

NANA



2020 Benefits Guide

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When You Have Questions About	Provider
General Benefits Inquiries	NANA Benefits Department (907) 265-3710 Fax: (907) 343-5672 www.benefits.nana.com
Medical Insurance	Federal Employee Health Benefits Program (FEHB) See your specific plan www.opm.gov/healthcare-insurance
Dental Insurance	Premera Blue Cross Blue Shield of Alaska 1-800-508-4722 www.premera.com
Vision Insurance	VSP 1-800-877-7195 www.vsp.com
Life and AD&D Insurance	Prudential 1-800-524-0542 www.prudential.com
Disability Insurance	Prudential 1-800-842-1718 www.prudential.com
Flexible Spending Account (FSA)	TRI-AD 1-888-844-1372 www.tri-ad.com/fsa
Employee Assistance Program & Enrollment Assistance	1-866-799-2728 www.healthadvocate.com/nana
Travel Assistance	1-855-847-2194 www.imglobal.com
Retirement Savings	1-800-234-3500 www.lfg.com



About this Guide

This guide is meant to provide basic benefit plan information. Every attempt has been made to ensure that the information included in this guide is accurate. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern. For additional details and specific plan information, please contact your insurance carrier or review the Summary Plan Description (SPD). SPDs for medical plans are available online on the carrier's website, all other SPD's are available on your company's intranet or by contacting the Benefits Department.

Some benefits are provided and paid for by NANA for the benefit of the employee, but others require election and financial participation on the employee's behalf. By enrolling in NANA's elective benefits, you are agreeing to pay your portion of monthly premiums through payroll deduction. Premiums are due whether or not an employee receives a paycheck and arrears deductions will be withheld as soon as funds are available.

Disclaimer: The benefits highlighted and described in this guide may be changed at any time and don't represent a contractual obligation—either implied or expressed—on the part of NANA.

Benefits Department

909 West 9th Ave
Anchorage, Alaska 99501

Phone: **907-265-3710**

Fax: **907-343-5672**

Email: benefits@nana.com

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Here are some definitions you will need to know:

- **Network vs Non-Network Providers:** “In-network” health care providers have contracted with your insurance company to accept certain negotiated (discounted) rates for allowed charges. You will typically pay less out-of-pocket with an in-network provider. “Out-of-network” providers have not agreed to the discounted rates, may charge more than what the insurance carrier deems “allowable” and may require you to file your own claims.
- **Out-of-Pocket Maximums (OOPMs):** All plans have an out-of-pocket maximum, which caps the amount you will pay for services in any given year. Deductibles, coinsurance, and medical and Rx copays all apply to the out-of-pocket maximum. Once you reach the annual out-of-pocket maximum in qualified out-of-pocket expenses, the plan will pay 100% of those expenses for the remainder of the plan year. This limit does not include all out-of-pocket expenses such as charges that exceed the plan’s usual and customary limits or payments for services not covered by the plan
- **Individual vs Family Accumulators:** If you are electing dependent coverage, please note that deductibles and OOPMs do not accumulate the same way for all plans. If the accumulators are “per person”, no one covered person will be responsible for more than the individual deductible or OOPM, even if covered under a family plan, and the family limits will provide an additional layer of protection. If the plan has “true family” accumulators, then these limits can be met by one or any combination of covered family members; the single deductible or OOPM will not apply. If you are covering family members, please be sure you understand how the accumulators work for your selected plan.
- **In-Network Preventive Care:** All plans cover in-network preventive care at 100%, not subject to the deductible. See the specific plan brochures for details.



Your Benefits

Welcome to your NANA employee benefits program. We're excited to offer you and your family a broad suite of benefit options designed to help you grow personally, financially and professionally. This guide provides you information regarding your 2020 benefits program. We encourage you to carefully read the information to learn more about your benefits and choose coverage that's right for you.

NANA is committed to partnering with employees to manage their health and financial needs.

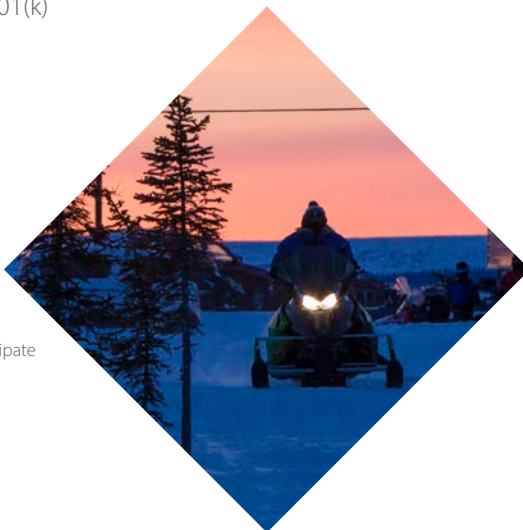


Employee Elected Benefits

- FEHB Medical Insurance
- Dental
- Vision
- Voluntary Life
- Voluntary AD&D
- Flexible Spending Accounts (FSA)
 - ◇ Dependent
 - ◇ Health
- Retirement Savings
 - ◇ 401(k)
 - ◇ ROTH 401(k)

Company Provided Benefits

- Basic Life Insurance
- Accidental Death & Dismemberment (AD&D)
- Short Term Disability (STD)
- Long Term Disability (LTD) *
- Employee Assistance Program (EAP) & Health Advocacy
- Travel Assistance
- Retirement Savings
 - ◇ Discretionary 401(k) employer match contribution**



*Not all companies participate

**Reviewed annually

Eligibility

Who is eligible?

Regular full-time employees:

If you are regularly scheduled to work an average of 30 hours or more per week, you are eligible for full-time employee benefits.

- FEHB Medical Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending Account (FSA)
- Retirement Savings
- Employee Assistance Program & Advocacy
- Life Insurance
- Accidental Death & Dismemberment
- Disability Insurance

Regular part-time employees:

If you are regularly scheduled to work less than an average of 30 hours per week for more than 6 months, you are eligible for part-time employee benefits.

- FEHB Medical Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending Account (FSA)
- Retirement Savings
- Employee Assistance Program & Advocacy

Dependent Coverage

If you elect coverage, your dependents are also eligible for medical, dental, vision and voluntary life insurance coverage. Eligible dependents include:

- Your legal spouse (same or opposite sex)
- Your legal child(ren) includes your natural, adopted or foster child(ren), stepchild(ren), or any children for whom you have legal custody. They are eligible up to age 26 or if disabled, regardless of age (see plan documents for further information).



Benefit coverage start and end dates vary by line of coverage, see details in the table below:

	FEHB	Dental	Vision	Basic Life, AD&D	Vol Life, AD&D
If I am eligible to add or change coverage, how much time do I have to do so?	60 days from date of hire, becoming eligible, or qualifying life event	60 days from date of hire, becoming eligible, or qualifying life event	60 days from date of hire, becoming eligible, or qualifying life event	No election needed	Can be requested at any time
When will my coverage start?	1st day of pay period following date of hire, becoming eligible, or qualifying life event and receipt of your election	New hires: 1st of month following date of hire and receipt of your election Midyear changes: 1st of the month following qualifying event date and receipt of your election change	New hires: 1st of month following date of hire and receipt of your election Midyear changes: 1st of the month following qualifying event date and receipt of your election change	1st of the month following date of hire or becoming eligible	1st of the month following EOI approval * New hires electing guaranteed coverage levels will be covered the 1st of the month following date of hire
When will my coverage end?	Last day of the pay period in which you terminate or become ineligible for this benefit, followed by a 31 day extension of coverage at no additional cost NOTE: If coverage is ending due to a qualifying event, the end date will be determined by the specific qualifying event, and there will be no extension of coverage	Last day of the month in which you terminate or become ineligible for this benefit NOTE: If coverage is ending due to a qualifying event, the end date will be determined by the specific qualifying event	Last day of the month in which you terminate or become ineligible for this benefit NOTE: If coverage is ending due to a qualifying event, the end date will be determined by the specific qualifying event	Midnight on the day you are no longer a full-time employee	Last day of the month in which you are no longer a full-time employee

Qualifying Life Events with special coverage start/end dates: Birth of a child - coverage starts on the date of birth; Death - coverage ends on the date of death; Child reaching age 26 - coverage ends on 26th birthday.



How to Enroll

Open Enrollment Period

November 11 – December 9, 2019

During the open enrollment period, you can enroll in your chosen benefits using Deltek Time and Expense system.

To begin, using your internet browser, navigate to: time.nana.com

- 1> **Log in** (Use your Employee ID# and password)
- 2> **Click on MyTasks** > Complete Benefits Enrollment > Benefits Enrollment > Launch

OR

Select from the toolbar:

Self Service > Payroll & Benefits > Benefits Enrollment.

- 3> **Follow the prompts to enroll in your 2020 benefits.**

As you go through the workflow, take time to review your beneficiaries and make any necessary changes. **Don't forget to confirm your elections and save the confirmation e-mail you receive! If you do not have system email, save a screenshot of your confirmation page for your records.**

New Hire Process

After you are cleared to work, you will receive an email with your benefits information and paperwork.

Complete all forms and send them to: benefits@nana.com.

If you have questions, call our benefits hotline at: **907-265-3710**.



Enrollment Checklist



Educate Yourself

Take time to learn about all of the benefit options that are available to you. Read the 2020 Benefits Guide carefully as you consider your plan choices. NANA provides a variety of resources to help you make your benefits decisions. Visit the NANA Benefits website at benefits.nana.com for information and links to other helpful tools.



Ask for Help

If you are still unsure of your medical plan choice, reach out to HealthAdvocate (**1-866-799-2728**). Experts are on-hand to help you make the best plan choice for you and your family.



Flexible Spending Account (FSA)

Decide if you want to enroll in a FSA (Health and/or Dependent). Remember: You must actively enroll in this benefit each year.



Enroll

Open Enrollment Only: Actively enroll on-line through Deltek T&E Employee Self-Service (ESS) during the Open Enrollment period: Monday, November 11, 2019 through Monday, December 9, 2019. Changes are effective on Wednesday, January 1, 2020. If you are currently enrolled in medical, dental and/or vision and don't make a new plan election, your current coverage will roll forward into 2020. If you have previously waived coverage and don't make any elections your coverage will be automatically waived for 2020.

Time of Hire: Complete enrollment forms and submit to benefits@nana.com within 60 days of your hire date. If your forms are not received within 60 days of your hire date, you will not be able to elect benefits until the following year's benefit open enrollment period, or you experience a qualifying life event.



Update your Beneficiaries



Confirm & Save

Open Enrollment Only: Confirm your ESS enrollment on the Summary page. Note: If you made any dependent changes on your medical plan, click the link to update Additional Coverage Information. Once you have completed your enrollment online, save or print a copy of your confirmation statement, review it for accuracy and retain it for your records.

New Hires: Save copies of all benefit paperwork submitted to the benefits department, along with your "sent e-mail" confirmation.



Check New Premium Deductions

Verify your 2020 benefit elections after the first payday in 2020. If you notice any errors in your deductions, notify the Benefits Department immediately **907-265-3710** or benefits@nana.com.

Note: If you elect health benefits, you are responsible for all premium payments. If you do not receive a paycheck, or if you have insufficient funds to cover your premiums, arrears will be withheld as soon as funds are available.



Making Changes

Qualifying Life Event (QLE)

The IRS provides strict regulations about changes to pre-tax elections during the plan year. If you experience a qualified IRS family status change mid-year, you are permitted to make a change within 60 days of the event.

If the change request is not completed within 60 days of the event, you will not be able to change your elections until the following year's benefits annual enrollment period.

Follow these steps

- Qualifying event occurs
- Notify and send required documentation within 60 days of event to NANA's Benefits Department
- If received after 60 days from event, request will be denied
- All required documentation must be received in order to process the qualifying event
- Confirmation of receipt from NANA's Benefit Department

Below is a list of some commonly known qualified event changes and required documentation. The change you request must be consistent with the qualifying event. Some mid-year changes require documentation which must also be provided within 60 days of the event.

Life Event	Documentation Required
Marriage, divorce or annulment	Marriage license or divorce decree
Birth of a child	Birth Certificate or Hospital Declaration
Placement of a foster child or child for adoption with you, or assumption of legal guardianship of a child	Court Order
Change in your spouse's or dependent's employment status that affects benefits eligibility, including termination or commencement of employment, or change in worksite	Letter from prior carrier or Human Resource Department
You or your spouse returns from unpaid leave of absence	Follow return to work process
You or your dependent becomes eligible or loses eligibility for Medicare or Medicaid	Medicare Statement
The death of your spouse or dependent	Death Certificate
Court ordered coverage of your child by you or your spouse, allowing you to add or drop the child's coverage	Court Order
Change in your employment that affects benefits eligibility (working at least 20 hours per week)	Personnel Action Notice from Human Resource Department
Loss of eligibility for a dependent	Statement if other than age
Change in dependent care provider or cost for Dependent Care Flexible Spending Account	Explanation of circumstances

Medical Coverage (FEHB)

NANA participates in the Federal Employee Health Benefits (FEHB) program for medical insurance. This allows NANA to offer employees the same medical plans available to federal government employees. The federal plans give you and your family excellent plan choices at very competitive prices. You will see you have a tremendous number of choices! In this guide, we have only provided the rates. For information on the medical plans that are available to you, please visit benefits.nana.com.

What medical plan is best for you?

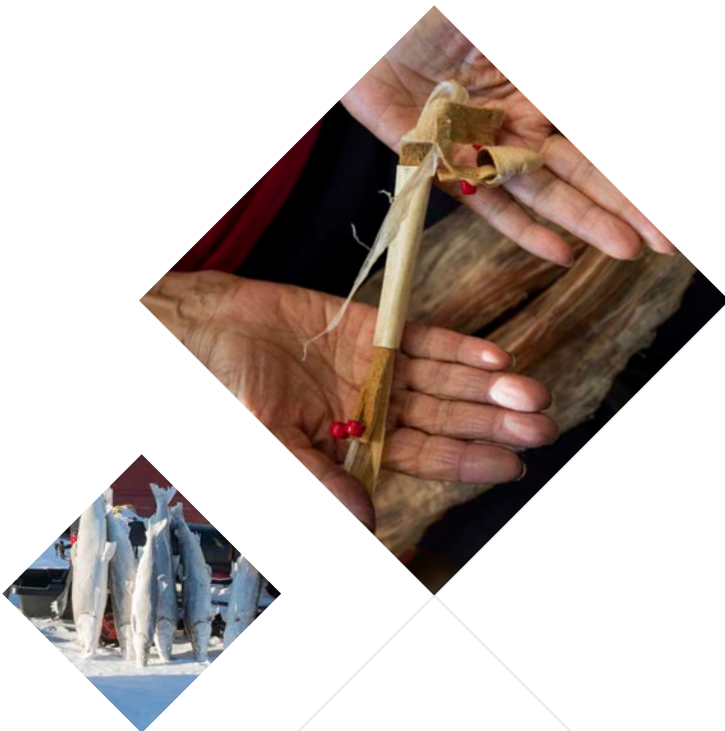
- 1> Think about your medical needs.** Choose a plan that matches the way you use medical services. For examples, if you have a lot of doctor visits, you may want a plan with lower out-of-pocket expenses. If you have prescription drugs you take every day, choose a plan that covers these drugs at the lowest cost.
- 2> Choose a plan type.** There are several different types of plans:
 - ◇ Traditional PPOs and HMOs
 - ◇ High-Deductible Health Plans with HSAs
 - ◇ Consumer-Driven High Deductible plans with HRAs

Copayment vs. Coinsurance — What's the Difference?

A copayment (or copay) is a fixed-dollar amount that you pay each time for certain services (e.g., doctor's visits and prescription medications). Coinsurance is a percent of the cost of your care that you are responsible for paying (e.g., if the eligible cost of a doctor's visit is \$100, 20% coinsurance would equal \$20 and your health plan would pay \$80).

- 3> Consider your budget.** Premiums will be deducted from your paycheck. Ensure that you choose a plan that is affordable to you and your family. Additionally, the premiums for HSA eligible plans include HSA contributions that are yours to keep. Plans with HRA's will pay for your first several hundred dollars of claims in a given year before you pay anything out of pocket. If you do not spend more than your HRA, you will have no out of pocket expenses.
- 4> Are your doctors in-network?** In general, plans with a larger network of healthcare providers will give you more choices and lower out of pocket costs. If you use out of network providers, you may pay much more for your health care.

HMO plans are restricted to coverage in certain geographic or service area. Before selecting an HMO make sure it provides coverage where you live and work.



Plan Types

Traditional

	Plan Features	Things to Consider
Fee for Service (FFS) with a Preferred Provider Option (PPO)	<ul style="list-style-type: none"> ➤ See any doctor without a referral ➤ Network providers with negotiated lower rates ➤ Nationwide and sometimes worldwide coverage 	<ul style="list-style-type: none"> ➤ You may pay more out of pocket than with other types of plans ➤ Premiums may be higher than with other types of plans ➤ You could pay a lot more if you use a non-network provider

Account-Based Plans

Account-Based Plans with accounts funded by a portion of your monthly premium. Funds can be used to pay for your out-of-pocket medical expenses.

	Plan Features	Things to Consider
High Deductible Health Plan (HDHP) with Health Savings Account (HSA)	<ul style="list-style-type: none"> ➤ Covers high-cost medical events ➤ Premiums are usually lower than with other types of plans ➤ HSA fund can be used to pay for health care ➤ The HSA is yours to keep even if you are no longer enrolled in the plan ➤ Funds can be used to satisfy the deductible 	<ul style="list-style-type: none"> ➤ You cannot have an HSA if you are covered by a non-HDHP, Medicare, IHS or if you or your spouse has an FSA. If you are ineligible, the account funds will be placed in a HRA (see features below) ➤ There are investment options available once your account reaches a certain balance ➤ You may make additional contributions to an HSA, based on IRS limits ➤ There are no co-pays and plan deductible must be met before co-insurance applies (including prescription drugs)
Consumer-Driven High Deductible Plan (CDHD) with Health Reimbursement Account (HRA)	<ul style="list-style-type: none"> ➤ Your health plan puts money in a medical fund for you ➤ These plans usually have the lowest premiums ➤ Funds pay first dollar expenses before the deductible takes effect 	<ul style="list-style-type: none"> ➤ Your medical fund does not earn interest and you cannot make additional contributions to the fund ➤ You lose the fund balance when your enrollment in the plan ends ➤ You can use the annualized amount of the fund immediately ➤ If you re-enroll in the plan, any unused funds will roll over to the next year. The plan will have a maximum amount that can be rolled over ➤ Funds can only be used to pay expenses incurred under this plan

Health Maintenance Organization (HMO)

	Plan Features	Things to Consider
Health Maintenance Organization (HMO)	<ul style="list-style-type: none"> ➤ Your care is managed by a primary care physician ➤ Some HMO plans have no or very low deductibles ➤ Premiums are generally lower than traditional plans 	<ul style="list-style-type: none"> ➤ You may need a referral to see a specialist ➤ You may pay the full amount of care provided outside of the HMO ➤ HMO plans are not available in every state (none in Alaska)

FEHB Medical Plans

Traditional

The tables below show the FEHB plans available nationwide. Additional options may be available to you based on where you live or work. Visit benefits.nana.com for links to Summaries of Benefits & Coverage (SBCs), plan documents and additional options.

Note: If your plan is a union plan you will receive a bill at your home address for associate member dues, these dues must be paid in order to continue your enrollment in the plan.

Plan Name (Plan Code)	GEHA Benefit Plan - Standard (31)	MHBP - Value (41)	MHBP - Standard (45)
Union Plan	Association - no dues	Yes - Union dues are billed separately once a year and are not included in your premium payment	Yes - Union dues are billed separately once a year and are not included in your premium payment
Medical Account Contribution (monthly)	n/a	n/a	n/a
Monthly premium - Single	(314) \$131.18	(414) \$113.33	(454) \$142.71
Monthly premium - Self + 1	(316) \$282.05	(416) \$268.52	(456) \$328.50
Monthly premium - Family	(315) \$336.96	(415) \$273.88	(455) \$331.66
Contacts	800-296-0776 www.geha.com	800-410-7778 www.mhbp.com	800-410-7778 www.mhbp.com
Plan Name (Plan Code)	Blue Cross and Blue Shield Service Benefit Plan - Basic (11)	SAMBA - Standard (44)	NALC - High (32)
Union Plan	No	Yes, no membership dues	Yes - Union dues are billed separately once a year and are not included in your premium payment
Medical Account Contribution (monthly)	n/a	n/a	n/a
Monthly premium - Single	(111) \$164.55	(444) \$170.13	(321) \$196.82
Monthly premium - Self + 1	(113) \$386.99	(446) \$372.41	(323) \$473.01
Monthly premium - Family	(112) \$414.31	(445) \$388.14	(322) \$408.94
Contacts	800-562-1011 www.fepblue.org	800-638-6589 www.sambaplans.com	Cigna 855-511-1893 NALC Health Plan 888-636-6252 www.nalchbp.org Union Membership 202-662-2856
Plan Name (Plan Code)	APWU Health Plan - High (47)	Aetna Value (JS)	GEHA Benefit Plan - High (31)
Union Plan	Yes - Union dues are billed separately once a year and are not included in your premium payment	No	Association - no dues
Medical Account Contribution (monthly)	n/a	n/a	n/a
Monthly premium - Single	(471) \$215.38	(JS4) \$562.64	(311) \$228.41
Monthly premium - Self + 1	(473) \$432.77	(JS6) \$1334.06	(313) \$534.11
Monthly premium - Family	(472) \$558.89	(JS5) \$1266.57	(312) \$659.51
Contacts	800-222-APWU (2798) www.apwuhp.com	888-238-6240 www.aetnafeds.com	800-296-0776 www.geha.com
Plan Name (Plan Code)	Blue Cross and Blue Shield Service Benefit Plan - Standard (10)	SAMBA - High (44) Network: Cigna Open Access Plus (OAP)	Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus (13)
Union Plan	No	Yes, no membership dues	No
Medical Account Contribution (monthly)	n/a	n/a	n/a
Monthly premium - Single	(104) \$253.30	(441) \$390.91	(131) \$115.15
Monthly premium - Self + 1	(106) \$578.83	(443) \$891.56	(133) \$247.55
Monthly premium - Family	(105) \$621.27	(442) \$980.13	(132) \$272.29
Contacts	800-562-1011 www.fepblue.org	800-638-6589 www.sambaplans.com	800-562-1011 www.fepblue.org

Health Savings Accounts (HSA)

The tables below show the FEHB plans available nationwide. Additional options may be available to you based on where you live or work. Visit benefits.nana.com for links to Summaries of Benefits & Coverage (SBCs), plan documents and additional options.

Note: If your plan is a union plan you will receive a bill at your home address for associate member dues, these dues must be paid in order to continue your enrollment in the plan.

Plan Name (Plan Code)	GEHA High Deductible Health Plan - HDHP (34)	Aetna HealthFund - HDHP (22)	MHBP - Consumer Option - HDHP (48) Network: Aetna Choice POS II (In Utah: Coventry)
Union Plan	Association - no dues	No	Yes - Union dues are billed separately once a year and are not included in your premium payment
Medical Account Contribution (monthly)^{1,2}	HSA ^{1,2} Refer to your 2020 plan brochure for contribution amounts	HSA ^{1,2} Refer to your 2020 plan brochure for contribution amounts	HSA ^{1,2} Refer to your 2020 plan brochure for contribution amounts
Monthly premium - Single	(341) \$128.46	(224) \$217.96	(481) \$143.32
Monthly premium - Self + 1	(343) \$276.20	(226) \$483.84	(483) \$317.16
Monthly premium - Family	(342) \$325.09	(225) \$423.58	(482) \$333.02
Contacts	800-296-0776 www.geha.com	888-238-6240 www.aetnafeds.com	800-410-7778 www.mhbp.com

Health Savings Accounts are available as part of certain FEHB medical plans, or can be opened privately. Refer to your plan brochure for 2020 HSA contribution amounts.

As you consider your Medical plan options, keep in mind that an HSA can help you:

- Save money on your income taxes
- Deposits you make into your HSA are 100% tax deductible
- Save money tax-free for future health expenses
- Withdrawals from your HSA for qualified medical expenses can be made at any time without penalties. Withdrawals used to pay for qualified medical expenses are always tax-free. You may use HSA funds for the health expenses of any tax dependent, even if they are not covered under your medical plan
- Save money tax-deferred for retirement
- Whatever money you don't use in your HSA rolls over from year to year. Any money left in your HSA account when you turn age 65 is yours to use for any purpose. You'll just pay normal income taxes on the money you withdraw for non-medical expenses. Withdrawals for qualified medical expenses are NEVER taxed
- Catch up on contributions
- If you will be age 55 or older in 2020, you can set aside an additional \$1,000 per calendar year into your HSA

If you have determined that the HSA option is the right choice, you will need to determine if you are eligible to contribute to an HSA account. You are eligible to open an HSA if you meet the requirements defined by the IRS below:

- You are enrolled in a qualified high deductible health plan (HDHP) that meets IRS requirements
- You are not enrolled in a spouse's plan (non-HDHP)
- You are not enrolled in a retiree health plan (non-HDHP)
- You are not enrolled in Government subsidized benefits
- You are not enrolled in Veteran's Benefits (unless you have not used them in the prior 3 months)
- You have not received care at an Indian Health Services (IHS) facility in the past three months. Permitted services obtained at IHS can be dental and vision care, or the receipt of preventive care, such as well baby visits, immunizations, weight-loss and tobacco cessation programs. These do not affect an individual's eligibility

IMPORTANT

The enrollment code identifies the plan and coverage tier. As you make your election, ensure this code corresponds to your choice.

Health Reimbursement Arrangement (HRA)

The tables below show the FEHB plans available nationwide. Additional options may be available to you based on where you live or work. Visit benefits.nana.com for links to Summaries of Benefits & Coverage (SBCs), plan documents and additional options.

Note: If your plan is a union plan you will receive a bill at your home address for associate member dues, these dues must be paid in order to continue your enrollment in the plan.

Plan Name (Plan Code)	NALC Value Option (KM)	NALC - CDHP (32)	Aetna Direct - CDHP (N6)
Union Plan	Yes - Union dues are billed separately once a year and are not included in your premium payment	Yes - Union dues are billed separately once a year and are not included in your premium payment	No
Medical Account Contribution (monthly)^{1,2}	HRA ^{1,2} Refer to your 2020 plan brochure for contribution amounts	HRA ^{1,2} Refer to your 2020 plan brochure for contribution amounts	HRA ^{1,2} Refer to your 2020 plan brochure for contribution amounts
Monthly premium - Single	(KM1) \$97.16	(324) \$118.38	(N61) \$153.16
Monthly premium - Self + 1	(KM3) \$214.34	(326) \$261.17	(N63) \$335.89
Monthly premium - Family	(KM2) \$223.54	(325) \$272.26	(N62) \$386.25
Contacts	Cigna 855-511-1893 www.nalchbp.org Union Membership 202-662-2856	Cigna 855-511-1893 www.nalchbp.org Union Membership 202-662-2856	888-238-6240 www.aetnafeds.com

Plan Name (Plan Code)	APWU Health Plan - CDHP (47)	Aetna HealthFund- CDHP (JS)
Union Plan	No	No
Medical Account Contribution (monthly)^{1,2}	HRA ^{1,2} Refer to your 2020 plan brochure for contribution amounts	HRA ^{1,2} Refer to your 2020 plan brochure for contribution amounts
Monthly premium - Single	(474) \$149.42	(JS1) \$493.15
Monthly premium - Self + 1	(476) \$324.75	(JS3) \$1173.73
Monthly premium - Family	(475) \$354.27	(JS2) \$1104.63
Contacts	888-238-6240 www.aetnafeds.com	888-238-6240 www.aetnafeds.com

1 Medical Savings Accounts: There are several types of tax-advantaged accounts that help individuals save to pay for medical expenses not covered by health insurance. They include health reimbursement arrangements (HRAs) and health savings accounts (HSAs). These accounts differ in eligibility requirements, contribution guidelines, and advantages. Not all FEHB plans offer these options, but check if they are available and then learn the basics about each to help decide if one is right for you.

2 If you join the plan with an effective date other than January 1, your HSA/HRA contribution will be prorated to reflect the reduced number of covered months. For example, if you join April 1, you will receive 9/12 of the annualized account contribution.



Dental Coverage

Note: This is a stand-alone benefit, not affiliated with Federal Blue Cross Blue Shield medical plans

Your dental health is as important to your overall health as it is to your smile. Keeping your teeth healthy now may keep you from having major expenses later.

NANA offers Dental Insurance through Premera Blue Cross Blue Shield of Alaska that helps pay for the cost of routine checkups—and just about any other type of dental work you might need: crowns, root canals, night guards and even dependent orthodontia. Other advantages include:

- Visit any dentist for care
- Coverage available for you, your spouse and/or dependent children
- Lower out-of-pocket costs when you visit a network provider

Premera Blue Cross Blue Shield	
Annual Deductible: Waived for Preventive/Orthodontia	
Employee	\$25
Employee + Family	\$50
Preventive & Diagnostic Care	100%
Basic Care (fillings, endodontics, periodontics, extractions, oral surgery)	80%
Major Care (crowns, bridges, dentures)	50%
Annual Maximum Benefit	\$2,000
Lifetime Orthodontia (children up to age 26 only)	80% up to a maximum of \$2,000

A list of dental providers can be found on the Premera website at www.premera.com. You'll be responsible for any charges that exceed the plan's usual and customary limits when your services are from a non-network provider.

Before beginning extensive dental work, it is strongly recommended that you have your dentist obtain a pre-treatment estimate from the insurance company. A pre-treatment estimate ensures that you are aware of any out-of-pocket costs.

Please note: Some of the FEHB medical plans also include dental benefits. Please check with your plan for details on how benefits will coordinate. Coverage under FEHB medical plans are intended to be supplemental and coverage amounts tend to be very low.

Create a Member Account to Order New ID cards or Print a Temporary ID Card

Go to www.Premera.com. You will need your ID number and your group number to create your account. If you do not have this information, please contact customer service at **1-800-508-4722**.

Important Note: Each member 13 or older will need to set up their own account (for possible sensitive claims purposes per Washington state law); a different email address will also be needed for each member setting up a member account.

- Create a new member account by following the link below or once on our website, click on the
- Click on the LOG IN box in the upper right hand corner again
- Select MEMBER
- Enter USER ID created and PASSWORD; then click SECURE LOG IN
- On the left side of the Home Page there is a Member Services menu. Click on MANAGE MY ACCOUNT and then click on PRINT AND ORDER ID CARD.

Vision Coverage

NANA offers quality vision coverage through Vision Service Plan (VSP). Your voluntary vision program covers eye exams, eyeglasses and contact lenses for you and your eligible dependents. VSP is one of the nation's most complete eye-care plans.

- Get quality care that focuses on your eyes and overall wellness
- Choose any eye care provider—your local VSP doctor, a retail chain affiliate or any other provider

OUT-OF-NETWORK PROVIDERS

You may be required to pay your provider up front and submit a claim form for reimbursement from VSP

Using your VSP benefit is easy:

- 1➤ To find a VSP doctor or retail chain affiliate, visit www.vsp.com or call **1-800-877-7195**
- 2➤ Visit www.vsp.com to review your plan coverage before your appointment
- 3➤ At your appointment, tell them you have VSP—no ID card necessary

Providers under VSP's affiliate network include all Costco optical stores in the United States. However, some of the Costco optometrists do not participate, please check to see if they are a VSP Participating Provider before scheduling your eye exam. As an added benefit, the TruHearing discount hearing aid program is available to all VSP members. Visit vsp.truhearing.com or call **1-877-396-7194** for more information.

Vision Service Plan (VSP)		
Vision Benefits Coverage	In-Network	Out-of-Network
Annual Eye Exam (every 12 months)	\$10 copay	Up to \$50 plan allowance
Frames (every 12 months)	\$25 copay \$150 frames allowance	\$70 allowance
Prescription Lenses (every 12 months)		
Standard Anti-Reflective	Covered in full	No Coverage
Standard Progressives	Covered in full	\$75 allowance
Custom/Premium Progressives	\$80-\$160	\$75 allowance
Single Vision	Included with prescription glasses	\$50 allowance
Bifocal	Included with prescription glasses	\$75 allowance
Trifocal	Included with prescription glasses	\$100 allowance
Contact Lenses (in lieu of lenses/every 12 months)		
Conventional	\$150 allowance for lenses; exam and fitting not to exceed \$60	\$105 allowance including exam
Disposables	copay; 15% off exam and fitting	including exam and fitting
Medically Necessary	\$25 copay	\$210 allowance
Laser Vision Correction	Discounts available. Contact VSP for details.	
Additional Pair of: Prescription glasses, Prescription sunglasses	30% off additional glasses and sunglasses from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.	

TruHearing Choice Program

All VSP members and their families have access to the TruHearing Choice Program. TruHearing offers you significant savings per aid on a wide variety of the latest digital hearing aids as well as access to a professional network of over 5,000 provider locations nationwide.

Visit vsp.truhearing.com or call **1-877-396-7194** for more information.

In addition, each TruHearing purchase includes:

- 3 follow-up visits with a provider for fitting and adjustments
- 45-day trial
- 3 year manufacturer warranty for repairs and one-time loss and damage replacements
- 48 free batteries per aid

Flexible Spending Accounts (FSA)

Out-of-pocket expenses for medical care and dependent day care can be difficult to manage. NANA offers two types of Flexible Spending Accounts to help you set aside pre-tax funds out of your paychecks to pay for these expenses not reimbursed under your insurance plans. In 2020 you can contribute up to:

- \$2,700 in a Health FSA
- \$5,000 per year (or \$2,500 if married filing separate tax returns) in a Dependent Care FSA

* Above limits are based on current IRS guidelines at the time of publication.

With an FSA, you can keep more money and pay less in taxes. You may enroll in the FSA offered by NANA even if you do not enroll in any of our medical insurance coverages.

How an FSA Works

When you enroll, you elect the annual amount to be diverted to your FSA, which will be deducted from your paycheck in equal increments throughout the plan year. Keep in mind, money can't be transferred between accounts for reimbursement, and you may not contribute to both an HSA and an FSA.

Be sure to estimate your expenses carefully because you'll forfeit any unused funds at the end of the plan year.

If you Health FSA, you will receive an FSA debit card in the mail from TRI-AD. You can manage your TRI-AD FSA using your FSA debit card, the TRI-AD website (www.tri-ad.com/fsa) and the free mobile app, available in the iTunes App Store™ or on Google Play™.

An FSA is strictly governed by IRS regulations. For more details and a list of eligible expenses, you can refer to IRS Publications 502 and 503 available at www.irs.gov or call **1-800-TAX-FORM**.

For more information about FSAs, contact TRI-AD at www.tri-ad.com/fsa or **1-888-844-1372**.

GET REIMBURSED

Getting reimbursed from your FSA is easy. Just follow these steps:

- 1➤ Register and access your account at www.tri-ad.com
- 2➤ Enroll in direct deposit
- 3➤ Follow the steps and upload required documents
- 4➤ Receive reimbursement in a few days



Life Insurance and Accidental Death & Dismemberment

Life Insurance

NANA provides Basic Life and Accidental Death & Dismemberment (AD&D) Insurance—at no cost to you. If you are a full-time employee, you are automatically enrolled through Prudential. If you want added protection for you and your family, you can also purchase Voluntary Life Insurance (also known as supplemental life insurance) as follows. You may be required to complete an Evidence of Insurability (EOI) form online before you and/or your spouse are approved for coverage.

➤ Employee Voluntary Life

- ◇ Available in \$10,000 increments
- ◇ Coverage elected up to \$200,000 at the time of your initial eligibility does not require EOI
- ◇ Employee maximum benefit is the lesser of \$750,000 or 8 times annual earnings

➤ Spouse Voluntary Life

- ◇ Spouse coverage available in increments of \$10,000 up to \$250,000, not to exceed 100% of employee's benefit
- ◇ Coverage elected up to \$30,000 at the time of your initial eligibility does not require EOI
- ◇ Employee voluntary life must be in effect for approval of dependent voluntary life

➤ Child(ren) Voluntary Life

- ◇ Available in increments of \$2,000 up to a maximum of \$10,000
- ◇ One price covers all children in a family, up to age 26
- ◇ Employee voluntary life must be in effect to elect child(ren) voluntary life

Rates for Voluntary Life Insurance coverage are based on the insured employee or spouse's age on last January 1.

Designate a Beneficiary

Your beneficiary is the person who will receive your life insurance benefits when you die. Your beneficiary can be one person or multiple people, charitable institutions or your estate. Once named, your beneficiary remains on file until you make a change. If your family situation changes, you will want to review the beneficiaries on file and make updates if necessary. If you do not name a beneficiary, your life insurance benefits will be distributed through legal procedures.

Accidental Death & Dismemberment (AD&D)

AD&D insurance provides coverage for non-job related accidental dismemberment or accidental death.

Now Available to all NANA Companies!

Voluntary AD&D - you may elect to cover yourself and your family.

- **Employee:** Available in \$10,000 increments. Employee maximum benefits is the lesser of \$750,000 or 8 times annual earnings.
- **Family:** If you elect family coverage, the coverage for your family members will be as follows:
 - ◇ **Spouse only:** 60% of your voluntary AD&D coverage amount
 - ◇ **Children only:** 15% of your voluntary AD&D coverage amount
 - ◇ **Spouse and children:** spouse benefit is 50% and child benefit is 10% of your voluntary AD&D coverage amount.

You do not have to enroll for Voluntary Term Life Insurance in order to enroll for Voluntary AD&D Insurance.

Visit the website for easy enrollment and to use the Life Insurance Needs Estimator

Go to www.prudential.com/webenroll and click on Start Now to enroll. If this is the first time you are accessing the site, click on Create an Account and follow these steps:

- Enter your **Social Security Number**.
- Enter your date of birth: **MMDDYYYY**
- Enter Access Code: **49466**
- Click **Continue**.
- To protect your personal information, you must create your own personal User ID and Password. Enter a User ID and Password that you will remember— please note your User ID and Password are **case sensitive**. Your User ID must contain letters and numbers and be at least six characters long.
- Answer the remaining questions. **Click Submit**
- Once logged in, make your coverage selections and designate your beneficiaries

If you experience difficulties logging in, call **1-877-232-3619** M-F, from 8am to 8pm EST.

Disability Insurance

Disability insurance plays an important part in your overall financial health by protecting your income. That's why NANA pays the full cost of Short-Term Disability and for certain companies, Long-Term Disability, which replaces a portion of your wages while you're unable to work. Claims are approved and administered by Prudential.

Short-Term Disability (STD)

- Coverage provides a benefit equal to 66 2/3% of your weekly earnings, up to a maximum weekly benefit of \$1,500 (before reduction by deductible income) for a period up to 180 days, if your claim for benefits is approved
- 14-day waiting period
 - ◇ A waiting period is the length of time between your last day actively at work and the point in which you would be eligible to begin receiving STD benefit

Long-Term Disability (LTD)

- Contact your Benefits Department for LTD coverage details and information on whether your company offers LTD benefits

Additional Benefits

Travel Assistance

Our travel assistance program, provided through IMG, is free to you and members of your family when traveling more than 100 miles from home on personal travel. Through the program, you'll be connected to a global network of:

- Emergency Medical Transport
- Medical & Travel Assistance
- Security Assistance

Services are available 24/7 worldwide and include medical, dental, and legal referrals; lost document and lost luggage help; transportation of a family member to your location if you are hospitalized, and/or transportation of minor children home; political evacuation; and emergency cash or bail.

Consult www.imglobal.com for more details or call **1-855-847-2194**.



Retirement Savings

Retirement may be just around the corner or may be far on the horizon. It is never too late or too early to start planning and saving. In partnership with Lincoln Financial, NANA offers a compensation deferral plan 401(k) which enables all employees to save for retirement immediately regardless of employee classification or age.

To assist employees in savings for retirement, NANA has an automatic 6% enrollment for all new hires and rehires effective January 1, 2020. Unless otherwise specified, your investments will be defaulted into the American Funds Target Date fund which most closely matches your age at retirement.

Here are the plan highlights:

*Refer to the current plan year Summary Plan Description (SPD)

Provision	Plan Summary
Eligibility – Service	All employees are immediately eligible
Eligibility - Class	All employee classifications are eligible
Eligibility – Age	No age restrictions. Employees can contribute to 401(k) regardless of age
Employees Deferrals	New hires and rehires will be automatically enrolled at 6%; employees can contribute 1 to 100 percent of compensation on a pre-tax basis up the maximum allowed by IRS: <ul style="list-style-type: none"> ➤ \$19,000 ➤ \$25,000 if age 50 or older
Discretionary Match	Employer match is discretionary and reviewed annually

Should you pay taxes now or later?

Your retirement plan offers both 401(k) and Roth 401(k) contribution options, so you have two ways to save for retirement. 401(k) (pre-tax) contributions give you a tax break right away, while Roth 401(k) (after-tax) contributions provide tax advantages later.

Understanding the difference can help you make confident, informed decisions for your future.

401(k): Pay taxes later	Roth 401(k): Pay taxes now
Take home more pay today in exchange for paying taxes on your account when you retire.	Take home less pay today in exchange for not having to pay taxes on your account when you retire.
Pretax: Pay no taxes now on the money you invest, which lowers your taxable income right away.	After-tax: Pay taxes now on the money you invest, so you can enjoy a tax break later.
In retirement, you'll pay taxes on the money you invested — and on the earnings.	In retirement, you won't pay taxes on the money you invested — or on the earnings.
You'll pay a penalty if you begin with drawing money before age 59½.	You'll pay a penalty if you begin withdrawing money before age 59½. Also, you can't withdraw funds until they've been in your account for five years.



NANA offers a ROTH 401(k) investment savings account!

You make contributions to your Roth 401k with post-tax money and you can grow your earnings tax-free. When it comes time for you to withdraw funds at retirement, you can do so without being taxed. On the other hand, with a traditional 401k, you contribute with pre-tax income, and your withdrawals are taxed.

Contact your Lincoln Financial Retirement Consultant to discuss if this option is right for you!

Both traditional 401(k) and ROTH 401(k) contributions count toward your annual contribution limit.

Employee Assistance Program (EAP) & Health Advocacy

The following additional benefits are available to help you balance the demands of work, family, and home.

Employee Assistance Program

Many people face health, personal, family or work-related challenges—so we offer a resource to help you cope. Through Health Advocate's employee assistance program (EAP), you and your family can receive confidential counseling and referrals at no cost to you. You are covered for up to five face-to-face visits per incident and any help you receive is completely confidential and not shared with NANA.

To get started, call the EAP's toll-free number **(1-866-799-2728)** to speak with a trained professional on issues such as marriage and family concerns, work and stress management, questions about legal or financial concerns, emotional difficulties such as depression and anxiety, drug and alcohol dependence, eating disorders, child and eldercare referrals, and parenting issues. If you want or need additional counseling, you can schedule an appointment with an EAP counselor. Additional information is also available online at www.healthadvocate.com/nana.

The EAP can also provide referrals to other providers or community resources if you need additional assistance. If you are referred to a provider outside the EAP, the cost of that treatment is not covered by the EAP. However, the treatment may be covered by your health insurance. For more information about mental health benefits covered by your health insurance, please see your NANA Medical Insurance materials.

Health Advocate Services

From locating a physician to dealing with claims issues, Health Advocate is there for you. The Health Advocate staff consists of registered nurses and is backed by health care directors and administrative experts. You will be assigned a Personal Health Advocate to assist you and your immediate family, as well as parents and parents-in-law, with insurance claims and issues, answering diagnosis questions, finding the best doctors, arranging appointments, assisting with eldercare, negotiating provider fees and more.

During open enrollment, you may have questions about your benefits. Or maybe you have a clinical or administrative issue that needs expert attention. Your Health Advocate benefit provides you access to a health care and benefits expert who will help answer your questions. Eligible employees, their spouses, dependent children, parents and parents-in-law can all use the benefit. Just call **1-866-799-2728** or go online to www.healthadvocate.com/nana. In a crisis, emergency help is available 24/7. Please note that while all employees may use Health Advocate to assist in choosing a medical plan, only employees covered by one of NANA's medical plans are otherwise eligible for Health Advocate services.

HealthAdvocate

Turn to us—we can help.

Phone: **866.799.2728**

Email: answers@HealthAdvocate.com

Web: HealthAdvocate.com/nana



Required Notices

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563

<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218 (in NH only)</p>
<p>KENTUCKY – Medicaid</p> <p>Website: https://chfs.ky.gov or https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-800-635-2570 or (877) 524-4718/(877) 807-4719 (TDD/TTY)</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p>LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447 or 1-877-2LaCHIP (1-877-252-2447) TTY Users call 1-800-220-5404</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p>PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462</p>
<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>	<p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>

NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dhcfp.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org Medicaid Phone: 1-800-432-5924 or 1-855-242-8282 CHIP Website: https://www.coverva.org/ (select the 'Programs' tab and then select 'Premium Assistance')CHIP Phone: 1-855-242-8282	

To check if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your NANA Benefits Department at **907-265-3710**.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your NANA Benefits Department at **907-265-3710**.





NANA



P.O. Box 49
Kotzebue, Alaska 99752