



**Municipality of Anchorage  
Benefit Open Enrollment Form  
2018 Insurance Election/Cancellation Form  
For Police and Fire Medical Trust**

Return Form To: **Municipality Of Anchorage  
Attn: Benefits Department  
P.O. Box 196650, Ste. 605  
Anchorage, AK 99519-6650  
Fax: (907) 249-7899  
Email: benefits@muni.org**

Name:

Current Election:

For questions regarding your insurance elections, contact Benefits at (907) 343-4422 or benefits@muni.org. If you have questions regarding your insurance payment, contact Lorne Bretz at (907) 267-5094.

Please select a medical plan from the options below for the 2018 benefit year:

Choose Option	Medical Plan Options	Monthly Cost without Discount	Monthly Cost with Discount
	PPO 1300/2600 HDHP Plan	\$1,967.00	\$908.78
	Co-pay 1000 Plan	\$2,265.00	\$1,206.78
	500 Plan	\$2,314.00	\$1,255.78

If you wish to cancel your coverage, select the box below:

	I elect to <b>CANCEL</b> my coverage for the 2018 benefit year.
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**Dependent Information (Child or Spouse)**

**(If you are adding a dependent, supporting documentation and social security numbers are required)**

Add Drop Change	Full Time Student	Has Other Coverage	Over 19 and Disabled	SS# (Required)		
Name		Relationship		Birth Date	Gender Female Male	
Address Same as Employee			City	State	Zip Code	

Add Drop Change	Full Time Student	Has Other Coverage	Over 19 and Disabled	SS# (Required)		
Name		Relationship		Birth Date	Gender Female Male	
Address Same as Employee			City	State	Zip Code	

**Please use the available balance in my Police & Fire Retiree Medical account and deduct any remaining balance from my retirement to pay the monthly premium due.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



# Police & Fire Medical Trust Retiree Plan Options

## 2018 Plan Option Summary

Premera (In-Network)	500 Plan	Co-Pay 1000 Plan	1300/2600 HDHP
<b>Individual Annual Deductible PCY</b>	\$500	\$1,000	\$1,350
<b>Family Annual Deductible PCY</b>	\$1,500	\$3,000	\$2,700
<b>Individual Out-of-Pocket PCY</b>	\$2,000	\$2,000	Single Enrollment: \$5,000 PCY Individual  Family Enrollment: \$6,850 PCY Individual Embedded \$10,000 PCY Family
<b>Family Out-of-Pocket PCY</b>	\$12,700	\$12,700	
<b>Preventative Office Visit</b>	Covered In Full	Covered In Full	Covered In Full
<b>Office Visit, Specialist Visit, Urgent Care</b>	Deductible, then 20%	First 6 visits \$25 copay, then Deductible, 20%	Deductible, then 20%
<b>Emergency Care</b>	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
<b>Inpatient Facility</b>	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
<b>Other Professional Diagnostic Imaging and Laboratory/Pathology</b>	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
<b>Outpatient Mental Health/Chemical Dependency</b>	Deductible, then 20%	\$25 copay	Deductible, then 20%
<b>Rehab Outpatient Care</b>	Deductible, then 20%	\$25 copay	Deductible, then 20%
<b>Acupuncture</b>	Deductible, then 20%	First 6 visits \$25 copay, then Deductible, 20%	Deductible, then 20%
<b>Manipulations (Spinal and Other)</b>	Deductible, then 20%	First 6 visits \$25 copay, then Deductible, 20%	Deductible, then 20%
<b>Nutritional Therapy (25 Visits PCY)</b>	Deductible, then 20%	First 6 visits \$25 copay, then Deductible, 20%	Deductible, then 20%
<b>Adult Vision:</b> 1 Exam PCY covered in full; \$200 PCY for hardware (contacts, lenses, frames) covered in full			
<b>Pediatric Vision</b> (under age 19): 1 Exam PCY covered in full; 1 pair of glasses (frames & lenses) or 12 months supply of contacts in lieu of glasses PCY covered in full			
<b>Hearing:</b> 1 Exam every 3 years to combined max of \$800 limit every 3 consecutive years subject to constant 20% coinsurance. Hardware benefit combined \$800 limit every 3 consecutive years subject to constant 20% coinsurance			
<b>Pharmacy Benefits</b>			
<b>Generic Maintenance</b>	\$2	\$2	Deductible, then 20%
<b>Generic</b>	\$7.50	\$7.50	
<b>Preferred Brand Name</b>	\$15	\$15	
<b>Non Preferred Brand name</b>	50%(\$75 max copay)	50%(\$75 max copay)	
<b>Mail Order Cost Share</b>	2x Retail	2x Retail	
<b>Supply Limit per Fill</b>	Retail: up to 90 days (3 copays) Mail: up to 90 days Specialty: up to 30 days	Retail: up to 90 days (3 copays) Mail: up to 90 days Specialty: up to 30 days	Retail: up to 90 days (3 copays) Mail: up to 90 days Specialty: up to 30 days
<b>Drug List</b>	Preferred B3	Preferred B3	Preferred B3



# Police & Fire Medical Trust Retiree Plan Options

## 2018 Plan Summary Continued

Dental Benefits	
<b>Individual/Family Deductible PCY</b>	\$25/\$75
<b>Annual Maximum Dental Benefit</b>	\$1,500
<b>Diagnostic/Preventative</b> <ul style="list-style-type: none"> <li>• Cleanings (2 PCY)</li> <li>• Emergency Exams (1PCY)</li> <li>• Routine Oral Exams (2PCY)</li> <li>• X-Rays (once per 36 consecutive months)</li> <li>• Fluoride Treatments (2 applications PCY)</li> <li>• Sealants</li> </ul>	Covered In Full
<b>Basic</b> <ul style="list-style-type: none"> <li>• Emergency Palliative Care</li> <li>• Fillings (once per tooth surface every 24 consecutive months)</li> <li>• General anesthesia</li> <li>• Oral Surgery (simple and surgical extractions)</li> </ul>	Deductible, then 20%
<b>Major</b> <ul style="list-style-type: none"> <li>• Dentures, partial, and fixed bridges (replacements limited to once every 5 calendar years)</li> <li>• Inlays, onlays and crowns (replacements limited to once per tooth every 5 years)</li> <li>• Re-cementing &amp; repair of crowns, inlays, bridgework &amp; dentures</li> </ul>	Deductible, then 50%

PCY - Per Calendar Year

### Added Benefits for All Plans

#### Medical Travel Support

Premera's Medical Travel Support benefit reimburses you for approved travel expenses when you travel for qualified medical procedures at pre-approved medical facilities in and outside of Alaska. Approved travel expenses are partly covered for both you and a travel companion. Because the price of medical care may be lower outside Alaska, your share of the medical costs may also be lower.

To take advantage of Medical Travel Support

- Call Premera (800-508-4722) to see if the procedure you need is covered under Medical Travel Support.
- Talk to your doctor to make sure traveling is safe for you. If it is safe, call Premera to help you understand what is covered by this benefit and how to take full advantage of its services.

#### Teladoc® – Virtual Care

Visit a doctor – wherever and whenever you need to. Teladoc virtual care gives members convenient access to care when needed. Members can avoid long drive times and wait times that could be experienced at an urgent care or emergency room. Teladoc is not meant to replace a member's relationship with their Primary Care Provider (PCP) or to replace all in-person, face-to-face visits. It is an expansion of our service delivery options.

- Common conditions handled by virtual care providers: cold and flu symptoms, nasal congestion, sinus problems, bronchitis, respiratory infections, allergies and ear infections.
- Get care via phone call, online, video or other online media as easily as walking into an office and getting care face-to-face.
- Phone consultations available 24/7; video consultations available 7 a.m. – 9 p.m., 7 days a week
- For more information, visit the Teladoc website at [www.teladoc.com/premeraAK](http://www.teladoc.com/premeraAK)

#### 24-Hour Nurse Line

Registered Nurses are trained to offer advice, guidance and support to members and their families. RNs are trained to ask the right questions to make a recommendation about when or where a member should seek treatment for an injury or illness. RNs also have access to high-quality health resources and will listen to members' concerns, answer questions, and offer advice about many health-related topics.

- Free and confidential service available 24 hours a day, 7 days a week by phone, 800-841-8343 or at [www.premera.com](http://www.premera.com), go to Find a Doctor, then choose 24-Hour NurseLine.