UA CHOICE

2020 ENROLLMENT GUIDE

For the Plan Year July 1, 2020 through June 30, 2021

UNIVERSITY of ALASKA

Many Traditions One Alaska



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UA Choice FY21 Enrollment Guide Table of Contents

See pages 17 and 18 for FY21 UA Choice Plan rates

See Page 27 for important information concerning Medicare Part D coverage.

This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the University of Alaska.

It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the UA Handbook and Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

What's New and Noteworthy for FY21

Pharmacy Plan

Effective July 1, 2020, the pharmacy plan will be changing to the Essentials formulary, a four-tier model for prescription drugs. This formulary focuses on high-value drugs with preferred generic and preferred brand drugs being featured in tiers one to three, and non-preferred drugs (both generic and brand) being in a fourth tier. Some drugs will be excluded from coverage when other higher-value drugs are available. More information is available in the pharmacy section of this guide, on page 8.

The specialty drug benefit will no longer have a first-fill option at a local retail pharmacy. All specialty drugs must be dispensed from the specialty pharmacy, Accredo Health Group. In addition, our plan will be able to take advantage of manufacturer coupons helping to reduce member and plan costs for these drugs.

Waiving Dental/Vision Option Ends

UA started offering the option to waive dental/vision coverage to address plan costs for the Affordable Care Act's "Cadillac Tax" provision. Waiving these coverages did not reduce employees' cost for the plan, and very few employees opted to waive dental/vision. With the repeal of the "Cadillac Tax," there is no reason to offer this option and removing it will help streamline our plan administration.

4th Quarter Deductible Carryover Ending

FY21 will be the last year the fourth quarter deductible carryover will be applied. This is when amounts credited to members' deductibles in the last quarter of a plan year are credited to the deductible in the next plan year. This feature is not available for members on the Consumer-Directed Health Plan (CDHP), and is a customization causing manual intervention by Premera. Eliminating this program helps streamline our plan and provide more equity to our members.

Premera Centers of Excellence

Introduced in 2019, the Premera Center of Excellence program adds to our elective procedure travel benefit. Select procedures (hip and knee replacement, spine surgeries, and gynecological procedures) will be eligible for the Center of Excellence program at Virginia Mason in Seattle. This benefit covers travel, ground transportation, lodging and procedure costs with a travel concierge service available to make arrangements. Call 800-364-2994 to get more details on this benefit.

Talkspace

The ***UA Choice*** health plan now offers Talkspace as an online option for behavioral health therapy. Talkspace gives access to a broad range of providers for virtual visits through video or texting. For more information, or to sign up for this service, visit talkspace.com/premera.

The University believes it's important to provide comprehensive benefits to help support good health and protect you from certain financial risks. The benefits program not only provides comprehensive coverage but also offers a range of plans to fit a variety of needs and budgets. Your options include:

Plan	Options	Learn More on Page
UA Choice Medical, Prescription Drug, Dental and Vision	• Choose from 3 plan options- the 750 Plan, the High Deductible Health Plan (HDHP), or the Consumer-Directed Health Plan (CDHP) — all with medical, prescription, dental and vision coverage • Or, opt out of health care coverage	6
Health Savings Account (HSA)	• The Consumer-Directed Health Plan (CDHP) has a Health Savings Account (HSA) option. Learn more about this plan to see if it's appropriate for you.	14
Flexible Spending Accounts (FSAs)	• You can participate in optional Health Care or Dependent Care Flexible Spending Accounts. You fund the accounts with your own pre-tax dollars, then use them to reimburse yourself for qualified out-of-pocket health care or dependent care expenses.	20
Life and Accident Insurance	• Basic University-paid life insurance of $50,000 is automatic • You can buy supplemental life insurance for yourself • You can buy accidental death and dismemberment (AD&D) insurance for yourself and your dependents	21

This guide is designed to help you:

- Understand your benefit options
- Guide your decision making
- Walk step-by-step through the enrollment process

You can find more details and copies of each of this year's enrollment materials at www.alaska.edu/benefits.

How to Enroll in Benefits for FY21

1. Review this Enrollment Guide to learn about your UA Choice options. Consider whether you want to make any changes, such as adding or removing coverage for family members. You can also elect or increase supplemental life insurance or select Accidental Death and Dismemberment (AD&D) insurance.
2. Decide if you want to participate in a Health Care Flexible Spending Account (if you're on the 750 Plan or HDHP) or the Health Savings Account (for CDHP enrollees). Anyone with eligible dependents can elect the Dependent Care Flexible Spending Account to help pay for daycare expenses.
3. To make your benefit choices, go to the open enrollment website at www.alaska.edu/benefits/open_enrollment, and log in to the NextGen open enrollment form using your UA credentials. The form will take you through your benefit options starting with health care. Other options will follow based on the choices you make in the form. Just answer the questions and click "Next" to proceed through the form. If you are adding dependents and need to submit documentation (birth certificates, marriage certificate, etc.), you can upload your documents right in the form. When you're done, carefully review your selections before signing electronically to submit your form.

   You can only complete the online enrollment once. If you change your mind or realize you made a mistake, contact the Employee Transitions and Benefits team at ua-benefits@alaska.edu.

4. If you are changing plans or had previously waived coverage and are electing a new plan, *list all of your eligible dependents on the form*. This makes sure we get all the correct dependents enrolled.
5. Flexible Spending Accounts **must** be elected each year; they do not continue automatically. If you don't sign up for the Health Care FSA or Dependent Care FSA at open enrollment, you will not have an FSA for FY21 unless you experience a major life event (birth, marriage, divorce, etc.).
6. If you want to start Health Savings Account (HSA) payroll deductions, just enter the amount where indicated on the form. The HSA is a calendar year plan, so if you already have an account deduction set up for 2020 you don't need to do it again. Remember, the HSA money is yours to keep; it never forfeits and you decide whether to use it now or in the future.

Coverage Effective Date

Coverage elections made during open enrollment are effective July 1, 2020.

Health care coverage for a newly hired employee (and eligible enrolled dependents) begins after a waiting period of 30 days following date of hire, with coverage beginning on the 31st day.

If you do not return your health plan enrollment form and/or if you do not enroll or opt out within 30 days of hire, you will automatically be enrolled in the HDHP with employee-only coverage, effective the 31st day following your hire date.

Employees rehired after a break in service from an eligible position of fewer than 10 days are covered effective the date of rehire into an eligible position.

Please see The Handbook for enrollment effective dates due to major life events.

Who's Eligible

Employees

If you are a regular or term-funded full-time or part-time employee, or extended temporary employee of the University of Alaska, you are eligible for health care benefits. In addition, if you are a regular full-time or regular part-time employee, you are eligible to participate in the Flexible Spending Accounts as well as the supplemental life and AD&D insurance. Regular employees may also enroll in the Health Savings Account if they elect the CDHP and meet other eligibility requirements.

Dependents

The following dependents are eligible for health care benefits through ***UA Choice***:

- The lawful spouse of the employee, unless legally separated.
  Please note: Provided all requirements are met as specified by the University of Alaska, wherever "spouse" is stated in the health care plan, a financially interdependent partner and his or her eligible dependent children would also be included. Please contact your Employee Transitions and Benefits team at ua-benefits@alaska.edu for details concerning financially interdependent relationships.
- A "child" 25 years of age or younger. A child is considered one of the following:

- A natural offspring of either or both the employee or spouse
- A legally adopted child of either or both the employee or spouse
- A child for whom the employee has been granted court-appointed legal guardianship; a copy of the guardianship papers is required for enrollment
- A child for whom the employee or spouse is under a domestic relations order to provide medical benefits as directed by a divorce decree, a medical child support order or other court-ordered dependent coverage
- A foster child living with the employee
- A child "placed" with the employee for the purpose of legal adoption in accordance with state law; placed for adoption means assumption and retention by the employee of a legal obligation for total or partial support of a child in anticipation of adoption of such child.

A child may continue to be covered under this program until age 26. Coverage continues through the end of the month in which they turn 26.

Under certain circumstances, coverage may continue for dependent children 26 or more years old, unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required). Contact the Employee Transitions and Benefits team for more information.

Changing Your Elections During the Year

Your elections will remain in effect through the end of the plan year (June 30, 2021), as long as you remain active in an eligible position. Your next opportunity to change your elections or end your participation will be during the next open enrollment, usually held mid-April to mid-May, unless you have a qualifying change in status, for example:

- You marry or divorce
- You meet the minimum requirements on the Financially Interdependent Partners Statement or end a relationship with a financially interdependent partner
- You add a dependent child to your family through birth or adoption
- An enrolled family member dies
- You (or your spouse/partner) go on an unpaid leave of absence
- You (or your spouse/partner) have a significant change in employment status (for example, you go from part-time to full-time or vice versa, or your spouse loses or gains employment)
- You waive medical coverage for yourself or your family members because of other health care coverage — and you lose that other coverage for certain reasons.

Election changes must be made within 30 days of the qualifying status change (although you have 60 days to add your newborn or newly placed or adopted child to the health plan, all other related changes have the 30-day limit) or you must wait until the next open enrollment.

Your UA Choice Health Care Options

The ***UA Choice*** program offers you three levels of health care coverage. Alternatively, if you have other medical coverage and don't need coverage through the University, you can opt out and avoid payroll deductions for health care.

UA Choice Health Care Program at a Glance			
750 Plan	High Deductible Health Plan (HDHP)	Consumer-Directed Health Plan (CDHP)	Opt Out
Highest payroll deduction Lowest deductible	Medium payroll deduction Higher deductible	Lowest payroll deduction Plan qualifies for HSA	You may opt out of UA Choice if you have other health care coverage

Each of the plans within the ***UA Choice*** program includes comprehensive medical, prescription, dental and vision benefits. Each plan generally covers the same types of services (preventive care, office visits, hospitalization, etc.). The difference is that each plan offers a different level of coverage at a different *cost* and one plan qualifies for the health savings account. If you have other coverage and want to opt out of ***UA Choice***, just complete the opt-out section of the enrollment form and provide information about your other medical coverage.

Medical Highlights

Premera Blue Cross Blue Shield of Alaska is our medical benefits claims administrator and has developed a broad network of providers called the Alaska Heritage Network. Using network providers will lower your out-of-pocket costs because the percent you pay is based on negotiated fees, or allowable charges. Out-of-network providers can bill you for the amount over the allowable charge, a practice called "balance billing."

The following chart compares the main features and most commonly used benefits. For a more detailed chart, visit www.alaska.edu/benefits and click on Health Plan, then click on ***UA Choice*** Coverage Comparison under Links of Interest. If you know you will need to use a benefit that's not listed, call Premera at (800) 364-2982 for details.

	750 Plan	High Deductible Health Plan	Consumer-Directed Health Plan
Deductible	$750 per person	$1,250 per person	$1,500 per person, OR
	$2,250 per family	$3,000 per family	$3,000 per family
Annual Out-of-Pocket Maximum (Includes Deductible)	$4,250 per person	$5,000 per person	$5,000 per person, OR
	$9,250 per family	$11,000 per family	$6,850 per family
	Out-of-network charges do not accrue toward the out-of-pocket maximum		
Coinsurance (the Percent the Plan Pays) for Most Services	In-network: 80% after deductible		
	Out-of-network: 60% after deductible		
Teladoc	$45 fee for most consultations, $75 for dermatology		
Lifetime Maximum	Unlimited		
Hospital Admissions	In-network: 80% after deductible		
	Out-of-network: 60% after deductible		
Preventive Care	100% of allowable charges with no deductible for preventive-related medical services		
	Includes annual physical exam benefits		

*All **UA Choice** plan benefits are subject to allowable charges.*

What Are Allowable Charges?

The allowable charge is the fee that the in-network provider has agreed to accept as full payment for medically necessary covered services and supplies. For any given service or supply, the allowable charge is the lesser of the following:

- The provider's billed charge, or
- The fee that Premera negotiated as a "reasonable allowance" for medically necessary covered services or supplies.

If you utilize an out-of-network (or non-contracting) provider, the allowable charge is 200% of Medicare and you will be responsible for the difference between this allowed amount and the amount billed by the provider. **Please note this could be a significant out-of-pocket expense.** Please see The Handbook Glossary of Terms for more detail on allowable charges.

During open enrollment, the deadline to complete health plan enrollment is May 8, 2020.

If you've waived health care coverage, you do not have to submit an enrollment form unless you want to enroll in a plan; your waived status will continue.

New hires must turn in their enrollment form within 30 days of their hire date or they will be enrolled in the HDHP with employee-only coverage, effective the 31st day following their hire date.

What's a Deductible?

The annual deductible is the amount of covered expenses you must pay out of pocket each year before the plan pays benefits.

What's an Out-of-Pocket Maximum?

The out-of-pocket maximum is the most you will pay for covered medical expenses from in-network providers each year out of your own pocket, and includes your deductible. Your 40% coinsurance paid to out-of-network providers and amounts that exceed the allowable charge do not count toward out-of-pocket maximums. After you pay the out-of-pocket maximum, the plan will pay 100% of allowable charges for most covered services. For the 750 Plan and HDHP, dental, vision and prescription drug charges don't count toward the medical out-of-pocket maximum. For the CDHP, prescription drug charges do apply to the medical out-of-pocket maximum, but dental and vision costs do not.

Finding a Network Provider

You will save money when you use network providers. No matter which plan you choose, Alaska Heritage Network providers agree to accept the allowable charge as full payment for medically necessary covered services. And, network providers will bill Premera Blue Cross directly when they furnish covered services to you.

To find out if your provider belongs to the Alaska Heritage Network:

1. Visit www.premera.com and click on "Find Care" tab.
2. Click on the "Find a Doctor" link. You can "Sign in to search your network" for personalized options, or choose the "Search all plan networks" option for quick results.
3. Choose "Just Browsing" option click, continue and enter city and state or zip code of where you want to search.
4. On search page use drop down menu and choose "AK Heritage" and browse by category or names and specialties.

Or you can call Premera at (800) 364-2982 and they will look up your providers for you.

Save Money by Using Network Providers

Network providers agree to accept allowable charges as full payment and write off balances over the allowed amount.

If you use providers who are not in the Premera network, the allowable charge is 200% of Medicare and you are responsible for anything your provider charges above that amount. This is called "balance billing."

Pharmacy Highlights

All ***UA Choice*** plans come with a pharmacy benefit plan. Your Premera ID card will also be used for your pharmacy benefits. ID cards for newly hired employees will be sent to your home address after your enrollment information has been received by Premera Blue Cross.

Copays for preferred drugs have stayed low to encourage use of preferred drugs whenever possible. Preventive drugs are covered at no cost to you on all plans. See the PV1 drug list for the 750 Plan and HDHP, and the PV3 list for the CDHP, online at www.alaska.edu/benefits/pharmacy-benefits. For more information on alternatives for non-preferred or excluded drugs, please visit Premera.com.

750 Plan and HDHP pharmacy plan copays are limited to an individual out-of-pocket maximum of $1,000 and $1,700 per family, per plan year. This is a separate out-of-pocket maximum from the medical plan maximum, and is not combined with any other plan limits.

Prescriptions are subject to the deductible with the CDHP pharmacy plan. Once the deductible has been met, the coinsurance begins until the out-of-pocket maximum is met.

	750 Plan and HDHP	CDHP
Network Pharmacy — 30-day supply	0% for generic preventive on PV1 list	0% for preventive on PV3 list
	$10 copay for preferred generic	20% after deductible
	$30 copay for preferred brand name	20% after deductible
	$100 copay for specialty*	20% after deductible
	30% for non-preferred drugs**	20% after deductible
Home Delivery — 90-day supply	0% for preventive generic	20% after deductible
	$20 copay for preferred generic	20% after deductible
	$60 copay for preferred brand name	20% after deductible
	30% for non-preferred drugs**	20% after deductible
Non-Network Pharmacy (amounts over the negotiated price are not subject to the out-of-pocket maximum)	Pay retail price at time of purchase, submit claim form to be reimbursed at negotiated price less appropriate copayment	Pay retail price at time of purchase, submit claim to have negotiated price applied to deductible or coinsurance, as appropriate

*All **UA Choice** pharmacy benefits subject to negotiated price limits.*
**Specialty drugs must be obtained through Accredo Health Group. No courtesy fills at retail.*
***Deductible waived*

Mail Order Prescriptions

If you take certain medications on an ongoing basis, you can save money and time by having those medications filled through Express Scripts Home Delivery. By having your prescriptions filled through Express Scripts Home Delivery, you are able to obtain up to a 90-day supply of your medication, which eliminates multiple trips to your local retail pharmacy and saves you money!

To begin having your prescriptions filled through Express Scripts Home Delivery, just go to Premera.com and log in using your username and password. When setting up a mail order prescription, keep the following points in mind:

1. When your doctor prescribes a maintenance drug, ask to have the prescription written for up to a 90-day supply. If your medication must be taken immediately, ask your physician to issue two prescriptions: one for a 30-day supply to be taken to your local pharmacy, and a second for a 90-day supply to be mailed to Express Scripts Home Delivery.
2. The fastest way to get your mail order prescription processed is to log in to Premera.com, then click Pharmacy Services under the My Account menu. Just follow the directions and choose the method of ordering that you prefer.
3. To order by mail, complete the mail order form on the website and send it to Express Scripts with your prescriptions. If you are mailing your prescriptions to Express Scripts, be sure to write your Premera subscriber number on the back of each prescription.

To ensure timely delivery, please place your orders at least two weeks in advance to allow for mail delays and other circumstances beyond Express Scripts' control.

Premera Blue Cross — Your Pharmacy Benefit Program

Your prescription drug program allows you to obtain medications via your local retail pharmacy, Express Scripts Home Delivery for mail service, and Accredo Health Group, a specialty pharmacy, for filling your specialty medications.

You will have one medical ID card with Prescription Drug information. When having a prescription filled, you will need to present your ID card to your pharmacist.

If you are a new hire, your ID Card and additional information regarding your Pharmacy Benefit Program will be mailed to your home after enrollment.

If you have any questions concerning your order, or if you do not receive your medication in 14 days, please contact Express Scripts Home Delivery toll-free at the phone number listed on the back of your Premera ID card.

Maintenance Drugs

The 750 and HDHP pharmacy plans encourage the use of mail order for maintenance drugs by charging a higher copay for the third and future refills when filled at a retail pharmacy, except for generics. After two fills at a retail pharmacy, your regular copay will be doubled unless you use the Mail Service Pharmacy. A list of maintenance drugs can be found at: www.alaska.edu/benefits/pharmacy-benefits. Some generic preventive drugs are available at no copay. See the PV1 preventive list at Premera.com.

The Consumer-Directed Health Plan (CDHP) also includes a preventive pharmacy benefit for some maintenance drugs. These drugs will be covered at 100% with no deductible when you use a network pharmacy or Express Scripts Home Delivery. See the PV3 list at www.alaska.edu/benefits or Premera.com.

Dental Highlights

The chart below compares the different dental coverage levels under the 750, High Deductible Health Plan, and Consumer-Directed Health Plan. The plan that's best for you depends on your dental care needs and your budget. Remember, each plan includes medical, prescription, dental and vision — you may not mix and match. If you choose the 750 Plan, you'll receive 750 Plan Medical, 750 Plan Prescription and 750 Plan Dental coverage. All plans have the same Vision coverage.

No matter which plan you choose, you may see any licensed dentist for your care. Your claims will be administered by Premera Blue Cross Blue Shield of Alaska. All ***UA Choice*** plan benefits are subject to allowable charges.

	750 Plan	High Deductible Health Plan	Consumer-Directed Health Plan
Deductibles			
Preventive	$0	$0	$0
Restorative	$25	$50	$50
Prosthetic	$25 (combined with restorative)	$50 (combined with restorative)	$50 (combined with restorative)
Coinsurance			
Preventive	100%	100%	100%
Restorative	80%	80%	80%
Prosthetic	50%	50%	50%
Annual Maximum	$2,000	$2,000	$2,000
Orthodontia	50%; $1,500 lifetime maximum	Not covered	Not covered

Vision Highlights

Vision coverage is provided through VSP. VSP has an extensive nationwide network of doctors who agree to provide vision care and materials to participants at discounted rates. Finding a VSP network doctor is easy — visit www.vsp.com and click on "Find a Doctor" or call VSP Member Services at (800) 877-7195.

After you enroll in a ***UA Choice*** plan, your personalized benefit information is available on www.vsp.com. You will need to register online by entering your University ID and following the steps to access your account. You can also check details such as your eligibility, enrolled dependents, date of your last eye exam and which VSP network doctor you used. All ***UA Choice*** plans have the same vision benefit.

	All UA Choice Plans
Copay	$10 copay for exam $25 copay for glasses (lenses and frames) No copay for contacts
Exam — every plan year	VSP network doctor: covered in full after $10 copay Non-VSP provider: Up to a $50 reimbursement
Lenses and frames — every other plan year	Lenses covered in full after $25 copay, frame of your choice up to $150 or up to $170 for featured frame brands, plus 20% off the amount over your allowance. Additional lens options are available at an additional cost. Non-VSP provider: Reimbursement after $25 copay as follows: • Single vision lenses Up to $50 • Lined bifocal lenses Up to $75 • Lined trifocal lenses Up to $100 • Frames Up to $70
OR Contacts — every other plan year	Contact Lens Care program gives you a $150 allowance with no copay every 24 months for the cost of your contacts and the contact lens exam (fitting and evaluation). Soft contact lens wearers may qualify for a special program that includes evaluation and initial supply of replacement lenses. Learn more from your doctor, or vsp.com. Non-VSP provider: Reimbursement up to $105
Extra Discounts and Savings See vsp.com/specialoffers for more discounts and savings	Glasses and Sunglasses: 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam. Retinal Screening: Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam. Laser Vision Correction: Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.

Of course you can't anticipate every health care expense — but by estimating how much you usually spend and adding any services you know are coming up, you can better decide which plan is right for you.

To check your past health care spending, log on to Premera.com and click on Spending Activity Report.

Making Your Health Care Plan Decision

The amount you will pay depends on the option you choose and the family members you are covering. Those rates are available on the web at www.alaska.edu/benefits and are included in this booklet on pages 17 and 18.

When trying to select a health plan, look at your costs for the plan you choose, and spend some time looking at the **whole cost** — the amount you pay from your paycheck and the amount you're likely to pay out-of-pocket. It's somewhat complicated by the fact that your per-paycheck expense is fixed and knowable, while your out-of-pocket expenses can't be known with absolute certainty ahead of time. But you can make educated guesses about your likely out-of-pocket expenses based on how you currently use health care services. The worksheet on page 16 can help you compare plan options.

Obviously, how much you will pay for your health care coverage on each paycheck is an important consideration as you weigh your options and make your decision. If you do not expect to use your health care coverage very often, the Consumer-Directed Health Plan (or CDHP), which has the lowest payroll deductions, may appeal to you. Like the other options, it covers medical, prescription, dental and vision care services. However, if you have family coverage, you would need to meet the family deductible first before any coinsurance applies, and this includes pharmacy benefits. Likewise, the family out-of-pocket maximum must be met before the plan pays 100 percent if you cover anyone in addition to yourself. When you do use your coverage, your potential **out-of-pocket** costs may be higher than if you chose the 750 Plan and HDHP. In addition, not everyone is eligible to contribute to the Health Savings Account (HSA) that accompanies this plan, so be sure to check the requirements carefully.

On the other hand, if having a lower deductible appeals to you and you don't mind paying more for the coverage, the 750 Plan or HDHP might be more for you. Your payroll deductions for these plans are higher than for the CDHP, but you can budget for them. You can also have a Flexible Spending Account with these plans, but not the HSA.

Remember when weighing your costs to look not just at the payroll deductions but also at how much you are likely to **spend out-of-pocket** for your health care during the year. If you choose a plan with a lower payroll deduction but you use a lot of services during the year, you'll have to cover higher out-of-pocket costs up front before the plan pays.

In other words, depending on how you use health care, the lowest-cost plan in terms of payroll deductions isn't always the lowest-cost option overall.

Likewise, **don't necessarily be scared off by a larger deductible**. The higher annual individual deductible in the HDHP and CDHP may seem overwhelming, but that's offset by the fact that your payroll deductions for these plans are the lowest. And you only incur the deductible cost when you use the medical plan — if you rarely see a doctor, or only use preventive services, you may never pay this money out of pocket. Finally, you can always **budget** for the deductible — just set aside the deductible in the Flexible Spending Account (for the HDHP) or the Health Savings Account (for the CDHP). With family coverage, you can fully fund the family out-of-pocket maximum on the CDHP with the family HSA.

Your payroll deductions will depend on the option you choose and the family members you wish to cover — the bi-weekly amounts are listed on pages 17 and 18. The worksheet on page 16 will help you get organized and do the math.

Health Savings Account

Take charge of your health care spending with a Health Savings Account (HSA). The contributions are tax free, and the money in the account is yours. HSAs allow you to control your own money, year in and year out.

An HSA is a personal health care bank account that you can use to pay qualified medical expenses with pre-tax dollars when you are enrolled in a qualified Consumer-Directed Health Plan (CDHP). You are eligible to open and fund an HSA if:

- You are covered by an HSA-eligible Consumer-Directed Health Plan (CDHP)
- You are not covered by your spouse/Financially Interdependent Partner's (FIP's) health plan that is not an HSA-qualified High Deductible Health Plan, Health Care Flexible Spending Account or Health Reimbursement Account (HRA)
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare or TRICARE
- You have not received Veterans Administration Benefits for non-service related health care within the last 90 days.

NOTE:
IRS regulations do not permit an individual to participate in a HSA if they have unused funds available in their "full" FSA from the prior plan year.

If you elect to participate in the HSA for the FY21 plan year and you had an FSA in FY20, you should plan to have all claims filed and paid by June 30, 2020.

Your HSA can be used for your qualified expenses and those of your spouse and tax-qualified dependents, even if they are not covered by the CDHP or have other coverage. Due to federal regulations, expenses for your FIP and/or children of your FIP may not be reimbursed under your HSA. Bank of America will issue you a debit card, giving you direct access to your account balance. Any time you have a qualified medical expense, you may use your debit card to pay. You must have funds available in your HSA to use your debit card. There are no receipts to submit for reimbursement, but you must retain all documentation of your qualified expenses for your tax records.

See IRS Publication 969 **Health Savings Accounts and Other Tax-Favored Health Plans** for more information.

Eligible expenses include doctors' office visits, eye exams, prescription expenses and LASIK surgery. New this year, you can use HSA funds for over-the-counter medications without a prescription. IRS Publication 502 provides a complete list of eligible expenses and can be found on the website at www.irs.gov/pub/irs-pdf/p502.pdf.

Individually Owned Account

You own and administer your Health Savings Account. You determine how much you will contribute to your account, when to use the money to pay for qualified medical expenses and when to reimburse yourself. HSAs allow you to save and "roll over" money if you do not spend it in the plan year.

The HSA is a great way to save additional money for health care expenses now and into the future, including retirement. The money in this account is always yours, even if you change health plans or jobs. There are no vesting requirements or forfeiture provisions.

How to Enroll

You must elect the CDHP at either University of Alaska or your spouse/FIP's employer. You will need to complete the HSA enrollment form and designate the amount you wish to contribute on a pre-tax basis. The amount you elect will continue until you change it or stop the deductions. Goal amounts start over every January. Your HSA start date will be the first of the month concurrent with or following your enrollment in the CDHP.

Maximize Your Tax Savings

Contributions to the HSA are made through tax-free payroll deductions and held in an account with Bank of America. The money in this account (including interest and investment earnings) grows tax-free and never forfeits.

As long as the funds are used to pay for qualified medical expenses, they are spent tax-free.

HSA Funding and Limits

The calendar year 2020 IRS maximum contributions for these accounts are:

Individual	$3,550
Family	$7,100

Employees age 55 and older are allowed to make an additional "catch-up" contribution of up to $1,000.

Payroll deductions will be taken in the amount you choose on the enrollment form up to the goal you elect for the calendar year. Keep in mind that if you contribute the maximum allowed in any calendar year when your coverage begin date is after January 1, you must remain qualified for the HSA through December 31 of the following year. This is called the "testing period" and only applies if you are contributing the maximum allowed to the HSA.

Mid-Year Coverage

If your HSA-compatible health plan coverage begins mid-year and you are still eligible December 1, you can contribute the maximum amount for that year provided you maintain coverage until December 31st of the following year. If you do not have HSA-compatible health coverage for an entire calendar year, you must prorate your HSA contributions to avoid tax penalties.

The HSA for the CDHP will be established at Bank of America. You may be able to roll over funds from another HSA. For more enrollment information, contact the Employee Transitions and Benefits Team.

Keep in mind that the HSA limits are for the calendar year even though the health plans at the University are on a fiscal plan year. You are responsible for making sure you do not exceed the IRS maximum limit in any calendar year. You can start, change or stop your deductions to the HSA without a life event, as long as you remain eligible.

	750 Plan	HDHP	CDHP
Medical Deductible	$_____	$_____	$_____
Determine your medical needs			
What routine and wellness care do you expect to use?			
If you have a medical condition, what services are you likely to need?			
What unusual or one-time services should you plan for?			
Use the Medical Highlights chart or call Premera to find out how these services are covered, then enter the amount you expect to pay out-of-pocket in coinsurance and copays	$_____	$_____	$_____
Dental Deductibles	None	$_____	$_____
Determine your dental needs			
What routine and wellness care do you expect to use?			
What unusual or one-time services should you plan for?			
Use the Dental Highlights chart or call Premera to find out how these services are covered, then enter the amount you expect to pay out-of-pocket in coinsurance	$_____	$_____	$_____
(Remember, the 750 Plan covers 50% of orthodontia up to a lifetime maximum of $1,500 per person)			
Pharmacy (anticipated copays or coinsurance for the year)	$_____	$_____	$_____ (Subject to deductible and coinsurance, but not copays.)
Determine your vision needs			
Exams			
Glasses			
Contacts			
Use the Vision Highlights chart or call VSP to find out how these services are covered, then enter the amount you expect to pay out-of-pocket	$_____	$_____	$_____
Now enter your annual payroll deduction — find the annual amount for you and the family members you wish to cover in the chart on the next page.	$_____	$_____	$_____
Add it all up for YOUR TOTAL COST	$_____	$_____	$_____

UA Choice FY21 Rates for 12-month employees (26 pay periods per year)

26 Payrolls				
750 Plan				
$750 Individual Deductible, $2,250 Family Deductible	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee (EE)	$119.58	N/A	$119.58	$3,109
EE + Spouse	$119.58	$138.77	$258.35	$6,717
EE + 1 Child	$119.58	$ 48.24	$167.82	$4,363
EE + 2 Children	$119.58	$ 86.77	$206.35	$5,365
EE + 3 or more Children	$119.58	$115.70	$235.28	$6,117
EE, Spouse, 1 Child	$119.58	$187.00	$306.58	$7,971
EE, Spouse, 2 Children	$119.58	$225.62	$345.20	$8,975
EE, Spouse, 3 or more Children	$119.58	$254.50	$374.08	$9,726
High Deductible Health Plan				
$1,250 Individual Deductible $3,000 Family Deductible	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee (EE)	$70.43	N/A	$ 70.43	$1,831
EE + Spouse	$70.43	$ 79.89	$150.32	$3,908
EE + 1 Child	$70.43	$ 23.66	$ 94.09	$2,446
EE + 2 Children	$70.43	$ 42.62	$113.05	$2,939
EE + 3 or more Children	$70.43	$ 56.81	$127.24	$3,308
EE, Spouse, 1 Child	$70.43	$ 103.54	$173.97	$4,523
EE, Spouse, 2 Children	$70.43	$122.47	$192.90	$5,015
EE, Spouse, 3 or more Children	$70.43	$136.66	$207.09	$5,384
Consumer-Directed Health Plan (CDHP) with Health Savings Account (HSA)*				
$1,500 Individual Deductible OR $3,000 Family Deductible	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee (EE)	$55.58	N/A	$ 55.58	$1,445
EE + Spouse	$55.58	$61.97	$117.55	$3,056
EE + 1 Child	$55.58	$16.20	$ 71.78	$1,866
EE + 2 Children	$55.58	$29.16	$ 84.74	$2,203
EE + 3 or more Children	$55.58	$38.85	$ 94.43	$2,455
EE, Spouse, 1 Child	$55.58	$78.12	$133.70	$3,476
EE, Spouse, 2 Children	$55.58	$91.12	$146.70	$3,814
EE, Spouse, 3 or more Children	$55.58	$100.85	$156.43	$4,067

** Note: This plan has different benefits from a regular HDHP and restrictions on eligibility apply.*

UA Choice FY21 Rates for less than 12-month employees (19 pay periods per year)

Includes all faculty (UNAC), and staff with contracts less than 12 months

19 Payrolls				
750 Plan				
$750 Individual Deductible, $2,250 Family Deductible	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee (EE)	$163.64	N/A	$163.64	$3,109
EE + Spouse	$163.64	$189.90	$353.54	$6,717
EE + 1 Child	$163.64	$66.00	$229.64	$4,363
EE + 2 Children	$163.64	$118.74	$282.38	$5,365
EE + 3 or more Children	$163.64	$158.32	$321.96	$6,117
EE, Spouse, 1 Child	$163.64	$255.90	$419.54	$7,971
EE, Spouse, 2 Children	$163.64	$308.74	$472.38	$8,975
EE, Spouse, 3 or more Children	$163.64	$348.27	$511.91	$9,726
High Deductible Health Plan				
$1,250 Individual Deductible $3,000 Family Deductible	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee (EE)	$96.37	N/A	$ 96.37	$1,831
EE + Spouse	$96.37	$109.32	$205.69	$3,908
EE + 1 Child	$96.37	$ 32.37	$128.74	$2,446
EE + 2 Children	$96.37	$ 58.32	$154.69	$2,939
EE + 3 or more Children	$96.37	$ 77.74	$174.11	$3,308
EE, Spouse, 1 Child	$96.37	$141.69	$238.06	$4,523
EE, Spouse, 2 Children	$96.37	$167.58	$263.95	$5,015
EE, Spouse, 3 or more Children	$96.37	$187.00	$283.37	$5,384
Consumer-Directed Health Plan (CDHP) with Health Savings Account (HSA)*				
$1,500 Individual Deductible OR $3,000 Family Deductible	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee (EE)	$76.06	N/A	$ 76.06	$1,445
EE + Spouse	$76.06	$ 84.79	$ 160.85	$3,056
EE + 1 Child	$76.06	$ 22.16	$ 98.22	$1,866
EE + 2 Children	$76.06	$ 39.90	$115.96	$2,203
EE + 3 or more Children	$76.06	$ 53.16	$129.22	$2,455
EE, Spouse, 1 Child	$76.06	$ 106.90	$182.96	$3,476
EE, Spouse, 2 Children	$76.06	$ 124.69	$ 200.75	$3,814
EE, Spouse, 3 or more Children	$76.06	$ 138.00	$ 214.06	$4,067

** Note: This plan has different benefits from a regular HDHP and restrictions on eligibility apply.*

How Much Does UA Choice Cost?

Costs of ***UA Choice*** are shared between employees and the University:

- **Employee costs:** You pay a portion of the cost of the ***UA Choice*** plan you select. Payroll deductions vary by plan and how many family members you choose to cover.
- **The University's costs:** The University pays 82% of net plan costs for ***UA Choice***, which is projected to be approximately $45.6 million, or $15,645 per employee for FY21.

Pre-Tax Contributions

Your contributions are automatically deducted from your salary before federal taxes are calculated. That means you pay less in taxes.

Please note that federal law generally requires contributions toward the cost of coverage for your non-married Financially Interdependent Partner (FIP) and/or the partner's children to be made on an after-tax basis. If your partner and/or your partner's children are not your dependents according to section 152 of the Internal Revenue Code, the value of the benefits provided to them is reported as taxable (imputed) income on your W-2. The imputed income equals the market value of the medical benefits, minus the amount you contribute on an after-tax basis.

Also, while you can cover your FIP on any of the ***UA Choice*** plans, you may not use the FSA or HSA to pay any of your FIP's out-of-pocket medical expenses. IRS rules restrict the use of these accounts to tax-qualified dependents.

IRS Rules Apply to FSAs

Because money you put in an FSA is not taxed, the IRS has rules and restrictions that apply to FSAs. For example, you must "use it or lose it" — money left in your account after the end of the year must be forfeited, by law.

Also, it's generally not possible to change your FSA elections during the year. Used wisely, FSAs are a great way to save money on your taxes. Just consider your elections carefully before you enroll.

Flexible Spending Account

A Flexible Spending Account (FSA) lets you set aside money through pre-tax payroll deductions to pay for certain eligible expenses. The money is not taxed going into the FSA and the reimbursement is not taxed when it's paid to you. So, you pay for eligible expenses with tax-free dollars.

There are two types of FSAs:

- The **Health Care Flexible Spending Account** — lets you pay for certain out-of-pocket health care costs, such as deductibles, coinsurance (the percent you pay for care), contact lens solution and more, with pre-tax money.
  The Health Care FSA is primarily for employees on the 750 Plan or the HDHP. If you elect the CDHP but are not eligible to contribute to the HSA (if you have other coverage, for example), you can choose to have the Health Care FSA instead.
  The maximum amount you can contribute to your Health Care Flexible Spending Account is **$2,750** per plan year. Your contribution is deducted in equal installments from each paycheck throughout the year.
- The **Dependent Care Flexible Spending Account** — lets you pay for certain dependent care costs that enable you to work, such as daycare for your child or elder dependent, with tax-free money. **The maximum contribution** to a Dependent Care FSA, in most cases, is $5,000 for the plan year (July 1 through June 30). However, the following rules may apply to you:
  - If you are single head of household, or married and file a joint tax return, your maximum is $5,000.
  - If you are married but file a separate income tax return, your maximum contribution is $2,500.
  - If you or your spouse earns less than $5,000 a year, your maximum contribution is equal to the lower of the two incomes (prorated for the six-month period) if starting the FSA mid-calendar year.
  - If your spouse is a full-time student or incapable of self-care, your maximum contribution amount is $2,400 a year for one dependent and $4,800 a year for two or more dependents.
  - If the dependent care expense is for a child, he/she must be under the age of 13.

Because the amount you can contribute to either FSA has a maximum plan year (and calendar year) limit, end of year adjustments may need to be made to your bi-weekly deduction(s) to keep within these maximums.

Remember if you want to have either FSA in FY21, you **must** complete the FSA section of the enrollment form. These accounts do not roll forward year to year.

Key points about the Flexible Spending accounts:

- Set aside no more than you think you will use from July 1 (or the date your participation begins) through June 30. Due to IRS rules, you will forfeit any amount left in your FSA after the end of the year. In other words, you have to "use it or lose it."
- Your election is for the date your participation begins (as above) through June 30. You must re-enroll each year if you want to keep participating.
- Generally, you can't change or stop your FSA elections during the plan year without a qualifying life event, so consider your election carefully, before you enroll.
- You must submit your FSA expenses no later than 90 days after the end of the Plan year. That means the deadline for submitting a reimbursement request for expenses from the previous July 1 – June 30 is September 30.

For more details see the Flexible Spending Account materials posted on www.alaska.edu/benefits.

Life, Accident and Disability Insurance

The University provides basic life and long-term disability insurance — plus the option to buy Supplemental Life and Accidental Death and Dismemberment (AD&D) insurance.

- **Life insurance** — The University provides, at no cost to you, a $50,000 Basic Life Plan. In addition, you may buy up to $600,000 of supplemental coverage in $50,000 increments.

  As a new employee, you may elect supplemental coverage up to a maximum of $200,000 with no medical underwriting if you apply within 30 days of your hire date. Eligibility for amounts over $200,000 is subject to medical evidence of insurability.

  During each open enrollment, or if you experience a qualifying major life event, you may increase your supplemental coverage amount to a maximum of $200,000 with no medical ***UA Choice*** underwriting. Increases beyond $200,000 will require medical evidence of insurability. Simply complete the Evidence of Insurability (found online at www.alaska.edu/hr/forms) and submit it directly Securian Life Insurance Co. They will notify your regional HR office if you've been approved.

  Age-related Reductions in Supplemental Life Insurance Coverage

  In accordance with the Age Discrimination in Employment Act (ADEA), any supplemental life insurance coverage offered shall adhere to the following reductions for coverage of employees aged 65 or older. An employee's supplemental life insurance benefit amount will be reduced once he or she attains age 65, and also at ages 70 and 75. The benefit reduction will be based on the age of the employee on July 1 of each year.

Age-related Reduction Schedule – Supplemental Life Insurance	
Age on July 1	Percentage reduction in coverage
65 through 69	35%
70 through 74	50%
75 or over	65%

The amount of reduced insurance coverage due to an employee's age on July 1 will be rounded up or down to the next closest multiple of $50,000, if not already a multiple of $50,000. The premium rate charged to the employee will be based on the reduced benefit amount rate and NOT the elected benefit amount rate.

Supplemental life insurance will be reduced as follows as you attain the following ages on July 1:

- At age 65, benefits will reduce by 35% of the original amount rounded up or down to the next closest multiple of $50,000 and your payment will be based on the new reduced benefit amount;
- At age 70, benefits will reduce an additional 15% to be 50% of the original amount rounded up or down to the next closest multiple of $50,000 and your payment will be based on the new reduced benefit amount
- At age 75 & over, benefits will reduce an additional 15% to be 65% of the original amount rounded up to the next higher multiple of $50,000 and your payment will be based on the new reduced benefit amount

Administering age reductions on the University's Supplemental Group Life Insurance benefit when employees reach age 65, 70 and 75

The age reduction should be applied effective July 1 for any employee who has reached age 65, 70 or 75 between July 1 – June 30 of the prior year.

Age reduction schedule

- Every year on July 1st, every employee who turned 65, 70 or 75 between July 1 – June 30 of the prior year needs to have their Supplemental Life coverage reduced.
- At age 65, coverage reduces to 65% of their Supplemental Life election.
- The resulting coverage is rounded up or down to the nearest even multiple of $50,000 (if not already an even multiple of $50,000).
- At age 70, coverage reduces to 50% of their original Supplemental Life election (pre-age 65 coverage).
- The resulting coverage is rounded up or down to the nearest even multiple of $50,000 (if not already an even multiple of $50,000).
- At age 75, coverage reduces to 35% of their original Supplemental Life election (pre-age 65 coverage).
- The resulting coverage is rounded up or down to the nearest even multiple of $50,000 (if not already an even multiple of $50,000).

Bi-Weekly Supplemental Life Insurance Rates

Effective July 1, 2020

Rates for 12-month employees (26 Payrolls)

	Under 30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75+
$50,000	0.81	1.27	1.48	2.08	3.12	5.08	9.46	12.69	27.46	27.46	27.46
$100,000	1.62	2.54	2.95	4.15	6.23	10.15	18.92	25.38	54.92	54.92	54.92
$150,000	2.42	3.81	4.43	6.23	9.35	15.23	28.38	38.08	82.38	82.38	82.38
$200,000	3.23	5.08	5.91	8.31	12.46	20.31	37.85	50.77	109.85	109.85	109.85
$250,000	4.04	6.35	7.38	10.38	15.58	25.38	47.31	63.46	137.31	137.31	N/A
$300,000	4.85	7.62	8.86	12.46	18.69	30.46	56.77	76.15	164.77	164.77	N/A
$350,000	5.65	8.88	10.34	14.54	21.81	35.54	66.23	88.85	192.23	N/A	N/A
$400,000	6.46	10.15	11.82	16.62	24.92	40.62	75.69	101.54	219.69	N/A	N/A
$450,000	7.27	11.42	13.29	18.69	28.04	45.69	85.15	114.23	N/A	N/A	N/A
$500,000	8.08	12.69	14.77	20.77	31.15	50.77	94.62	126.92	N/A	N/A	N/A
$550,000	8.88	13.96	16.25	22.85	34.27	55.85	104.08	139.62	N/A	N/A	N/A
$600,000	9.69	15.23	17.72	24.92	37.38	60.92	113.54	152.31	N/A	N/A	N/A

Rates for 9-, 10-, and 11-month employees (19 Payrolls)

	Under 30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75+
$50,000	1.11	1.74	2.02	2.84	4.26	6.95	12.95	17.37	37.58	37.58	37.58
$100,000	2.21	3.47	4.04	5.68	8.53	13.89	25.89	34.74	75.16	75.16	75.16
$150,000	3.32	5.21	6.06	8.53	12.79	20.84	38.84	52.11	112.74	112.74	112.74
$200,000	4.42	6.95	8.08	11.37	17.05	27.79	51.79	69.47	150.32	150.32	150.32
$250,000	5.53	8.68	10.11	14.21	21.32	34.74	64.74	86.84	187.89	187.89	N/A
$300,000	6.63	10.42	12.13	17.05	25.58	41.68	77.68	104.21	225.47	225.47	N/A
$350,000	7.74	12.16	14.15	19.89	29.84	48.63	90.63	121.58	263.05	N/A	N/A
$400,000	8.84	13.89	16.17	22.74	34.11	55.58	103.58	138.95	300.63	N/A	N/A
$450,000	9.95	15.63	18.19	25.58	38.37	62.53	116.53	156.32	N/A	N/A	N/A
$500,000	11.05	17.37	20.21	28.42	42.63	69.47	129.47	173.68	N/A	N/A	N/A
$550,000	12.16	19.11	22.23	31.26	46.89	76.42	142.42	191.05	N/A	N/A	N/A
$600,000	13.26	20.84	24.25	34.11	51.16	83.37	155.37	208.42	N/A	N/A	N/A

- **AD&D insurance** — You may buy coverage for yourself and dependents. This optional coverage provides a lump sum benefit to you or your beneficiary if you die or suffer certain injuries as the result of an accident. The maximum benefit is $300,000 for you and a percentage for your family members, depending on the make-up of your family at the time of a qualifying accident.

  Eligible family members include your spouse/FIP and your or your spouse's/FIP's natural, legally adopted or stepchildren who are less than 26 years old. As a new employee, you may enroll within 30 days of your hire date. If you do not enroll when you are first eligible, you may enroll during any open enrollment period or if you have a major life event.

FY21 Bi-Weekly AD&D Rates		
	Employee Only	Employee and Family
12-Month Employees	$2.64	$5.27
9-, 10- and 11-Month Employees	$3.60	$7.20

- **Long-term disability insurance** — LTD is designed to replace a portion of your income if you are sick or injured and unable to work for an extended period. The University provides insurance that replaces up to 60% of your monthly earnings to a maximum benefit of $3,000 a month after 90 days of disability. You will be automatically enrolled, and the premium is paid by the University of Alaska.

Employee Assistance Program

Maintaining a healthy balance between your work and personal life is important to you. At work and at home, our lives are busier than ever, and at times, we all can use a little extra help in coping with personal challenges. Your EAP provides you and your family with short-term, person-to-person counseling services to help you handle concerns before they become major issues.

Professional counselors are available 24 hours a day, 7 days a week to help you with issues such as: job stress, family/parenting issues, grief or bereavement, coping with change, anxiety or depression, anger management, alcohol or drug dependencies, marital or relationship problems, legal or financial concerns and more. Crisis counseling is always available to provide you with assistance you need when you need it. The EAP also offers free, easy-to-use personal help with child and elder care services.

You or your eligible family members have access to the EAP by calling the toll-free helpline at 888-993-7650, via the iConnectYou Smartphone App (use code 124773), or instant messaging with a Work/Life Consultant through LiveCONNECT, available at www.deeroakseap.com. These counseling professionals can assist you and guide you to in-person care with an expert in your area. The EAP is strictly confidential, as mandated by law.

You can also log on to www.deeroakseap.com to access an extensive topical library containing health and wellness articles, videos, archived webinars, child and elder care resources and work/life balance resources.

Contact the Employee Transitions and Benefits team for further information about the Employee Assistance Program.

- 24/7 EAP Toll-Free Helpline: 888-993-7650
- Website: www.deeroakseap.com
- Username and Password: UofA

Advocacy and Transparency Services

Your single resource – one telephone number 866-253-2273 – for advocacy, transparency, benefit education, and enrollment assistance. DirectPath Advocates can help you navigate the health care system with medical, dental, and vision benefits, as well as FSA and HSA participation.

Understanding Your Benefits

Your Advocate becomes your first point of contact for all benefit-related questions and will educate you on the benefit programs offered through your employer to help you understand the programs best suited for you and your family!

Member Advocacy

Helping you navigate the health care system, your advocate assists you in resolving claim and billing issues, or helping you determine your potential out-of-pocket costs for services.

From scheduling appointments to seeking referrals for second opinions, DirectPath can:

- Assist with medical and prescription drug claim questions and resolution
- Locate providers and schedule appointments
- Research physicians and facilities
- Search for in-network providers for our benefit programs – helping reduce your out-of-pocket costs for treatment

Transparency Tools – Do You Want To Reduce Your Medical Expenses?

DirectPath's unique transparency reporting reveals insight into health care costs – educating and enabling you to be a more-informed consumer. Prices vary greatly depending on where you live and where you receive treatment.

Call DirectPath in advance of scheduling any elective test or procedure. Your Advocate will develop and deliver to you a comprehensive Transparency Report, comparing the cost and quality of three providers. Then you can make an informed decision!

Confidential

DirectPath is completely free and confidential and is available to you and your dependents, spouse, parents and parents-in-law. To contact your DirectPath Advocate, call 866-253-2273, Monday – Friday 7 a.m. – 8 p.m. or Saturday 8 a.m. – 1 p.m. or via email at advocate@directpathhealth.com.

Required Notices

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

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with University of Alaska and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. University of Alaska has determined that the prescription drug coverage offered by the Premera Blue Cross plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current University of Alaska coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current University of Alaska coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with University of Alaska and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through University of Alaska changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 1, 2020
Name of Entity/Sender:	University of Alaska
Contact—Position/Office:	Employee Transitions and Benefits Team
Address:	PO Box 755140 Fairbanks, AK 99775-5140
Phone Number:	907-450-8200

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. The Act requires that all group health plans providing medical and surgical benefits with respect to a mastectomy must provide coverage for all of the following:

- Reconstruction of the breast on which a mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions which apply for the mastectomy. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description or contact Employee Transitions and 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 Employee Transitions and 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 Employee Transitions and Benefits Team at 907-450-8200.

Important Contacts

With questions about..	Contact..	Or visit..
Medical, Pharmacy or Dental Plans	**Premera Blue Cross** (800) 364-2982	www.premera.com
Virtual Medicine	**Teladoc** (855) 332-4059	teladoc.com/premeraAK
Health Care Advocacy & Transparency	**DirectPath** (866) 253-2273	advocacy.directpathhealth.com/University_of_Alaska/
Vision Plans	**VSP** (800) 877-7195	www.vsp.com
Flexible Spending Accounts	**ASIFlex** (800) 659-3035	www.asiflex.com
Health Savings Account	**Bank of America Benefit Solutions** (866) 791-0250	https://myhealth.bankofamerica.com
Employee Assistance Program	**DeerOaks** (888) 993-7650	www.deeroakseap.com Username & Password: UofA
Retirement Fund Sponsors	**Fidelity Investments** (800) 343-0860	www.netbenefits.com/uofalaska
	Lincoln National Life (800) 348-1212 or (800) 478-6393 (in Alaska) in Fairbanks 452-6393	www.lfg.com OR http://lfa-fairbanks.com/page/ for the Alaska office
	TIAA (800) 842-2776	www.tiaa.org
	VALIC (800) 448-2542 in Anchorage 279-8302 in Fairbanks 458-0101	www.valic.com
Other Issues, such as… Eligibility, Enrollment process, Address changes, Life event changes, or Life insurance	**Employee Transitions and Benefits Team** 907-450-8200 ua-benefits@alaska.edu	

Directly access University of Alaska benefits information with the Lockton BenefitLink Mobile App. You'll be immediately connected to provider websites and phone numbers as well as an electronic version of this enrollment guide!

Download on the App Store

GET IT ON Google Play

BenefitLink	User Name: UofAlaska	Password: benefits