



2025/2026

ASEA/AFSCME Local 52 Health Benefits Trust Open Enrollment Guide

The ASEA/AFSCME Local 52 Health Benefits Trust provides you with a flexible benefits package that keeps you and your family on the road to good health.

You **MUST COMPLETE OPEN ENROLLMENT** by June 6 if you would like to change your Plan selection, enroll in a HCRA or if you and your spouse are enrolled in Plan A. Use this Guide to learn more and make informed choices about your benefits for the 2025/2026 Plan Year.

Important Plan Information

Employee Monthly Contribution Rates Increased for 2025/2026

The Health Benefits Trust strives to keep costs down, and has successfully kept cost increases below expected. **In fact, employee contributions have not increased in the last eight years.**

As health care costs have continued to rise, the Trust has funded a portion of the projected costs from Trust reserves and will continue to subsidize two-thirds of the increased costs.

However, to maintain sufficient reserves to pay future claims and cover increased costs, the Trust must increase employee contribution rates for the 2025/2026 Plan Year.

Please review the new monthly employee contribution rates on page 10 so that you can make an informed decision about your enrollment for the 2025/2026 Plan Year.

Notice of Self-Funded Non-federal Governmental Group Health Plan HIPAA Opt-Out

Group health plans sponsored for State and local governmental employees must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these plans are permitted to file an exemption from certain requirements of the Act. The ASEA/AFSCME Local 52 Health Benefits Trust has elected and been granted an exemption from the following requirements for the Plan Year beginning July 1, 2025 and ending June 30, 2026, and may be renewed for subsequent plan years:

1. Protection against limiting hospital stays in connection with the birth of a child to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section.

Understand your Benefit Coverage and Make Informed Decisions

You can help us keep our Health Trust financially strong by continuing to ask for generic medications, choosing PPO providers, using the Coalition Health Centers, Teladoc, Transcarent Virtual Physical Therapy and Transcarent Surgery Care, and by participating in the Renalogic Chronic Kidney Disease Management and Case Management programs. It's important for everyone to do their part because our Health Plan is self-funded which means all of our claims are paid only with the money that you and your employer contribute. There is no "insurance company"!

Please read this Guide carefully to understand your benefit coverage and make informed decisions about your choices during Open Enrollment and throughout the year.

2. Certain requirements to provide for breast reconstruction following mastectomy.

Notwithstanding the exemption, the health plan offered through ASEA/AFSCME Local 52 Health Benefits Trust will continue to voluntarily offer benefits in accordance with the Plan in full compliance with the mandates of 42 U.S.C 300gg-21(a)(2) (Health Insurance Portability and Accountability Act) and not curtail the protections and requirements noted above.

Spousal Surcharge

If you and your spouse enroll or are enrolled in Plan A, you **MUST CONFIRM** your spouse's eligibility for other employer-sponsored health benefits **EACH YEAR**. If you do not confirm your spouse's eligibility for other employer-sponsored coverage, or if he/she has opted out of employer-sponsored coverage, you'll pay a \$125 monthly surcharge. To keep contribution rates low and control plan costs, members' spouses are encouraged to use their own employer sponsored health plan.

Under the Affordable Care Act, the Plan is "Grandfathered"

The Trust believes this plan is a "grandfathered health plan" under the Affordable Care Act. As permitted by the Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the ASEA Health Trust Administrator at (866) 553-8206 (toll-free) or by logging into the website and sending a secure message via "Contact Us." You may also contact the US Department of Health and Human Services at healthcare.gov.

Here's How to Enroll

1 Complete and turn in an Enrollment Form by 5 p.m. (AKDT) on June 6.

YOU MUST COMPLETE AN ENROLLMENT FORM if:

- You want to change your Plan selection.
- You want to enroll in a HCRA.
- You and your spouse are enrolled in Plan A.

There are several ways to enroll: online, mail, fax or through **Contact Us** at aseahealth.org.

Online:

It's easy to enroll online with the Health Trust's website. Register today at aseahealth.org.

- From any computer with Internet access (printer capability is encouraged but not required) go to the Health Trust's website: aseahealth.org, log in to the secure portion of the site and then click **Open Enrollment**.
- Your online submission is secure and confidential.
- When you click **Submit Enrollment**, a summary of your enrollment choices will appear with the opportunity to print the page for your records.
- You must provide an email address in order to receive an email confirmation.
- Submit your online enrollment by 5 p.m. (AKDT) on June 6. Contact the Health Trust Administrator for technical assistance during normal business hours, Monday through Friday (7 a.m.–4 p.m. AKDT).

By Mail, Fax or through Contact Us:

- Fill out the enclosed Enrollment Form.
- Make a copy to keep for your records.
- Mail the form so that it is postmarked on or before June 6. Use a mailing option which provides proof of delivery confirmation.
- Fax the form (use the fax number on the form) so that it is received at the Trust office on or before 5 p.m. (AKDT) on June 6. Be sure to keep your fax confirmation statement.
- Log into the Health Trust website at aseahealth.org and submit the form securely by attaching it to a message sent through **Contact Us**.

2 If you change your mind after you enroll:

You may change your choices any time up until the June 6 deadline at 5 p.m. (AKDT), but don't wait until it's too late.

- If you initially enrolled on the Health Trust's website, your election can be modified online and resubmitted until 5 p.m. (AKDT) on June 6.
- If you submitted your enrollment by mail or fax, you can turn in a new Enrollment Form via mail, fax or securely by attaching it to a message sent through **Contact Us** on the website. Print the form from the Health Trust website or call the Health Trust Administrator to request one.
- The Health Trust will use the last form you submit before the deadline to enroll you in your benefit choices.

3 Enrollment Confirmation

If you enrolled online:

Once you complete your online enrollment you will receive an immediate email confirming receipt. Please print out a copy for your records. If you do not receive an immediate confirmation email, contact the Health Trust Administrator.

- By phone at (866) 553-8206 (toll-free)
- Through **Contact Us** at aseahealth.org

If you enrolled via mail or fax:

The Health Trust Administrator will mail you a Confirmation Statement with your benefit choices.

- Read it carefully to ensure it accurately reflects the choices you made.
- If the Confirmation Statement is accurate, no additional action is required by you.

If you believe the Confirmation Statement is not accurate:

Mail or fax a copy of the Enrollment Form or online enrollment confirmation and proof of the date you submitted it to the Trust within 30 days. You can also send a copy of the Benefit Enrollment Form, by attaching it to a secure message through **Contact Us** on the Health Trust website. If the Health Trust made an administrative error, they will correct the error.



4 If you want to appeal your benefit enrollment:

- If you believe you have been enrolled in your benefits incorrectly, you have the right to appeal to the Health Trust and request a change.
- You must make the appeal within 45 days after your first payroll deduction in the Plan Year.
- Since IRS regulations limit the circumstances in which participants can make election changes, the Trustees must consider these regulations when deciding Open Enrollment appeals.

Questions?

If you have any questions about your health benefits or Open Enrollment, please contact the Health Trust Administrator:

- **By phone:** (866) 553-8206 (toll-free)
- **Online:** Log in to aseahealth.org and click **Contact Us** to send a secure message.

KEY POINTS

- Open Enrollment for the 2025/2026 Plan Year begins May 19 and ends June 6, 2025 at 5 p.m. (AKDT)
- The choices you make during Open Enrollment will apply for the entire Plan Year, July 1, 2025–June 30, 2026.
- Unless you have a qualifying event (listed on page 8), your next opportunity to make enrollment choices will not be until the 2026/2027 Open Enrollment period.

Health Plan Benefit Choices

Plan A Full Plan for Employees and Families

Plan A provides medical, dental, prescription and vision benefits for employees and their families. Of all the options, this costs the most per month. That's because:

- It generally pays the highest level of medical benefits.
- It includes dental, prescription and vision coverage.
- It covers you and each eligible family member.

Spousal Surcharge

If you enroll your spouse in this Plan, you are required to complete Open Enrollment and confirm your spouse's eligibility for other employer-sponsored coverage EACH YEAR. If you do not confirm your spouse's eligibility for other employer-sponsored coverage, or if he/she has opted out of employer-sponsored coverage, you'll pay a \$125 monthly surcharge. To keep contribution rates low and control plan costs, members' spouses are encouraged to use their own employer-sponsored medical plan.

You WILL be charged the monthly surcharge of \$125 if you enroll your spouse in Plan A and any of the following applies:

- Your enrolled spouse is working and eligible to enroll in their employer's group medical plan, but has opted out of that coverage. (If your spouse has opted out of coverage for any portion of the year, the surcharge will apply to that period.)
- You do not complete the Open Enrollment Form for the 2025/2026 Plan Year and confirm your enrolled spouse's eligibility for employer-sponsored medical coverage. (This is required each year whether or not your enrolled spouse is eligible for employer-sponsored coverage.)

If you do not provide this annual update by July 1st, the surcharge of \$125 will be deducted from your July paycheck.

You will NOT be charged the monthly surcharge if you complete Open Enrollment and confirm any of the following:

- Your spouse is not employed.
- Your spouse is a retiree and has access to retiree coverage through another employer, but is not actively working.
- Your spouse is working but his or her employer doesn't offer medical coverage.

Spousal Surcharge—Frequently Asked Questions:

I'm not enrolled in Plan A. Does the spousal surcharge apply to me?

No. The spousal charge provision applies only to those enrolled in Plan A.

If You Have Other Health Insurance Coverage

Check With Your Other Health Plan Before You Choose

Before you choose a health plan, it's important to know how your other health plan and the Health Trust's plan will work together to coordinate benefits and pay covered expenses. Both plans may use standard Coordination of Benefits (COB) rules; however, COB rules could differ from plan to plan.

For example, if your other coverage is through the State of Alaska's AlaskaCare Plan, they may reduce your benefits if you waive dependent coverage under the Health Trust plan by selecting Plan B; or you select a plan that pays less than 70%, Plan C, or you select a high deductible plan, Plan D. For more information go to the Health Trust website, aseahealth.org, click on [More](#) and select [FAQs](#). Review the information under [How To Manage Your Benefits: Coordination of Benefits \(COB\)](#).

Other Coverage Required

If you decide to enroll in Plan B (if you have dependents) or Plan C, you will need to provide information about the other health plan when you enroll.

If the information about the other coverage is missing on your Enrollment Form, or if it is incorrect, the Health Trust will automatically enroll you in Plan A. If a retroactive change is required because you provided incorrect information, you will be responsible for any retroactive contribution amount due.

Plan B and Plan C participants must notify the Health Trust Administrator within 60 days if they gain eligible new family members or if their family members lose their other coverage.

Note: Indian Health Services benefits qualify as other health coverage for anyone electing Plan B or Plan C.

I am currently enrolled in Plan A and cover my spouse. I want to keep this Plan choice for the next Plan Year. Do I still have to complete Open Enrollment?

Yes. If you do not complete Open Enrollment and confirm whether or not your spouse is eligible for employer-sponsored coverage, the \$125 spousal surcharge will be deducted from your paycheck. The Trust requires this information be confirmed each year.

If my spouse is currently covered on his/her employer's medical plan, and they lose that coverage, am I able to add them to the ASEA Health Trust Health Plan?

Yes. Your spouse's loss of coverage would be considered a qualifying event, which means you can enroll them in the ASEA Health Trust plan and no surcharge would be assessed. Notify the Health Trust Administrator or submit a completed Family Information Form within 60 days of the qualifying event. Go to aseahealth.org, log in and click [Your Account](#), then [Your Coverage](#) and select [Change in Your Enrollment Status](#). Or contact the Health Trust Administrator to request a Family Information Form.

Are dependent children impacted by the spousal surcharge?

No. You will not be assessed a surcharge for dependent children who work and can enroll in their employer's health plan but declined that coverage.

If my spouse dies or I get divorced during the Plan Year and I am paying the surcharge, will the surcharge be discontinued?

Yes. Death or divorce is considered a qualifying event. You must notify the Health Trust Administrator within 60 days of the qualifying event by completing the Family Information Form to report changes in the family and enrollment. Go to aseahealth.org, log in and click [Your Account](#), then [Your Coverage](#) and select [Change in](#)

[Your Enrollment Status](#). Or contact the Health Trust Administrator to request a Family Information Form.

KEY POINT

- If you enrolled in or “defaulted” to Plan A and don't have dependents or don't need full coverage, you are paying more than you need to for your Health Plan. If you are eligible, you could save **\$4,140** per year with Plan B, **\$3,660** per year with Plan C and **\$3,600** per year with Plan D.

Plan B Full Plan for Employees Only

Plan B is identical to Plan A, but costs less per month because it covers only you, not your family.

If you have dependents, **you may choose this option only if all of your eligible family members are covered by another medical plan**—for example, through your spouse's employer. (See important details on page 6.)

Plan C Supplemental Plan for Employees and Families

Plan C pays a 20% medical and prescription plan benefit, as well as dental and vision benefits. This cost-effective plan is designed to work with most other coverage you and your family have in order to pay up to 100% of covered services.

- Plan C pays 20% of covered medical costs (with no deductible)—whether or not you use a PPO provider.

You may choose this option **only if you and all of your eligible family members are covered by another medical plan**—for example, through your spouse's employer. (See important details on page 6.)

Plan D Low Option Plan With HRA for Employees and Families

With Plan D, the Health Trust provides a \$1,000 (per employee) Health Reimbursement Arrangement (HRA). You can be reimbursed from your HRA for eligible expenses, such as prescription medications or a portion of your deductible. Plan D does not provide dental or vision coverage—but you can use the HRA to pay for dental and vision expenses.

You may use your HRA to pay for any of the eligible expenses allowed with a Health Care Reimbursement Account (HCRA), as listed on pages 11–12. However, if you have both a HCRA and an HRA, you **must** use your annual HCRA amount before the HRA reimburses your eligible expenses.

Remember, Plan D pays for preventive care that meets standard recommendations, with no deductible required. However, Plan D does not include dental or vision benefits and provides medical coverage only after you satisfy a high annual deductible (\$5,000 per person and \$10,000 per family). After you meet the deductible, Plan D pays 100% of most covered costs or 80% of the contracted price for non-PPO services.

Plan D is appropriate if:

- Your estimated annual eligible medical expenses are up to \$1,000 (which may be reimbursed by your Trust-provided HRA)
- You are willing to pay for health care costs over \$1,000 (and up to the deductible amount) out of your own pocket
- You want protection against the high cost of a serious medical condition

You might also want to consider Plan D if you and your family have other

Continued on page 8

Health Plan Benefit Choices

group health care coverage.

If there are unused funds in your HRA at the end of the Plan Year, these funds will be rolled over to the following Plan Year. If you select a different Plan or are no longer eligible for Health Trust benefits, you must forfeit any remaining funds in your HRA.

What If Your Family Situation Changes Midyear?

In keeping with IRS regulations, you may make midyear changes to your enrollment choices only if you have a qualifying event in your family, for example:

- Marriage
- Birth or adoption of a child
- Divorce or legal separation
- Death of a dependent
- Dependent ceasing to be eligible or gaining eligibility
- Loss, gain or significant change in spouse's coverage. Exception: HCRA elections may not be changed following a loss, gain or significant change in your spouse's benefits.
- Declaration of an Open Enrollment period by the Board of Trustees
- Change from full-time to part-time status or vice versa

Any Plan changes you make must be consistent with the event. For example, you may change from Plan B to Plan A if you marry.

Here's How to Make Midyear Changes

- Notify the Health Trust Administrator within 60 days of the qualifying event by completing the Family Information Form.

Go to aseahealth.org, log in and click **Your Account**, then **Your Coverage** and select **Change in Your Enrollment Status**. Or you may download, complete, and submit the Family Information Form on aseahealth.org under **Forms, Enrollment and Eligibility**.

- If required documents are not available, enroll your dependent and send the documents as soon as possible.

Changes become effective the first day of the month after the Trust receives your submissions (or, for newborns or newly adopted children, retroactive to the date of birth or adoption).

KEY POINTS

You **MUST COMPLETE OPEN ENROLLMENT** if:

- You are currently enrolled in Plan A and have enrolled your spouse, you must confirm your spouse's eligibility for employer-sponsored coverage for the 2025/2026 Plan Year. If you do not provide this annual update by July 1, the surcharge of \$125 will be deducted from your July paycheck.
- You want to change your Benefit Plan option for the 2025/2026 Plan Year
- You want to enroll in a Health Care Reimbursement Account (HCRA) for the 2025/2026 Plan Year

The Health Trust's flexible benefit options give you several options to choose from; take the time to select the plan that is best for you and your family.

Save by Using PPOs

The ASEA Health Benefits Trust has negotiated discounts with Preferred Provider Organizations (PPOs), which means these providers charge less for the services they provide to Trust participants. This helps to keep your health care costs down, while also helping the Trust maintain outstanding benefits and minimize your monthly employee contribution rates.

PPO Providers Within the Municipality of Anchorage

To receive the discounted rate and avoid paying the out-of-network penalty, use one of these PPO providers within the Municipality of Anchorage:

- Alaska Regional Hospital
- Surgery Center of Anchorage (also known as Anchorage Surgicenter)
- Alpine Surgery Center
- Alaska Surgery Center

Important: You will pay more if you use an Aetna PPO provider or non-PPO provider for services that could have been obtained from a PPO provider within the Municipality of Anchorage (listed above).

The Trust has negotiated discounted rates with these additional providers:

- Mat-Su Regional Hospital
- Alaska Center for Ear, Nose and Throat (ACENT)
- Anchorage Fracture and Orthopedic Clinic

Be sure to review the Health Trust's PPO provider information at aseahealth.org.

The Coalition Health Centers

There is no cost to you when you receive health care at the Coalition Health Center in Anchorage, Fairbanks or Mat-Su Valley. You do not have to pay a copay or meet the annual deductible for services you receive at the Centers.

The Centers are staffed by professional health care providers, such as fully qualified nurse practitioners and physician assistants, who offer:

- **Routine Care:** Treatment for an illness or injury (and referral to a specialist when needed).
- **Preventive Care:** Routine exams and preventive tests, children's wellness visits, annual physicals and immunizations.
- **Urgent Care:** Walk-in for help with urgent, but not life-threatening situations, such as cuts that need stitches, minor injuries, and sudden onset of potential illnesses.
- **Radiology Services:** X-ray.
- **Minor Surgical Procedures:** For example, simple biopsies, IUD placement/removal, and wart removal.
- **Laboratory Services:** Cultures, blood and urine tests.
- **Work-Related Exams:** Department of Transportation (DOT) or other work-related physicals by healthcare professionals that are certified to conduct these exams and complete all of the necessary forms and documents. (Note: Work-related exams are only covered when performed at a Coalition Health Center.)
- **Health Management:** Help managing your chronic health conditions and improving your overall health.

- **Pharmacy:** The Centers can fill many prescriptions for conditions that are being treated there. This saves you a trip to the pharmacy and there is no copay for prescriptions prescribed by and filled at the Centers.

It's easy to get care at the Centers:

- **Extended Hours**—The clinics are open for appointments Monday–Friday: 7:30 a.m. to 6:30 p.m. (Anchorage and Fairbanks); 8:00 a.m. to 5:00 p.m. (Mat-Su-Valley).
- **Walk-In Care**—No appointment needed from 8:30 a.m. to 5:00 p.m. (Anchorage and Fairbanks); 8:30 a.m. to 4:30 p.m. (Mat-su), Monday–Friday for unexpected and sudden onset of illness or injury.
- **No-Show Fee**—If you are unable to keep your scheduled appointment, you must cancel or reschedule at least 24 hours in advance or you will be charged a \$75 “no-show” fee that you must pay before your next appointment.
- **Website**—For more information, including any changes in delivery of care or hours of operation due to COVID-19, go to coalitionhealthcenter.com.

CHC Locations

- Anchorage:
701 East Tudor Road
(907) 264-1370
- Fairbanks:
570 Riverstone Way, Unit 3
(907) 450-3300
- Mat-Su Valley (Wasilla):
North Fork Professional Building
1700 East Bogard Road,
Building A, Suite 103
(907) 206-4601

The Nationwide PPO

For health care services that can't be performed by a PPO provider within the Municipality of Anchorage/Mat-Su Borough or at a Coalition Health Center, consider choosing an Aetna network provider for your regular health care or specialty care right here at home. Or, search for providers throughout the U.S. when you need health care services outside of Alaska.

The Health Plan pays the same benefit percentage (and there's no penalty) whether you choose an Aetna PPO provider or a non-PPO provider. However, you'll save money because Aetna providers charge discounted rates on health care services and you will not incur charges over usual customary and reasonable (UCR).

Call your doctor's office and ask if your provider is already in the Aetna PPO network. Or, go to aetna.com. Register, then search provider directories; select the “Aetna Choice POS II (Open Access)” network. We've also included a link on the home page of the Trust website at aseahealth.org.

Aetna Cost Estimator Tool

Aetna's Cost Estimator Tool allows you to compare your personalized cost information between providers, facilities, and treatments. Learn more on aseahealth.org.

Health Plan Benefit Overview

The chart below helps you compare the features and benefits of the different Plans—and choose which one is best for you.

BENEFIT	PLAN A FULL PLAN FOR EMPLOYEES AND FAMILIES	PLAN B FULL PLAN FOR EMPLOYEES ONLY	PLAN C SUPPLEMENTAL PLAN FOR EMPLOYEES AND FAMILIES WITH OTHER COVERAGE	PLAN D WITH \$1,000 HRA LOW OPTION PLAN FOR EMPLOYEES AND FAMILIES
2025/2026 Monthly Employee Contribution	\$345.00 May be subject to an additional \$125/mo. Spousal Surcharge payroll deduction. (See page 6.)	\$165.00	\$40.00	\$45.00
MEDICAL				
Annual Deductible	\$300 / Individual \$600 / Family	\$300 / Individual	None	\$5,000 / Individual \$10,000 / Family
Plan Pays Based on Plan's Allowable Expenses.	80% (60% of contracted price for non-PPO services*)	80% (60% of contracted price for non-PPO services*)	20%	100% (80% of contracted price for non-PPO services*)
Out-of-Pocket Limit (not including deductible)	\$1,200 / Individual (\$2,400 / Individual for non-PPO services*)	\$1,200 (\$2,400 for non-PPO services*)	None	None
Preventive Care Based on Plan's Allowable Expenses.	100% for services recommended under ACA—not subject to deductible; 80% for all others	100% for services recommended under ACA—not subject to deductible; 80% for all others	100% for services recommended under ACA—not subject to deductible; 20% for all others	100% for services recommended under ACA—not subject to deductible; 80% for all others
Prescription Drugs	Member copays: 20% brand name, 10% generic up to \$60 per Rx** \$600 copay max per person per Plan Year	Member copays: 20% brand name, 10% generic up to \$60 per Rx** \$600 copay max per person per Plan Year	Plan pays 20%, Member pays 80%**	Under the Medical Plan: Plan pays 100% after deductible
Major Medical Maximum	Unlimited	Unlimited	Unlimited	Unlimited
DENTAL (provided through Delta Dental of Alaska; deltadentalak.com)				
Annual Deductible	\$25 / Individual \$75 / Family	\$25	\$25 / Individual \$75 / Family	Not Covered
Plan Pays Based on Plan's Allowable Expenses.	Preventive: 100% General: 85% Major: 50% (Benefits paid for preventive services do not apply to the \$2,000 annual maximum.)			Not Covered
Individual Maximum	\$2,000 / Plan Year	\$2,000 / Plan Year	\$2,000 / Plan Year	Not Covered
Orthodontic Treatment	Adults and children: 50% up to \$1,500 lifetime max per covered person			Not Covered
VISION (provided through VSP; vsp.com)				
Plan Pays Based on Plan's Allowable Expenses.	VSP In-Network Exam: Covered in full every Plan Year Basic Single Vision or Lined Lenses: Covered in full every Plan Year Polycarbonate lenses and UV coating: Covered in full every Plan Year One of the following covered in full every Plan Year: Progressive or photochromic lenses or anti-reflective coating Frames: \$150 retail allowance every other Plan Year and 20% discount on the amount over the allowance. Contacts: \$200 allowance in lieu of lenses and frames and contact lens exam covered in full after \$60 copay		Out-of-Network Exam: up to \$150, every Plan Year Single Vision or Lined Lenses: up to \$175, every Plan Year Frames: up to \$150, every other Plan Year Contacts: up to \$200, every Plan Year, in lieu of lenses and frames	Not Covered

*Non-PPO out-of-pocket limit provisions apply to inpatient and outpatient services obtained at a non-preferred hospital or surgery center in Anchorage or Mat-Su Valley or performed at a non-preferred physical therapist provider in Anchorage.

**For non-network pharmacies, you are responsible for the difference between the retail price at the pharmacy and the network reimbursement rate. The Plan covers pediatric oral and vision services to the extent required by the Affordable Care Act (ACA).

Save With a HCRA

The key feature of a Health Care Reimbursement Account (HCRA) is that it reduces your taxable income. You set aside part of your pay (you determine how much) before income tax withholding or supplemental benefits and Medicare costs are withheld from your paycheck.

As a result, your taxes are calculated on a smaller amount. In this way, you can easily reduce your taxes and increase your net pay—by hundreds of dollars each year.

The example below assumes your income is \$55,000 a year and you have \$3,300 in eligible health care expenses during the year. By participating in an HCRA, your net pay for the year after health care expenses increases by \$396 due to tax savings!

Here's How a HCRA Works

1 Take the time to estimate your expected health care expenses carefully.

Use the HCRA worksheet (enclosed) to help you determine your annual health care expenses.

2 Decide how much you want to contribute to your HCRA each month.

- The minimum is \$20 per month, and the maximum is \$3,300 per year.
- The amount you choose will be deducted directly from your paycheck before taxes are withheld, and “deposited” into your HCRA.

Estimate carefully: At the end of the 2025/2026 Plan Year, you may only roll over up to \$660 (or the indexed IRS allowable amount) of unused funds. Any unused funds over \$660 will be forfeited.

Tax Savings Example

	WITH A HCRA	WITHOUT A HCRA
Annual Income	\$55,000	\$55,000
Contribution to Account	\$3,300	\$0
Taxable Income	\$51,700	\$55,000
Estimated Taxes*	\$6,204	\$6,600
After-tax Expenses	\$0	\$3,300
Net Pay (After Health Care Expenses)	\$45,496	\$45,100
Savings	\$396	\$0

*Using the 2025 federal tax table—Married, Filing Jointly

3 Enroll in a HCRA during Open Enrollment.

Even if you have a HCRA for the current Plan Year, you must enroll every year to have a HCRA in the next Plan Year.

4 Get reimbursed for eligible expenses from your HCRA account.

The HCRA self-service portal makes it easy to control how and when you get reimbursed from your account. It only takes a few minutes to sign up for HCRA Direct Deposit from your personal dashboard in the HCRA portal on aseahealth.org or in the mobile app. Once you're signed up, reimbursements will be deposited directly into your bank account. Learn more on aseahealth.org, under *Your Benefits, Health Care Reimbursement Account (HCRA)*.

5 Make sure you use the money in your HCRA and submit claims by the deadline.

Remember, the IRS has a “use it or lose it” rule that limits the amount of money you can roll over from year to year. You will only be allowed to roll over

up to \$660 of unused funds from the 2025/2026 Plan Year. Any unused funds over \$660 at the end of the 2025/2026 Plan Year (June 30, 2026) will be forfeited to the Health Trust and will be used to offset the administrative expenses of the Plan.

KEY POINT

- The full amount of your annual HCRA contribution is available on the first day of the Plan Year. The amount available for reimbursement is based on your **annual** contribution amount (minus any previous reimbursements), not on your contributions to date.

Eligible Expenses

You can use your HCRA for most medically necessary expenses that are not covered by any health plan. The following are some typical eligible expenses (also see the enclosed HCRA Worksheet):

Annual deductibles

Copays (the dollar amount you pay when you receive services)

Coinsurance (the percentage you pay for covered services)

Continued on page 12

Save With a HCRA

Expenses that are in excess of Usual, Customary & Reasonable

Menstrual supplies

Non-PPO penalties

Personal protective equipment and supplies—including masks, hand sanitizer and sanitizing wipes

Prescription—copays and coinsurance

Over-the-counter drugs or medications without a doctor's prescription, such as, pain relievers, cold and allergy medication, smoking cessation products, etc.

Over-the-counter items in these eligible categories: bandages and wraps, birth control, braces and supports, catheters, contact lens supplies, denture adhesive, diagnostic tests and monitors, first-aid supplies, insulin and diabetes supplies, ostomy products, reading glasses, wheelchairs, walkers and canes

Dental services not covered by your Health Plan

Orthodontia not covered by your Health Plan

Vision exams, eyeglasses and contacts

Examples of expenses that are NOT eligible for reimbursement:

Monthly employee contributions toward your Health Plan

Expenses reimbursed under any health plan

Insurance premiums for Long-Term Care

Medical services that are not medically necessary

Daily supplements (such as vitamins) unless prescribed by a physician to treat a specific condition.



For a complete list of what's eligible for reimbursement:

See Internal Revenue Service Publication 502, "Medical and Dental Expenses," available from:

- Your local IRS office
- The IRS Forms Hotline at (800) 829-3676 (toll-free)
- The IRS website at [irs.gov](https://www.irs.gov): search for Publication 502

To protect the Plan's qualified tax-exempt status, the Trust will make the final determination on eligibility of an expense and/or provider requirements. There may be items listed in the IRS Publication 502 which are not covered by our HCRA.

If you have a question about whether or not a particular expense is eligible, be sure to contact the Health Trust Administrator.

KEY POINT

- Instead of the HCRA, you may be able to take a tax deduction for eligible medical expenses on your federal income tax return. The deduction, however, is available only for qualified medical expenses that exceed more than 7.5% of your adjusted gross income. The deduction is not available for expenses reimbursed through the HCRA. For help determining which approach may be better for you, you may want to consult a professional tax advisor.

Know About Benefits Available to You

You don't need to enroll for these programs during Open Enrollment—they are offered to you by the Trust at no cost to you! We encourage you to take advantage of these confidential programs to help you and your family stay on the road to good health!

For Your Continued Good Health

Make sure you and your family receive standard preventive care services.

The Plan provides 100% coverage for preventive care that is recommended by the Affordable Care Act, with no deductible required.

For Your Benefit Information

Take a few minutes to visit the Health Trust website at aseahealth.org. Here are some of the ways it helps you get the most out of your ASEA Health Trust benefits.

- **Send and receive secure messages.** The **Contact Us** feature protects the personal information often required to identify your account. It also keeps your questions about your benefits and claims confidential. Log in on aseahealth.org with your secure password and then click **Contact Us**, to use this feature.

You'll get a reply within two business days (except weekends or holidays). Watch for an email telling you to log into your account on aseahealth.org to view the response. As an added plus, a history of your messages and the Administrator's responses are permanently stored with your account.

- **Find what you need to know, fast.** The website has many user-friendly features that help you click exactly where you want to go:
 - Choose **Your Benefits** from the home page for details about your Health Plan coverage.
- **View your own benefit information.** You can log in with a username and password to see your health claims, HCRA claims, eligibility and enrollment information and more.
 - It's easy to register to use the secure section of the website—see details on the right.
- **Manage your mail-order prescriptions.** Link directly to Caremark to refill a prescription or check on the status of your mail order prescription. Log in and then:
 - Click **Your Account**, then choose **Your Claims**, then **Prescription Drug Claims** to view your prescription transactions.

- **Submit forms online.** You may complete and submit claim forms online (instead of printing them, filling them out and mailing or faxing them.). Log in and then:
 - Click **Forms** to see a list of forms by type of form. Select the forms you wish to complete.
- **Read FAQs.**
 - Click **More, More Support**, then choose **FAQs** to view questions about benefit coverage, using the PPO, HCRA and more.
- **View the Benefit Booklet and plan changes 24/7.**
 - Click **Benefits Plan Booklet** under **Quick Links** to see the entire booklet anytime.
- **Stay informed about what's happening at the Health Trust.**
 - Watch the home page for the latest news, calendar of events and benefit highlights.

Anytime you have a question about your Health Trust benefit coverage, make aseahealth.org your first stop for information.

REMINDER

Registration is Quick and Easy

- 1 Click **Website Registration** under **Quick Links** on the home page to register for the first time.
- 2 Enter your personal information in the secure site.
- 3 Create your own username and password.
- 4 Once you have registered, you can log in at the top of the home page to the secure area of the website to view your personal, confidential information.

If you need help registering, please call the Health Trust Administrator at (866) 553-8206 (toll-free).

Continued on page 14



Know About Benefits Available to You

For Chronic Kidney Disease (CKD) Management

The ASEA Health Trust has partnered with Renalogic to help you learn about kidney health and how to manage your lifestyle to prevent Chronic Kidney Disease (CKD). If left untreated, CKD can worsen and lead to end-stage renal disease (ESRD) which is fatal without artificial filtering (dialysis) or a kidney transplant. If you or your eligible dependents have a higher risk for developing CKD, or if you already have CKD or ESRD, you are eligible for this free program. A Renalogic Nurse Patient Advocate will partner with you to help you get the health care you need and make the most of your benefits. Your participation is completely voluntary and confidential.

To learn more, go to aseahealth.org and click [Chronic Kidney Disease Management \(CKD\)](#), found under [Your Benefits](#). Or, go to renalogic.com/afscmelocal52.

Teladoc for Your Non-Urgent Medical Care

Who wants to go out, even to a doctor's appointment, when you're not feeling well? Now you can seek treatment with a health care provider by phone, online video or mobile app anytime—at no cost to you—through Teladoc. When you have a minor illness (such as sinus problems, bronchitis, allergies, cold and flu symptoms), you may request a doctor's visit by web, phone or mobile app. Then a board-certified doctor will contact you to diagnose your condition, recommend treatment and prescribe medication, if appropriate. It's that easy! To learn more, go to aseahealth.org and click [Teladoc](#), found under [Your Benefits](#).

Teladoc for Your Behavioral Health Care

You can seek treatment for behavioral health issues (such as depression, stress and anxiety, emotional difficulties, grieving issues and trauma resolution) at no cost to you; there is no copay or deductible. You may request a doctor's visit by web, phone or mobile app and a licensed mental health provider will contact you to diagnose your condition, recommend treatment and prescribe medication, if needed. (Note: Teladoc Adolescent Mental Healthcare is also available for teens ages 13–17.)

Transcarent Surgery Care for Your Planned, Non-Urgent Surgeries

If the ASEA Health Benefits Trust is your primary medical plan, consider using Transcarent Surgery Care when you need planned, non-urgent surgery (such as a total hip or knee replacement, coronary artery bypass graft or spinal fusion). Through Transcarent Surgery Care, you can have your surgery performed by top rated surgeons in premier facilities across the United States, at no cost to you! If you choose Transcarent Surgery Care, the Health Trust:

- Covers ALL medical costs for your surgery; there is no deductible or coinsurance
- Pays for your travel expenses, including first-class airfare, lodging and food
- Pays the travel expenses for a companion (whom you choose) to go with you as your caregiver

Upon your return home, the Health Trust covers follow-up care as a regular medical expense. You will pay your normal copay or coinsurance after you meet the annual deductible.

This includes follow-up doctor visits, medications, tests, physical therapy, etc. To keep your out-of-pocket costs down, be sure to use PPOs within the Municipality of Anchorage.

When you have surgery arranged by Transcarent Surgery Care, you'll work with a Care Coordinator, who will help you understand your treatment options, choose a surgeon and facility, make your travel arrangements, and much more. If the ASEA Health Plan is your secondary plan or if you are enrolled in Plan C, please contact the Health Benefits Trust Administrator to see if Transcarent Surgery Care is an option for you. To learn more, go to aseahealth.org and click [Transcarent](#) found under [Your Benefits](#).

Virtual Physical Therapy Services from the Comfort of Home

Transcarent's Virtual Physical Therapy services (through SWORD Health) can help with back, joint, and muscle pain. Work with a licensed physical therapist who will design a customized program just for you. You'll receive a kit in the mail with a digital tablet and motion sensors to track your exercises. No referral is needed and there is no cost to you; no copay or deductible is required. To learn more, go to aseahealth.org and click on [Virtual Physical Therapy](#) under [Your Benefits](#).

For Help with Life's Challenges—Employee Assistance Program (EAP)

Through the Aetna Resources for Living, you can get help finding solutions to challenges you're facing, such as parenting issues, relationships, financial strain or work stress. Your EAP benefits provide you and your

eligible dependents with up to six free counseling sessions per issue per year, plus referrals to community resources, information and much more. The EAP is 100% confidential, even if you call to discuss work-related problems.

You also have access to the EAP's online information resources at resourcesforliving.com/login. Choose from fact sheets, podcasts, videos and free CDs and booklets. Scroll through the categories—Life, Health, Family, Work, Money, Life Changes—then pick from the drop down menus to zero in on what you need.

Here's how to connect to Resources for Living EAP: call (888) 238-6232 (toll-free)/TTY:711, 24 hours a day, 7 days a week. Or go to resourcesforliving.com/login: User ID = ASEA; Password = eap (case sensitive) for information resources.

Use the Resources for Living mobile app to quickly access valuable information. To install the app, search for and choose "Resources for Living" in the app store for your device. The first time you use it, enter Username: ASEA and password: eap (case sensitive).

Galleri for Early Cancer Detection

The Health Trust covers up to one "Galleri Cancer Detection Test" per year to members and enrolled, dependent spouses age 50 years and older at 100% under the preventive care benefit.

The Galleri blood test screens for multiple kinds of cancers which shed DNA in the bloodstream including 50% of all cancers and 67% of the twelve cancers that cause two-thirds of all cancer deaths in the U.S. (Note: Cancer that does not shed DNA in the bloodstream, such as brain cancer, is not detected by the Galleri test.)

The Galleri test is intended to be used in addition to your traditional recommended preventive screenings based on your age and health history to help find cancer early when it is most treatable.

To learn more, go to aseahealth.org, [Your Benefits](#), and click on [Preventive Care](#). Or go to galleri.com/asea.

Questions?

If you have any questions about your health benefits or Open Enrollment, please contact the Health Trust Administrator:

- **By phone:** (866) 553-8206 (toll-free)
- **By secure message:** After logging in to the Health Trust website, send a secure message through [Contact Us](#).

FOR MORE INFORMATION

- For details about the plans, including who's eligible, what the plans cover, and exclusions and limitations, please refer to the Benefits Plan Booklet on the Trust website at aseahealth.org (or call the Health Trust Administrator to request a paper copy).
- This Guide provides an overview only. If there is a difference between this Guide and the Plan provisions, the Plan provisions will apply.
- The coverage provided through the Trust may not be regulated under Alaska insurance law and may not be covered by the Alaska Life and Health Insurance Guarantee Association under AS 21.79.



