EMPLOYEE BENEFITS GUIDE

9/2020

Table of Contents

KEY TERMS ... 1

Health Plan Eligibility ... 2

Declining Coverage ... 2

Your eligible dependents include ... 2

When Coverage Ends ... 2

Cost of Coverage ... 2

Changing your Elections ... 3

Medical Benefits ... 4

You Have Two Health Plan Options to Choose From: ... 4

Who are my Preferred Provider Organization (PPO) Providers? ... 5

Make the most of your Medical Benefits ... 6

Claim Self Audit ... 6

A Doctor is Just a Phone Call Away ... 6

BridgeHealth for Non-Emergency Surgery ... 6

Coalition Health Center (CHC) ... 7

Prescription Drug Benefits ... 8

Dental Benefits ... 8

Vision Benefits ... 9

How to File a Health Plan Claim ... 9

Life and Accidental Death & Dismemberment Insurance (AD&D) ... 9

Optional Benefits ... 10

Flexible Spending Account (FSA) ... 10

Health Reimbursement Arrangement (HRA) ... 10

Health Savings Account (HSA) ... 11

Retirement Benefits ... 12

Important Contact Information ... 12

Welcome to your Benefits!

The Kenai Peninsula Borough School District (KPBSD) offers employees a comprehensive benefits package. KPBSD offers the following benefit plans and programs:

Health Benefits: Medical, Dental, Vision, and Prescription

Health Reimbursement Arrangement (HRA)

Health Savings Account (HSA)

Flexible Spending Account

Life and Accidental Death & Dismemberment (AD&D) Insurance

Retirement Plan

403(b) Plan

457 Plan

Optional Benefits through American Fidelity

- **Accident Only Insurance**
- **Cancer Insurance**
- **Disability Income Insurance**
- **Life Insurance**

This list provides a brief summary of benefits available for KPBSD employees. It does not contain all of the details, rules, and limitations. For additional information, refer to the Summary Plan Descriptions and plan documents which govern these programs. Your enrollment in KPBSD benefits is subject to all limitations of the plans. For more information visit the KPBSD website at https://www.kpbsd.k12.ak.us/employees.aspx?id=5232

Know Your Benefits

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is shop for benefits carefully using the same type of decision making process you use for other major purchases.

KEY TERMS

Knowing the vocabulary and your medical care options before you need help are important steps to becoming a wise health care consumer. Common terms you may find in your health plan include:

Deductible - A specified dollar amount of Covered Expenses that must be incurred during a Calendar Year before any other Covered Expenses can be considered for payment at the percentages stated in the Summary of Benefits of this Plan.

Coinsurance - The portion of a health care provider's fee that you must pay after you meet the deductible. You pay coinsurance plus any deductible until you meet your plan's out-of-pocket maximum.

Out-of-pocket maximum - **The** total dollar amount the Covered Person will be required to pay, excluding the Deductible, for Covered Expenses under the Plan.

EOB – Explanation of Benefits.

Utilization Review - Medical review of inpatient hospitalizations and other medical procedures to determine of the services are medically necessary.

UCR Allowance - Usual, Customary & Reasonable allowance. Based on geographic location.

The allowable charge for Non-PPO physician services. Providers may balance bill you for the amounts that exceed the UCR allowance.

Balance Billing - When a provider bills you for the difference between the provider's charge & the allowed amount.

Health Plan Eligibility

To be eligible for health benefits, you must be one of the following:

- A regular full-time employee scheduled to work 30 hours a week or more.
- An eligible elected official (KPBSD School Board Member).
- A Temporary employee, substitute teacher or substitute support employees who are hired as full-time (not variable hour) and regularly scheduled to work 30 or more hours per week will be eligible for coverage on the first day of the month following a waiting period of 60 days from the date of hire.
- An hourly employee who is not classified as regular status and who is working variable hours will be eligible for coverage if they average 30 or more hours of service per week during the look back measurement period designated by KPBSD. Coverage shall be effective on the first day of the corresponding stability period.

Declining Coverage

Members who have alternative health insurance coverage meeting the minimum ACA requirements may elect to waive their entitlement to District provided health insurance coverage. Alternative health insurance coverage shall not include District provided coverage which the member is entitled to by reason of his/his status as a spouse or dependent of a District employee who is covered by the District's Health Plan.

Your eligible dependents include:

- Your legal spouse
- Your children under the age of 26, including your:
  - ✓ Natural child
  - ✓ Stepchild
  - ✓ Legally adopted child
  - ✓ Child through legal guardianship

You will be asked to provide copies of supporting legal documents in order to enroll your eligible dependents. These documents include: a marriage certificate, birth certificate, adoption decree or court approved legal guardianship documents.

When Coverage Ends

For Employees:

- The last day of the month following your last day of work.
- June 30th if you have completed your entire work calendar or contract at the end of the school year.

For Dependents:

- The last day of the month after the dependent becomes ineligible for coverage (attains limiting age, divorce, legal separation).

Cost of Coverage

Benefits are an important part of your overall compensation and they can be expensive. Your employer, KPBSD, pays most of the cost. Human Resources will provide you with the current rates for each plan option. You may choose to enroll your spouse and eligible children at no extra cost to you.

Important Tax Forms

In January, KPBSD will send you Form 1095-C related to your health care coverage or eligibility. The IRS does not require you to submit documentation of health coverage with your tax return; however, you must keep all forms in case you are audited.

Changing your Elections

You have the opportunity to change your Health Plan elections each year during the annual Open Enrollment period, usually held mid-November to mid-December with an effective date for all changes of January 1st.

You may make Health Plan changes during the year only if you have a experienced a Qualifying Event.

You have 31 days to notify the Benefits Manager of the following qualifying events:

- Marriage (Copy of Marriage Certificate required)
- Birth (Copy of Birth Certificate required)
- Adoption/Placement for adoption (Copy of adoption documents required)
- Involuntary loss of other coverage (examples: layoff, involuntary reduction in hours resulting in loss of eligibility)

If an enrollment form and required legal documents are received within 31 calendar days, coverage will begin on the date of the qualifying event. If you fail to make the desired changes within the allowed time period, you must wait for the next annual Open Enrollment period.

You have 60 days to notify the Benefits Manager of the following COBRA qualifying events:

- Divorce (Copy of Divorce Decree required)
- Legal Separation (Court order required)
- Loss of dependent status (Attained limiting age) - *These dependents are automatically terminated monthly*
- Death of a covered member (Copy of Death Certificate required)

If you fail to notify the Plan Administrator within 60 days of the qualifying event, you are intentionally misrepresenting a material fact and the plan will retroactively terminate coverage for your ineligible Dependent. If the plan pays claims based on your misrepresentation, your Dependent may be terminated retroactively and you may be responsible for any claims paid on your Dependent's behalf. Employees may be responsible for reimbursing the Plan for any claims that have been paid on their ineligible dependents. **Please note, failure to notify could constitute insurance fraud.**

This is a summary of Qualifying Events. Please refer to the KPBSD Summary Plan Description for additional information.

Medical Benefits

You Have Two Health Plan Options to Choose From:

- ✓ **The High Deductible HSA Health Plan qualifies for a Health Savings Account (HSA). If elected, KPBSD will contribute $800 each fiscal year to the HSA on your behalf. Employees *may* contribute to an HSA account per IRS regulations.**

- ✓ **The High Deductible HRA Health Plan qualifies for a Health Reimbursement Account (HRA). If elected, KPBSD will contribute $800 each fiscal year to the HRA on your behalf. Employees *may not* contribute to an HRA account per IRS regulations.**

The medical plans are administered by our Third Party Administrator, Rehn & Associates.

MEDICAL BENEFITS	*NEW* HSA PLAN	HRA PLAN
Annual Medical Deductible Individual Family	$1,500 ****$3,000** ***Aggregate Family Deductible applies to any policy with more than one enrollee per IRS regulations – individual deductible will not apply.*	$1,500 $3,000
Out-of-Pocket Maximum (Not including deductible) Individual Family	$2,000 $4,000	
HSA / HRA CREDITS	$800 / fiscal year	
Reimbursement Percentage after Deductible	Plan pays 80% of allowable charges for most services; Plan pays 60% for Non-PPO facility charges	
Preventive Care as required by the ACA	Plan pays 100% of allowable charge – not subject to Deductible	
Prescriptions	**Subject to Major Medical Deductible** – once met current Rx copays will apply	Current Rx copays apply – not subject to Major Medical Deductible
Surgery through Bridge Health Program	Deductible must be met; coinsurance waived	You pay $0 - Deductible and coinsurance waived
Teladoc General Consultations *NEW* Teladoc Mental Health Services	You pay $0 - Deductible and coinsurance waived *Due to COVID, the IRS suspended the copay requirement for HSA plans through 2021*	You pay $0 - Deductible and coinsurance waived
Monthly Contribution (July-June) Prorated (Sep-May paychecks)	*$365.54 *$487.39	

**These amounts are subject to change by the Health Care Plan sub-committee*

ALL OTHER PLAN PROVISIONS REMAIN THE SAME BETWEEN THE TWO PLANS:

- Vision, and Dental benefits are the same for both plans offered.
- The same types of services and the same coverage conditions apply to both plans.

Who are my Preferred Provider Organization (PPO) Providers?

The plan contracts with the following Preferred Providers who offer discounted rates for KPBSD plan participants. Use PPO Providers to save money for yourself and the Health Plan!

Municipality of Anchorage:

Alaska Regional Hospital and **the Surgery Center of Anchorage** are the PPO Facilities for inpatient, outpatient, and imaging services obtained in the Municipality of Anchorage, Alaska.

Soldotna & Homer:

Central Peninsula Hospital and **South Peninsula Hospital** are the PPO facilities in Soldotna and Homer.

Nationwide:

Aetna is the nationwide network of Preferred Providers (PPO), including facilities and other network providers.

Non-PPO penalties will apply:

- If you use a non-PPO facility

The non-PPO penalties are:

- Services are reimbursed at 60% of the allowable charges
- Not subject to the out of pocket maximum

Non-PPO penalties are not assessed for:

- Services unavailable at a PPO facility, or
- Emergency services at a non-PPO emergency facility when transported via air or ground ambulance. Once the patient is medically stable, he/she should be moved to a PPO facility. Services obtained at a non-PPO facility after the patient is stable for transfer are subject to non-PPO penalties.

Within the Municipality of Anchorage Only:

Alaska Regional Hospital and the Surgery Center of Anchorage are the only PPO Facilities for inpatient and outpatient services obtained in the Municipality of Anchorage, (other PPO facilities in Anchorage are considered non-PPO facilities, even if they are in the Aetna network). **If you use a facility, freestanding imaging center, or freestanding surgery center *other than* Alaska Regional Hospital or the Surgery Center of Anchorage for inpatient or outpatient services:**

- The non-PPO penalties described above will apply.
- For inpatient services, the Allowable Charge shall be calculated as the per diem or case rate at Alaska Regional Hospital.
- For outpatient services, the Allowable Charge shall be calculated as the case rate at Alaska Regional Hospital, or 50% of the billed charges if no case rate is available.

Examples of common outpatient procedures include: outpatient surgery and procedures, ultrasound, lab and diagnostic x-ray tests, MRIs and CT scans. This section may not apply for outpatient dialysis services.

Within the Municipality of Anchorage, non-PPO penalties are not assessed for:

- Services unavailable at a PPO facility, or
- Services performed in a doctor's office, with doctor's staff, and the doctor's equipment, or
- Emergency services at a non-PPO emergency facility when transported via air or ground ambulance. Once the patient is medically stable, he/she should be moved to a PPO facility. Services obtained at a non-PPO facility after the patient is stable for transfer are subject to non-PPO penalties.

Make the most of your Medical Benefits

KPBSD offers a variety of programs to help make the most of your medical benefits

Claim Self Audit

Your employer wants you to carefully review your health claims. If you find an error such as treatment billed but not received, incorrect arithmetic, drugs or supplies not received, and the error results in an overcharge, submit a copy of the bill with the error noted. If you find an error on a bill that has been paid by the Claims Administrator, you will be reimbursed 50% of the overpayment recovered by the Plan, up to a maximum of $500.

A Doctor is Just a Phone Call Away

Now you can visit a doctor without leaving home. Teladoc provides 24/7 access to a board certified, licensed family practice doctor or pediatrician via phone or video. Teladoc is not a substitute for a primary care doctor, but can be used to diagnose and treat acute, non-emergency medical issues that may arise such as:

✓Sinus problems	✓ Bronchitis	✓ Allergies
✓Cold & flu	✓ Respiratory infection	✓ Ear Infection
✓And more!		

How does Teladoc work?

Register each dependent at **www.teladoc.com**, have your medical ID card ready and click on Set-up Account. The program will ask you some questions and you are ready to request a doctor. The average wait time for the doctor call back is 22 minutes. You can have your visit via phone, tablet or computer.

How much does Teladoc cost?

The cost is FREE for participants in the KPBSD HRA Health Plan. The cost is $40 per visit for participants in the KPBSD HSA Health Plan per IRS regulations.

Learn more about Teladoc:

Teladoc.com
1-800-Teladoc (835-2362)

BridgeHealth for Non-Emergency Surgery

Kenai Peninsula Borough School District's Health Plan includes a supplemental planned surgery benefit through BridgeHealth—at no additional cost to indivuduals enrolled in the HRA Plan. For those enrolled in the HSA Plan, your deductible must be met, then your coinsurance is waived per IRS regulations. The surgery program saves you money and gives you access to top-rated hospitals, surgery centers and doctors nationwide.

Concierge Service

A BridgeHealth care coordinator guides you through the surgery planning process to:

- ✓ help you select a top-rated provider for your type of procedure
- ✓ handle all the administrative work and plan approvals
- ✓ schedule your appointments and surgery
- ✓ make your travel arrangements

Most Common Procedures

- **Bariatric:** Gastric bypass, gastric sleeve, lap band removal
- **Cardiac:** Coronary artery bypass graft, valve repair and replacement
- **General:** Gall bladder removal, hernia repair
- **Orthopedic:** ACL repair, hip & knee replacement, shoulder repair & replacememt
- **Spine:** Spinal fusion, artificial disc replacement
- **Women's Health:** Hysterectomy

Some pediatric surgeries are not available for children under 12.

Contact BridgeHealth at (844) 249-8108 or alaskacoalition@bridgehealth.com, or visit www.bridgehealth.com and use company code KPBSD.

Coalition Health Center (CHC)

If you are enrolled in a KPBSD Health Plan, the Coalition Health Center offers a wide range of services for you, your spouse, and your children aged two and older. Services include:

- ✓ **Follow-up care for BridgeHealth patients at a $0 copay!**
- ✓ Wellness and preventive care, such as physicals, lab work, women's care, immunizations, and minor care.
- ✓ Chronic disease management, including medication management. Treatment for illnesses, such as coughs, colds, sore throats, earaches, and rashes.
- ✓ Treatment for injuries, such as sprains, strains, and minor lacerations.
- ✓ On-site services, such as X-rays and EKGs.
- ✓ Prescription dispensary; the CHC can provide some common prescription medications, for your convenience.

The CHC is located at 2741 DeBarr Road, Suite C210 Anchorage, AK 99508. Call them at (907) 264-1370 or visit www.coalitionhealthcenter.com. Preventive care visits at the CHC are available at no cost to you, all other visits are available for a $30 copay.

Only in an Emergency

The Emergency Room (ER) is an expensive and inconvenient place to receive healthcare services. You should only use the ER for life-threatening situations or if there is risk of bodily harm if you don't receive services immediately. If you use the ER for non-emergency services your will be charged a $250 deductible.

Prescription Drug Benefits

Prescription benefits are bundled with the medical benefits at no additional cost.

CVS Caremark administers the prescription benefits.

Retail & Mail Order Pharmacy (up to a 100 day supply per fill)	*HSA / HRA PLAN
Generic Copay	$5
Preferred Brand Copay	$25
Non-Preferred Brand Copay	$50
Specialty Copay	$100 (limited to a 30-day supply)

Major Medical Deductible for the HSA plan must be met prior to these copays taking effect. $3,000 Aggregate Family Deductible applies to any HSA policy with more than one enrollee per IRS regulations – individual deductible will not apply for a Family Plan.

Using generic medications can save money for you and for the plan. If you choose a brand-name medication when a generic equivalent is available, you will pay the difference in cost between the brand name and the generic, plus your brand name copay.

Prior authorization is required for certain medications, including specialty medications and some high cost drugs. Your provider will work with Caremark to obtain the prior authorization.

Dental Benefits

Dental benefits are bundled with the medical benefits at no additional cost. The Dental plan is administered by our Third Party Administrator, Rehn & Associates.

DENTAL BENEFIT	HRA & HSA PLAN
Annual Deductible Individual Family	 $50 $150
Reimbursement Percentage Preventive Basic Major	 Plan pays 100% (not subject to the deductible) Plan pays 100% Plan pays 50%
Calendar Year Benefit Maximum	$2,500

If the cost of an upcoming treatment is expected to cost $400 or more, you should ask the dentist to submit a pre-treatment plan to the Rehn claims office before the dental work begins. The claims office will send you a notice of what the plan will pay.

Vision Benefits

Vision benefits are bundled with the medical benefits at no additional cost. The Vision plan is administered by our Third Party Administrator, Rehn & Associates.

VISION BENEFIT	HRA & HSA PLAN
Eye Exam	Plan pays 80%
Frames	Plan pays 80% up to $100 every two years
Lenses	Plan pays 80%
Contacts	Plan pays 80%

How to File a Health Plan Claim

You will receive a health plan ID card which you should present to your health care provider or pharmacist. Your provider can contact Rehn & Associates for confirmation of eligibility. In most cases, your provider will file a claim on your behalf. However, it is your responsibility to make sure the claim is filed timely. Claims will not be accepted more than 15 months after the original date of service for medical, dental, and vision services.

After the claim is processed, you will receive an Explanation of Benefits (EOB) for claims. Be sure to review this Explanation of Benefits to make sure the claim was processed correctly.

You have 180 days from the date of the adverse benefit determination to appeal a claim. Please see your Health Plan booklet for instructions on how to file an appeal.

Life and Accidental Death & Dismemberment Insurance (AD&D)

As a benefit-eligible employee, KPBSD provides you with life and AD&D insurance coverage equal to your annual salary (up to $250,000 for class 4 employees & $350,000 for class 3 employees), at no charge to you. If married, you may elect $10,000 spouse coverage at no cost to you.

Note: Beginning on your 75th birthday, the amount of insurance decreases to 65% from age 75 to age 79. At age 80, the amount payable decreases to 50%.

Optional Voluntary Life

You may also elect an additional one times your annual salary at a small cost to you and a flat $2,000 of coverage for your spouse and dependent children. If you elect coverage within 31 days of the date you first become eligible, you do not have to provide evidence of insurability for up to $150,000 in supplemental coverage for you. You may need to provide evidence of insurability if you elect higher coverage amounts, or if you elect coverage or choose to increase coverage more than 31 days after you first become eligible. The life and AD&D benefits are provided by Standard. Please refer to the Group Life Insurance Plan booklet for more information about these benefits.

Flexible Spending Account (FSA)

FSA is administered by American Fidelity. All regular employees may participate in the FSA account.

Flexible Spending Accounts allow eligible KPBSD employees to pay for qualified health and dependent care expenses with pre-tax dollars. This reduces your taxable income.

You must enroll each year during open enrollment which occurs from mid-March through June 30th. Or within 30 days from your hire date if you are a new hire.

- **Health Care FSA –** reimburses you for most out-of-pocket medical, dental, orthodontia, and vision expenses. ***Only employees who enroll in the HRA Health Plan may contribute to the Health Care FSA account.***
- **Dependent Care FSA –** reimburses you for most out-of-pocket, non-educational, and non-medical dependent care expenses that are incurred because you and your spouse work.

How Do Flexible Spending Accounts Work?

FSAs work like a checking account:

- Decide on the total amount you want to set aside in each account. Be careful! These accounts work on a "use it or lose it" basis. Unclaimed money left in the account at the end of the year is forfeited.
- Your pre-tax contributions will automatically be deducted from your monthly paycheck and placed in your FSA account, allowing you to pay for health and dependent care services as incurred.
- Submit a receipt to our FSA administrator, American Fidelity. You will be reimbursed directly from your FSA account using the tax-free money you contributed.

Health Reimbursement Arrangement (HRA)

Available with the HRA Health Plan. HRA plan is administered by Rehn & Associates.

An HRA allows KPBSD to set aside funds for you to spend on qualified health care expenses. Money not used in one calendar year will be rolled over from year-to-year. KPBSD will contribute $800 per fiscal year to each HRA account. If you enroll mid-year, your HRA contribution will be prorated.

You may use these funds for you and your dependents who are enrolled in the HDHP. If you terminate KPBSD employment, the funds will be forfeited.

Your HRA funds can be used towards medical, prescription, dental, and vision expenses. The HRA will be administered by Rehn. A claim form is available to submit for HRA reimbursements.

How the HRA works with a Health Care Flexible Spending Account (FSA):

You may have both an HRA and enroll in a Health Care FSA. Expenses are paid from the Health Care FSA first, because that account is "use it or lose it." A Flexible Spending Account is available to employees through American Fidelity.

Health Savings Account (HSA)

Available with the HSA Health Plan. The HSA Plan is administered by Rehn & Associates. An HSA lets you set aside money to pay for future medical costs through your own tax-deferred contributions.

- You may make pre-tax contributions through payroll deductions, which reduces the amount of taxable income.
- The money stays in your account from year to year. It is yours to keep even of you leave employment with KPBSD.
- KPBSD will contribute $800 per fiscal year to each HSA account. If you enroll mid-year, your HSA contribution will be prorated.

FOR YOU (THE EMPLOYEE) TO BE ELIGIBLE TO OPEN AN HSA, YOU MUST:

- Be enrolled in a qualified high deductible health plan (HDHP)
- NOT be enrolled in a non-HDHP including a spouse's plan, Medicare, Tricare or prescription drug only plan
- NOT be claimed as a dependent on another individual's tax return, other than your spouse's
- NOT have received any health benefits from the Veterans Administration or one of their facilities, including prescription drugs, in the last three months, except for preventive care. If you have a disability rating from the VA, this exclusion does not apply.
- NOT have received any health benefits through the Indian Health Services in the last three months
- NOT be enrolled in a General Purpose medical Health Flexible Spending Account (Health FSA) or Health Reimbursement Arrangement (HRA) (your spouse cannot have an FSA or HRA either)

Other restrictions and exceptions may also apply. We recommend that you consult a tax, legal or financial advisor to discuss your personal circumstances that may affect your HSA eligibility. KPBSD cannot consult you about your HSA eligibility.

WHO MAY BE COVERED ON YOUR HSA

In Publication 969, the IRS clarifies that you can withdraw tax-free money from your HSA to pay for qualified medical expenses for:

- Yourself
- Your spouse (regardless of whether you file taxes jointly or separately)
- Any dependents you claim on your tax return (your children, or a qualifying relative dependent) and any children who are claimed on your ex-spouse's tax return
- Anyone you *could* have claimed as a dependent, but weren't able to because he or she
  - filed a joint tax return (for example, your married teenage kid who files a joint return with his or her spouse)
  - earned more than $4,150 (in 2018), or you (or your spouse, if you file jointly) could be claimed as a dependent on someone else's tax return.
- As long as the person is in one of the above categories, you can reimburse yourself for the cost of their qualified medical expenses with tax-free money from your HSA. It doesn't matter whether the person was covered under your HDHP, or even whether they had health coverage at all.

HSA CONTRIBUTION LIMITS

2021 Calendar Year Maximum Contribution	
Annual Contribution Limit For Employee Only	$3,600
Annual Contribution Limit for Family	$7,200
Additional "catch-up" if 55 or older	$1,000

Remember that your HSA is IRS regulated. IRS Publication 502 provides the detailed list for medical, dental and vision expenses.

Retirement Benefits

Both Public Employees Retirement System (PERS) and Teachers Retirement System (TRS) employees are offered a retirement plan through the State of Alaska, Division of Retirement and Benefits. There are multiple Tiers and specific benefits for each Tier. Please visit http://doa.alaska.gov/drb/ for additional information.

In addition to the State of Alaska PERS/TRS retirement plans, KPBSD allows employees to participate in additional retirement savings plans by offering a 403(b) and 457. Contact the Payroll department at (907) 714-8888 for more information on these plans.

Important Contact Information

KPBSD Employee Benefits Manager

Stacey Cockroft
(907) 714-8879
scockroft@kpbsd.k12.ak.us

Third Party Administrator
(Eligibility, Claims Questions)

Rehn & Associates
PO Box 5433
Spokane, WA 99205
(800) 872-8979
www.kpbsd.rehnonline.com

Utilization Review
(Hospital Admission & Pre-Authorization)

Aetna (888) 632-3862
Your health care provider will pre-certify services on your behalf

Pharmacy Benefit Manager (PBM)
(Retail & Mail Order Prescription Drug Services)

CVS Caremark
(866) 818-6911
www.caremark.com

Anchorage Preferred Provider (PPO) Facility

Alaska Regional Hospital
2801 DeBarr Rd
Anchorage, AK 99508
(907) 276-1131
www.alaskaregional.com

Surgery Center of Anchorage
4001 Laurel St, Suite A
Anchorage, AK 99508
(907) 563-1800
https://surgerycenterofanchorage.com/

Soldotna Preferred Provider (PPO) Facility

Central Peninsula Hospital
250 Hospital Place
Soldotna, AK 99669
(907) 714-4404
www.cpgh.org

Homer Preferred Provider (PPO) Facility

South Peninsula Hospital
4300 Bartlett St
Homer, AK 99603
(907) 235-8101
https://www.sphosp.org/

Nationwide Preferred Provider Network

Aetna
www.aetna.com/docfind
Select the “Aetna Choice POS II (open access)” network.

BridgeHealth

When surgery has been recommended, contact BridgeHealth at (844) 249-8108 or alaskacoalition@bridgehealth.com

Register with company code: KPBSD

Teladoc

1-800-TELADOC (800-835-2362)
www.teladoc.com

Division of Retirement & Benefits
(PERS / TRS Retirement)

(800) 821-2251
http://doa.alaska.gov/drb