



Employee Benefit Guide

Plan Year: July 2022 – June 2023



WELCOME TO YOUR EMPLOYEE BENEFITS

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

The City & Borough of Juneau / Bartlett Regional Hospital strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of your benefits—that's why we've put together this Benefit Guide.

Elections you make are effective **on your date of hire**. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR or Natasha Peterson by phone: **(907) 586-5250 ext.4085** or by email: Natasha.Peterson@juneau.org

IMPORTANT: All elections made as a new employee are effective until the next open enrollment period in May/June of each year. This guide outlines the benefit plans, so you can identify which offerings are best for your situation.

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ELIGIBILITY

City & Borough Employees:

Effective on the date of hire when an employee is eligible to enroll in the plan, and chooses to “enroll” in the plan, if they satisfy the following:

- Become an active full-time employee, including a new seasonal employee, who regularly works a minimum of 37.5 hours per week
- Become an active permanent/probationary part-time employee, seasonal employee, or exempt employee working less than full time and who regularly works a minimum of 780 hours per year and a minimum of 15 hours per week, and agree to pay the portion of the premium, which will be pro-rated depending on the number of hours worked per pay period
- Become an Assembly Member

Bartlett Regional Hospital Employees:

Effective on the date of hire when an employee is eligible to enroll in the plan, and chooses to “enroll” in the plan, if they satisfy the following:

- Become an active full-time employee who regularly works a minimum of 72 hours per pay period
- Become an active permanent/probationary part-time employee, or exempt employee working less than full time and who regularly works a minimum of 832 hours per year and a minimum of 16 hours per week, and they agree to pay their portion of the premium, which will be pro-rated depending on the number of hours worked per pay period



SPECIAL ENROLLMENTS

Qualifying Life Events

IRS rules place certain restrictions for when you can make changes outside of open enrollment. Once the new plan year begins, you are unable to make changes unless you experience a life-changing qualifying event. You'll need to fill out enrollment forms and provide supporting documentation within the allowable time frame (typically 30 days from the event).

Qualifying events include:

- Marriage, gain or loss of domestic partnership, divorce, or legal separation
- Birth or adoption of a child
- Death of a qualified dependent
- Change in employment status that impacts coverage or eligibility under another employer-sponsored plan

Annual Open Enrollment

Open enrollment takes place annually, usually in May/June. This is an opportunity for all employees to make changes to their benefit plan elections to make sure their family's coverage needs are met.



READY TO ENROLL?

Ready to enroll? The first step is to review and verify all of your personal information, as well as any dependents, before making elections.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make regarding your benefits can have a significant impact on your life and finances, so it is important to weigh your options carefully.

Where can I learn more about my benefit options?

- We have partnered with TheBenefitseXpert® (TBX) for a comprehensive online enrollment experience. You also have access to LIVE benefit counselors who can help walk you through enrollment options!
- Online resources to enhance your understanding of available benefits.
- Tools that provide guidance every step of the way and to compare coverage that is right for your situation.
- Familiarize yourself with the enrollment site for easier navigation when the time comes.

How do I enroll in benefits?

- Click the “**My Benefits**” link on the MyTBX360 portal to access TheBenefitseXpert® enrollment site.
- You will be prompted to fill in your personal details to access your personalized account:

Register At >

my.tbx360.com/Juneau

- Click “Go Enroll” and enter the following information to Log In:

User ID

Enter your Social Security Number or your employee ID. No dashes required.

Username: 123456789

Personal ID Number(PIN)

Enter the last 4 digits of your Social Security Number and the last 2 digits of your birth year.
No dashes required.

Example: John Doe

Social Security Number: 123456789

Date of Birth: June 1st, 1980

PIN is 678980



MEDICAL/PRESCRIPTION DRUG INSURANCE

Our plans do not require you to select a primary care physician or secure a referral from one provider to another. This may allow for quicker and more convenient access to specialty physicians.

The following chart compares our two medical plan benefits that we offer based on network coverage. Refer to the Premera SBC for more detail and non-network benefit levels.

BENEFITS	ECONOMY	STANDARD
	In-Network	In-Network
Medical Deductible	\$700 Individual / \$1,400 Family	\$350 Individual / \$700 Family
Medical Out-of-Pocket Maximum (includes medical deductible)	\$3,000 Individual/\$6000 (2 member Family)/\$8,000 (3+ member Family)	\$1,850 Individual/\$3700 (2 member Family)/\$5,200 (3+ member Family)
Physician / Specialist Office Visit	20%, after deductible	20%, after deductible
Virtual care	General medical covered in full Other subject to outpatient cost	General medical covered in full Other subject to outpatient cost
Hospitalization	20%, after deductible	20%, after deductible
Preventive Care	No charge	No charge
Emergency Room	\$150 + 20%, after deductible	\$150 + 20%, after deductible
Prescription Drug Deductible (per person)	\$150	\$75
Prescription Drug Out-of-Pocket Maximum (per person)	\$2,000	\$1,450
Prescriptions (per 30-day supply)		
Generic	\$10, after deductible	\$10, after deductible
Preferred Formulary	\$35, after deductible	\$25, after deductible
Preferred Specialty	\$55, after deductible	\$45, after deductible
Non-Preferred	\$150, after deductible	\$100, after deductible
Hearing		
Exam	Covered once per year	Covered once per year
Hardware	Covered up to \$3,000/36 months	Covered up to \$3,000/36 months

YOUR COST—Medical Insurance

* *Bi-Weekly = 26 pay periods per year*

BI-WEEKLY PAYROLL DEDUCTIONS*	ECONOMY PLAN	STANDARD PLAN
Employee Only	\$0.00	\$97.44
Employee & Family	\$147.90	\$215.18



CHRONIC CONDITION SUPPORT PROGRAM

Premera's comprehensive chronic condition support program treats the whole person, not just the disease. This program supports employees who are at risk of developing diabetes, those who are working daily to manage their condition, and those who are managing hypertension. The program provides solutions to make healthcare simple and easy. It's just another way Premera is making healthcare work better for you.

Chronic condition support goes beyond just diabetes care

Going beyond diabetes prevention, you (or an eligible dependent) can opt-in to Premera's full chronic condition support program, or just the preventive diabetes or hypertension and diabetes management, depending on which program is most helpful.

Premera's chronic condition support program helps by offering:

- Personal health support from expert coaches
- Management and strategy support
- Connected technology that delivers real-time results and remote monitoring
- Continuing educational content support
- Free unlimited supply of test strips (Diabetes Management Program)

VIRTUAL CARE—24/7/365 ACCESS TO CARE

Primary Care / Urgent Care / Mental Health

The Premera virtual health network provides quality care that saves you money and time.

Contact **myCare Alaska**, **Doctor On Demand**, or **Talkspace** anytime, anywhere.

- Get everything from fast diagnosis and treatment of common ailments to routine checkups and ongoing monitoring of chronic conditions anytime with myCare Alaska and Doctor On Demand.
- Getting an appointment for mental health help can take days or weeks. With **Talkspace** and **Doctor On Demand**, you get specialized psychiatric treatment from a licensed prescriber—all from the comfort of your home.

These virtual providers are integrated into your health plan and provide:

- Convenient high-quality care at low or no out-of-pocket costs
- The ability to get your prescriptions filled
- Great customer experience by addressing your healthcare concerns in a timely manner and providing treatment options within minutes

Substance Use Addiction Assistance

Achieve recovery for conditions like opioid and/or alcohol use addictions, wherever you are with virtual care. Take advantage of short wait times through your Premera health plan.

- **Boulder Care**—Video visits and text messaging with a therapist. boulder.care/getstarted
- **WorkIt Health**—Live chat and video with a therapist. workithealth.com/premera



Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 800-295-9059

TDD: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: cityjeap2

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information



Contact Your GuidanceResources® Program

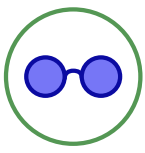
Call: 800-295-9059

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VISION INSURANCE

Driving, reading, and interacting with technology are all activities you likely perform daily. Your ability to do all these activities depends on your vision and eye health. Regular vision exams help you maintain your vision as well as detect various health problems.

The City & Borough of Juneau / Bartlett Hospital's vision insurance entitles you to specific eye care benefits. You do not have to enroll in a health plan to elect the vision insurance.

If you seek the services of a provider listed in Premera's provider directory, your Standard plan benefits include the following:

Adult Vision Benefit:

- Vision exam is covered at 100% and limited to once per year
- \$200 maximum per year hardware allowance (glass lenses are allowed and do not accrue to maximum)

Pediatric Vision Benefit:

- Vision exam is covered at 100% and limited to once per year
- The following is covered at 100%: one pair of frames and lenses once per year or contact lenses every 12 months

YOUR COST—Vision Insurance

* *Bi-Weekly = 26 pay periods per year*

BI-WEEKLY PAYROLL DEDUCTION*	VISION PLAN
Employee Only	\$2.31
Employee & Family	\$4.62





DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart.

The following chart outlines the dental benefits we offer, just like on the medical plan, you'll receive negotiated and contracted rates when using a network provider.

BENEFITS	BASE PLAN	BUY-UP PLAN
Deductible (per member)	\$50	\$50
Annual Maximum (per member) Preventive services do not accrue to maximum	\$2,000	\$3,000
Diagnostic & Preventive Services (Exams, cleanings, X-rays)	No charge	No charge
Basic Services (Fillings, simple extractions, stainless steel crowns)	20%, after deductible	20%, after deductible
Major Services (Oral surgery, root canal, gold and resin crowns)	50%, after deductible	20%, after deductible
Orthodontia (per member)	Excluded	50%, after deductible \$2,500 maximum per lifetime

YOUR COST—Dental Insurance

* *Bi-Weekly = 26 pay periods per year*

BI-WEEKLY PAYROLL DEDUCTIONS*	BASE PLAN	BUY-UP PLAN
Employee Only	\$0.00	\$19.61
Employee & Family	\$0.00	\$32.22



FLEXIBLE SPENDING PLANS



Employee FAQ: Flexible Spending Accounts

What is an FSA?

A healthcare flexible spending account (FSA) is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible medical expenses.

Why should I participate in an FSA?

Contributions to the FSA are deducted from your paycheck on a pre-tax basis, reducing your taxable income. You can increase your spendable income by an average of 30% of your annual contribution with the tax savings.

How do I contribute money to my FSA?

Your annual election will be divided by the number of pay periods in your plan year. This amount will be deducted from your paycheck before taxes are assessed.

How much can I contribute to my FSA?

Annual contributions may not exceed \$2,750 per year, as determined by the IRS.

Who is eligible under an FSA?

An FSA covers eligible expenses for you and all of your dependents, even if they are not covered under your primary health plan.

What expenses are eligible for reimbursement?

Health plan co-pays, deductibles, co-insurance, eyeglasses, dental care, medications, and certain medical supplies are covered. The IRS provides specific guidance regarding eligible expenses. (See IRS Publication 502).

How do I determine the date my expenses were incurred?

Expenses are incurred at the time the medical care was provided, not when you are invoiced or pay the bill.

How do I get the funds out of my FSA?

If you have a benefits debit card, simply swipe it at the register. Otherwise, just file a claim including the receipt documenting the type, amount and date. Once approved, your reimbursement check will be mailed or deposited into your bank account.

What happens if I don't spend all of my FSA by the end of the plan year?

Be sure to only allocate dollars for predictable medical expenses. Any unused funds at the end of the plan year are typically forfeited, also called the use-it-or-lose-it rule.

How soon can I start spending my FSA funds?

With a healthcare FSA, your entire annual election amount is available on the first day of the plan year even though you have not yet contributed that amount.

Can I change my election amount mid-year?

Elections can only be altered if you experience a change in status as defined by IRS regulations, such as marriage, divorce, birth, or death in your immediate family.

What happens to my FSA if my employment is terminated?

Participation in your FSA is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

What is the deadline for submitting claims?

You can submit claims for reimbursement at any time during the same plan year that you incur the expense. You may also have a grace period at the end of the plan year. Check the summary plan document your employer provided.

Can I still deduct healthcare expenses on my tax return?

Yes, but not the same expenses for which you have already been reimbursed from your FSA.

Are over-the-counter (OTC) medications eligible for reimbursement?

Yes, OTC medications are FSA-eligible.

What is a Letter of Medical Necessity?

The IRS mandates that eligible expenses be primarily for the diagnosis, treatment or prevention of disease or for treatment of conditions affecting any functional part of the body. For example, vitamins are not typically covered because they are used for general wellness, but your doctor may prescribe a vitamin to treat your medical condition. The vitamin would then be eligible if your doctor verified the necessity in treatment.

For more information, call 800.967.3709 ext. 307

FLEXIBLE SPENDING PLANS



Employee FAQ: Dependent Care FSA

What is a dependent care FSA (DCA)?

A DCA is a flexible spending account that allows you to contribute a portion of your paycheck before taxes are taken out to pay for qualified dependent care expenses so that you can work or look for work.

Why should I participate?

Since contributions to the account are deducted from your paycheck before income taxes are assessed, your taxable income is reduced. Participants enjoy a 30% average tax savings on the total amount they contribute to the account.

How do I contribute money to my DCA?

Once you make your annual election during open enrollment, your employer will deduct this amount from your paycheck before taxes are assessed in equal amounts throughout the year.

How much can I contribute?

The IRS limits annual contributions to \$5,000 on income tax returns for single or married filing jointly, and \$2,500 for married filing separately.

Who qualifies as a dependent?

You can use your DCA to pay for care for children under age 13 that you claim as dependents, as well as adults or other relatives that are incapable of caring for themselves (if you provide more than 50% of their support).

What type of care is eligible?

Eligible expenses must be for the purpose of allowing you to work or look for work. Services may be provided at a child or adult care center, nursery, preschool, after-school, summer day camp, or a nanny in your home.

What type of care is not eligible?

Care expenses that are not eligible to be paid with DCA funds include care for a child over age 13, overnight camp, babysitting that is not work related, school fees for kindergarten and higher grades, and long-term care services.

Do I have access to my entire DCA election amount at the beginning of the year?

No, you will only have access to DCA funds that have already been deducted from your paycheck.

Are there any rules about who can care for my dependents?

Yes. You can not use funds to pay for care provided by a spouse, a person you list as a dependent for income tax purposes, or one of your children under the age of 19.

How do I use the funds in my account?

If you have a benefits debit card and your care provider accepts credit cards, you may pay directly from your account. Otherwise, pay out-of-pocket and then file a reimbursement claim with your expense documentation.

What happens if I don't spend all of my DCA funds by the end of the plan year?

It is essential to estimate conservatively during elections. Any unused funds at the end of the plan year are forfeited, also called the use-it-or-lose-it rule.

Can I change my election amount mid-year?

Typically, you cannot change your contribution mid-year. However, if you experience a qualifying event, such as the birth of a new child, or if your child care provider significantly increases their rates, you may be eligible to adjust your contribution.

What happens to my account if my employment is terminated?

Participation in the plan is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.

For more information, please call 800.967.3709 ext. 307



BASIC LIFE INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. City & Borough of Juneau / Bartlett Hospital provides full-time employees with \$5,000 in group life and accidental death and dismemberment (AD&D) insurance. Additionally, this policy also includes \$5,000 in group life for your spouse and any eligible children.

The City & Borough of Juneau / Bartlett Hospital pays for the full cost of these benefits. Contact HR if you would like to update your beneficiary information (you are automatically named the beneficiary for the dependent coverage).

VOLUNTARY LIFE INSURANCE

While City & Borough of Juneau / Bartlett Hospital offers basic life insurance, some individuals may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through bi-weekly payroll deductions. You can purchase coverage for yourself and your spouse in \$25,000 increments. The maximum amount for employees is \$300,000 or 7x Base Annual Salary. For a spouse, the maximum amount will be limited to your voluntary life and AD&D amount. For child(ren), there is a \$10,000 flat option. Please note that life and AD&D insurance are automatically purchased together.

For more information on plan coverage, rates & to enroll, go to: my.tbx360.com/Juneau

YOUR COST—Voluntary Life / AD&D Insurance

The chart below outlines the monthly costs of purchasing additional employee and spouse life / AD&D insurance coverage. Rates are per \$1,000 of elected coverage.

EMPLOYEE / SPOUSE—MONTHLY RATES*				CHILDREN
Age	Per \$1,000	Age	Per \$1,000	MONTHLY RATE*
<30	\$0.103	55-59	\$0.754	\$0.23 per \$1,000
30-34	\$0.110	60-64	\$1.104	BENEFIT
35-39	\$0.128	65-69	\$1.583	
40-44	\$0.185	70-74	\$2.242	
45-49	\$0.307	75-99	\$3.258	
50-54	\$0.485			6 months to 26 years old: \$10,000

**Monthly rates will be calculated as bi-weekly (26 pay periods per year)*



SUPPLEMENTAL BENEFITS

VOLUNTARY DISABILITY INCOME BENEFITS

The City & Borough of Juneau / Bartlett Hospital offers employees optional short-term disability income benefits. Without disability coverage, your income will decrease if you miss work due to an injury or illness that occurs off the job.

In the event you become disabled, even temporarily, disability income benefits will provide a partial replacement of lost income. Please note, that disability payments may be offset by other sources of income. Contact HR or Cigna if you have further questions.

SHORT-TERM DISABILITY	BENEFIT SUMMARY
Benefit Paid	60% up to \$1,500 per week
Waiting Period (time between injury/illness to payment)	7 days
Maximum Period (from the date of injury/illness)	13 Weeks (includes Waiting Period)
Pre-Existing Condition Limitations	3 months prior / 12 months insured



For more information on plan coverage and rates, please refer to



SUPPLEMENTAL BENEFITS

VOLUNTARY ACCIDENT INSURANCE

In the event of a covered accident, the plan pays **cash benefits** fast to help with the costs associated with out-of-pocket expenses and bills—expenses your medical insurance may not completely cover, including:

Accident Benefits Payable for (examples):

- Medical transportation
- Wheelchairs, crutches, other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches, and casts
- Includes accidents that happen on or off the job

Features:

- If you (or a covered dependent) have a qualifying wellness screening, you get \$50 per person, per year!
- Benefits are paid directly to you unless otherwise assigned
- Coverage is available for you, your spouse, and dependent children
- Coverage is portable (with certain stipulations)—that means you can take it with you if you change jobs or retire

YOUR COST—Voluntary Accident Insurance

BI-WEEKLY PREMIUM RATES*	
Tier Coverage	Premium
Employee	\$3.22
Employee and Spouse/DP	\$5.71
Employee and Child(ren)	\$7.77
Employee and Family	\$10.25

* Bi-Weekly = 26 pay periods per year



For more information on plan coverage and rates, please refer to my.tb360.com/juneau



SUPPLEMENTAL BENEFITS

VOLUNTARY HOSPITAL INDEMNITY INSURANCE

New for 2022! Hospital Indemnity Insurance through Cigna which provides supplemental coverage to offset out-of-pocket expenses related to hospital stays. In the event of a hospital admission and any days spent inpatient, the plan pays cash benefits directly to you to help with any out-of-pocket expenses and bills.

Important Note: You can only enroll during Open Enrollment, unless you have a qualifying life event.

Benefits:

- When admitted as an inpatient to a hospital, the plan pays \$1,000 for the first day of your hospital stay
- You also receive \$200 per day for each day after that, up to 30 days.
- Both hospital and ICU admissions are covered.

Features:

- No waiting period, benefits pay the day of your admission
- Benefits are paid directly to you
- Coverage is available for you, your spouse, and dependent children
- Coverage is portable (with certain stipulations)—that means you can take it with you if you change jobs or retire

YOUR COST—Voluntary Hospital Indemnity Insurance

BI-WEEKLY PREMIUM RATES*	
Tier Coverage	Premium
Employee	\$7.16
Employee and Spouse/DP	\$14.38
Employee and Child(ren)	\$12.81
Employee and Family	\$20.03

* Bi-Weekly = 26 pay periods per year

For more information on plan coverage and rates, please refer to my.tb360.com/juneau





SUPPLEMENTAL BENEFITS

VOLUNTARY CRITICAL ILLNESS INSURANCE

With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Critical Illness Benefits Payable for (examples):

- Cancer
- Heart Attack
- Stroke
- Major Organ Transplant
- End-Stage Renal Failure
- Coronary Artery Bypass Surgery
- Carcinoma in Situ

Features:

- Benefits are paid directly to you unless otherwise assigned
- Coverage is available for you, your spouse, and dependent children
- Coverage is portable (with certain stipulations)—that means you can take it with you if you change jobs or retire
- If you (or a covered dependent) have a qualifying wellness screening, you get paid \$50 per person, per year!

For rates, see
the next page.



SUPPLEMENTAL BENEFITS

YOUR COST—Voluntary Critical Illness Insurance

EMPLOYEE BI-WEEKLY PREMIUM RATES* (50% of employee issued benefit amount for children included)						
Age	\$10,000		\$20,000		\$30,000	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco
Under 30	\$1.14	\$1.62	\$2.28	\$3.24	\$3.42	\$4.86
30-39	\$2.01	\$2.39	\$4.02	\$4.78	\$6.03	\$7.17
40-49	\$3.69	\$4.30	\$7.38	\$8.60	\$11.07	\$12.90
50-59	\$6.83	\$7.98	\$13.66	\$15.96	\$20.49	\$23.94
60-69	\$12.73	\$14.93	\$25.46	\$29.86	\$38.19	\$44.79
70-79	\$15.47	\$16.80	\$30.94	\$33.60	\$46.41	\$50.40
80+	\$16.74	\$17.73	\$33.48	\$35.46	\$50.22	\$53.19

Spouse / Domestic Partner BI-WEEKLY PREMIUM RATES*						
Employee Age	\$5,000		\$10,000		\$15,000	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco
Under 30	\$0.57	\$0.81	\$1.14	\$1.62	\$1.71	\$2.43
30-39	\$1.01	\$1.20	\$2.01	\$2.39	\$3.02	\$3.59
40-49	\$1.85	\$2.15	\$3.69	\$4.30	\$5.54	\$6.45
50-59	\$3.42	\$3.99	\$6.83	\$7.98	\$10.25	\$11.97
60-69	\$6.37	\$7.47	\$12.73	\$14.93	\$19.10	\$22.40
70-79	\$7.74	\$8.40	\$15.47	\$16.80	\$23.21	\$25.20
80+	\$8.37	\$8.87	\$16.74	\$17.73	\$25.11	\$26.60

* Bi-Weekly = 26 pay periods per year

For more information on plan coverage and rates, please refer to



SUPPLEMENTAL BENEFITS

PET INSURANCE WITH NATIONWIDE

Similar to health insurance for the humans in your family, the Pet Insurance Plan helps you with the cost of caring for your pets. This plan has a \$250 annual deductible and \$7,500 maximum annual benefit.

Pet Protection Benefit Payable for (examples):

- Accidents and illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements

FREE "Additional" Services:



- Available to all members (\$150 value)
- Unlimited 24/7 access to call, email or online chat
- Expert advice from a trained veterinary professional

Choose Your Level of Protection:

- 50% reimbursement starting at \$20 a month
- 70% reimbursement starting at \$27 a month

Please Visit:

City & Borough of Juneau Employees

- <http://www.petinsurance.com/juneau>

Bartlett Regional Hospital Employees

- <http://www.petinsurance.com/bartlettthospital>





SUPPLEMENTAL BENEFITS

457 DEFERRED COMPENSATION PLAN

GET TO KNOW YOUR 457 PLAN

Your pension and Social Security may go far, but you will likely need more income for a truly comfortable future. That's where your 457 deferred compensation plan comes in—see why it matters to you!

1 It's easy to contribute

- Make automatic paycheck contributions.
- Change your contributions any time.

2 Get tax benefits along the way

- Pre-tax contributions lower your tax liability, possibly increasing your take-home pay.
- Delay all taxes, until you take money out.

3 A wide range of investments are available

- You control investment decisions, choosing from available options.
- Consider a diversified target-date fund or build your own portfolio. Get help with Guided Pathways® Advisory Services: www.icmarc.org/guidedpathways.

4 Take out what you need

- You control withdrawals upon separation from service with your employer.*
- Only 457 plans have no early withdrawal penalty regardless of your age.**

* Depending on your plan's rules, withdrawal and loan options may be available while you're still working.

** The penalty may apply to non-457 plan assets rolled into a 457 plan and subsequently withdrawn prior to age 59½.

HOW MUCH CAN I CONTRIBUTE?

For 2022, you can contribute up to:

- \$20,500
- \$27,000 if age 50 or over
- \$41,000 if you qualify for pre-retirement catch-up contributions.

Reminder: you may be able to contribute accrued sick or vacation leave.

Can't save that much? Even small savings can really add up—start with as little as \$10 per paycheck.

The sooner you save, the more your money can grow—see how at www.icmarc.org/costofdelay.

Already enrolled? Aim to save more—see how at www.icmarc.org/savingsboost.

GET HELP ONLINE

- Manage your account at: www.icmarc.org/login
- Find tips and tools to help you save, invest, and retire at: www.icmarc.org/education

Your ICMA-RC representative can help.

Jeff Spindle
1-866-328-4664
jspindle@icmarc.org

AC: 44753-1119-8571-W1394

ICMA-RC is now

MissionSquare
RETIREMENT

ICMA RETIREMENT CORPORATION | 777 NORTH CAPITOL STREET, NE | WASHINGTON, DC 20002-4240
TEL: 202-962-4600 | FAX: 202-962-4601 | TOLL FREE: 800-669-7400 | WWW.ICMARC.ORG



SUPPLEMENTAL BENEFITS

ICMA-RC is now

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RETIREMENT

ONLINE ENROLLMENT OVERVIEW FOR EMPLOYEES

Check out our video at www.icmarc.org/onlineenrollvideo to see how easy it can be to enroll online.

STEP 1

For mobile enrollment, download the ICMA-RC mobile app from the App Store® or Google Play™. Next, select the Account Login / Enroll button and then select the Enroll Now button. Otherwise, to enroll from a computer or tablet, go to www.icmarc.org, click on the “Log In To My Account” button and then click on the “Enroll In Your Plan” link.

STEP 2

To begin the enrollment process, enter your Social Security Number, confirm your Social Security Number and then enter your plan number: **CBJ 301285 or BRH 302663**.

NOTE: You can obtain from your enrollment kit, your employer, or your ICMA-RC Representative

STEP 3

Choose either the Express or Comprehensive enrollment type. Select Express to enter only your personal information and contribution amount (if applicable). You will be automatically invested in your plan’s default fund. Select Comprehensive in enter investment and beneficiary information and to create your User ID and Password for Account Access while you enroll online.

NOTE: Investment and beneficiary is not entered through Express enrollment. You will receive an email with instructions on how to provide that information as well as how to create your User ID and Password for Account Access

STEP 4

Verify that your information is correct and click Submit. If your plan does not allow for online contribution elections, please contact your employer to see how contributions are initiated. If online contributions are allowed, you may be instructed to use the print enrollment form feature at the end of your online enrollment process to print the form. Otherwise, you may be instructed to complete the Contribution Form, and return to your employer to initiate your contributions.

NOTE: Note if you enroll before 12p.m., ADT, Monday through Friday, your account will be active the next business day. Once your account is active, you can login to your account at www.icmarc.org.

OTHER BENEFITS

Personal Time Off (PTO)	The CBJ offers generous leave packages to its employees. Most CBJ employees accrue personal leave which is paid time off for vacations, medical/sick, and personal business. Accrual rates are based on the length of service with CBJ. The beginning personal leave accrual for full time employees is <u>21 days per year</u> and increases to <u>36 days annually</u> for ten or more years of service.
Recognized Holidays (for most employees)	New Year's Day, Martin Luther King Day, President's Day, Seward's Day, Memorial Day, Independence Day, Labor Day, Alaska Day, Veteran's Day, Thanksgiving Day, <u>Day after Thanksgiving Day</u> , Christmas Day.
Other Leaves of Absence	Paid time off is given for <u>jury duty</u> and <u>parent-teacher conferences</u> . The CBJ also provides up to 16.5 days of paid leave for employees who are engaged in emergency services and military duty.
Family and Medical Leave Act (FMLA) & Alaska Family Medical Leave Act (AFLA)	<p>Allows eligible employees to take a leave of absence for qualifying medical reasons. The employee's position and CBJ health insurance premiums are protected during their leave of absence.</p> <p>The CBJ combines the FMLA and AFLA laws to provide the most generous and flexible policy for its employees.</p> <p>Eligible employees are entitled to 18 weeks (or 26 for military caregiver leave) of leave in a 12 month rolling period.</p>
Deferred Compensation	CBJ offers a pre-tax savings option under 457 IRS plans which is available through ICMA-RC.
Employee Assistance Program (EAP)	ComPsych Guidance Resources program is provided at no cost to all employees to help you and your dependents with personal issues (counseling), legal information, and resources (will and estate planning) and financial information and resources (debt management and retirement planning). You may use the toll free phone number 1-800-295-9059 or visit them online at: http://www.guidanceresources.com there is no enrollment form, refer to the brochure for user name and password.
Health Yourself Wellness Program	Available through CBJ, the Health Yourself Wellness Program proactively encourages employees to manage their own health and preventative maintenance programs. Examples include periodic discounts through local fitness centers, informational classes (healthy eating, etc.); weight watcher clubs –incentive programs, family fitness days (ice-skating, swimming, etc.) and blood draws for free or reduced costs.
Union Representation	<p>The CBJ has employee representation by three different bargaining units:</p> <ul style="list-style-type: none"> • Marine Engineers Beneficial Association (MEBA) • International Association of Fire Fighters (IAFF) • Public Safety Employee Association (PSEA)

OTHER BENEFITS

Education and Staff Development	<p>The CBJ offers numerous types of training to its employees. A sample of regular and ongoing trainings or courses include but are not limited to:</p> <ul style="list-style-type: none"> • CBJ Supervisory Academy • DISC Communication Style Workshop • 3 Dimensional Interviewing <p>Departments also offer additional trainings for employee development.</p>
<u>Retirement</u>	<p>Public Employees Retirement System (PERS) – State of Alaska http://www.state.ak.us/local/akpages/ADMIN/drb/home.htm</p>
Employee Contribution	<p>Tier IV (Employees hired into PERS after 07/01/06) Pre-tax contribution: 8% Employees may make additional contributions.</p>
Employer Contribution	<p>DC account: 5% Health Plan: 1.75%-determined by annual actuarial valuation after FY07. HRA-flat dollar amount per employee based on 3% of the employer's average annual employee compensation. 0.4% disability – P/F, 0.3% all others.</p>
Vesting	<p>100% vested in employee contributions from inception. Vested in employer contributions based on the following schedule: 25% after 2 years of service, 50% after 3 years, 75% after 4 years, and 100% after five years.</p>
Retirement Medical Coverage	<p>Access to medical coverage at Medicare-eligible age with 10 years of service or at any age with 25 years of police/fire services or with 30 years of service for all others. Must retire directly from system. If not eligible for Medicare, must pay full premium. May use health reimbursement arrangement (HRA) account to pay premiums. Once HRA is exhausted, member self-pays premiums. When eligible for Medicare, the percentage of premium paid by retiree or surviving spouse is: 10-14 years of service-30%; 15-19 years-25%; 20-24 years-20%; 25-29 years-15%; 30 years or more-10%.</p>
Retirement Disability Benefits	<p>Must be a total and presumably permanent disability whose cause is directly related to performance of duties of the job or an on the job injury. Benefit is 40% of salary, earns service while on occupational disability. Employer continues to make all required contributions as if member were working, plus member's required contributions to the DC account, without deductions from member's disability payment. Disability benefits cease when member becomes eligible for normal retirement at Medicare-eligible age and 10 years of service or at any age with 25 years of police/fire service or with 30 years of service for all others. No medical insurance until eligible for normal retirement.</p>

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.

