make appropriate changes to my required premium deduction as necessary.

Return This Form & Check To: PEAK ONE ADMINISTRATION Benefits Department 3903 E Primrose Lane, Suite 102 Post Falls, ID 83854 Fax: 855-495-3669	All Other Questions & Support Issues: PEAK ONE ADMINISTRATION Benefits Department 3903 E Primrose Lane, Suite 102 Post Falls, ID 83854 (877) 404-9443
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Date Rec'd Date Processed	Processor V&V
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