



A HEALTHY FUTURE IN VIEW

2025 Benefit Guide

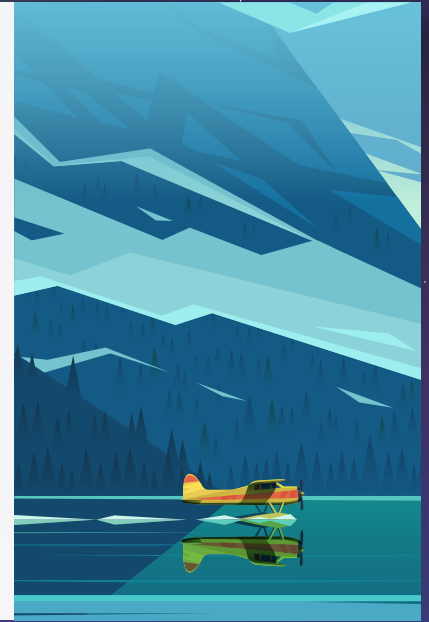


Welcome to Your Municipality of Anchorage Benefits!

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



Take time to learn about the benefits described in this guide to make the most of your coverage. If you have any questions, reach out to the Benefits Division.



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Benefit Basics

Who's Eligible for Benefits?

Employees

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

Dependents

Eligible dependents include:

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

When Do I Enroll?

1	<h3>Initial Eligibility Date</h3> <p>You have 30 days from your date of hire to enroll. Benefits are effective the first of the month following or coinciding with your date of hire.</p>
2	<h3>Annual Open Enrollment</h3> <p>Each year, you can make changes to your benefits during the annual Open Enrollment period. The choices you make become effective on January 1.</p>
3	<h3>Qualified Change in Family Status</h3> <p>You have 30 days to make changes after a qualified change in family status. Examples include:</p> <ul style="list-style-type: none">▪ 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	<h2>Explore</h2> <p>Review your current coverage to see if it meets your needs. Compare your benefit options and evaluate plan costs.</p>
2	<h2>Choose</h2> <p>Make your decisions about the best plans for you and your family.</p>
3	<h2>Enroll</h2> <p>Go to anchorageak.sharepoint.com (or muni.org if you're away from work) and log into SAP to enroll (SAP only works on Microsoft Edge when away from work). Follow the prompts to make your elections.</p>

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
<ol style="list-style-type: none"> 1. Open Muniverse at anchorageak.sharepoint.com (use muni.org when away from work, on Microsoft Edge only) 2. Select "Applications," "SAP," and "SAP Login" 3. Log into SAP 4. Select "Self-Service" 5. Select the "Open Enrollment" tile 6. Follow the prompts to enroll 7. Click "SAVE" 8. Print the confirmation of your benefits 	<p>Step 1:</p> <ol style="list-style-type: none"> 1. Log in to SAP in Muniverse 2. Select "Self-Service" 3. Select "Benefits Event Form" tile 4. Attach supporting documentation 5. Select "Benefit Event Information" 6. "Add New Dependents," if applicable 7. Check Actions 8. Submit to the Benefits Division <p>Step 2:</p> <ol style="list-style-type: none"> 1. Receive approval from the Benefits Division 2. Repeat Step 1, numbers 1-4 3. Select appropriate "Qualifying Event Enrollment + Work & Life Events" tile 4. Follow the prompts to enroll 5. Click "SAVE"

Helpful Enrollment Tips

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



Medical Plan Comparison

Keeping You Healthy & Happy



Plan Features	QHDHP*	Co-Pay 1000 Plan*	500 Plan*
	In-Network	In-Network	In-Network
Annual Deductible Individual/Family	\$1,650 / \$3,300	\$1,000 / \$3,000	\$500 / \$1,500
Annual Out-of-Pocket Maximum (OOPM) Individual/Family	\$7,500 / \$9,100 (family embedded)** / \$15,000	\$3,500 / \$13,700	\$3,000 / \$13,700
	You pay:	You pay:	You pay:
Preventive Care Visit	Covered in full	Covered in full	Covered in full
Primary Care Visit	20% after deductible	\$25 copay (6 visits), then 20% after deductible	20% after deductible
Specialist Visit	20% after deductible	\$25 copay (6 visits), then 20% after deductible	20% after deductible
Lab & X-ray	20% after deductible	20% after deductible	20% after deductible
Urgent Care	20% after deductible	\$25 copay (6 visits), then 20% after deductible	20% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Inpatient/Outpatient Hospital Services	20% after deductible	20% after deductible	20% after deductible
Outpatient Mental Health Services	20% after deductible	\$25 copay	20% after deductible
Prescription Drugs: Retail (30-day supply per copay, up to a 90-day supply allowed)			
Generic	20% after deductible	\$10 copay	\$10 copay
Preferred Brand	20% after deductible	\$30 copay	\$30 copay
Non-Preferred Brand	20% after deductible	50% (\$150 max copay)	50% (\$150 max copay)
Specialty (30-day supply)	20% after deductible	50% (\$150 max copay)	50% (\$150 max copay)
Prescription Drugs: Mail Order (up to a 90-day supply)			
Generic	20% after deductible	\$20 copay	\$20 copay
Preferred Brand	20% after deductible	\$60 copay	\$60 copay
Non-Preferred Brand	20% after deductible	50% (\$300 max copay)	50% (\$300 max copay)
Specialty (30-day supply)	20% after deductible	50% (\$150 max copay)	50% (\$150 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 \$9,100 family embedded OOPM, the plan will cover 100% of eligible expenses for the rest of the plan year for the family member. If two or more family members need treatment, the \$15,000 family OOPM would apply.

Health Care Tools to Save \$\$

- Vera Care Centers:** Receive high-quality, no- or low-cost care right in your area. Plus, earn a \$200 incentive each year!
- FREE In-Network Preventive Care:** Preventive health screenings help keep you healthy throughout the year, monitor health risks, and catch any problems early.
- Mail Order Rx Program:** Fill your maintenance medication through mail order to receive a 90-day supply at a lower copay.
- Generic 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**.



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 employees to access benefits in one place, track wellness goals and activities, and find resources to help build healthy habits.

Get Involved, Join the Council!

Are you passionate about health and wellness? Do you want to make a real impact in the workplace? If so, we invite you to join the Vera Whole Health Council! As a member, you'll have the opportunity to:

- Impact health and culture
- Design initiatives to drive care center engagement
- Educate peers and encourage participation
- Provide feedback to Vera
- Participate in quarterly meetings

Become a health and culture ambassador. Contact the Benefits Team at **907-343-4422** or benefits@anchorageak.gov.



Vera Whole Health Care Centers



Exceptional Care Right in Your Area

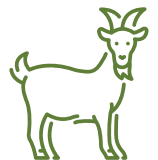
Vera Whole Health Care Centers offer exceptional health care from two convenient locations in Eastside and Midtown Anchorage. The Municipality of Anchorage has secured unique opportunities for you to take advantage of quality care through the Vera Whole Health Care Centers. You and your spouse can also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

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

- **Preventive Care:** Annual whole health evaluation, immunizations, screenings, wellness exams, family planning, and more
- **Acute Care:** Coughs/colds, wound care, sprains and strains, rashes, urinary tract infections, back pain, and more
- **Chronic Disease Management:** Diabetes, hypertension, depression, and more
- **Bonus Support Services:** Health coaching, on-site labs, provider-dispensed medications, specialty care coordination, and more
- **Behavioral Health Consultant:** 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 no longer available after retirement.

Premera Virtual Care Resources



24/7 Care from the Comfort of Home

When you are short on time and need a doctor for minor health issues, enjoy the convenience and savings of Premera virtual care resources.



Doctor on Demand

Doctor on Demand 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. Get started today through the Premera MyCare app.



Talkspace

Behavioral help is just a call away with Talkspace. Easily and conveniently connect with therapists and psychiatrists, via video or text. Get started today through the Premera MyCare app.

Vision & Hearing Coverage



The Future Is Bright

The MOA offers Vision and Hearing coverage through Premera 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	QDHP	Co-Pay 1000 Plan	500 Plan
	In-Network	In-Network	In-Network
Exam every calendar year	Covered in full (to allowable amount)	Covered in full	Covered in full
Frames & Lenses or Contacts (instead of glasses) every calendar year	Adult: \$200 allowance Child(ren) under age 19: 1 pair of glasses or 12 mo. supply of contacts	Adult: \$200 allowance Child(ren) under age 19: 1 pair of glasses or 12 mo. supply of contacts	Adult: \$200 allowance Child(ren) under age 19: 1 pair of glasses or 12 mo. supply of contacts
Hearing Exam every 3 years (\$3,000 limit for hardware)	20%	20%	20%

Dental Coverage



For a Healthy Smile

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

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

*Calendar Year Benefit Maximum is effective for either the individual or family election.

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.

Did You Know?

Your Dental plan also covers:

- Nightguards, 1x every 3 years
- Space maintainers, up to age 20
- Two emergency visits per year



Health Savings Account (HSA)

Save for Health Care Expenses

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



HSA Highlights

Triple Tax Savings	Contributions	Examples of Eligible Expenses*	Paying for Health Care Expenses	No "Use It or Lose It" Rule
<ul style="list-style-type: none"> Contribute pre-tax money through payroll deductions Pay for eligible expenses with tax-free money Earn tax-free interest on unused funds 	<ul style="list-style-type: none"> 2025 Maximum Contributions: \$4,300 Individual or \$8,550 Family (combined employer and employee contributions) 2025 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 prescriptions Glasses and contacts Dental expenses 	<ul style="list-style-type: none"> Use your Premera HSA Debit Card You may also pay out-of-pocket, then submit a claim for reimbursement Keep your receipts in case you are asked to provide documentation 	<ul style="list-style-type: none"> Unused funds roll over each year You own the account and take contributions with you if you retire or leave MOA

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

How the QHDHP Medical Plan Works With the HSA



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	\$3,200	\$5,000 (\$2,500 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 \$640 of unused funds when you re-enroll	Unused funds do not rollover
Deadline for Services	Services must be incurred by 12/31/2025	Services must be incurred by 12/31/2025
Deadline for Submission for Reimbursement	Reimbursement must be submitted by 3/31/2026	Reimbursement must be submitted by 3/31/2026

*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

Basic Life and AD&D Insurance

MOA automatically provides \$50,000 of Basic Life and Accidental Death & Dismemberment (AD&D) insurance at no cost to you. This coverage is provided through Unum.

Supplemental Life and AD&D Insurance

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

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

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

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

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

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

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.



Disability Coverage

Keep Your Income Safe

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



Long-Term Disability (LTD)

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

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

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

Cost: MOA pays the full cost of LTD coverage.

Voluntary Short-Term Disability (STD)*

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

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

Benefits begin after the following waiting periods:

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

Cost: Premiums are payroll deducted.

Note: STD requires an approved integrated STD/FMLA claim through Unum. STD does not pay if you are on Workers' Comp.

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

Family Leave Benefits

The Family and Medical Leave Act (FMLA) and Alaska Family Leave Act (AFLA) programs offer certain protections if you need to take time off from work for eligible family or medical reasons.

- **FMLA:** You may take unpaid, job-protected leave to care for a child after birth or adoption, a family member's health condition, a personal health concern, or an ill or injured family member in the military.
- **AFLA:** Alaska residents may take up to 18 weeks of job-protected leave in a 24-month period for qualifying medical conditions, as well as up to 18 weeks in a 12-month period for pregnancy, childbirth, or adoption.

Note: When applicable, FMLA and AFLA are applied concurrently.

How to File a Claim

- Visit unum.com/claims or download the Unum Customer app.
- Scan the QR code for detailed claims instructions.

If you have questions regarding FMLA/AFLA, contact the Leave Administrator at **907-343-4412**.



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."





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 Pain

The Municipality of Anchorage partners with Hinge Health to offer innovative digital programs for back, knee, hip, 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 hingehealth.com/for/moa1.

Once enrolled, you'll receive the Hinge Health Welcome Kit, which includes a tablet computer and wearable motion sensors that guide you through exercise therapy.

You'll also be paired with your personal health coach who is with you every step of the way, tailoring the program specifically for you. Best of all, Hinge Health's programs are provided at **no cost to you** and your eligible dependents enrolled in a Municipality of Anchorage health plan.

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

Note: Hinge Health often expands their offered services. Visit hingehealth.com/for/moa1 for the most up-to-date information on what is offered.



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.

- **BestBeginnings Maternity Program:** This program provides expectant and new mothers support and education during and after pregnancy. Download the BestBeginnings app for reminders and alerts. Use your Premera ID number to register.
- **Medical Travel Support:** Get reimbursed for approved travel expenses 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.





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



Build Your Wealth Now

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 \$23,000* with pre-tax or post-tax dollars from your paycheck. If you are age 50 or over, your IRS maximum is \$30,500.

**Maximums are subject to change for 2025.*



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 \$10 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

LTD

Long-Term Disability

OTC

Over-the-counter

PPO

Preferred Provider Organization

QHDHP

Qualified High Deductible Health Plan

STD

Short-Term Disability Insurance



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
Local Health Care Centers	Vera Whole Health	907-313-7550	patients.verawholehealth.com
Diabetes & Hypertension Management	Teladoc	800-835-2362	teladohealth.com/go/moa
Chronic Pain Support	Hinge Health	855-902-2777	hingehealth.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, AD&D & Disability	Unum	800-421-0344	unum.com
401(k) & 457(b) Voluntary Retirement	Empower Retirement	800-232-0859 or 907-276-1500	moaretire.com



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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.