



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



2023 EMPLOYEE BENEFITS GUIDE

Physicians and Executives

CONTENTS



4 – 10
Eligibility & Enrollment
Medical Coverage



11
Dental Coverage



12
Vision Coverage



13 – 16
Flexible Spending Account



16 – 17
Life and AD&D Coverage



18 – 24
Disability Coverage
Voluntary Benefits



19
Employee Assistance Program



20
Retirement Benefits



21 – 22
Additional Benefits



23
Directory & Resources



WE'VE GOT YOU COVERED

Welcome to your 2023 Benefits Information Guide!

At ANTHC, we are dedicated to providing you with unique benefits that meet the needs of you and your family. We understand the importance of a well-rounded benefits program, and because of that, offer a range of plans that help protect you in the case of illness or injury. You can learn about the details of these plan options by reading through this Benefit Information Guide.

Starting with the basics of how to enroll, followed by the details of each plan, this guide is a go-to resource for all things benefits related. Once you better understand the various options we offer, you can make an informed decision on which plans work best for you and your family.

We encourage you to read through this booklet in its entirety. Included you will find details about:

- Who is eligible to participate
- How to enroll and how to make changes during the year, if applicable
- Each benefit offered and a summary of what is covered under the plan
- The Insurance Companies who administer our benefits and how to contact them if you need assistance
- And much more!

We appreciate the hard work and dedication you bring to ANTHC. For this and many other reasons, we want to offer you competitive and cost effective benefits. It's one way we can say thank you for your contributions.

If you have any questions about the employee benefits described herein or would like more information, please refer to your plan documents and insurance booklets or contact the Human Resources Department.

ELIGIBILITY & ENROLLMENT

If you are a new employee or you are re-evaluating your choices as a continuing participant, the benefits program offers a variety of coverage options that are available to you.

Who Can Enroll

Regular employees working a minimum of 30 hours per week are eligible to participate in the benefits program. Eligible employees may also choose to enroll eligible family members, including a legal spouse and/or children.

Children are considered eligible if they are:

- You or your spouse's biological children, stepchildren, adopted child or foster child up to age 26
- You or your spouse's children of any age if they are incapable of self-support due to a physical or mental disability

When Coverage Begins

Your enrollment choices remain in effect for the benefits plan year, January 1 through December 31. Benefits for eligible new hires will commence as outlined below:

| Benefit Plan | Eligibility Date |
|--|---|
| Medical Health Care FSA | 1st day of the pay period after your enrollment is submitted |
| Dental and Vision Dependent Care FSA | 1st of the month following the date the enrollment form is received |
| Life and AD&D Voluntary Life Insurance Short Term Disability Long Term Disability | 1st of the month following the 30 days of employment |

Please note: If you do not enroll for coverage during your eligibility period (60 days from your date of hire), you must wait until our next Open Enrollment, unless you have a qualifying event during the plan year. See next page for details.

Active employees Active employees have a passive open enrollment, meaning you are not required to take action in order to keep the previous year's coverages. You must re-elect your contribution amounts each year for the Flexible Spending Account (FSA).

Medical enrollment is subject to Federal Employee Health Benefit (FEHB) Program requirements.

Changes during the Year

You are permitted to make changes to your benefits outside of the Open Enrollment period if you have a qualified change in status as defined by the IRS.

Generally, you may add or remove dependents from your benefits, as well as add, drop or change coverage if you submit your request for change within 60 days of the event. Examples include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Death of a dependent
- You or your spouse's loss or gain of coverage through our organization or another employer
- Change in residence affecting eligibility or access

If your change during the year is a result of the loss of eligibility or enrollment in Medicaid, Medicare or state health insurance programs, you must submit the request for change within 60 days.

For a complete explanation of qualified status changes, please refer to the Legal Information Regarding Your Plans section of this guide.

Enrollment Made Easy

Paper Enrollment/Contact HR: After reviewing your options, login to myHR to complete your open enrollment elections. If you have questions when completing your enrollment, contact the Benefits Department at 907.729.1301 or akahrbenefits@anthc.org.

FEHB Program Enrollment Link: opm.gov/healthcare-insurance/tribal-employers/plan-information/plans/

APPROVED FMLA OR LOA: CONTACT THE BENEFITS TEAM FOR ENROLLMENT FORMS

MEDICAL COVERAGE

Whether you have a common cold or will be undergoing surgery, medical benefits cover a range of services and can provide peace of mind to help you offset health care costs.

Your Medical Plan Options

ANTHC participates in the Federal Employee Health Benefits (FEHB) program, which offers various medical plans that include fee-for-service plans, consumer-driven health plans and high-deductible health plans.

Selecting a Plan that's Right for You

As you evaluate your health plan options and insurance needs, consider the following factors:

- **Choice:** If you prefer to seek services from specific physicians, specialists or facilities, check to see if the medical plan option will cover services from those providers. While some health plans restrict your provider selection, others provide greater flexibility and choice
- **Coverage:** Whether routine, surgical, prescription or another type of coverage, determine if the plan covers the services and medical treatments you value most. Plan exclusions, restrictions and limitations may also guide your selection process, which are detailed in the Summary Plan Descriptions found on the FEHB website listed below.
- **Cost:** Cost may be a large determining factor in your selection and each plan may contain a variety of cost components. Consider the amount of your payroll deduction, as well as other plan expenses such as deductibles, copayments or coinsurance

You are encouraged to review premiums before selecting the plan of your choice. You are encouraged to review premiums before selecting the plan of your choice. ANTHC will pay 80 percent of the monthly premiums. Refer to the next page for links which will direct you to plan information.

FEHB Program

The following link is your main resource for the FEHB program. It provides a tool to compare health plans which will help support your decision for your medical insurance: opm.gov/healthcare-insurance/tribal-employers/.

How to Find a Provider

Before you go to the doctor or receive health care services, make sure your doctor, facility or specialist is participating in your plan's network. This may ensure you receive the highest level of benefit and could reduce your health care costs. Check out the instructions below to find out how to perform a "Provider Search" for your plan.

1. Visit the following website: opm.gov/healthcare-insurance/tribal-employers/plan-information/plans/
2. Select your plan of choice
3. Click GO under the Directory column
4. You will be redirected to the carrier website where you can fill in the fields for your provider search

Free Preventive Health Care

The Federal Health Care Reform law now requires insurance companies to cover preventive care services in full, saving you money and helping you maintain your health. Such preventive services include:

- Preventive Care doctor's visits
- Annual checkups
- Well-baby and child visits
- Several types of immunizations and screenings

To confirm that your preventive care services are covered, refer to your plan documentation.

Opt-Out Provision

Employees may elect to "Decline" coverage if you have access to coverage through a spouse or through another plan. To waive coverage, you must check box in Part E of the FEHB Form 2809. It is important to note that if coverage is waived, the next opportunity to enroll in our group benefit plans would be during open enrollment or when a Qualifying Life Event occurs.

MEDICAL COVERAGE

Using Prescription Drug Coverage

Many FDA-approved prescription medications are covered through the benefits program. Important information regarding your prescription drug coverage is outlined below:

- Most plan covers generic formulary, brand-name formulary, non-formulary brand, and in some cases, specialty brands
- Generic drugs are required by the FDA to contain the same active ingredients as their brand-name counterparts
- A brand-name medication is protected by a patent and can only be produced by one specified manufacturer
- Although you may be prescribed non-formulary prescriptions, these types of drugs are not on the insurance company's preferred formulary list
- Specialty medications most often treat chronic or complex conditions and may require special storage or close monitoring

For a current version of the prescription drug list(s), go to opm.gov/healthcare-insurance/tribal-employers/plan-information/plans/. You will need to select your plan of choice and click on GO under the website column. You will be redirected to the specific website for each plan where you will find information on the current formulary drug listing.

Informing You of Health Care Reform

For more information regarding Health Care Reform, please visit cciio.cms.gov.

Paying for Coverage

ANTHC strives to provide you with a valuable benefits package at a reasonable cost. ANTHC will pay 80 percent of the medical premiums and 100 percent of the premiums for dental and vision coverage.

Watching Your Wallet?

There are a few ways you might save money through the Prescription Drug plan:

Generic Drugs: Talk to your doctor or pharmacist about trying generic drugs, which contain the same active ingredients as the brand-name equivalent and may reduce your pharmacy expenses

Mail Order: Save time and money by utilizing your mail order service for your medications. A 90-day supply of your medication will be shipped directly to the address on file, instead of purchasing a typical 30-day supply at a walk-in pharmacy. Visit the following for more information about mail order service.

opm.gov/healthcare-insurance/tribal-employers/plan-information/plans/

Some pharmacies, such as those at warehouse clubs or discount stores, may offer less expensive prescriptions than others. By calling ahead, you may determine which pharmacy provides the most competitive price

Medical Benefit Highlights

Rates are based on **bi-weekly pay periods** (26 paychecks). Showing In-Network benefits only.

| | Blue Cross/Blue Shield Standard Plan - PPO | | Blue Cross/Blue Shield Basic Plan - PPO | | FEP Blue Focus PPO | |
|--------------------------------------|--|-------------------|--|-------------------|---|-------------------|
| Customer Service Contact | (800) 562-1011 | | (800) 562-1011 | | (800) 562-1011 | |
| Network | Blue Cross Blue Shield PPO | | Blue Cross Blue Shield PPO | | Blue Cross Blue Shield PPO | |
| Deductible | \$350 (self) \$700 (self+1 or family) | | \$0 | | \$500 (self) \$1,000 (self+1 or family) | |
| Office Visit Copay | \$25 | | \$30 | | \$10 each (first 10 professional visits combined) | |
| Office Visit Copay Specialist | \$35 | | \$40 | | \$10 each (first 10 professional visits combined) | |
| In-Network Coinsurance | 85% | | 100% | | 70% | |
| Out-of-Network Coinsurance | 65% | | Not covered | | Not Covered | |
| Out-of Pocket Maximum | \$6,000 (self) \$12,000 (self +1 or family) | | \$6,500 (self) \$13,000 (self +1 or family) | | \$8,500 (self) \$17,000 (self +1 or family) | |
| Retail RX | Generics: \$7.50 Preferred brand: 30% Non-preferred brand: 50% Preferred specialty: 30% Non-preferred specialty: 30% | | Generics: \$15 Preferred brand: 60% Non-preferred brand: 60% \$90 min Preferred specialty: \$85 Non-preferred specialty: \$110 | | Generic: \$5 Preferred: 40% (\$350 max) | |
| Additional Fees | N/A | | N/A | | N/A | |
| HSA/HRA Funding Levels | N/A | | N/A | | N/A | |
| Coverage | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck |
| Self | 104 | \$80.42 | 111 | \$69.28 | 131 | \$43.37 |
| Self + 1 | 106 | \$175.87 | 113 | \$155.68 | 133 | \$93.24 |
| Self and Family | 105 | \$191.8 | 112 | \$169.87 | 132 | \$102.56 |

| | Aetna HealthFund CDHP - HRA | | Aetna HealthFund HDHP - HSA/HRA | | Aetna HealthFund Value Plan | |
|--------------------------------------|---|-------------------|---|-------------------|---|-------------------|
| Customer Service Contact | (888) 238-6240 | | (888) 238-6240 | | (888) 238-6240 | |
| Network | Aetna PPO | | Aetna PPO | | Aetna PPO | |
| Deductible | \$2,000 (self) \$4,000 (self+1 or family) | | \$1,800 (self) \$3,600 (self+1 or family) | | \$700 (self) \$1,400 (self+1 or family) | |
| Office Visit Copay | 15% after deductible | | 15% after deductible | | \$25 | |
| Office Visit Copay Specialist | 15% after deductible | | 15% after deductible | | \$40 | |
| In-Network Coinsurance | 85% | | 85% | | 80% | |
| Out-of-Network Coinsurance | 60% | | 60% | | 50% | |
| Out-of Pocket Maximum | \$5,000 (self) \$10,000 (self+1 or family) | | \$6,900 (self) \$13,800 (self+1 or family) | | \$6,000 (self) \$12,000 (self+1 or family) | |
| Retail RX | Generic: \$10 Preferred: 50% (\$200 max) Non-preferred: 50% (\$300 max) | | Deductible, then: Generic: \$10 Preferred: 50% (\$200 max) Non-preferred: 50% (\$300 max) | | Generic: \$10 Preferred: 30% (\$600 max) Non-preferred: 50% (\$600 max) | |
| Additional Fees | N/A | | N/A | | N/A | |
| HSA/HRA Funding Levels | *\$1,000 (self) *\$2,000 (self+1 or family) | | \$800 (self) \$1,600 (self+1 or family) | | N/A | |
| Coverage | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck |
| Self | JS1 | \$107.67 | 224 | \$76.86 | JS4 | \$102.18 |
| Self + 1 | JS3 | \$243.00 | 226 | \$166.22 | JS6 | \$233.27 |
| Self and Family | JS2 | \$245.44 | 225 | \$169.54 | JS5 | \$230.96 |

*Does not apply to the deductible

Medical Benefit Highlights

Rates are based on **bi-weekly pay periods** (26 paychecks). Showing In-Network benefits only.

| | Aetna Direct Direct Plan | Aetna Direct Advantage Plan | GEHA Standard Option - PPO | | | |
|--------------------------------------|--|---|---|-------------------|-----------|-------------------|
| Customer Service Contact | (888) 238-6240 | (877) 459-6604 | (800) 821-6136 | | | |
| Network | Aetna PPO | | Aetna Signature Administrators | | | |
| Deductible | \$1,600 (self) \$3,200 (self +1 or family) | \$2,000 (self) \$4,000 (self+1 or family) | \$350 (self) \$700 (self+1 or family) | | | |
| Office Visit Copay | 20% after deductible | | 30% after deductible | | | |
| Office Visit Copay Specialist | 20% after deductible | | 30% after deductible | | | |
| In-Network Coinsurance | 80% | | 70% | | | |
| Out-of-Network Coinsurance | 60% | | 50% | | | |
| Out-of Pocket Maximum | \$6,000 (self) \$12,000 (self+1 or family) | \$7,500 (self) \$15,000 (self+1 or family) | \$6,500 (self) \$13,000 (self+1 or family) | | | |
| Retail RX | Deductible, then: Generic: \$6 Preferred: 30% (\$600 max) Non-preferred: 50% (\$600 max) | Deductible, then: Generic: \$10 Preferred: 45% | Generic: \$10 Preferred: 50% (\$200 max) Non-preferred: 50% (\$300 max) | | | |
| Additional Fees | N/A | | N/A | | | |
| HSA/HRA Funding Levels | *\$900(self) *\$1,800 (self+1 or family) | N/A Credit for Medicare Part B You get up to \$1,200 per year (\$100 per month) | N/A | | | |
| Coverage | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck |
| Self | N61 | \$59.21 | Z24 | \$46.16 | 314 | \$55.02 |
| Self + 1 | N63 | \$129.85 | Z26 | \$101.54 | 316 | \$118.30 |
| Self and Family | N62 | \$149.31 | Z25 | \$122.31 | 315 | \$144.74 |

| | GEHA HSA/HDHP | | GEHA High Option - PPO | | GEHA Elevate Plus | |
|--------------------------------------|--|---|---|-------------------|--------------------------------|-------------------|
| Customer Service Contact | (800) 821-6136 | | (800) 821-6136 | | (800) 821-6136 | |
| Network | Aetna Signature Administrators | | Aetna Signature Administrators | | United Health Care Choice Plus | |
| Deductible | \$1,500 (self) \$3,000 (self+1 or family) | \$350 (self) \$700 (self+1 or family) | \$150 (self) \$300 (self +1 or family) | | | |
| Office Visit Copay | 5% after deductible | | \$20 | | | |
| Office Visit Copay Specialist | 5% after deductible | | \$20 | | | |
| In-Network Coinsurance | 95% | | 90% | | | |
| Out-of-Network Coinsurance | 75% | | 75% | | | |
| Out-of Pocket Maximum | \$5,000 (self) \$10,000 (self+1 or family) | \$5,000 (self) \$10,000 (self+1 or family) | \$6,000 (self) \$12,000 (self +1 or family) | | | |
| Retail RX | Generic: 25% Preferred brand-name: 25% Non-Preferred brand-name: 40% | Generic: \$10 Preferred: 25% (\$150 max) Non-preferred: 40% (\$200 max) | Generic: \$5 Preferred: \$80 Non-preferred: 50% | | | |
| Additional Fees | N/A | | N/A | | | |
| HSA/HRA Funding Levels | \$900 (self) \$1,800 (self+1 or family) | | N/A | | | |
| Coverage | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck |
| Self | 341 | \$55.50 | 311 | \$73.09 | 251 | \$68.62 |
| Self + 1 | 343 | \$119.32 | 313 | \$160.80 | 253 | \$149.63 |
| Self and Family | 342 | \$146.62 | 312 | \$183.16 | 252 | \$164.25 |

*Does not apply to the deductible

Medical Benefit Highlights

Rates are based on **bi-weekly pay periods** (26 paychecks). Showing In-Network benefits only.

| | GEHA Elevate | | NALC CDHP - HRA | | NALC Value Plan | |
|--------------------------------------|---|-------------------|--|-------------------|--|-------------------|
| Customer Service Contact | (800) 821-6136 | | (888) 636-6252 | | (888) 636-6252 | |
| Network | United Health Care Choice Plus | | Cigna Open Access Plus | | Cigna Open Access Plus | |
| Deductible | \$500 (self) \$1,000 (self +1 or family) | | \$2,000 (self) \$4,000 (self+1 or family) | | \$2,000 (self) \$4,000 (self+1 or family) | |
| Office Visit Copay | \$10 | | 20% after deductible | | 20% after deductible | |
| Office Visit Copay Specialist | \$30 | | 20% after deductible | | 20% after deductible | |
| In-Network Coinsurance | 75% | | 80% | | 80% | |
| Out-of-Network Coinsurance | 50% | | 50% | | 50% | |
| Out-of Pocket Maximum | \$8,500 (self) \$17,000 (self +1 or family) | | \$6,600 (self) \$13,200 (self+1 or family) | | \$6,600 (self) \$13,200 (self+1 or family) | |
| Retail RX | Generic: \$4 Preferred brand-name: 50% (\$500) Non-Preferred brand-name: 100% | | Deductible, then: Generic: \$10 (\$5 for hypertension, diabetes, and asthma), Preferred: \$40 Non-preferred: \$60 Non-network: 50% | | Deductible, then: Generic: \$10 (\$5 for hypertension, diabetes, and asthma), Preferred: \$40 Non-preferred: \$60 Non-network: 50% | |
| Additional Fees | N/A | | \$36 annual membership fee | | \$36 annual membership fee | |
| HSA/HRA Funding Levels | N/A | | \$1,200 (self) \$2,400 (self+1 or family) | | \$100 (self) \$200 (self+1 or family) | |
| Coverage | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck |
| Self | 254 | \$40.55 | 324 | \$44.58 | KM1 | \$36.59 |
| Self + 1 | 256 | \$95.07 | 326 | \$98.36 | KM3 | \$80.72 |
| Self and Family | 255 | \$115.74 | 325 | \$105.62 | KM2 | \$86.72 |

| | NALC High Option - PPO | | MHBP Value Plan - PPO | | MHBP Standard Plan - PPO | |
|--------------------------------------|---|-------------------|---|-------------------|--|-------------------|
| Customer Service Contact | (888) 636-6252 | | (800) 410-7778 | | (800) 410-7778 | |
| Network | Cigna Open Access Plus | | Aetna Choice POS II | | Aetna Choice POS II | |
| Deductible | \$300 (self) \$600 (self+1 or family) | | \$600 (self) \$1,200 (self+1 or family) | | \$350 (self) \$700 (self+1 or family) | |
| Office Visit Copay | \$25 | | \$30 | | \$20 | |
| Office Visit Copay Specialist | \$25 | | \$50 | | \$30 | |
| In-Network Coinsurance | 85% | | 80% | | 90% | |
| Out-of-Network Coinsurance | 70% | | 60% | | 70% | |
| Out-of Pocket Maximum | \$3,500 (self) \$5,000 (self+1 or family) | | \$6,600 (self) \$13,200 (self+1 or family) | | \$6,000 (self) \$12,000 (self+1 or family) | |
| Retail RX | Generic: 20% of cost (10% of cost for hypertension, diabetes, and asthma) Formulary brand: 30% Non-formulary brand: 50% | | Generic: \$10 Preferred: 45% (\$300 max) Non-preferred: 75% (\$500 max) | | Generic: \$5 Preferred: 30% (\$200 max) Non-preferred: 50% (\$200 max) | |
| Additional Fees | \$36 annual membership fee | | \$52 annual membership fee | | \$52 annual membership fee | |
| HSA/HRA Funding Levels | N/A | | N/A | | N/A | |
| Coverage | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck |
| Self | 321 | \$72.54 | 414 | \$46.56 | 454 | \$64.49 |
| Self + 1 | 323 | \$160.45 | 416 | \$110.33 | 456 | \$148.44 |
| Self and Family | 322 | \$164.54 | 415 | \$112.53 | 455 | \$149.86 |

*Does not apply to the deductible

Medical Benefit Highlights

Rates are based on **bi-weekly pay periods** (26 paychecks). Showing In-Network benefits only.

| | MHBP Consumer Option - HSA/HRA | APWU Health Plan High Option - PPO | APWU Health Plan Consumer Driven Option - HRA | | | |
|--------------------------------------|---|---|---|-------------------|-----------|-------------------|
| Customer Service Contact | (800) 410-7778 | (800) 222-2798 | (800) 222-2798 | | | |
| Network | Aetna Choice POS II | Cigna Open Access Plus | UHC Choice Plus | | | |
| Deductible | \$2,000 (self) \$4,000 (self+1 or family) | \$450 (self) \$900 (self+1 or family) | \$2,200 (self) \$4,400 (self+1 or family) | | | |
| Office Visit Copay | \$15 after deductible | \$25 | \$15 after deductible | | | |
| Office Visit Copay Specialist | \$15 after deductible | \$25 | \$15 after deductible | | | |
| In-Network Coinsurance | See copay schedule | 85% | 85% | | | |
| Out-of-Network Coinsurance | 60% | 60% | \$50 | | | |
| Out-of Pocket Maximum | \$6,000 (self) \$12,000 (self+1 or family) | \$6,500 (self) \$13,000 (self+1 or family) | \$6,500 (self) \$13,000 (self+1 or family) | | | |
| Retail RX | Deductible, then: Generic: \$10 Preferred: 30% (\$200 max) Non-preferred: 50% (\$200 max) | Generic: \$10 Preferred: 25% (\$200 max) Non-preferred: 45% (\$300 max) | Deductible, then: Generic and Preferred: 25% (\$200 max) Non-Preferred: 40% (\$300 max) | | | |
| Additional Fees | \$52 annual membership fee | \$35 annual membership fee | \$35 annual membership fee | | | |
| HSA/HRA Funding Levels | \$1,200 (self) \$2,400 (self+1 or family) | N/A | \$1,200 (self) \$2,400 (self+1 or family) | | | |
| Coverage | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck |
| Self | 481 | \$62.95 | 471 | \$76.14 | 474 | \$59.06 |
| Self + 1 | 483 | \$139.31 | 473 | \$159.89 | 476 | \$128.37 |
| Self and Family | 482 | \$146.28 | 472 | \$182.74 | 475 | \$140.04 |

| | SAMBA Nationwide High Option - PPO | SAMBA Nationwide Standard Option - PPO | | |
|--------------------------------------|---|---|-----------|-------------------|
| Customer Service Contact | (800) 638-6589 | (800) 638-6589 | | |
| Network | Cigna Open Access Plus | Cigna Open Access Plus | | |
| Deductible | \$300 (self) \$600 (self+1 or family) | \$350 (self) \$700 (self+1) \$900 (self + family) | | |
| Office Visit Copay | \$15 | \$20 | | |
| Office Visit Copay Specialist | \$25 | \$30 | | |
| In-Network Coinsurance | 85% | 80% | | |
| Out-of-Network Coinsurance | 65% | 55% | | |
| Out-of Pocket Maximum | \$5,000 (self) \$10,000 (self+1 or family) | \$6,000 (self) \$12,000 (self+1 or family) | | |
| Retail RX | Generic: \$10 Preferred: 30% (\$100 max) Non-preferred: 45% (\$300 max) | Generic: \$12 Preferred: 35% (\$150 max) Non-preferred: 50% (\$300 max) | | |
| Additional Fees | N/A | N/A | | |
| HSA/HRA Funding Levels | N/A | N/A | | |
| Coverage | Plan Code | Cost per Paycheck | Plan Code | Cost per Paycheck |
| Self | 441 | \$83.16 | 444 | \$67.31 |
| Self + 1 | 443 | \$182.96 | 446 | \$144.87 |
| Self and Family | 442 | \$199.59 | 445 | \$153.56 |

*Does not apply to the deductible



DENTAL COVERAGE

Dental benefits are another important element of your overall health. With proper care, your teeth can and should last a lifetime.

Your Dental Plan

You and your eligible dependents have the opportunity to enroll in a Dental Preferred Provider Organization (PPO) plan administered by MetLife.

Using the Plan

The Dental PPO plan is designed to give you the freedom to receive dental care from any licensed dentist of your choice. Keep in mind: you'll receive the highest level of benefit from the plan if you select an in-network PPO dentist versus an out-of-network dentist who has not agreed to provide services at the negotiated rate. Additionally, no claim forms are required when using in-network PPO dentists.

Helpful Dental Hints

Don't forget about your semi-annual Dental Cleanings! Review your plan information to learn more about what is covered under the plan

To find an in-network dentist, visit providers.online.metlife.com and search the Provider Network or call 800.942.0854

| | MetLife DPPO Dental Plan | MetLife Buy Up DPPO Dental Plan |
|---------------------------------|---------------------------------|---------------------------------|
| | In-Network | In-Network |
| Calendar Year Deductible | \$50/individual \$150/family | \$50/individual \$150/family |
| Annual Plan Maximum | \$2,000 per person | \$3,000 per person |
| Preventive Services | Covered in full | Covered in full |
| Basic Services | 20% after deductible | 20% after deductible |
| Major Services | 50% after deductible | 50% after deductible |
| Orthodontia | | |
| Children | 50% (no deductible) | 50% (no deductible) |
| Adults | 50% (no deductible) | 50% (no deductible) |
| Lifetime Maximum | \$1,000 per covered person | \$2,000 per covered person |

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

VISION COVERAGE

By practicing healthy eye habits, you and your family members can work toward preserving your vision for the long haul.

Your Vision Plan

Vision coverage is administered by MetLife Vision as a Preferred Provider Organization (PPO) plan.

Using the Plan

As with a traditional PPO, you may take advantage of the highest level of benefit by receiving services from in-network vision providers and doctors. You will be responsible for a copayment at the time of your service. However, if you receive services from an out-of-network doctor, you pay all expenses at the time of service and submit a claim for reimbursement up to the allowed amount.

Any questions pertaining to your vision coverage can be directed to MetLife Vision by calling 800.GETMET8 or going to mymetlifestvision.com.

Can You See It?

Common daily symptoms that may suggest a problem with your vision:

- Blurriness, blind spots or halos around lights Frequent headaches
- Loss of sharpness
- Sitting too close to the television
- Squinting

| | MetLife Vision | |
|--|--|---|
| | In-Network | Out-of-Network |
| Routine Examination (1 x every 12 months from last date of service) | \$10 copay then 100% | \$10 copay then 100% (up to \$45) |
| Contacts Evaluation & Fitting Examination | Up to \$60 copay then 100% | Not applicable (Combined with elective contact allowance) |
| Materials | \$25 copay then 100% (see schedule below; copay waived for contacts) | |
| Lenses (1 x every 12 months from last date of service) | | |
| Single Vision Lenses | 100% of basic lens | Up to \$30 |
| Bifocal Lenses | 100% of basic lens | Up to \$50 |
| Trifocal Lenses | 100% of basic lens | Up to \$65 |
| Contact Lenses (1 x every 12 months from last date of service) Elective | Up to \$150 (in lieu of lenses & frames) | Up to \$105 (in lieu of lenses & frames) |
| Frames (1 x every 24 months from last date of service) | Up to \$150 (plus 20% discount off any out-of-pocket costs) | Up to \$70 |
| Low Vision Rider (1 x every 24 months from last date of service) | Supplemental Testing: Up to 75% of allowable charges (Includes evaluation, diagnosis and prescription of vision aids where indicated) Supplemental Aids: 75% of Affiliate Provider's fee up to \$1000 | |
| Reimbursement Level | Provider may not balance bill | Provider may balance bill |

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.

FLEXIBLE SPENDING ACCOUNT (FSA)

Stretch your health care and dependent care dollars by using pre-tax dollars for qualified health and dependent care costs by participating in the Flexible Spending Account program.

FSA Overview

You may have the option to enroll in and contribute toward the following types of Flexible Spending Accounts (FSAs), helping to reduce your taxable income and pay for eligible expenses for yourself, your spouse and your eligible dependents, on a tax-free basis. The FSA plan operates on a calendar year basis from January 1 through December 31. You may participate in one or all of the following accounts:

- **A Health Care FSA** can reimburse for health care expenses that are not covered, or are only partially covered, by your medical, dental and vision insurance plans including other eligible expenses. You will have immediate access to the entire annual contribution amount from the first day of the benefit year, before all scheduled contributions have been made. Only those who are eligible to participate in the ANTHC's health plan coverage are eligible to participate in the Health Care FSA.
- **The Dependent Care FSA** can be used to pay for qualified child care and/or caregivers for a disabled family member living in the household who is unable to care for themselves. Unlike the Health Care FSA, you can only access the money that is currently in the account.

With regard to the FSA types available,

- The plan administrator is WexHealth
- Contributions are deducted from your paycheck in equal amounts during the year before federal, state and social security taxes are taken out
- Since you are not paying federal, state or social security taxes on the contributions, your taxable income is reduced and your spendable income actually increases

Carryover funds from your 2022 Health FSA to 2023

Employees have the ability to carry over up to \$570 from your 2022 Health Flexible Spending Account to the 2023 plan year. We have outlined what this means to Health FSA participants below:

- Although the Plan Year runs from January 1, 2022 through December 31, 2022, you will have the opportunity to carry over up to \$570 of any unused FSA funds from January 1, 2023 through December 31, 2023.
- If you have not had the opportunity to incur expenses during the plan year, this provision allows you additional time to incur expenses, up to the amount of your carryover.
- The plan will allow a "run-out period" from January 1, 2023 through March 31, 2023, allowing you to seek reimbursement for expenses 3 months after the plan year ends on December 31, 2022.
- The amount of your carryover from 2022 will not affect your annual maximum allowed contribution to your 2023 FSA.

Enrolling in an FSA

To participate in the FSA program, enrollment must be completed each year during the Open Enrollment period for both new and active employees up to the maximum amounts allowed. An annual contribution amount must be determined at the time of enrollment.

Once enrolled, check out the knowledgebase to quickly search for answers to your questions. The knowledgebase boasts millions of views of our micro-videos, articles and step by-step how-tos empowering you to get the most out of your benefits. Have a question? Visit any time of day or night by logging in to your online account on wexinc.com.

The following sections provide additional information on contributing toward the FSA and using funds, as well as how reimbursements are completed.

FLEXIBLE SPENDING ACCOUNT (FSA)

Using Your Funds

The types of expenses reimbursable by your spending accounts are determined by the IRS. Examples of eligible expenses and additional information are below.

| Account Type | Eligible Expenses |
|---------------------------|--|
| Health Care FSA | <ul style="list-style-type: none">• Deductibles, copays and coinsurance, as well as out-of-pocket costs for medical, dental and vision services, including chiropractic and acupuncture services• Prescription drugs and over-the-counter medications with a prescription are considered eligible• Explicit guidelines for determining eligible expenses have yet to be provided by the Internal Revenue Service (IRS); for a list of potential eligible expenses that may be covered by a Flexible Spending Account (FSA), review Internal Revenue Code (IRC) section 213 (d). IRS Publication 502 (Medical and Dental Expenses) may be used as a guide for what expenses may be considered by the IRS to be for medical care; however, the guidelines should be used with caution when trying to determine what expenses are reimbursable under an FSA (1) |
| Dependent Care FSA | <ul style="list-style-type: none">• Eligible child care, nanny services or residential disabled adult daycare for your dependents• Dependents claimed on your federal income tax return, including those under age 13 and those of any age who are unable to care for themselves, who live with you for more than half of the taxable year and do not provide more than half of his/her own support would be considered eligible dependents for this FSA• To determine potential eligible employment-related expenses view IRC sections 129 and 21. IRS Publication 502 (Child and Dependent Care Expenses) may also be used as a guide for what expenses that may be considered employment-related; however, Publication 502 should be used with caution when trying to determine what expenses are reimbursable under a Dependent Care FSA (1) |

Please note: This is informational only and not intended to serve as legal, tax, or financial advice. Participants in a Health Care FSA or Dependent Care FSA should consult their tax advisor before making any changes to their plan.

If you are at a participating FSA merchant when you incur eligible expenses, use your FSA debit card to complete your transaction. Each FSA-enrolled employee receives one debit card, which is mailed to the address on file with WexHealth.

Keep itemized receipts in a safe place. The IRS or WexHealth may request a copy to substantiate a claim. If you are required to submit a receipt or some form of claim documentation and fail to comply, reimbursement may be denied.

Contributing to Your Accounts

Each account allows participants to contribute a set annual amount, as outlined in the chart below.

| Account Type | Contribution Limit |
|---------------------------|---|
| Health Care FSA | <ul style="list-style-type: none">• You can contribute up to \$3,050 pre-tax in 2023 |
| Dependent Care FSA | <ul style="list-style-type: none">• If you are single, you can contribute up to \$5,000 pre-tax in 2023• If you are married and filing a joint tax return, you can contribute up to \$5,000 pre-tax in 2023• If you are married and file separately, you can contribute up to \$2,500 pre-tax in 2023 |

Please note: Consult your tax advisor for additional taxation information or advice.

Not sure how much to contribute? By estimating the eligible expenses you and your family might incur during the plan year, you will have a better sense of how much your annual contribution toward the FSA should be. The Planning Worksheets may help you determine an amount to contribute to the Health Care FSA and/or Dependent Care FSA.

FLEXIBLE SPENDING ACCOUNT (FSA)

Health Care FSA Worksheet

| Eligible Expenses Enter the amount not covered or reimbursed by your health care plans: | Annual Estimated Amount |
|---|-------------------------|
| Deductibles (medical, dental and vision) | \$ _____ |
| Copayments and coinsurance amounts | \$ _____ |
| Charges above the amount payable by your health care plans | \$ _____ |
| Medical, dental, orthodontia and vision care expenses not covered by your or your dependents' health care plans | \$ _____ |
| Prescription drug expenses | \$ _____ |
| Other potential eligible expenses as identified in IRC section 213 (d) and IRS Publication 502 | \$ _____ |
| Total Estimated Health Care Expenses (maximum annual allowed contribution of \$ | \$ _____ |

Dependent Care FSA Worksheet

| Eligible Expenses Enter the amount not covered or reimbursed by your health care plans: | Annual Estimated Amount |
|--|-------------------------|
| Tax deductible wages or salary paid to a baby-sitter or companion in or outside of your home residence | \$ _____ |
| Services of a daycare center and/or nursery school | \$ _____ |
| Cost of care at facilities away from home, such as family daycare or adult daycare centers | \$ _____ |
| Wages paid to an individual for providing care for an eligible dependent | \$ _____ |
| Other potential eligible expenses as identified in IRC sections 129 and 21 and IRS Publication 503 | \$ _____ |
| Total Estimated Dependent Care Expenses (maximum annual allowed contribution of \$ | \$ _____ |

WexHealth Reimbursements

- **Questions when enrolled:** 866-451-3399 | **Questions before you enroll:** 844-561-1337
- **Email a question:** customerservice@discoverybenefits.com
- **Submit a form:** forms@discoverybenefits.com
- **Live chat:** go to wexinc.com, hover over Solutions and select Participants/Employees

FLEXIBLE SPENDING ACCOUNT (FSA)

Saving with an FSA

Whether you are single, a working couple or have a family of four, an FSA provides more take-home pay and reduces your taxable income. The scenarios below highlight potential tax savings available through the FSA program.

| | Single Person | | Family of Four | |
|---|---------------|--------------|----------------|----------------|
| | Without FSA | With FSA | Without FSA | With FSA |
| Annual Salary | \$36,000 | \$36,000 | \$80,000 | \$80,000 |
| Annual Pre-tax Contribution ⁽¹⁾ | \$0 | \$2,000 | \$0 | \$5,000 |
| Taxable Income | \$36,000 | \$34,000 | \$80,000 | \$75,000 |
| Taxes Withheld ⁽²⁾ | (\$11,034) | (\$10,421) | (\$24,520) | (\$22,988) |
| Annual After-tax Expenses | (\$2,000) | \$0 | (\$5,000) | \$0 |
| Annual Take-home Pay | \$22,966 | \$23,579 | \$50,480 | \$52,013 |
| Increase in Annual Take-home Pay with FSA | | \$613 | | \$1,533 |

⁽¹⁾ Since the annual pre-tax contribution limit is \$3,050 in 2023, the Family of Four example assumes that you and your spouse each contribute to an FSA, and each FSA can cover both of your expenses. For example, if you both elect to contribute \$2,500 to your respective FSAs, your family would have a total of \$5,000 FSA dollars available.

⁽²⁾ Please note: For example purposes, taxes were estimated at 30.65%. The tax advantages you receive will vary depending on your annual salary, tax filing status and annual contribution amount.

The FSA Health Plan and Termination

If you are a participant in your Health FSA plan and you are terminated, your funds may be preserved and you may have other options available to you at the time of termination, if applicable. It is important that you check your Summary Plan Description or contact the Human Resources Department at 907.729.1301 if you have any further questions regarding your FSA health plan funds at the time of termination. Your failure to act in conjunction with your Health FSA plan may cause your funds to be permanently forfeited after your termination.

LIFE AND AD&D COVERAGE

In the event of your death, Life Insurance will provide your family members or other beneficiaries with financial protection and security. Additionally, if your death is a result of an accident or if you become dismembered, your Accidental Death & Dismemberment (AD&D) coverage may apply.

Employer Paid Basic Life and AD&D

Paid for in full by ANTHC, the benefits outlined below are provided by The Hartford:

- Basic Life Insurance of 2.5 x annual earnings up to \$250,000
- AD&D coverage matches the Basic Life benefit in full or in part depending on the type of loss

IRS Regulation: Employees can receive employer paid life insurance up to \$50,000 on a tax-free basis and do not have to report the payment as income. However, an amount in excess of \$50,000 will trigger taxable income for the “economic value” of the coverage provided to you.

Select Your Beneficiary

Beneficiaries are individuals or entities that you select to receive benefits from your policy.

- You can change your beneficiary designation at any time
- You may designate a sole beneficiary or multiple beneficiaries to receive payment in the amount you specify
- To select or change your beneficiary, contact the ANTHC Benefits Department

LIFE AND AD&D COVERAGE

Voluntary Employee Paid Life

If you would like to supplement your employer paid insurance, additional Life coverage for you and your dependents is available for purchase through Hartford.

- For employees: Increments of \$10,000 up to a \$500,000 maximum
- For your spouse: Increments of \$5,000 up to a \$300,000 maximum
- For your child(ren): \$10,000

Please note: Benefits coverage will reduce when you reach age 70. Restrictions may apply if you and/or your dependent(s) are confined in the hospital or terminally ill. Please refer to your Summary Plan Description for exclusions and further detail.

| Bi-Weekly Cost of Voluntary Life Coverage | | |
|--|----------------------------|-------------------------------------|
| Age of Insured* | Employee Rate per \$10,000 | Spouse Rate per \$5,000 |
| < 20 | \$0.23 | \$0.17 |
| 21-24 | \$0.23 | \$0.17 |
| 25-29 | \$0.34 | \$0.17 |
| 30-34 | \$0.34 | \$0.23 |
| 35-39 | \$0.57 | \$0.29 |
| 40-44 | \$0.80 | \$0.46 |
| 45-49 | \$1.25 | \$0.74 |
| 50-54 | \$2.28 | \$1.31 |
| 55-59 | \$3.49 | \$2.45 |
| 60-64 | \$5.40 | \$3.65 |
| 65-69 | \$9.29 | \$5.99 |
| 70-74 | \$16.86 | \$11.01 |
| 75+ | \$46.73 | \$37.53 |
| Dependent Child Life Coverage per \$10,000 | | \$0.81 Bi-weekly premium per family |

*Your rate will increase as you age and move to the next age band.

Calculating Your Premium

| | Age ¹ | Coverage | Increment | Units | Rate | Bi-Weekly Premium |
|--|------------------|----------|------------|---------|------------|-------------------|
| Employee | ___ | \$ _____ | ÷ \$10,000 | = _____ | × \$ _____ | = \$ _____ |
| Spouse | ___ | \$ _____ | ÷ \$5,000 | = _____ | × \$ _____ | = \$ _____ |
| Child(ren)² | N/A | \$ _____ | | | | = \$ _____ |
| Total Bi-Weekly Premium³ | | | | | | \$ _____ |

¹The employee and spouse are charged separately based upon their individual ages. Your rates will increase as you each age and move to the next age band.

²One rate is charged for all eligible children in a family, regardless of the number of children. All children will be insured for the same amount

³Actual payroll deduction amount may be slightly different due to rounding.

DISABILITY COVERAGE

Should you experience a non-work related illness or injury that prevents you from working, disability coverage acts as income replacement to protect important assets and help you continue with some level of earnings. Benefits eligibility may be based on disability for your occupation or any occupation.

Short Term Disability (STD)

Administered by Hartford, STD coverage provides a benefit equal to 60% of your earnings, up to a maximum of: \$1,000 per week.

You have the option to purchase additional STD coverage that provides a benefit equal to 60% of your earnings, up to a maximum of \$4,000 per week.

The STD benefit is paid for a period of up to 26 weeks. The plan begins paying these benefits after you have been absent from work for 14 consecutive days.

Calculating Your Premium

Calculate your core benefit using the following formula.

$$\begin{array}{ccccccc} \$ ______ & + & 52 & = & \$ ______ & \times & 60\% & = & \$ ______ \\ \text{Your Annual Earnings} & & & & \text{Your Weekly Earnings Maximum} & = & \$3,333 & & \text{Weekly Core Benefit A.} \end{array}$$

Calculate your buy-up benefit using the following formula.

$$\begin{array}{ccccccc} \$ ______ & + & 52 & = & \$ ______ & \times & 0.60 & = & \$ ______ \\ \text{Your Annual Earnings} & & & & \text{Your Weekly Earnings Maximum} & = & \$6,667 & & \text{Weekly Buy-Up Benefit B.} \end{array}$$

To calculate your bi-weekly premium amount, use the following formula.

$$\begin{array}{ccccccc} \$ ______ & - & \$ ______ & + & 10 & = & \$ ______ & \times & \$0.2123 & = & \$ ______ \\ \text{Weekly Buy Up Benefit} & & \text{Weekly Core Benefit} & & & & & & \text{Rate} & & \text{Premium Amount} \\ \text{(B. Above)} & & \text{(A. Above)} & & & & & & & & \end{array}$$

Long Term Disability (LTD)

If your disability extends beyond 180 days, the LTD coverage through Hartford can replace 60% of your earnings, up to maximum of: \$10,000 per month.

If you become disabled before reaching age 66, your disability benefits are payable for two years.

If you become disabled at or after age 63, a reduced payment duration schedule applies. Please refer to your plan materials or contact Human Resources for details.

Defining Disability Coverage

Benefit Period: Maximum amount of time you may receive proceeds for a continuous disability

Commencement Date: The first day your disability is covered, which immediately follows the completion of the waiting period

Elimination or Waiting Period: The time you must wait before you are eligible to receive benefit payments

Taxation of Disability Coverage

Because disability coverage is an employer paid benefit and is available for employees at no cost, any disability payments made to you will be taxable.

Please note: Consult your tax advisor for additional taxation information or advice.

VOLUNTARY BENEFITS

ACCIDENT INSURANCE

A Financial Cushion when Accidents Happen

Accident insurance pays cash benefits for the treatments and injuries associated with an accidental injury such as fractures, dislocations, burns, emergency room, or urgent care visit, and physical therapy. If you or a covered family member suffers an accident, the plan will pay a lump sum benefit based on a predetermined schedule of benefits. By enrolling in the Accident plan, you and your enrolled dependents are also eligible to receive an annual \$50 Wellness Benefit for keeping up with your preventive care.

Example

Kyle injured himself while playing in the yard and suffered a serious concussion. Although Christine, his mom, had good medical coverage, the out-of-pocket costs kept adding up. Thankfully, she and her family were enrolled the Accident plan. She was able to use the money she received under the plan to offset her medical deductible and applicable copays.

| Christine's Benefit Payout | |
|---------------------------------|---------|
| Ambulance | \$600 |
| Emergency Room | \$150 |
| Major Diagnostic Testing | \$400 |
| Concussion | \$200 |
| TOTAL BENEFIT | \$1,350 |

| Benefit Type | Reliance Standard |
|-----------------------------------|---------------------------------|
| Ambulance | \$600 ground, \$2,500 air |
| Burn | Schedule up to \$10,000 |
| Concussion | \$200 |
| Diagnostic Testing (Major) | \$400 |
| Dislocation | Schedule up to \$6,750 |
| Emergency Room Treatment | \$150 |
| Follow-up Treatment | \$75 per visit, up to 2 visits |
| Fracture | Schedule up to \$9,000 |
| Hospital Admission | \$1,000 |
| Hospital Confinement | \$300 per day, up to 365 days |
| Initial Physician Visit | \$150 |
| Laceration | Schedule up to \$600 |
| Physical Therapy | \$20 per visit, up to 15 visits |
| Surgery | Schedule up to \$1,500 |
| Urgent Care | \$150 |
| X-ray | \$50 |
| Organized Sports Benefit | 10% increase to benefit |
| Wellness Benefit | \$50 per insured, per year |



VOLUNTARY BENEFITS

CRITICAL ILLNESS INSURANCE

Fill Financial Gaps Due to Serious Illness

Critical Illness insurance can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum benefit is paid directly to you. By enrolling in the Critical Illness plan, you and your enrolled dependents are also eligible to receive an annual \$50, \$75, or \$100 Wellness Benefit (based on benefit election) for keeping up with your preventive care.

Example

Cindy has a history of cancer in her family, so she enrolled in the Critical Illness plan and elected \$20,000 in benefits. A few months later, Cindy was diagnosed with invasive breast cancer. After filing a claim, Cindy was able to use her benefit to help cover her medical costs, pay for additional childcare and cover some of her lost income.

| CINDY'S BENEFIT PAYOUT | |
|------------------------|-----------------|
| Cancer | 100% |
| TOTAL BENEFIT | \$20,000 |



| BENEFIT TYPE | Benefit Amount |
|---|--|
| Employee | \$10,000, \$20,000, or \$30,000 |
| Spouse | 50% of employee's election |
| Child | 50% of employee's election |
| Benefit Type | Percentage Of Benefit Provided |
| ALS, Alzheimer's, Parkinson's, or Multiple Sclerosis Disease | 100% |
| Cancer | 100% (Skin Cancer: \$500, once per lifetime) |
| Carcinoma in Situ | 25% |
| Coma | 100% |
| Coronary Artery Disease w/ Bypass | 50% |
| Covered Childhood Illnesses | 100% |
| End Stage Renal Failure | 100% |
| Heart Attack | 100% |
| Infectious Diseases | 25% |
| Loss of Sight, Hearing, or Speech | 100% |
| Major Organ Failure | 100% |
| Stroke | 100% |
| Wellness Benefit | \$50/\$75/\$100 per insured, per year |
| Provisions | |
| Additional Occurrence | Yes, 180 day wait, at 100% |
| Recurrence | Yes, 180 day wait, at 100% |

Wellness Benefit: \$10,000 election includes a \$50 Wellness Benefit, \$20,000 includes a \$75 Wellness Benefit, and \$30,000 includes a \$100 Wellness Benefit

VOLUNTARY BENEFITS

HOSPITAL INDEMNITY INSURANCE

Help Cover Out-of-Pocket Costs

A hospital stay can be costly, even if you have medical coverage. Hospital Indemnity insurance can help cover your medical deductible or coinsurance if you are hospitalized by paying a lump-sum benefit directly to you. There is a pre-existing condition limitation (9 months) for pregnancy.

Example

Alexis and her husband eagerly awaited the birth of their child. Alexis was enrolled in the Hospital Indemnity plan, which provided benefits for her hospital admission and stay. The money she received under the plan allowed her to take an extra week of unpaid maternity leave to bond with her little boy.

| ALEXIS' BENEFIT PAYOUT | |
|------------------------|-----------------------|
| Hospital Admission | \$1,000 |
| Hospital Stay (2 days) | \$200 (\$100 per day) |
| TOTAL BENEFIT | \$1,200 |

| BENEFIT TYPE | Reliance Standard |
|--------------------------|-------------------------------|
| Hospital Admission | \$1,000 |
| Hospital Confinement | \$100 per day, up to 365 days |
| Hospital ICU Admission | \$1,000 |
| Hospital ICU Confinement | \$200 per day, up to 30 days |

YOUR BENEFIT COSTS

You cover the cost of coverage for Accident, Critical Illness, and Hospital Indemnity Insurance. You pay for your coverage post-tax so you do not pay taxes on the benefit payable.

Accident Insurance

| | Bi-Weekly Premium |
|-----------------|-------------------|
| Employee | \$5.36 |
| EE+ Spouse/DP | \$8.53 |
| EE + Child(ren) | \$9.07 |
| Family | \$14.26 |

Hospital Indemnity Insurance

| | Bi-Weekly Premium |
|-----------------|-------------------|
| Employee | \$6.60 |
| EE+ Spouse/DP | \$12.60 |
| EE + Child(ren) | \$12.19 |
| Family | \$19.12 |

Critical Illness Insurance

Bi-weekly Premium Amount

| Benefit Amount | Age | 18-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 |
|----------------|-----------------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|
| \$10,000 | Employee | \$1.52 | \$1.86 | \$2.07 | \$2.61 | \$3.60 | \$5.51 | \$7.61 | \$10.35 | \$14.51 | \$19.85 | \$26.64 | \$35.49 |
| | EE + Spouse/DP | \$2.46 | \$2.96 | \$3.30 | \$4.11 | \$5.64 | \$8.60 | \$11.88 | \$16.16 | \$22.63 | \$30.80 | \$41.22 | \$54.67 |
| | EE + Child(ren) | \$2.49 | \$2.82 | \$3.04 | \$3.58 | \$4.57 | \$6.47 | \$8.57 | \$11.31 | \$15.48 | \$20.81 | \$27.60 | \$36.46 |
| | Family | \$3.59 | \$4.09 | \$4.43 | \$5.24 | \$6.77 | \$9.73 | \$13.01 | \$17.29 | \$23.76 | \$31.93 | \$42.35 | \$55.80 |
| \$20,000 | Employee | \$2.66 | \$3.29 | \$3.71 | \$4.78 | \$6.72 | \$10.49 | \$14.65 | \$20.10 | \$28.38 | \$38.98 | \$52.51 | \$70.19 |
| | EE + Spouse/DP | \$4.17 | \$5.11 | \$5.75 | \$7.35 | \$10.33 | \$16.16 | \$22.64 | \$31.12 | \$43.97 | \$60.15 | \$80.90 | \$107.70 |
| | EE + Child(ren) | \$4.25 | \$4.88 | \$5.30 | \$6.36 | \$8.32 | \$12.08 | \$16.25 | \$21.69 | \$29.97 | \$40.57 | \$54.10 | \$71.78 |
| | Family | \$6.03 | \$6.96 | \$7.60 | \$9.20 | \$12.19 | \$18.01 | \$24.49 | \$32.98 | \$45.82 | \$62.01 | \$82.75 | \$109.56 |
| \$30,000 | Employee | \$3.80 | \$4.73 | \$5.34 | \$6.94 | \$9.84 | \$15.47 | \$21.71 | \$29.85 | \$42.24 | \$58.11 | \$78.39 | \$104.88 |
| | EE + Spouse/DP | \$5.88 | \$7.26 | \$8.19 | \$10.58 | \$15.02 | \$23.71 | \$33.40 | \$46.08 | \$65.29 | \$89.50 | \$120.57 | \$160.74 |
| | EE + Child(ren) | \$6.01 | \$6.95 | \$7.56 | \$9.16 | \$12.06 | \$17.68 | \$23.92 | \$32.07 | \$44.46 | \$60.33 | \$80.60 | \$107.10 |
| | Family | \$8.46 | \$9.84 | \$10.77 | \$13.16 | \$17.61 | \$26.29 | \$35.99 | \$48.66 | \$67.88 | \$92.09 | \$123.15 | \$163.32 |

UTILIZING YOUR WELLNESS BENEFIT

Your new Accident, Critical Illness, and Hospital Indemnity benefits offer an annual \$50 Wellness Benefit – available to each enrolled member!

The Hartford will pay this benefit when you receive services that you're likely already accessing as part of your preventive care routines. By simply filing a claim after receiving these benefits, you will receive \$50 per insured, per year, so be sure to leverage this benefit when looking at your out-of-pocket premium costs for these plans.

If you enroll in both plans – you'll receive the Wellness Benefit for each one!

Example

Terry is 35 years old and wants to enroll in both the Accident and Critical Illness plans for the coming year. He sees that he can get a \$50 benefit paid on each plan for receiving care that he already has scheduled with his doctor! Using that money to offset the cost of annual premium, he realizes the coverage can be even more affordable than he originally planned – less than \$7 per month for both plans to provide a financial safety net when he might need it the most.

ACCIDENT

Employee only coverage is \$11.61 per month, or \$139.32 annually. After his qualifying preventive services, Terry submits a Wellness Benefit claim and receives his claim.

After factoring in this benefit, his annual premium is only \$7.44 per month, or \$89.32 annually!

CRITICAL ILLNESS

Based on Terry's age, his \$10,000 coverage is \$5.66 per month, or \$67.92 annually. After his qualifying preventive services, Terry submits a Wellness Benefit claim and receives his claim.

After factoring in this benefit, his annual premium is only \$1.49 per month, or \$17.92 annually!

COVERING FAMILY MEMBERS?

Wellness Benefit claims are paid out **per insured member** – if Terry enrolls his spouse and child, he could receive up to \$150 in benefits if each family member received qualifying services.

Terry's annual premium for family coverage on the Accident plan is \$370.68, on the Critical Illness plan is \$136.20, and on the Hospital Indemnity plan is \$497.16.

Terry can submit Wellness Benefit for each family member on all three lines – which would offset the costs to cover his entire family by \$450 total!

After receiving his Wellness Benefit, the total annual cost for all three plans is \$554.04 annually, or **\$46.17 per month to provide comprehensive coverage for his whole family.**

PET INSURANCE

Pet Insurance to Cover All Members of Your Family

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. Rates will depend on the age of your pet and whether your pet has any pre-existing conditions. Figo provides coverage for this program. You can enroll in this program at any time. Payments will be set up on a direct bill basis to employees.

Enrolling with Figo

Figo Pet Insurance offers an employer benefit discount of 5%, plus a multi-pet discount of 5%. Employees can choose to add Veterinary Exam Fees for Accident and Illness Visit, Wellness & Dental and Extra Care Pack to their coverage for an additional cost.

Value Adds Include: Figo Pet Cloud

24/7 Pet Telehealth, A.I. Claims, Document Storage, and chat/plan play dates with other pet owners near by!

Contact Information

To enroll you can call 844-738-3446 and mention you are an employee of Alaska Native Tribal Health Consortium or go to <https://bit.ly/3FmVOWu>

| Category | Options |
|-----------------|--------------------------------|
| Benefit Limits | \$5,000, \$10,000 or Unlimited |
| Deductibles | \$100, \$250, \$500 or \$750 |
| Reimbursements | 70%, 80%, 90%, 100% |
| Preventive Care | Optional coverage |

Sample Rates:

3 Year Old Small Mixed-Breed Dog:

- \$27.98/month (\$5,000/\$250/80% plan)
- \$32.64/month (\$10,000/\$250/80% plan)
- \$37.06/month (Unlimited/\$250/80% plan)

3 Year Old Domestic Shorthair Cat:

- \$17.21/month (\$5,000/\$250/80% plan)
- \$20.09/month (\$10,000/\$250/80% plan)
- \$22.80/month (Unlimited/\$250/80% plan)

MEDICARE

TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS.

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

If, like most people, you become eligible for Medicare at age 65, you have a seven-month window to enroll, starting three months before you turn age 65 and ending three months after your birthday month.

Introducing Alliant Medicare Solutions

Choosing a Medicare plan – and understanding how it can affect your employer-provided medical coverage – can be confusing. That’s why we are offering Alliant Medicare Solutions to help you understand Medicare, what is and isn’t covered, and how to choose the best coverage for your situation. Alliant Medicare Solutions is a no cost service available to you, your family members, and friends nearing age 65.

How does it work?

1. Call Alliant Medicare Solutions to speak to a Licensed Insurance Agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

Contact Alliant Medicare Solutions by phone, or book an appointment online.

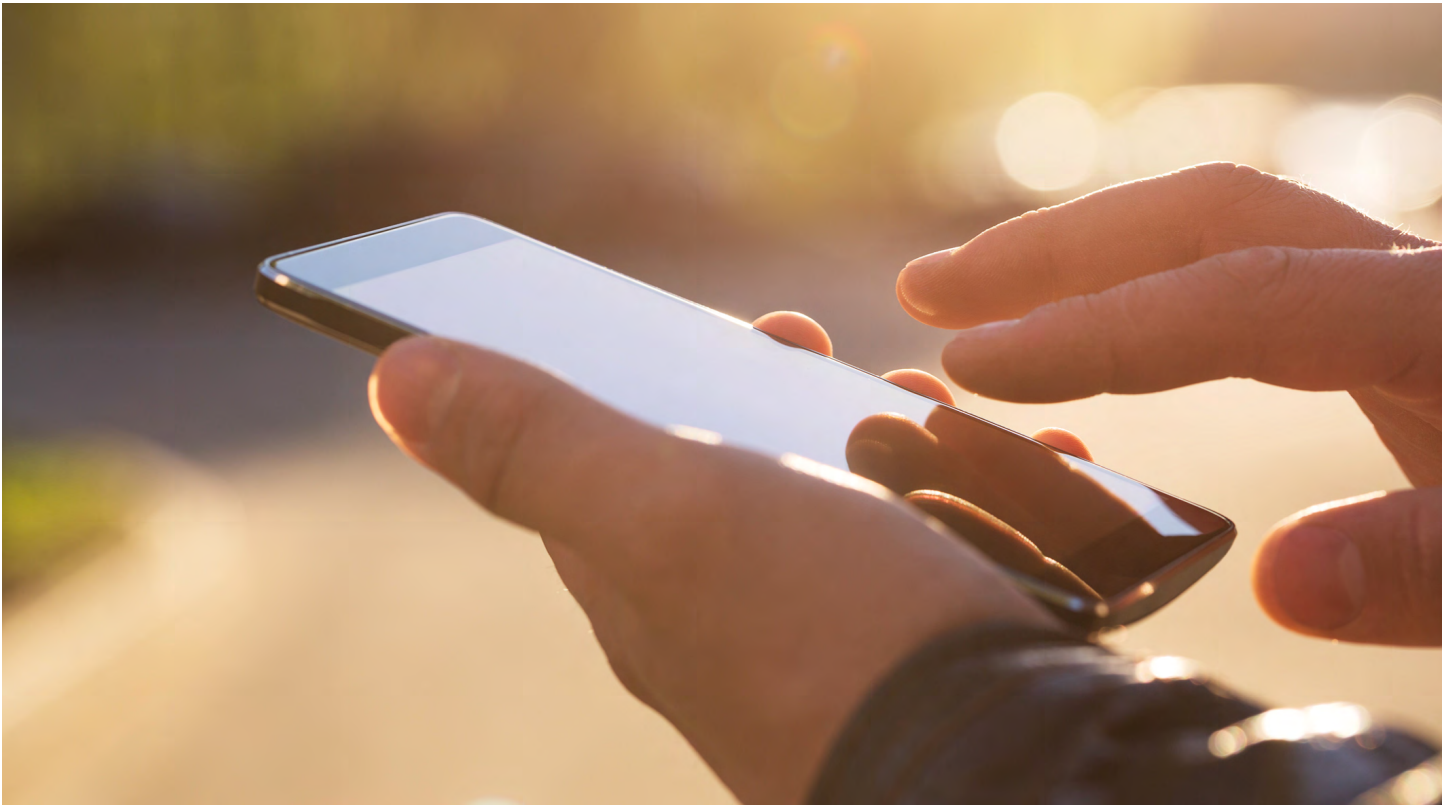
Phone: 877-203-2728

Online appointments: alliantmedicareolutions.com

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Find out More





EMPLOYEE ASSISTANCE PROGRAM (EAP)

ANTHC understands that you and your family members might experience a variety of personal or work related challenges. Through the EAP, you have access to resources, information and counseling in order to address situations affecting your work-life balance.

Your EAP Option

Provided by ComPsych®, the Employee Assistance Program (EAP) is available to all employees and your dependents, as well as any member of your household. The purpose of the program is to provide confidential assistance at no-cost for a wide range of personal topics.

Consultations are available for subjects such as:

- Child and eldercare assistance
- Identity theft
- Marital, relationship, parenting and family problems
- Depression, stress and anxiety
- Bereavement or grief counseling
- Substance abuse and recovery

Access Support Today!

By Phone: 800.964.3577

Online: guidanceresources.com/groWeb/login/login

Using the Program

When you're faced with a troubling situation, the EAP will provide:

- Up to 3 in-person counseling sessions per concern
- Financial Services to support issues including Bankruptcy, Debt Obligations and more
- Legal Services to guide you through a Divorce, Civil Lawsuits and other topics
- NurseLine for telephonic access to a registered nurse at any time, offering you confidential health information and health decision counseling
- Valuable consumer information on many topics such as health, wellness, career, education, legal matters and personal finances, accessible through the ComPsych® Guidance Resources website

RETIREMENT OPTIONS

Whether you're just a few years away from retirement or you're in the early planning stages for your future, ANTHC offers choices to help you live comfortably at your desired retirement age.

401(a) ANTHC Company Contributions

After one year of employment and 1,000 hours, ANTHC will contribute 3% of your annual compensation to your account each pay period. ANTHC will match up to 5% of employee contributions. A six-year vesting schedule grants 20% vesting after the second year, and an additional 20% each year. You are 100% vested after six years of employment or at age 50.

Enrollment & Account Access

- To enroll in the plan, please visit principal.com to enroll on-line or contact Principal at 1-800-986-3343 for assistance with enrollment.
- Check your account balance, view your contributions, and change your investments and more by visiting principal.com

Your 403(b) Retirement Savings Plan Pre-Tax & Roth Options

As an employee of ANTHC, you are automatically enrolled in the 403(b) plan upon hire with a pre-tax contribution of 3% of your annual wages. You may waive this election by contacting the Benefits Department.

Funded by your own contributions, the 403(b) plan helps you lower your taxes while saving for retirement. An employee is eligible to participate upon hire. You are immediately 100% vested in the contributions you make, as well as in any investment earnings. Awaiting IRS annual contribution limits.

Additional 403(b) Information

Contribution Limits: For 2023, the IRS contribution limits are \$22,500 for everyone under age 50 or \$30,000 (\$7,500.00 catchup) for anyone who is age 50 or over at the end of the calendar year. If you have multiple employers during the year, these limits are combined for all plans that you contribute to during the year.

Contribution Changes: You may change the amount of your contribution on a biweekly basis. You may also stop your contribution entirely at any time. Requests to change or stop your contributions must be made through principal.com.

Employer Contributions: Match is offered to all eligible participants of 0% up to 5% of your eligible compensation. ANTHC will contribute an additional pension contribution of 3% (subject to change). The match and pension is contributed each pay period after you become eligible, subject to company approval each year and may change in the future. ANTHC's contribution has a 6-year vesting schedule, with 20% earned for each year of employment after the second year. Please check with Principal for the current match or vesting information.

Loans & Hardship Withdrawals: Loans & Hardship Withdrawals: Our 403(b) plan allows for both Loans and Hardship withdrawals to be taken from your account while still employed with our company. Please contact Principal for information and requirements for either option.

Rollover Contributions: Rollover Contributions: If you have an outside qualified retirement plan or account such as a 401(k), 403(b), 457(b) or IRA, you may be able to transfer that account into your new plan. Please contact Principal for additional information.

Termination of Employment: Upon termination of employment from our organization, regardless of reason, you will be entitled to request a full distribution of your vested account balance. This may be done as a rollover to another plan or IRA. You may also request a lump-sum cash payment to yourself. Please be aware of possible taxes and penalties which may apply to any payment other than a rollover.

All of the terms and conditions of your plan are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.

ADDITIONAL BENEFITS

To round out your health and welfare coverage, we offer these additional benefits to support both your personal and professional needs.

2023 Holidays

The following twelve paid holidays will be observed:

- New Year's Day (January 1)
- Martin Luther King Day (3rd Monday in January)
- Memorial Day (last Monday in May)
- Juneteenth (June 19)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Indigenous People's Day (2nd Monday in October)
- Thanksgiving (4th Thursday in November)
- Veteran's Day (November 11)
- Family Day (4th Friday in November)
- Christmas Eve (December 24th)
- Christmas (December 25th)

Paid holidays falling on a Saturday are observed the Friday preceding the holiday; paid holidays falling on a Sunday are observed on the Monday following the holiday.

**When Christmas Day falls on a Saturday, Christmas Eve will be observed the preceding Thursday and Christmas Day observed the preceding Friday; when Christmas Eve falls on a Sunday it will be observed on Monday and Christmas Day will be observed on Tuesday following the holiday.*

Bereavement Leave

ANTHC provides bereavement leave for employee to take time off due to the loss of an immediate family member. Bereavement leave may be granted for one week of scheduled work and is not charged to the employees PTO balance. Contact your supervisor for more information.

Paid Parental Leave

ANTHC provides 60% of base wages for up to 6 weeks for the birth, adoption, placement of foster child, parent by surrogacy and a miscarriage benefit of 2 weeks.

Jury and Witness Duty

ANTHC provides time off to fulfill their civic responsibilities in their community. Please refer to the Jury and Witness Duty policy for complete details.

Paid Time Off (PTO)

A combination PTO bank of paid sick, vacation and other time off is available to help you maintain a flexible work-life balance.

PTO starts to accrue on your first day of employment and accrues at 10 hours per pay period (based on a 40-hour work week).

Travel Assistance

Whenever you travel 100 miles or more from home — to another country or just another city — you and your legal dependents can get support for medical, legal and other important services through Generali Global Assistance, Inc. Call 800.243.6108 for assistance within the United States or (U.S. access code)+202.828.5885 (collect) when traveling abroad.

- Help replacing lost prescriptions and medical devices
- Assistance with lost/stolen documents
- Medical and dental referrals
- Hospital admission assistance and discharge planning
- Emergency medical evacuation
- Transportation of a family member to join a hospitalized patient
- Return of dependent children
- Legal referrals

ADDITIONAL BENEFITS

LifeBalance Healthy Living Program

Health. Happiness. Savings.

Want to save on gym memberships, yoga classes, fitness gear, or massages? How about on movie tickets, attraction admission, ski lift tickets, live theatre, or hotel stays?

With the LifeBalance Program, you can save on the fun and healthy activities that leave you feeling fit, happy, and fulfilled! Discounts are available year-round for both you and your family.

Save on all kinds of things, such as:

- Joining a gym
- Finishing a 10k
- Getting massages
- Going whale watching
- Catching a blockbuster
- Staying in luxurious hotels
- Staying in cheap hotels
- Buying cycling gear
- Going on a cruise
- Seeing a play
- Renting kayaks
- Taking karate lessons
- Mastering a yoga pose
- Taking the kids to the zoo
- Buying amusement park tickets
- Going skiing or snowboarding
- Buying the kids soccer shoes
- Stocking up on vitamins

And that's just the beginning! Visit the new, mobile-friendly LifeBalanceProgram.com to find thousands of ways to make your life balance!

Here's how it works:

1. Anytime you want to learn about or use discounts, just log in to LifeBalanceProgram.com using your computer, tablet, or smart phone. If you already have a LifeBalance account, you can log in any time to redeem discounts. To create an account, see the Getting Started box to the right.
2. Search for participating vendors by business name, location, or category.
3. Click on a vendor's name in the list of results to see the discounts it offers.
4. Click "Get Discounts" in a vendor's listing to view instructions for redeeming savings. Discounts will be redeemable either online, over the phone, or by presenting a discount voucher in print or on your smart phone.

Questions? We'd love to help!

Simply contact LifeBalance Membership Services at: info@lifebalanceprogram.com or at 888.754.5433.

Getting Started

If you've never been to the LifeBalance website, all you have to do to start saving is create your free account! Here's how:

1. Visit LifeBalanceProgram.com on your computer, tablet, or smart phone.
2. Enter your email address (you're welcome to use either your work or personal email) and click Let's Get Started.
3. The company's activation code is AKN2673. If prompted, simply enter it and click submit! Otherwise, you'll be taken straight to step four.
4. Enter your first name, last name, and email address. If prompted, select your work location.
5. Optional: Select the checkboxes for receiving emails about discount offers (two per month), or for remembering your log-in info on the device you're using.
6. Click Submit.

And you're all set! Just like that, thousands of discount options are now at your fingertips.

So have fun exploring, and happy saving!

DIRECTORY & RESOURCES

Below, please find important contact information and resources.

| Benefit | Carriers | Group Number | Phone Number | Website/Email |
|--------------------------------------|--|----------------------------------|--|--|
| Enrollment & Eligibility | ANTHC Benefits Department | | 907.729.1301 | anthc.org akahrbenefits@anthc.org |
| Medical Coverage | Federal Employee Health Benefit Plan (FEHB) | | | opm.gov/healthcare-insurance/tribal-employers/plan-information/plans/ |
| Dental Coverage | MetLife | 0316357 | 800.942.0854 | metlife.com/mybenefits |
| Vision Coverage | MetLife | 0224998 | 800.GETMET8 | metlife.com/mybenefits |
| Life, AD&D and Disability | The Hartford | 681533 | 800.523.2233 | mybenefits.thehartford.com/login |
| Voluntary Benefits | The Hartford | | | thehartford.com/employee-benefits/employees |
| Pet Insurance | Figo | | 844-738-3446 | https://bit.ly/3FmVOWu |
| Medicare Solutions | Alliant | | 888-803-0827 | alliantmedicareolutions.com |
| Flexible Spending Account | WexHealth | | 844.561.1337 | wexhealth.com |
| Retirement Plans Advisor | Principal | 403(b): 726121 403(a): 821418 | 800.986.3343 | principal.com principal.com/virtual1on1 |
| Employee Assistance Plan | The Hartford/ComPsych® | | 800.964.3577 | guidanceresources.com/groWeb/login/login |
| Healthy Living Program | LifeBalance | Activation Code: AK-N2673 | 888.754.5433 | LifeBalanceProgram.com info@lifebalanceprogram.com |
| Travel Assistance | Generali Global Assistance, Inc. Provided by: The Hartford | ID Number: GLD-09012 | Within the U.S.: 800.243.6108 Outside the U.S.: (U.S. access code)+ 202.828.5885 (call collect) | |
| Benefits Questions | ANTHC Benefits Department | | 907.729.1301 | akahrbenefits@anthc.org |

