

2026-2027

Employee Benefits Guide



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Welcome to your Benefits!

We are pleased to provide you with a wide range of competitive benefits that are a vital part of your total compensation. You have the flexibility to select from a full range of benefits to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement. This brochure was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this brochure to make sure you understand the benefits that are available to you and your family, and be sure to take action before the enrollment deadline.

This brochure highlights the main features of our employee benefits program. It does not include all plan rules, details, limitations, or exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. City & Borough of Juneau reserves the right to change or discontinue its employee benefits plans at any time.

Eligibility

You are eligible for benefits if you satisfy the following:

- You are an active full-time employee, including a new seasonal employee, who regularly works a minimum of 37.5 hours per week, or
- You are 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

You have 30 days from your date of hire to enroll. Most of your benefits are effective on first day of the pay period following your date of hire. You may also enroll your eligible dependents for coverage. Eligible dependents could be:

- ❖ Your legal spouse or qualified domestic partner
- ❖ Children younger than 26, regardless of dependency or student or marital status
- ❖ Children 26 or older who are fully dependent on you for support due to a mental or physical disability and are indicated as such on your federal tax return

Changing Benefits After Enrollment

During the year, you cannot make changes to your benefits unless you have a qualified life event. If you do not make changes to your benefits within the timeframes note below, you will have to wait until the next annual open enrollment period to make changes (unless you experience another qualified life event).

Qualified Life Event		Days to change	Documentation Needed
Change in marital status	Marriage	30 days	Copy of marriage certificate
	Divorce/Legal separation	30 days	Copy of divorce decree
	Death	30 days	Copy of death certificate
Change in number of dependents	Birth or adoption	60 days	Copy of birth certificate or copy of legal adoption papers
	Stepchild	30 days	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	30 days	Copy of death certificate
Change in employment	Change in your eligibility status (i.e., full-time to part-time)	30 days	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	30 days	Notification of spouse's employment status that results in a loss or gain of coverage



Enrolling for benefits

Employee Navigator

Employee Navigator is an online system that enables you to make all your benefit decisions in one place. If you don't have access to a computer, Employee Navigator is mobile ready on a tablet or smartphone through the internet browser.

Before you enroll

Know the date of birth, social security number, and address for each dependent you will cover.

Review your enrollment materials to understand your benefit options and costs for the coming year.

Getting started

Register on Employee Navigator Site: [Register](#)

You will provide the following information to register:

- First Name
- Last Name
- Date of Birth
- Last 4 SSN
- Company ID - CBJ Benefits

Log in: [Employee Navigator Log In](#)



Open Enrollment

What do I need to do for Open Enrollment?

Open Enrollment is a PASSIVE enrollment this year – please review your current benefit elections; if you make no changes, your benefits will roll over to the new plan year. The only exceptions are the FSA and HSA plans. You must make a new election every year; these benefits do not automatically roll over.

What changes are effective July 1, 2026?

- NEW CARRIER: Supplemental Accident, Critical Illness and Hospital Indemnity Plans have moved to New York Life
- NEW Premera Health Hub
- Update to GLP-1 policy – removed \$25,000 lifetime dollar limit and updated BMI requirements for weight loss:
 - 35+ or 27-35 w/ 2+ co-morbidities

Where can I learn more about my benefit options?

- We partner with Employee Navigator for a comprehensive online enrollment experience. See registration and login instructions above.
- You also have access to LIVE benefit counselors who can help walk you through enrollment options with your Alliant Advocates. See more information on Page 29 of this guide.



Medical

Medical insurance is essential to your well-being, and our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens

Parts of Your Medical Plan

- ❖ **Preventative care** is always 100% covered when you use in-network providers and includes things like physical exams, flu shots, and screenings.
- ❖ **Annual deductibles** are the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- ❖ **Annual out-of-pocket maximums** are the most you will pay each year for eligible in-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.
- ❖ **Copays** are fixed amounts you pay for healthcare services. Copays do not count toward your deductible, but they do count toward your annual out-of-pocket maximum.
- ❖ **Coinsurance** is your share of the cost of care after you've met your deductible.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see Annual Notices package for more details.

Premera BCBS of Alaska



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

	HDHP Plan	Economy Plan	Standard Plan
Deductible	Individual: \$2,000 Family: \$4,000 (aggregate)*	Individual: \$700 Family: \$1,400 (embedded)**	Individual: \$350 Family: \$700 (embedded)**
Accumulation period	plan year		
Out-of-pocket maximum (aggregate)	Individual: \$4,000 Family: \$8,000	Individual: \$3,000 Family: \$8,000	Individual: \$1,850 Family: \$5,200
Network Coinsurance	20%	20%	20%
Out-of-Network Coinsurance	50%	50%	40%
Exams			
PCP visit	20% after deductible	20% after deductible	20% after deductible
Specialist visit	20% after deductible	20% after deductible	20% after deductible
Virtual visit	20% after deductible	20% after deductible	20% after deductible
Preventive exam	No charge	No charge	No charge
Diagnostic services			
Labs and X-rays	20% after deductible	20% after deductible	20% after deductible
Complex imaging	20% after deductible	20% after deductible	20% after deductible
Therapeutic services			
Physical or Occupational	20% after deductible	20% after deductible	20% after deductible
Chiropractic	20% after deductible	20% after deductible	20% after deductible
Massage	20% after deductible (45 visits/ plan year)	20% after deductible (45 visits/ plan year)	20% after deductible (45 visits per plan year)
Facility services			
Urgent care	20% after deductible	20% after deductible	20% after deductible
Emergency room	20% after deductible	\$150 copay + 20% after deductible	\$150 copay + 20% after deductible
Outpatient surgery	20% after deductible	20% after deductible	20% after deductible
Hospitalization	20% after deductible	20% after deductible	20% after deductible

***Aggregate:** All family members' expenses count towards the family deductible until it is met. Once the family deductible is met, insurance pays for all family members, even if they haven't individually met their deductibles.

****Embedded:** Each member must meet their individual deductible before coverage begins. Once the family deductible is met, all family members' expenses are covered.

Premera BCBS of Alaska Rx Coverage

Rx Deductible (Individual)	Combined with Medical	\$150 (individual)	\$75 (individual)
Out-of-pocket maximum	Combined with Medical	Individual: \$2,000 Family: \$6,000	Individual: \$1,450 Family: \$4,350
Generic drugs	Retail & Mail Order: 90 day supply	Retail: 30 day supply Mail Order: 90 day supply	Retail: 30 day supply Mail Order: 90 day supply
Formulary/Preferred	20% after deductible	\$10 copay	\$10 copay
Non-formulary/Non-preferred	20% after deductible	\$150 copay	\$100 copay
Retail: 90 day supply Mail Order: 90 day supply	Retail & Mail Order: 90 day supply	Retail: 30 day supply Mail Order: 90 day supply	Retail: 30 day supply Mail Order: 90 day supply
Formulary/Preferred	20% after deductible	\$35 copay	\$25 copay
Non-formulary/Non-preferred	20% after deductible	\$150 copay	\$100 copay
Specialty	Retail & Mail Order: 30 day supply	Retail & Mail Order: 30 day supply	Retail & Mail Order: 30 day supply
Formulary/Preferred	20% after deductible	\$55 copay	\$45 copay
Non-formulary/Non-preferred	20% after deductible	\$150 copay	\$100 copay

Medical Bi-Weekly* Employee Contributions

	HDHP Plan	Economy Plan	Standard Plan
Employee Only	\$0.00	\$53.40	\$104.40
Employee + Family	\$79.00	\$158.00	\$230.40

*Bi-Weekly = 26 pay periods per year.

Part-time employees pay a pro-rated amount of the employer contribution to health insurance so your bi-weekly amount will be higher than the rates listed above.

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify the City & Borough of Juneau to request the Affidavit of Domestic Partnership if you would like to cover your Domestic Partner.



Telemedicine

When you need care—anytime, day or night—or when your primary care provider is not available, telemedicine can be a convenient option. With telemedicine, you don't have to drive to the doctor's office or sit in a waiting room when you're sick—you can see your doctor from the comfort of your own bed or sofa.

Register Today and Be Ready When You Need Care

- ❖ Avoid germs in the ER, urgent care clinic or doctor's office.
- ❖ See a board-certified, licensed, telehealth-trained doctor on your schedule with on-demand virtual visits 24/7, including nights, weekends and holidays.
- ❖ Get treated for more than 80 common conditions including colds, flu, allergies and more.
- ❖ Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby in less time than your usual doctor visit.
- ❖ Avoid costly copays and deductibles from the ER or urgent care clinic.



Virtual Care through Premera

Virtual Care – Anytime, Anywhere

Illness can occur at any time. So why wait for office hours to have your medical concerns addressed?

Whether it's primary, urgent, or mental health care, the Premera virtual care network prioritizes our members' needs. Providers are just a few clicks away, and ready to offer you the care you need.*

Primary and Urgent Care with 98point6

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

Mental Health Care with Spring Health

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

Substance Abuse Treatment with Boulder

Boulder is a digital clinic that offers long-term support and telehealth treatment for substance use, including alcohol and opioid use disorders. Treatments are grounded in kindness, respect, and unconditional support. (Medication assisted treatment is limited to the following states: Alaska, Colorado, Idaho, North Carolina, Ohio, Oregon, Utah, and Washington.)

Mental Health Care with Talkspace

Receive virtual access to a licensed therapist through text or video for non-urgent mental health care. Sign in to the Premera mobile app to access Talkspace from the Find Care section.

*If you already have the 98point6, Spring Health, or Talkspace apps downloaded, you can continue using them as is. You are not required to access them through the Premera mobile app.

98point6, Spring Health, and Talkspace are independent companies that provide virtual care services on behalf of Premera Blue Cross Blue Shield of Alaska.

Virtual Care and Digital Resources

Coaching for Healthier Habits with Teladoc

Get tools and coaching support to manage your weight goals and develop long-term habits at no cost to you. Receive an advanced smart scale, one-on-one coaching, and personal meal & nutrition plans. Register at TeladocHealth.com

Weight Management with Teladoc

The weight management program is offered at no cost to you so you can live your healthiest life and feel your best. Receive a connected smart scale, expert coaching and support, personalized advice on nutrition, meal plans and more. Register at TeladocHealth.com

Diabetes Management with Teladoc

Get an advanced blood glucose meter and as many strips and lancets as you need at no cost to you. Receive personalized tips with blood sugar check and real-time support when you're out of range. Register at TeladocHealth.com

Heart Health with Teladoc

With a smart blood pressure monitor, you can track readings, get support, set up reminders and message a coach, all in one place. All at no cost to you. Receive a connected blood pressure monitor, one-on-one support, and step-by-step action plans based on your goals. Register at TeladocHealth.com



Premera Care Compass

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

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

Health Checklist and Messaging Support through Wellframe

This mobile health program includes tips for navigating the healthcare system, resources for mental health support, and useful health management tools, such as medication management, pain management, physical activity tracker, nutrition guidance, and more.

This benefit is included with your health plan at no extra cost. Download the Wellframe app from the App Store or Google Play. Access code: helpwellpbc

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Health Management Programs

New for 2026 Premera Health Hub Programs

Personalized digital support for your everyday health.

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

Women's Health

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

Mental Health

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

Musculoskeletal (MSK) Health


Virtual care for joint or muscle pain. Fitness and physical therapy (PT) programs to reduce pain and increase strength. Personalized to the level and location of your pain on your schedule with proven programs.

Weight Management

Expert coaching on nutrition, healthy habits, and weight-loss strategies. Connected smart scale that syncs with a mobile app to track weight and activity.

Insights on sleep, behavior change, and sustainable weight loss.

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




Healthy starts with
Premera Health Hub

No matter your health goal, start here to find accessible, personalized health programs that fit seamlessly into your life. Get started to find out what your plan includes.

- Conveniently online
- Approved by clinical experts
- Connected devices to track results
- Premium apps to help follow your plan
- Options vary by plan, log in to see what's included

Get started

PREMERA | 

Dental

Taking care of your oral health is not a luxury; it is a necessity for long-term optimal health. Preventive services provided by an in-network dentist are covered at no cost to you and include routine exams and cleanings. You will pay only a small deductible and coinsurance for basic and major services.

When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than you expected.

Premera BCBS of Alaska

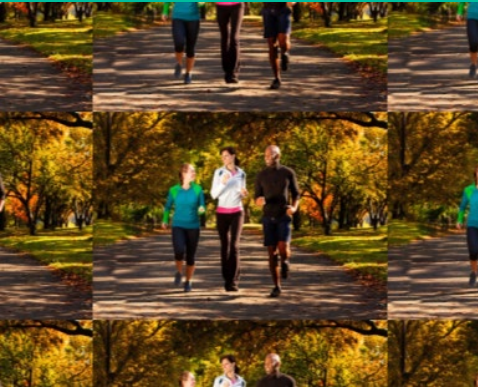
	Base Plan – In Network	Buy-up Plan – In-Network
Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Annual plan maximum	\$2,000	\$3,000
Waiting period	None	None
Plan rollover max	None	None
Dental Services		
Diagnostic & preventive	No charge	No charge
Basic	20% after deductible	20% after deductible
Major	50% after deductible	20% after deductible
Endodontic	20% after deductible	20% after deductible
Periodontic	20% after deductible	20% after deductible
Implants	50% after deductible	20% after deductible
Orthodontia		
Covered for	Not Covered	Adults & Children
Coverage	n/a	50% after deductible
Lifetime maximum	n/a	\$2,500

Dental Bi-Weekly* Employee Contributions

	Base Plan	Buy-Up Plan
Employee Only	\$0.00	\$21.00
Employee + Family	\$0.00	\$34.50

* Bi-Weekly = 26 pay periods per year. Part-Time Employees pay a prorated amount.

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify The City & Borough of Juneau if your domestic partner is your tax dependent.



Vision



Healthy eyes and clear vision are important parts of your overall health and quality of life. You do not have to be enrolled in medical coverage to elect vision coverage, nor do you have to cover the same dependents under medical and vision.

Premera BCBS of Alaska

If you see the services of a provider listed in Premera’s provider directory, your Vision plan benefits include the following:

Vision Plan – In Network	
Exams	
Coverage	Adults & Children: No charge
Frequency	1 exam per year
Materials	
Coverage	<p>Adults: Up to \$200 per year. Glass lenses are allowed and do not accrue to maximum.</p> <p>Children: 1 pair of frames and lenses per year or contact lenses every 12 months</p>

Vision Bi-Weekly* Employee Contributions

	Vision Plan
Employee Only	\$3.50
Employee + Family	\$6.80

* Bi-Weekly = 26 pay periods per year. Part-Time Employees pay a prorated amount.

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify The City & Borough of Juneau if your domestic partner is your tax dependent.

Find a Provider

Medical, Dental & Vision

The Find a Doctor tool helps you find in-network care and more

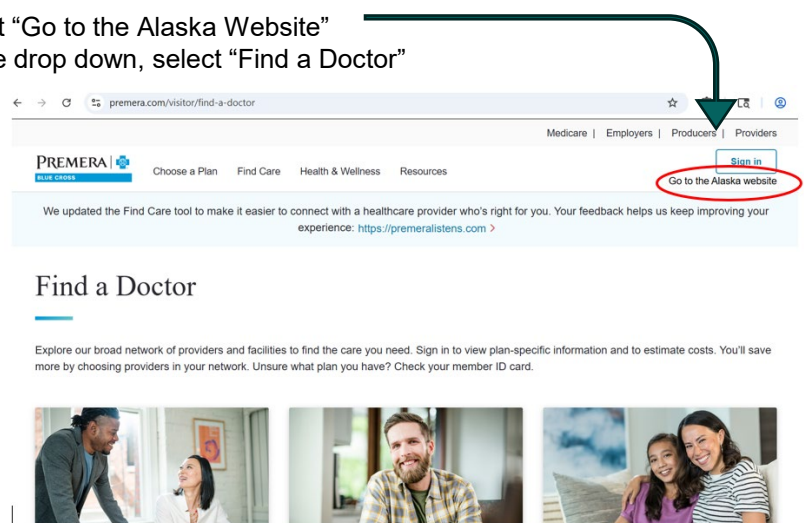
When you use the Find a Doctor tool at [premera.com](https://www.premera.com), you can get the most from your benefits. You usually pay less whenever you use providers and services that are in your health plan's provider network.

With the Find a Doctor tool, you can:

- Find doctors, dentists, hospitals, and more in your plan's network
- Find out if the doctor is accepting new patients
- See cost estimates for common procedures based on your network
- Find specialty doctors
- Locate urgent care centers close to your home or current location
- See a provider's ratings and awards

How to use the tool

- Go to www.premera.com
- Under the "Sign in" button in the upper right, select "Go to the Alaska Website"
- At the top of the screen click 'Find Care'; within the drop down, select "Find a Doctor"
- Under Employer-Based Plans, select "Browse all doctors and specialists"
- Next you will select your network. Select:
 - AK Heritage,
 - Heritage and Dental Choice, or
 - Yukon (Medical & Vision)
- Enter your location
- Now you can search for a provider name or specialty
- A list of providers will appear along with contact information





Optional Supplemental Plans



Just as it sounds, supplemental plans can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary.

Accident Insurance

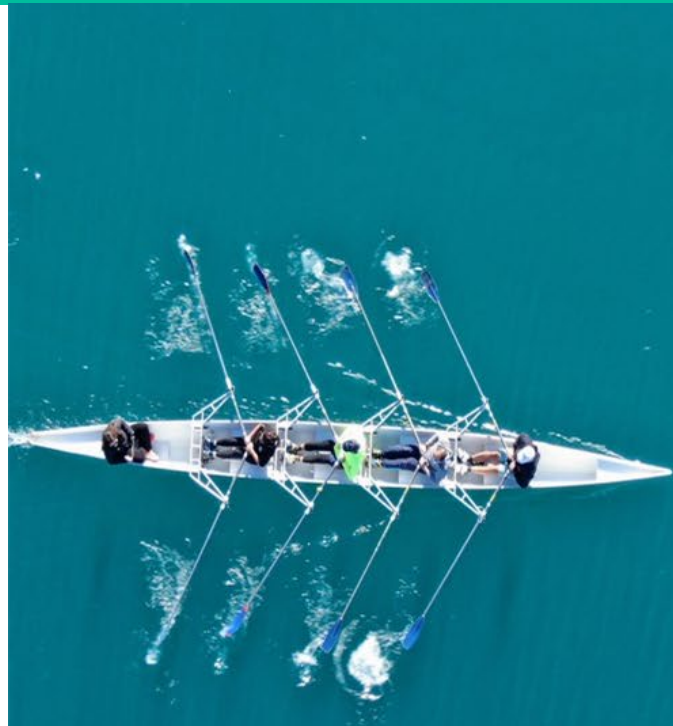
Accident insurance pays out a lump sum if you become injured as a result of an accident. Accident insurance may also complement health insurance if an accident causes you to have medical expenses that your health insurance doesn't cover.

Accident insurance covers qualifying injuries, which might include a broken limb, loss of a limb, burns, lacerations or paralysis. In the event of your accidental death, accident insurance pays out money to your designated beneficiary. While health insurance companies pay your provider or facility, accident insurance pays you directly.

How Accident Insurance Works

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging, and follow-up care. Here's how it works:

- ❖ A set amount is payable based on the injury you suffer and the treatment you receive.
- ❖ Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.
- ❖ Coverage is available for you, your spouse and eligible dependent children.
- ❖ You do not need to answer medical questions or have a physical exam to get basic coverage.
- ❖ Accident insurance covers injuries that happen off the job, unlike workers' compensation, which only covers on-the-job injuries.
- ❖ Benefit payments are not reduced by any other insurance you may have with other companies.





Critical Illness Insurance

While major medical insurance is vital, it doesn't cover everything. If you suffer from a serious illness, such as cancer, a stroke or a heart attack, major medical insurance may not provide the coverage you need. Critical illness insurance will help ease the financial strain and help you worry less while you recover.

How do claims get paid?

After purchasing critical illness insurance, if you suffer from one of the serious illnesses covered by your policy, you'll be paid in a lump sum. The payment will go directly to you instead of to a medical provider. The payment you receive can be used for many things, including:

- ❖ Childcare costs
- ❖ Medical expenses
- ❖ Travel expenses for you and your family
- ❖ Lost wages from missed time at work
- ❖ Living expenses

Since the payment is made to you, the money can be used for anything you need while you focus on recovering.

Hospital Indemnity Insurance

Hospital indemnity insurance is a supplemental medical insurance plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury.

Even if your medical insurance covers most of your hospitalization, you can still receive payments from your hospital indemnity insurance plan to cover extra expenses while you recover.

How does it work?

You pay monthly premiums for your hospital indemnity insurance plan. If you are admitted to the hospital for an injury or illness, your hospital indemnity plan makes cash payments to you.

You can use these emergency funds to pay for costs not covered by your health insurance; health insurance deductibles, copays and coinsurance; childcare expenses while you are in the hospital; or cost-of-living expenses as you recover.

Optional Supplemental Plans Cost



Critical Illness

Biweekly Cost – Employee*						
AGE	Per Bi-Weekly Pay Period Non-Tobacco Rates			Per Bi-Weekly Pay Period Tobacco Rates		
	\$10,000	\$20,000	\$30,000	\$10,000	\$20,000	\$30,000
0–29	\$1.11	\$2.22	\$3.32	\$1.62	\$3.23	\$4.85
30–39	\$1.98	\$3.97	\$5.95	\$2.35	\$4.71	\$7.06
40–49	\$3.69	\$7.38	\$11.08	\$4.29	\$8.58	\$12.88
50–59	\$6.83	\$13.66	\$20.49	\$7.94	\$15.88	\$23.82
60–69	\$12.69	\$25.38	\$38.08	\$14.91	\$29.82	\$44.72
70–79	\$15.46	\$30.92	\$46.38	\$16.80	\$33.60	\$50.40
80+	\$16.71	\$33.42	\$50.12	\$17.72	\$35.45	\$53.17

*50% of Employee issued benefit amount for children included

Biweekly Cost – Spouse/DP**						
AGE	Per Bi-Weekly Pay Period Non-Tobacco Rates			Per Bi-Weekly Pay Period Tobacco Rates		
	\$5,000	\$10,000	\$15,000	\$5,000	\$10,000	\$15,000
0–29	\$0.55	\$1.11	\$1.66	\$0.81	\$1.62	\$2.42
30–39	\$0.99	\$1.98	\$2.98	\$1.18	\$2.35	\$3.53
40–49	\$1.85	\$3.69	\$5.54	\$2.15	\$4.29	\$6.44
50–59	\$3.42	\$6.83	\$10.25	\$3.97	\$7.94	\$11.91
60–69	\$6.35	\$12.69	\$19.04	\$7.45	\$14.91	\$22.36
70–79	\$7.73	\$15.46	\$23.19	\$8.40	\$16.80	\$25.20
80+	\$8.35	\$16.71	\$25.06	\$8.86	\$17.72	\$26.58

**The Employee's age will be used for establishing spouses' and domestic partners' rates

Accident

Biweekly Cost	
Employee Only	\$3.22
Employee + Spouse/DP	\$5.71
Employee + Child(ren)	\$7.77
Employee + Family	\$10.25

Hospital

Biweekly Cost	
Employee Only	\$7.16
Employee + Spouse/DP	\$14.38
Employee + Child(ren)	\$12.81
Employee + Family	\$20.03



Flexible Spending Accounts

To help you pay for certain expenses using pretax dollars, you can participate in a healthcare or dependent-care reimbursement account, also known as a flexible spending account (FSA). There are two types of FSAs: the healthcare FSA and the dependent-care FSA.

When you enroll in an FSA, you choose to contribute a certain amount, through pretax payroll deductions during the year, to the account. Because your contributions are deducted before federal and Social Security taxes are withdrawn, you save money on your taxable income.

Think of an FSA as a personal checking account. You make regular deposits to your account through pretax payroll deductions. You are reimbursed when you incur eligible expenses.

Your contributions will be deducted from your paycheck in equal installments over the course of the calendar year. For example, if you choose to contribute \$2,600 to your healthcare FSA, \$100 would be withdrawn each pay period. Note that the entire contribution amount is available for reimbursement on July 1.

Important Dates:	
Plan Year Starts (All funds available)	July 1 st
Plan Year Ends	June 30 th
Grace Period to Incur Claims	September 15 th
Submit Claims to HSA Bank	September 30 th





Healthcare FSA

When you open a healthcare FSA, you can set aside pretax dollars to pay for the medical, dental and vision expenses not covered under your other benefit plans.

The maximum election in 2026 is \$3,400.

You have until September 30 to submit claims for expenses incurred between July 1 of the current plan year through September 15 of the next plan year (a 14.5-month period).

You will receive a debit card that will allow you to access funds from your healthcare FSA, if you choose to use one. You can use your debit card for prescription medications, as long as the funds are available.

Remember: If you do not spend all the money in your FSA by the deadline, IRS regulations state that it cannot be reimbursed to you as regular pay because it was taken in pretax dollars. As a result, any unused dollars in your account after the deadline will be forfeited.

Note: If you are a participant in an HSA, you are not eligible for the healthcare FSA.

Dependent-Care FSA

When you open a dependent-care FSA, you can set aside pretax dollars to pay for dependent-care costs. The money in your dependent-care FSA cannot be used to pay for your dependents' healthcare expenses. Healthcare expenses can be reimbursed only from your healthcare FSA (if you have elected one).

The maximum election in 2026 is \$7,500 (or \$3,750 if married and filing taxes separately).

You have until September 30 to submit claims for expenses incurred between July 1 of the current plan year through September 15 of the next plan year (a 14.5-month period).

You will receive a debit card that you may use to pay your childcare provider, or you may submit claims to HSA Bank through the member portal.

City & Borough of Juneau employees are eligible to have \$5000 of the Dependent Care Account funded by the CBJ on July 1 following their 1-year merit anniversary date. The remaining \$2500 would be a payroll deduction from their paycheck.



HSA

A health savings account (HSA) is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars—now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan.

How a Health Savings Account Works

Eligibility

You must be enrolled in the high deductible health plan.

Disqualifications

You may not participate in a HSA if you are enrolled in another medical plan that is not a qualified high deductible health plan (including Medicare, veterans benefits or TRICARE), if you are covered by a general purpose FSA, or you are claimed as a dependent on someone else's taxes.

Contributions

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the annual IRS maximum of \$4,400, or \$8,750 if you enroll in family coverage. You can make an additional catch-up contribution of \$1,000 if you are 55 or older.

Eligible Expenses

You may use your HSA funds to cover medical, dental, vision and prescription drug expenses incurred by you and your eligible family members.

Using Your Account

Use the debit card linked to your HSA to cover eligible expenses or pay for expenses out of your own pocket and save your HSA money for future healthcare expenses.

Always Yours—No Matter What

One of the best features of an HSA is that any money left in your account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave City & Borough of Juneau or retire, your HSA goes with you so you can continue to pay for or save for future eligible healthcare expenses.





Life & Disability



Basic & Voluntary Life and AD&D

Life insurance pays a lump-sum benefit to your beneficiaries to help meet expenses in the event of your death. Accidental death & dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (e.g., loss of sight, loss of a limb), the benefit you receive is a percentage of your total AD&D coverage based on the severity of the accidental injury.

Basic Life and AD&D Insurance: For You

COVERAGE LEVEL	COVERAGE AMOUNT	EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH
Basic Life and AD&D	Employee: \$10,000 Spouse* & Children: \$10,000	None

Voluntary Life and AD&D Insurance: For You and Your Dependents

COVERAGE LEVEL	COVERAGE AMOUNT	EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH
Employee Only	Increments of \$25,000 not to exceed 7 times your base annual salary or \$300,000.	Required for amounts greater than \$100,000
Spouse	Increments of \$25,000 up 100% of employee's voluntary life insurance amount.	Required for amounts greater than \$25,000
Child(ren)	Birth to 6 months: \$500 6 months to 26 years: \$10,000	None

Life Insurance Benefit Reduction Schedule: If you are still employed, your benefits will reduce to 65% at age 70, 50% at age 75, and 30% at age 80. Your premiums will also reduce to match your benefits.

*The value of your basic spouse life insurance that exceeds \$2,500 is imputed income and subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect voluntary life and AD&D coverage when they are first eligible can elect up to the guaranteed issue (GI) amount without evidence of insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.



Life & Disability Voluntary Life and AD&D Costs



Employee Rates		Spouse/Domestic Partner* Rates	
Age	Bi-Weekly Rates Per \$1,000	Age	Bi-Weekly Rates Per \$1,000
Under 30	\$0.048	Under 30	\$0.048
30–34	\$0.051	30–34	\$0.051
35–39	\$0.059	35–39	\$0.059
40–44	\$0.085	40–44	\$0.085
45–49	\$0.142	45–49	\$0.142
50–54	\$0.224	50–54	\$0.224
55–59	\$0.348	55–59	\$0.348
60–64	\$0.510	60–64	\$0.510
65–69	\$0.731	65–69	\$0.731
70–74	\$1.035	70–74	\$1.035
75+	\$1.504	75+	\$1.504
Children	\$1.06 per month for all children		

* The Employee's age will be used for establishing spouses' and domestic partners' rates.
 Spouse/DP eligible to age 70

Sample Voluntary Life Cost for 47 year old employee:
 $\$50,000 \text{ benefit} \div 1,000 \times \$0.142 = \$7.10 \text{ per pay period}$

For Open Enrollment for 2026/2027 and New Hires Only: You have a one-time opportunity to elect or increase voluntary life insurance, up to the guarantee issue maximum, without submitting evidence of insurability. Employees may elect up to \$100,000 for themselves and up to \$25,000 for their spouses without providing proof of good health.



Life & Disability



Voluntary Short-Term Disability

Disability insurance can keep you financially stable should you experience a qualifying disability and become unable to work. A qualifying disability is a sickness or injury that causes you to be unable to perform any other work.

Voluntary Short-Term Disability Benefits at a Glance

Coverage	60% of your weekly earnings, to a \$1,500 weekly maximum for 13 weeks (including waiting period).
When Benefits Begin	Benefit begins after 7 days of disability.
Election Required	Yes

Voluntary Short-Term Disability Costs

Age	Bi-Weekly Rates Per \$10
Under 30	\$0.520
30-54	\$0.520
55-59	\$0.584
60-64	\$0.680
65+	\$0.744



Save now, enjoy later

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! To get started go to :

www.msqplanservices.org/myplan/301285

All you need is your Plan number: 301285

457 Deferred Compensation Plan

It's easy to contribute

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

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.

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.

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.

Maximum 2026 contribution

(IRS limits are evaluated annually)

Up to \$24,500

If you're 50–59 years old, you can save an extra \$8,000

If you're 60–63, save an extra \$11,250

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.

457 Deferred Compensation Plan

Employer Matching

CBJ Tier IV Employees

Tier IV employees will be eligible for an employer match to their 457 DC plan through Mission Square/

Matching contribution is as follows based on your years of service:

- 0-2 years: Employer contribution—50% of employee contribution up to a maximum of 1% of wages
- 2-5 years: Employer contribution—50% of employee contribution up to a maximum of 2% of wages
- 5-10 years: Employer contribution—50% of employee contribution up to a maximum of 3% of wages
- 10+ years: Employer contribution—50% of employee contribution up to a maximum of 4% of wages

Vesting

Vesting for the employer match is as follows based on years of service after the START of the match plan:

- 20% after 1 year
- 40% after 2 years
- 60% after 3 years
- 80% after 4 years
- 100% after 5 years



eMbrace

A personalized, total wellbeing solution



Employee Assistance Program

You automatically have access to the Magellan eMbrace employee assistance program (EAP). This program provides professional, confidential telephonic or face-to-face counseling services to you and your household members at no cost. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance. Contact Magellan at 800-424-4039 or visit www.member.MagellanHealthcare.com.

This program is available 24 hours a day, 365 days a year for confidential counseling, referral and follow-up services. Up to 5 sessions at no cost for issues such as:

- ❖ Stress
- ❖ Marital or family problems
- ❖ Anxiety and depression
- ❖ Substance use (alcohol and/or drugs)
- ❖ Financial issues
- ❖ Childcare issues—including identifying schools, daycare and tutors
- ❖ Aging parents
- ❖ Pet care
- ❖ Maintenance and repair providers
- ❖ Community volunteer opportunities

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.



Additional Benefits

Nationwide Pet Insurance

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Nationwide provides coverage for this program and premium will be paid by payroll deductions.

You can get a quote and enroll in this program anytime at [PetsNationwide.com](https://www.petsnationwide.com) or call (877) 738-7874



Pet Protection when it matters most.

Nationwide's pet insurance plans cover:

- Accidents and injuries
- Common Illnesses
- Serious Illnesses
- Chronic Illnesses
- Hereditary conditions
- Testing and Diagnostics
- Procedures
- Holistic and alternative care
- And more!

Coverage includes emergency care and specialists. No networks and no pre-approval.

Easy to use, easy to understand

- Using a Nationwide pet insurance plan is easy
- Visit any vet, anywhere
- Submit a claim from any device
- Get reimbursed for eligible expenses once deductible is met

Coverage is available for birds and exotic pets, too!





Additional Benefits



New York Life Travel Assistance Program

If you're looking for peace of mind while traveling, consider the travel assistance program. It offers toll-free emergency assistance to you, your spouse and your dependents 24 hours a day, seven days a week. This includes:

- **Emergency Assistance**, including evacuation, repatriation, medical transportation and more.
- **Travel assistance**, interpretation and translation service referrals, referrals to physicians, dentists, and legal resources, assistance with lost or stolen items, emergency cash advances and more.
- **Pre-trip Planning**, such as immunization requirements, visa and passport requirements and embassy/consular referrals.

Contact New York Life Group Benefit Solutions at

Travel Assistance Benefits offered through NYL Group Benefits Solutions. Contact 24/7 from anywhere globally:
 +1 (347) 708-1824
 Employer Name: City & Borough of Juneau.
 Policy #OK 0969399 & OK 0969400

NYL FinancialConnect

Sometimes you may not know where to start when facing a stressful financial challenge or when you need financial planning expertise. With FinancialConnect,[®] you and your family members have unlimited access to a team of qualified experts including Certified Public Accountants (CPAs), Certified Financial Planners[™] (CFP[®]), and other financial professionals to help guide you.

NYL LegalConnect

If you are facing a difficult legal challenge and don't know where to start, LegalConnect[®] can help. This program gives you access to unlimited phone consultations with a staff of attorneys who can provide guidance on issues such as divorce, adoption, estate planning, real estate, and identity theft. If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25 percent reduction in fees thereafter

NYL EstateGuidance

This user-friendly online tool allows you and your family members to write a last will and testament, a living will and documents outlining your wishes for final arrangements quickly, easily and cost-effectively. EstateGuidance[®] walks you through the entire process, guiding your choices with a series of questions and breaking down each step into easy-to-understand terms. Access is available anytime, anywhere via tablet, desktop, or mobile app.

Benefits offered through Guidance Resources. Contact Guidance Resources 24/7 at (800) 344.9752 or guidanceresources.com (Click "Register" and enter "NYLGBS" as Organization Web ID)

Nearing 65? Get to know Medicare



alliantmedicareolutions.com

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Important deadlines ahead

Most people become eligible for Medicare at age 65. At that time, you'll need to make some important decisions about your health insurance.

But the choice isn't always easy. Maybe you'll keep working after 65. Maybe you have dependents covered by your City & Borough of Juneau-sponsored insurance. Maybe you're just not sure which options could work best for your situation.

Alliant Medicare Solutions

Through The City & Borough of Juneau, you have access to Alliant Medicare Solutions, a free service you, your family, and your friends can use to figure out the best Medicare options for you.

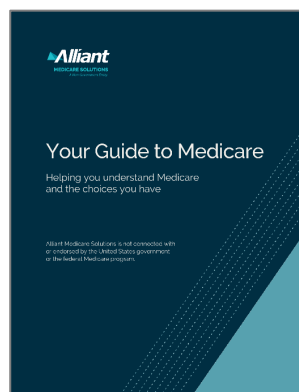
How it works

Gather your current health insurance information.

Call Alliant Medicare Solutions at **(877) 888-0165** to talk to a licensed insurance agent about your current coverage, your Medicare options, and what might work best for your situation.

Alliant Medicare Solutions can help you enroll in Medicare or email policy information for you to review.

Learn more



[Your Guide to Medicare](#)



[Medicare 101](#)



[Social Security Planning](#)



Alliant Benefit Advocates

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

How Benefit Advocates Take Care of You

Understand Insurance Benefits

Receive guidance in understanding your benefits throughout the year.

Qualifying Life Events

Receive help with coverage changes due to qualifying life events (like marriage, divorce, or a new child).

Find an In-Network Provider

Find doctors, dentists and eye care professionals who participate in your plan's network.

Claims Assistance

If there's an issue with your medical bills, your advocate can help you resolve it.

Contact your Alliant Benefit Advocate

Email: benefitsupport@alliant.com

Phone: (800) 489-1390

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

HIPAA authorization for claims assistance

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



Click to play video

Employee Parks & Rec Pass

The FY27 CBJ Employee Parks & Recreation Pass provides benefit-eligible employees (CBJ/BRH/JSD Admin) and their immediate families with free access to all Parks & Recreation facilities. This pass grants unlimited entry to public drop-in programs at:

- Augustus G. Brown Swimming Pool
- Dimond Park Aquatic Center
- Dimond Park Field House
- Mount Jumbo Gym
- Treadwell Ice Arena
- Floyd Dryden Gym



The CBJ Employee Parks & Recreation Pass does not include private rentals or registrations such as swim lessons, Start Smart, adult volleyball, youth sports, Parent & Tot, etc.

To receive a pass for yourself and/or your family, you must elect it during open enrollment by selecting one of the following options below: Employee OR Employee + Family. Passes will only be issued to those who complete the enrollment process by the open enrollment deadline. It is the employee's responsibility to ensure they make their selection before open enrollment closes—passes will not be added after the deadline under any circumstances.

All FY27 CBJ Employee Park & Rec Passes will be active from July 1, 2026, through June 30, 2027. If an employee separates during the fiscal year, the pass(es) will become inactive on the last day of employment.

Note: Dependent eligibility extends through the end of the fiscal year in which the dependent turns 18. Dependents who are 18 or older as of the start of a new fiscal year are not eligible to enroll in the CBJ Parks & Rec Pass.





Important Contacts

Coverage	Contact	Phone	Website
Medical, Dental & Vision	Premera BCBS of Alaska	(800) 508-4722	premera.com/sign-in
Flexible Spending Accounts Health Savings Accounts	HSA Bank	(844) 650-8936	account.hsabank.com
Life and AD&D Voluntary Short-Term Disability	New York Life	(888) 842-4462	newyorklife.com/group-benefit-solutions
Accident, Hospital, Critical Illness	New York Life	(888) 842-4462	newyorklife.com/group-benefit-solutions
Employee Assistance Program	Magellan	(800) 424.4039	member.MagellanHealthcare.com
457 Deferred Compensation Plan	ICMA Retirement Jeff Spindle	(866) 328-4664	jspindle@missionsq.org
Pet Insurance	Nationwide	(877) 738-7874	petinsurance.com
Travel Assistance	New York Life GBS	(347) 708-1824	Policy #OK 0969399 & OK 0969400
FinancialConnect, LegalConnect & EstateGuidance	New York Life Guidance Resources	(800) 344-9752	guidanceresources.com Organization Web ID: NYLGBS
City & Borough of Juneau	Natasha Peterson	(907) 586-5250 ext. 4085	Natasha.Peterson@juneau.gov
Alliant	Benefit Advocates	(800) 489-1390	benefitsupport@alliant.com



**Annual Notices are posted on the City & Borough of
Juneau Benefits website:
juneau.org/human-resources/benefits**

