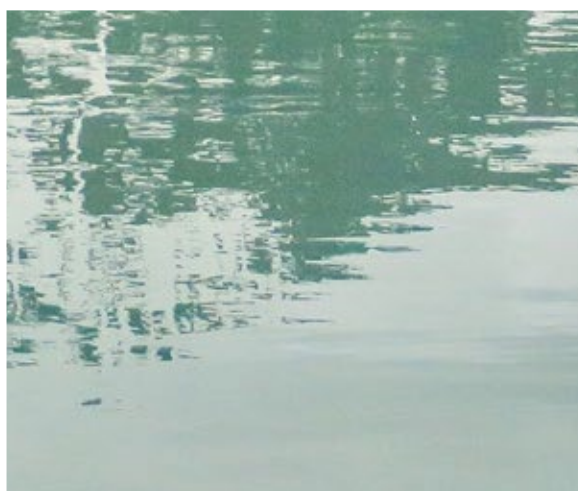
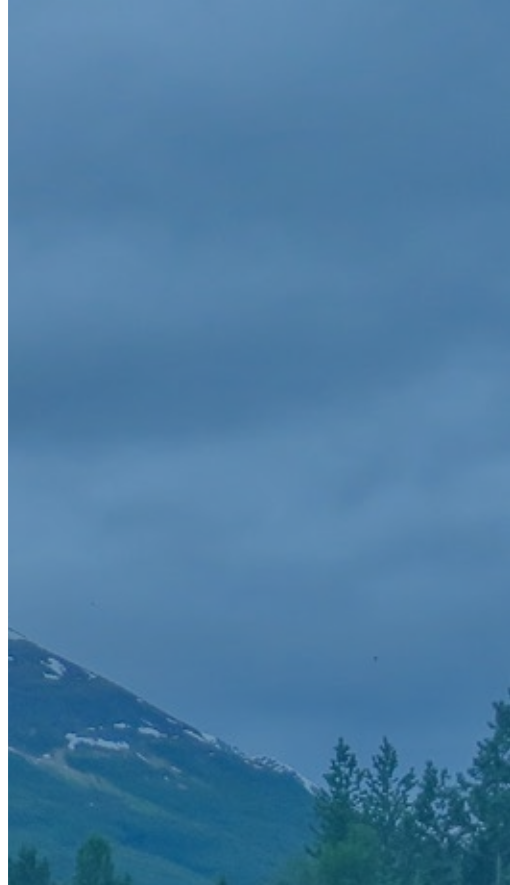


Reaching New Heights



2023
APDEA
BENEFITS GUIDE

Welcome to Your Municipality of Anchorage Benefits!

The Municipality of Anchorage (MOA) is pleased to offer you a robust benefits program that focuses on overall wellness in all areas of life. We offer tools and resources for your physical and financial health as well as provide the support you need to handle your day-to-day responsibilities. Because everyone's needs are different, MOA gives you flexible options, so you can choose the plans you need at a price you can afford.

Take a look at the benefits described in this guide to make the most of your benefits package. If you have any questions, reach out to the Benefits Department.



What's Inside

- 3 Benefit Basics
- 5 Medical Coverage
- 6 Vera Whole Health Centers
- 6 VeraDirect Virtual Care Services
- 7 Vision & Hearing Coverage
- 7 Dental Coverage
- 8 Health Savings Account (HSA)
- 9 Flexible Spending Accounts (FSAs)
- 10 Life and AD&D Insurance
- 11 Disability Coverage
- 12 Health & Wellness Resources
- 14 401(k) & 457(b) Voluntary Retirement Savings Plans
- 15 Benefit Terms & Definitions
- 16 Questions? Your Benefit Contacts



Benefit Basics

Who's Eligible for Benefits?



Employees

Active employees working 20 hours per week are eligible for benefits on the first of the month following or coinciding with date of hire.

Dependents

Eligible dependents include:

- Your legal spouse, unless legally separated
- Your natural, adopted, stepchildren, or children of legal guardianship, up to age 26



When Do I Enroll?



Initial Eligibility Date

You have **30 days** to enroll from your date of hire. Benefits are effective the first of the month following or coinciding with date of hire.



Annual Open Enrollment

Each year, you can make changes to your benefits during the annual Open Enrollment period. The choices you make become effective on January 1.



Qualified Change in Status

You have 30 days to make changes after a qualified change in family status. Examples include:

- Marriage or divorce
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other health coverage
- Change in Medicaid or Medicare eligibility



Don't Forget

The choices you make when you first become eligible or during annual Open Enrollment are in effect for the remainder of the plan year. If you get married or have a baby, you have **30 days** to request changes to your benefits coverage. Dependents are not automatically added or dropped from coverage.



How Do I Enroll?

Explore



Review your current coverage to see if it meets your needs. Compare your benefit options and evaluate plan costs.

Choose



Make your decisions about the best plans for you and your family.

Enroll



Go to anchorageak.sharepoint.com (muni.org away from work) and log in to SAP to enroll (SAP only works on Internet Explorer when away from work). Follow the prompts to make your elections.

Enrolling in Muniverse

Follow the instructions to enroll based on your enrollment needs. If you need assistance enrolling, call the Benefits Hotline at 907-343-4422 or email benefits@muni.org.

Open Enrollment	Qualifying Life Events
<ol style="list-style-type: none">1. Open Muniverse at anchorageak.sharepoint.com (muni.org when away from work on Internet Explorer only)2. Select "Applications," "SAP," and "SAP Login"3. Log in to SAP4. Select "Employee Self-Service (ESS)"5. Expand the "My Services" lane6. Select "Benefits Title"7. Select the "Open Enrollment" hyperlink from "Active Applications" lane8. Follow the prompts to enroll9. Click "SAVE"10. Print the confirmation of your benefits	<p>Step 1:</p> <ol style="list-style-type: none">1. Log in to SAP in Muniverse2. Select "Employee Self-Service (ESS)"3. Expand the "My Services" box4. Select "Benefits Title"5. Select "Benefits Event Form"6. Attach supporting documentation7. Select "Benefit Event Information"8. "Add New Dependents," if applicable9. Check Actions10. Submit to the Benefits Department <p>Step 2:</p> <ol style="list-style-type: none">1. Receive approval from Benefits2. Repeat Step 1, steps 1-43. Select appropriate "Qualifying Event Enrollment + Work & Life Events" box4. Follow the prompts to enroll5. Click "SAVE"



Helpful Enrollment Tips

- After you make your elections, print and review the confirmation statement carefully to make sure your benefits and dependent information are correct.
- **You must actively enroll in the Flexible Spending Accounts (FSAs) for each year you would like to participate.**
- If you are enrolling new dependents, you must provide their Social Security numbers and dates of birth. You will also need to provide supporting documentation, such as a marriage license or birth certificate, to prove your dependent relationship status. Upload the documentation on the "Benefits Event Form" in Employee Self-Service on SAP.



Medical Plan Comparison


Keeping You Healthy & Happy





Plan Features	QHDHP	Co-Pay 1000 Plan	500 Plan
	In-Network	In-Network	In-Network
Annual Deductible Individual/Family	\$1,500 / \$3,000	\$1,000 / \$3,000	\$500 / \$1,500
Annual Out-of-Pocket Maximum Individual/Family	\$5,000 / 6,900 (family embedded)* / \$10,000	\$2,000 / \$12,700	\$2,000 / \$12,700
	You pay:	You pay:	You pay:
Preventive Care Visit	Covered in full	Covered in full	Covered in full
Primary Care Visit	20% after deductible	\$25 copay (6 visits), then 20% after deductible	20% after deductible
Specialist Visit	20% after deductible	\$25 copay (6 visits), then 20% after deductible	20% after deductible
Lab & X-ray	20% after deductible	20% after deductible	20% after deductible
Urgent Care	20% after deductible	\$25 copay (6 visits), then 20% after deductible	20% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Inpatient/Outpatient Hospital Services	20% after deductible	20% after deductible	20% after deductible
Outpatient Mental Health Services	20% after deductible	\$25 copay	20% after deductible
Prescription Drugs: Retail (30-day supply per copay, up to a 90-day supply allowed)			
Generic	20% after deductible	Generic Maintenance: \$2 copay Generic: \$7.50 copay	Generic Maintenance: \$2 copay Generic: \$7.50 copay
Preferred Brand	20% after deductible	\$15 copay	\$15 copay
Non-Preferred Brand	20% after deductible	50% (\$75 max copay)	50% (\$75 max copay)
Specialty (30-day supply)	20% after deductible	50% (\$75max copay)	50% (\$75max copay)
Prescription Drugs: Mail Order (up to a 90-day supply)			
Generic	20% after deductible	Generic Maintenance: \$4 copay Generic: \$15 copay	Generic Maintenance: \$4 copay Generic: \$15 copay
Preferred Brand	20% after deductible	\$30 copay	\$30 copay
Non-Preferred Brand	20% after deductible	50% (\$150 max copay)	50% (\$150 max copay)
Specialty (30-day supply)	20% after deductible	50% (\$75 max copay)	50% (\$75 max copay)


*With an embedded out-of-pocket maximum (OOPM) under family coverage, no single individual on the family plan will pay higher than the family embedded OOPM amount. As an example, when one family member reaches the \$6,900 family embedded OOPM, the plan will cover 100% of eligible expenses for the rest of the plan year for the family member. If two or more family members need treatment, the \$10,000 family OOPM would apply.


Health Care Tools to Save \$\$


 **Vera Care Centers:** Receive high-quality, no or low-cost care right in your area. Plus, earn a \$200 incentive each year!

 **FREE In-Network Preventive Care:** Preventive health screenings help keep you healthy throughout the year, monitor health risks, and catch any problems early.

 **Mail Order Rx Program:** Fill your maintenance medication through mail order to receive a 90-day supply at a lower copay.

 **Generic Medications:** Talk to your doctor about taking generic prescriptions, which are as effective as brand-name drugs at a fraction of the cost.

 **FREE Counseling Appointments:** The Employee Assistance Program (EAP) offers 8 free counseling sessions when the need arises.

 **Tax Savings Accounts:** Pay for health care expenses using tax-free dollars with the Health Savings Account (HSA) and Health Care Flexible Spending Account (FSA).



Vera Whole Health Care Centers



Exceptional Care Right in Your Area

Vera Whole Health Care Centers offer exceptional health care from two convenient locations in Midtown and Eastside Anchorage. The Municipality of Anchorage has secured unique opportunities for you to take advantage of quality care through the Vera Whole Health Care Centers. You and your spouse can also each earn a **\$200 incentive each year!**

A range of services are offered to help keep you and your dependents healthy and well. Health care services may include:

- **Preventive Care:** Annual whole health evaluation, immunizations, screenings, wellness exams, family planning, and more.
- **Acute Care:** Coughs/colds, wound care, sprains and strains, rashes, urinary tract infections, back pain, and more.
- **Chronic Disease Management:** Diabetes, hypertension, depression, and more.
- **Bonus Support Services:** Health coaching, on-site labs, provider-dispensed medications, specialty care coordination, and more.
- **Behavioral Health Consultant:** Now available at the Eastside care center, Vera offers a dedicated behavioral health consultant. This expert knows the Vera system and MOA's robust health plans and will ensure you and your family receive the best behavioral health treatments available through Vera.

Schedule an appointment by calling **907-313-7550** or visit patients.verawholehealth.com to learn more. Vera Whole Health is HIPAA compliant and does not share specific health care information with the MOA. Please note, access to Vera providers and services are no longer available after retirement.

VeraDirect Virtual Care Services



24/7 Care from the Comfort of Home

When you are short on time and need a doctor for minor health issues, enjoy the convenience and savings of virtual care services. Download the app or visit veradirect.com and register for an account now, so you're ready whenever you need it.

Connect with board-certified doctors for common conditions: <ul style="list-style-type: none">▪ Allergies▪ Cold and flu▪ Pink eye, rashes▪ Sinus infections▪ Urinary Tract Infections (UTI)	Access VeraDirect 24/7 from your smartphone, tablet, or computer. Download the VeraDirect app for access at your fingertips. You may also register for an account at veradirect.com .	Use virtual care services any time of the day or night from wherever you are.	There is no charge to use VeraDirect if you are on the 500 or 1000 medical plans. QHDHP medical plan members only pay \$5 per visit.



Vera Whole Health Locations

Eastside Anchorage
1450 Muldoon Rd., Suite 100
Anchorage, AK 99504
907-313-7550

Midtown Anchorage
582 E 36th Ave., Suite 203
Anchorage, AK 99503
907-302-4950



Vision & Hearing Coverage



The Future Is Bright

MOA offers vision coverage combined with your medical plan through Premera Blue Cross Blue Shield of Alaska. Remember, you'll save money by visiting in-network providers. Find a vision provider at premera.com.

Plan Features	QDHP	Co-Pay 1000 Plan	500 Plan
	In-Network	In-Network	In-Network
	You pay:	You pay:	You pay:
Exam every calendar year	Covered in full (to allowable amount)	Covered in full	Covered in full
Frames & Lenses or Contacts (instead of glasses) every calendar year	Adult: \$200 allowance Child(ren) under age 19: 1 pair of glasses or 12 mo. supply of contacts	Adult: \$200 allowance Child(ren) under age 19: 1 pair of glasses or 12 mo. supply of contacts	Adult: \$200 allowance Child(ren) under age 19: 1 pair of glasses or 12 mo. supply of contacts
Hearing Exam every 3 years (\$800 limit for exams & hardware)	20%	20%	20%

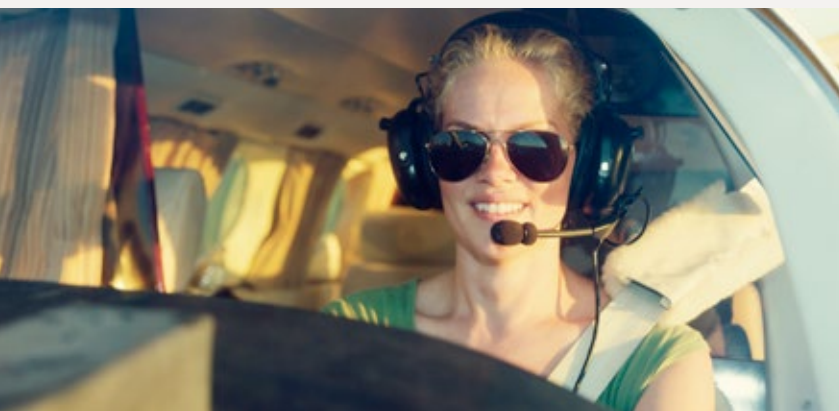
Dental Coverage

For a Healthy Smile



Take care of your oral health with MOA's Premera Blue Cross Blue Shield of Alaska dental coverage. To find an in-network provider near you, visit premera.com.

Plan Features	Dental Optima Plan
	In-Network
	You pay:
Calendar Year Deductible (waived for Preventive Services)	\$25 Individual \$75 Family
Calendar Year Benefit Maximum	\$1,500
Diagnostic & Preventive Services (e.g., x-rays, cleanings, exams)	Covered in full, applies toward benefit maximum
Basic & Restorative Services (e.g., fillings, extractions, root canals)	20% after deductible
Major Services (e.g., dentures, crowns, bridges)	50% after deductible



Find a Provider

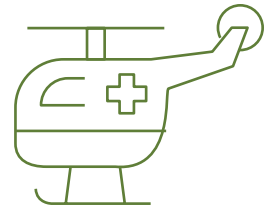
Premera Blue Cross Blue Shield (PBCBS) of Alaska
800-508-4722
premera.com



Health Savings Account (HSA)

Save for Health Care Expenses

When you enroll in the QHDHP medical plan, you could lower your taxable income while setting aside pre-tax funds for health care expenses in an HSA, administered by Optum Financial.



HSA Highlights

Triple Tax Savings	Contributions	Examples of Eligible Expenses*	Paying for Health Care Expenses	No "Use It or Lose It" Rule
<ul style="list-style-type: none"> Contribute pre-tax money through payroll deductions Pay for eligible expenses with tax-free money Earn tax-free interest on unused funds 	<ul style="list-style-type: none"> 2023 Maximum Contributions: \$3,850 Individual or \$7,750 Family (combined employer and employee contributions) 2023 MOA Contributions: MOA contributes to your HSA to offset your annual deductible. See Muniverse for more information Age 55+: You may contribute an additional \$1,000 each year 	<ul style="list-style-type: none"> Office visits, medical procedures, and prescriptions Glasses and contacts Dental expenses 	<ul style="list-style-type: none"> With your Premera HSA Debit Card Out-of-pocket, then submit a claim for reimbursement Keep your receipts in case you are asked to provide documentation 	<ul style="list-style-type: none"> You keep all funds contributed to your HSA. Unused funds roll over each year You own the account and take contributions with you if you retire or leave MOA

*Refer to IRS Publication 502 for a complete list of eligible expenses.

How the HSA Works with the QHDHP Medical Plan



You pay 100% of health care costs until the annual deductible is met. You can use your HSA funds to pay for health care expenses.



After your deductible is met, **you pay 20%** and the plan pays 80% when using an in-network provider.



When you meet the out-of-pocket maximum, the **plan pays 100%** for eligible services for the rest of the year.



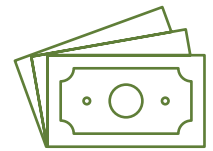
HSA Eligibility Requirements

- You must be enrolled in the MOA Qualified High Deductible Health Plan with an HSA.
- You or your covered spouse do **not** participate in a Health Care FSA.
- You are **not** enrolled in Medicare, TRICARE, VA Benefits, or Indian Health Services (IHS).
- You are **not** claimed as a dependent on someone else's tax return.



Flexible Spending Accounts (FSAs)

Save Smart & Lower Your Taxes



Flexible Spending Accounts (FSAs), administered by Optum Financial, offer a smart way to stretch your dollars by setting aside pre-tax dollars to pay for eligible health care and dependent care expenses. Each year, you must elect the annual amount you want to contribute to each account. Your contributions will be deducted pre-tax from your paycheck which helps reduce your taxable income. If you have a Health Savings Account (HSA), you cannot participate in the Health Care FSA.

	Health Care FSA	Dependent Care FSA
Annual Contribution Limit	\$2,850	\$5,000 (\$2,500 if married and filing separately)
Eligible Expenses*	Health care plan deductibles, copays, coinsurance, and prescriptions, including dental and vision hardware and expenses	Licensed daycare for children age 12 and under, disabled children, and dependent adults
Availability of Funds	The full annual amount you elect is available on your plan effective date	You can be reimbursed up to the amount available in your account
Payment or Reimbursement Options	Debit card or reimbursement	Reimbursement
Rollover Options	Yes, you may rollover up to \$570 of unused funds when you re-enroll	Unused funds do not rollover
Deadline for Services	Services must be incurred by 12/31/2023	Services must be incurred by 12/31/2023
Deadline for Submission for Reimbursement	Reimbursement must be submitted by 3/31/2024	Reimbursement must be submitted by 3/31/2024

*Refer to IRS Publication 502 and 503 for a complete list of eligible expenses.





Life and AD&D Insurance

Get Peace of Mind

Basic Life and AD&D Insurance

MOA automatically provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance in the amount of \$50,000 (non-sworn) and \$200,000 (sworn) at no cost to you.

Supplemental Life and AD&D Insurance

You may also purchase additional Life and AD&D insurance for yourself, your spouse, and your children at group rates.

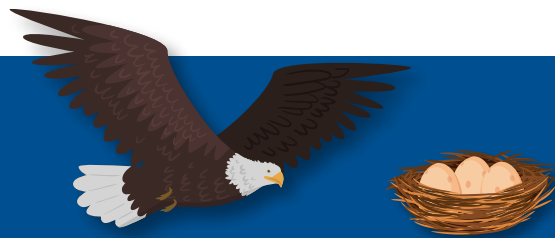
Benefit Features	Supplemental Life and AD&D Options*		
	Employee	Spouse	Dependent Child(ren) (up to age 26)
Coverage Options	\$25,000 increments	\$5,000	\$5,000
Maximum Benefit	\$200,000		
Guaranteed Issue Amount	\$200,000		
Guaranteed Issue Period	Within 30 days of benefits eligibility or a qualifying life event		

**Evidence of Insurability (EOI) may be required. If you elect voluntary coverage above the guaranteed issue limit or outside of the initial eligibility period, you will be required to submit a health questionnaire before coverage is effective.*

How Much Supplemental Life and AD&D Insurance Should I Buy?

When deciding how much supplemental Life and AD&D coverage to buy, consider the following:

1. How much will your dependents need to pay debts, such as a mortgage, car loan, or credit card balances?
2. How much do your dependents need to maintain their current standard of living?
3. What kind of future would you like to provide for your dependents or others who depend on you for financial support?



Choose a Beneficiary

You may choose anyone to be the beneficiary of your Life and AD&D policy. Review your beneficiary designation periodically to ensure it reflects your current wishes. Contact the Benefits Department for the appropriate form.





Disability Coverage

Keep Your Income Safe

MOA knows that an injury or illness can happen at any time. Disability coverage protects a portion of your income, so you can continue to cover your daily expenses when you are unable to work.



Long-Term Disability (LTD)

Benefit: 60% of your monthly salary, to a monthly maximum of \$6,250 if you have been disabled for more than 273 days (or the date your STD payments end, if applicable).

LTD benefits are offset with other sources of income, such as Social Security and workers' compensation and are payable based on the table below:

Age at Disability	Maximum Period of Payment
Less than 60	To age 65, but not less than 5 years
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Cost: MOA pays the full cost of LTD coverage.

Voluntary Short-Term Disability (STD)*

Benefit: Select from the following weekly maximum benefit options for the first 39 weeks of a disability:

- \$300
- \$400
- \$500
- 60% of weekly earnings up to \$1,500

Benefits begin after the following waiting periods:

- 0-day for injury
- 14-days for sickness
- 60-days if a disability is due to sickness during the first 12 months of the coverage effective date when applied for after the new hire enrollment period or within 30 days of a change in family status

Cost: Premiums are payroll deducted.

**If you elect voluntary coverage outside of the initial eligibility period, you will be required to submit a health questionnaire before coverage is effective.*



Valuable Health & Wellness Resources

At MOA, our focus is on helping you be the best person you can be. That's why we provide valuable resources to support your efforts to live a healthy lifestyle.

Stay Well with Livongo

We're excited to offer, cost-free programs that make it easier to manage diabetes, high blood pressure, prediabetes, and weight loss management. These programs empower you with the tools, insights, and expert support to help you reach your health goals.

These programs are offered at no cost to you and your eligible family members with diabetes and/or high blood pressure when covered on the MOA Health plan.

Livongo for Diabetes	Livongo for Hypertension	Livongo Diabetes Prevention powered by Retrofit & Weight Loss Management
<ul style="list-style-type: none">▪ Unlimited test strips▪ Connected blood glucose meter▪ Personalized insights & more	<ul style="list-style-type: none">▪ One-on-one coaching▪ Connected blood pressure monitor▪ Real-time tips & more	<ul style="list-style-type: none">▪ One-on-one coaching▪ Connected scale▪ Community support & more

Programs include trends and support on your secure Livongo account and mobile app and do not include a tablet or phone.

The benefits you get with these programs include:

- **Top technology:** All programs offer advanced technology that enables you to track and manage your health on the go by automatically logging your data in a private dashboard and easy-to-use app.
- **Personalized insights:** Get real-time tips and personalized feedback to help you learn and improve—or keep up the good work!
- **Trusted coaching:** Talk to a Livongo health coach for advice on nutrition, weight loss, and more, whenever you need extra support.
- **Important benefits (at no cost to you):** Livongo offers even more program-specific benefits that make it easier for you to manage your health.

To learn more or join, visit go.livongo.com/MOA/hi.

We're always looking for ways to add programs that will enhance benefits offerings, help maintain and improve your health, and the health of your family members. If you have any questions about these programs, please visit the Livongo website or call Livongo Member Support at **800-945-4355** and mention registration code "MOA".





Employee Assistance Program (EAP)

A Helping Hand When You Need It

When you need help with work, home, personal or family issues, the Employee Assistance Program (EAP), offers value-added programs and services at no charge.

You and your household members can access this confidential service to help with many life challenges. The EAP can help you overcome challenges while saving you time and money.

You receive access to:

- 8 free face-to-face or virtual sessions per incident per year
- Child and elder care assistance
- Financial and legal resources



Hinge Health

Get Relief from Chronic Pain

The Municipality of Anchorage, through Premera, partners with Hinge Health to offer innovative digital programs for back, knee, hip, neck, and shoulder pain. Over 80,000 people have participated in Hinge Health's programs, cutting their pain by over 60%. Nine out of ten say they are less likely to get surgery. Plus, it only takes 45 minutes per week, easily fitting into your schedule. To learn more and to enroll, visit hingehealth.com/for/moa1.

Once enrolled, you'll receive the Hinge Health Welcome Kit, which includes a tablet computer and wearable motion sensors that guide you through exercise therapy. You'll also be paired with your personal health coach who is with you every step of the way, tailoring the program specifically for you. Best of all, Hinge Health's programs are provided at no cost to you and your eligible dependents enrolled in a Municipality of Anchorage health plan.

For questions, call Hinge Health at **855-902-2777** or send an email to hello@hingehealth.com.



Premera Wellness Resources

More Tools to Help You Be Healthy

Premera Blue Cross Blue Shield of Alaska offers wellness resources to help you and your enrolled family members make informed choices to be your best self. Explore wellness information, resources, and more at premera.com.

- **BestBeginnings Maternity Program:** Offers expectant mothers and new mothers support and education during and after pregnancy. Download the BestBeginnings app for reminders and alerts. Use your Premera ID number to register.
- **Medical Travel Support:** Get reimbursed for approved travel expenses for qualified medical procedures at pre-approved facilities in and outside of Alaska. Call Premera at **800-508-4722** to find out if your procedure is covered.
- **CareCompass360:** Need help with a chronic condition, illness, or hospitalization? You have access to Personal Health Support Clinicians who can provide assistance based on your needs. Find out how to better manage a condition, such as diabetes or asthma, and ask the right questions about an illness or procedure. Call **888-742-1479** for more information.





401(k) & 457(b) Voluntary Retirement Savings Plans

Build Your Wealth Now



Saving for retirement is an important part of financial wellness. MOA sponsors 401(k) and 457(b) Deferred Compensation Plans, both administered by Empower Retirement. Contributions can be set up as pre-tax or Roth (post-tax).

Eligibility	Contributions
<p>You are eligible to participate after your first paycheck has been issued. You can enroll in the 401(k), 457(b), or both plans, choose your beneficiaries, and allocate your asset distribution at any time.</p> <p>Log in to MOAretire.com at any time to enroll, choose your beneficiaries, and adjust your asset distributions.</p>	<p>Effective January 1, 2023, MOA matches 4% of your 401(k) contributions. You may contribute up to the annual IRS maximum of \$20,500* with pre-tax or post-tax dollars from your paycheck. If you are age 50 or over, your IRS maximum is \$27,000.</p>

**Maximums are subject to change for 2023.*

401(k) vs. 457(b) – What’s the Difference?

- 401(k) plans and 457(b) plans are both tax-advantaged retirement savings plans.
- 457(b) plans can only be offered to non-profit or government employees.
- The two plans are very similar. Some aspects, like early withdrawal and hardship distributions, are handled differently. For example, the 10% penalty for early withdrawal before age 59½ does not apply to 457(b) plans.



Helpful Benefit Terms & Definitions



To better understand your coverage, it's helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – When an out-of-network health care provider bills a patient for the difference between what the patient's health insurance reimburses and what the provider charges.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a \$25 copay for an office visit or a \$7.50 copay for a generic prescription.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility.

Deductible – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible. For example, the deductible does not apply to preventive care services.

Emergency Room Care – Care received at a hospital emergency room for life-threatening conditions.

In-Network Care – Care provided by contracted/preferred providers within the plan's network of providers. This enables participants to receive care at a reduced rate and save money compared to care received by out-of-network providers.

Out-of-Network Care – Care provided by a facility outside of the plan's network. Your out-of-pocket costs may be higher, and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your plans. You share this cost with the MOA and pay your portion through regular payroll deductions.

Preventive Care – Routine health care, including annual physicals and screenings, to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Benefit Acronyms



AD&D

Accidental Death & Dismemberment

DCFSA

Dependent Care Flexible Spending Account

FSA

Flexible Spending Account

HSA

Health Savings Account

LTD

Long-Term Disability

OOPM

Out-of-Pocket Maximum

PPO

Preferred Provider Organization

QHDHP

Qualified High Deductible Health Plan

SDI

Short-Term Disability Insurance





Questions?

Your Benefit Contacts



Coverage	Contact	Phone	Website/Email
MOA Benefits Team	Benefits Hotline	907-343-4422	benefits@muni.org
Medical, Prescription, Vision & Dental	Premera Blue Cross Blue Shield of Alaska	800-508-4722	premera.com
Virtual Care	Vera Whole Health	N/A	veradirect.com
Local Health Care Centers	Vera Whole Health	907-313-7550	patients.verawholehealth.com
Diabetes & Hypertension Management	Livongo	800-945-4355	livongo.com/moa
Chronic Pain Support	Hinge Health	855-902-2777	hingehealth.com
Employee Assistance Program (EAP)	TBD	TBD	TBD
Health Savings Account (HSA) & Flexible Spending Account (FSA)	Optum Financial with Premera Blue Cross Blue Shield of Alaska	800-941-6121	premera.com
Life, AD&D & Disability	Unum	800-421-0344	unum.com
401(k) & 457(b) Voluntary Retirement	Empower Retirement	800-232-0859 or 907-276-1500	MOAretire.com

This communication highlights some of your Municipality of Anchorage benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. The Municipality of Anchorage reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.