ALASKA RAILROAD

# 2026 My Benefits Journal


# Alaska Railroad Corporation Benefits for ALL GROUPS

# Contents



**This guide is an overview** and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.


# Getting Started

## 2026 Benefits

Effective January 01, 2026

Every year our Alaska Railroad Corporation employees make important contributions to Alaska's transportation system and the lives of all Alaskans. It's because of the work you do and the spirit in which you do it that makes the Alaska Railroad Corporation a great place to work.

As always, we strive to provide you with affordable, high-quality benefits, including our medical plans that allow you to choose what is best for you and your family. Our optional vision and dental coverage are separate plans, so you have the option of waiving coverage if you so choose.

We continue to offer retirement plans, life insurance options, and many other valuable benefits as well.

While we provide you and your family with valuable benefits, it's most important that you understand them and your options to make wise choices. To that end, this guide provides easy-to-understand information about ARRC's benefits that will help you choose what's best for you and your family.

Review *My Benefits Journal,* discuss your situation and needs with your family, and hold on to it so you can refer to it later if needed.

Thanks again for your service to ARRC and for helping to keep Alaska moving.

In good health

# Who's eligible for benefits?


## Employees

Represented and non-represented employees have different eligibility dates as shown below:

| Employee Group | Eligibility |
|---|---|
| Non-represented employees | Eligible on hire date. Must enroll within 31 days. |
| Represented employees (ARW, ATDA, IBT, BRC, SMART-TD) | Eligible after 90 days of cumulative service. Must enroll within 31 days of eligibility date. |

## Eligible dependents

- Legal spouse (must provide marriage certificate)
- Adult children up to age 26 (must provide birth or adoption certificate)
- Dependent children (must provide birth certificate, adoption certificate or court documents):
  - Biological children
  - Stepchildren
  - Adopted children and children placed with you for adoption
  - A child for whom you have court-appointed guardianship or custody

For additional coverage information, please refer to the benefit booklets for each benefit.

## When you can enroll

As a new employee you can enroll based on the Employee Group you fall into listed above.

Existing employees can enroll during the annual Open Enrollment period. Once a year during Open Enrollment, which is typically in late November, you can review your benefits and coverage and make changes for the coming year. If you are not enrolling or making changes, you do not need to return the enrollment forms.

If you miss the enrollment deadline, you'll need to wait until the next Open Enrollment.

# Changing your benefits

Outside of Open Enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in your or a dependent's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit any changes within 31 days after the event; and provide any substantiating documents.

# Enrolling for benefits

If you're enrolling in benefits with the Alaska Railroad Corporation for the first time, you will receive your enrollment materials at the New-Employee Orientation or in your Open Enrollment mailing.

You may then submit your Benefits enrollment information/election form and separate FSA or HSA forms to Human Resources in one of four ways (see page 45 of My Benefits Journal for contact information):

1. Mail—interoffice or U.S. mail
2. Fax—907-265-2542
3. Email—**hrbenefits@akrr.com**
4. Hand deliver

## You may enroll or make changes:

- Within 31 days from your eligibility date;
- During the annual Open Enrollment; or
- Within 31 days from a qualifying life event (see page 5).

## Waiving Coverage:

You may waive ARRC's Medical or Optional Dental and Vision coverage by checking the appropriate box on the enrollment form and completing the waiver form. If you waived coverage for a prior year, your waiver will continue unless you submit an enrollment form electing coverage.

# All the Benefits Available to You

Planning is essential when you're considering your benefits adventure, too. When you start your journey, your needs are different from what they are at the end — and they may change a few times along the way. That's why it's important to review your benefits every year, even if you don't make any changes.

## ARRC's benefits include:

- Health Plan — Two options for medical, prescription drug and hearing coverage
- Vision — Optional Vision coverage through VSP
- Dental — ARRC Optional and Railroad Employees' National Plan (required for represented employees)
- Health Savings Account — Gold Essentials Plan only
- Flexible Spending Accounts — Health Care FSA (Blue Essentials Plan only), Dependent Care FSA (Blue and Gold Essentials Plans)
- Life Insurance — Basic Life and AD&D, Optional Dependent Life
- Employee Assistance Program — ComPsych
- Retirement Plans — ARRC Pension, 401(k) Tax Deferred Savings Plan, and 457 Deferred Compensation (Non-Rep only) Plan
- Retiree Medical Plan — available to:
  - Non-represented employees hired before Nov. 4, 2014
  - ARW employees hired before Nov. 4, 2014
  - ATDA employees hired before June 28, 2019
  - IBT employees hired before April 26, 2016
  - BRC employees hired before April 2, 2015
  - SMART-TD employees hired before March 4, 2016
- Paid time off — Annual leave, sick leave, holidays
- Free train travel on Alaska Railroad

Summary Plan Descriptions (SPDs) provide more details and information, and are found online for:

- Health Plan (see Summary of Benefits and Coverage)
- Dental Plan
- Life Insurance Plan
- Pension Plan
- 401(k) Tax Deferred Savings Plan
- 457 Deferred Compensation Plan (Non-Rep only)
- Flexible Spending Accounts

Find SPDs on our employee website, **https://akrr.myintranet.com/main/**:

- Health Plan SPDs are on Inside Track by navigating to **Pay, Leave, Benefits > Health Insurance**. Also view the Health Plan at **www.premera.com**.
- Pension Plan SPD is on **Pay, Leave, Benefits > Retirement > Pension Plans**. Also available at **www.myatessa.com**.
- Tax Deferred Savings Plan SPD is on **Pay, Leave, Benefits > Retirement > Tax Deferred Savings**. Also available at **www.empower.com**.

## Save Money with the Pre-Tax Premium Only Plan (POP):

Your share of some insurance premiums are deducted from your paycheck before income tax is calculated. That means taxes are calculated on a smaller chunk of your income, so you pay less tax and have more pay to take home.

## Plan premiums that qualify for POP:

- Health Plan
- Railroad Employees' National Dental Plan
- ARRC Optional Dental Plan
- ARRC Optional Vision Plan
- Basic Life and AD&D

# Have questions about your benefits?

## Contact your Benefit Advocate

**Email:** benefitsupport@alliant.com

**Phone:** (800) 489-1390

**Hours:** 5 a.m.–5 p.m. (Pacific Time) Monday–Friday

## Get help from a Benefit Advocate

Are you getting married and you're not sure how or when to add your new spouse to your plan? Is your stepchild eligible for your healthcare plan? Do you need help understanding the difference between an HSA and an FSA? A Benefit Advocate can help answer these questions and more.

Benefit Advocates are trained benefit experts who can help you understand and use your healthcare benefits and other coverage. Contact your Benefit Advocate for issues such as:

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Assistance with health care claims or an explanation of benefits
- Coverage changes due to life events (such as marriage, a new child, or divorce)

## Claims assistance

If you need claims assistance, you may need to complete a HIPAA authorization form to grant your Benefit Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited-duration basis, and only to the individuals listed on the form. You can end the permissions granted by the form at any time. Your Benefit Advocate will provide the form to you when needed.


# Medical

## Our Plans

Premera Gold Essentials - Consumer Directed Health Plan (CDHP) with a Health Savings Account (HSA)

Premera Blue Essentials - a Preferred Provider Plan (PPO)

### These plans include:

- Medical
- Pharmacy
- Virtual Care Options
- Preventive Care
- Employee Assistance
- Transcarent – **Coming July 2026**
- Hearing
- Large Provider Network
- Health & Flexible Spending Accounts

Our health Plans are “self-funded.” This means ARRC is financially responsible for paying medical claims. We contract with Premera Blue Cross Blue Shield of Alaska and VSP to administer the Plans. This arrangement provides ARRC flexibility in the kinds of benefits we can offer you without the limitations of state mandates or insured products. It also means that we all play an essential role in controlling overall costs.

In addition, ARRC pays the largest part of your premiums every pay period — 80% or more for both the Blue Essentials and Gold Essentials Plans. This means that you pay 15-20% of the total premium cost.

# Medical Plan Features

## Words To Know

**Deductible:** The total healthcare costs you pay for with your own money before your plan will start to pay a portion.

**Out-of-pocket maximum:** Once you've spent this amount on covered medical services, your insurance pays 100% of most eligible expenses for the rest of the plan year.

**Coinsurance:** After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 80%, your share of the cost (your coinsurance) is 20%. You are billed for your coinsurance after your visit.

**Copay:** A set fee (rather than coinsurance) for certain healthcare services—for example, a doctor's office visit. You pay the copay at the time you receive care.

### Preventive care screenings:

All Plans pay 100% of preventive care when you visit a Preferred or Participating provider, even if you haven't met your deductible. Here is a short list of covered services:

- Diagnostic tests, such as for blood pressure, diabetes and cholesterol
- Age-appropriate checkups
- Women's health services and healthy pregnancy care
- Immunizations and flu shots
- Cancer screenings, such as mammograms, colonoscopies, prostate exams and Pap tests
- Intervention for smoking, depression, alcohol use and mental health issues
- Find more information at Premera's website: **www.premera.com/visitor/care-essentials/preventive-care**

We encourage you to engage in your health and wellness. An easy way to do that is to take advantage of preventive health care, which both plans cover at 100% when you visit a preferred provider. If you use a network provider, you won't pay any out-of-pocket fees for services such as annual checkups or screening mammograms.

### Provider tiers:

With either Plan, you may use any provider you choose — hospitals, doctors, other service providers — but you'll pay less when you use a Preferred or Participating provider. Both Plans have these three provider tiers:

- Preferred provider — Provides a discounted fee; your lowest out-of-pocket expense.
- Participating provider — Accepts Premera's allowable charges but doesn't have a discounted fee schedule.
- Non-contracted provider — Doesn't have a contract with Premera.

If you cannot find a Preferred or Participating provider within 50 miles from your home, contact Premera before your appointment. For more information, contact Premera Customer Service at 800-508-4722.

### Prior authorization requirement:

If you use a Premera Preferred Provider, you do not need to get prior authorization. Preferred providers are required to obtain the prior authorization for you and if they forget, they pay the penalty. For non network providers you must get prior authorization from Premera before the procedure is done. If you don't, you'll pay a penalty of 50% of allowable charges, up to a maximum of $1,500 after you meet the deductible.

# Premera Medical Plans

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after you have paid the deductible.

| In-Network Benefit Coverage | Premera Gold Essentials<br>CDHP Plan with an optional (HSA) | Premera Blue Essentials<br>PPO Plan |
|---|---|---|
| Deductible | **Individual:** $1,700<br>**Family:** $3,900 (aggregate) | **Individual:** $1,000<br>**Family:** $3,000 (embedded) |
| Out-of-pocket maximum | **Individual:** $5,300<br>**Family:** $12,900 (embedded) | **Individual:** $3,500<br>**Family:** $10,500 (embedded) |
| Coinsurance | 20% | 20% |
| Exams | | |
| PCP visit | Deductible, then 20% Preferred | Deductible, then 20% Preferred |
| Specialist visit | Deductible, then 20% Preferred | Deductible, then 20% Preferred |
| Coalition Clinic | Not eligible to use | $20 per visit |
| Virtual visit | No charge | No charge |
| Preventive exam | No charge | No charge |
| Diagnostic services | | |
| Labs and X-rays | Deductible, then 20% Preferred / 40% Participating | Deductible, then 20% Preferred / 40% Participating |
| Complex imaging | Deductible, then 20% Preferred / 40% Participating | Deductible, then 20% Preferred / 40% Participating |
| Therapeutic services | | |
| Physical or Occupational | Deductible, then 20% Preferred / 40% Participating | Deductible, then 20% Preferred / 40% Participating |
| Chiropractic (15 visits) | Deductible, then 20% Preferred | Deductible, then 20% Preferred |
| Facility services | | |
| Urgent care | Deductible, then 20% Preferred | Deductible, then 20% Preferred |
| Emergency room | Deductible, then 20% Preferred | $100 per admit, applies to OOP Max, Deductible, then 20% Preferred |
| Outpatient surgery | Deductible, then 20% Preferred / 40% Participating | Deductible, then 20% Preferred / 40% Participating |
| Hospitalization | Deductible, then 20% Preferred / 40% Participating | $250 per admit, applies to OOP Max, then Deductible, then 20% Preferred / 40% Participating |

# Premera Rx Coverage

## Gold Essentials Plan Prescription Drug Coverage

The Gold Essentials Plan covers 100% of 150+ preventive maintenance drug costs. Reference a complete list of covered medications, including 100%-covered preventive drugs, with a link found on the ***Pay, Leave, Benefits>Health insurance>pharmacy*** page of our website Inside Track. Drugs marked with ACA PV are Affordable Care Act preventive medications available at no cost:

| Premera Gold Essentials CDHP | Retail | Mail Order |
|---|---|---|
| Tier 1 = preferred generic | 20% after deductible<br>30-day supply | 20% after deductible<br>90-day supply |
| Tier 2 = preferred brand | 20% after deductible<br>30-day supply | 20% after deductible<br>90-day supply |
| Tier 3 = preferred specialty | 20% after deductible<br>30-day supply | 20% after deductible<br>90-day supply |
| Tier 4 = non-preferred all drugs | 20% after deductible<br>30-day supply | 20% after deductible<br>30-day supply |

## Blue Essentials Plan Prescription Drug Coverage

Under the Blue Essentials Plan, your share of the cost is based on the drug's formulary tier. Here's what you can expect to pay at the pharmacy for a prescription (30-day to 90-day supply):

| Premera Blue Essentials PPO | Retail | Mail Order |
|---|---|---|
| Tier 1 = preferred generic | $10 copay<br>30-day or 90-day supply | $20 copay<br>30-day or 90-day supply |
| Tier 2 = preferred brand | 20% up to a $75 maximum<br>30-day or 90-day supply | 20% up to $75 maximum<br>90-day supply |
| Tier 3 = preferred specialty | 30% up to $150 maximum<br>30-day supply | N/A |
| Tier 4 = non-preferred all drugs | 50% up to a $150 maximum<br>Non-pref generic and Non-pref brand: Covers up to a 90-day supply<br>Non-pref specialty: Covers up to a 30-day supply | 50% up to a $150 maximum<br>Non-pref generic and Non-pref brand: Covers up to a 90-day supply<br>Non-pref specialty: Covers up to a 30-day supply |

The Essentials formulary does not cover some drugs. These include low-value, high-cost drugs; drugs that have lower-cost alternatives (including over-the-counter options); competing brands; and drugs that are considered to be priced at unacceptably high levels.

To see a list of drugs included in the Essentials formulary, visit **www.premera.com** and select Covered Drugs at the bottom of the landing page. **Select E1/E4** for the Blue Essentials Plan or for the Gold Essentials Plan.

# Premera Essentials Prescription Drug Plan

While the Blue Essentials and Gold Essentials Plans cover prescription drugs a little differently, there are common features:

**Step Therapy** — Some conditions, like arthritis, high blood pressure and allergies, require long-term medications. Step therapy is a way to start with medications at the lowest cost and lowest risk "step," gradually "stepping up" to more expensive — and sometimes riskier — drugs, if necessary. If you're starting a long-term medication that requires step therapy, we encourage you to learn as much as you can about your condition and medications so that you're an active participant in managing your care.

**"Dispense as Written"—** If your doctor writes a prescription with this on it, your pharmacist cannot substitute a generic drug, even if one is available. You'll pay the coinsurance and the difference in cost between the generic drug and brand name drug.

**Specialty Drugs** — These are medications that typically cost more and treat complex conditions that require special handling and monitoring. If your doctor prescribes a specialty drug, you must fill that prescription through the specialty pharmacy — Accredo. If your prescription falls into the specialty category, you will receive a letter from Premera instructing you to use specialty pharmacies.

**Mail Order** — You may buy many prescriptions through the mail order program, which is usually less than retail cost.

## Essentials Formulary

The Essentials formulary is an innovative prescription plan consisting of four "tiers" — or levels — of coverage as described in the table below. There is at least one drug within each drug class, and your doctor will have options to prescribe new preferred generic, preferred brand and preferred specialty medications. The formulary also includes some non-preferred medications available at a higher cost.

| Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|---|---|---|---|
| **PREFERRED GENERIC** | **PREFERRED BRAND** | **PREFERRED SPECIALTY** | **NON-PREFERRED** |
| The formulary's lowest cost drugs have the same active ingredients — with the same quality, strength, effectiveness, and purity — as their brand name versions. | These are certain brand name drugs that do not yet have a generic equivalent. Your share of the cost is higher when compared to Tier 1. | These are certain drugs used to treat complex health conditions. | While included in the Essentials formulary, these drugs have preferred equivalents at a lower cost. You pay the highest share of the cost for these drugs. |

# Health savings account (HSA)

## Are you eligible?

The HSA is not for everyone. You're eligible only if you are:

- Enrolled in the Gold Essentials medical plan.
- Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
- Not a tax dependent.
- Not enrolled in a healthcare flexible spending account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

## Find out more

- **Eligible Expenses**
- **Ineligible Expenses**

## A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future. Premera's partner, Optum Financial, administers the HSA and manages HSA bank accounts.

## How Optum Financial works

- Your HSA account is set up automatically after you enroll, unless you are not eligible.
- For 12-month employees, ARRC will contribute 50% in January and 50% in July. ARRC contributions are prorated for new and seasonal employees, and for employees returning from layoff, based on the number of pay periods each employee is enrolled in the Gold Essentials Plan (CDHP)

  **You:** $500
  **You + 1:** $1,000
  **You + 2 or more:** $1,500
- You can contribute up to the limit set by the IRS (includes ARRC contribution).

  **Individual:** $4,400
  **Family:** $8,750
  **Age 55+:** $1,000 extra per year
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

## Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save the money to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free. You can also use it for regular living expenses, which will be taxable but without penalties.

# Additional Medical Coverage Information


## Virtual care options

For some situations, getting care over the phone, online or via video may be the right cost-effective choice for care. See the section on Choosing Your Route for more information on cost-effective resources, such as **98point6**, **NurseLine** and others (see page 23 of *My Benefits Journal* for additional information on virtual care options).

## Hearing Coverage

Both medical plans include hearing coverage that pays for most of the customary cost of a hearing exam and provides an allowance for hearing aids. Hearing aids are now available over-the-counter (OTC), and by choosing OTC hardware, you may be able to greatly reduce your costs. The plan will help cover hearing aids ONLY if a plan-recognized provider prescribes hearing aids as necessary. Benefit details include:

| Plan | Deductible | Exams | Frequency |
|---|---|---|---|
| Gold Essentials | Yes | 80% of UCR | Every 3-calendar year |
| Blue Essentials | None | 80% of UCR | Every 3-calendar year |

## ER and Hospital Admission Copay

Did you know that visiting the emergency room can cost up to 28 times more than going to your doctor, an urgent care clinic or 98point6? To encourage more cost-effective medical care for non-emergencies, there's an additional $100 emergency room copay if you are enrolled in the Blue Essentials plan. You will also pay a separate $250 copay each time you're admitted to a hospital. If admitted to the hospital via the ER, the ER copay will be waived.

When you're not sure if you should use **98point6**, visit your doctor, urgent care or emergency room, call the 24-hour **NurseLine** for advice on the kind of care you need for your illness or injury.

## Nicotine-use fee

If you use nicotine in any form, you'll pay a $25 per pay period surcharge — $650 a year — deducted on an after-tax basis from your paycheck. You don't have to pay this fee if you:

- have not used nicotine or e-cigarettes during the 90 days before you enroll, and
- don't intend to use them in the future

If you start using nicotine in any form, you must notify HR so the surcharge can be deducted from your paycheck. If you provide documentation from your physician indicating that stopping the use of nicotine products would be detrimental to your health, the surcharge will not impose. However, you may be asked to complete other wellness tasks that would not interfere with your health. If it is later determined that the nicotine-use information provided was inaccurate, you could be subject to disciplinary action, and you will be charged the nicotine use surcharge.

# Transcarent Health & Surgical Care

If your doctor recommends surgery, contact Transcarent before scheduling your procedure 833-512-1172

Better quality, lower costs, and no surprise bills.

**Coming in July 2026** -- When surgery is recommended, it's important to know your options. Transcarent Health & Surgical Care helps Alaska Railroad employees get the right care at the right time — ensuring quality outcomes, predictable costs, and fewer unnecessary procedures. Premera's Blue Essentials and Gold Essentials participants have access to Transcarent at no cost.

| | |
|---|---|
| General Surgery<br>Joint Replacement<br>Orthopedic<br>Spine<br>Cardiac | Bariatric<br>Neurologic<br>Women's Health<br>Vascular |

## How It Works

Transcarent connects you with a nurse-led care team and top-quality surgeons to review your diagnosis, confirm whether surgery is needed, and coordinate every step of your care.

- **Nurse Care Review** – Nurses with OR, ICU, and ER experience review records and guide provider selection.
- **Expert Diagnosis** – Independent specialists provide an unbiased review and second opinion.
- **Surgeon Review** – Centers of Excellence surgeons evaluate medical necessity and plan optimal pre- and post-op care.

Transcarent ensures you get the right diagnosis, exceptional care, and a clear, predictable cost; helping you recover better and avoid unnecessary surgery.

# Engage

## Maximize Your Health Benefits

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs

# Know where to go

Where you get medical care can significantly affect the cost. Here's a quick guide to help you know where to go based on your condition, budget, and time.

| Visit type | Use it for … |
|---|---|
| Nurse line ($0)<br>Often available 24/7 at no cost | • quick answers from a trained nurse:<br>– to determine if immediate care is needed<br>– for home treatment options & advice |
| 98point6 ($0)<br>Coalition Client ($20 – **Blue Essentials Only**)<br>Often available 24/7 | • non-emergency health issues:<br>– cold, flu, allergies, headache, migraine<br>– rashes, skin conditions<br>– minor injuries<br>– mental health concerns |
| Office visit ($$)<br>Typically open during regular business hours | • routine medical care and management:<br>– preventive care<br>– illnesses and injuries<br>– existing conditions |
| Urgent care ($$$)<br>Typically open with extended evening and weekend hours | • urgent but not life-threatening conditions:<br>– sprains or stitches<br>– animal bites<br>– high fever or respiratory infections |
| Emergency room ($$$)<br>Open 24/7 | • life-threatening conditions requiring immediate care:<br>– suspected heart attack or stroke<br>– broken bones<br>– excessive bleeding<br>– severe pain<br>– difficulty breathing |

# Premera Care & Support Programs

## Virtual Care through Premera

See a doctor or mental-health professional anytime, anywhere - no appointment needed. Connect with:

- **98point6®** for on-demand, text-based primary care
- **Talkspace®** for therapy by text or video
- **Spring Health®** for therapy, psychiatry, and medication management

Sign in to the Premera mobile app › Find Care and choose your service or use the individual apps directly.

## 24-Hour Nurse Line

Speak with a registered nurse anytime for free, confidential guidance on symptoms, medications, or whether to visit urgent care.

**Call 800-841-8343; available 24 hours a day, 7 days a week.**

**Emotional Distress Crisis** — call or text 988 for the Suicide & Crisis Lifeline 24/7, or chat with a counselor at www.988lifeline.org. This is a service provided by and for the public.

Your Premera Blue Cross Blue Shield of Alaska plan includes a wide range of tools and services that make it easier to stay healthy, find care, and manage complex or chronic conditions. Most programs are available **at no extra cost** and can be accessed online or by phone for support whenever you need it.

## Premera Compass Care

Compass Care provides one-on-one nurse guidance for high-risk or complex conditions, including maternity support. Nurses coordinate with your doctors and help remove barriers to care so you can focus on healing.

**Call Personal Health Support at 888-742-1479 to enroll.**

## Premera Cancer Support through Thyme Care

Thyme Care offers 24/7 oncology-specific support from care teams who coordinate treatment, connect you to resources, and guide you from diagnosis through survivorship — all at no cost.
For more information on Thyme Care or cancer support in general, contact Personal Health Support by calling 888-742-1479 Monday through Friday, 8 a.m. to 7 p.m., and Saturday, 9 a.m. to 1 p.m. PT, except holidays.

**To start your journey with Thyme Care, visit**
www.thymecare.com/premeraalaska
Text or call: 201-526-8484 (TTY: 711)
Call toll-free: 833-849-6300 (TTY: 711)
Enrollment hours: 5 a.m. to 8 p.m. PT, Clinical support: 24/7
Email: personalhealthsupport@premera.com

## Matchmaker™ for Behavioral Health

Finding mental health care can feel overwhelming, but Premera's Matchmaker™ for Behavioral Health makes it easier. This free service helps you connect with in-network mental health providers who best match your preferences and needs. Within just a few days, you'll receive a personalized list of two or more providers currently accepting new patients, complete with detailed profiles so you can choose the right fit for you.

Visit **premera.com/care-essentials/mental-health** or call the customer service number on the back of your ID card to request help finding a provider. You'll receive your customized list within four business days at no cost to you.

# Premera TelaDoc Health Chronic Condition Management Solutions

Teladoc® HEALTH

Managing your health doesn't have to be overwhelming. Through Premera's partnership with Teladoc Health, members have access to a suite of chronic condition management programs that combine connected devices, personalized coaching, and real-time support; all at no additional cost when enrolled in a Premera Medical Plan.

Each program provides you with digital tools, one-on-one coaching, and continuous monitoring to help you build healthy habits, manage your condition, and improve long-term outcomes.

**Programs Available**

### Pre-Diabetes Management
Personalized support to help prevent the onset of Type 2 diabetes through healthy eating, activity tracking, and coaching focused on weight loss and blood sugar stability.

### Diabetes Management
Connected glucose monitoring and certified coaching to help members living with diabetes control blood sugar levels and reduce complications.

### Weight Management
Guided coaching, nutrition planning, and digital tracking to promote healthy, sustainable weight loss and overall well-being.

### Advance Weight Management
Includes all the features of the standard program plus clinical oversight and access to prescription medications such as GLP-1s (Wegovy, Ozempic, or Mounjaro) when appropriate. A dedicated care team provides ongoing monitoring, lab work, and medication management to support safe, effective progress. It's ideal for members who may benefit from medically supervised weight loss.

### Hypertension (High Blood Pressure) Management
A connected blood-pressure cuff and lifestyle coaching help you monitor and manage blood pressure more effectively.

### Mental Health
Access to clinical coaches and resources that focus on stress management, emotional well-being, and behavioral strategies to support everyday mental health.

Eligible members will receive an email or mailed invitation to enroll.

You can also visit **www.teladochealth.com/Premera** or call **800-835-2362** to confirm eligibility and sign up.

Once enrolled, Teladoc will ship your connected device(s) and match you with a dedicated coach to begin your personalized plan.

# **New for 2026** Premera Health Hub Programs

*Personalized digital support for your everyday health.*

The **Health Hub** provides interactive, evidence-based programs that help you take charge of your well-being. Each program offers digital tools, self-guided content, and access to expert coaches who can help you build healthy habits and manage specific conditions — all included with your plan when enrolled in a Premera Medical Plan.

## Digestive Health

Personalized coaching and nutrition guidance to manage IBS, IBD, GERD, and other digestive conditions.

## Mental Health

Self-guided tools and coaching to build emotional resilience, manage stress, and complement other Premera mental-health resources like Talkspace® and Spring Health®.

## Musculoskeletal (MSK) Health

Digital movement therapy, exercise plans, and tracking to relieve pain, rebuild strength, and prevent injury.

## Tobacco Cessation

Customized quit plans, nicotine-replacement support, and personal coaching to help you stop smoking or vaping for good.

## Women's Health

Guidance and coaching tailored to women's needs — from menstrual health to menopause — focused on education, energy, and total wellness (no clinic or fertility services).

**Visit Health Hub through premera.com or call 888-742-1479.**

# Coalition Health Clinic

Cost to Blue Essentials participants
The following CHC costs apply to all clinic locations, and to both active and retired employees with Blue Essentials.

| Service | Cost |
|---|---|
| Office visit | $20* |
| Generic drugs, labs and X-rays | $0 |
| No-Show fee | $75* |

**Does not count toward your deductible or out-of-pocket expense.*

Only Alaska Railroad employees on the Blue Essentials plan can use the Coalition Health Center (CHC), a cost-effective full service primary care solution with walk-in options for acute and unexpected medical needs. For Railroaders who have a regular medical provider, the center is an additional cost-effective medical solution and is not intended to replace your existing primary care provide.

Located in Anchorage, Fairbanks and Wasilla, the Coalition Health Centers are staffed by physicians, physician assistants, and nurse practitioners. Clinics offer a variety of services, including, but not limited to, treating and/or providing:

- cough, cold, sore throat, earache, rash
- sprains, strains and minor lacerations
- minor injury and in-office procedures
- lab tests and X-rays
- flu shots and immunizations
- physicals
- women's care
- unexpected illness
- disease management
- medication management

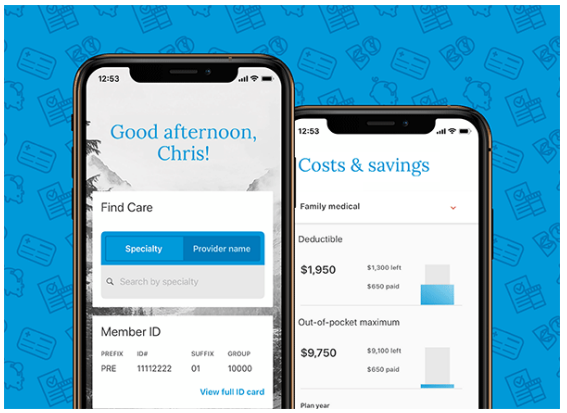
## Locations:

**Anchorage Coalition Health Center**
*701 East Tudor Road, Suite 120, Anchorage, AK 99503*
**(907) 264-1370**
Open: Mon – Fri: 7:30 AM – 6:30 PM
Walk In: Mon – Fri: 8:30 AM – 5:00 PM

**Fairbanks Coalition Health Center**
*575 Riverstone Way, Suite 1, Fairbanks, AK 99709, Unit 3*
**(907) 450-3300**
Open: Mon – Fri: 7:30 AM – 6:30 PM
Walk In: Mon – Fri: 8:30 AM – 5:00 PM

**Mat-Su Coalition Health Center**
*1700 East Bogard Road, Northfork Professional Building Building A, Suite 103, Wasilla, AK, 99654*
(**907) 206-4601**
Open: Mon – Fri: 8:00 AM – 5:00 PM
Walk In: Mon – Fri: 8:30 AM – 4:30 PM

# Premera online and mobile app




## Get Premera Mobile

With this smart phone app, you can find a doctor, have a one-touch connection to the **NurseLine** and customer service, and email proof of coverage to your provider. The free app is available for most smart phones.

## Register on Premera.com as soon as you have your member ID card

Creating an account provides access to all the great tools the website offers.

1. Go to **www.Premera.com**
2. Create a new account by following the prompts after clicking “Get Started.”

**Here are some things you can do online:**

- Check your benefits and eligibility.
- Check your claims activity.
- Get an estimate on what surgery will cost in Alaska or the Lower 48.
- Find a network doctor and pharmacy.
- Order and refill prescriptions.
- Read about treatment options.
- Review your personal health record.
- Take quizzes to test your health and wellness IQ.
- Look through a medical library with videos, photos and information about common health issues
- Go paperless: Get your explanations of benefits and other documents in your email. This also helps reduce ARRC Plan administrative expenses.

Premera’s **Blue365 program** offers members year-round discounts on a wide range of **health and wellness products and services**. Find links to member discounts on products and services, wellness tools and support. Many user-friendly features on **www.blue365deals.com/Premera** make staying up on your health and wellness easier than ever.

Members can save on fitness memberships, meal and nutrition programs, vision and hearing care, mental health apps, and lifestyle items like travel and pet insurance. It’s designed to help you live well and save money beyond your core medical benefits.

# Dental

## Our Plans

Premera Dental Plan

Railroad Employees' National Dental Plan

## Why sign up for dental coverage?

Brushing and flossing are great, but regular exams catch dental issues early. If there's a problem, our dental plan makes it easier and less expensive to get the care you need to maintain your smile.

You may enroll yourself and eligible family members in the ARRC Optional Dental Plan. The Optional Dental Plan is separate from the Medical Plans, so you can enroll in the Dental Plan even if you waive medical coverage. The annual maximum benefit paid is $2,000.

If you're a represented employee, your union requires you to enroll in the Railroad Employees' National Dental Plan, offered to railroads throughout the U.S. and administered by Aetna.

Premium deductions begin on your date of hire; benefits begin after 12 months of cumulative service.

If you enroll in the Optional Dental Plan, you'll be covered by two plans. Once National Dental coverage starts; it's the primary dental plan.

# Dental Plans

Maintaining your oral health supports your overall health, which helps everything run smoothly. You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after you have paid the deductible.

| | ARRC Optional Premera Dental Plan | Railroad Employees' National Dental Plan |
|---|---|---|
| Deductible | **None** | **Individual:** $50<br>**Family:** $100 |
| Annual plan maximum | $2,000 | $1,500 |
| **Dental Services** | | |
| Diagnostic & preventive | 100% of UCR[2] | 100% of UCR |
| Routine | 90% of UCR | 80% of UCR |
| Major | 50% of UCR | 50% of UCR |
| **Orthodontia** | | |
| Covered for | Children Only | Children Only |
| Coverage | 50% of UCR | 50% of UCR |
| Lifetime maximum | $2,000 | $1,000 maximum every 5 years |

*1 Optional Dental Plan: Includes sealants in permanent teeth of dependents up to age 19.*
*2 Usual, customary and reasonable charge*

| **Dental Eligibility** | | | |
|---|---|---|---|
| Non-Represented Employees | **Day 1**: May enroll in the Optional Dental Plan. | | |
| Represented Employees | **Day 1:** Enrolled in the National Dental Plan. Premiums deducted from day one. | **Day 90:** Eligible to participate in the ARRC medical and/or dental Plans. | **12 months:** National Dental benefits start. If you enroll in ARRC dental Plan, you will have dental coverage under both Plans. National Dental is primary. |

# Vision

## Our Plans

VSP Signature Plan

## Why sign up for vision coverage?

Even if you have 20/20 vision, an annual eye exam checks the health of your eyes and can detect other health issues. If you do need glasses or contacts, vision coverage helps with the cost.

Visit the plan’s website for extra savings on services like LASIK and PRK, and rebates on contact lenses.

# VSP Vision Coverage

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. You may enroll yourself and eligible family members in the ARRC Optional Vision Plan. The Vision Plan is separate from the medical plans, so you can enroll in the Vision Plan even if you waive medical coverage.

| | VSP Signature |
|---|---|
| **Exams** | |
| Coverage | *Well Vision* exam at no cost<br><br>$20 per exam for Essential Medical Eye Care<br>Contact lens exam (fitting and evaluation) is covered after copay. |
| Frequency | Every calendar year |
| **Materials** | |
| Coverage | $200 frame allowance<br>**OR**<br>$200 allowance for contacts; copay does not apply<br><br>Single vision, lined bifocal, and lined trifocal lenses are covered in full. |
| Frequency | Every calendar year |

A detailed summary of the VSP plan is outlined on ***Inside Track*** **> Pay, Leave, Benefits > Health Insurance > Vision Benefits.**

Create a VSP account at www.vsp.com and then log in to view your benefits and other coverage information. Find a VSP provider at www.vsp.com or call VSP at **800-877-7195**.

VSP does not use an ID card. Instead, when making the appointment or at the time of service, simply tell the doctor's office you have coverage with VSP, along with your name and date of birth. You may also be asked for the last 4-digits of your social security number.

# Healthcare flexible spending account (FSA)

## Set aside healthcare dollars for the year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year.

## How the Optum Financial FSA Plan works

- You estimate what your and your dependents' out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, and certain drugstore items.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.

## Who's Eligible:

| | Non-Represented | ATDA, IBT, BRC | ARW, SMART-TD |
|---|---|---|---|
| Eligibility Dates | Eligible as of hire date<br><br>Enroll within 31 days from:<br>• Hire date<br>• Qualified life event<br>• During Open Window | Eligible as of benefits eligibility date (i.e. date of hire or 90 days)<br><br>Enroll within 31 days from:<br>• Hire date<br>• Qualified life event<br>• During Open Window | To become eligible, you must:<br>• Be employed in a year-round job<br>• Have 12 months of continuous employment before new plan year with no unpaid leaves or layoffs<br>• Anticipate continuous employment for next 12 months<br>Once eligible, enroll within 31 days from a qualified life event or during Open Window |
| Health Care FSA Annual Contribution Limit | $3,400 | $3,400 | $1,500 |

## Estimate carefully!

If you don't spend all the money in your account, you forfeit the leftover balance at the end of the year.

## Potential tax savings

Because FSA contributions are pre-tax, they reduce the total amount of your income the government makes you pay taxes on.

## Are you eligible?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA. However, if you or your spouse are enrolled in a high-deductible health Premera Gold Essentials CDHP, you can only participate in the limited-purpose FSA for dental and vision expenses.

## Find out more

- www.premera.com/visitor/medical-expense-accounts
- Eligible Expenses
- Ineligible Expenses

| Flexible Spending Account Bi-weekly Administrative Fee | |
|---|---|
| One account (FSA or DCAP) | $1.20 |
| Both accounts (FSA + DCAP) | $2.40 |

## Do you pay for day care?

Look in the Financial Wellness section for information on tax savings through the Dependent Care FSA on page 32.

# Optional Plans

## Our Plans

Life and AD&D insurance

Health-related plans

- Accident Insurance (Securian)
- Critical Illness (Securian)
- Hospital Insurance (Securian)

Financial security plans

- Identity Protection (Premera)
- MetLife Pet Insurance

## You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. You can also choose not to sign up for voluntary benefits at all—it's up to you.

# Life and AD&D insurance

| | Non-Represented | ARW, ATDA, IBT, BRC AND SMART-TD |
|---|---|---|
| Eligibility dates | Eligible on hire date. Enroll within 31 days of eligibility date. | Eligible 90 days after hire date. Enroll within 31 days of eligibility date. |
| | With Evidence of Insurability, you may enroll in Basic Life/AD&D within 31 days from a qualified life event or during Open Enrollment. If you are enrolled in Basic Life, you may add after-tax options (Optional Life and Dependent Life) any time of year with approved Evidence of Insurability. | |

## What's guaranteed issue?

If you select coverage above a certain limit (the "guaranteed issue") or after your initial eligibility, you will need to provide additional information about your health status to qualify for the requested amount of coverage.

## A note about taxes

Company-provided life insurance coverage over $50,000 is considered a taxable benefit. The value of the benefit over $50,000 will be reported as taxable income on your annual W-2 form.

## Life and AD&D Options

Basic life insurance pays your beneficiary a lump sum if you die. AD&D (accidental death & dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident.

New employees may enroll within 31 days from their eligibility date. If you wish to enroll or increase your coverage on the Basic Optional $250,000 plan later, you must submit Evidence of Insurability to the insurance company. The insurance company may approve or deny your request or approve a lower benefit.

There are three life insurance Plan options; however, you must enroll in Basic Life and Accidental Death and Dismemberment (AD&D) if you want to enroll in any of the others.

| Type of Insurance | Who's covered | Benefit |
|---|---|---|
| Basic Life AD&D1 | Employee | Twice (2x) your basic annual pay, up to a maximum of $75,000. Accidental death: Basic Life amount Dismemberment: Benefits vary |
| Optional Life: | Employee | $50,000 up to $500,000 in 50k increments:<br>$50,000 $300,000<br>$100,000 $350,000<br>$150,000 $400,000<br>$200,000 $450,000<br>$250,000 $500,000 |
| Dependent Life2 | Legal spouse<br>Dependent children | $5,000<br>$2,500 |

*1 Employee and ARRC share the premium cost. Employee's cost is 2/3 of the total; qualifies for pretax payment.*
*2 Employee pays full cost of premium; payment is after tax.*

# Voluntary health-related plans

## Things to consider

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

## Accident Insurance

Accident insurance from Securian helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, as well as physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose.

## Critical Illness Insurance

Critical illness insurance from Securian can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed. You and your insured dependents are eligible for a $50 benefit if you receive an eligible health screening, including annual exams.

## Hospital Indemnity Insurance

Hospital indemnity insurance from Securian can enhance your current medical coverage. The plan pays a lump-sum benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses.  You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

# Plans to keep you and your family secure

For additional information visit:
www.blue365deals.com/Premera

## Premera Identity Protection

As a Premera Blue Cross Blue Shield member, you and your covered dependents automatically receive free identity protection services through the Blue Cross Blue Shield Association. These services are designed to help safeguard your personal data and provide peace of mind if your identity is ever at risk.

Coverage includes:

- Credit monitoring for early detection of suspicious activity.
- Identity theft monitoring across public and dark web sources.
- Fraud resolution support, including help restoring your identity if it's compromised.
- Lost wallet protection, helping you cancel and replace credit cards, IDs, and other sensitive documents.

You can register for services at **www.blueidprotection.com**. Enrollment is free and available to all Premera members and their covered dependents age 18 and older.

## Spot Pet Insurance through Premera

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. Spot provides coverage for this program and will bill you directly.

Visit
**www.blue365deals.com/Premera/offers/spot-pet-insurance-10-s**

# Financial Wellness

## Plans To Help You Save

Dependent Care Flexible Spending Account (DCFSA)

401(k) Tax Deferred Savings Plan

Pension Plan

Retiree Medical Plan

## Is it time for a financial wellness checkup?

Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? What about retirement?

Ignoring your financial health can take a toll on your quality of life today and in the future. And worrying about money can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money. You can reduce your tax burden and work toward your retirement goals.

# Paying for daycare? Make it tax-free!

## Every opportunity to save

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

## Dependent care FSA—up to $7,500 tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by Optum Financial.

## Here's how the Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before- and after-school care programs, preschool, and summer day camp for children younger than 13.

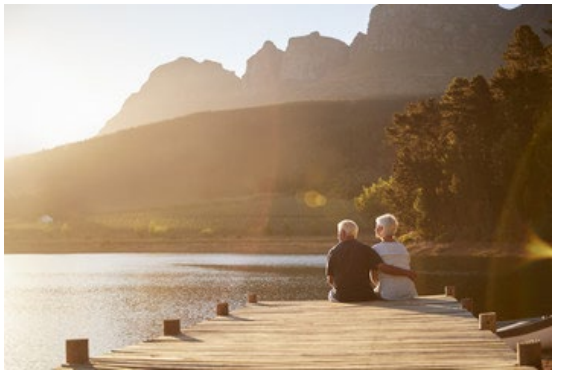
The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to $7,500 in 2026. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

## Estimate carefully!

You can’t change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

# Save now, enjoy later



## Retirement Plans

ARRC provides two retirement Plans to represented employees, and a third Plan to non-represented employees. Experts say you will probably need a combination of plans to be truly prepared for retirement. Atéssa Benefits, Inc., administers the Pension Plan; Empower administers the 401(k) Tax Deferred Savings Plan and the 457 Deferred Compensation Plan. ARRC's Retirement Plans are:

- Alaska Railroad Corporation Pension Plan — administered by Atéssa Benefits
- 401(k) Tax Deferred Savings Plan — administered by Empower
- 457 Deferred Compensation Plan (non-represented employees only) — administered by Empower

Once you start participating in the Pension Plan, no Social Security is deducted from your pay; however, the Medicare tax is still withheld.

| Plan Eligibility | Non-Rep | ARW | ATDA | IBT | BRC | SMART-TD |
|---|---|---|---|---|---|---|
| ARRC Pension | Hire date | Hire date | Hire date | Hire date | Hire date | Hire date |
| 401(k) Tax Deferred Savings Plan | Hire date | Hire date | 90 calendar days of cumulative service | Hire date | 182 calendar days of cumulative service | After 520 Subject-to-Retirement Hours |
| 457 Deferred Compensation Plan | Hire date | n/a | n/a | n/a | n/a | n/a |

| Plan Contributions | Non-Represented | ARW, ATDA , IBT, BRC AND SMART-TD |
|---|---|---|
| ARRC Pension | Pretax 9% of base annual earnings | Pretax 9% of base annual earnings |
| 401(k) Tax Deferred Savings Plan | • Pretax or Roth after-tax<br>• 1-75% of base annual earnings<br><br>**Employer Matching Contribution:**<br>• 50% of first 6% of earnings you contribute each pay period (equals 3% match)<br>• Vest in employer match at 1 year of Service | • Pretax or Roth after-tax<br>• 1-75% of base annual earnings<br><br>**Employer Matching Contribution:**<br><br>**ARW:** 70% of the first 5% of earnings you contribute each pay period (equals 3.5% match)<br>**ATDA, IBT and BRC:** 66% of the first 9% of earnings you contribute each pay period (equals 5.94% match)<br>**SMART-TD:** No Employer Matching Contribution - Vesting N/A<br>**ARW, ATDA, IBT, BRC:** Vest in their Employer match at 10,400 subject-to-retirement hours |
| 457 Deferred Compensation Plan | • Pretax 1-100% of base annual earnings<br>• No ARRC Employer Matching Contribution | n/a |

### 401(k) Tax Deferred Savings Plan

To sweeten your retirement, ARRC offers another way to save. Once you're eligible for this Tax-Deferred Savings Plan, you may enroll at any time.

#### Cost

The annual administrative / record-keeping fee of $39 is charged monthly at $3.25.

#### Features

You may save for retirement on a pretax or Roth after-tax basis. Saving is easy because your contributions are deducted directly from your paycheck. The Plan offers 25 investment options. You choose the amount you want to save — from 1 to 75% of your base annual earnings, up to the annual dollar limit set by the IRS. Participants age 50 and older can make additional "catch-up" contributions up to the annual dollar limit set by the IRS. Participants age 60-63 can make an even higher additional catch-up contribution up to the annual dollar limit set by the IRS. (The latter includes the initial "catch-up" contribution amount.)

ARRC provides Employer matching contributions for non-represented, ARW, ATDA IBT and BRC represented employees. Employees achieve vesting in the company match after a vesting period, which is 10,400 subject-to-retirement hours for represented employees and one year for non-represented employees.

If you need investment assistance, Empower provides these services:

1. Retirement Readiness Reviews (participants receive savings rates & investment option recommendations (free service)
2. Financial Wellness Consultations (Certified Senior Advisors discuss budgeting, debt management, estate planning & preparing for retirement within 18 months to enhance financial literacy (free service)
3. Advisory Services (asset-based fee charged)

### 457 Deferred Compensation Plan

Available only to non-represented employees.

#### Cost

The annual administrative / record-keeping fee of $39 is charged monthly at $3.25.

#### Features

The 457 Deferred Compensation Plan allows you to accumulate tax-deferred savings beyond the limits of your 401(k) Tax Deferred Savings Plan or other employee retirement Plans.

You may save from 1-100% of your base annual earnings, up to the annual dollar limit set by the IRS. Participants age 50 and older can make additional "catch-up" contributions up to the annual dollar limit set by the IRS. Participants age 60-63 can make an even higher additional catch-up contribution up to the annual dollar limit set by the IRS. (The latter includes the initial "catch-up" contribution amount.)

The 457 Deferred Compensation Plan does not have a Roth option nor an Employer match contribution. The Plan also doesn't allow hardship withdrawals or loans. However, there is no early withdrawal penalty. The 457 Deferred Compensation Plan offers the same investment options as the 401(k) Tax Deferred Savings Plan.

### Empower Online and Voice System

Participants are encouraged to register to use Empower's website, **www.empower.com**, to access their 401(k) Tax Deferred Savings Plan and 457 Deferred Compensation Plan.

You can enjoy immediate access to your account information and conduct most transactions 24 hours a day, seven days a week. You also can take advantage of these other convenient features:

**401(k)/457 account changes and requests** — Change your 401(k) and 457 deferral percentage and sign up for automatic deferral increases. You also can change your investment options or allocation, and request loans and hardship distributions from your 401(k) Plan.

**Extensive portfolio analysis** — Find easy-to-read graphs and charts showing your portfolio's asset allocation, industry weightings, investment styles and many other factors that may affect your retirement.

**Comprehensive performance reports** — View your personal rate of return and other up-to-date performance data.

**Convenient e-delivery** — View fund reports, prospectuses, trade confirmations, proxy materials and most types of account statements online.

**Advisory Services** — If you want to delegate ongoing discretionary investment management to a professional investment advisor, you can take advantage of Empower's portfolio management advisory services for an additional fee.

**Empower Voice Response System** — Enables you to monitor the activity in your Plan accounts and obtain fund price and yield information. You can obtain your account balance, confirm your investment allocations for future contributions or request a transaction.

## Atéssa Benefits

Participants are also encouraged to register to use Atéssa's website, **www.myatessa.com** for access to their Corporation Pension Plan information. See your contribution account balance, run retirement estimates, and download a Beneficiary Form and Pension SPD.

Contact Atéssa online, by phone or in writing:
Atéssa Benefits
ATTN: ARRC Pension Administration
16767 Bernardo Center Drive, Suite L1 #27383
San Diego, CA 92128

Phone: 888-309-0041 | Fax: 858-753-6254
M-F, 7:00 a.m. to 4:30 p.m. PT

# Alaska Railroad Pension Plan (All Employees)

*All ARRC employees participate in, and must contribute to, the Pension Plan,* a defined benefit Pension Plan, which can help provide financial security in your retirement years. Participants vest with five years of eligible vesting service. If vested, you may receive a monthly pension benefit at retirement age. Survivor and disability benefits are available once you're vested and meet the specific benefit criteria.

**Employees in Tier 2 of the Pension Plan include:**

- Non-represented employees hired for the first time after June 30, 2015
- ARW-represented employees hired for the first time after June 30, 2015
- ATDA-represented employees hired for the first time after June 27, 2019
- IBT-represented employees hired for the first time after April 25, 2016
- BRC-represented employees hired for the first time after June 30, 2015
- SMART-TD-represented employees hired for the first time after March 3, 2016

Normal retirement age is 62 for Tier 1 and age 65 for Tier 2. However, Tier 1 participants may retire at age 58 with early unreduced benefits. Tier 1 participants may retire as early as age 55 and Tier 2 participants as early as age 60 with reduced early retirement benefits.

## The Formulas

The Tier 1 formula for a monthly normal retirement benefit is the sum of:

- 2% x final average earnings x credited service PLUS
- 0.5% x final average earnings x credited service that is earned after 2005 *and* after completing 10 years of credited service.

Tier 2 formula for a monthly normal retirement benefit is:

- 2% x final average earnings x credited service

For both tiers, your Final Average Earnings are figured from the three highest consecutive years of earnings as defined by the Plan.

## Termination of Employment

If you're vested, you have three options to receive your retirement monies:

1. You may start receiving the monthly pension benefit if you're at early retirement, early unreduced (Tier 1 only) retirement, or normal retirement age.
2. You may leave your contributions in the Plan if you're not of retirement age. Then request benefits when you reach early, early unreduced (Tier 1 only), or normal retirement age.
3. You may withdraw your contributions plus 4.5% interest for Tier 1, or 3-month Treasury rate for Tier 2. If you choose this option, you forfeit a monthly pension benefit.

If you're not vested, you have two options to receive your retirement monies:

1. You may withdraw your contributions plus 4.5% interest for Tier 1, or 3-month Treasury rate for Tier 2.
2. If your account balance is more than $1,000, you may delay withdrawing your contribution amount until your required minimum distribution (RMD) age.

NOTE: All distributions shall be determined and made in accordance with the Required Minimum Distribution regulations.

## The difference between Vested Service and Credited Service

**Vested service:** You are vested in the Alaska Railroad Corporation Pension Plan after you earn five years of eligible vesting service. This means once you are vested, if you leave your job for any reason, you are guaranteed to receive a future benefit for the years and months of service earned before you ended your employment, unless you withdraw your contributions. No vesting service is earned while in layoff status.

**Credited service:** This is used to calculate the amount of your actual pension benefit. It is based on pay periods to determine your service during which you participated in the Plan and contributed. You cannot earn credited service while on leave of absence, workers' compensation or layoff.

# Retiree Medical Plan


Continuing medical coverage when you retire can keep you rolling along, too. Retiree medical coverage is available to those who are receiving a monthly pension retirement benefit; AND are:

- Non-represented employees hired before November 4, 2014
- ARW-represented employees hired before November 4, 2014
- ATDA-represented employees hired before June 28, 2019
- IBT-represented employees hired before April 26, 2016
- BRC-represented employees hired before April 2, 2015
- SMART-TD-represented employees hired after March 4, 2016

Retiree medical coverage is also available to eligible family members enrolled in the ARRC Health Plan. You have 30 days to enroll in the Plan upon:

- Application of your monthly retirement benefit, and your active medical coverage ceases following separation from service to retire;
- Cessation of COBRA following separation from service to retire;
- The payment start date of an awarded disability benefit.

If you elect to decline retiree medical coverage, or you drop your retiree medical plan, your decision is final. You cannot request coverage at a later date.

The retiree Plan includes the same benefits provided to active employees, except the plan does not cover dental, vision and hearing services. If you elect coverage, you'll be enrolled in the Blue or Gold Essentials plan, based on your plan at the time of retirement. During annual Open Enrollment periods, you can select the coverage you want for the upcoming year. There is no HSA contribution made for retirees, but you can use any funds remaining in your HSA for medical expenses after you retire.

Non-represented, ARW, ATDA, IBT, BRC and SMART-TD retirees receive 40% premium cost sharing from age 58. Pension participants receiving disability benefits receive the 40% cost share at any age, regardless of union or management status. Early retirees can participate in the Plan by paying 100% of the premium until they reach the age threshold for premium cost sharing.

You must enroll in Medicare Part A and B at age 65, or your Medicare-eligible age, if sooner. Your cost for the Railroad's retiree medical plan decreases as Medicare becomes the primary plan for enrollees.

However, you do not need to enroll in Medicare Part D. ARRC determined that retiree prescription drug coverage is considered Creditable Coverage under Medicare.

# Wellbeing & Balance

"The key to keeping your balance is knowing when you've lost it."

## A Happier, Healthier You

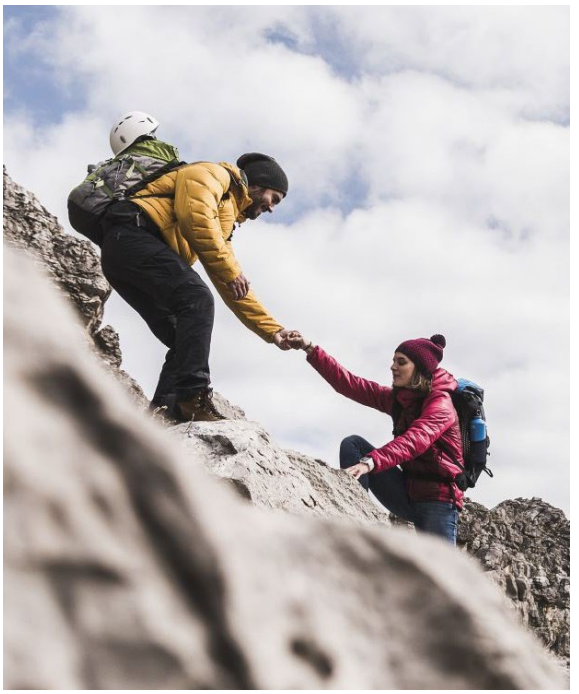
Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, substance use disorder, mental health and family issues.
- Maximize your physical well-being.
- Take time to spend with family and friends, take care of personal business, or just for yourself.

Taking care of yourself helps you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

# Employee assistance program (EAP)



## Contact the EAP

**Phone:** 833-306-0101

**Website:** www.GuidanceResources.com

**App:** GuidanceNow

**Web ID: ARRC**

## Help for you and your household

There are times when everyone needs a little help or advice, or assistance with a serious concern. The ARRC's ComPsych EAP can help you handle a wide variety of personal issues, such as emotional health, substance use disorder, parenting and childcare needs, financial coaching, legal consultation, and elder care resources.

Best of all, contacting the EAP is completely confidential and free for any member of your immediate household.

ComPsych provides licensed, experienced counselors in Anchorage, Fairbanks, Eagle River and the Mat-Su Valley, as well as nationwide. EAP counselors also are available by phone 24/7.

## No-cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 8 sessions per issue
- Unlimited web access to helpful articles, resources, and self-assessment tools.
- Legal services, including referrals to local attorneys
- Assistance preparing and filing a will and other end-of-life planning documents, such as Estate Planning

### Counseling

- Relationship challenges
- Emotional distress
- Job stress
- Communication issues
- Interpersonal conflict
- Alcohol or drug use
- Loss and grief

### Elder care

- Help finding care resources for elderly or disabled relatives

### Financial

- Estate Planning
- Money/debt management
- Identity theft resolution
- Tax issues
- Bankruptcy

### Parenting & childcare

- Quality referrals
- Family day care centers
- Infant centers and preschools
- Before- and after-school care
- 24-hour care

### Online resources

- Self-help tools to enhance resilience and well-being
- Information and links to various services and topics

# Important Plan Information

In this section, you'll find important plan information, including:

- Your medical, dental and vision benefit costs for 2026
- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms.

# Reference Materials

## Legal Documents

The Alaska Railroad Corporation is required by federal law to provide benefit plan participants with certain legal notices each year. This important information is available electronically online: https://akrr.myintranet.com/pages/pay__leave__benefits/health_insurance/legal_notices

Please read carefully and share with your family members. This document contains important benefit program notices. Some notices are required by law and other notices contain helpful information. These notices are updated from time to time and some federal notices are updated annually. Be sure you are reviewing an updated version. The electronic document was updated at the end of 2025. If you have any questions, please contact ARRC Human Resources at 907-265-2220.

## Labor Agreements

Many benefits are dictated by terms outlined in collective bargaining agreements (CBA) that have been negotiated with five unions:

- Alaska Railroad Workers (ARW) Local 183
- American Train Dispatchers Association (ATDA)
- International Brotherhood of Teamsters (IBT) Local 959
- Brotherhood of Railway Carmen (BRC) Local 6067
- SMART Transportation Division (SMART-TD) Local 1626

Current CBAs are available on our employee website Inside Track. ***Inside track>info hub>labor relations>labor agreements***

# Your bi-weekly benefit costs

The total amount you pay for your benefits coverage depends on the plans you choose and how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis—before federal, state, and social security taxes are calculated—reducing your taxable income.

| Medical | Premera Gold Essentials CDHP Plan | Premera Blue Essentials PPO Plan |
|---|---|---|
| You | $63.27 | $97.13 |
| You + 1 | $137.41 | $219.46 |
| You + 2 or more | $171.28 | $279.41 |

| Dental | Optional Premera Dental Plan | Railroad Employees' National Dental Plan |
|---|---|---|
| You | $4.99 | |
| You + 1 | $11.83 | $31.92 |
| You + 2 or more | $15.57 | |

| Vision | Optional VSP Vision Plan |
|---|---|
| You | $1.01 |
| You + 1 | $2.35 |
| You + 2 or more | $3.08 |

# Life and Disability insurance costs

If you elect Optional Life Coverage, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

## Basic Life and AD&D

Employee's Bi-Weekly Cost (Per $1,000 of Coverage)

| Non-nicotine user rate | Nicotine user rate |
|---|---|
| $0.044 | $0.058 |

## Optional life insurance

(Employee's Bi-Weekly Cost (Per $1,000 of Coverage)

| Age | Non-nicotine user rate | Nicotine user rate |
|---|---|---|
| Under age 35 | $.027 | $.036 |
| 35-39 | $.036 | $.045 |
| 40-44 | $.059 | $.082 |
| 45-49 | $.091 | $.127 |
| 50-54 | $.141 | $.195 |
| 55-59 | $.264 | $.370 |
| 60 and over | $.410 | $.580 |

## Standard Life

Employee's Bi-Weekly Cost (Flat Rate)

| Non-nicotine user rate | Nicotine user rate |
|---|---|
| $1.12 | $1.52 |

## Dependent life insurance

| Employee's Bi-Weekly Cost (Flat Rate) |
|---|
| $.52 |

## Optional Short-Term Disability Insurance

| Age | Bi-Weekly Rate |
|---|---|
| 15-24 | $0.09 |
| 25-29 | $0.16 |
| 30-34 | $0.25 |
| 35-39 | $0.22 |
| 40-44 | $0.19 |
| 45-49 | $0.21 |
| 50-54 | $0.30 |
| 55-59 | $0.42 |
| 60-65 | $0.57 |
| 65+ | $0.69 |

# Plan contacts and resources

## General

### Benefit Advocate

**Email:**
benefitsupport@alliant.com
**Phone:** (800) 489-1390

## Medical, Prescription Drug (including mail order), Dental, Vision and Hearing

### Premera Blue Cross Blue Shield of Alaska

**Policy No.** 1038789
**Customer Service Phone:**
8 a.m. – 5 p.m.
Monday – Friday
800-508-4722
**24-hour NurseLine:** 800-841-8343
www.Premera.com

## Vision

### Vision Services Program (VSP)

**Policy No.** 12103707
**Phone:** 800-877-7195
**Website:** www.vsp.com

## National Dental Plan

### Aetna for National Railway Labor Conference

**Policy No.** Group 12000
(Represented employees)
**Phone:** 877-277-3368
**Website:** www.aetna.com

## FSA/HSA

### Premera Blue Cross Blue Shield of Alaska (Optum Financial)

**Policy No.** 1038789
**FSA:** 800-941-6121
**Website:**
www.premera.com/visitor/medical-expense-accounts

## EAP

### ComPsych

**Policy No. 1038789**
**Phone:** 833-306-0101
**Website:**
www.GuidanceResources.com

## Life/AD&D

### Securian/OCHs

**Policy No.** 70782
**Phone:** 907-265-2220
**Website:**
OpenEnrollment@akrr.com

## Voluntary Benefits

### Securian/OCHs

**Policy No.**
76426 – Accident
76428 – Hospital Indemnity
76427 – Critical Illness
**Phone:** 907-265-2220
**Website:** www.securian.com

## Retirement

## 401(k) and 457

### Empower

**Phone:** 800-232-0859
**Website:** www.empower.com

## Pension Plan

### Atéssa Benefits

**Phone:** 888-309-0041
**Website:** www.Myatessa.com

## Submit Benefits Enrollment

Information/Election Form and FSA Enrollment Form one of four ways:

1. Mail or interoffice mail: Alaska Railroad Corporation | Attn: HR PO Box 107500 | Anchorage 99510-7500

2. Fax: 907-265-2542

3. Email:
OpenEnrollment@akrr.com

4. Hand deliver: Human Resources (GOB) 327 W. Ship Creek Avenue in Anchorage

# Glossary

## Accumulation Period
The period of time during which you can incur eligible expenses toward your deductible, out-of-pocket maximum, and visit limitations. The accumulation period for your deductible and OOP maximum may differ from the period for visit limitations.

## Aggregate Deductible
A type of family deductible in which a family must meet the entire family deductible before the plan covers eligible expenses for any individual.

## Aggregate Out-of-Pocket Max
A type of family out-of-pocket maximum in which a family must meet the entire family out-of-pocket maximum before the plan pays 100% of eligible expenses for any individual.

## Allowed Amount
The maximum amount your insurance plan will pay for an eligible expense. In-network providers cannot bill you for more than the allowed amount.

## Ambulatory Surgery Center
A healthcare facility that specializes in same-day surgical procedures.

## Annual Limit
The maximum dollar amount or number of visits your plan will cover for a specific service during a plan year. If you reach an annual limit, you must pay all associated costs for that service for the rest of the plan year.

## Balance Billing
Balance billing is when an out-of-network provider bills you for more than your plan's allowed amount. For example, if the provider charges $100 but the plan's allowed amount is only $70, an out-of-network provider can bill you for the $30 difference. Balance billing may not be allowed for all services; consult your insurance plan documents for details.

## Beneficiary
The people or entities you select to receive a benefit if you die. You must name beneficiaries for life, AD&D, and retirement plans to ensure the money is distributed according to your wishes.

## Brand-Name Drug
A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. Your coinsurance for brand-name drugs may be higher if there is a generic equivalent available.

## Claim
A request for payment that you or your provider submits to your insurance plan after you receive services.

## COBRA
The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law allows you to temporarily keep your health insurance after your employment ends, based on certain qualifying events. If you elect COBRA coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

## Coinsurance
The percentage of the allowed amount you must pay for an eligible expense. Coinsurance will always add up to 100%. For example, if the plan pays 70% of the allowed amount, your coinsurance is 30%. If your plan has a deductible, you pay 100% of most costs until you have paid the deductible amount.

## Copayment (Copay)
A flat fee you pay for some services, such as a doctor's office visit. You pay the copayment at the time you receive care. In most cases, copays do not count toward your deductible.

## Deductible
The dollar amount you must pay for eligible expenses before your insurance starts covering a portion. The deductible does not apply to preventive care or certain other services.

## Dental Basic Services
Services such as fillings, routine extractions, and some oral surgery procedures.

## Dental Diagnostic & Preventive
Generally includes routine cleanings, oral exams, X-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to twice a year.

## Dental Major Services
Complex or restorative dental work such as crowns, bridges, dentures, inlays, and onlays.

## Eligible Expense
Also referred to as a covered service, this is a service or product for which your insurance plan will pay a portion of the allowed amount. Your plan will not cover any portion of the cost if the expense is not eligible, and the amount you pay will not count toward your deductible.

## Embedded Deductible
A type of family deductible in which the plan covers eligible expenses for each person as soon as they reach their individual deductible.

## Embedded Out-of-Pocket Max
A type of family out-of-pocket maximum in which the plan pays 100% of eligible expenses for a person as soon as they reach their individual out-of-pocket maximum.

## Excluded Service
A service for which your insurance will not pay any portion of the cost. These services may also be referred to as "ineligible," "not covered," or "not allowed."

# Glossary

## Formulary
A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a preferred drug list.

## Generic Drug
A drug that has the same active ingredients as a brand-name drug but is sold under a different name. For example, atorvastatin is the generic name for medicines with the same formula as the brand-name drug Lipitor.

## Grandfathered
A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

## In Network
Also known as participating providers, in-network providers have a contract with your insurance plan. They are usually the lowest-cost option because they have agreed not to charge you more than the allowed amount, and your insurance will cover a bigger portion of eligible expenses than with out-of-network providers.

## Mail Order
A medical or prescription drug plan feature allowing a 90-day supply of medicines you take routinely to be delivered by mail.

## Out of Network
Also known as nonparticipating providers, out-of-network providers do not have a contract with your insurance plan. They are typically a higher-cost option because they can charge you more than your plan's allowed amount, and your insurance will cover a smaller portion of eligible expenses than with in-network providers. Some plans do not cover out-of-network services at all.

## Out-of-Pocket Costs
Healthcare expenses you are responsible for paying, whether from your bank account, credit card, or from a health savings account such as an HSA, FSA or HRA. These costs include any deductibles, copays, and coinsurance you pay for eligible expenses, along with the cost of any services your insurance does not cover.

## Out-of-Pocket Maximum
The maximum amount of money you will have to spend on eligible expenses during a plan year. Once you spend this amount, your plan covers 100% of eligible expenses for the rest of the plan year.

## Outpatient Care
Care from a hospital or clinic that doesn't require you to stay overnight.

## Participating Pharmacy
Also known as an in-network pharmacy, a participating pharmacy has a contract with your medical or prescription drug plan. You will typically pay lower prescription costs at a participating pharmacy.

## Plan Year
A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

## Preferred Drug
A list of prescription drugs your insurance will cover at the highest benefit level. The list, also known as a "formulary," is based on an evaluation of effectiveness and cost. Your coinsurance may be higher for drugs that are not on this list, or your insurance may not cover them at all.

## Preventive Care
Routine healthcare services that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems.

## Primary Care Provider (PCP)
Your main doctor. Some insurance plans require you to name a PCP, who will direct or approve all of your healthcare and referrals.

## Provider
A doctor, dentist, physician's assistant, nurse, hospital, lab, or other healthcare professional or facility that provides healthcare services.

## Telehealth/Telemedicine
A virtual visit with a provider using video chat on a computer, tablet or smartphone.

## Usual, Customary, and Reasonable (UCR)
The cost of a medical service in a geographic area based on what providers in the area usually charge for the same or a similar medical service. Your plan may use the UCR amount as the allowed amount.

## Urgent Care
Care for an illness, injury, or condition that needs attention right away but is not severe enough to require the emergency room. Treatment at an urgent care center generally costs less than an emergency room visit.

## Vaccinations
Also known as "immunizations," vaccinations are biological preparations that help prevent or reduce the severity of specific diseases.

## Voluntary Benefit
An optional benefit offered by your employer for which you pay the entire premium, usually through payroll deduction.

# Important plan information

## Health plan notices

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document on Inside Track:

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Notice of Grandfathered Plan Status:** Notifies you that a plan is grandfathered and does not include all Affordable Care Act (ACA) provisions
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
- **Michelle's Law:** Describes right to extend dependent medical coverage during student leaves
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.
- **The 'No Surprises' Rules:** Explains rules that protect you from surprise medical bills.
- **Nondiscrimination in Health Programs and Activities:** Describes nondiscrimination processes and services available to you.
- **Notice of Availability of Language Assistance Services and Auxiliary Aids and Services:** Describes language assistance services available to you.

## COBRA continuation coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

# Plan documents

Important documents for our health plan and retirement plan are available. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

## Summary plan descriptions (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.
https://akrr.myintranet.com/pages/pay__leave__benefits/health_insurance

- Premera Gold Essentials Plan
- Premera Blue Essentials Plan

## Summary of benefits and coverage (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available
https://akrr.myintranet.com/pages/pay__leave__benefits/health_insurance

- Premera Gold Essentials Plan
- Premera Blue Essentials Plan

## Retirement Plan Documents

Pension Plan

https://akrr.myintranet.com/pages/pay__leave__benefits/retirement/pension_plan

401(k) Tax Deferred Savings Plan

457 Deferred Compensation Plan

https://akrr.myintranet.com/pages/pay__leave__benefits/retirement/tax_deferred_savings

ALASKA
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