



Yukon-Kuskokwim
HEALTH CORPORATION

2024

EMPLOYEE BENEFITS
OVERVIEW



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Tribal Beneficiaries

If you are a tribal member receiving care at an I.H.S. clinic and you stay with the network, you will not pay medical bills and may not need health insurance. Tribal members who travel out of the region may want to consider enrolling in health insurance in the event of an injury or accident, in order to cover medical bills. In addition, tribal employees who want to receive health services outside the I.H.S. system may want to consider enrolling in health insurance, as well.

Medical Benefits

Eligible employees have the choice of various medical plans offered through the Federal Employees Health Benefits (FEHB) and we encourage you to review all of the plan information and choose the FEHB plan that is the best fit for you and your family. This guide provides a high level summary of benefits for each FEHB plan along with your premium contribution. For a more comprehensive view of your benefits, please see the plan comparison located on the FEHB Office of Personnel Management website at: opm.gov/healthcare-insurance/tribal-employers/plan-information/plans/.

The Federal Employee Health Benefits (FEHB) plan offers three coverage options: self only, self plus one, or self and family. When the family option is elected, all eligible family members are covered.

Employees experiencing a change in their family status such as marriage, divorce or the addition of a new dependent must notify Human Resources within 60 days of the status change (unless you make a change during open season elections). The premium rate will be adjusted accordingly. For a complete list of qualifying life events, go to: opm.gov/healthcare-insurance/tribal-employers/faqs/.

Eligible employees are able to enroll in the FEHB program, as well as their spouse and dependent children under 26 years of age. Available plan options include Preferred Provider Organization (PPO) plans, as well as Exclusive Provider Organization (EPO) plans. Some of these plans include a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA).

Who should you call for additional benefit assistance?

An Alliant Benefit Advocate is available to assist you with additional questions about the FEHB plans or enrollment. Advocates are experienced benefits professionals who are available to assist you Monday through Friday, 6:00 AM to 4:00 PM Alaska Standard Time. You can call the Benefit Advocates toll-free at (800) 410-6571 from anywhere in the U.S. All calls are confidential.

What are my plan options?

YKHC is providing a plan comparison highlighting each available plan's benefits in the Benefits Guide. Please remember that provider networks vary from plan to plan and it is important to make sure that your providers are in the network of the plan you choose, prior to enrolling. Provider directories for each plan can be found at the OPM website: opm.gov/healthcare-insurance/healthcare/plan-information/summary-of-benefits/.

When you enroll in a High Deductible Health Plan (HDHP) or Consumer Driven Health Plan (CDHP), the health plan determines if you are eligible for an HSA or HRA. HRAs will be fully funded on your benefit effective date. HSAs are funded monthly with a pro-rated amount of the annual contribution. The credited amount for both HRAs and HSAs is different for a self only enrollment than for a self and family enrollment.

An HSA is a tax-sheltered trust account you own for the purpose of paying qualified medical expenses for yourself, your spouse, and your dependents. By law, HSAs are only available to members who enroll in an HDHP, are not Medicare enrolled, are not covered by another non-high deductible health plan, and are not claimed as a dependent on someone else's federal tax return.

If you enroll in a HDHP or CDHP and you are not eligible for an HSA, you will be given an HRA. Similar to an HSA, an HRA is a tax-sheltered account used to reimburse allowable medical expenses for yourself, your spouse, and your dependents. You can use funds in your account to help pay your health plan deductible and/or qualified medical expenses that do not count toward the deductible. Any unused money in your HRA will carryover from year to year, however if you switch health plans, or if you leave employment, any unused monies will be forfeited.

How to find a Medical Provider

When searching for a medical provider go to the OPM website: opm.gov/healthcare-insurance/healthcare/plan-information/plans/

1. Click on your location (for example: Alaska)
2. Click on 'Directory' for the applicable plan you are interested in
3. Follow the prompts to search for a provider

Medical Benefit highlights

Rates are shown as monthly cost. Showing In-Network benefits only.

	Blue Cross/Blue Shield Standard Plan - PPO		Blue Cross/Blue Shield Basic Plan - EPO		FEP Blue Focus PPO	
Customer Service Contact	(800) 411-2583		(800) 411-2583		(800) 411-2583	
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	\$30		\$35		\$10 for each for your first 10 combined professional visits	
Office Visit Copay Specialist	\$40		\$45			
In-Network Coinsurance	85%		100% / Copays vary		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)		\$9,000 (self) \$18,000 (self +1 or family)	
Retail RX	Tier 1: \$7.50 copay Tier 2: 30% of our allowance Tier 3: 50% of our allowance Tier 4: 30% of our allowance Tier 5: 30% of our allowance		Tier 1: \$15 copay Tier 2: \$60 copay Tier 3: 60% (\$90 minimum) Tier 4: \$85 copay Tier 5: \$110 copay		Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 max)	
Additional Fees	N/A		N/A		N/A	
HSA/HRA Funding Levels	N/A		N/A		N/A	
Coverage	Plan Code	Monthly Cost	Plan Code	Monthly Cost	Plan Code	Monthly Cost
Self	104	\$308.53	111	\$187.78	131	\$117.46
Self + 1	106	\$690.84	113	\$472.12	133	\$252.51
Self and Family	105	\$753.77	112	\$515.48	132	\$277.75

	Aetna HealthFund CDHP - HRA		Aetna HealthFund HDHP - HSA/HRA		Aetna HealthFund Value Plan	
Customer Service Contact	(877) 459-6604		(877) 459-6604		(877) 459-6604	
Network	Aetna PPO		Aetna PPO		Aetna PPO	
Deductible	\$1,000 (self) \$2,000 (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	Deductible, then: 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	Monthly Cost	Plan Code	Monthly Cost	Plan Code	Monthly Cost
Self	JS1	\$603.67	224	\$269.92	JS4	\$544.24
Self + 1	JS3	\$1,418.08	226	\$586.26	JS6	\$1,287.61
Self and Family	JS2	\$1,334.15	225	\$511.92	JS5	\$1,202.31

*Does not apply to the deductible

Medical Benefit highlights

Rates are shown as monthly cost. Showing In-Network benefits only.

	Aetna Direct Direct Plan		Aetna Advantage		GEHA Standard Option - PPO	
Customer Service Contact	(877) 459-6604		(877) 459-6604		(800) 821-6136	
Network	Aetna PPO		Aetna PPO		UnitedHealthcare Choice Plus	
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		\$20	
Office Visit Copay Specialist	20% after deductible		30% after deductible		\$35	
In-Network Coinsurance	80%		70%		85%	
Out-of-Network Coinsurance	60%		50%		65%	
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	Preferred generic: \$6 Preferred: 30% (\$600 max) Non-preferred: 50% (\$600 max) Specialty: 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		N/A	
HSA/HRA Funding Levels	\$900* (self) \$1,800* (self+1 or family)		N/A		N/A	
Coverage	Plan Code	Monthly Cost	Plan Code	Monthly Cost	Plan Code	Monthly Cost
Self	N61	\$160.35	Z24	\$125.00	314	\$149.01
Self + 1	N63	\$351.67	Z26	\$275.00	316	\$320.39
Self and Family	N62	\$404.39	Z25	\$331.25	315	\$392.00

	GEHA HSA/HDHP		GEHA High Option - PPO		GEHA Elevate Plus	
Customer Service Contact	(800) 821-6136		(800) 821-6136		(800) 821-6136	
Network	UnitedHealthcare Choice Plus		UnitedHealthcare Choice Plus		UnitedHealthcare Choice Plus	
Deductible	\$1,600 (self) \$3,200 (self+1 or family)		\$350 (self) \$700 (self+1 or family)		\$200 (self) \$400 (Self +1 or family)	
Office Visit Copay	5% after deductible		\$20		\$30	
Office Visit Copay Specialist	5% after deductible		\$20		\$50	
In-Network Coinsurance	95%		90%		Copays vary 85%	
Out-of-Network Coinsurance	75%		75%		Not covered	
Out-of Pocket Maximum	\$6,000 (self) \$12,000 (self+1 or family)		\$5,000 (self) \$10,000 (self+1 or family)		\$7,000 (self) \$14,000 (self +1 or family)	
Retail RX	Generic: 25% Preferred: 25% Non-Preferred: -40%		Generic: \$10 Preferred: 25% (\$150 max) Non-preferred: 40% (\$200 max)		Generic: \$10 Preferred: \$80 Non-Preferred: 50%	
Additional Fees	N/A		N/A		N/A	
HSA/HRA Funding Levels	\$1,000 (self) after pass-through \$2,000 (self +1 or family)		N/A		N/A	
Coverage	Plan Code	Monthly Cost	Plan Code	Monthly Cost	Plan Code	Monthly Cost
Self	341	\$150.30	311	\$229.10	251	\$185.84
Self + 1	343	\$323.15	313	\$527.56	253	\$406.55
Self and Family	342	\$397.11	312	\$659.52	252	\$454.64

*Does not apply to the deductible

Medical Benefit highlights

Rates are shown as monthly cost. Showing In-Network benefits only.

	GEHA Elevate		NALC CDHP - HRA		NALC High Option - PPO	
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)		\$300 (self) \$600 (self+1 or family)	
Office Visit Copay	\$10		20% after deductible		\$25	
Office Visit Copay Specialist	\$25		20% after deductible		\$25	
In-Network Coinsurance	75%		80%		85%	
Out-of-Network Coinsurance	50%		50%		65%	
Out-of Pocket Maximum	\$8,500 (self) \$17,000 (self +1 or family)		\$6,600 (self) \$13,200 (self+1 or family)		\$3,500 (self) \$5,000 (self+1 or family)	
Retail RX	Generic: \$4 Preferred: 50% (\$500 max) Non-preferred: No coverage		Deductible, then: Generic: \$10 Preferred: \$40 Non-preferred: \$60		Generic: 20% Preferred: 30% Non-preferred: 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)		N/A	
Coverage	Plan Code	Monthly Cost	Plan Code	Monthly Cost	Plan Code	Monthly Cost
Self	254	\$109.83	324	\$120.74	321	\$223.12
Self + 1	256	\$257.47	326	\$266.40	323	\$523.75
Self and Family	255	\$313.46	325	\$286.06	322	\$457.82

	MHBP Value Plan - PPO		MHBP Standard Plan - PPO		MHBP Consumer Option - HSA/HRA	
Customer Service Contact	(800) 410-7778		(800) 410-7778		(800) 410-7778	
Network	Aetna Choice POS II		Aetna Choice POS II		Aetna Choice POS II	
Deductible	\$600 (self) \$1,200 (self+1 or family)		\$350 (self) \$700 (self+1 or family)		\$2,000 (self) \$4,000 (self+1 or family)	
Office Visit Copay	\$30		\$20		\$15 after deductible	
Office Visit Copay Specialist	\$50		\$30		\$15 after deductible	
In-Network Coinsurance	80%		90%		See schedule of benefits for copays	
Out-of-Network Coinsurance	60%		70%		60%	
Out-of Pocket Maximum	\$6,600 (self) \$13,200 (self+1 or family)		\$6,000 (self) \$12,000 (self+1 or family)		\$6,000 (self) \$12,000 (self+1 or family)	
Retail RX	Generic: \$10 Preferred: 45% (\$300 max) Non-preferred: 75% (\$500 max)		Generic: \$5 Preferred: 30% (\$200 max) Non-preferred: 50% (\$200 max)		Deductible, then: Generic: \$10 Preferred: 30% (\$200 max) Non-preferred: 50% (\$200 max)	
Additional Fees	\$52 annual membership fee		\$52 annual membership fee		\$52 annual membership fee	
HSA/HRA Funding Levels	N/A		N/A		\$1,200 (self) \$2,400 (self+1 or family)	
Coverage	Plan Code	Monthly Cost	Plan Code	Monthly Cost	Plan Code	Monthly Cost
Self	414	\$126.11	454	\$174.65	481	\$170.50
Self + 1	416	\$298.81	456	\$402.01	483	\$377.31
Self and Family	415	\$304.77	455	\$405.88	482	\$396.17

Medical Benefit highlights

Rates are shown as monthly cost. Showing In-Network benefits only.

	APWU Health Plan High Option - PPO		APWU Health Plan Consumer Driven Option - HRA	
Customer Service Contact	(800) 222-2798		(800) 222-2798	
Network	UnitedHealthcare		UHC Choice Plus	
Deductible	\$450 (self) \$800 (self+1 or family)		\$1,000 (self) \$2,000 (self+1 or family)	
Office Visit Copay	\$25		15% after deductible	
Office Visit Copay Specialist	\$25		15% after deductible	
In-Network Coinsurance	85%		85%	
Out-of-Network Coinsurance	60%		50%	
Out-of Pocket Maximum	\$6,500 (self) \$13,000 (self+1 or family)		\$6,500 (self) \$13,000 (self+1 or family)	
Retail RX	Tier 1: \$10 Tier 2: 25% (\$200 max) Tier 3: 45% (\$300 max)		Tier 1: 25% (\$200 max) Tier 2: 25% (\$200 max) Tier 3: 40% (\$300 max)	
Additional Fees	\$35 annual membership fee		\$35 annual membership fee	
HSA/HRA Funding Levels	N/A		\$1,200 (self) \$2,400 (self+1 or family)	
Coverage	Plan Code	Monthly Cost	Plan Code	Monthly Cost
Self	471	\$262.16	474	\$159.96
Self + 1	473	\$517.73	476	\$347.67
Self and Family	472	\$654.90	475	\$379.28

	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	Monthly Cost	Plan Code	Monthly Cost
Self	441	\$338.19	444	\$182.29
Self + 1	443	\$767.56	446	\$392.35
Self and Family	442	\$837.46	445	\$415.89

The employee premium rates in the tables illustrated in the medical insurance section of this informational guide are specific to full-time employment status with YKHC.

Enrolling in your FEHB Benefits

Enrollment for current employees will occur during open enrollment and any election made will be effective January 1, 2024. Newly eligible employees throughout the year may enroll the first 31 days from their first date of employment, or first date of becoming benefit eligible to elect benefits, and submit them to HR for processing. Coverage will begin on the first day of the month following the submission of the benefits election forms.

Please complete Standard Form 2809 to enroll/change in an FEHB employee health plan. The form also includes instructions on each form field and can be found in your HR Department or the U.S. Office of Personnel Management website at: [opm.gov/healthcare-insurance/healthcare/reference-materials/reference/forms-and-brochures/](https://www.opm.gov/healthcare-insurance/healthcare/reference-materials/reference/forms-and-brochures/). Once the form is complete, please return to your HR Department.

At the time of enrollment you will need to have you and your dependents information, including social security numbers, addresses, dates of birth and other coverage information.

In Part D Box 1 of the form please enter the Event Code which applies to you. Coverage for newly eligible employees throughout the year will be effective the first of the month following or coinciding with date of hire.

1A	Initial opportunity to enroll, for example: new employee, change from excluded position, temporary employee who completes 1 year of service and is eligible to enroll under 5 USC 8906a; and you want to pay your share of the FEHB premium with pre-tax dollars .
1B	Open enrollment; and you want to pay your share of the FEHB premium with pre-tax dollars .
5A	Initial opportunity to enroll; and you want to pay your share of the FEHB premium with post-tax dollars .
5B	Open enrollment; and you want to pay your share of the FEHB premium with post-tax dollars .

The enrollment codes are provided in the Medical Benefit Highlights section of this guide and relationship codes are provided below.

Health Benefits Election Form

Part A - Enrollee and Family Member Information (For additional family members use a separate sheet and attach.)

1. Enrollee name (last, first, middle initial) _____ 2. Social Security number _____ 3. Date of birth (mm/dd/yyyy) _____ 4. Sex M F Yes No 5. Are you married _____

6. Home mailing address (including ZIP Code) _____ 7. If you are covered by Medicare, check all that apply: A B D 8. Medicare Claim Number _____

9. Are you covered by insurance other than Medicare? _____

10. Indicate the type(s) of other ins: TRICARE Other: _____

11. Name of family member (last, first, middle initial) _____

16. Address (if different from enrollee) _____

20. Indicate the type(s) of other ins: TRICARE Other: _____

21. Email address (if home address) _____

23. Name of family member (last, first, middle initial) _____

28. Address (if different from enrollee) _____

32. Indicate the type(s) of other ins: TRICARE Other: _____

33. Email address (if home address) _____

35. Name of family member (last, first, middle initial) _____

Part B - FEHB Plan You Are Currently Enrolled In (if applicable)

1. Plan name _____ 2. Enrollment code _____

Part C - FEHB Plan You Are Enrolling In or Changing To

1. Plan name **BCBS Standard Plan** 2. Enrollment code **104**

Part D - Event Code that Permits You To Enroll, Change, or Cancel (see page 2)

1. Event code **1B** 2. Date of event _____

Part E - Election NOT to Enroll (Employees Only)

I do NOT want to enroll in the FEHB Program. My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.

Part F - Cancellation of FEHB

I CANCEL my enrollment. My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.

Part G - Suspension of FEHB (Annuitants/Former Spouses Only)

I SUSPEND my enrollment. My signature in Part H certifies that I have read and understand the information on page 4 regarding suspension of enrollment.

Part H - Signature

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

1. Your signature (do not print) _____ 2. Date (mm/dd/yyyy) _____

3. Email address _____ 4. Preferred telephone number _____

Part I - To be completed by agency or retirement system

REMARKS

1. Date received (mm/dd/yyyy) _____ 2. Effective date of action (mm/dd/yyyy) _____ 3. Personnel telephone number _____

4. Name and address of agency or retirement system _____ 5. Authorizing official _____

6. Signature of authorizing official _____

7. Payroll office number _____ 8. Payroll office contact (please print) _____ 9. Payroll telephone number _____

Code	Family Relationship
01	Spouse
19	Child under age 26
09	Adopted Child
17	Stepchild
10	Foster Child
99	Disabled child age 26 or older who is incapable of self support because of a physical or mental disability that began before his/her 26th birthday

Dental Benefits

Dental Benefits

We are pleased to offer you a comprehensive dental plan through Meritain.

Meritain Base Dental Plan (888) 324-5789	
In-Network	
Calendar Year Deductible	\$50 per person
Annual Plan Maximum	\$3,000
Diagnostic and Preventive	Plan pays 100%
Basic Services	Plan pays 80% after deductible
Major Services Crowns, Bridges, and Dentures	Plan pays 50% after deductible
Orthodontia Adults and Children Lifetime Orthodontia Maximum	Covered \$3,000

Frequency Limitations: Dental benefit contracts include limits on how frequently certain services are covered. Services with frequency limitations include routine exams and cleanings, x-rays, periodontal work and crown replacement. Please refer to your plan booklet.

Pre-Treatment Estimate: If your dental work will be extensive, you should have your dentist submit the proposed treatment plan to the insurance company before you begin treatment. The insurance company will provide you with a summary of the plan's coverage and your estimated out-of-pocket costs.

Cost of Coverage

Meritain Dental Plan	
Your Cost Per Pay Period	
Employee	\$3.42
Employee + Spouse	\$5.98
Employee + Child(ren)	\$5.13
Employee + Family	\$8.12

Vision Benefits

Vision Benefits

We are offering you a comprehensive vision plan through Meritain. A routine eye exam is important, not only for correcting vision, but because it can detect other serious health conditions.

Meritain Base Vision Plan (888) 324-5789	
In-Network	
Examination	Plan pays 100% (once per calendar year)
Materials	Plan pays 80% up to \$300 (once per calendar year)

Cost of Coverage

Meritain Vision Plan	
Your Cost Per Pay Period	
Employee	\$0.89
Employee + Spouse	\$1.57
Employee + Child(ren)	\$1.34
Employee + Family	\$2.12

Life and AD&D Benefits

If you have loved ones who depend on your income for financial support, you are probably aware of the importance of life and AD&D (accidental death & dismemberment) protection. Life insurance pays your beneficiary a benefit if you die, and AD&D insurance pays a benefit if your death results from an accident or if you are severely injured in an accident. Age may affect coverage levels.

Basic Life/AD&D Insurance

We are offering you basic life/AD&D insurance through Unum. Enrollment is automatic and YKHC pays the full cost for your coverage. You only need to designate a beneficiary.

Employee Life and AD&D Basic Benefit Amount	2.5 times annual salary up to \$350,000
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Imputed Income: The value of coverage in excess of \$50,000, which is based on IRS Table I, must be included in your income and is subject to Social Security and Medicare taxes

Supplemental Life

We are offering you the opportunity to enroll in supplemental life insurance through Unum. If you need additional life insurance to meet your financial needs, you can purchase supplemental life insurance through after-tax payroll deductions for yourself and your dependents. Should you leave YKHC, you can elect to continue this coverage.

Employee Supplemental Amount	Increments of \$10,000 up to the lesser of 4 times annual earnings or \$400,000
Spouse Supplemental Amount	Increments of \$5,000 up to 100% of employee amount or \$500,000
Child(ren) Supplemental Amount	Birth to six months: \$1,000 Increments of \$2,000 up to the lesser of 100% of employee amount or \$10,000

Evidence of Insurability: If you enroll when you are first eligible, you can request up to the lesser of your covered annual earnings or \$350,000 for yourself and \$25,000 for your spouse without providing proof of good health. If you request coverage for yourself or spouse after you are first eligible, you will need to submit proof of good health for all amounts of coverage requested.

Disability Insurance

Short-Term Disability Insurance

You probably have insurance for your car or home, but what about the source of income that pays for it? You rely on your paycheck for so many things, but what if you were suddenly unable to work due to an accident or illness? How will you put food on the table, pay your mortgage or heat your home? Disability insurance can help replace lost income and make a difficult time a little easier. YKHC covers the premiums for eligible employees for the base coverage. You have the option to purchase additional coverage, see the buy-up plan below for more details:

Employer Paid Basic Plan	66.67% to \$2,500 per week
Benefits Begin	7 days accident, 7 days sickness
Benefit Duration	12 weeks

Long-Term Disability

If you are disabled long-term, you will have access to long-term disability insurance through Unum. Enrollment is automatic and YKHC pays the full cost for your coverage for the base plan. You also have the option to purchase additional coverage and have the premiums payroll deducted, see the buy-up plan below for more details. Benefits begin after 90 days of disability and continue until Social Security Normal Retirement Age (SSNRA) if you are unable to return to work. The age at which you become disabled may affect the duration of your benefits.

Note: Important contract limitations may apply, and benefits may be reduced based on other sources of income. Please refer to your summary plan description (SPD) for details.

Pre-existing Conditions: A disability due to a pre-existing condition that begins within the first 12 months of the effective date of coverage is excluded from coverage. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicines, or for which you followed treatment recommendations during the three months prior to your effective date of coverage. This provision also applies if you did not consult a physician when an ordinarily prudent person would have. Exclusions may vary by state. Refer to the plan booklet for details.

Employer Paid Basic Plan	60% to \$10,000 per month
Elimination Period	90 days
Benefit Duration	SS Normal Retirement Age, Standard ADEA

Please note that the disability benefits above are 100% taxable and earnings will need to be reported to the IRS.

Voluntary Health-Related Plans

Accident Insurance

Accident Insurance from Unum helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest x-ray.

Critical Illness Insurance

Critical illness insurance from Unum 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, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, child care, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest x-ray.

Hospital Indemnity Insurance

Hospital indemnity insurance from Unum can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

Things To Consider

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

Flexible Spending Account

This plan allows you to place money in a tax-sheltered short-term account for use in paying for approved healthcare and/or dependent care expenses.

Enrollment occurs before the beginning of each plan year, or for new employees, during your initial enrollment period. You must enroll each year in order to participate in the Healthcare and Dependent Care Reimbursement Accounts. The amount you designate will be taken from your paycheck in equal amounts throughout the plan year. Once you incur expenses, you can request reimbursement from your account. You can also pay at the time of service, using your Flexible Spending Account debit card (healthcare expenses only). Keep your receipts and Explanation of Benefits (EOBs) in the event that your vendor or the IRS requests additional information on your transaction.

IMPORTANT:

Elections cannot be changed during the plan year, unless you have a qualified change in family status. In addition, any unused amount will be forfeited at the end of the plan year, so it is very important that you plan carefully before making your elections.

Healthcare FSA

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include plan deductibles, copays, coinsurance and other non-covered medical, dental and vision healthcare expenses for you and your tax dependents. You may access your entire annual election from the first day of the plan year.

Dependent Care FSA

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care and before or after school care for your dependent children under age 13 (other individuals may qualify if they are incapable of self-care and are considered your taxable dependent).

Note: All caregivers must have a tax ID or Social Security Number. This information must be included on your federal tax return. If you use the Dependent Care Reimbursement Account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your professional tax advisor to determine whether you should enroll in this plan.

Medical Spending Accounts - Maximum	\$3,200
Dependent Care Accounts - Maximum	\$5,000
Run out Period	90 days (Claims incurred between 1/1/2024 - 3/15/2025 must be claimed by 3/31/2025)

Important Considerations

- Elections cannot be changed during the plan year, unless you have a qualified change in family status
- FSA funds can be used for you and your tax dependents only
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (questions about the tax status of your dependents should be addressed with your tax advisor)

Employee Assistance Program (EAP)

Each person's life includes its own unique set of challenges. To help you cope with these challenges, we offer an employee assistance program (EAP) through ComPsych. Enrollment is automatic and YKHC pays the full cost for your coverage.

Benefits include confidential access to:

- Trained counselors via telephone (any time, day or night) for assistance with issues including:
 - depression, stress, or grief
 - marital and parenting problems
 - alcohol and substance abuse
 - conflicts
- Referrals for up to three sessions with a counselor
- Childcare referral service
- Eldercare referral service
- Legal resource and referral service
- Financial counseling resources

This program is available to you and your household members. Contact information for your employee assistance program can be found on the last page of this brochure.

Glossary

Term	Definition
Provider	A primary care doctor, specialist, hospital, outpatient facility, pharmacy, etc. that provides healthcare.
In-Network Provider	A healthcare provider that has a participation agreement in effect with the insurance carrier. These providers generally accept lower or negotiated fees from the carrier, so that patients have lower out-of-pocket costs than for services received through an out-of-network provider.
Out-of-Network Provider	A healthcare provider that does not have a participation agreement in effect with the insurance carrier. These providers generally do not accept negotiated fees from the carrier. Fees charged above the usual and customary limits are typically passed on to consumers.
Premium	Your premium is the cost you pay each month for your health plan. You must pay your premium even if you do not use any health care services.
Deductible	The dollar amount (e.g. \$400 or \$800) an insured must pay each year from his or her own pocket before the plan will make payments for eligible benefit expenses covered under the policy.
Out-of-Pocket Maximum	A defined dollar amount that the insured is responsible for paying directly to the provider of the health service at the time of service or when billed by the provider.
Copay	A sharing of the costs of the medical plan between the insurance company and the insured that is typically expressed as a percentage. Coinsurance will be paid once the member has met his or her deductible.
Coinsurance	A sharing of the costs of the medical plan between the insurance company and the insured that is typically expressed as a percentage. Coinsurance will be paid once the member has met his or her deductible.
Preventive Services	Preventive services include routine office visits for prevention and screening of common illnesses in absence of a diagnosis or condition. Preventive services do not cover the treatment of a condition identified in a preventive services visit or provider visits where you've identified a concern.
Diagnostic & Preventive Services	Care that includes exams, cleanings and x-rays, which can help your teeth, gums and body stay healthy.



Retirement Benefits (OneAmerica)

403(b):

Employees are eligible to start a voluntary Tax Sheltered Annuity (TSA) retirement plan upon employment. Once eligible for the YKHC 401(a) pension plan (below), YKHC will match up to 2% of the employee's own contributions.

403(b)ROTH:

This after-tax option is now available to employees under the same eligibility terms as the 403(b) PRE-TAX option described above.

401(a):

After 1 year of services and completing 1000 hours of work, employees are automatically entered into the plan. At the end of the year, YKHC contributes up to 6% of the employee's annual salary into the plan. The plan is subject to a 20% per year vesting schedule.

Holidays & Other Leave Options

Paid Time Off (PTO):

Requires Benefit Eligibility. PTO is provided for use as personal time off; including vacations, sickness or to cover the occasional short-term illness. PTO will start accruing on the 1st day of employment and is based on the hours worked, paid up to 80 hours per pay period. PTO is not available for use during the first 90 days of employment. PTO accrual is also based on years of service with YKHC as shown:

- **0-3 years**
23 days (.088/ hrs worked) 28 days PTO accrual max
- **3-6 years**
28 days (.108/hrs worked) 33 days PTO accrual max
- **6+ years**
38 days (.146/ hrs worked) 43 days PTO accrual max

Leave of Absence

- Family Medical Leave Act (FMLA)
- Military Leave
- Leave without Pay

Paid Holidays (Requires Benefits Eligibility)

- New Years Day
- Martin Luther King Day
- Presidents' Day
- Memorial Day
- Juneteenth (June 19th)
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Traditional Chiefs Day
- Christmas Day

Other Paid Time Benefits

- Bereavement Leave (immediate family)
- Jury Duty / Summons to Appear
- School Participation
- Volunteer Participation

For Assistance

If you have a benefits question a Benefit Advocate at Alliant is available to help you and your covered family members. Benefit Advocates are benefits professionals who are available to help you better understand your benefit program.

While Benefit Advocates are available to assist you with claims questions for any dental or vision claims, Benefit Advocates are unable to assist you with claims questions regarding your FEHB coverage. Please contact your current FEHB health insurance carrier customer service department for assistance.

Due to HIPAA Privacy regulations, we may need to obtain your written authorization in order to assist with certain issues. Your Benefit Advocate will provide you with an authorization form, if needed.

Benefit Advocates are available to assist you Monday through Friday, 4:00 a.m. to 4:00 p.m. Alaska Standard Time. You can call Alliant toll-free from anywhere in the U.S. or Canada. All calls are confidential. Your Benefit Advocate will track your issue and make sure that it is resolved.

Benefit Advocate Contact Information

Phone: (800) 489-1390

Email: benefitsupport@alliant.com

You can also contact our carriers directly:

Benefit	Carriers	Group Number	Phone Number	Website/Email
Medical/Rx	Federal Employees Health Program	For information regarding your specific plan go to opm.gov/insure/health/tribes/index.asp		
Vision/Dental	Meritain	AK058	(888) 324-5789	meritain.com
Life and AD&D/ Disability Insurance	Unum	0395525-001	(866) 679-3054	unum.com
Employee Assistance Program (EAP)	ComPsych	WebID: COM589	(866) 465-8930	guidanceresources.com
Flexible Spending Account (FSA)	Meritain	AK058	(888) 324-5789	meritain.com
Retirement	OneAmerica		(800) 858-3829	oaretirement.com

Annual Notices

Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [askebsa.dol.gov](https://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA - Medicaid

Website: myalhipp.com/
Phone: 1-855-692-5447

ALASKA - Medicaid

The AK Health Insurance Premium Payment Program
Website: myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com Medicaid
Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS - Medicaid

Website: myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA

Website: Health Insurance Premium Payment (HIPP) Program dhcs.ca.gov/hipp
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA - Medicaid

Website: flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA - Medicaid

Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid Website: in.gov/medicaid/
Phone 1-800-457-4584

IOWA - Medicaid and CHIP (Hawki)

Medicaid Website: dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366 Hawki
Website: dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS - Medicaid

Website: kancare.ks.gov/
Phone: 1-800-792-4884

KENTUCKY - Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov

LOUISIANA - Medicaid

Website: medicaid.la.gov or ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline)
or 1-855-618-5488 (LaHIPP)

MAINE - Medicaid

Enrollment Website: maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP

Website: mass.gov/info-details/masshealth-premium-assistance-pa
Phone: 1-800-862-4840

MINNESOTA - Medicaid

Website: mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI - Medicaid

Website: dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA - Medicaid

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA - Medicaid

Website: ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA - Medicaid

Medicaid Website: dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE - Medicaid

Website: dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY - Medicaid and CHIP

Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK - Medicaid

Website: health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA - Medicaid

Website: medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA - Medicaid

Website: nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA - Medicaid and CHIP

Website: insureoklahoma.org
Phone: 1-888-365-3742

OREGON - Medicaid

Website: healthcare.oregon.gov/Pages/index.aspx
oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA - Medicaid

Website: dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND - Medicaid

Website: eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311
(Direct Rite Share Line)

SOUTH CAROLINA - Medicaid

Website: scdhhs.gov
 Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid and CHIP

Website: dss.sd.gov
 Phone: 1-888-828-0059

TEXAS - Medicaid

Website: gethipptexas.com/
 Phone: 1-800-440-0493

UTAH - Medicaid and CHIP

Medicaid Website: medicaid.utah.gov/
 CHIP Website: health.utah.gov/chip
 Phone: 1-877-543-7669

VERMONT Medicaid

Website: greenmountaincare.org/
 Phone: 1-800-250-8427

VIRGINIA - Medicaid and CHIP

Website: coverva.org/en/famis-select coverva.org/en/hipp
 Medicaid Phone: 1-800-432-5924
 CHIP Phone: 1-800-432-5924

WASHINGTON - Medicaid

Website: hca.wa.gov/
 Phone: 1-800-562-3022

WEST VIRGINIA - Medicaid

Website: mywvhipp.com/
 Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN - Medicaid and CHIP

Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm
 Phone: 1-800-362-3002

WYOMING - Medicaid

Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20230 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2025)



Yukon-Kuskokwim
HEALTH CORPORATION

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