

EMPLOYEE BENEFITS GUIDE

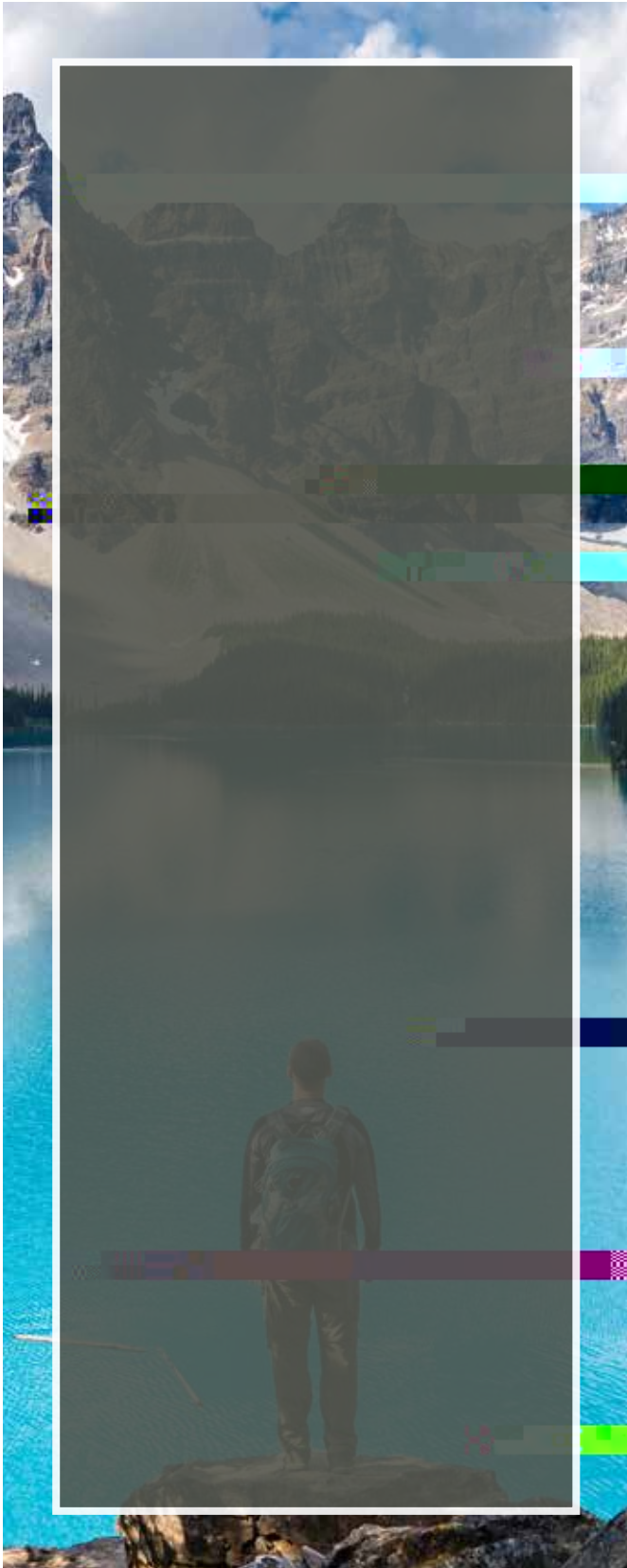
2024-2025



UNIVERSIT
LASKA

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See **page 35** for important information

ELIGIBILITY

PREPARING FOR ENROLLMENT



Locate personal documents.

Locate all Social Security numbers, dates of birth, and any supporting documentation that may be needed.



Double-check covered and restricted medications.

Consider how the different plans offered affect prescription coverage.



Review available plan deductibles.

Review the deductibles and out-of-pocket maximums for each of the plans offered. Depending on medical or prescription needs, a higher or lower deductible plan may make sense.



Consider an Health Savings Account (HSA) or Flexible Spending Account (FSA).

An HSA or FSA can help cover healthcare costs including dental and vision services and prescriptions. Adding one of these accounts can help with long-term financial goals. See HSA vs FSA comparison on page 22 for more details on the differences between a HSA and FSA.



ENROLLMENT

How to Enroll in Benefits for FY25

1. Review this Enrollment Guide to learn about medical, dental, and vision coverage options. Employees can also learn about additional benefits such as Supplemental Life and Accidental Death and Dismemberment (AD&D) insurance.
2. Decide to participate in an optional pre-tax account — the Health Care Flexible Spending Account (HC FSA), the Limited Purpose Flexible Spending Account (LP FSA), the Dependent Care Flexible Spending Account (DC FSA) or a Healthcare Savings Account (HSA). Employees can enroll in an HC or DC FSA with any of the UA choice plans. Employees can also enroll in an HC or DC FSA if they choose to waive coverage because they have non-UA coverage. Employees can only enroll in the LP FSA if they are eligible for, and contributing to, an HSA at the same time. The HSA must be combined with a qualifying health plan. At UA, the compatible plan is the HDHP. If an employee has non-UA coverage and wishes to enroll in the HSA, it is the employee's responsibility to understand if their coverage is HSA qualifying.
3. To make benefit choices, open the UA Choice Benefit Enrollment Form found on the UA Benefits website (<https://www.alaska.edu/benefits>) under Benefits Forms, and log in to the NextGen form using UA credentials. The form will walk employees through the available benefit options starting with healthcare. If an employee is adding dependents, documentation may be required (birth certificates, marriage certificates, etc.). Documents can be uploaded directly to the form.
4. Flexible Spending Accounts (FSAs) must be elected each year; they do not continue automatically. If an employee doesn't sign up for the Healthcare FSA, Limited Purpose FSA or the Dependent Care FSA at open enrollment, they will not have an FSA for FY25 unless they experience a major life event (birth, marriage, divorce, etc.) and enroll within 30 days of the event. Employees must use the money in their FSA by end of the Plan Year or the funds will be forfeited.

5. If an employee wants to start Health Savings Account (HSA) payroll deductions, just enter the amount where indicated on the form. The HSA is a calendar year plan. Remember, the HSA money belongs to the employee; it never forfeits and employees decide whether to use it now or in the future. Changes to HSA contributions can be made at any time.

New Employees

New employees have 30 days from their first day of employment to complete a healthcare enrollment form. This means that a form must be submitted by all new employees — even if they are opting out because they have health coverage elsewhere.

If no form is submitted in the 30-day election window, new employees will automatically be enrolled in the medical Basic Plan, the dental Basic Plan and the Vision Plan for employee-only coverage.

How to Enroll

1. Employees will receive a detailed digital packet from the Benefits Team that outlines the benefits available.
- 2.

Current Employees

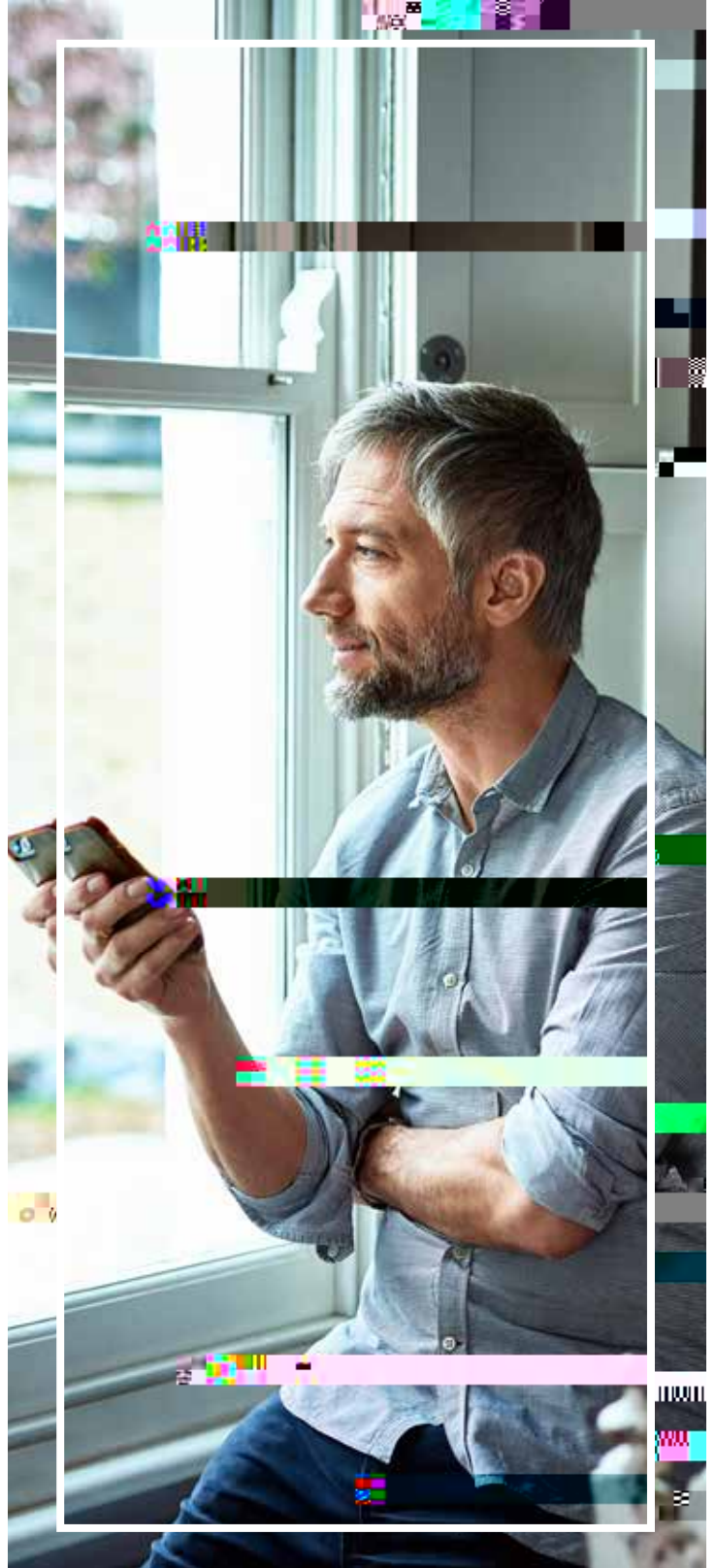
Outside of the annual Open Enrollment period, an employee may change an enrollment election only if there has been a Qualifying Life Event. The most common examples of Qualifying Life Events include birth of a child, change in marital status, acquisition of coverage, and loss of coverage.

Mid-year changes outside of Open Enrollment must be completed within 30 days of the date of the event, unless the event is birth of a child or adoption, then you have 60 days to enroll a newborn. All other changes (if any) need to be made in the 30 day window.

For more information about Qualifying Life Events, see page 7 of this guide.

How to Make Changes

1. Complete the Life Event Changes Form, available under Benefits Forms on the UA Benefits website <https://www.alaska.edu/benefits> to update your benefits within the appropriate timeline.
2. Employees who are enrolling dependents for the first time must provide supporting documentation at time of enrollment.
 - To add dependents, employees must provide a birth certificate, marriage certificate, FIP paperwork, court documents or tax documents listing dependents.
 - Employees must provide court documents to drop a spouse, if due to separation or divorce.





MEDICAL BENEFITS



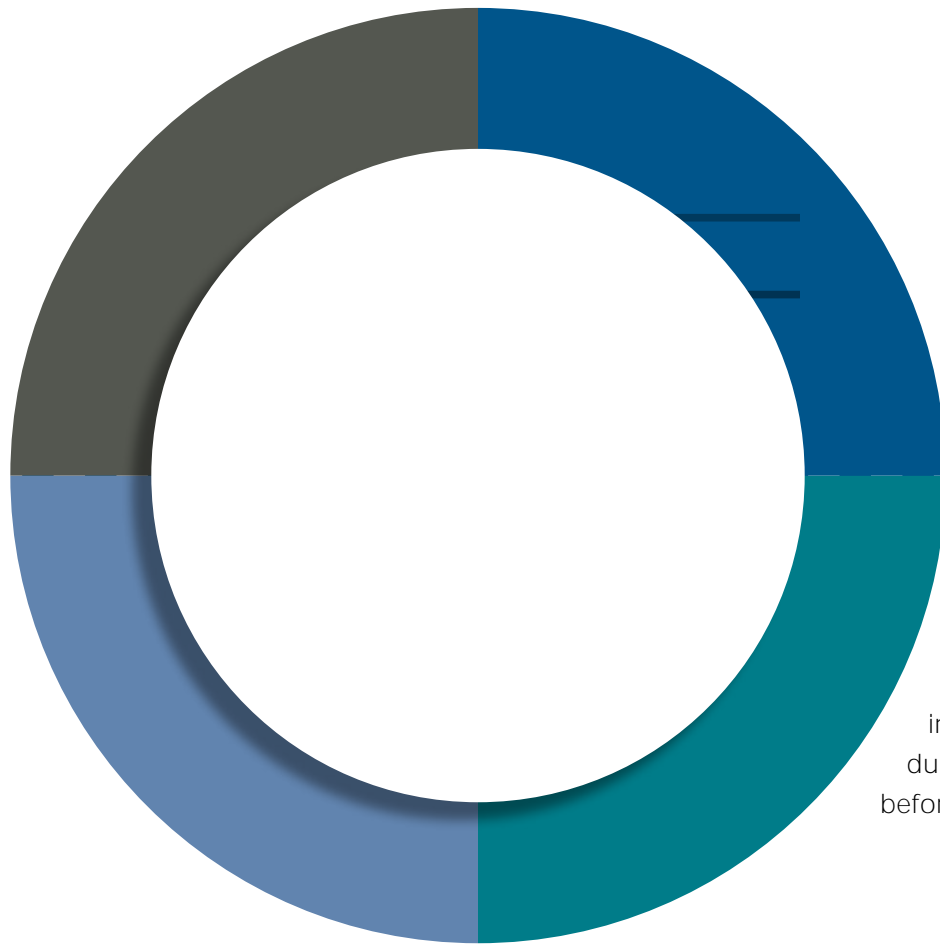
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Medical Plan Summary

This chart summarizes the FY25

Deductible

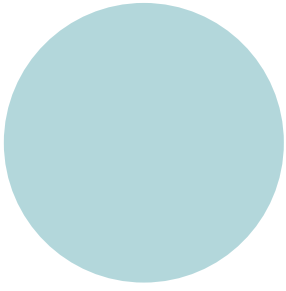
The amount an individual pays for covered services before insurance starts paying its portion.



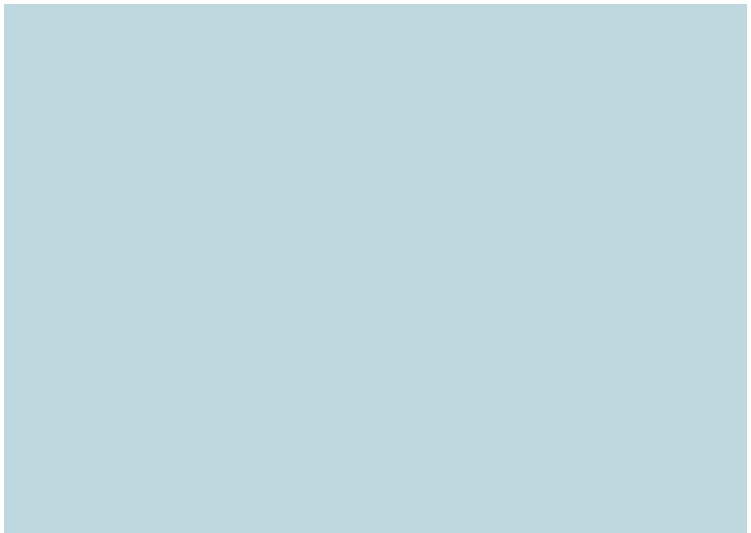
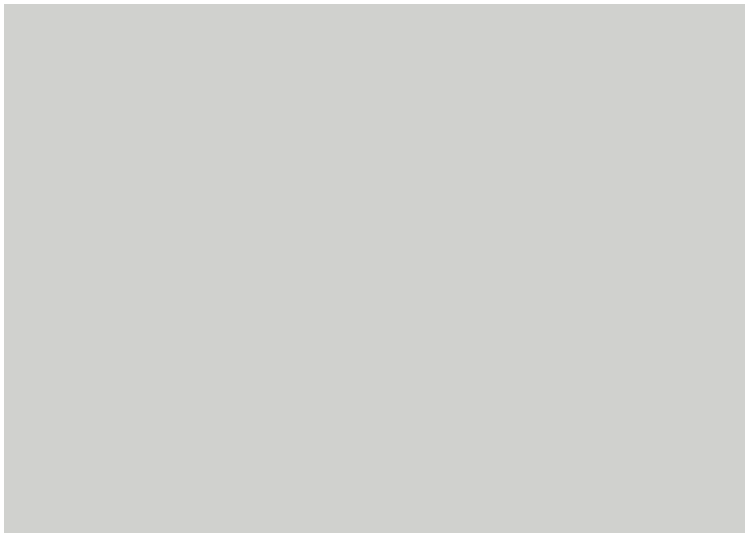
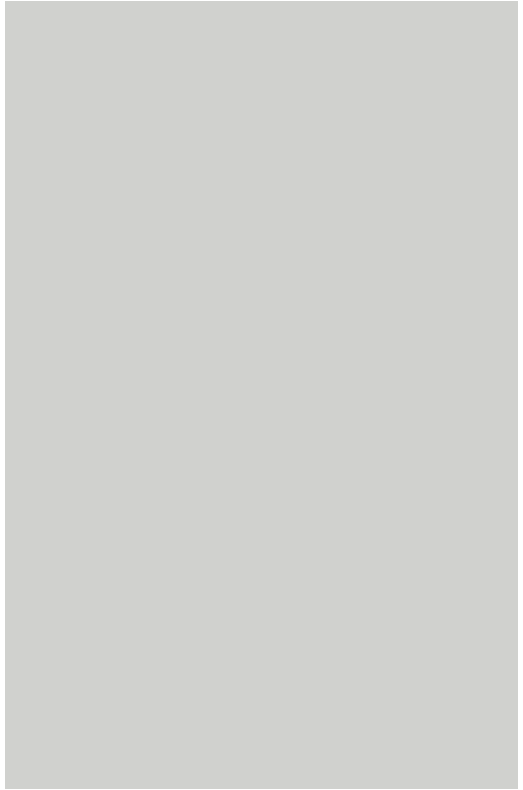
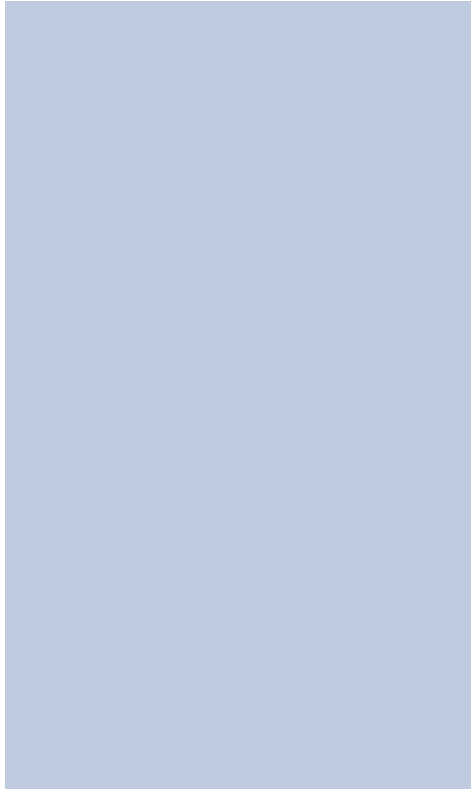
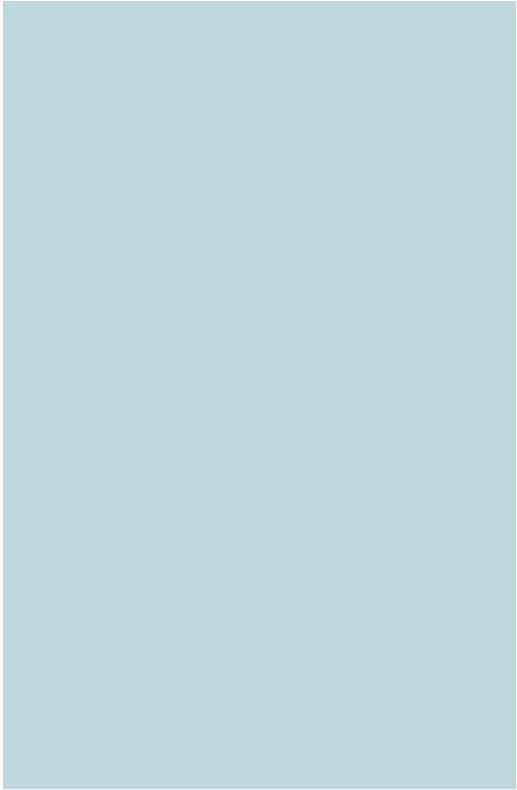
Out-of-Pocket Maximum

The most an individual will pay during the plan year before insurance begins

PREVENTIVE CARE



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VIRTUAL MEDICINE



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Telemedicine benefits are available to employees and their families through the following options:

- » Doctor On Demand — video-based care from a doctor, 24/7. Get started with Doctor On Demand: <https://patient.doctorondemand.com>.
- » Telemedicine services offered through an in-network provider's office.
- » 24-Hour NurseLine — Call the number on the back of the member ID card.
- » CirrusMD allows secure chats with a dedicated doctor within 60 seconds for urgent care needs. Download the app on a mobile device and register today.
- » TalkSpace for mental health needs. Download the app on a mobile device and register today.
- » Boulder Care for substance use disorder treatment. Download the app on a mobile device and register today.
- » Brightline offers virtual behavioral healthcare for children and families. Call 888-224-7332 or visit helloworldbrightline.com/PremeraAK-access.
- » Physical therapy, for joint and muscle health, is now available virtually through Omada. Log in to Premera MyCare to connect with in-network providers.

Telemedicine can be used to treat many medical conditions including:

- » Cold & Flu
- » Bronchitis
- » Urinary Tract Infections
- » Respiratory Infections
- »

PHARMACY BENEFITS

Prescription Drug Coverage for Medical Plans

The Prescription Drug Program is coordinated through

Maintenance Medications



DENTAL BENEFITS



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Network Dentists

Employees who use a dentist that doesn't participate in the plan's network, out-of-pocket costs will be higher, and employees may be subject to any charges beyond those that are Reasonable and Customary (R&C). To find a network dentist, visit Premera Blue Cross at www.premera.com.

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HEALTH SAVINGS ACCOUNT (HSA)



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An HSA can be used for qualified expenses for employees, their spouse, and/or tax dependent(s), even if they're not covered by a UA Choice plan. Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

HSAs Are Employee Owned

An HSA is a personal bank account that employees own and administer. Employees decide how much to contribute, when to use the money for medical services and when to reimburse. HSA members can save and roll over unused HSA funds to the next year or let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable when an employee changes plans or jobs.

Bank of America Benefit Solutions will issue a debit card with direct access to their personal HSA account balance. Use the debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, HSA members must have a balance in your HSA account to use the card.



Eligibility

UA employees are eligible to contribute to an HSA if:

- » They are enrolled in an HSA-eligible High Deductible Health Plan (HDHP).
- » They are not covered by their spouse's or parent's non-HDHP.
- » They were not previously contributing to a Flexible Spending Account (FSA) or will not have any balance in their FSA after June 30, 2024.
- » They or their spouse does not have a Healthcare Flexible Spending Account (HC FSA) or Health Reimbursement Account (HRA).
- » They are not eligible to be claimed as a dependent on someone else's tax return.
- » They are not enrolled in Medicare or TRICARE.
- » They have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Tax-free Interest

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Employer Contributions

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HSA

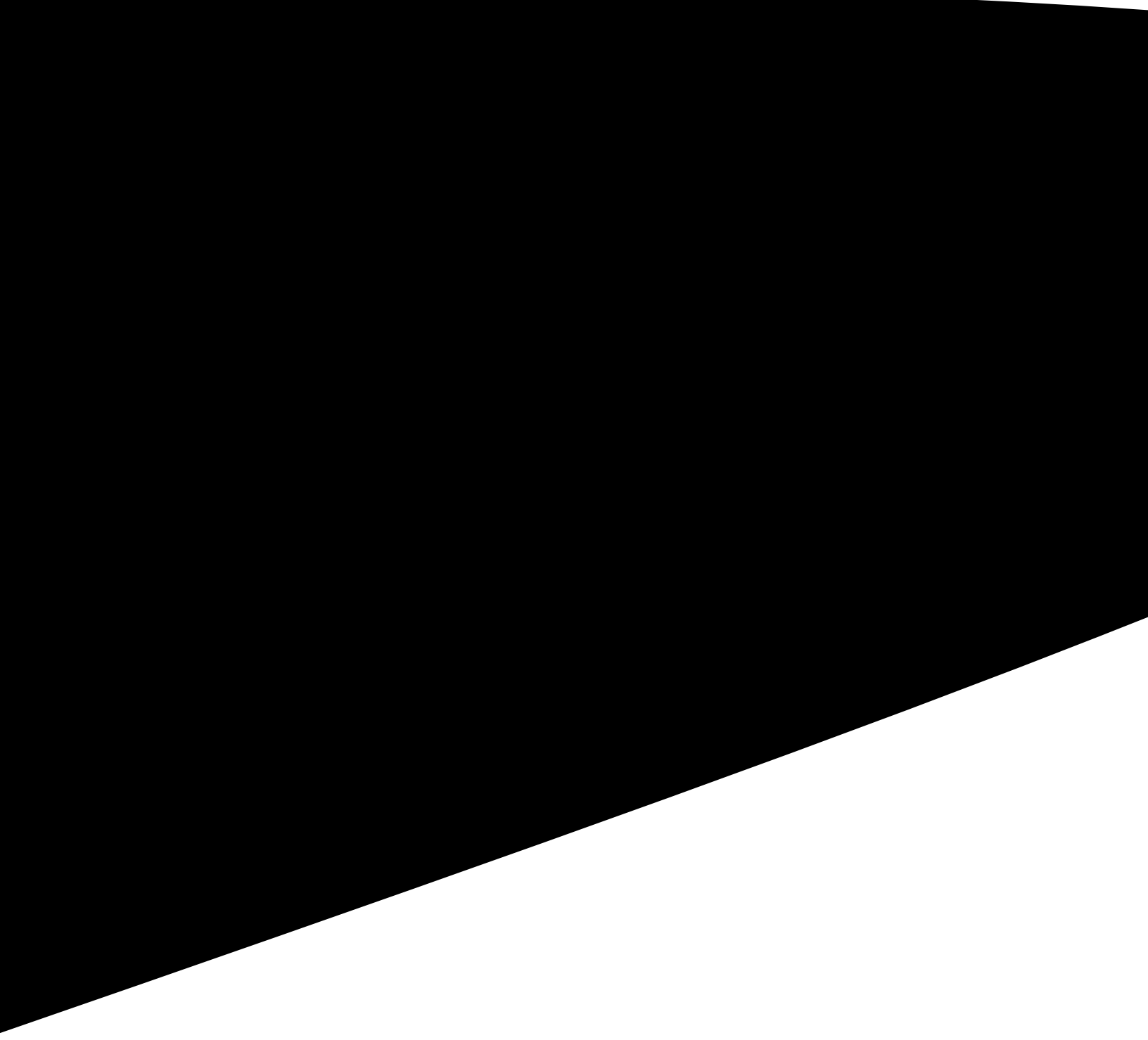


Tax-free Payments

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Flexible Spending Accounts

Health Savings Accounts

FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.

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TAXATION

For Federal tax purposes, the money in the account is "triple tax-free," meaning:

1. Contributions are tax-free.
2. The account grows tax-free.
3. Funds are spent tax-free when used for qualified expenses.

SURVIVOR BENEFITS

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\$

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UA Paid Basic Life Insurance

University of Alaska provides benefit-eligible employees with Basic Life Insurance through Securian Life Insurance Co. This guarantees that loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee's benefits after death.

Your Basic Life insurance benefit is \$100,000. All benefit-eligible employees are automatically enrolled in Basic Life Insurance at no cost to the employee. The Basic Life Insurance election cannot be waived. Monthly premiums are 100% paid by the employer. There is an IRS tax implication for life insurance plans in excess of \$50,000. The imputed cost of coverage in excess of \$50,000 must be included in income, using the IRS Premium Table, and is subject to Medicare taxes.

Naming a Beneficiary

Beneficiaries are the person(s) designated to receive Life Insurance benefits in the event of a covered individual's death. This includes any benefits payable under UA Paid Basic Life Insurance, Voluntary Accident Death & Dismemberment (AD&D), and/or Supplemental Life Insurance benefits offered by the University of Alaska.

If assistance is needed, contact the Benefits Team at ua-benefits@alaska.edu or 907-450-8242. Alternatively, employees can reach out to their own legal counsel.

Supplemental Term Life Insurance

Employees may purchase Supplemental Term Life Insurance to enhance the UA Paid Basic Life Insurance. Employee Supplemental Term Life Insurance can be purchased in \$50,000 increments up to a maximum of \$600,000. Employees may also purchase Supplemental Term Life Insurance for their spouse/Financially Interdependent Partner (FIP) and/or child(ren).

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COVERAGE AMOUNT

	COVERAGE AMOUNT

ABSENCE MANAGEMENT & INCOME PROTECTION



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UNUM Absence Management

The University of Alaska partners with UNUM for Short-term Disability, Long-term Disability, and Family and Medical Leave Act (FMLA). UNUM's Absence Management Specialist team will assist employees with a disability and/or other leave of absence needs.

Employees will be assisted with:

- » Simplified claim processes.
- » Technical strength in the outsourcing and administration of complex FMLA, disability, and all other leave management including day one absence.
- » Integrated team of claim and clinical resources dedicated to servicing University of Alaska employees.
- » Web-based technology platform and comprehensive information-reporting database.

UNUM Is One Solution From First Call to Return to Work

Call the toll-free absence reporting number at 866-779-1054 (M-F, 4am-4pm Alaska time) or visit www.unum.com and follow the claim submission instructions. UNUM's specialist gather the needed information to determine the type of claim(s), next steps, and to start the claim process.

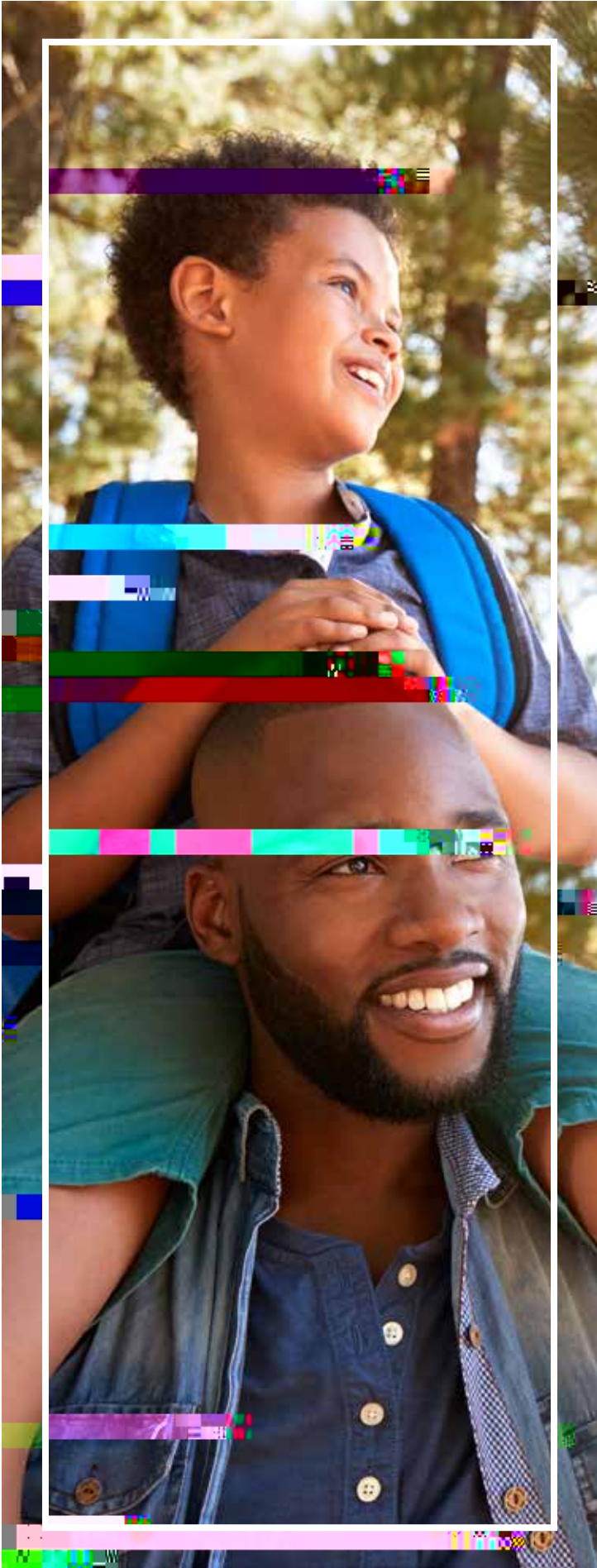
When to Call UNUM

- » When unable to work due to illness, injury or pregnancy.
- » Absence needed from work to care for an immediate family member who has a serious health condition.
- » Caring for a child due to birth, adoption or foster care placement.
- » Absences needed for a qualifying exigency leave because an employee's spouse, son, daughter, or parent is on covered active duty (or has been notified of an impending call or order to covered active duty) in the Armed Forces.
- » Care needed for a spouse, child, parent or next of kin undergoing medical treatment, recuperation, or therapy, is in outpatient status, or is on the temporary disability retired list for a serious illness or injury incurred or aggravated in the line of duty on active duty in the Armed Forces (includes the National Guard or Reserves). This includes a veteran who was discharged from the Armed Forces for reasons other than dishonorable within the 5 year period before the employee's first day of leave.
- » Other leaves as applicable by appropriate state leave laws.
- » Thirty days before a planned leave based on prescheduled medical treatment related to a serious health condition for the employee or employee's family member, or the expected birth, adoption or foster care placement of a child.

Please refer to the DOL FMLA Poster on Employee Rights & Responsibilities under the Family and Medical Leave Act.

Short-term Disability Insurance

Short-term Disability benefits are available at no cost to employees. This insurance replaces 60% of income if an employee becomes partially or totally disabled for a short time. Certain exclusions, along with



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PREMERA ADDITIONAL BENEFITS

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VYbY hg"

Prenatal Care

Pregnancy, childbirth, and related conditions are covered on the same basis as any other condition for all female members. Covered services include:

- » Screening and diagnostic procedures during pregnancy
- » Related genetic counseling when medically necessary
- » Medically necessary services and supplies related to home births
- » Inpatient hospital services for up to 48 hours after a vaginal birth and 96 hours after a cesarean birth.

Helpful information about pregnancy and proper prenatal care is available by calling the 24-Hour NurseLine at 1-800-841-8343.

TalkSpace

With TalkSpace, members can easily connect to therapists and psychiatrists by video, phone call, and text for about the same cost as an in-person visit. To access this service:

- » Sign up for TalkSpace at Premera's dedicated TalkSpace website by visiting www.premera.com/visitor/mentalhealth
- » Get matched with a therapist
- » Start messaging the therapist right away

Brightline

Child feeling stressed, depressed, anxious, or having to navigate tough transitions? Interested in more resources or skills to build as a parent or caregiver? Brightline provides confidential video visits with licensed clinicians, coaching programs to help tackle everyday challenges, and on-the-go access to content, resources, and chat with a coach. Get started today:

Step 1: Sign up at Premera's dedicated Brightline website by visiting www.hellobrightline.com/premera?referrer=access

Step 2: Create an account and access premium Connect+ membership

Step 3: Answer a few questions to get the right care

Step 4: Schedule the first appointment

MASA ACCESS EMERGENCY TRANSPORTATION

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MASA is coverage and care to protect enrolled members from the unexpected. With MASA, there is no “out-of-network” ambulance. Just send MASA the bill when it arrives, and they will work to ensure charges are covered and even pay an indemnity benefit directly to the enrolled member. There are two plans bundled for a greater value: Emergent Plus and Indemnity Plus. These plans are directly billed to employees on a monthly basis. A payroll deduction is not supported for this benefit.

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COVERAGE TYPE	MONTHLY COST	ANNUAL COST
EMPLOYEE ONLY	~ &("+))	~ &-+"\$\$)
EMPLOYEE + FAMILY	~ ' +') \$)	~ () \$\$\$\$)

Emergent Plus Plan Includes:

BENEFITS ENHANCEMENT PROGRAM - POWERED BY CORESTREAM

Accident

Accident coverage, available through The Hartford, provides benefits for employees and their covered family members if there are expenses related to an accident that occurs outside of work. Health insurance helps with medical expenses, but this coverage offers an additional layer of protection that can help pay deductibles, copays, and even typical expenses such as mortgage or car payments. For more information, visit alaskaedu.corestream.com.

Critical Illness

Critical illness coverage through The Hartford pays a lump-sum benefit of either \$15,000 or \$30,000 if a covered individual is diagnosed with a covered disease or condition. This money can be used in any way the covered member would like. For example, it can be used for expenses not covered by the medical plan, lost wages, childcare, travel, home health care costs, or any regular household expenses. This plan also pays a wellness incentive of \$50 for claims following a qualified wellness exam. For more information, visit alaskaedu.corestream.com.

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RATES

Medical, Dental & Vision Premiums

Premium contributions for comprehensive health, dental, and vision care benefits are deducted from an employee's paycheck on a pre-tax basis. Health, dental, and vision care can be a portion of an employee's total compensation. For more information, please contact your HR representative.

IMPORTANT CONTACTS



MEDICAL

Premera Blue Cross Blue Shield
of Alaska

800-332-4059

www.premera.com

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of Alaska
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Required Notices

Important Notice from University of Alaska About Your Prescription Drug Coverage and Medicare under the Premera Plan(s)

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Benefits Team at 907-450-8200.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Benefits Team at 907-450-8200.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Benefits Team at 907-450-8200.

GLOSSARY

Balance Billing – When you are billed by a provider for the difference between the provider’s charge and the

High Deductible Health Plan (HDHP) – An HDHP is health coverage with 1) a higher annual deductible than typical health plans and 2) maximum limit on the sum of the annual deductible and out-of-pocket medical expenses that the taxpayer must pay for covered expenses. Out-of-pocket expenses include copayments and cost sharing but do not include premiums. The IRS has ruled that an HDHP can cover certain types of preventive care without a deductible, or with a deductible that is less than the annual deductible applicable to all other services. Generally, preventive care services do not include any service, benefit, or medication to treat an existing illness, injury, or condition. In situations where the treatment is incidental or ancillary to a preventive care service or screening, the treatment may fall within the safe-harbor for preventive care. See IRS Notices 2004-23, 2004-50, 2013-57 and 2019-45, available on www.irs.gov, for details on these situations.

Network – A group of providers (physicians, hospitals, etc.) that are contracted with the health plan to provide services to members. The network of providers is typically defined in the plan document. See IRS Notice 2004-23, 2004-50, 2013-57 and 2019-45, available on www.irs.gov, for details on these situations.

NOTES

