



2026

Benefit Guide

Assembly Members

SERVING ANCHORAGE,
SUPPORTING YOU





WELCOME TO YOUR MUNICIPALITY OF ANCHORAGE BENEFITS!

The Municipality of Anchorage (MOA) offers a dynamic benefits program to support your overall health. In this guide, you'll find a variety of valuable benefits and programs designed to enhance your physical, mental, and financial well-being.

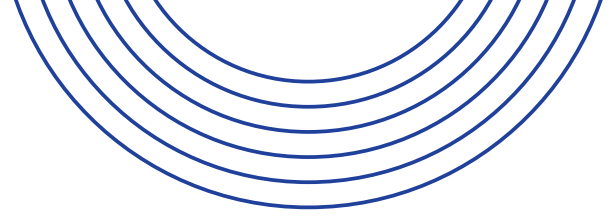
We invite you to discover how you can:

- Live your best life with Medical, Dental, and Vision plans.
- Plan for a secure financial future with a Health Savings Account, Flexible Spending Accounts, and 401(k) and 457(b) retirement savings plans that protect your income.
- Enjoy benefits provided at no cost to you by MOA, such as the Employee Assistance Program, Teladoc, and Wellness resources.

This guide is designed to assist you in making your benefits enrollment choices and will serve as a handy reference. Thank you for your hard work and dedication to the MOA.

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Benefit Basics

Who's Eligible for Benefits?

Elected Officials

Elected officials are eligible for benefits on the first of the month following certification of election.

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?

1

Initial Eligibility Date

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

2

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.

3

Qualified Change in Family 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



Remember!

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, have a baby, or experience another qualified change in family status, you have **30 days to request changes to your benefits coverage**. Dependents are not automatically added or dropped from coverage.

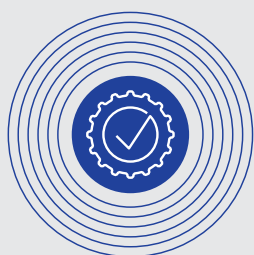
How Do I Enroll?

1	Explore Review your current coverage to see if it meets your needs. Compare your benefit options and evaluate plan costs.
2	Choose Make your decisions about the best plans for you and your family.
3	Enroll Go to anchorageak.sharepoint.com/sites/benefits (or muni.org if you're away from work) and log in to SAP to enroll (SAP only works on Microsoft Edge 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@anchorageak.gov.

Open Enrollment	Qualified Change in Family Status
<p>Open Muniverse at anchorageak.sharepoint.com/sites/benefits (use muni.org when away from work, on Microsoft Edge only)</p> <ol style="list-style-type: none">1. Select <i>Applications, SAP, and SAP Login</i>2. Log in to SAP3. Select <i>Self-Service</i>4. Select the <i>Open Enrollment</i> tile5. Follow the prompts to enroll6. Click <i>SAVE</i>7. Print the confirmation	<p>Step 1:</p> <ol style="list-style-type: none">1. Log in to SAP in Muniverse2. Select <i>Self-Service</i>3. Select <i>Benefits Event Form</i> tile4. Attach supporting documentation5. Select <i>Benefit Event Information</i>6. <i>Add New Dependents</i> if applicable7. Check <i>Actions</i>8. Submit to the Benefits Division <p>Step 2:</p> <ol style="list-style-type: none">1. Receive approval from the Benefits Division2. Repeat Step 1, numbers 1-43. Select appropriate <i>Qualifying Event Enrollment + Work & Life Events</i> tile4. Follow the prompts to enroll5. Click <i>SAVE</i>



Helpful Enrollment Tips

- **You must actively enroll in the Flexible Spending Accounts (FSAs) each year you would like to participate.**
- After you make your elections, print and review the confirmation statement carefully to make sure your benefits and dependent information are correct.
- If you are enrolling new dependents, you must provide their SSN 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 Self-Service in SAP.

Medical Plan Comparison

Keeping You Healthy & Happy

Plan Features	QHDHP*	Co-Pay 1500 Plan*	750 Plan*
	In-Network	In-Network	In-Network
Annual Deductible Individual/Family	\$2,000 / \$4,000	\$1,500 / \$4,500	\$750 / \$2,250
Annual Out-of-Pocket Maximum (OOPM) Individual/Family	\$8,000 / \$10,600 (family embedded)** / \$16,000	\$4,500 / \$15,750	\$3,750 / \$15,000
	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	\$15 copay	\$15 copay
Preferred Brand	20% after deductible	\$40 copay	\$40 copay
Non-Preferred Brand	20% after deductible	50% (\$250 max copay)	50% (\$250 max copay)
Specialty (30-day supply)	20% after deductible	50% (\$250 max copay)	50% (\$250 max copay)
Prescription Drugs: Mail Order (up to a 90-day supply)			
Generic	20% after deductible	\$30 copay	\$30 copay
Preferred Brand	20% after deductible	\$80 copay	\$80 copay
Non-Preferred Brand	20% after deductible	50% (\$500 max copay)	50% (\$500 max copay)
Specialty (30-day supply)	20% after deductible	50% (\$250 max copay)	50% (\$250 max copay)

*Claims for out-of-network providers will be allowed at 125% of the Medicare fee schedule for non-emergent services.

**With an embedded family OOPM, an individual on the family plan will only pay up to the family embedded OOPM amount. For example, when one family member reaches the \$10,600 family embedded OOPM, the plan will cover 100% of eligible expenses for the rest of the plan year for that family member. If two or more family members need treatment, the \$16,000 family OOPM would apply.

Health Care Tools to Save \$\$

Vera Care Centers: Receive high-quality, no- or low-cost care right in your area.

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

How to Find a Provider

Premera Blue Cross Blue Shield (PBCBS) of Alaska

Visit premera.com/visitor/find-a-doctor.

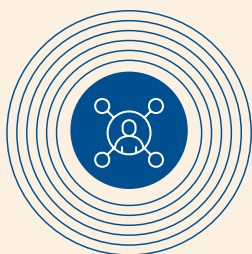
- Sign in to search in-network providers.
- Enter *Yukon* as the medical network.
- Select the provider you would like to see and schedule your appointment.

If you have questions, please call **800-508-4722**.

Premera Virtual Care Resources

When you are short on time and need a doctor for minor health issues, enjoy the convenience and savings of Premera virtual care resources. Get started with these programs anytime, anywhere through the Premera MyCare app.

98point6	Talkspace	Spring Health
98point6 is your solution for everyday care. You can receive high-quality, affordable, and convenient access to medical care 24/7/365 through virtual care options.	Behavioral help is just a call away with Talkspace. Easily and conveniently connect with therapists and psychiatrists, via video or text.	Your mental health is just as important as your physical health. Spring Health connects you with providers and resources for therapy, coaching, self-guided support, and care for complex conditions.



Matchmaker for Behavioral Health

When it comes to finding a behavioral health provider, it's important to find someone that gets you.

Premera members have access to Matchmaker for Behavioral Health, which can help remove the burden of searching for the right professional. This service customizes your search based on your preferences of religion, in-person or virtual visits, gender, race, ethnicity, and language.

Contact Premera to complete an intake over the phone. You'll receive a customized list of providers within 3-4 business days.

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 Eastside and Midtown Anchorage. The Municipality of Anchorage has secured unique opportunities for you to take advantage of quality care through the Vera Whole Health Care Centers.

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:** Vera offers a dedicated behavioral health consultant at both care center locations. This expert knows the Vera system and the MOA's robust health plans and will ensure you and your family receive the best behavioral health treatments available.

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 not available after retirement.

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

Benefits & Wellness All in One Place

My Vera App is an easy to use, personalized mobile app that allows all MOA patients to access benefits in one place, track wellness goals and activities, and find resources to help build healthy habits.



Vision & Hearing Coverage

The Future Is Bright

The MOA offers Vision and Hearing coverage through Premiera Blue Cross Blue Shield (PBCBS) of Alaska. These benefits are combined with your Medical plan. Remember, you'll save money by visiting in-network providers.

Plan Features	QHDHP	Co-Pay 1500 Plan	750 Plan
	In-Network	In-Network	In-Network
Vision Exam every calendar year (to allowable amount)	Covered in full	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 & Hardware every 3 years	20%	20%	20%

Dental Coverage

For a Healthy Smile

Take care of your oral health with the MOA's Premiera Blue Cross Blue Shield (PBCBS) of Alaska Dental coverage.

Plan Features	Dental Optima Plan
	Choice Network (Grid+)
Calendar Year Deductible (waived for Preventive Services)	\$25 Individual \$75 Family
Calendar Year Benefit Maximum	\$2,000*
Diagnostic & Preventive Services (e.g., x-rays, cleanings, exams)	Covered in full, applies toward the Benefit Maximum
Basic & Restorative Services (e.g., fillings, extractions, root canals)	20% after deductible
Major Services (e.g., dentures, crowns, bridges)	50% after deductible
Nightguards	1x every 3 years

*Calendar Year Benefit Maximum is for each member of the plan.



Valuable Health & Wellness Resources

At the 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 Teladoc

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 when covered on the MOA Health plan.

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

With these programs, you'll receive:

- **Top technology:** All programs offer advanced technology that enables you to track and manage your health 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 Teladoc health coach for advice on nutrition, weight loss, and more, whenever you need extra support.
- **Important benefits (at no cost to you):** Teladoc offers even more program-specific benefits that make it easier for you to manage your health.

To learn more or join, visit teladochealth.com/go/moa.

We're always looking for ways to add programs that will enhance our benefit offerings and help maintain and improve your health and the health of your family members. If you have any questions about these programs, please visit the website or call Teladoc Member Support at **800-835-2362** and mention the registration code "MOA."



NEW! Thyme Care Offers Cancer Support 24/7

When you enroll in one of our Premera medical plans, you have access to Thyme Care. This service is available at no cost to you and provides support and peace of mind as you or a covered family member age 18+ navigate a cancer journey.

In addition to 24/7 support, you’ll have a dedicated team of experts ready to answer questions and explain test results, treatment options and side effects. Thyme Care’s team will communicate and collaborate with your doctor, so everyone is on the same page.

Thyme Care also includes support for after cancer treatment, including guidance for healthy eating, better sleep, mindfulness, and financial support.

To learn more visit thymecare.com/PremeraAlaska or call or text **833-849-6300**.

Introducing a New Level of Cancer Care

The Thyme Care Connect app is a private online platform that connects you with expert-backed resources, 24/7 symptom tracking, and more. Download the free app today from the Apple Store or Google Play.




Employee Assistance Program (EAP)

A Helping Hand When You Need It

When you need help with work, home, personal, or family issues, the EAP, through ComPsych, offers value-added programs and services at no charge.

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

For more information, visit guidanceresources.com (Web ID: MOAEAP) or call **844-221-3343**.

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

Hinge Health

Conquer Back, Joint & Pelvic Pain

The Municipality of Anchorage partners with Hinge Health to offer innovative digital programs for back, knee, hip, pelvic and pelvic floor, neck, and shoulder pain. With the use of wearable sensors and computer vision technology, your clinical care team of physical therapists, physicians, and board-certified health coaches provide you the care you need. To learn more and enroll, visit hinge.health/moa-join.

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.

Note: Hinge Health often expands their offered services. Visit hinge.health/moa-join for the most up-to-date information on what is offered.

NEW Expanded Services!

Your Hinge Health benefit just got better. Services now include personalized, virtual care for pelvic pain and pelvic floor support. Scan the QR code to get started.



Scan me

Premera Wellness Resources

More Tools to Help You Be Healthy

Premera Blue Cross Blue Shield (PBCBS) 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.

- **24-Hour Nuseline:** If you experience pain, an injury, or fever anytime, day or night, call Premera's 24-Hour Nurseline at **800-841-8343**. You'll speak with a registered nurse who asks the right questions and will help you decide what to do.
- **Medical Travel Support:** Get reimbursed for approved travel expenses related to 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:** With CareCompass360, you have access to Personal Health Support Clinicians that provide services to manage chronic conditions and illnesses, such as asthma and diabetes. They can also help you navigate hospital procedures. Call **888-742-1479** for more information.

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 deductionsPay for eligible expenses with tax-free moneyEarn tax-free interest on unused funds	<ul style="list-style-type: none">2026 Maximum Contributions: \$4,400 Individual or \$8,750 Family (combined employer and participant contributions)2026 MOA Contributions: The 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 prescriptionsGlasses and contactsDental expenses	<ul style="list-style-type: none">Use your Premera HSA debit cardYou may also pay out-of-pocket, then submit a claim for reimbursementKeep your receipts in case you are asked to provide documentation	<ul style="list-style-type: none">Unused funds roll over each yearYou 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 QHDHP Medical Plan Works With the HSA

1	2	3
With the plan, you pay 100% of health care costs until the annual deductible is met. You can use your HSA funds to pay for these expenses.	After the deductible is met, you pay 20% and the plan pays 80% when using an in-network provider. You may continue to use HSA funds for these expenses.	If 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 QHDHP 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

FSAs, administered by Optum Financial, offer a smart way to stretch your dollars by setting aside pre-tax money to pay for eligible health 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 an HSA, you cannot participate in the Health Care FSA.

	Health Care FSA	Dependent Care FSA
Annual Contribution Limit	\$3,300	\$7,500 (\$3,750 if married and filing separately)
Eligible Expenses*	Health care plan deductibles, copays, coinsurance, prescriptions, OTC medications, dental, and vision expenses	Licensed daycare and before or after school care 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 \$660 of unused funds when you re-enroll	Unused funds do not rollover
Deadline for Services	12/31/2026	12/31/2026
Deadline to Submit for Reimbursement	3/31/2027	3/31/2027

*Refer to IRS Publication [502](#) and [503](#) for a complete list of eligible expenses.

FSA Reminders

- You must actively enroll in the FSAs each year you would like to participate.
- All claims must be substantiated or your FSA may be suspended.



Life and AD&D Insurance

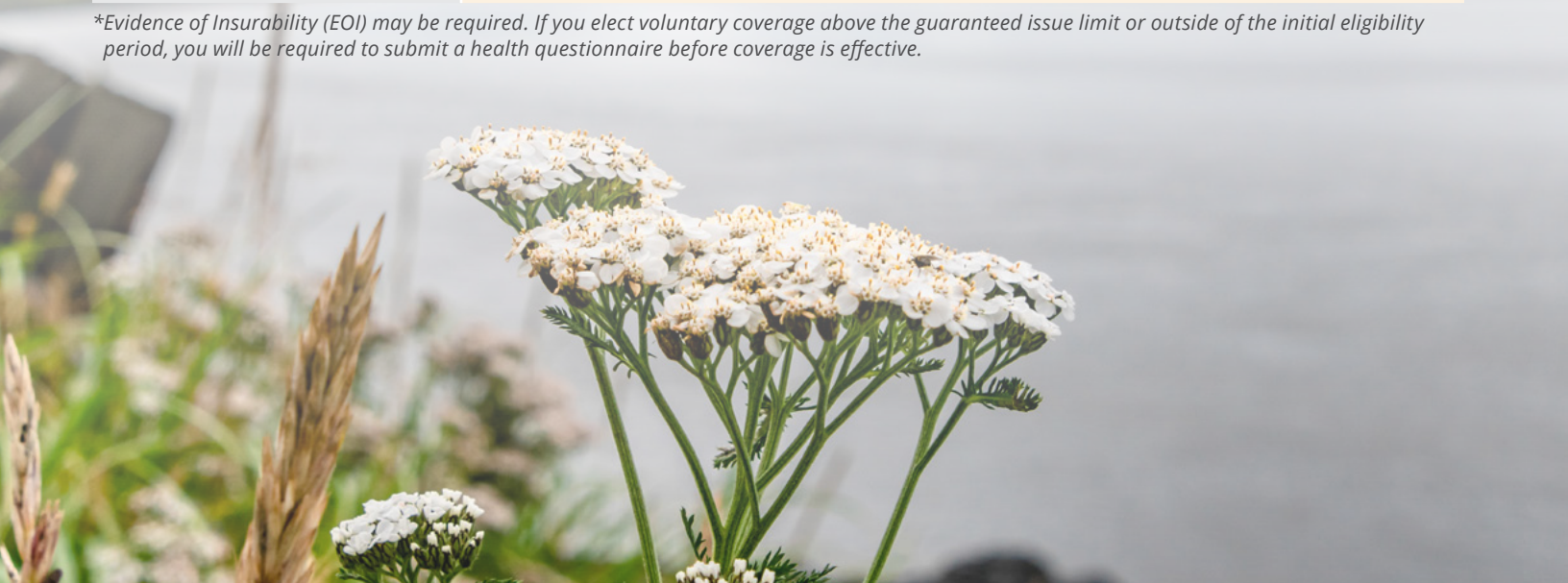
Get Peace of Mind

Voluntary Life and AD&D Insurance

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

Benefit Features	Voluntary Life and AD&D Options*		
	Elected Official	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 Voluntary Life and AD&D Insurance Should I Buy?

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

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



Give Your Family Peace of Mind

Choosing a beneficiary is important, as it identifies who will receive your Life insurance benefits if you pass away. 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 Division for the appropriate form.



Retirement Savings Plans

Build Your Wealth Now

PERS Tier IV

Assembly members elected after 07/01/2006 participate in PERS Tier IV unless they waive membership rights by signing a written waiver form which is filed with the Division of Retirement and Benefits. This waiver is irrevocable.

Voluntary 401(k) & 457(b) Plans

Saving for retirement is an important part of financial wellness. The 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	Enrollment	Contributions
You are eligible to participate after your first paycheck has been issued. You can enroll in the 401(k), 457(b), or both plans, and allocate your asset distribution at any time.	Log in to moaretire.com at any time to enroll, choose your beneficiaries, and adjust your asset distributions.	You may contribute up to the annual IRS maximum of \$23,500* with pre-tax or post-tax dollars from your paycheck. If you are age 50+, your IRS maximum is \$31,000.

**Maximums are subject to change for 2026.*

Get a Personalized Retirement Consultation

Whether you're just starting your career, approaching retirement, or are anywhere in between, a personalized consultation will give you the knowledge and strategies to make informed decisions about your retirement savings.

- Enroll at moaretire.com.
- Scan the QR code to schedule a consultation with Empower Retirement.



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 \$15 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 (OOPM): 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: What you pay to be enrolled in coverage. 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

OTC

Over-the-Counter

PPO

Preferred Provider
Organization

QHDHP

Qualified High Deductible
Health Plan



Your Benefit Contacts

Coverage	Contact	Phone	Website/Email
MOA Benefits Division	Benefits Hotline	907-343-4422	benefits@anchorageak.gov
Medical, Prescription, Vision & Dental	Premera Blue Cross Blue Shield of Alaska	800-508-4722	premera.com
Virtual Care	98point6	N/A	98point6.com
Local Health Care Centers	Vera Whole Health	907-313-7550	patients.verawholehealth.com
Diabetes & Hypertension Management	Teladoc	800-835-2362	teladochealth.com/go/moa
Chronic Pain Support	Hinge Health	855-902-2777	hinge.health/moa-join
Cancer Support	Thyme Care	833-849-6300	thymecare.com
Employee Assistance Program (EAP)	ComPsych	844-221-3343	guidanceresources.com Web ID: MOAEAP
Health Savings Account (HSA) & Flexible Spending Account (FSA)	Optum Financial with Premera Blue Cross Blue Shield of Alaska	800-941-6121	premera.com
Life and AD&D	Unum	800-421-0344	unum.com
401(k) & 457(b) Voluntary Retirement	Empower Retirement	800-232-0859 or 907-276-1500	moaretire.com



SCAN ME

Legal Notices

Scan the QR code to view your Annual Legal Notices containing information about your enrollment and coverage rights. For a printed copy of your notices, contact the Benefits Division.

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.

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