



PARTICIPANT GUIDE

Your Alaska **HERE Bronze Plan** benefits and services!



UNITE HERE HEALTH
ALASKA

Revised March 2026 (Replaces Participant Guide dated January 2025)

Contact Information

UNITE HERE HEALTH

844-427-8501

Monday - Friday

8:30am - 4:30pm (Alaska Time)

www.alaskaplan.org

Helpful numbers

Advocacy Line (your helpers)

844-427-8516

CVS/Caremark (pharmacy)

866-818-6911

Teladoc (doctor by video)

855-835-2362

Aetna Nurse Line (24 hour medical advice)

800-556-1555

**National CooperativeRx (prior authorization for
specialty medication)**

608-416-8702

VSP (vision)

800-877-7195

Table of Contents

Customer Service	4
We're Here to Help!	5
Your Medical Plan	6-7
How to Get Your Benefits	8-9
How to Keep Your Benefits	10
Hours Bank	11
When You Can Add or Remove Dependents	12-13
How to Make Payments for Dependents	14-15
How to Find a Doctor	16
Getting Care in Anchorage	17
Coalition Health Centers	18-19
Prior Authorization	20-21
Life and AD&D Insurance	22
Dental Care	23
Eye Care	24-25
Where to Get Your Medicine	26
Costs for Your Medicine	27
Urgent Care	28-29

Customer Service



Customer Service is just a call away!

Customer Service is happy to help you with all your questions!
They can help you:

- Find a doctor
- Make a dependent premium payment
- Check hours and eligibility
- and more!



Call **844-427-8501** or



Email us at **UHHAlaskaMember@magnacare.com**

We're Here to Help!



Do you need extra help or support with your eligibility or benefits?

Your advocates can help! The advocates are your personal Alaska Plan “helpers”. They will give you extra support navigating your benefits and helping you find resources.



Call **844-427-8516** or



Email **akadvocacy@uhh.org**

Your Medical Plan



You're enrolled in the Bronze Medical Plan!

Your plan is based on your job's Collective Bargaining Agreement (CBA). Here are some important details about your medical plan.

There's no charge for preventive services and you'll pay 40% coinsurance for most other medical services.

Do you have any questions about your medical plan?



Please call **844-427-8501** for more information.

Bronze Plan feature (Coalition/PPO Provider or Any Provider Outside of Anchorage)	What you pay
Deductible*	\$750 per person; \$1,500 per family
Coinsurance*	40% coinsurance**
Out-of-pocket maximum*	\$4,000 per person; \$8,000 per family
Emergency Room (ER) visit	\$100 copay + 40% coinsurance** after your deductible (copay waived if admitted)
Inpatient hospital stay	\$350 copay + 40% coinsurance** after your deductible (copay is waived after 4 or more stays per person, per calendar year)
<p>*The PPO deductible, coinsurance and out-of-pocket maximum applies, unless you go to a Non-PPO (Non-Coalition) provider in the Municipality of Anchorage.</p> <p>**Services received from a Non-PPO provider will be covered up to the Usual & Customary Charge (UCC). Any amounts above the UCC will not be covered. You may receive a balance bill from the provider.</p>	

Your pharmacy costs are different (see page 27).

How to Get Your Benefits



You become eligible for benefits based on how many hours you work.

For every hour you work, your job pays into the Alaska HERE Plan on your behalf.

How it works

1. You become eligible for benefits when you work **255 hours (or more) within a 3-month period**. This is called your "**work period**."
2. Then, you'll have a **2-month wait**. This is called your "**lag period**."
3. Your benefits will start on the **1st day of the 6th month**. You'll be covered for that entire month. This is called your "**coverage period**."

For example

- Maria worked 120 hours in August, 80 hours in September, and 55 hours in October. This is a total of **255 hours**.
- That means, Maria is eligible for benefits because she worked **255 hours (or more) within a 3-month period**.
- Maria's **2-month** wait is November and December.
- Maria's benefits will **start** on January 1st.
- Maria will have benefits for the entire **month** of January.

Look at the chart below to find out what month you'll get your benefits!

Work period If you work 255 hours (or more) in:	Lag period Your 2-month wait is:	Coverage period You have benefits for:
Jan - Feb - March	Apr - May	Jun
Feb - Mar - Apr	May - Jun	Jul
Mar - Apr - May	Jun - Jul	Aug
Apr - May - Jun	Jul - Aug	Sep
May - Jun - Jul	Aug - Sep	Oct
Jun - Jul - Aug	Sep - Oct	Nov
Jul - Aug - Sep	Oct - Nov	Dec
Aug - Sep - Oct	Nov - Dec	Jan
Sep - Oct - Nov	Dec - Jan	Feb
Oct - Nov - Dec	Jan - Feb	Mar
Nov - Dec - Jan	Feb - Mar	Apr
Dec - Jan - Feb	Mar - Apr	May

How to Keep Your Benefits

After you get your benefits, you have to work at least **100 hours every month** to keep them. Your hours will apply to eligibility 2 months later.

Look at the chart below to see how this works.

Work period If you work 100 hours in:	Lag period Your 2-month wait is:	Coverage period You'll be covered in:
Jan	Feb - Mar	Apr
Feb	Mar - Apr	May
Mar	Apr - May	Jun
Apr	May - Jun	Jul
May	Jun - Jul	Aug
Jun	Jul - Aug	Sep
Jul	Aug - Sep	Oct
Aug	Sep - Oct	Nov
Sep	Oct - Nov	Dec
Oct	Nov - Dec	Jan
Nov	Dec - Jan	Feb
Dec	Jan - Feb	Mar



Questions about keeping your benefits? Please call **844-427-8501**.

Hours Bank

You can save your extra work hours for when you need them!

To keep your benefits, you have to work at least 100 hours every month. If you work more than 100 hours, your extra hours will go into your hours bank. If one month you're short on hours, you can use hours from your "bank" to make up for those missed hours.

This means if you work less than 100 hours in a month, your hours bank will be used to bring your total hours up to 100. That way you'll keep your benefits.

For example

- Dave has 60 hours in his hours bank.
- Dave only works 80 hours in January.
- Dave is 20 hours short. 20 hours will be taken from his hours bank.
- Dave can keep his benefits for April.
- Dave will then have 40 hours left in his hours bank.

How many hours can I have in my hours bank at once?

220 hours is the most hours that you can have in your hours bank.

To check how many hours are in your hours bank



Use the online Participant Portal at www.alaskaplan.org/portal



Call the Customer Service Office at **844-427-8501**

When You Can Add or Remove Dependents

You can only add or remove dependents:

- Once a year at open enrollment, or
- When you have a qualifying life event.

Qualifying life events are:

- You get married
- You have a baby
- You adopt or get a child placed in your home for adoption
- A child from another country comes to live with you
- Your dependents lose their health coverage including your spouse's health insurance, Medicaid, or a Children's Health Insurance Program (CHIP)
- Your dependents become eligible for Medicaid or a CHIP



You only have 60 days after the qualifying life event to enroll or remove your dependents and send in your paperwork.



To enroll or remove your dependents after a qualifying life event



Use the online Participant Portal at www.alaskaplan.org/portal



Call the Customer Service Office at **844-427-8501**

You'll need to send in proof of the life event, such as:

- A copy of your marriage certificate
- A copy of the birth certificate
- Loss of coverage letter or
- Other paperwork

How to Make Payments for Dependents



If you enroll your spouse and/or your children as dependents, you'll pay a dependent premium each month.

Number of dependents	Monthly payment
1	\$35
2 or more	\$50

When do I pay dependent premiums?

Payments are due on the 20th of the month before the month of coverage. You can only pay for the month that's due. We can't accept payments in advance.

For example, this means your payment for January is due no later than December 20th and we will only accept your payment for January at that time.

What happens if I miss a payment?

There's a 30-day grace period. If you miss a payment, you have 30 days after your due date to pay your dependent premium. **If you don't pay within your grace period, your dependents will lose their benefits.** You'll have to wait for the next open enrollment or a qualifying life event to put your dependents back on your plan.

For example

- Your payment for January is due by December 20th.
- But your 30-day grace period gives you until January 19th to pay.
- If you don't pay by January 19th, your dependents will lose their benefits.



How do I pay dependent premiums?



Use the online Participant Portal at
www.alaskaplan.org/portal



Call **844-427-8501** to use your debit or credit card.



Mail a check or money order payable to
UHH Alaska HERE Plan to:
1901 Las Vegas Blvd S., Ste. 107,
Las Vegas, NV 89104

How to Find a Doctor

Your Aetna PPO Network

You can go to any doctor you want. But going to a provider in your Aetna PPO network will save you money!



To find an in-network PPO provider in your Aetna network, visit www.alaskaplan.org/provider_search or call the **Customer Service Office** at **844-427-8501**.



Your Wellness and Minor Care Program

Your Plan also offers a Wellness and Minor Care program! Patients age 1 and older can visit Primary Care Associates for care.



Primary Care Associates Locations

For walk-in services

4100 Lake Otis Pkwy, Ste. 100
Anchorage, AK 99508
907-563-4006

17101 Snowmobile Ln, Ste. 102
Eagle River, AK 99577
907-694-7223

12350 Industry Way, Ste. 160
Anchorage, AK 99515
907-345-4343

For scheduled appointments


4100 Lake Otis Pkwy, Ste. 322
Anchorage, AK 99508
907-562-1234


Your Costs

Type of care	Copay
Preventive care (like physicals)	No copay
Most other services	\$20 copay

Getting Care in Anchorage

If you're in Anchorage and need hospital or emergency services, you should only go to Alaska Regional Hospital for care.

 **Alaska Regional Hospital**
2801 Debarr Rd
Anchorage, AK 99508
907-276-1131
alaskaregional.com

 **Denali Emergency Medicine Associates**
(located at Alaska Regional Hospital)
2801 Debarr Rd #505
Anchorage, AK 99508
907-258-9272

Why choose Alaska Regional Hospital when getting care in Anchorage?

Alaska Regional Hospital is your only in-network hospital in Anchorage. As your in-network hospital, Alaska Regional Hospital is dedicated to providing you the best care at the best cost! If you go to a different hospital in Anchorage, you will pay more.

What hospital should you go to when you're not in Anchorage?

To find your nearest in-network hospital:



Visit www.alaskaplan.org/provider_search



Call the Customer Service Office at **844-427-8501**

For all other services in Anchorage, you can go to any provider in the Aetna PPO network to save money.



Coalition Health Centers

The Coalition Health Centers are committed to your best health!

The Coalition Health Centers offer high quality, friendly care for patients age 2 and older. All locations offer appointments and accept walk ins. **There are no copays or deductibles.**



Coalition Health Center Locations



Anchorage:

701 East Tudor Road, Suite 120
Anchorage, Alaska 99503

907-264-1370

Ages: 5 years and older



Fairbanks:

570 Riverstone Way #3
Fairbanks, AK 99709

907-450-3300

Ages: 2 years and older



Mat Su:

1700 East Bogard Road, Northfork
Professional Building, Building A, Suite 103
Wasilla, AK 99654

907-206-4601

Ages: 5 years and older



Coalition Health Center Hours

Appointments available:

Monday through Friday | 7:30am to 6:30pm

Walk ins accepted:

Monday through Friday | 8:30am to 4:30pm

Important: Be sure to show up for your appointment or cancel 24 hours before to avoid your Plan paying a **\$75 no-show fee.**



Examples of what you can get help with at the Coalition Health Centers:

- Cough and sore throat
- Earaches and ear exams
- Headaches
- Wellness exams and physicals
- Prescriptions
- Immunizations
- Labs
- Chronic conditions
- Minor cuts and injuries
- Sinus problems and allergies
- Skin problems and rashes
- Minor surgical procedures

For more information



Visit <https://coalitionhealthcenter.com>



Prior Authorization

Aetna handles prior authorization requests for your Plan.

What is prior authorization?

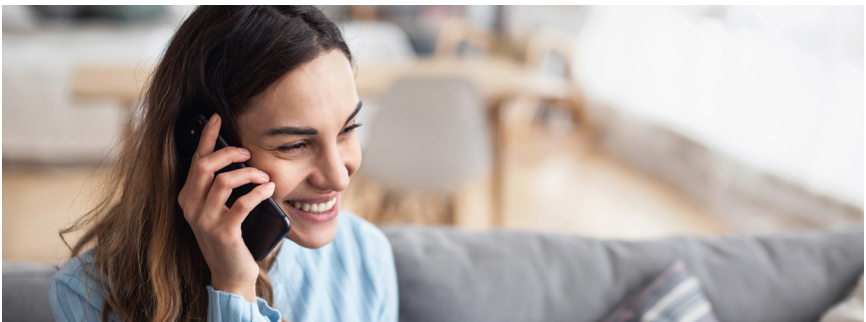
Prior authorization (**approval**) is required before you get certain procedures, programs and drugs.

Who is responsible for getting the prior authorization?

- **If you go to an in-network provider, the provider is responsible** for prior authorization. This is a great reason to only get care from providers in the Aetna PPO network!
- **If you go to an out-of-network provider, you're responsible** for making sure your provider gets prior authorization.

How does your doctor request prior authorization?

Your doctor can submit most requests electronically or call the number on the back of your medical ID card.





Some of the services that require prior authorization:

- Hospital stays
- Dialysis
- Outpatient surgery
- Spinal procedures

The prior authorization list may change from time to time.



Please visit www.alaskaplan.org/prior_authorization for a **more detailed list** of services that require prior authorization.



Call **844-427-8501** for the most up-to-date information.

Life and AD&D Insurance

Life and AD&D insurance gives you and your family peace of mind!

You have Life and AD&D insurance at no cost to you! Your job pays for it and it's a part of your benefits when you enroll. Your dependents are not eligible for life and AD&D insurance.

Life and AD&D insurance can provide support for your family if something were to happen to you. It's meant to temporarily replace your income and relieve some of your family's stress if you get hurt in an accident or pass away.

It can help your family with:

- Monthly rent and utilities
- Funeral and burial costs
- Debt or school tuition
- Other things that may be needed

It's very important for you to choose a beneficiary!

The person(s) you choose as your beneficiary will be paid your life insurance benefit if something happens to you. You can pick whoever you want as your beneficiary and have more than 1 beneficiary. You can also change your beneficiary at any time.

Be sure to complete a beneficiary form



Visit www.alaskaplan.org/forms_and_info to download the form.



Fill out the form with your beneficiary's information, sign and date it, and make a copy to keep with your important papers.



Mail the original form to:
UHH Alaska Here Plan
1901 Las Vegas Blvd S., Ste. 107,
Las Vegas, NV 89104

Dental Care

You have dental benefits!

Going to the dentist and keeping up on your dental care is an important part of staying healthy. Your dental health affects your overall health.

Important: Dental coverage is for employees only.
Your dependents don't have dental coverage.

Dental plan feature	Details
Deductible	No deductible
Annual maximum	\$2,000 per calendar year
Picking your dentist	You can go to any dentist you want.
What you pay	The Plan pays 100% for preventive and diagnostic services.* You pay 50% coinsurance for other services.*
Who's covered?	Employees only
Specialists	You can see specialists without referrals.

*Services received will be covered up to the Usual & Customary Charge (UCC). Any amounts above the UCC will not be covered. You may receive a balance bill from the provider.

Want more information about your dental benefits?



Please call **844-427-8501**.

Eye Care



You get your eye care benefits through VSP.

You can choose from any eye doctor in the VSP network.

Important: Eye care benefits are for employees only.
Your dependents don't have eye care benefits.



What is covered?

- Exams
- Lenses
- Frames
- Contacts

To find an eye doctor near you



Visit www.vsp.com



Call **800-877-7195**

Vision | VSP

Benefits available every 12 months	WHAT YOU PAY	
	VSP Network	Non-network
Eye Exam	\$0 copay	Reimbursed up to \$45
Frames, Lenses, or Contacts	<p>Glasses: \$25 Copay (lenses and/or frames only); \$175 frame allowance</p> <p>Up to \$50 copay for Elective Contact Lens Exam</p> <p>\$175 contact lens allowance</p>	<p>Frames reimbursed up to \$70</p> <p>Single Vision Lenses reimbursed up to \$30</p> <p>Bi-Focal Lenses reimbursed up to \$50</p> <p>Tri-Focal Lenses reimbursed up to \$65</p> <p>Lenticular Lenses reimbursed up to \$100</p> <p>Elective Contact Lenses reimbursed up to \$120</p>

You can get a new pair of glasses or supply of contacts once every calendar year! For more information, visit alaskaplan.org/vision.



Where to Get Your Medicine

You can go to any pharmacy in the CVS/Caremark network including:

- Carrs/Safeway
- Costco
- CVS
- Fred Meyer
- Target
- Walgreens

To find more pharmacies near you



Visit www.caremark.com



Call **866-818-6911**

You can also get your medicine through the Mail Order Program.

Save time and money by getting your medicine delivered to you. This is a great service if you take a medicine regularly. Prices through the program are usually lower.

You can also get up to a 90-day supply instead of a 30-day supply at once.



Call **866-818-6911** to sign up to get your medicine by mail!

Costs for Your Medicine

You pay part of the cost for your prescription drugs. The amount you pay depends on your medicine and where you get it. Here are some important details about your prescription drug plan.

Prescription drug feature	What you pay
Preventive prescriptions or supplies	No charge
Prescriptions at a retail pharmacy	30% coinsurance (\$5 minimum)
Diabetic oral medicine, insulin and supplies	\$5 copay at a retail pharmacy; \$10 copay by mail order
Prescriptions by mail	30% coinsurance (\$10 minimum)
Out-of-pocket maximum	\$2,350 per person; \$4,700 per family
<p>For compound medications that cost \$500 or more, you must get prior authorization. Please call CVS at 866-818-6911.</p> <p>Important:</p> <p>If you get a brand drug when a generic drug is available, you will have to pay the full cost of the difference between the brand drug and generic drug.</p>	
<p>Prior authorization is needed for specialty medications:</p> <p>Contact National CooperativeRx: Business Hours: 8:00 AM - 5:00 PM CST Phone: 608-416-8702 Fax: 866-278-8190</p> <p>Prior authorization for non-specialty medications:</p> <p>Contact CVS/Caremark: Phone: 800-294-5979</p>	

Do you have diabetes?

You can get a free glucometer by calling the customer service number on your ID card. A glucometer is a tool to measure the sugar in your blood. It's very important to have one if you have diabetes.

Urgent Care



Urgent Care is for illnesses and emergencies that are NOT a danger to your life.

When should you go to an Urgent Care?

- When your doctor isn't available
- Outside of normal office hours (nights & weekends)
- When you need care right away



Examples of problems treated at Urgent Care

- Accidents and falls
- Sprains and strains
- Fever or flu
- Sore throat
- High fever
- Vomiting or diarrhea
- Bleeding cuts that need stitches



To find an Urgent Care in your Aetna PPO network



Visit www.alaskaplan.org/provider_search



Call the Customer Service Office at **844-427-8501**

You can also have a video visit with doctors!

Your Plan offers Teladoc!

With Teladoc, you can use your computer, cell phone or mobile device (such as a tablet) to get care from a board-certified doctor 24 hours a day.



Visit teladoc.com to set up your member account.

Your Collective Bargaining Agreement (CBA, Union contract) determines which benefit options you have.

All of the information in this Participant Guide is based on the Summary Plan Description (SPD). However, in the event of a conflict between the Participant Guide and the Plan Document, the Plan Document will govern.

For the latest information, please visit www.alaskaplan.org or call the Customer Service Office at **844-427-8501**.



UNITE HERE HEALTH
ALASKA

844-427-8501

Monday - Friday

8:30am - 4:30pm (Alaska Time)

www.alaskaplan.org

