

2026 Annual Benefits Open Enrollment



Make your elections January 14-February 4, 2026
Your elections take effect March 1, 2026

Alyeska Pipeline Service Company is committed to providing competitive, sustainable, and supportive benefits to help keep you and your loved ones healthy. Open enrollment is your annual opportunity to review and update your Medical, Dental, Flexible Spending Account (FSA), Life, and/or Accident insurance elections. Please take time to review your options and make informed choices for the upcoming plan year.

- [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 elections 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 2026 plan year FSA without a qualifying life event.*

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What's Changing for 2026

- **Medical Plan**

- Deductibles, out-of-pocket maximums, and premiums will increase.

Medical Plan Features	2025	2026
Deductibles		
Individual	\$2,250	\$2,500
Family	\$6,750	\$7,500
Out-of-Pocket Expenses		
Individual	\$6,250	\$6,500
Family	\$14,450	\$15,200
HRA -Alyeska funded		
Employee only	\$1,000	\$1,000
Employee plus 1	\$2,000	\$2,000
Employee plus 2+	\$3,000	\$3,000
Employee Per Paycheck		
Premiums		
Employee-only	\$137.00	\$152.50
Employee +1	\$273.50	\$304.50
Employee +2 or more	\$377.50	\$420.00

- Specialty prescription drug cost cap will increase to \$600.
- The hearing hardware benefit now covers a pair of hearing aids every 3 years.

- **Flexible Spending Account (FSA)**

- Health Care FSA annual limit increases to \$3,400.
- Dependent Care FSA annual limit increases to \$7,500 per family.

No changes for Dental plan benefits or the premiums.

As a participant in Alyeska Pipeline Service Company's self-insured medical and/or dental plans, 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. These tools can help you and the plan save money!

- ◆ **Find a Network Provider:** Use www.premera.com to verify your doctor or dentist is in-network before scheduling appointments. [Contact Premera BCBS for assistance.](#)
- ◆ **Center of Excellence (COE):** For certain specialty procedures, a pre-approved COE can waive your deductible and copay and may cover travel expenses. Contact Premera BCBS for details.
- ◆ **Elective Procedure Travel Program:** Eligible medical procedures performed outside Alaska may qualify for reimbursement of travel costs with Premera BCBS pre-approval.

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MetLife Insurance Information:

- All employees have Basic Term Life Insurance in the amount of two times annual base pay up to a maximum of \$500,000** (Alyeska provided)
- Eligible for election:
 - Supplemental Term Life Insurance for employee, spouse, and child(ren)
 - Accident Insurance (two types of coverage)
 - Critical Illness Insurance

Sign in to make elections, change elections, view rates and update beneficiary information. **Reduction in Basic Term Life coverage for employees starting at age 65.

Get the apps! Log in as a member at www.premera.com. Sign on with the Premera app to access your member ID card, network, nurse hotline, virtual care and more access right from your phone. If you are electing a 2026 FSA, get the Peak One app! Log in to make an FSA claim or check status after March 1, 2026.

Women's Health and Cancer Rights Act (WHCRA): In October 1998, Congress enacted the Women's Health and Cancer Rights Act. This law requires group health plans that provide coverage for mastectomy to also cover breast reconstruction, including surgery to restore symmetry, prostheses, and treatment of physical complications at all stages of mastectomy, including lymphedema. We are required to notify you of these provisions under the law.

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.

Optavise access ended: Due to declining utilization, the benefit advocacy provided by Optavise has ended.

***Qualifying Life Event:** If you experience a life event during the plan year like having a baby, getting married, getting a divorce, please contact Human Resources for election changes/updates. Most life events have a **30-day** window to make a change. Contact Total Rewards in Human Resources for more information.

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Contact Information

VENDOR / BENEFIT	PHONE NUMBER	WEBSITE
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 -Medical, Dental, and FSA elections	Password resets online	A-Net/Applications/Oracle EBS
Dena Thomas, Alyeska Total Rewards	907-787-8110	TotalRewards@alyeska-pipeline.com

This open enrollment guide is designed to highlight your 2026 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 plan 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.

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 3/1/2026 - 2/28/2027		
	Network	Non-Network
Deductible	\$2,500 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	\$6,500 per person / \$15,200 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 App	Video or phone-based care for general medicine 24/7	
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)	One pair 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: Pay listed amount or percentage at network pharmacies; 34-day supply limit; refills after 75% used; copay/coinsurance applies to out-of-pocket max. Mail order: Required for prescriptions over 68 days and certain drugs (e.g., oral contraceptives). See SPD for details and limits.	
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 \$600 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	\$152.50	
Employee + 1 (spouse/DP* or child)	\$304.50	
Employee + 2 or more (spouse/DP* or child)	\$420.00	

*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 3/1/2026 - 2/28/2027

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 or more (spouse/DP* or 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 3/1/2026 to 2/28/2027

Account	Use For	Annual Contribution
Health Care FSA*	Most medical, dental, and vision care expenses (copayments, deductibles, prescriptions, etc.)	\$3,400 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.	\$7,500 maximum per plan year

*HCFSA will supply a debit card for payment transactions. Two month grace period at year end.