State of Alaska Division of Retirement and Benefits

2023 AlaskaCare and Voluntary Benefits Legislative Enrollment Guide

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IMPORTANT:

This guide contains only a summary of benefits. The AlaskaCare Employee Insurance Information Booklet will prevail whenever there is a difference in interpretation between this guide and the Plan document.

Depending on the coverage you had last year, you may be required to re-enroll due to changes in coverage or the requirements of the particular program. The guidelines are:

Type of Coverage	Action Required
AlaskaCare (medical, dental, vision)	If you elected these benefits in 2022 and you make no changes, the same coverage will roll over to 2023 based on your family demographic (Employee Only or Employee and Family) with the exception of Opt-Out elections. **To continue to opt-out of coverage in 2023 you must choose the Opt-Out election, or you will be defaulted to the Economy plan.**
AlaskaCare Opt-Out	**You must annually elect to opt-out of coverage.** If you do not complete the opt-out process during Open Enrollment, you will be defaulted into the Economy Medical and/or Dental plans for you and your family (if applicable).
AlaskaCare Health Flexible Spending Account (HFSA)	Plan **requires re-enrollment** every benefit year
Short-Term Disability	If elected, your 2022 election will roll over to 2023
Long-Term Disability	If elected, your 2022 election will roll over to 2023
Life Insurances	If elected, your 2022 election will roll over to 2023
Accidental Death & Dismemberment	If elected, your 2022 election will roll over to 2023
Critical Illness	If elected, your 2022 election will roll over to 2023

How to Enroll

The enrollment process needs to be completed online. **The information you need to make decisions about your benefits and to change your enrollment selection is available at *Alaska.gov/drb/OpenEnrollment.***

Ready to enroll? Follow these instructions for enrolling in health benefits online:

1. **Log in to your myAlaska account:**
   - Go to myRnB.alaska.gov. This is the myRnB portal.
   - On the right side of the page, choose "Login using myAlaska." You will be directed to the myAlaska login page, where you will login using your myAlaska ID and password. This is the same ID and password you use to register for your PFD. If you do not currently have a myAlaska account, click on the second link to create a myAlaska account. After you login to myAlaska, you will be redirected back to myRnB.
   - If this is your first time logging on to myRnB, you may need to verify your last name, date of birth, and the last 4 digits of your SSN, then click on “Next.”
   - On the myRnB page, under Self-Service Tools, select “AlaskaCare Health Benefits Open Enrollment.”
2. **Please take a moment to review the dependents listed in the Online Enrollment system and add or update the information as appropriate.**
   - Under the individual shared responsibility provision of the Affordable Care Act (ACA), individuals must indicate their enrolled dependents, as well as themselves, have had a full year of qualifying health care coverage (called minimum essential coverage), qualify for an exemption, or may be required to pay a penalty when filing their income taxes. By providing your dependent social security numbers, we can report proof of minimum essential health care coverage to help you avoid a tax penalty or the hassle of having to prove to the IRS that your dependents had coverage.
3. **View your current benefits (if applicable) and make any changes to your elections.**
   - Under “Change Reason”, select “Open Enrollment” from the drop-down menu, then click the “Change Elections” button.
   - Use the drop-down menus to make new elections. The monthly premiums associated with your elections will be automatically calculated for you by the enrollment system.

- Certify your eligibility, then press “Continue.”

4. **Review your elections and the updated premiums.**
   - Click “Back” if you would like to make changes to your elections, or
   - Click “Submit Elections” to finalize enrollment.
   - Print the confirmation page for your records.

The benefits you are enrolled in on January 1, 2023, cannot be changed until the next benefit year unless you have a qualified status change. If you do not enroll by the November 23, 2022, deadline, your current health plan elections will remain in force, or default as described above, through the benefit year ending December 31, 2023. Participants in the Health Flexible Spending Account or Opt-Out medical or dental plans do not automatically re-enroll and must choose to enroll each benefit year.

If you experience technical difficulties while trying to enroll, contact the Member Service Center at (800) 821-2251 or in Juneau at (907) 465-4460 Monday through Thursday, 8:30 a.m. to 4 p.m. (Alaska Time); Friday, 8:30 a.m. to 3 p.m. (Alaska Time).

Introduction

AlaskaCare provides you with a range of options, including three medical plans, two dental plans, and several additional benefits you can elect to participate in. Because you may have different needs than your coworkers and friends, you can create a personal benefit program from a range of benefits and levels of coverage. Best of all, you can spend your dollars for benefits that better meet your needs. Here's how it works:

- You consider the monthly cost of each option and decide which benefits to purchase.
- If you make selections that require a monthly employee contribution, that amount will be taken through pretax payroll deductions. This means deductions are withheld from your pay before federal income taxes are applied. The monthly employee contribution amount is divided in half and deducted from your paychecks in equal amounts throughout the benefit year.

Coordination

Under the authority of 2 AAC 39.920, AlaskaCare will only pay 30 percent of covered charges for your dependents if your spouse or children are covered by a State employee health trust and that coverage:

- has been waived,
- pays less than 70 percent of covered expenses, or
- has an individual out-of-pocket maximum, including deductible, of more than $3,500.

If you have health coverage through AlaskaCare and your spouse or the parent of any of your children has other health coverage (for example, through a State employee health trust), the parent who has primary responsibility for covering your children must ensure they elect a plan that provides full family coverage. Failure to do so will result in less coverage for your dependents in the coming year. For examples and more information, please see the Coordination of Benefits brochure on the Division’s website.

Waiver of Coverage (Opt-Out)

If you are an AlaskaCare Employee Health Plan covered employee with other medical coverage, you may elect to opt-out, or waive, coverage for yourself and your family for one or more of the medical, dental, and vision plans offered through AlaskaCare. You may also elect employee-only coverage while opting-out of coverage for your family from one or more of the AlaskaCare benefits. You need to make the election online every year, as well as fill out the Opt-Out form (available online or through the election process pop up link).

Having the opportunity to opt-out of coverage allows you to tailor your coverage to best suit your family's needs. But take caution when thinking about opting out. Opting out of AlaskaCare medical coverage is only an option for you if you or your family maintains coverage under another medical plan. **There are financial and tax consequences if you opt-out and do not have other medical coverage.** These restrictions do not apply to the dental or vision plans.

The open enrollment decision to opt-out is irrevocable for the benefit year (January 1 through December 31)!

Before making a decision to opt-out of coverage you should check the coverage provisions under your other plan. Some plans may charge an additional fee if you opt-out of AlaskaCare and this should be factored into your decision.

Benefit Highlight

This year we want to highlight the Short-Term Disability Plan.

If you were to get injured or become ill, your ability to work and earn a full income could be impacted. Without your usual paycheck, how long would it take for your household finances to suffer? According to a survey, 63% of Americans couldn't make it six months before financial hardship set in, and 14% would be affected immediately. Considering a simple broken bone can take six to eight weeks to heal, and a serious illness or injury easily could affect you for six to 12 months (or more), it's clear that a safety net of some kind is needed for your income.

Enter short-term disability insurance (STD). This type of coverage protects a portion of your income for a short period of time, such as if you are hurt, sick, or even recovering from the birth of a child. Coverage typically lasts up to 180 days, with benefits that begin in as little as 7 days after you've been disabled. The weekly benefit is 60% of your first $962 earnings with a maximum of $577, and minimum of $20. Enroll today!

Enhancements to the Short-Term Disability plan effective 1/1/2023:

- Reduced elimination period to 7 days for accident or illness
- Removal of pre-existing condition limitation

Current Plan	Enhanced Plan Effective 2023
Premium - $3.06/month	Premium - $3.06/month
Waiting Period – 30 days	Waiting Period – 7 days
Weekly Benefit - $577 Maximum, $20 Minimum	Weekly Benefit - $577 Maximum, $20 Minimum
Illnesses that occur in the first 12 months of coverage due to the preexisting condition are excluded from coverage.	No pre-existing condition limitation

Medical Plan

Your medical coverage helps you and your eligible dependents pay for hospital, surgical, and other medical expenses. You can choose from the three different AlaskaCare medical options listed in the comparison chart below. **You must first enroll your dependents in order to elect family coverage.** Your dependents, if any, are automatically covered under the same AlaskaCare medical plan unless you elect to waive their coverage. You'll see that the deductible, coinsurance, and out-of-pocket maximums are different for each option. To determine which plan is right for you, consider the monthly cost of each option, as well as what your out-of-pocket costs for care may be. There is a Health Plan Cost Comparison

tool available at Alaska.gov/drb/openenrollment that can help you decide what plan may be most affordable for you based on your anticipated health care costs over the next year.

Employee Premiums for Employees not covered by collective bargaining (Exempt)	**Standard Plan**	**Economy Plan**	**Consumer Choice**
Employee Only	$167	$63	$25
Employee and Family	$303	$167	$71

Deductibles	**Standard Plan**	**Economy Plan**	**Consumer Choice**
Annual individual **deductible**	$300	$500	$2,400
Annual family **deductible**	$600	$1,000	$4,800

Office Visits Copayments – For In-Network Providers	**Standard Plan**	**Economy Plan**	**Consumer Choice**
Primary Care Provider Office Visit	$25 **copay**	$35 **copay**	n/a
Specialty Care Provider Office Visit	$45 **copay**	$55 **copay**	n/a
The **copayments** cover professional charges billed by a primary care provider and/or specialty care provider but do not cover some other services that may be provided during the visit, such as laboratory work.			
Copayments accrue towards a member's out-of-pocket maximums, but do not apply to a member's **deductible**.			

Teladoc and Hinge Health	**Standard**	**Economy**	**Consumer Choice**
Teladoc General Medical Consultation	**$0 copay**	**$0 copay**	**$0 copay**
Teladoc Dermatology Consultation	**$0 copay**	**$0 copay**	**$0 copay**
Teladoc Behavioral Health Consultation	**$0 copay**	**$0 copay**	**$0 copay**
Teladoc Caregiver Consultation	**$45 copay**	**$45 copay**	**$45 copay**
Hinge Health Visit	**$0 copay**	**$0 copay**	**$0 copay**

Coinsurance	**Standard Plan**	**Economy Plan**	**Consumer Choice**
Most medical expenses • $100 penalty if seek non-**emergency care** at emergency room of a **hospital**	80%	70%	70%
Most medical expenses after **out-of-pocket limit** is satisfied	100%	100%	100%
Medical expenses for your **spouse** or **dependent children** if they are eligible to be covered by a **State** employee health trust and that coverage (i) has been waived, (ii) pays less than 70% of the **covered expenses**, or (iii) has an individual **deductible**, of at least $5,000.	30%	30%	30%
Episode of Care received through SurgeryPlus benefits	100%	100%	100%

Coinsurance	Standard Plan	Economy Plan	Consumer Choice
Facility services with a **network provider**	80%	70%	70%
Facility services with an out-of-**network hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center in other 49 states or non-preferred provider **hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center in Anchorage	60%	50%	50%
Transplant services if an Institute of Excellence™ (IOE) facility is used	80%	70%	70%
Transplant services if a non-Institute of Excellence™ (IOE) facility is used	60%	50%	50%
Preventive care with a **network** provider or when use of an **out-of-network** provider has been **precertified.**	100%	100%	100%
Preventive care with an **out-of-network** provider	80%	70%	70%
Hearing benefit	80%	80%	80%
Inpatient mental disorder treatment with a **network provider**	80%	70%	70%
Inpatient mental disorder treatment with an out-of-**network provider**	60%	50%	50%
Inpatient substance abuse disorder treatment with a **network provider**	80%	70%	70%
Inpatient substance abuse disorder treatment with an **out-of-network provider**	60%	50%	50%

Out-of-Pocket Limits **Individual Out-of-Pocket Limit**	**Standard Plan**	**Economy Plan**	**Consumer Choice**
Annual individual **out-of-pocket limit** The following expenses do not apply toward the **out-of-pocket limit**: ▪ charges over the **recognized charge**; ▪ non-**covered expenses**; ▪ premiums; ▪ $100 penalty if seek non-**emergency care** at emergency room of a **hospital;** ▪ **Prescription drug** expenses; ▪ $25 **copayment** for non-preventive services at a Coalition Health Clinic; ▪ $0 **copayment** for general medical consultation under section 3.5.4, *Teladoc Services;* ▪ $0 **copayment** for dermatology consultation under section 3.5.4, *Teladoc Services;* and ▪ $45 visit charge for caregiver consultation under section 3.5.4, *Teladoc Services.*	$1,750 $3,500 if use out-of-**network hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center for **facility** services outside Alaska, or non-preferred provider **hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center in Anchorage	$2,750 $5,500 if use out-of-**network hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center for **facility** services outside Alaska, or non-preferred provider **hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center in Anchorage	$5,400 $10,800 if use out-of-**network hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center for **facility** services outside Alaska, or non-preferred provider **hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center in Anchorage

Out-of-Pocket Limits **Individual Out-of-Pocket Limit**	**Standard Plan**	**Economy Plan**	**Consumer Choice**
▪ Any amount of deductible waived under Section 3.3.8, *Bargaining Unit Change Deductible Waiver*			

Out-of-Pocket Limits **Family Out-of-Pocket Limit**	**Standard Plan**	**Economy Plan**	**Consumer Choice**
Annual family **out-of-pocket limit** The following expenses do not apply toward the **out-of-pocket limit**: • charges over the **recognized charge**; • non-**covered expense**s; • premiums; • **precertification** benefit reductions; • $100 penalty if seek non-**emergency care** at emergency room of a **hospital**; • **Prescription drug** expenses; • Office visit **copayments**; • $25 **copayment** for non-preventive services to Coalition Health Clinic; • $45 visit charge for caregiver consultation under section 3.5.4, *Teladoc Services*; and Any amount of **deductible** waived under section 3.3.8, *Bargaining Unit Change Deductible Waiver.*	$3,500 $7,000 if use out-of-**network provider** for **hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center services outside Alaska, or non-preferred provider **hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center in Anchorage	$5,500 $11,000 if use out-of-**network provider** for **hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center services outside Alaska, or non-preferred provider **hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center in Anchorage	$10,800 $21,600 if use out-of-**network provider** for **hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center services outside Alaska, or non-preferred provider **hospital**, **surgery center**, **rehabilitative facility,** or free-standing imaging center in Anchorage

Benefit Maximum	
Individual limit on hearing aids (Maximum applies to a rolling 36-month period)	$3,000

Visit/Service Limits	
Spinal manipulations including medical massage therapy when done in conjunction with spinal manipulations	20 visits per **benefit year**
Hearing exams	One per rolling 24-month period
Home health care. See section 3.5.9, *Home Health Care*, for exceptions.	120 visits per **benefit year** Up to 4 hours = 1 visit
Outpatient hospice expenses	Up to 8 hours per day

Visit/Service Limits	
Cognitive therapy, physical therapy, occupational therapy, and speech therapy rehabilitation benefits	No more than 2 therapy visits in a 24-hour period Up to 1 hour = 1 visit
Employee assistance program	8 visits per problem per **benefit year**
Travel Benefits: Therapeutic treatments	One visit and one follow-up per **benefit year**
Travel Benefits:	
• Prenatal/postnatal maternity care	One visit per **benefit year**
• Maternity delivery	One visit per **benefit year**
• Presurgical or postsurgical or second surgical opinion	One visit per **benefit year**
• Surgical procedure	One visit per **benefit year**
• Allergic condition	One visit per **benefit year** for each allergic condition

Travel Per Diems/Limitations	
Travel per diem without overnight lodging. See section 3.5.24, *Travel,* for applicable criteria.	$51/day
Travel per diem with overnight lodging. See section 3.5.24, *Travel,* for applicable criteria.	$89/day
Companion per diem for **children** under age 18. See section 3.5.234 *Travel,* for applicable criteria.	$31/day
Overnight lodging for transplant services, in lieu of other travel per diems. See section 3.5.26, *Transplant Services*, for other applicable criteria.	$50 per person/night, up to $100/night
Limit on travel for transplant services	$10,000 per transplant occurrence
Daily per diem for benefits under section 3.5.25 *SurgeryPlus Benefits*	$25 per patient per day Or $50 per patient and companion per day Begins the first day of authorized travel – ends last day of authorized travel
Ground transportation expenses (in lieu of air fare) for benefits under section 3.5.25 *SurgeryPlus Benefits*	$50 when most direct route to care is at least 100 miles from place of residence, but less than 200 miles $100 when most direct route to care is 200 miles or more from place of residence

Prescription Drugs

Prescription drugs are the fastest growing cost in most health plans, including ours. Higher claim costs from prescription drugs, as with any other expense, means higher premium payments to all participants in the plan. There are several ways to save on prescription drug costs including purchasing a generic or lower cost brand name drug, using the home delivery pharmacy for maintenance drugs, or both.

The home delivery pharmacy is simple to use for maintenance drugs. You need a prescription from your doctor which allows you to receive a 90-day supply at a time for up to one year. The home delivery pharmacy form, available on *AlaskaCare.gov*, should be sent with the prescription and your copayment. The pharmacy will send your prescription by return mail along with information on calling to order refills.

AlaskaCare Employee Prescription Drug Schedule

Prescription Tier	Retail 1-30 Day Supply: Network Pharmacy
Maintenance generic prescription drugs	$5 copay per prescription
Generic prescription drugs	$10 copay per prescription
Preferred brand-name prescription drugs	$35 copay per prescription
Non-preferred brand-name prescription drugs	65% coinsurance with $80 minimum / $150 maximum per prescription

Prescription Tier	Home Delivery 31-90 Day Supply: Network Pharmacy
Maintenance generic prescription drugs	$10 copay per prescription
Generic prescription drugs	$20 copay per prescription
Preferred brand-name prescription drugs	$50 copay per prescription
Non-preferred brand-name prescription drugs	$100 copay per prescription

Out of Network Pharmacy	
Coinsurance for all **prescription drugs**	60%

Out-of-Pocket Limit	
Annual individual out-of-pocket limit	$1,000
Annual family out-of-pocket limit	$2,000
Any amount paid toward your prescription drug expenses by coupons through the Variable **C**opay **S**olution (VCS) **program will not count towards your annual prescription drug out-of-pocket maximum**. See Section *3.6.8 Drug Copay Assistance Program.*	

Dental Plan

You will be defaulted to the Economy Plan if you make no dental elections. When choosing your dental plan, be sure to consider any other dental coverage available such as from a spouse's plan. If you have dependents covered under medical plan, you may choose to cover just yourself (employee only) or opt out of dental coverage all together.

No cost for preventive care from network dentists:

Seeing your dentist regularly can help you avoid serious and expensive services down the road. To help you avoid costly dental care in the future, both dental plan options cover preventive care at no cost to you if you use a network provider:

- Preventive (Class I) services, such as cleanings, periodontal maintenance, and routine oral exams, are covered at 100% when using a network provider.
- Preventive services do not count towards your maximum annual dental benefit, giving you more to spend each year on other services that you may need.

Monthly Employee Contribution	**Standard Plan**	**Economy Plan**
Employee Only	$37.00	$0.00
Employee and Family	$102.00	$0.00
Deductible	**Standard Plan**	**Economy Plan**
Annual individual **deductible**	$25 (waived for class I services)	$25
Annual family **deductible**	$75 (waived for class I services)	$75
Coinsurance	**Standard Plan**	**Economy Plan**
Class I (preventive) services	100%	100%
Class II (restorative) services	80%	10%
Class III (prosthetic) services	50%	10%
Orthodontia	50%	Not Covered
Benefit Maximum	**Standard Plan**	**Economy Plan**
Annual individual maximum Class I preventive services, as defined in section 4.3.12 are excluded from the annual individual maximum	$1,500	$500
Orthodontia lifetime individual maximum This maximum is not included in the annual individual maximum	$1,000	Not Covered

Vision Plan

The Managed Care Plan, administered through Vision Service Plan (VSP), requires that you use a participating provider in order to receive the highest level of benefits. Choose a VSP doctor online (see VSP.com) or by calling VSP prior to making your appointment. Make an appointment with the VSP doctor and tell the doctor you are a VSP member. Please refer to the VSP brochure on our website at for more details.

Monthly Employee Contribution	
Employee Only	$40.00
Employee and Family	$15.00

Service or Supply	Network Provider	Out-of-Network Provider
Exam	One per calendar year $10 **copayment** 100% after **copayment**	One per calendar year $10 **copayment** Maximum reimbursement limit of $100
Lenses • Single vision • Lined bifocal • Lined trifocal • Lenticular • Progressive	One pair per calendar year $25 **copayment** 100% after **copayment**	One pair per calendar year Maximum reimbursement limit of: Single vision: $75 Lined bifocal: $115 Lined trifocal: $130 Progressive: $115
Lens options • Anti-reflecting coating • Polycarbonate • Scratch resistant coating	Once per calendar year 100%	Not covered
Frames	One every two calendar years $25 **copayment** 100% after **copayment** up to $130 allowance (or $70 allowance at Costco) 20% off amount over allowance	One every two calendar years Maximum reimbursement limit of $70
Contact lenses (necessary)	$60 **copayment** 100% after **copayment** 15% off usual and customary professional fees for evaluation and fitting	Not covered
Contact lenses (elective and in lieu of lenses and frame)	Once per calendar year $130 allowance for contacts	Once per calendar year Maximum reimbursement limit of $105
Additional pairs of glasses	30% off unlimited additional pairs of **prescription** glasses or non-**prescription** sunglasses from the same **VSP doctor** on the same day as eye exam 20% off unlimited additional pairs of **prescription** glasses or non-	Not covered

Service or Supply	Network Provider	Out-of-Network Provider
	prescription sunglasses from any **VSP doctor** within 12 months of your last eye exam	
Laser Vision Care Program	Average of 15% discounts off or 5% off promotional offer for laser surgery, including PRK, LASIK and Custom Lasik from a **VSP doctor**	Not covered
Low vision supplemental testing	Two tests every two calendar years Allowance up to $125 (includes evaluation, diagnosis and **prescription** of vision aids where indicated)	Not covered
Low vision supplemental aids	75% **coinsurance** $1,000 maximum benefit to all low vision services, testing and materials, every two calendar years	
Extra savings and discounts	Guaranteed pricing on retinal screening as an enhancement to eye exam, allowance up to $39	Not covered

Health Flexible Spending Account

With the AlaskaCare Health Flexible Spending Account (HFSA), you can set aside money to pay for certain health care expenses on a tax-free basis.

Here's It Works

Each benefit year, you decide the amount you want to contribute, up to the limit, on a pretax basis. During the benefit year, you file claims and are reimbursed with tax-free dollars from the account. You benefit from reduced taxes, because you don't pay taxes on the dollars you contribute to your account.

Some Important Rules

The government imposes certain restrictions on HFSA plans to give you these pre-tax advantages.

- You may enroll in your HFSA within 30 days of your date of hire, at open enrollment, or when you experience a qualified status change. **You must elect these benefits each open enrollment period, they do not automatically continue from one benefit year to the next.**
- Amounts are held in a separate HFSA account.
- Health Flexible Spending Accounts will allow for a maximum $610 carry-over into 2024 of unused funds from one benefit year to the next. This amount will be in addition to any new benefit year amount you select as deductions in your pay.
- Our benefit year runs from January 1 to December 31. Services must be received prior to the end of the benefit year, December 31. You have a 90-day grace period (until March 31) to file all unpaid claims for the prior benefit year.
- Services for eligible expenses must be received while you are covered by the plan—coverage stops during periods of leave without pay and at termination. Under HFSA, coverage also stops when you move to a bargaining unit which doesn't participate in AlaskaCare.

How does it work?
The Health Flexible Spending Account (HFSA) lets you pay for health care expenses not covered by your insurance. You choose how much to contribute to the account. The minimum contribution is $25 per month ($300/yr), the maximum is $250 per month ($3,000/yr).

What Are Eligible Health Care Expenses?
You can use the money you contribute to the account for the following health care expenses:

- Deductibles and copayments
- Amounts over reimbursed expenses
- Orthodontia
- Vision care (including eyeglasses and contact lenses)
- Hearing aids and exams
- Medicine and drugs prescribed by a physician

Did you know you can use your HFSA for the following common items?

- Allergy Medicine
- Analgesics
- Antibiotics
- At-home COVID-19 tests
- Birth control
- Cold medicine
- Feminine hygiene products - includes but not limited to sanitary napkins, pads, liners, tampons, cups, sponges.
- Fever reducing medicine
- Hand sanitizer
- Masks
- Pain relievers
- Sanitizing wipes
- Sleep deprivation treatment

For a detailed listing of eligible expenses, refer to Internal Revenue Service (IRS) Publication 502, available from your local IRS office or their website at https://www.irs.gov/

Claims Submission
Claims to the HFSA may be submitted in one of two ways. If you enroll, you must select how you want your claims to be handled.

- *Streamlined claims submission (With Streamlining)*—With this option, health claims are sent to the claims administrator office by you or your provider as normal. Once your claim has been processed, any amounts that are unpaid by the health plan are then electronically transferred to the HFSA administrator. **You cannot elect this option if you or any of your eligible dependents have any other health coverage.** This includes a second State of Alaska plan (such as coverage through your spouse) or any other health insurance plan.

- *Direct claims submission (No Streamlining)*—With this option, you submit your claims to the HFSA administrator *after* receiving your explanation of benefits (EOB) from your group health plan(s). If you or any of your eligible dependents have more than one health plan, you must submit the claim with copies of the EOBs from all plans. **This is the only option available if you or any of your eligible dependents have more than one health plan.**

Under either option, the HFSA administrator will process the claim, sending an explanation of the payment and check directly to you.

IMPORTANT:
The benefits you are enrolled in on January 1, 2023, cannot be changed until the next benefit year unless you have a qualified status change. If you do not enroll by the November 23 deadline, your current health plan elections will remain in force, or default as described above, through the benefit year ending December 31, 2023. Participants in the Health

Flexible Spending Account or the Opt Out plans **do not** automatically re-enroll and must choose to enroll each benefit year.

Voluntary Supplemental Benefits (VSB)

The State of Alaska Voluntary Supplemental Benefits (VSB) plan includes life insurance, critical illness, and long & short-term disability. The VSB plan is administered by MetLife and enrollment is managed by BenefitFocus. Voluntary Supplemental Benefits offer you the opportunity to obtain additional benefits that best suit the needs of you and your family.
Enrollment in VSB plans are optional—choose the plans and coverage levels that meet your needs. Premiums are paid through payroll deductions and are subtracted from gross wages before taxes are deducted. Please note, some restrictions apply for life insurance premiums.

You can select from the following options:

- Life Insurances
- Accidental Death and Dismemberment Insurances
- Disability Benefits (short-term and long-term)
- Critical Illness

MetLife is here to support all your VSB needs. Learn about each benefit by visiting metlife.com/stateofalaska . There you will find in depth plan information and helpful videos on each benefit. If you have questions about your VSB options or claims, please contact MetLife.

Note: if you are covered by more than $50,000 in term life coverage, you will be required to pay taxes for the amount in excess of $50,000. This is referred to as imputed income and the State is required to report it on employee W-2 Forms.

Basic & Select Life Insurance & Accidental Death & Dismemberment (AD&D)

Notice: In the event of a discrepancy between this guide and the certificate of insurance, the certificate will prevail.

Basic Life/AD&D

Basic Life insurance is paid for by participating employers and not an option you need to elect. This insurance is automatically provided to permanent and long-term nonpermanent State of Alaska employees, and eligible employees of participating political subdivisions.

- Exempt/Partially Exempt: $10,000 lump sum, payable regardless of cause, and $5,000 additional if death is accidental.

If you have eligible dependents, your spouse is insured for $1,000 and each dependent child is insured for up to $500.

Basic Life insurance provides additional benefits to employees, such as, grief counseling, will preparation, and estate resolution services. Contact MetLife for additional information.

Business Travel Accident

Business Travel Accident is paid for by participating employers and not an option you need to elect. Coverage includes loss sustained while traveling on business.

- $200,000 is payable if death is accidental during travel status.
- Variable percentage of full amount for loss of hand, foot, arm, leg, sight, speech, and other losses. See certificate for full list of covered losses and amounts.
-

Employees who are covered by Business Travel Accident insurance will have access to medical, travel, legal and financial assistance services when faced with an emergency while traveling internationally or domestically more than 100miles from home. Dependents of covered employees also have access to these valuable services whether traveling together with the employee or separately. Services include medical referrals and appointments, hospital admission guarantee, medical evacuation, political evacuation, dispatch of prescription medication, emergency message transmission, legal referrals and assistance with lost documents and luggage.

Select Life Insurance and Accidental Death and Dismemberment (AD&D)

As an employee of the State of Alaska you may choose to enroll in Select Life and Accidental Death & Dismemberment (AD&D) Insurance. Enrollment is optional and premiums are paid by the employee.

- An amount equal to your basic annual earnings, rounded to the higher $1,000.
- Pays double the benefit amount if death is accidental.
- AD&D will offer additional benefits where there is a loss of limb or function under the terms of the certificate.
- Pays up to $60,000.

Age	Monthly Premium Cost per $1,000
Under 30	$0.04
30-39	$0.05
40-44	$0.08
45-49	$0.12
50-54	$0.18
55-59	$0.27
60-64	$0.39
65-69	$0.57
70-74	$1.25
75+	$1.58

To determine your monthly premium, find your age as of January 1, 2023, the amount of insurance elected based on your annual salary, and the corresponding premium on the chart.

Voluntary Supplemental Life

In addition to Basic Life Insurance funded by the state and optional Select Life Insurance that you can choose to enroll in, you may also choose to enroll in additional Supplemental Life Insurance. Enrollment is optional, premiums employee paid, benefits pays in a lump sum, and only covers the employee. Supplemental life insurance is available in the following volumes:

- $10,000
- $50,000
- $100,000*
- $200,000*
- $300,000*

** A Statement of Health (SOH) may be required*

SOH Information:

- Required for life volumes over $100,000 as an industry standard
- Establishes proof of good health
- Used to protect an employer's group insurance program from adverse risk

- Employees electing $200,000 or $300,000 in coverage who are denied will default to $100,000 for the benefit year
- Employees with questions regarding the information asked for on the EOI form should contact MetLife.

Guideline: When selecting coverage levels keep in mind the following rule:

- If you wish to elect Supplemental Accidental Death and Dismemberment (AD&D) you must select at least $10,000 of Supplemental Life Insurance. More information about Supplemental AD&D below.

To determine your monthly premium, find your age as of January 1, 2023, the amount of insurance you elected, and the corresponding premium on the following chart:

Age	Monthly Premium Cost per $1,000
Under 30	$0.03
30-39	$0.03
40-44	$0.06
45-49	$0.09
50-54	$0.14
55-59	$0.22
60-64	$0.31
65-69	$0.49
70-74	$0.99
75+	$1.58

Supplemental Accidental Death and Dismemberment (AD&D)

Supplemental Accidental Death and Dismemberment (AD&D) can be added to your VSB package. If you wish to enroll in AD&D **you must enroll in a minimum of $10,000 of Supplemental Life Insurance**. This plan pays benefits if your death or dismemberment is caused by an accident. It pays in a lump sum, with the benefit dependent on loss and family structure.
When adding AD&D coverage, you have a choice of coverage levels:

- **Employee only**
  The full benefit amount for employee only coverage is $100,000.

- **Employee and family**
  The benefit amounts that are paid to you or your beneficiaries are based on the composition of your family at the time of the loss. The amount of the benefit is also based on the severity of your loss.

2023 Supplemental AD&D Rates	
Employee	**$1.50 Per Month**
Employee and Family	**$2.30 Per Month**

Employee, Spouse, and Dependent Children	
Employee	$100,000
Spouse	$40,000
Each Child	$5,000
Employee and Spouse	
Employee	$100,000
Spouse	$50,000

Employee and Dependent Children	
Employee	$100,000
Each child	$10,000

Type of Permanent Loss	Percentage of AD&D Coverage Paid
Life	100%
Both eyes, feet, hands, or any combination thereof	100%
One eye, one foot, or one hand	50%
Thumb and index finger of the same hand	25%

Critical Illness

Critical Illness Insurance provides financial support in the form of a payment if you or a covered family member is diagnosed with a serious illness. Critical Illness Insurance works to complement your medical coverage—and pays in addition to what your medical plan may or may not cover. Upon diagnosis, it provides you with a lump-sum payment of $15,000 or $30,000 in initial benefits. The payment you receive is yours to spend however you like.
While critical illnesses are always unexpected, they don't have to be financially devastating. Protect your family's budget by enrolling in Critical Illness Insurance.

Critical Illness Insurance can and help fill financial gaps caused by out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Diagnoses include cancer, heart attack, major organ transplant, kidney failure, Alzheimer's disease, and other illnesses.

Critical Illness Insurance provides several features that could be valuable to you, including:

- Portability which gives you the ability to keep your existing coverage if your employment status changes.
- No coordination with other insurance benefits.
- A lump-sum benefit that you can use as you feel necessary.
- Benefits are paid regardless of what is covered by medical insurance.

SUPPLEMENTAL CRITICAL ILLNESS					
Age	Tiers				Rate Basis (multiple by $15,000 or $30,000)
	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse/Children	
<25	$ 0.19	$ 0.33	$ 0.36	$ 0.50	Per $1,000 per month
25-29	0.21	0.35	0.37	0.52	Per $1,000 per month
30-34	0.29	0.48	0.45	0.64	Per $1,000 per month
35-39	0.41	0.67	0.58	0.84	Per $1,000 per month
40-44	0.63	1.00	0.79	1.17	Per $1,000 per month
45-49	0.95	1.50	1.12	1.66	Per $1,000 per month
50-54	1.39	2.17	1.55	2.33	Per $1,000 per month
55-59	1.95	3.05	2.12	3.21	Per $1,000 per month
60-64	2.82	4.40	2.99	4.57	Per $1,000 per month
65-69	4.27	6.65	4.44	6.81	Per $1,000 per month
70+	6.49	10.04	6.66	10.21	Per $1,000 per month

Example with $15,000 of coverage:
A 24-year-old who elects Employee and Spouse ($0.33) at $15,000 has a premium of $4.95 monthly.

Example with $30,000 of coverage:
A 24-year-old who elects Employee and Spouse ($0.33) at $30,000 has a premium of $9.90 monthly.

Supplemental Voluntary Disability Benefits

Voluntary Supplemental Benefits offers eligible employees with additional choices that could meet the needs of your family. Visit our webpage to learn more about eligibility and options for VSB.

Disability Benefits Insurance
Disability insurance offers an affordable way to protect your income when you are unable to work due to illness or injury. Accidents and injury can happen to anyone, and it can impact your ability to earn money.

Why is having Disability insurance important?
If you are unable to work due to illness or injury, disability insurance can help pay your most important expenses. These include mortgage or rent, car payments, food, childcare/tuition, and utilities.

Short Term Disability Insurance replaces a portion of your income during a disability which could last up to 180 days. Having disability protection can help you cover your essential living expenses and help safeguard your savings, since it replaces a portion of your income lost due to a disability or illness. Short-Term Disability (STD) provides a weekly benefit of 60% of your monthly base pay with a maximum benefit amount of $577/week.

2022 SHORT-TERM DISABILITY RATES	
Who is Covered	**Monthly Cost**
Employee	$3.06

Long Term Disability Insurance replaces a portion of your income during a disability that is expected to last for an extended period of longer than 180 days. Long-Term Disability (LTD) is available in two levels, you can elect to have either 50% or 70% of your monthly base pay covered with a maximum benefit amount of $800/week.

LONG-TERM DISABILITY		
Age	**Premium per $100 of Wage**	
	Plan B (50%)	**Plan C (70%)**
Under 25	$ 0.20	$ 0.46
25-29	0.21	0.46
30-34	0.21	0.47
35-39	0.22	0.48
40-44	0.22	0.51
45-49	0.25	0.54
50-54	0.26	0.60
55-59	0.30	0.65
60-64	0.31	0.65
65-69	0.31	0.68
70+	0.39	0.82

To determine your monthly premium, divide your monthly wage by 100 and multiply the result by the monthly premium for your age group.

Example:
If your gross pay is $2,000 monthly and you are 54, the cost for Plan B is $5.20 per month (2,000 ÷ 100 = 20 x $.26 = $5.20).
Premiums are determined by your pay of record on October 1 for the benefit year beginning on the first day of the following January.

Prevailing Provisions

In the event of any discrepancy between this guide and the certificates of insurance for any Voluntary Supplemental Benefits (VSB), the certificates will prevail.

MetLife is here to support all your VSB needs. Learn about each benefit available to you by visiting ***metlife.com/stateofalaska***. There you will find in depth plan information and helpful videos on each benefit. If you have questions about your VSB options or claims, please contact MetLife.

MetLife Customer Service Contact Information

- General: (800) 438-6388
- Life Claims: (800) 638-6420
- Disability Claims: (800) 300-4296
- Critical Illness Claims: (866) 626-3705

BenefitFocus Contact Information

- Phone: (844) 939-0543
- Email: ***SOABenefits@benefitfocus.com***

BenefitFocus offers benefits administration on a single platform, simplifying benefit enrollment for everyone. They also provide a mobile app for accessing your benefit information on the go. For enrollment assistance, please contact BenefitFocus.

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