



University of Alaska

Open Enrollment: 2023-2024 Benefits



UNIVERSITY
of ALASKA
Many Traditions One Alaska

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Enrollment

A man and a woman are looking at a screen in an office setting. The man is on the right, smiling and pointing at the screen. The woman is on the left, looking at the screen with a focused expression. The image is overlaid with a blue tint.

Open Enrollment: Introduction

WHAT: This is your annual opportunity to make changes to your benefits

WHEN: April 17th to May 5th, 2023

The choices you make will remain in effect until June 30, 2024 unless you experience a Qualifying Life Event (QLE).

HOW: Visit <https://www.alaska.edu/benefits>

What to Do:

- ❖ Visit the link provided on the previous slide and on the U of A benefits website: <https://www.alaska.edu/benefits>
- ❖ If you are waiving coverage, please be prepared to provide your current plan information.
- ❖ Regardless of waiving medical, please **be prepared to provide beneficiary information for your life insurance coverage** that is given to you at no cost by the University.

Unlike last year, 2023 is an ACTIVE open enrollment for all employees. All benefit eligible employees must submit a form.

What is a QLE?

Open Enrollment is your only opportunity to make changes to your benefits, unless you experience a Qualifying Life Event (QLE) during the year.

If you experience a Qualifying Life Event, you have **30 days** from the QLE date to make benefit changes.

Specific to University of Alaska, employees who experience the adoption of a dependent, the birth of a child, or a custody placement arrangement have **60 days** to make changes to their benefits.

What are some examples of QLEs?

- Marriage
- Divorce
- Birth of a child
- Losing coverage as a child dependent under plan (i.e., turn 26)
- Loss of coverage under spouse's group plan
- Medicare eligibility
- Status change from temporary to benefit eligible

Preparing for Open Enrollment



Update your personal information.

Make sure that you have social security numbers, dates of birth, and supporting documentation ready to input while you are electing coverage.



Double-check covered and restricted medications.

If you make any changes to your plan, consider how it affects your prescription coverage.



Review available plans' deductibles.

Take a look at your options – if you foresee a lot of medical needs this year, you might want a lower deductible. If not, you could switch to a higher deductible and enjoy lower premiums.



Consider an HSA or FSA.

An HSA or FSA can help cover healthcare costs including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.



Check to see if your pharmacy is in-network.

Going in-network often saves you money. Check for any plan changes to make sure your favorite pharmacy is still your best bet and is covered in-network.



Contact TouchCare for Enrollment Assistance.

Need help deciding which plan is right for you? TouchCare can walk you through the selection process to make sure you get the coverage you and your family need.

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TouchCare

What is TouchCare?



EXPERT ASSISTANTS

Expert assistance from industry experts

Our Health Assistants are experienced, expert assistants proficient in navigating the constantly evolving health care system. Caring, friendly and ready to support members with their healthcare.

PRIVACY IS OUR POLICY

We take your privacy extremely seriously

Your interactions with TouchCare are 100% confidential. TouchCare is HIPAA compliant and abides by strict security and confidentiality standards that ensure member information is never shared.

100% FREE TO USE

All our vital services, totally free for members.

Unlimited access, unlimited questions, unlimited quality for all team members. TouchCare is completely free to all members. We use clear and simple language to make sure the member experience is easy and stress-free.

How do we help?



Cost Estimates

We help employees to get costs for services in their area and compare with other facilities nearby.



Finding, Choosing, & Scheduling

We find quality doctors with all the specifications requested by employees



Billing & Claims Assistance

Received an EOB that you think is incorrect, but don't want to deal with it? TouchCare has you covered.



Benefit Questions

TouchCare helps employees navigate all of their work-sponsored benefits as well as any available ancillary options.

Why ask TouchCare for help?



Save Money

TouchCare Health Assistants ensure members never pay more than they need to for everything from medical procedures to prescriptions.



Save Time

Health Assistants work on behalf of members, saving them time that would have been wasted on waiting on hold with providers and carriers.



Leverage Experts

Healthcare is confusing. Our HAs are locally-based and come to TouchCare with years of experience working in the healthcare system.



Avoid Errors

According to our own data, around 50% of the bills that review contain an error. We've helped recuperate and average of \$1400 per instance.



Less Stress

It can be stressful dealing with healthcare. Our goal is to work on the hard stuff, so members can focus on what really matters – feeling better.

How to get in touch



APP

Download our App on your **iOS** or **Android** device. Access all of our concierge services from your pocket!



PORTAL

Open a case, exchange messages, or upload plan documents to portal via **www.touchcare.com**.



PHONE

Call: **866-486-8242**, available 8AM – 9PM (EST), Monday through Friday.



EMAIL

Email: **assist@touchcare.com** and a Health Assistant will reply as soon as they're available.



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Medical

Important terms to know

Term:	Definition:	Example:
Premium	The amount you pay towards your company medical plan.	You pay \$ XX dollars per month to have you and your dependents enrolled in the company medical plan.
Deductible	The amount you pay for care before the insurance carrier begins to pay its share. Once you have met this, the carrier starts to pay its allotted share.	If you have a \$1,000 deductible, you are required to pay all expenses out of your pocket until you reach \$1,000. From here, either copays or coinsurance will apply.
Coinsurance	A percentage of cost you pay that generally follows after you have met your deductible.	Once you have paid \$1,000 worth of medical charges, your coinsurance level is 20%. You would be responsible for 20% of all charges (Carrier will pay the other 80%). NOTE: 80/20 is for in-network, while OON split is 60/40)
Copay	A fixed amount you pay for a medical service. Your insurance carrier will pay the difference in cost.	You pay \$20 every time you visit the doctor's office, regardless of the reason for visit.
Out of Pocket Maximum	The total amount you would ever have to pay into your medical plan. You would have to pay out your deductible, coinsurance and copay responsibilities, before the insurance carrier covers you 100%.	If you are hospitalized for 2 weeks and your expenses go beyond \$5,000 after insurance is applied, you will only be responsible to pay up to \$5,000 and then you are covered completely.
In-Network	Your doctor has a contracted rate set up with your insurance carrier. This is extremely important when selecting which doctor to go to, as the out of network costs are almost always more expensive.	Your doctor has a contract with an insurance carrier and clarifies that they are a participating provider with XX carrier.

Medical Benefits Overview



Medical benefits are provided through **Premera Blue Cross Blue Shield of Alaska**.

Choose the plan that works best for your lifestyle - *ask TouchCare for help!*

Consider the physician networks, premiums and out-of-pocket costs for each plan. Keep in mind your choice is effective for the entire Plan Year, unless you have a qualifying life event.

Medical Plan Comparison Details

	PREMIUM PLAN		BASIC PLAN		HDHP W HSA	
BIWEEKLY CONTRIBUTIONS						
EMPLOYEE ONLY	\$135.97		\$89.58		\$75.58	
EMPLOYEE + SPOUSE	\$290.05		\$188.08		\$157.16	
EMPLOYEE + CHILD(REN)	\$197.55		\$121.35		\$98.16	
EMPLOYEE + FAMILY	\$361.47		\$225.08		\$182.24	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE						
INDIVIDUAL	\$750		\$1,250		\$1,500	
FAMILY	\$2,250		\$3,000		\$3,000	
COINSURANCE (PLAN PAYS)	80%*	60%*	80%*	60%*	80%*	60%*
ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)						
INDIVIDUAL	\$4,250	N/A	\$5,000	N/A	\$5,000	N/A
FAMILY	\$9,250	N/A	\$11,000	N/A	\$6,850	N/A
COPAYS/COINSURANCE - % OF COINSURANCE PAID BY THE MEMBER						
PREVENTIVE CARE	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
PRIMARY CARE	20%*	40%*	20%*	40%*	20%*	40%*
SPECIALIST SERVICES	20%*	40%*	20%*	40%*	20%*	40%*
TELEMEDICINE	20%*	40%*	20%*	40%*	20%*	40%*
URGENT CARE	20%*	Hospital-based: 20%* / Freestanding Center: 40%*	20%*	Hospital-based: 20%* / Freestanding Center: 40%*	20%*	Hospital-based: 20%* / Freestanding Center: 40%*
DIAGNOSTIC CARE	20%*	40%*	20%*	40%*	20%*	40%*
EMERGENCY ROOM	20%*	20%*	20%*	20%*	20%*	20%*

*After Deductible

Callouts: Premium and Basic Plans



- ❖ For the Premium and Basic plans, the individual deductible amount must be met by each member enrolled under your medical coverage.
- ❖ If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount.
- ❖ When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of the plan year.
- ❖ No member may contribute more than the individual deductible amount to the “per family” deductible amount. The same typically applies for the out-of-pocket max.

Callouts HDHP w HSA Plan



- ❖ For the HDHP Plan, each covered individual is not required to meet the individual deductible.
- ❖ The HDHP has an aggregate deductible meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur.
 - The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan. The same typically applies for the out-of-pocket maximum.

What is a Self-Funded Plan?



Our medical, dental, vision and prescription plans are self-funded, which means that the university bears the financial risk of the plan.

Rather than paying insurance premiums to an insurance carrier as with fully insured plans, the university pays fixed costs for using the insurance carrier's network of physicians and variable costs for the members' claims. Self-insured plans allow for more control and freedom in plan design.

This is one reason why it is important for you, as members, to be good healthcare consumers and always consider ways to leverage care responsibly.

Together, the university and employees share the cost for healthcare.

Where to Go for Care (*non urgent*)

Primary Care



When would I use this?

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

What type of care would they provide?*

- » Routine checkups
- » Immunizations
- » Preventive services
- » Manage your general health

What are the costs and time considerations?***

- » Often requires a copay and/or coinsurance
- » Normally requires an appointment
- » Usually little wait time with scheduled appointment

Nurse Line



When would I use this?

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

What type of care would they provide?*

Answers to questions regarding:

- » Symptoms
- » Medications and side effects
- » Self-care home treatments
- » When to seek care

What are the costs and time considerations?***

- » Nurse lines are usually available 24 hours a day, 7 days a week.
- » This service is usually free as part of your medical insurance.

Telemedicine



When would I use this?

You need care for minor illnesses and ailments, but would prefer not to leave home. These services are available by phone and online (via webcam).

What type of care would they provide?*

- » Cold & flu symptoms
- » Allergies
- » Bronchitis
- » Urinary tract infection
- » Sinus problems

What are the costs and time considerations?***

- » There is usually a first-time consultation fee and a flat fee or copay for any visit thereafter.
- » Access to care is usually immediate.
- » Some states may not allow for prescriptions through telemedicine or virtual visits.

Where to Go for Care (urgent)



When would I use this?

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

What type of care would they provide?*

- » Strains, sprains
- » Minor broken bones (e.g., finger)
- » Minor infections
- » Minor burns
- » X-rays

What are the costs and time considerations?***

- » Often requires a copay and/or coinsurance that is usually higher than an office visit
- » Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first

DO YOUR HOMEWORK

What may seem like an urgent care center could actually be a standalone ER. These newer facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.



When would I use this?

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

What type of care would they provide?*

- » Heavy bleeding
- » Chest pain
- » Major burns
- » Spinal injuries
- » Severe head injury
- » Broken bones

What are the costs and time considerations?***

- » Often requires a much higher copay and/or coinsurance
- » Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first

What are My Virtual Care Options?



- **Doctor On Demand** — video-based care from a doctor, 24/7. Get started with Doctor On Demand:
 - <https://patient.doctorondemand.com>.
- **Telehealth** services offered through your in-network provider's office.
- **24-Hour NurseLine** — Call the number on the back of your member ID card.
- **CirrusMD** allows you to securely chat with a dedicated doctor within 60 seconds. Download the app on your mobile device and register today.
- **Talkspace** for mental health needs.
- **Boulder Care** for substance use disorder treatment.
- **WorkIt Health** for substance use disorder treatment.
- **Brightline** offers virtual behavioral health care for children and families
- **Physical therapy** for joint and muscle health, is now available virtually through Omada. Log in to Premera MyCare to connect with in-network providers.

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Preventive Care

Preventive Care

Preventive care helps detect or prevent serious diseases and medical problems before they can become major. Annual check-ups, immunizations, and flu shots, as well as certain tests and screenings, are some examples of preventive care. Most health plans are required by law to cover eligible preventive care services at 100%.

Examples:

- Annual Check-ups
- Flu Shot
- Mammogram
- Colonoscopy
- Vaccinations
- Diabetes testing
- Cancer screening
- Well-baby/well-child visits
- Much more....



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Pharmacy

Pharmacy Benefits Overview



Pharmacy benefits are provided through **Premera Blue Cross Blue Shield of Alaska**.

Information on your benefits coverage and a list of network pharmacies is available online at www.premera.com or by calling the Customer Care number on your ID Card or **reaching out to TouchCare**.

Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic Preventive, Preferred Generic, Preferred Brand Name, Specialty Drugs, and Non-Preferred.

Pharmacy Plan Comparison Details

	PREMIUM PLAN		BASIC PLAN		HDHP W HSA	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RX OUT-OF-POCKET MAXIMUM (OOP)	Rx OOP Max \$1,000 Ind / \$1,700 Family		Rx OOP Max \$1,000 Ind / \$1,700 Family		HDHP RX expenses are included within the medical deductible and OOP Max.	

RETAIL RX (30-DAY SUPPLY) - % OF COINSURANCE PAID BY THE MEMBER

GENERIC PREVENTIVE	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
PREFERRED GENERIC**	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	20%*	20%*
PREFERRED BRAND NAME	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	20%*	20%*
SPECIALTY DRUGS	\$100 Copay	Not Covered	\$100 Copay	Not Covered	20%*	20%*
NON-PREFERRED	30%	30%	30%	30%	20%*	20%*

MAIL ORDER RX (90-DAY SUPPLY) - % OF COINSURANCE PAID BY THE MEMBER

GENERIC PREVENTIVE	100% Covered	Not Covered	100% Covered	Not Covered	100% Covered	Not Covered
PREFERRED GENERIC	\$20 Copay	Not Covered	\$20 Copay	Not Covered	20%*	Not Covered
PREFERRED BRAND NAME	\$60 Copay	Not Covered	\$60 Copay	Not Covered	20%*	Not Covered
SPECIALTY DRUGS	\$110 Copay	Not Covered	\$110 Copay	Not Covered	20%*	Not Covered

**You may be eligible to fill a Preferred Generic prescription for a 90-day supply for 3 times the 30-day copay or coinsurance amount. Please confirm with your pharmacy and/or physician.

*After Deductible

Callouts: Preventative Meds and Generics



Preventative Medicines: Most are covered at **no cost to you on all plans.**

- For a list of current preventive medications, please refer to the PV Core Plus drug list available through Premera's website (<https://www.premera.com/documents/052924.pdf>).
- This drug list applies to all three UA Choice Plans.
 - For more information on alternatives for non-preferred or excluded drugs, please visit Premera's website at www.premera.com.

Generic Drugs: Brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety and strength.

- Because they are the same medicine, generic drugs are just as effective as brand-name drugs and undergo the same rigid FDA standards.
 - But on average, a **generic version costs 80% to 85% less** than the brand-name equivalent.

Callouts: Speciality Meds and SaveonSP



Speciality Medications: Patients with complex chronic medical conditions need care management. Premera's Specialty Pharmacy is a program that provides a full complement of specialized drugs and services.

- If you are taking medications for a complex chronic medical condition, contact Accredo, an Express Scripts Specialty Pharmacy at [877-244-2995](tel:877-244-2995)
- Certain Specialty Drugs **are \$100 for up to a 30-day supply** only from specialty pharmacy Accredo (750 and HDHP Plans)
- Visit [here](#) for more information or **Call TouchCare at 866-486-8242**

SaveonSP: The University of Alaska is collaborating with Express-Scripts' program, SaveonSP, to help you save. Contact SaveonSP directly at [800-683-1074](tel:800-683-1074) to find out if your current medication is eligible. Participation is voluntary.

- If you participate, your copay will be covered (**thus no out-of-pocket costs to you!**)

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Dental

Only 60% of adults have been to the
dentist in the past year.

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

Dental Plan Comparison Details

	PREMIUM PLAN	BASIC PLAN
BIWEEKLY CONTRIBUTIONS		
EMPLOYEE ONLY	\$7.97	\$3.16
EMPLOYEE + SPOUSE	\$16.21	\$6.59
EMPLOYEE + CHILD(REN)	\$15.44	\$5.20
EMPLOYEE + FAMILY	\$25.94	\$9.55
	IN-NETWORK	IN-NETWORK
ANNUAL DEDUCTIBLE		
PER MEMBER / PER FAMILY	\$50/\$150 Does not apply to Preventive	\$50/\$150 Does not apply to Preventive
ANNUAL MAXIMUM		
PER PERSON	\$3,500	\$2,000
COVERED SERVICES		
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	100% Covered No Deductible Applied**	100% Covered No Deductible Applied**
BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	80%*	80%*
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	50%*	50%*
ORTHODONTICS	50%	50%
ORTHODONTIC LIFETIME MAXIMUM	\$3,500	\$1,500

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Vision

More than **150M** Americans use
corrective eyewear to compensate for
refractive errors.

Don't wear glasses? Even you shouldn't skip an annual eye exam! University of Alaska provides you and your family access to quality vision care with a comprehensive vision benefit through VSP.

Vision Plan Comparison Details

VISION PLAN

BIWEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY		\$0.60	
EMPLOYEE + SPOUSE		\$1.27	
EMPLOYEE + CHILD(REN)		\$1.09	
EMPLOYEE + FAMILY		\$1.90	
		IN-NETWORK	OUT-OF-NETWORK
EXAMS			
COPAY	\$10 copay	Up to \$50 reimbursement	Every 12 months
LENSES			
SINGLE VISION	\$25 copay	Up to \$50 reimbursement	Every 24 months
BIFOCAL	\$25 copay	Up to \$75 reimbursement	
TRIFOCAL	\$25 copay	Up to \$100 reimbursement	
LENTICULAR	\$25 copay	Up to \$125 reimbursement	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION	No charge	No Coverage	Every 24 months
ELECTIVE	No charge	Up to \$105 reimbursement	
MEDICALLY NECESSARY	No charge	Up to \$210 reimbursement	
FRAMES			
COPAY	\$25 copay	Up to \$70 less the \$25 copay	Every 24 months
ALLOWANCE	Standard Frame: up to \$150 or Featured Brands: up to \$170 + 20% off the remaining amount	Up to \$70 reimbursement	
OTHER SERVICES			
DIABETIC EYE CARE	\$20 copay	No Coverage	As needed



For a more detailed vision plan summary, please visit www.alaska.edu/benefits.

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Ancillary

What is a HSA?

A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax free.

You must be enrolled in UA's HDHP health plan or a qualifying plan to participate.



- Your HSA is a personal bank account that you own and administer.
- You decide **how much** you contribute, **when to use** the money for medical services or supplies and **when to reimburse** yourself.
- You can save and roll over unused HSA funds to the next year or let funds accumulate year over year to use for eligible expenses in retirement.
- Use your Bank of America Benefit Solutions debit card to pay for qualified medical expenses. Contributions are made through payroll deductions on a **pre-tax basis**.

REMINDER: HSA aligns with the **CALENDAR** year (Jan 1 – Dec 31). HSA can be adjusted **ANYTIME** throughout the year. No enrollment period is necessary

Important HSA Tips:

A Health Savings Account can be used for qualified expenses for you, your spouse or tax dependents even if they are NOT on your plan!

You must be enrolled in the HDHP plan to maintain an HSA

If you are switching from an FSA to an HSA, you cannot have any balance in your FSA after 6/30/23. If there is even \$1.00 in your FSA on 7/1/23, you will not be able to contribute money to your HSA account until 1/1/24.

You Are Eligible to Contribute to an HSA if:



- You are enrolled in an HSA eligible plan and **NOT otherwise covered by a non-eligible plan** (this includes spouse coverage, Medicare and TRICARE).
- You are **NOT covered** by your Spouse's non-HDHP
- You **were NOT previously contributing to an FSA** or will not carry an FSA balance after 6/30/23
- Your **spouse does NOT have a healthcare FSA or an HRA** (Health Reimbursement Amount).
- 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 are **NOT received Department of Veterans Affairs medical benefits** in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

It's up to **you** how much you contribute.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2023, contributions are limited to the following:

2023 HSA FUNDING LIMITS

EMPLOYEE	\$3,850
FAMILY	\$7,750
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

HSA funds are **your funds**. You do not lose them, regardless of employment!

What is a FSA?



A Flexible Spending Account (FSA) is a special **tax-free** account you put money into to pay for certain out-of-pocket expenses. **Unlike the HSA, you may enroll in an FSA regardless of if you choose a UA Choice plan or not.**

Funds in your **Healthcare FSA** can be used for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars.

Funds in your **Dependent Care FSA** can be used for qualified expenses for care for elderly or child dependents.

2023 FSA FUNDING LIMITS

HEALTHCARE FSA	\$3,050
DEPENDENT CARE FSA	\$5,000

Your FSA can be used for medical services including **chiropractic care, acupuncture, glasses, orthodontia, and more...**

FSA vs HSA

Plan Feature.	FSA	HSA
Who can enroll?	Anyone eligible for benefits	Only those enrolled in a Qualified High Deductible Plan
Annual Contributions limit	2023: HealthCare FSA: \$3,050 Dependent Care FSA: \$5,000	2023: Employee: \$3,850 Family: \$7,750 Catch-up Contribution: (Ages 55+): \$1,000
Who contributes and How?	Employee	Employee
New Bank Account?	No	Yes
Will the money “go away” at the end of the plan year?	Any unused funds at the end of the plan year will be forfeited at the conclusion of the 90 run out period.	Unused funds do not expire; This money can also be used on healthcare expenses even if you’re not in a Qualified High Deductible Plan
Can you use money that is not yet in the account?	Employees have access to their goal amount immediately upon enrollment into the plan	Employees only have access to the amount of money th at they have contributed to their HSA via payroll deductions.
Portable when you leave?	No	Yes

What is an EAP?

EAPs deliver a comprehensive, global approach to addressing employee problems so that organizations stay ahead of workforce issues.

The EAP benefit includes eight visits per issue with a licensed mental health professional. All services provided are confidential and will not be shared with University of Alaska.



- ❖ The university's Employee Assistance Program is a **FREE** benefit through **Vivacity/ComPsych**
- ❖ You have **24-hour access** to helpful resources by phone
- ❖ The EAP benefit includes **eight visits with a licensed professional**.
- ❖ You may access information, benefits, educational materials and more either by phone at 800-851-1714 or online at www.compsych.com

BASIC EMPLOYEE LIFE INSURANCE

COVERAGE AMOUNT	\$100,000
WHO PAYS	University of Alaska
BENEFITS PAYABLE	In the event of your death.
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

SUPPLEMENTAL EMPLOYEE LIFE INSURANCE

COVERAGE AMOUNT	Up to \$600,000 of supplemental coverage in \$50,000 increments
WHO PAYS	Employee
BENEFITS PAYABLE	In the event of your death. This benefit is in addition to the Basic Life benefit.
MAXIMUM BENEFIT	\$600,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	EOI is required when electing over \$200,000 Age 65+: EOI is required when electing over \$100,000

Voluntary Accidental Death & Dismemberment Insurance

The basic benefits provided to you by University of Alaska may not be enough to cover expenses in a time of need. Eligible employees may purchase additional Voluntary AD&D insurance. Premiums are paid through payroll deductions.

FY23 AD&D RATES

COVERAGE TYPE	12 MONTH	9 MONTH	ANNUAL COST
EMPLOYEE ONLY	\$2.64	\$3.60	\$68.40
EMPLOYEE + FAMILY	\$5.27	\$7.20	\$136.80

VOLUNTARY AD&D INSURANCE

COVERAGE AMOUNT	This optional coverage provides a lump sum benefit to you or your beneficiary if you or a covered family member die or suffer certain injuries as the result of an accident.
WHO PAYS	Employee
BENEFITS PAYABLE	If you lose a limb or suffer paralysis in an accident. This benefit is in addition to the Basic Life benefit.
MAXIMUM BENEFIT	\$300,000 for you and a percent for your family members, depending on the make-up of your family at the time of a qualifying accident
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

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Other Important Benefits

Short Term Disability (No Cost):

Weekly Maximum Benefit: \$800.00

Maximum Benefit Period: 11 Weeks

Long Term Disability (No Cost):

Monthly Maximum Benefit: \$3,000.00

Maximum Benefit Period: Payments will last for as long as you are disabled or until you reach your Social Security normal retirement age, whichever is sooner.

Livongo Diabetes & Hypertension Management (No Cost):

For employees and covered dependents who are enrolled in a UA Choice Health plan. Support and medical supplies for diabetes, diabetes prevention and hypertension

BestBeginnings (No Cost):

Giving families the best possible start with a comprehensive maternity program. From pregnancy to delivery, postpartum and newborn care, BestBeginnings provides information and support throughout your journey.

Prenatal Care:

Helpful information about pregnancy and proper prenatal care is available by calling the 24-hour nurse line at [1-800-841-8343](tel:1-800-841-8343)

TalkSpace:

With TalkSpace, you can easily connect to therapists and psychiatrists by video, phone call, and text for about the same cost as an in-person visit. Please sign up via the dedicated TalkSpace website through Premera by visiting: www.premera.com/visitor/mentalhealth

Brightline:

Brightline provides confidential video visits with licensed clinicians for your children and resources or skills that provide assistance to parents and caregivers. Chat with a coach or schedule a video visit by visiting: www.hellobrightline.com/premera?referrer=access

Substance Use Disorders

Premera offers **BoulderCare** and **Workit Health** for opioid use disorders and addiction treatment. These services are offered virtually for easy access. Visit: start.boulder.care or the Workit health website at: www.workithealth.com/insurance/premera/.

Accident:

This benefit, available through The Hartford, provides benefits for you and your covered family members if you have expenses related to an accident that occurs outside of work. If you have active children – please consider this benefit!

Critical Illness:

Coverage through The Hartford pays a lump-sum benefit of either \$15,000 or \$30,000 if you are diagnosed with a covered disease or condition. You can use this money for whatever you like!

Hospital Indemnity:

The Hartford pays cash benefits directly to you if you have a covered stay in a hospital or ICU. You can use funds to cover any expenses or personal needs.

Identity Theft:

Access to identity theft protection is available through Allstate ID. Millions of transactions are monitored every second, alerting you to suspicious activity by text, phone or email.

Prepaid Legal:

LegalShield offers you and your family low-cost access to attorneys for a wide variety of personal legal services.

ASPCA Pet Insurance: [SEE LINK](#)

Save up to 10% on ASPCA Pet Health Insurance. You can use any vet, specialist, or emergency clinic!

www.aspcapetinsurance.com/UniversityofAlaska

Priority Code: [EBUniversityofAlaska](#)

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Important Reminders

Again, this is an **ACTIVE Open Enrollment** period. You must make benefit selections or waive coverage. If you do not, you will be automatically enrolled in Basic Medical, Basic Dental and Vision.

Active Open Enrollment officially begins on April 17, 2023 and ends on May 5, 2023

Your new plan selection will become active on July 1, 2023 and will be active until June 30, 2024.

If you are selecting to participate in the HDHP Plan with the HSA, you need to exhaust all FSA funds prior to HSA participation.

You cannot make plan changes after your open enrollment period ends unless you experience a Qualified Life Event. If you miss OE and do not have a QLE, you will need to wait until OE next year to make changes.

Remember to have all of your beneficiary and dependent information available at the time of Open Enrollment.

HSA accounts are based on the CALENDAR YEAR. FSA accounts are based on the PLAN YEAR.

If you need additional assistance with plan selections or if you have questions, please schedule a **One-to-One consultation** with TouchCare by visiting: www.touchcare.com/open-enrollment





Thank You



TOUCHCARE

A healthier understanding of healthcare.