



UA CHOICE

2009 ENROLLMENT GUIDE

For the Plan Year July 1, 2009 through June 30, 2010



UNIVERSITY
of ALASKA
Many Traditions One Alaska

UA Choice 2009-2010 Enrollment Guide

The University believes it's important to provide comprehensive benefits to help support good health and protect you from certain financial risks. The benefits program not only provides comprehensive coverage but also offers a range of plans to fit a variety of needs and budgets. Your options include:

<i>Plan</i>	<i>Options</i>	<i>Learn More on Page</i>
<i>UA Choice</i> Medical, Prescription Drug, Dental and Vision	<ul style="list-style-type: none">Choose from 3 plan options — Deluxe, Standard or Economy — all with medical, prescription, dental and vision coverageOr, opt out of health care coverage	4
Flexible Spending Accounts (FSAs)	You can participate in optional Health Care or Dependent Care Flexible Spending Accounts. You fund the accounts with your own pre-tax dollars, then use them to reimburse yourself for qualified out-of-pocket health care or dependent care expenses.	14
Life and Accident Insurance	<ul style="list-style-type: none">Basic University-paid life insurance of \$50,000 is automaticYou can buy supplemental life insurance for yourselfYou can buy accidental death and dismemberment (AD&D) insurance for yourself and your dependents	15

This guide is designed to help you...

- *Understand your benefit options*
- *Guide your decision making*
- *Walk step-by-step through the enrollment process*

You can find more details and copies of each of this year's enrollment materials at www.alaska.edu/benefits.

How to Enroll

1. Review your **UA Choice** options and select the health plan that best meets your needs and budget. Then consider whether you want to make any other elections such as supplemental life insurance, accidental death and dismemberment (AD&D) insurance, or participate in a Flexible Spending Account for health care and/or dependent daycare expenses.
2. Complete the enrollment form(s) and a beneficiary designation form if you are electing supplemental life or AD&D for the first time (forms are available online at www.alaska.edu/benefits).
3. To opt out of **UA Choice**, complete an Opt Out form, available online at www.alaska.edu/hr/forms. New this year: you don't have to have the form verified by a representative of the other plan providing coverage. Just complete the other plan information and sign the form. This waiver of coverage will remain in effect until you elect UA Choice coverage because of a life event or future open enrollment.

4. To participate in a Flexible Spending Account, you *must* return a completed enrollment form. FSA participation does not continue into the next plan year automatically; you must re-enroll at open enrollment.
5. If you are a new hire, return the forms to Human Resources within 30 days of your hire date.

If you are a newly hired employee, your health care coverage begins on the date you are hired. Enrollments based on a life event are effective the date of that life event.

Until you return your health plan enrollment form and/or if you do not enroll or opt out within 30 days of hire, you will automatically be enrolled in the Standard Plan with employee-only coverage.

Who's Eligible

Employees

If you are a regular full-time, regular part-time, or extended temporary employee of the University of Alaska, you are eligible for health care benefits. In addition, if you are a regular full-time or regular part-time employee, you are eligible to participate in the Flexible Spending Accounts as well as the supplemental life and AD&D insurance.

Dependents

The following dependents are eligible for health care benefits through *UA Choice* and accidental death and dismemberment insurance:

- The lawful spouse of the employee, unless legally separated.

Please note: Provided all requirements are met as specified by the University of Alaska, wherever “spouse” is stated in the health care plan, a financially interdependent partner and his or her eligible dependent children would also be included. Please contact your local personnel office for details concerning financially interdependent relationships.

- A “child” 18 years of age or younger, unmarried, and primarily dependent upon the employee for support. A child is considered one of the following:
 - A natural offspring of either or both the employee or spouse
 - A legally adopted child of either or both the employee or spouse
 - A child for whom the employee has been granted court-appointed legal guardianship; a copy of the guardianship papers is required for enrollment

- A child for whom the employee or spouse is under a domestic relations order to provide medical benefits as directed by a divorce decree, a medical child support order or other court-ordered dependent coverage
- A foster child living with the employee
- A child “placed” with the employee for the purpose of legal adoption in accordance with state law; placed for adoption means assumption and retention by the employee of a legal obligation for total or partial support of a child in anticipation of adoption of such child.

A child may continue to be covered under this program through age 23 if the child is unmarried, primarily dependent on the employee for support, and is a full-time student attending an accredited educational institution.

Under certain circumstances, coverage may continue after age 18 (23 for an eligible college student) for an unmarried dependent child who cannot support himself or herself because of a developmental or physical disability. Contact Human Resources for more information.

Changing Your Elections During the Year

Your elections will remain in effect through the end of the plan year (June 30, 2010). Your next opportunity to change your elections or end your participation will be during the next Open Enrollment, held mid-April to mid-May, unless you have a qualifying change in status, for example:

- You marry or divorce
- You meet the minimum requirements on the Financially Interdependent Partners Statement or end a relationship with a financially interdependent partner
- You add a dependent child to your family through birth or adoption
- An enrolled family member dies
- You (or your spouse/partner) go on an unpaid leave of absence
- You (or your spouse/partner) have a significant change in employment status (for example, you go from part-time to full-time or vice versa, or your spouse loses or gains employment)
- You waive medical coverage for yourself or your family members because of other health care coverage — and you lose that other coverage for certain reasons.

Election changes must be made within 30 days of the qualifying status change (60 days for newborns and adoption or legal placement for adoption) or you must wait until the next Open Enrollment.

If You Live in an Area Without Network Providers...

You will receive network-level benefits even when you use non-network providers in Alaska (if you use a hospital in Anchorage, you must use a network hospital for the higher level of benefits). However, the amount the plan pays is based on the allowable charge. Network providers agree to accept the allowable charge as full payment. If your provider charges more, you are responsible for the difference in addition to your coinsurance.

Your UA Choice Health Care Options

The **UA Choice** program offers you three levels of health care coverage. Alternatively, if you have other medical coverage and don't need coverage through the University, you can opt out and avoid payroll deductions for health care.

UA Choice Health Care Program at a Glance			
Deluxe Plan	Standard Plan	Economy Plan	Opt Out
Highest payroll deduction Lowest deductible	Medium payroll deduction Medium deductible	Lowest payroll deduction Highest deductible	You may opt out of UA Choice if you have other health care coverage; just complete an opt-out form and provide information about your other medical coverage.
<u>Includes:</u> Medical Prescription Dental Vision	<u>Includes:</u> Medical Prescription Dental Vision	<u>Includes:</u> Medical Prescription Dental Vision	

Each of the plans within the **UA Choice** program includes comprehensive medical, prescription, dental and vision benefits. Each plan generally covers the same types of services (preventive care, office visits, hospitalization, etc.). The difference is that each plan offers a different *level* of coverage at a different *cost*.

Medical Highlights

Premera Blue Cross Blue Shield of Alaska is our medical benefits claims administrator and has developed a broad network of providers called the Alaska Heritage Network. No matter which plan you choose, using network providers will lower your out-of-pocket costs because the percent you pay is based on negotiated fees. If you choose the Standard or Economy plan, you will also receive higher benefits when you use Alaska Heritage providers (in areas where network providers are available).

The following chart compares the main features and most commonly used benefits. For a more detailed chart, visit www.alaska.edu/benefits and click on Health Plan, then click on UA Choice Coverage Comparison under Links of Interest. If you know you will need to use a benefit that's not listed, call Premera at (800) 364-2982 for details.

	<i>Deluxe Plan</i>	<i>Standard Plan</i>	<i>Economy Plan</i>
Deductible	\$100 per person \$300 per family	\$250 per person \$600 per family	\$500 per person \$1,500 per family
Annual Out-of-Pocket Maximum (does not include deductible)	\$400 per person \$800 per family	\$750 per person \$1,500 per family Out-of-network charges do not accrue toward the out-of-pocket maximum	\$3,000 per person \$6,000 per family Out-of-network charges do not accrue toward the out-of-pocket maximum
Coinsurance (the Percent the Plan Pays) for Most Services	80% after deductible No network provisions	In-network: 80% after deductible Out-of-network: 60% after deductible	In-network: 80% after deductible Out-of-network: 60% after deductible
Lifetime Maximum	\$2,000,000	\$2,000,000	\$2,000,000
Hospital Admissions	80% after deductible	In-network: 80% after deductible Out-of-network: 60% after deductible	In-network: 80% after deductible Out-of-network: 60% after deductible
Preventive Care	Up to \$750 per person per year toward preventive-related medical services, covered at 100% with no deductible Includes annual physical benefits	Up to \$750 per person per year toward preventive-related medical services, covered at 100% with no deductible Includes annual physical benefits	Up to \$750 per person per year toward preventive-related medical services, covered at 100% with no deductible Includes annual physical benefits

All UA Choice plan benefits are subject to allowable charges.

Deluxe Plan: It Pays to Use Network Providers

Even though the percent the plan pays is the same under the Deluxe Plan whether or not you use network providers, there are some good reasons to use them when you can.

The percent the plan pays is based on allowable charges. If you are billed more than what's "allowable," you will pay your 20% plus the difference. Network providers agree to accept the allowable charge as full payment, so there's no balance billing. And, network providers will bill Blue Cross directly, which means less paperwork for you.

What Are Allowable Charges?

The allowable charge is the fee that the provider has agreed to accept as full payment for medically necessary covered services and supplies. To determine the allowable charge, Blue Cross looks at the rates doctors, dentists, hospitals and other health care providers charge in certain locations for certain services and procedures to determine what is a "reasonable allowance." The plans pay a percentage of the allowable charges for out-of-network services. You pay the remaining percentage of the allowable charges plus the full amount of charges that are over the allowable charge if you use a non-network provider. Please see The Handbook Glossary of Terms for more detail on allowable charges.

What's a Deductible?

The annual deductible is the amount of covered expenses you must pay out of pocket each year *before* the plan pays benefits.

What's an Out-of-Pocket Maximum?

The out-of-pocket maximum is the most you will pay for covered medical expenses each year out of your own pocket. After you pay the out-of-pocket maximum, the plan will pay 100% for most covered services. Deductibles, dental, vision and prescription drug charges don't count toward the medical out-of-pocket maximum.

Finding a Network Provider

You will save money when you use network providers. No matter which plan you choose, Alaska Heritage Network providers agree to accept the allowable charge as full payment for medically necessary covered services. And, network providers will bill Blue Cross directly when they furnish covered services to you. In addition, if you choose the Standard or Economy plan, the plan pays a higher percent of the charge when you use network providers.

To find out if your provider belongs to the Alaska Heritage Network:

1. Visit www.premera.com and click on the "Provider Directory" link.
2. Select the provider type. Then, from the Alaska Plans pull down menu, select "AK HeritagePlus" for the Standard or Economy plan or "All" for the Deluxe plan.
3. Enter your zip code, or the city you would like to search.
4. Click "Start Search."

Or you can call Premera at (800) 364-2982 and they will look up your providers for you.

Pharmacy Highlights

All UA Choice plans now come with the same pharmacy benefit plan. Your employee ID is your Caremark ID, and you will receive a separate card for your pharmacy benefits. ID cards for newly hired employees will be sent to your home address after your enrollment information has been received by Caremark.

Copays for generic drugs have been lowered to encourage use of generic drugs whenever possible. For more information on non-preferred brand drugs, please visit www.caremark.com.

Pharmacy plan copays are limited to an individual out-of-pocket maximum of \$800 per person, per plan year. This is a separate out-of-pocket maximum from the medical plan maximum, and is not combined with any other plan limits.

All UA Choice Plans	
Network Pharmacy — 30-day supply	\$5 copay for generic
	\$20 copay for brand
	\$35 copay for non-preferred brand
Home Delivery — 100-day supply	\$10 copay for generic
	\$40 copay for brand
	\$70 copay for non-preferred brand
Non-Network Pharmacy (amounts over the negotiated price are not subject to the out-of-pocket maximum)	Pay retail price at time of purchase, submit claim form to be reimbursed at negotiated price less appropriate copayment

All UA Choice pharmacy benefits subject to negotiated price limits.

Caremark Mail Service Pharmacy

If you take certain medications on an ongoing basis, you can save money and time by having those medications filled through the Caremark Mail Service Pharmacy. By having your prescriptions filled through Caremark Mail Service Pharmacy, you are able to obtain up to a 100-day supply of your medication, which eliminates multiple trips to your local retail pharmacy and saves you money!

To begin having your prescriptions filled through Caremark Mail Service Pharmacy, just go to Caremark.com and login using your username and password. If you haven't already registered with the site, you can set up your user name and password quickly and get started right away. When setting up a mail order prescription, keep the following points in mind:

1. When your doctor prescribes a maintenance drug, ask to have the prescription written for up to a 100-day supply. If your medication must be taken immediately, ask your physician to issue two prescriptions: one for a

Caremark—Your Pharmacy Benefit Manager

Caremark is the University of Alaska's Pharmacy Benefit Manager (PBM). Your prescription drug program allows you to obtain medications via your local retail pharmacy, Caremark Mail Service Pharmacy for mail service, and Caremark Specialty Pharmacy for filling your specialty medications.

Since your prescription drug benefits are completely separate from your medical benefits, you will have both a medical ID card and a Prescription Drug Card. When having a prescription filled, you will need to present your Caremark Prescription Drug Card to your pharmacist.

Your Caremark Prescription Drug Card and additional information regarding your Caremark Drug Program will be mailed to your home after enrollment.

30-day supply to be taken to your local pharmacy, and a second for a 100-day supply to be mailed to Caremark Mail Service Pharmacy.

2. Complete the Confidential Mail Service Enrollment information on the Web site (forms are also available on Caremark’s Web site and in your benefit booklet). You only need to complete this information for your first order.
3. If you are mailing your prescriptions to Caremark, be sure to write your Employee ID number on the back of each prescription.
4. Select one of the options for having your prescriptions sent to Caremark. If you choose to mail them to Caremark, include the completed Confidential Mail Service Enrollment Form along with the original prescription and co-payment to Caremark Mail Service Pharmacy (address provided on top of form).

To ensure timely delivery, please place your orders at least two weeks in advance to allow for mail delays and other circumstances beyond Caremark’s control. If you have any questions concerning your order, or if you do not receive your medication in 14 days, please contact Caremark Mail Service Pharmacy toll free at the phone number listed on the back of your Caremark prescription drug card.

Dental Highlights

The chart below compares the different dental coverage levels under the Deluxe, Standard and Economy plans. The plan that’s best for you depends on your dental care needs and your budget. Remember, each plan includes medical, prescription, dental and vision — you may not mix and match. If you choose the Standard Plan, you’ll receive Standard medical, Standard prescription, Standard dental and Standard vision.

No matter which plan you choose, you may see any licensed dentist for your care. Your claims will be administered by Premera Blue Cross Blue Shield of Alaska. All UA Choice plan benefits are subject to allowable charges.

	<i>Deluxe Plan</i>	<i>Standard Plan</i>	<i>Economy Plan</i>
Annual Maximum	\$2,000	\$2,000	\$2,000
Deductibles			
Preventive	\$0	\$0	\$0
Restorative	\$0	\$25	\$50
Prosthetic	\$0	\$25 (combined with restorative)	\$50 (combined with restorative)
Coinsurance			
Preventive	100%	100%	80%
Restorative	80%	80%	80%
Prosthetic	50%	50%	50%
Annual Maximum	\$2,000	\$2,000	\$2,000
Orthodontia	50%	Not covered	Not covered
	\$1,500 lifetime maximum		

Vision Highlights

Vision coverage is provided through VSP. VSP has an extensive nationwide network of doctors who agree to provide vision care and materials to participants at discounted rates. Finding a VSP network doctor is easy — visit www.vsp.com and click on “Find a Doctor” or call VSP Member Services at (800) 877-7195.

Once you enroll in a VSP plan, your personalized benefit information is available on www.vsp.com. You will need to register online by entering your University ID and following the steps to access your account. You can also check details such as your eligibility, enrolled dependents, date of your last eye exam and which VSP network doctor you used. All **UA Choice** plans have the same vision benefit.

<i>All UA Choice Plans</i>									
Copay	<p>\$10 copay for exam</p> <p>\$25 copay for glasses (lenses and frames)</p> <p>No copay for contacts</p>								
Exam — every 12 months	<p>VSP network doctor: covered in full after \$10 copay</p> <p>Non-VSP provider: Up to a \$45 reimbursement after the \$10 copay</p>								
Lenses and frames — every 24 months	<p>Lenses covered in full after \$25 copay, frame of your choice up to \$120, plus 20% off any out-of-pocket costs</p> <p>Non-VSP provider: Reimbursement after \$25 copay as follows:</p> <table border="0" style="margin-left: 40px;"> <tr> <td>Single vision lenses</td> <td>Up to \$45</td> </tr> <tr> <td>Lined bifocal lenses</td> <td>Up to \$65</td> </tr> <tr> <td>Lined trifocal lenses</td> <td>Up to \$85</td> </tr> <tr> <td>Frames</td> <td>Up to \$47</td> </tr> </table>	Single vision lenses	Up to \$45	Lined bifocal lenses	Up to \$65	Lined trifocal lenses	Up to \$85	Frames	Up to \$47
Single vision lenses	Up to \$45								
Lined bifocal lenses	Up to \$65								
Lined trifocal lenses	Up to \$85								
Frames	Up to \$47								
OR Contacts — every 24 months	<p>Contact Lens Care program gives you a \$120 allowance with no copay every 24 months for the cost of your contacts and the contact lens exam.</p> <p>Soft contact lens wearers may qualify for a special program that includes evaluation and initial supply of replacement lenses. Learn more from your doctor, or vsp.com.</p> <p>Non-VSP provider: Reimbursement up to \$105</p>								
Extra Discounts and Savings	<p>When you go to a VSP network doctor, you will receive an average of 30% savings on lens extras (such as scratch resistant and anti-reflective coatings and progressives), and a 20% discount when you purchase additional prescription glasses, including prescription sunglasses, from any VSP network doctor within 12 months of your last eye exam.</p> <p>You will receive up to 15% off the contact lens fitting and evaluation exam from a VSP network doctor.</p> <p>Finally, although the plan does not provide coverage for laser eye surgery, you can get a discount on laser vision correction through a VSP network doctor.</p>								

Making Your Health Care Plan Decision

The amount you will pay depends on the option you choose and the family members you are covering. Those rates are available on the web at www.alaska.edu/benefits (click on *UA Choice* icon) and are included in this Open Enrollment packet.

When trying to select a health plan, look at your costs for the plan you choose, and spend some time looking at the **whole cost** — the amount you pay from your paycheck and the amount you're *likely* to pay out-of-pocket. It's somewhat complicated by the fact that your per-paycheck expense is fixed and knowable, while your out-of-pocket expenses can't be known with absolute certainty ahead of time. But you can make educated guesses about your likely out-of-pocket expenses based on how you currently use health care services.

Obviously, how much you will pay for your health care coverage on each paycheck is an important consideration as you weigh your options and make your decision. If you do not expect to use your health care coverage very often, the Economy Plan, which has the lowest payroll deductions, may appeal to you. Like the other options, it covers medical, prescription, dental and vision care services but your deductible is highest in this plan: \$500 per person and \$1,500 per family, annually. When you do use your coverage, your potential **out-of-pocket costs** will be higher than if you chose the Standard or Deluxe Plan.

On the other hand, if having a lower deductible appeals to you and you don't mind paying more for the coverage, the Standard or Deluxe Plan might be more for you. Your payroll deductions for these plans are higher than for the Economy Plan, but you can budget for them.

Remember when weighing your costs to look not just at the payroll deductions but also at how much you are likely to **spend out-of-pocket** for your health care during the year. If you choose a plan with a lower payroll deduction but you use a lot of services during the year, the amount you "save" on payroll deductions may be outweighed by your out-of-pocket costs. In other words, depending on how you use health care, the lowest-cost plan in terms of payroll deductions isn't always the lowest-cost option overall.

Likewise, **don't necessarily be scared off by a larger deductible**. The \$500 annual individual deductible in the Economy Plan may seem overwhelming, but that's offset by the fact that your payroll deductions for this plan are the lowest. And you only incur the deductible cost when you use the medical plan — if you rarely see a doctor, you may never pay this money out of pocket. Finally, you can always **budget** for the deductible — just set aside the \$500 in a flexible spending account.

Your payroll deductions will depend on the option you choose and the family members you wish to cover — the monthly amounts are listed on page 13. The following worksheet will help you get organized and do the math.

Of course you can't anticipate every health care expense — but by estimating how much you usually spend and adding any services you know are coming up, you can better decide which plan is right for you.

	<i>Deluxe Plan</i>	<i>Standard Plan</i>	<i>Economy Plan</i>
Medical Deductible	\$ _____	\$ _____	\$ _____
Determine your medical needs			
What routine and wellness care do you expect to use?			
If you have a medical condition, what services are you likely to need?			
What unusual or one-time services should you plan for?			
Use the Medical Highlights chart or call Premera to find out how these services are covered, then enter the amount you expect to pay out-of-pocket in coinsurance and copays:	\$ _____	\$ _____	\$ _____
Dental Deductibles	None	\$ _____	\$ _____
Determine your dental needs			
What routine and wellness care do you expect to use?			
What unusual or one-time services should you plan for?			
Use the Dental Highlights chart or call Premera to find out how these services are covered, then enter the amount you expect to pay out-of-pocket in coinsurance:			
(Remember, the Deluxe Plan covers 50% of orthodontia up to a lifetime maximum of \$1,500 per person.)	\$ _____	\$ _____	\$ _____
Pharmacy (anticipated copays or coinsurance for the year)	\$ _____	\$ _____	\$ _____
Determine your vision needs			
Exams			
Glasses			
Contacts			
Use the Vision Highlights chart or call VSP to find out how these services are covered, then enter the amount you expect to pay out-of-pocket:	\$ _____	\$ _____	\$ _____
Now enter your annual payroll deduction — find the annual amount for you and the family members you wish to cover in the chart on page 13.	\$ _____	\$ _____	\$ _____
Add it all up for YOUR TOTAL COST	\$ _____	\$ _____	\$ _____

How Much Does UA Choice Cost?

Costs of *UA Choice* are shared between employees and the University:

- **Employee costs:** You pay a portion of the cost of the *UA Choice* plan you select. Payroll deductions vary by plan and how many family members you choose to cover.
- **The University's costs:** The University pays 83% of net costs for *UA Choice*, which is approximately \$51.7 million, or \$12,348 per employee for FY10.

Bi-Weekly Employee Contribution Rates — Effective July 1, 2009 — June 30, 2010

Your contributions are automatically deducted from your salary before federal taxes are calculated. That means you pay less in taxes.

Please note that federal law generally requires contributions toward the cost of coverage for your non-married financially interdependent partner and/or the partner's children to be made on an after-tax basis (unless they qualify as a dependent for income tax purposes). If your partner and/or your partner's children are not your dependents according to section 152 of the Internal Revenue Code, the value of the benefits provided to them is reported as taxable (imputed) income on your W-2. The imputed income equals the market value of the medical benefits, minus the amount you contribute on an after-tax basis.

UA CHOICE FY10 RATES

26 Payrolls				
Deluxe Plan (26 pay)	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee	\$59.97	N/A	\$ 59.97	\$1,559
Employee + Spouse	\$59.97	\$ 59.97	\$119.94	\$3,118
Employee + Child(ren)	\$59.97	\$ 47.97	\$107.94	\$2,806
Employee + Family	\$59.97	\$107.93	\$167.90	\$4,365
Standard Plan	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee	\$29.54	N/A	\$29.54	\$ 768
Employee + Spouse	\$29.54	\$29.54	\$59.08	\$1,536
Employee + Child(ren)	\$29.54	\$23.62	\$53.16	\$1,382
Employee + Family	\$29.54	\$53.16	\$82.70	\$2,150
Economy Plan	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee	\$6.58	N/A	\$ 6.58	\$171
Employee + Spouse	\$6.58	\$ 6.54	\$13.12	\$341
Employee + Child(ren)	\$6.58	\$ 5.24	\$11.82	\$307
Employee + Family	\$6.58	\$11.81	\$18.39	\$478
19 Payrolls				
Deluxe Plan	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee	\$82.06	N/A	\$ 82.06	\$1,559
Employee + Spouse	\$82.06	\$ 82.06	\$164.12	\$3,118
Employee + Child(ren)	\$82.06	\$ 65.64	\$147.70	\$2,806
Employee + Family	\$82.06	\$147.69	\$229.75	\$4,365
Standard Plan	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee	\$40.43	N/A	\$ 40.43	\$ 768
Employee + Spouse	\$40.43	\$40.43	\$ 80.86	\$1,536
Employee + Child(ren)	\$40.43	\$32.32	\$ 72.75	\$1,382
Employee + Family	\$40.43	\$72.74	\$113.17	\$2,150
Economy Plan	Employee Bi-Weekly Charge	Dependent Bi-Weekly Charge	Total Bi-Weekly Charge	Annual Charge
Employee	\$ 9.00	N/A	\$ 9.00	\$171
Employee + Spouse	\$ 9.00	\$ 8.95	\$17.95	\$341
Employee + Child(ren)	\$ 9.00	\$ 7.16	\$16.16	\$307
Employee + Family	\$ 9.00	\$16.16	\$25.16	\$478

Save Money With an FSA

A Flexible Spending Account (FSA) lets you set aside money through pre-tax payroll deductions to pay for certain eligible expenses. The money is not taxed going into the FSA and the reimbursement is not taxed when it's paid to you. So, you pay for eligible expenses with tax-free dollars.

IRS Rules Apply to FSAs

Because money you put in an FSA is not taxed, the IRS has a lot of rules and restrictions that apply to FSAs. For example, you must “use it or lose it” — money left in your account after the end of the year must be forfeited, by law. Also, it’s generally not possible to change your FSA elections during the year. Used wisely, FSAs are a great way to save money on your taxes. Just consider your elections carefully before you enroll.

There are two types of FSAs:

- The **Medical Flexible Spending Account** — lets you pay for certain out-of-pocket health care costs, such as doctor’s office visit copays, deductibles, contact lens solution and more, with pre-tax money. **The maximum amount** you can contribute to your Health Care Spending Account is **\$5,000** per plan year. Your contribution is deducted in equal installments from each paycheck throughout the year.
- The **Dependent Care Flexible Spending Account** — lets you pay for certain dependent care costs that enable you to work, such as daycare for your child or elder dependent, with tax-free money. **The maximum amount** you can contribute to your Dependent Care Spending Account is **\$5,000** per plan year. Your contribution is deducted in equal installments from each paycheck throughout the year.

Key points about the Flexible Spending accounts:

- Set aside no more than you think you will use from July 1 (or the date your participation begins) through June 30. Due to IRS rules, you will forfeit any amount left in your FSA after the end of the year. In other words, you have to “use it or lose it.”
- Your election is for the date your participation begins (as above) through June 30. You must re-enroll each year if you want to keep participating.
- Generally, you can’t change or stop your FSA elections during the plan year, so consider your election carefully, **before** you enroll.
- You must submit your FSA expenses no later than 90 days after the end of the Plan year. That means the deadline for submitting a reimbursement request for expenses from the previous July 1 — June 30 is September 30.

For more details see the Flexible Spending Account materials posted on www.alaska.edu/benefits.

Life, Accident and Disability Insurance

The University provides basic life and long-term disability insurance — plus the option to buy supplemental life and accidental death and dismemberment (AD&D) insurance.

- **Life insurance** — The University provides at no cost to you a \$50,000 basic life plan. In addition, you may buy up to \$400,000 of supplemental coverage in \$25,000 increments.

Effective July 1, 2009, as a new employee, you may elect supplemental coverage up to a maximum of \$200,000 with no medical underwriting if you apply within 30 days of your hire date. Eligibility for amounts over \$200,000 is subject to medical evidence of insurability.

During each Open Enrollment, or if you experience a qualifying major life event, you may increase your supplemental coverage amount a maximum of \$50,000 with no medical underwriting until you reach the \$200,000 level. Increases beyond \$200,000 will require medical evidence of insurability.

- **AD&D insurance** — You may buy coverage for yourself and dependents. This optional coverage provides a lump sum benefit to you or your beneficiary if you die or suffer certain injuries as the result of an accident. The maximum benefit is \$100,000 for you and a percent for your family members, depending on the make-up of your family at the time of a qualifying accident. As a new employee, you may enroll within 30 days of your hire date. If you do not enroll when you are first eligible, you may enroll during any Open Enrollment period or if you have a major life event.
- **Long-term disability insurance** — LTD is designed to replace a portion of your income if you are sick or injured and unable to work for an extended period. The University provides insurance that replaces 60% of your monthly earnings to a maximum benefit of \$3,000 a month after 90 days of disability. You will be automatically enrolled, and the premium is paid by the University of Alaska.

FY10 Bi-Weekly AD&D Rates

	Employee Only	Employee and Family
12-Month Employees	1.15	2.31
9, 10, and 11-Month Employees	1.58	3.16

***Bi- Weekly Supplemental Life Insurance Rates
Effective July 1, 2009***

Rates for 12 month employees									
	Under 30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55- 59	60 - 64	65+
\$25,000	0.47	0.70	0.81	1.16	1.74	3.00	5.20	7.04	15.00
\$50,000	0.93	1.39	1.62	2.31	3.47	6.00	10.39	14.08	N/A
\$75,000	1.39	2.08	2.43	3.47	5.20	9.00	15.58	21.12	N/A
\$100,000	1.85	2.77	3.24	4.62	6.93	12.00	20.77	28.16	N/A
\$125,000	2.31	3.47	4.04	5.77	8.66	15.00	25.97	35.20	N/A
\$150,000	2.77	4.16	4.85	6.93	10.39	18.00	31.16	42.24	N/A
\$175,000	3.24	4.85	5.66	8.08	12.12	21.00	36.35	49.27	N/A
\$200,000	3.70	5.54	6.47	9.24	13.85	24.00	41.54	56.31	N/A
\$225,000	4.16	6.24	7.27	10.39	15.58	27.00	46.74	63.35	N/A
\$250,000	4.62	6.93	8.08	11.54	17.31	30.00	51.93	70.39	N/A
\$275,000	5.08	7.62	8.89	12.70	19.04	33.00	57.12	77.43	N/A
\$300,000	5.54	8.31	9.70	13.85	20.77	36.00	62.31	84.87	N/A
\$325,000	6.00	9.00	10.50	15.00	22.50	39.00	67.50	91.50	N/A
\$350,000	6.47	9.70	11.31	16.16	24.24	42.00	72.70	98.54	N/A
\$375,000	6.93	10.39	12.12	17.31	25.97	45.00	77.89	105.58	N/A
\$400,000	7.39	11.08	12.93	18.47	27.70	48.00	83.08	112.62	N/A
Rates for 9, 10, and 11-month employees									
	Under 30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55- 59	60 - 64	65+
\$25,000	0.64	.095	1.11	1.58	2.37	4.11	7.11	9.64	20.53
\$50,000	1.27	1.90	2.22	3.16	4.74	8.22	14.22	19.27	N/A
\$75,000	1.90	2.85	3.32	4.74	7.11	12.32	21.32	28.90	N/A
\$100,000	2.53	3.79	4.43	6.32	9.48	16.43	28.43	38.53	N/A
\$125,000	3.16	4.74	5.53	7.90	11.85	20.53	35.53	48.16	N/A
\$150,000	3.79	5.69	6.64	9.48	14.22	24.64	42.64	57.79	N/A
\$175,000	4.43	6.64	7.74	11.06	16.58	28.74	49.74	67.43	N/A
\$200,000	5.06	7.58	8.85	12.64	18.95	32.85	56.85	77.06	N/A
\$225,000	5.69	8.53	9.95	14.22	21.32	36.95	63.95	86.69	N/A
\$250,000	6.32	9.48	11.06	15.79	23.69	41.06	71.06	96.32	N/A
\$275,000	6.95	10.43	12.16	17.37	26.06	45.16	78.16	105.95	N/A
\$300,000	7.58	11.37	13.27	18.95	28.43	49.27	85.27	115.58	N/A
\$325,000	8.22	12.32	14.37	20.53	30.79	53.37	92.37	125.22	N/A
\$350,000	8.85	13.27	15.48	22.11	33.16	57.48	99.48	134.85	N/A
\$375,000	9.48	14.22	16.58	23.69	35.53	61.58	106.58	144.48	N/A
\$400,000	10.11	15.16	17.69	25.27	37.90	65.69	113.69	154.11	N/A

Employee Assistance Program

Maintaining a healthy balance between your work and personal life is important to you. At work and at home, our lives are busier than ever, and at times, we all can use a little extra help in coping with personal challenges. Your EAP provides you and your family with short-term, person-to-person counseling services to help you handle concerns before they become major issues.

To provide you a full-service benefit that you and your family can easily access as you need it, the University of Alaska selected ComPsych, one of the nation's leading independent providers of EAP services.

Professional counselors are available 24 hours a day, 7 days a week to help you with issues such as: job stress, family/parenting issues, grief or bereavement, coping with change, anxiety or depression, anger management, alcohol or drug dependencies, marital or relationship problems, legal or financial concerns and more. Crisis counseling is always available to provide you with assistance you need when you need it. ComPsych also offers free, easy-to-use personal help with child and elder care services.

You or your eligible family members may contact ComPsych, the Guidance Resources Company, directly any time, 24 hours a day, 7 days a week, at (866) 465-8934 for any reason and talk to a trained counselor. These counseling professionals can assist you and guide you to in-person care with an expert in your area. The EAP is strictly *confidential*, as mandated by law.

You can also access your EAP resources via the Web with ***GuidanceResources Online***. From home, go to www.guidanceresources.com and enter your university ID: GC5901Q. Information about health, work-life balance, buying cars, relocating, buying a new home, exercise and fitness, life events (such as marriage, having children, adopting children, sending children to college, divorce, death of a loved one) and a variety of other topics is just a click away.

For most types of problems, you and your eligible dependents are entitled to receive up to 6 counseling sessions per incident. All EAP sessions are prepaid by the University of Alaska. If you want counseling beyond the benefits of the Employee Assistance Program, your EAP counselor can help you select the most cost-effective and appropriate treatment resources.

Contact your local campus human resources office for further information about the Employee Assistance Program.

Women's Health and Cancer Rights Act of 1998

A federal law requires health plans that provide mastectomy benefits to also provide certain related benefits and to tell participants that they are available. Effective January 1, 1999, benefits available under the University of Alaska's Health Care Plan for covered individuals who are receiving benefits for a mastectomy and elect breast reconstruction in connection with the mastectomy in a manner determined in consultation with the patient and attending physician include:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

These reconstructive benefits are subject to the same annual deductible and coinsurance provisions as other plan medical and surgical benefits (see *Mastectomy and Breast Reconstruction Services* under *Covered Services and Supplies* in *The Handbook: A Guide to UA Benefits*).

Notes

Important Contact Numbers

<i>With questions about...</i>	<i>Contact...</i>	<i>Or visit...</i>
Medical or Dental Plans	Premiera Blue Cross at (800) 364-2982	www.premiera.com
Prescription Drugs	Caremark at (800) 596-2178 Caremark Specialty at (800) 619-7610	www.caremark.com/members
Vision Plans	VSP at (800) 877-7195	www.vsp.com
Flexible Spending Accounts	Fringe Benefits Management Company at (800) 342-8017	www.fbmc-benefits.com
Employee Assistance Program	ComPsych GuidanceResources (866) 465-8934	www.guidanceresources.com (Enter your University ID: GC5901Q)
Other Issues Eligibility, Enrollment process, Address changes, Life event changes, or Life insurance	UAA Human Resources UAF Human Resources GI Human Resources UAS Human Resources Statewide Human Resources	786-4608 474-7700 474-6010 465-6473 450-8200

