



Alaska Housing Finance Corporation

Benefit Overview Guide

JAN 2026 –
DEC 2026

Welcome to Your Employee Benefits!


Here at Alaska Housing Finance Corporation, we value you as an employee and strive to offer the most attractive employee benefit options possible. Please take time to review the information in this packet before enrolling. Typically, the elections you make during Open Enrollment or when you are first eligible cannot be changed until the next open enrollment period unless you have a qualifying life event, such as getting married, having a baby, loss of other coverage, etc. Qualified changes in status must be reported within 30 days of the event.

You are eligible if you are classified as a full-time regular employee, working 30 hours or more per week. Once you are considered eligible, benefits will begin on the 31st day of employment. If you have any questions about your eligibility, please see HR. When you are ready to enroll, please consult your plan administrator for enrollment dates, deadlines, and forms.

Benefits and resources available to you :

- [CONTACTS](#)
- [MEDICAL](#)
- [EMBEDDED BENEFITS](#)
- [VIRTUAL CARE](#)
- [HEALTH MANAGEMENT PROGRAMS](#)
- [HEALTH MANAGEMENT PROGRAMS CONT.](#)
- [CONSUMER TOOLS](#)
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- [LIFE AND AD&D / VOLUNTARY LIFE AND AD&D](#)
- [VOLUNTARY SHORT TERM DISABILITY \(STD\)](#)
- [VOLUNTARY LONG TERM DISABILITY \(LTD\)](#)
- [PRUDENTIAL SUPPLEMENTAL POLICIES](#)
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- [KRONOS ONLINE ENROLLMENT](#)
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- [ACA MANDATED PREVENTIVE CARE](#)

This guide is clickable!

This guide is intended to be viewed electronically. Click underlined words to be directed to helpful definitions and resources. To return to this page, simply click the  icon at the bottom of each page.

Who Should I Call If I Have Questions?

Contact	For Help With	Contact Number and Email / Website
Alaska Housing Finance Corporation HR Business Partner – Nichola Ruedy Yvette Alvarez	Eligibility, Enrolling, Changes, Forms, Costs, Troubleshooting Benefits	(907) 330-8317 nruedy@ahfc.us (907) 330-8334 yvalvarez@ahfc.us
Acrisure Support & Advocacy Team Jeff Edwards	Claims Help, General Benefit Questions, Billing Questions, Healthcare Navigation	(907) 263-1403 or (907) 561-7477 mybenefits@risqconsulting.com
Premera Blue Cross Blue Shield of Alaska Group # 4016501	Medical, Dental, Vision Benefits	(800) 508-4722 premera.com
Prudential Group # PVIB-05 4171 / G-04171-AK	Life and AD&D, STD, LTD, Supplemental Benefits	(800) 842-1718 Prudential.com
Optum HSA Bank Group # Co. Name	Medical FSA, Limited FSA, Dependent Care FSA, HSA Admin	(877) 470-1771 optumbank.com
Magellan Group # Co. Name	Employee Assistance Program (EAP)	MagellanHealthcare.com/Employers/Welcome
Alaska PERS	Defined Contribution Retirement Plan	1-800-232-0859 (TTY) 1-800-766-4952 drb.alaska.gov
Empower Representative Charles Christensen	AHFC Deferred Compensation Plan	907-931-0591 anchorageoffice@empower.com
Teladoc Diabetes Management Program (formerly Livongo)	Diabetes Management Program / Science-based Weight Management Program	teladochealth.com/happy/PREMERAFI-AK25
Acrisure Perks Activation code: ACR-WST	Acrisure Perks discounts and website	passportcorporate.com

The information in this guide is presented for illustrative purposes. The text contained in this guide was taken from various documents. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and the actual plan documents the actual plan, documents will prevail.

MEDICAL

Premera Blue Cross Blue Shield of Alaska

Heritage Plus \$130 & Heritage Plus \$2,000 HSA

Your health plan covers a range of comprehensive services, including care for behavioral health, pregnancy, and more. Consult your plan summaries or booklets for full benefits.

To find in-network providers, search the "AK Heritage" network using [Premera's Find a Doctor tool](#).

Visit [Premera's pharmacy site](#) to search for covered prescriptions and [Generic Preventives](#) using the formulary listed. Formularies can be updated twice per year. Call Premera Customer Service at the phone number on the back of your ID card for help with covered or not covered prescriptions or additional questions.

**For out-of-network services, please consult plan highlights.*

Network Type:	Preferred Hospital/Preferred Dr.	
(All cost shares shown are In-Network*)		
Preferred Hospital:	Providence in Anchorage, Mat-Su Regional in Wasilla/Palmer area	
	PPO PLAN	HSA PLAN
Calendar Year Deductible:	\$130 Individual \$260 EE + Spouse \$260 EE + Child \$390 Family	\$2,000 Individual \$4,000 EE & Spouse \$4,000 EE & Child \$4,000 Family
Coinsurance:	10%	20%
Calendar Year Out of Pocket Maximum:	\$1,750 Individual \$3,500 EE & Spouse \$3,500 EE & Child \$5,250 Family	\$4,000 Individual \$8,000 EE & Spouse \$8,000 EE & Child \$8,000 Family
Preventive Care:	Covered in Full per Federal Guidelines	
	(See Premera.com for list)	
Primary Care / Specialist / Urgent Care Office Visit:	Deductible & Coinsurance	Deductible & Coinsurance
Chiropractic / Acupuncture:	Deductible & Coinsurance;	Deductible & Coinsurance;
	24 visits each PCY	24 visits each PCY
Labs & Imaging:	Deductible & Coinsurance	Deductible & Coinsurance
Rehabilitative Care:	Deductible & Coinsurance;	Deductible & Coinsurance;
(Includes Massage Therapy)	25 Visits Combined PCY	25 Visits Combined PCY
Emergency Room:	Deductible +\$150 Copay & Coinsurance	Deductible +\$250 Copay & Coinsurance
Inpatient Care incl. Mental Health & Chemical Dependency	Deductible +\$250 Copay & Coinsurance	Deductible +\$500 Copay & Coinsurance
Outpatient Surgery	Deductible +\$250 Copay & Coinsurance	Deductible +250 Copay & Coinsurance
Prescription: Retail 30 day supply	Prescription Formulary: Preferred B4	Prescription Formulary: Open A1
Generic:	\$10 Copay;	Deductible & Coinsurance
Preferred Brand:	\$35 Copay;	
Non-Preferred Brand:	\$55 Copay;	
Specialty:	\$100 Copay	
Mail Order: 90 day supply	X2 retail	X2 retail



To make the most of your benefits, create an account on [Premera.com](#) and then download the Premera MyCare Apple or Android app.



MEDICAL

Continued: Embedded Benefits

Premera Blue Cross Blue Shield of Alaska

Embedded Pediatric Vision

Benefit is available to members under age 18.

Exam – Covered in Full

Lenses and Frames – Covered in full, one set per calendar year.

Contacts (in lieu of glasses) - 12-month supply per calendar year.

Annual Maximum – None.

Embedded Adult Vision

Benefit is available to members over age 18.

Exam – Covered in Full; one per calendar year.

Lenses – Subject to 20% coinsurance, deductible waived; one set per calendar year.

Frames – Subject to 20% coinsurance, deductible waived; one set per calendar year.

Contacts (in lieu of glasses) - Subject to 20% coinsurance, deductible waived; 12-month supply per calendar year.

Elective Procedure Travel

You and a companion can be reimbursed for travel expenses when you travel to in-network facilities and providers outside of Alaska for pre-approved, medically necessary, non-emergent treatment and procedures.

Medical Access Transportation

Premera covers 3 round trips per covered member per year to the nearest in-network provider within Alaska or in Seattle to provide non-emergency treatment. Services apply to your Deductible then Coinsurance.

Premera Designated Centers of Excellence

If you need surgery for specific eligible services, including Total Joint Replacement, Spine, and Gynecology related ailments, your services could be covered in full after you meet your deductible if you travel to one of Premera's Designated Centers of Excellence. Call Premera at (800) 364-2994 so a personal health support clinician can assist you with the necessary forms prior to your procedure.

Virtual Care

*Get the right care, at the right time, at the right place.
Your medical plan provides you with access to the
following virtual care services.*

24-Hour Nurseline

You have access to the Nurseline at no cost to you to discuss your symptoms and get advice on if you can remedy at home, or head straight to the emergency room. When appropriate, patients well suited for video are connected to an MD at 98point6 (charges may apply) for additional assessment and care. See the phone number on the back of your ID card to call.

98point6

On-demand video and text-based primary care where general medicine and primary care providers are available to answer your questions. They can diagnose and treat you if you're sick or have a chronic condition. Sign in to the Premera mobile app to access 98point6 from the Find Care section.

premera.com/visitor



To make the most of your benefits, create an account on premera.com and then download the Premera Apple or Android app.

Telemedicine

To save time and limit exposure, ask your Primary Care Physician (PCP) if they offer their own telemedicine appointments. After all, your personal doctor probably knows you best. Telemedicine appointments with your PCP are subject to your deductible and coinsurance.

Talk Space

Access therapy and psychiatric services via video and text message. Services are subject to your deductible and coinsurance. Access this service via the Premera app, or reach out to a provider at talkspace.com/premera.

Spring Health

Receive mental health therapy by phone or video chat for ages 6 and older. Psychiatric and medication management are also available for ages 18 and older. Sign in to the Premera mobile app to access Spring Health from the Find Care section. Spring Health was designed to work alongside Talk Space.

Boulder Care

Access virtual treatment for opioid use disorder 24/7 with licensed addiction specialists. You will receive a dedicated care team of clinicians, care advocates, and peer coaches that you can talk to via secure video and mobile messaging. Care is provided on a per month basis instead of a fee-for-service model. Visit boulder.care/getstarted or call 1(888) 316-0451 to learn more. You can also access this benefit via the Premera app.

Health Management Programs

Rx Savings Solutions

Personalized outreach to help you save money on prescriptions.

What is it?

RxSS identifies and notifies you of opportunities to spend less on prescriptions with little to no impact on your healthcare journey.

How it works:

Premera utilizes accumulators, real pricing and claims data, and actual plan benefits to determine how you can save money at the pharmacy. If they determine you could save a above a specified margin, then you will receive a letter, text, and/or email notification about the savings opportunities.

Suggestions might include:

- Switching to a different pharmacy
- Trying new or different generic medication
- Learning about therapeutic alternatives

Suggestions are always personalized to your specific Rx needs and conditions.

Matchmaker™ for Behavioral Health

A navigation service powered by Premera that connects members with behavioral health providers nationwide.

With the Matchmaker™ for Behavioral Health service, both adults and children are provided a curated list of in-network behavioral health providers based on their specified needs.

Customized behavioral health provider lists help members make informed decisions:

- Minimum of two in-network providers who are accepting new patients.
- Delivery within three to four business days .
- Custom provider lists based on member specifications.
- Stars system that indicates the strength of the match (five stars means all criteria are met).
- Photos and bios of providers.

Engage the Matchmaker™ for Behavioral Health team by calling Premera customer service or contacting case management.

Health Management Programs (cont.)

Health Club Reimbursement Plan

AHFC is offering the opportunity to be a stronger and healthier workforce. This is not only for our employees, but for their families. We are hoping this will provide our employees an incentive, at a reasonable cost, to use fitness clubs. Additionally, it could be a good way for employees to spend time (outside of work hours) with their families, get physically fit and help reduce injuries, both on and off the job.

Chronic Condition Management Plus - Teladoc Diabetes Management Program

The Teladoc Diabetes Management Program provides tools and support to track blood sugar levels and develop a healthier lifestyle.

The Diabetes Management Program includes:

- A blood glucose meter that seamlessly connects to your mobile device
- Unlimited strips and lancets
- One-on-one coaching to manage nutrition activity and health goals
- Real-time support for out-of-range readings

How do I start using this program?

Visit teladochealth.com/happy/PREMERAFI-AK25 or call (800) 835-2362 and use registration code: PREMERAFI-AK25.

Preventive Services & Screenings

Taking care of your health is one way to save on costs in the long run. We encourage you to take advantage of preventive services and screenings – which are covered at 100%, when you visit in-network providers for covered services.

Examples:

- Annual Physicals
- Blood Pressure Screenings
- Colonoscopy; Ages 50+ or high risk
- Mammograms
- Well baby and child exams
- Preventive Immunizations

During your preventive exam, your provider may find an issue that requires further testing or screenings to diagnose. In that case, additional services are not considered preventive. and neither are conditions being monitored that you have already been diagnosed with. See the full list of [preventive services](#) later in this handout.

Consumer Tools

GoodRx

GoodRx finds the lowest prices and discounts on prescriptions and over-the-counter medications. They offer free coupons and side-by-side price comparisons to use at your local pharmacy. Download their mobile app or visit their website at: [goodrx.com](https://www.goodrx.com). Prescriptions filled through GoodRX do not apply to the medical plan.

See our [GoodRx video tutorial](#) for an example of the great savings available.

Health Care Transparency – Price Comparison Tools

Beginning in 2026, all group health plans and health insurance issuers are required to make an internet-based price comparison tool available to participants, beneficiaries and enrollees.

The purpose of this tool is to provide you with real-time estimates of your cost-sharing liability from different providers for covered items and services, including prescription drugs, so you can shop and compare prices before receiving care.

Access to this tool will depend on the type of plan your employer sponsors. It may be available directly through your insurance carrier, Third-Party Administrator, or your Pharmacy Benefit Manager portals.

Control Your Health Care Costs!

- Use in-network doctors, clinics, labs and hospitals whenever possible, to receive discounted rates.

TIP: A provider saying they accept or bill your insurance, is not the same as a provider being in-network. Make sure your doctor confirms they are in-network, or search for in-network providers at modahealth.com/ProviderSearch.

- Always ask your healthcare provider for an estimate of your total billed and out of pocket costs before scheduling. It is your right to ask. Healthcare providers are legally required to provide cost transparency and provide cost of service details before services are rendered.
- Question your doctor about imaging and lab tests whenever possible to confirm the services are necessary. Ask, "What are my alternatives?"
- Take advantage of Virtual Care when you can.
- Request generic medications instead of name brand.
- Utilize mail order services for medications and receive the discounted rate.

Here's a Tip!

Don't be afraid to ask questions up front. You have a right to know what services your provider recommends and how they will be covered under your benefits. YOU are your best advocate.



DENTAL

Premera Blue Cross Blue Shield of Alaska

PPO \$2,000

We provide you and your eligible family members with quality dental coverage through Premera Blue Cross Blue Shield of Alaska.

You can search for in-network dentists at premera.com/visitor/find-a-doctor, and search under the AK Heritage Network.

Deductible

**\$50 Deductible (Individual) /
\$150 Deductible (Family)**

This is the amount you pay before the dental plan shares in costs. Waived on Preventive Services.

Class A

Covered in Full

Preventive services are covered in full with the Deductible waived. Exams and cleanings are limited to 2 per calendar year each, and frequency of x-rays can vary. See plan documents for details on limitations.

Class B

Deductible + 20% of Costs

Basic Care includes services such as fillings, anesthesia, periodontics and more.

Class C

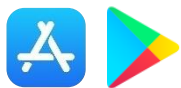
Deductible + 50% of Costs

Major Care includes services such as dentures, bridges, crowns, and additional complex services.

Annual Maximum

\$2,000

The dental plan will pay out \$2,000 per member, per calendar year. The annual maximum does not apply to plan participants under age 18.



To make the most of your benefits, create an account on [Premera.com](https://premera.com) and then download the Premera Apple or Android app.

LIFE AND AD&D / VOLUNTARY LIFE AND AD&D

Prudential

We provide eligible employees with [Life and Accidental Death and Dismemberment \(AD&D\)](#) insurance through Prudential and pay the full premium cost of this benefit. Your enrollment is automatic upon eligibility. Contact your Plan Administrator to update your [beneficiaries](#) annually. These benefits may reduce as you age (see [age restrictions](#)).

1x Annual Salary plus \$10,000, up to \$150,000 for Employees; \$1,000 for Spouses; \$1,000 for Children **Group Life Benefit**

This life policy 1x your annual salary, up to \$150,000 if your life is lost. If the life claim is related to an AD&D situation, the face amount of your coverage is doubled.

This life policy also pays \$1,000 for spouses, \$1,000 for children

If you would like to supplement your group life insurance benefits, you may purchase additional coverage through Prudential and pay your [premiums](#) through convenient payroll deductions.

Employees: Coverage for employees can be purchased in \$10,000 increments with a guaranteed issued amount of \$100,000 (if you're under age 70) and maximum coverage of 5x salary or \$300,000.

Spouses: Coverage for spouses can be purchased in \$10,000 increments with a guaranteed issue amount of \$20,000 (if your spouse is under age 70) and maximum coverage

of \$150,000, limited to 50% of employee coverage.

Child(ren): Coverage for child dependents 14 days to 26 years old can be purchased in the amount of \$10,000. One Premium covers all children.

Guarantee Issue Coverage is available at your first opportunity to enroll. If you would like to purchase additional coverage in the future, medical underwriting may apply. Medical underwriting will also apply for amounts over the Guaranteed Issue amounts, noted above. These benefits may also reduce as you age (see [age restrictions](#)). See your plan administrator for plan costs.

VOLUNTARY SHORT-TERM DISABILITY

Prudential

We provide eligible employees with Short-Term Disability through Prudential on a voluntary basis, meaning you pay the full cost for this coverage. Short-Term Disability provides weekly income in the event you are sick or hurt and unable to work.

To learn more about your benefits or to file a claim, please contact your plan administrator or Prudential customer service at (800) 842-1718.

60%

Income Replacement

You will receive a weekly benefit of 60% of your pre-disability weekly income.

\$1,000

Weekly Maximum

A maximum of \$1,000 of your weekly income will be replaced.

30/30

Elimination Period

There is a 30-day elimination period if your disability is due to an injury and a 30-day elimination period if your disability is due to an illness.

22

Benefit Period

Benefits may continue for up to 22 weeks if you are unable to work due to your disability.

VOLUNTARY LONG-TERM DISABILITY

Prudential

We provide eligible employees with Long-Term Disability through Prudential on a voluntary basis, meaning you pay the full cost for this coverage. Long-Term Disability provides you a monthly income in the event you are sick or hurt and unable to work. You also have access to an Employee Assistance Program.

To learn more about your benefits or to file a claim, please contact your plan administrator or Prudential customer service at (800) 842-1718.

60%

Income Replacement

You will receive a monthly benefit of 60% of your pre-disability monthly income.

\$5,000

Monthly Maximum

A maximum of \$5,000 of your monthly income will be replaced.

3/12

Preexisting Conditions

If you've received medical care within 3 months prior to your LTD insurance taking effect, you will not be able to claim disability benefits for 12 months for that condition.

180

Elimination Period

You must satisfy a 180-Day elimination period before benefits can begin. Your benefits may continue until your Social Security Normal Retirement Age (SSNRA) if you continue to meet the policy's definition of disabled.

SUPPLEMENTAL

Prudential

You have the option to enroll in additional supplemental coverages. If you are sick or hurt these benefits pay YOU cash, not your doctors. These policies are paid through payroll deductions and costs will vary pending your benefit elections and age.

Accident

An unlucky accident can happen anywhere, anytime, to anyone. Even with health and disability coverage, employees may face significant expenses. Accident Insurance helps cover the cost of out-of-pocket expenses, such as co-pays, deductibles, and more. Accident Insurance pays a lump sum benefit for covered injuries, such as a broken bone, that require medical attention.

Critical Illness

An unthinkable critical illness can place emotional and financial stress on employees. Health and disability coverage may not cover all the expenses. Critical Illness Insurance helps provide a financial cushion, relieving the stress of having to tap into savings. Critical Illness Insurance pays a benefit for a range of illnesses, such as cancer, stroke, major organ failure, and dementia.

Hospital Confinement Indemnity

An unexpected hospital stay can be expensive. Even a short hospital stay can add up to substantial uncovered costs, impacting an employee's overall financial security. In addition to a hospital stay, Hospital Indemnity Insurance pays a benefit for services such as an emergency room visit, anesthesia, urgent care, and ambulance, so employees can focus on getting better.



Health & Wellness Resources

Health Care Advocacy

Available to benefit eligible employees and their enrolled family members.

Acrisure is here to advocate for the needs of you and your family members that are enrolled in the benefit plans. There is no cost for their services, and they can assist with the following:

- Billing or provider issues
- Claims questions
- Appeal Guidance
- Coordination of care
- Second opinions
- Medical care research
- Much more!

To get help with your health advocacy needs, contact mybenefits@risqconsulting.com or call (907) 561-7477. You may be asked to sign a HIPAA privacy form for Acrisure to be able to assist, depending on your specific situation.

Employee Assistance Program

Available to employees, household members, and dependents.

An EAP is a completely confidential program that can help you with behavioral health and well-being, personal and professional relationships, substance abuse, family life, and daily stress. These services include face-to-face counseling sessions for yourself and your immediate household members, unlimited telephonic consultations, referrals to local resources, and online resources.

For details and to utilize this service, visit MagellanHealthcare.com/Employers/Welcome to create an account.



Acrisure Perks

Acrisure Perks is a network of travel, wellness, excursion, and shopping discounts available to all employees at no cost. It is designed to support your personal and financial well-being through exclusive deals and limited-time offers on the products, services and experiences that bring you the best work-life balance.

Take advantage of discounts on goods and services from popular national companies as well as some local Alaskan deals!

Enjoy discount offers on:

- Electronics
- Appliances
- Apparel
- Cars
- Flowers
- Fitness Memberships
- Gift Cards
- Groceries
- Hotels
- Movie Tickets
- Rental Cars
- Special Events
- Theme Parks

Sign up any time using the link:

[Acrisure Perks](#)

Activation code: ACR-WST



Enrollment Considerations

Here are a few points to consider when choosing a medical plan:

- How much money will insurance cost me each paycheck?
- How much would I pay towards the deductible before the insurance “kicks in”?
- What’s the total amount I am liable to pay in a “worst case scenario”? TIP: To calculate your exposure, add up the out-of-pocket maximum (which includes your deductible) + the premiums you’d pay for the year. For covered and allowed services, this would be the maximum you’d pay in a year.
- Is it just me enrolling, or do I have family members that need to enroll? TIP: Some plans offer more services for children.
- Do I have other insurance plan options available through a spouse or parent?
- If I have a choice between a Health Savings Account (HSA) compatible plan, is an HSA a good fit for me? TIP: HSA plans are most successful when you or your employer are contributing regularly.

- Am I a high utilizer of health services, or am I only expecting to receive routine care?
- Do I have any ongoing chronic conditions?
- Am I anticipating major surgery this year?
- Do I take high-cost prescriptions? TIP: Some plans offer first-dollar prescription coverage, while other plans require you to meet the deductible before you pay a copay for prescriptions.

Evaluating all your options....

If you’re choosing between the Alaska Housing Finance Corporation benefits and other options, you may be able to join another health plan (such as a spouse/partner or parent) during your spouse/partner/parent’s open enrollment period, depending on their company policy, even if the Alaska Housing Finance Corporation open enrollment period has ended.

Here’s a Tip!

Contact the Acrisure Support Team for one-on-one plan decision support at mybenefits@risqconsulting.com.

Employee Payroll Deductions per month

Medical, Dental, & Vision *	\$130 PPO Plan	\$2,000 HSA Plan:
Employee:	\$90.00	\$0.00
Employee +Spouse	\$185.00	\$90.00
Employee + Child (1)	\$175.00	\$80.00
Employee + Family:	\$270.00	\$175.00

HSA Contributions	AHFC will contribute to your HSA Account on a monthly basis
Employee:	\$62.50
Employee +Spouse	\$83.33
Employee + Child (1)	\$83.33
Employee + Family:	\$104.17

You can contribute additional funds to your HSA account to the 2026 annual IRS limit of \$4,400 for Single and \$8,750 for a family., plus a \$1,000 catchup contribution for employees over age 55. Employer and employee contributions are combined to the Maximum allowable.

Life and AD&D Company Paid

Voluntary Life and AD&D * Employee Paid

Costs vary depending upon the coverage you choose. See your plan administrator for coverage and cost details.

Short-Term Disability (STD) * Employee Paid

Long-Term Disability (LTD) * Employee Paid

Prudential Voluntary Benefits * Employee Paid

Offering: Critical Illness, Accident, Hospital Indemnity

(Costs vary depending upon the coverage you choose. See your plan administrator for coverage and cost details.)

BONUS! Remember to take advantage of the various discounts available through the new Acrisure Perks!

**These benefits may be eligible for pre-tax payroll deductions. See your plan administrator for eligibility*



Health & Life Insurance Terminology

Health Benefits Terms

Deductible: Meeting your deductible is often the first step in the insurance process. A deductible is the specific dollar amount that you pay out-of-pocket each year before your insurance begins to share in the cost for covered services, not subject to copays.

Coinsurance: The percentage that you are obliged to pay for covered services after you've satisfied the deductible required by your plan. You are responsible for paying your percentage of billed services between the deductible and the out-of-pocket maximum.

Copays: For specific services, you may have a copay, a specific charge required by your insurance company for certain medical, dental, or vision visits. While copays do not usually count toward the deductible, they do count toward your out-of-pocket maximum.

Out-of-pocket Maximum: An annual limitation on cost-sharing for covered services up to the allowed amount. After you've met your out-of-pocket, the plan pays 100% for covered in-network services for the rest of the year.

Network: A provider network is a list of preferred providers and facilities that an insurance company has contracted with to provide discounted care to its members.

Preventative / Preventive Services: Services such as routine screenings and shots that support maintaining your health. These services are covered in full by your health plan and are based on federal guidelines. They must be administered by an in-network physician.

Consult your insurance provider for a full list of the ACA mandated preventative services.

EOB: An Explanation of Benefits or EOB, is a document from your insurance company explaining how a claim was processed through your insurance plan.

Formularies: A formulary is a list of approved drugs that your insurance company agrees to cover. These can be modified twice per year.

Life Insurance Terms

Accidental Death & Dismemberment Insurance (AD&D): Generally an add-on to a regular life insurance policy. It is only paid if the death of the insured occurs as the result of an accident or if dismemberment occurs as defined by the policy.

Age Reductions: Most insurance policies reduce your life insurance benefit as you age.

Beneficiary / Primary Beneficiary: The person or party named by the owner of a life insurance policy to receive the policy benefit.

Contingent Beneficiary: The party designated to receive proceeds of a life insurance policy following the insured's death if the primary beneficiary predeceased the insured.

Conversion: If you ever leave employment, you may be able to convert the group policy into an individually owned life insurance policy.

Coverage Amount: Value of life insurance

Elimination Period: The length of time that must elapse after an injury or illness before you become eligible to receive benefit payments from an insurer.

Medical Underwriting: A process used by insurance companies to assess your health status when applying for Life and AD&D insurance coverage.

Portable: If you ever leave employment, you may be able to continue the life insurance coverage.

Premiums: Amount paid to the insurance company to buy a policy and keep it in force.

ACA Mandated Preventive Care

Preventive Care for Adults

Abdominal aortic aneurysm screening: One-time screening by ultrasonography in men 65-75 who have ever smoked.

Alcohol misuse screening and counseling. / Tobacco use screening: Intervention and cessation support.

Aspirin use: Counseling for men ages 45-79 and women ages 55-79.

Blood pressure screening.

Cholesterol screening: Screenings for lipid disorders in men over 35 and women over 45, and treatment.

Colorectal cancer screening: Screenings using fecal occult blood testing, sigmoidoscopy or colonoscopy, beginning at age 50 and continuing until age 75.

Depression screenings. / Suicide screenings: For adults 18-21 years.

Diabetes/Prediabetes screening: For adults 40-70 years who are overweight or obese. / **Obesity screening and counseling. / Diet counseling:** Intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease.

HIV screenings: Screenings for everyone ages 15-65 and other ages at increased risk. / **Sexually transmitted infection (STI) prevention counseling. / Syphilis screening.**

Vaccinations: Shots for hepatitis A, hepatitis B, herpes zoster, human papillomavirus (HPV), influenza, measles, mumps, rubella, pertussis and varicella, meningitis, pneumococcal disease, tetanus, diphtheria.

Preventive Care for Women

Anemia screening: For iron deficiency in pregnant women.

Breast cancer genetic test counseling (BRCA) / Breast cancer mammography screening: Mammograms for women age 40+ every 1-2 years. / **Breast cancer chemoprevention.**

Folic acid supplements. / Breastfeeding support & counseling.

Well-woman visits. / Cervical cancer screening: For cervical cancer in women ages 21-65 with a Pap smear every three years; or screenings with a combination of Pap smear and HPV testing every five years, for women ages 30-65.

Chlamydia infection screening. / Gonorrhea screening. / Human papillomavirus (HPV) DNA test: Every three years for women with normal Pap who are 30+; or screenings with a combination of Pap smear and HPV testing every five years for women 30-65.

Contraception: FDA approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a doctor. It does not include abortifacient drugs. This does not apply to health plans

sponsored by certain exempt "religious employers."

Domestic and interpersonal violence screening and counseling.

Gestational diabetes screening: For women 24-28 weeks pregnant and those at high-risk of developing gestational diabetes.

Hepatitis B screening: For pregnant women at first prenatal visit.

Osteoporosis screening: For high-risk women starting at age 60, and for all women beginning at age 65.

RH incompatibility screening: For pregnant women at their first doctor visit after becoming pregnant and again at 24-28 weeks.

Urinary tract or other infection screening: Screenings for pregnant women.

Preventive Care for Children

Autism screening: Behavioral screenings for children at 18-24 months. / **Behavioral assessments:** Screenings for children 0-17 years. / **Developmental screening:** Learning assessments for children under age 3.

Blood pressure screening: Testing for children 0-17 years.

Cervical dysplasia screening: For sexually active females.

Depression screening: For children 12-18 years.

Dyslipidemia screening: Testing for children at higher risk of lipid disorders at ages 1-17 years.

Iron supplements: Supplements for children ages 6-12 months at risk for anemia. / **Hematocrit or hemoglobin screening:** Testing for anemia for all children. / **Fluoride chemoprevention supplements:** For children without fluoride in their water source. / **Lead screening.**

Gonorrhea preventive medication: For newborns to prevent conjunctivitis caused by gonorrheal bacteria. / **HIV screening:** Testing for high-risk adolescents. / **STI prevention counseling and screening:** Screening for high-risk adolescents.

Height/Weight/Body mass index: Measurements for children at ages 0-17 years. / **Obesity screening and counseling:** For children beginning at age 6, and referral to comprehensive, intensive behavioral interventions to promote improvement in weight status.

Hypothyroidism screening: Testing for underactive thyroid for newborns.

Phenylketonuria (PKU) screening: Testing for newborns.

Tuberculin testing: For children at higher risk of tuberculosis, ages 0-17 years.

Vaccinations: Shots for diphtheria, tetanus, pertussis, Haemophilus influenzae type B, hepatitis A, hepatitis B, HPV, polio, rotavirus and varicella, flu, measles, mumps, rubella, meningitis, pneumococcal disease,.

Vision screening: Screenings for all children. / **Hearing screening:** Screenings for all newborns. / **Oral health risk assessment:** For young children ages 0-10 years.

This list is summarized from [healthcare.gov/coverage/preventive-care-benefits/](https://www.healthcare.gov/coverage/preventive-care-benefits/). Please consult your benefit booklet for confirmation of benefits and coverage for these services.

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