

2025 OPEN ENROLLMENT



Make your elections January 14-February 4, 2025
Your elections take effect March 1, 2025

Open enrollment provides Alyeska Pipeline Service Company employees with the yearly opportunity to assess and modify your current Medical, Dental, and Flexible Spending Account (FSA) elections. It's also a chance to review Life and Accident insurance elections and/or update beneficiaries. Medical and Dental enrollments are passive, meaning you do not need to take any action to remain in current elections. However, if you wish to participate in a 2025 Health Care or Dependent Care FSA, FSAs require annual enrollment. Take this opportunity to review your benefits and make any updates to ensure you have the coverage you need for the upcoming plan year. Here's what you need to do during open enrollment:

- Access [Oracle Alyeska Employee Self Service](#) for Medical, Dental, and/or FSA.
 - Review current elections, verify covered dependents, and update as needed.
 - Evaluate FSA enrollment, as **FSAs require annual enrollment.**
 - Review and update personal information and emergency contacts.
- Log in to the MetLife website for Life and Accident Insurance to review or change your current elections and update beneficiaries at <https://boonchapman.benselect.com/alyeska>.
 - Use your Alyeska employee ID and PIN (last four digits of your SSN followed by the last two digits of your birth year) to log in.
 - Navigate through the screens, press "next," and electronically sign for any changes using your PIN.

◆ Note: If no action is taken, you'll remain in your current Medical, Dental, and/or MetLife elections, and will not participate in the 2025 plan year FSA without a qualifying life event.*

Medical & Dental plans: Alyeska is making upward adjustments to medical plan deductibles and out-of-pocket maximums for the first time in eight years. Alyeska works to maintain strong and competitive benefits for employees and families and is implementing these changes to maintain the viability and sustainability of health care offerings. There will be an increase in the premiums for both the Medical and Dental plans. See pages 4-6 for details and rates.



New medical programs offered for 2025: Chronic Conditions Management programs; Diabetes and Hypertension Management and Prevention; plus, Standard Weight Management. These programs include technical support, clinical monitoring, and coaching. They are provided by **Teladoc**, available starting March 1, 2025. Contact Premera BCBS for more information.

As a participant in Alyeska Pipeline Service Company's self-insured health plan, it's important to understand how your decisions impact rates and coverage. Tools are available to help you make informed choices and manage costs effectively. Ways for you and our plan to save money and time include:

- ◆ Find a Network Doctor or Dentist. Log in at www.premera.com when searching for a provider or prior to appointment to verify your provider is network. Call **Premera BCBS** or **Optavise** if you need assistance.
- ◆ **Optavise** is your Benefit Advocate. Call **1-877-548-7714** to request a cost comparison prior to having a medical procedure. Have your advocate assist you with getting prior approval needed for medical travel. Your advocate helps to save you time, frustration, and money!
- ◆ A **Center of Excellence (COE)** provides specialty medical services such as total joint replacements (knee and hip), spine surgery, and certain gynecological procedures. A pre-approved procedure performed at a COE will waive your cost share (deductible and copay) and may cover airfare, hotel, and transportation. Call Premera BCBS for more information.
- ◆ The **Elective Procedure Travel** program reimburses approved costs such as airfare, hotel, and car rental when you travel outside Alaska for an eligible medical procedure. Premera BCBS pre-approval is required; call (800) 364-2994 to inquire and get started.
- ◆ Many participants have discovered using **telemedicine** for access to a doctor, or a physical and mental therapist, and as a great way to save money and time. Telemedicine can be via text, video, phone or chat. Telemedicine providers include:
 - [Doctor on Demand](#) video or phone-based care for general medicine 24/7
 - [Talkspace](#) online therapy with licensed clinician for mental health needs
 - [Omada](#) virtual care physical therapy for rehabilitation with convenience
 - Get all the Virtual Care options with the [Premera MyCare App!](#)

Flexible Spending Account (FSA) Information:

- **Health Care FSA (HCFSA)** annual limit increases to \$3,300 per employee in 2025.
- **Dependent Care FSA (DCFSA)** remains at \$5,000 per family. This FSA is for daycare expense so you can work.
- Contact **Peak One Administration** for questions on FSAs, eligible expenses, and claims.

GET THE APPS! Log in as a member at www.premera.com. Sign on with the app to have card, network, nurse hotline and more access right from your phone. Premera app and MyCare (virtual care) app are available from App Store and Google Play.



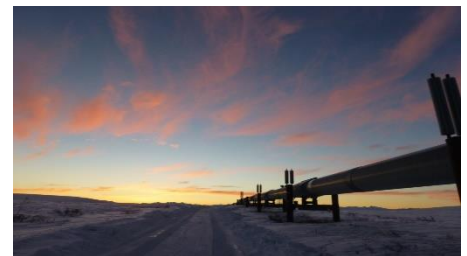
Women’s Health and Cancer Rights Act October 1998, Congress enacted the Women’s Health and Cancer Rights Act. This act requires group health plans that provide coverage for a mastectomy and provide coverage for breast reconstruction, including surgery, reconstruction for symmetrical purposes, prostheses, and treatment of physical complications of all stages of mastectomy, including lymphedema. The act requires we notify you about the law’s provisions.

Preferred Provider Network Since Preferred Provider status is subject to change at any time, it is important to confirm the status of a provider before services are rendered. For the most current network information, please refer to www.premera.com, access the Premera BCBS mobile app, or contact Premera BCBS.

***Qualifying Life Event** If you experience a life event during the plan year like having a baby, getting married, getting a divorce... please complete the Health Plans form 10501 for election changes/updates. Most life events have a **30-day** window to get the form to Human Resources.

Find form and see plan description for more information.

www.alyeska-pipe.com/employees-and-retirees



Contact Information

VENDOR / BENEFIT	PHONE NUMBER	WEBSITE
Optavise- Benefit Advocacy	1-877-548-7714	advocate@optavise.com
Premera BCBS- Medical and Dental	1-800-508-4722 Premera 1-800-841-8343 NurseLine 1-800-364-2994 Travel	premera.com
Peak One Administration- FSA	1-866-315-1777	peakoneadmin.com
Express Scripts- Rx coverage	1-800-391-9701	www.express-scripts.com
MetLife- Term Life and Voluntary Insurance	1-800-GET-MET8	https://boonchapman.benselect.com/alyeska
Oracle HR Self Service- Elections	Password resets online	A-Net/Applications/Oracle EBS

This open enrollment guide is designed to highlight your 2025 health plan benefits. For more detailed information about your benefits, including covered expenses, exclusions and limitations, refer to the individual summary plan descriptions (SPDs), summary of benefit coverage (SBC), plan documents, full rate sheets, and dependent eligibility guidelines. The official documents are available on the A-Net and outside of Alyeska at www.alyeska-pipe.com/employees-and-retirees. You may request a paper copy of any document from Dena Thomas at (907) 787-8110 or TotalRewards@alyeska-pipeline.com. If you do not have access to make elections online, contact HR at (907) 787-8099 to request a paper form.

This document describes certain processes and provisions of Alyeska Pipeline Service Company. Nothing contained in this communication is a contract for employment or a promise to provide benefits. Alyeska reserves the right to amend or terminate the plans at any time and for any reason. In the event there is a conflict between the terms of this document and the governing plan document, the governing plan document shall control.

Alyeska Medical Plan effective 3/1/2025 - 2/28/2026		
	Network	Non-Network
Deductible	\$2,250 per person / \$6,750 family max	
Health Reimbursement Account (HRA)	\$1,000 employee only / \$2,000 employee plus one / \$3,000 employee plus two or more	
Annual HRA rollover	\$500 / \$1,000 / \$1,500 (rollover limits apply)	
Out-of-Pocket Maximum	\$6,250 per person / \$14,450 family max	Not Available
MEDICAL BENEFITS	Coinsurance is a percentage of allowable charges.	
Preventive Care: Routine physical exams, well-baby exams, nutritional counseling, and immunizations	Deductible waived, then covered 100%	50% coinsurance
Office Visits	20% coinsurance	50% coinsurance
Hospital Inpatient Care	20% coinsurance	50% coinsurance
Ambulance Service and Emergency Room	20% coinsurance	20% coinsurance
Acupuncture or Chiropractic	20% coinsurance (12 visits)	50% coinsurance (12 visits)
Mental Health In/Outpatient	20% coinsurance	50% coinsurance
Chemical dependency treatment inpatient/outpatient	20% coinsurance	50% coinsurance
Virtual care Get the Premera MyCare App	Doctor on Demand video or phone-based care for general medicine 24/7 Talkspace online therapy with licensed clinician for mental health needs Omada virtual care physical therapy for rehabilitation with convenience	
NEW 3/1/2025: Chronic Conditions Management Program by Teledoc	Diabetes Management Plus Diabetes Prevention Plus Hypertension Plus Standard Weight Management	
HEARING BENEFITS		
Hearing Exam	Deductible waived, then 20%	
Hearing Hardware (hearing aids, warranty, protection)	\$3,000 every 3 years	
VISION BENEFITS		
Vision Exam	Deductible waived, then 20%	
Adult Vision Hardware (contacts or glasses / frames)	Deductible waived, then 20% The plan will coverage hardware to a max of \$350	
Child (under age 19) Vision Hardware (12 mo. of contacts or glasses / frames)	Deductible waived, covered 100%	
MEDICAL TRANSPORTATION	Option to travel for approved elective (non-emergency) surgeries. Prior approval required, coverage on travel is up to IRS limits. Call Premera BCBS 1-800-364-2994.	
Centers of Excellence (COE)	Access, plus travel and lodging (if applies) to a COE in Seattle for specialty medical procedures. Deductible and coinsurance waived.	Not Available
Elective Procedure Travel	Reimbursement of travel expenses (flight, lodging, car rental, etc.) from Alaska to another state for procedure with a BCBS network provider.	Not Available
PRESCRIPTION DRUG BENEFITS	Retail prescription drug program: Participant pays the amount or percentage listed below at a network pharmacy. Drugs can only be purchased in 34-day or less quantities. Refills provided only when member has used 75% of current supply. Prescription drug copay or coinsurance is applied to out-of-pocket max. Mail order prescription drug program: Required for prescriptions exceeding 68 days (equivalent to 2 fills at retail) and for certain drugs, such as oral contraceptives. See SPD for more information and limitations.	
Retail Generic	\$10 copay	
Retail Name Brand (no generic available)	30% coinsurance	
Retail Name Brand (w/ generic available)	50% coinsurance plus difference in price between brand and generic *see SPD for Generic Drugs	
Specialty Drugs	30% coinsurance per prescription, not to exceed \$500 maximum per fill	
Mail Order Generic	\$25 copay (90 day supply)	
Mail Order Name Brand (no generic available)	\$50 copay (90 day supply)	
Mail Order Name Brand (w/ generic available)	\$80 copay (90 day supply) plus difference in price between brand and generic *see SDP for Generic Drugs	
ACTIVE EMPLOYEE MEDICAL PLAN PREMIUMS		
Coverage Level	Per Paycheck Rate	
Employee	\$137.00	
Employee + 1 (spouse/DP* or child)	\$273.50	
Employee +2 (spouse/DP* or employee's child)	\$377.50	

*Employee will be taxed on a portion if electing coverage for a domestic partner. Affidavit of Domestic Partnership (TAPS DOC 10499) required.

Alyeska Dental Plan effective 3/1/2025 - 2/28/2026

Annual Deductible Individual / Family	\$25 / \$50
Annual Maximum	\$3,000 per person, per plan year
Orthodontia Lifetime Max (any age)	\$2,000 per lifetime (does not apply to annual max)
Coinsurance is a percentage of allowable charges. Deductible applies if not stated.	
PREVENTATIVE SERVICES	Deductible waived, then covered 100%, does not apply to annual maximum
BASIC RESTORATION (fillings, simple extractions, etc.)	20% coinsurance
MAJOR RESTORATION (implants, crowns, bridgework, dentures, etc.)	30% coinsurance
ORTHODONTIA (no age limit)	50% coinsurance

ACTIVE EMPLOYEE DENTAL PLAN PREMIUM

Coverage Level	Per Paycheck Rate
Employee	\$8.00
Employee + 1 (spouse/DP* or child)	\$16.00
Employee +2 (spouse/DP* or employee's child)	\$28.00

*Employee will be taxed on a portion if electing coverage for a domestic partner. Affidavit of Domestic Partnership (TAPS DOC 10499) required.

**Flexible Spending Account (FSA)
for plan year 3/1/2025 to 2/28/2026**

Account	Use For	Annual Contribution
Health Care FSA*	Most medical, dental, and vision care expenses (copayments, deductibles, prescriptions, etc.)	\$3,300 maximum per plan year
Dependent Care FSA	Dependent care expenses (daycare, after-school programs, or eldercare programs) so you and your spouse can work or school full-time.	\$5,000 maximum per plan year

*Alyeska's HCFSAs will supply a debit card for payment transactions. Two month grace period. No rollover at end of plan year.