2027

EMPLOYEE BENEFITS ENROLLMENT GUIDE

WHAT'S INSIDE

Your District Plan Choices 1

What's Changing? 1

What You Need to Do 1

Frequently Asked Questions (FAQs) 2

Learn More About Your Options

- Medical and Prescription Benefits 3
- Dental, Vision, and Audio Benefits 6
- Optional Benefit Choices 7
- Don't Forget About the Coalition Health Center 8
- Other Important Benefits 9

Fairbanks North Star Borough School District

Your District Plan Choices

Medical and Prescription Options

Choose Plan B, Plan C or Waive Coverage

Dental, Vision, and Audio (DVA) Coverage

You may enroll in dental, vision and audio benefits alone, in combination with medical benefits, or not at all

FSA or HSA

Contribute to a Medical or Dependent Care Flexible Spending Arrangement (FSA) or Health Savings Account (HSA)

Employer Contribution

Elect an employer contribution to the Health Savings Account (HSA) with Plan B or Health Reimbursement Arrangement (HRA) with Plan C

What's Changing?

- New Medical and Dental/Vision/Audio rates for 2027.
- Increases in HSA and HRA employer contributions.
- New FSA contribution levels due out in November from government.

What You Need to Do

All benefit-eligible employees may enroll in a health plan and make other benefit changes during Open Enrollment (October 1, 2026 - October 31, 2026). Your choices will be effective January 1, 2027.

MUST ENROLL BY October 31, 2026!

If you do not make an election during open enrollment, your current medical plan and DVA election will remain the same as 2026, and will include the eligible dependents currently enrolled.

STEP 1: REVIEW YOUR HEALTH PLAN AND OPTIONAL BENEFITS

Go to: **americanfidelity.com/fairbanks**

Review your health plan and coverage level (Employee Only, Employee & Spouse, Employee & Child(ren), Employee & Family) or waived coverage.

- Full-time employees may waive coverage only if they have other health benefits. You must waive your coverage through your open enrollment appointment with American Fidelity. Human Resources will not change your open enrollment elections for you!
- Review dependents.

To Review Your Optional Benefits (Optional Insurance such as Cancer/Disability/Accident or FSA/DFSA/HRA) go to your registered account at **americanfidelity.com**.

- Your current optional benefits (FSA/DFSA/HRA) will be listed under 'Reimbursement Accounts.'
- Your current optional American Fidelity insurance information will be listed under 'My Benefits'.

STEP 2: MEET WITH AN AMERICAN FIDELITY REPRESENTATIVE

Go to: **americanfidelity.com/fairbanks** and schedule an appointment. Appointments are available in person or virtually. You must meet with American Fidelity to make benefit changes, even if waiving coverage. Human Resources will not make open enrollment benefit changes for you.

STEP 3: ENROLL IN OPTIONAL BENEFITS

- Enroll or re-enroll in a Health Care or Dependent Care Flexible Spending Arrangement (FSA) for 2027.
  - If you have an FSA for 2026, the election does not roll over to 2027, even though unused funds in your Health Care FSA (up to $680) will roll over. In order to continue your FSA contributions, you will need to meet with an American Fidelity representative during open enrollment.

continue STEP 3 >>

- If you are electing Plan B and eligible to enroll in a Health Savings Account (HSA) for 2027, you must schedule an appointment and meet with American Fidelity to re-enroll in your HSA.
- If you are electing Plan C, you are eligible for an employer contribution to a Health Reimbursement Account (HRA). Remaining 2026 funds will roll-over if continuing in Plan C for 2027.

Frequently Asked Questions (FAQs)

What happens if I don't complete open enrollment?

- If you are enrolled on Plan B or Plan C, your current medical plan elections will roll over. You will be enrolled in the medical option and dental, vision and audio option that matches your benefits and coverage level for 2026. If you are not enrolled in health benefits now, you will have no coverage in 2027.
- You will not be able to contribute to the FSA or HSA, and you will not receive an employer contribution to the HSA for 2027. These elections must be made each year, even if you are making no plan changes.

For more information:

Contact your Benefits Team in Human Resources at

907-452-2000 ext. 11311

What documents do I need to provide if I choose to enroll a dependent in medical or dental, vision, and audio coverage?

In order to cover your spouse you will need to provide a copy of your marriage certificate. In order to cover your child(ren) you will need to provide a birth certificate or adoption decree.

If I have a change in my family or my other health coverage during the year, what do I do?

Outside of Open Enrollment, you may make changes to your health benefit choices only when you have a Qualifying Status Change Event. Qualifying Status Change Events include family changes such as marriage, divorce, birth, adoption or death of a spouse or dependent. They also include coverage changes like a dependent gaining or losing other coverage, loss of your other coverage, or a change in your employment status.

To make a change in your benefits coverage, you must notify HR within 30 days of your Qualifying Status Change Event. If you miss this deadline you will have to wait until the next Open Enrollment period (or until another Qualifying Status Change Event occurs) to make any benefit plan changes. All changes must be consistent with the Qualifying Status Change Event. For more information on how to change your benefit elections after a Qualifying Event, contact the Benefits Team at **benefits@k12northstar.org**.

I have other insurance or I am covered by Indian Health Services (IHS) benefits. May I opt out of the FNSBSD health plan?

Yes. You may waive medical coverage only if you have other coverage, such as coverage through a spouse's employer, the VA, or IHS. You may waive dental, vision, and audio benefits for any reason. You must waive your coverage through your open enrollment appointment with American Fidelity. Human Resources will not change your open enrollment changes or elections for you! If you have mid year qualifying life event, contact your Benefits Team in Human Resources at 452-2000 ext. 11311.

When does my dependent lose coverage?

Your biological or adopted child will lose coverage at the end of the month in which they turn 26.

- **Exception:** The age limitation may not apply if your child is mentally or physically disabled. To continue coverage for a Disabled Dependent Child, please contact the Claims Office for specific instructions and the necessary form. The completed form must be submitted to the Claims Office 31 days before the child's 19th birthday .

Your Spouse and stepchildren will lose coverage on the exact date of divorce or death.

Medical and Prescription Drug Benefits

Two Plan Options Offered for 2027 – Now is the time to review your medical benefit elections. Premiums for Plan B, Plan C and DVA have increased. All deductibles have remained the same.

PLAN B	PLAN C
• Payroll deduction required • High Deductible Health Plan (HDHP) that qualifies for HSA contributions • If you have family members covered under the plan, the family deductible applies • Prescriptions are covered under medical and subject to the medical deductible and coinsurance • Cannot use the Coalition Health Center • Can enroll in the FSA • Can use Transcarent • Can use Teladoc • Can contribute to an HSA; FNSBSD will contribute $750 ** to your HSA on your behalf • No HRA	• Payroll deduction required • Prescription copays apply, and prescriptions are not subject to the medical deductible • Can use the Coalition Health Center • Can enroll in the FSA • Can use Transcarent • Can use Teladoc • FNSBSD will contribute $750 ** to an HRA on your behalf • May be a good option for employees with other coverage

Preventive Care:

We want to remind you about the preventive care benefits available under our health plan. Preventive care, including routine exams, children's wellness visits, annual physicals, immunizations, lab tests, and preventive screenings like colon and rectal cancer screenings, is covered at 100% when you visit a preferred provider, even before meeting your deductible. Please note that this coverage applies to routine, non pre-existing conditions. However, it's important to be aware that if you discuss other topics or receive additional care during your preventive visit, your provider may charge you for an office visit. To avoid any surprises, we recommend asking your provider during the visit what you will be billed for. Also, please remember that the preventive benefit does not cover visits for prescription refills, new patient fees, or care for pre-existing conditions.

NOTE: The federal government takes about 30% of each dollar that you earn in FICA and Federal Income tax. The remaining 70% is your net income. With pre-tax deductions, you can set aside money from your paycheck, before the federal government takes their 30%, to pay for medical, dental, vision and audio expenses. You pay less in taxes, and your money buys more medical (including dental and vision) services than before.

Employee Contributions for Full-Time FEA, FPA and ESSA Employees* (per pay period)	**MEDICAL PLAN B**	**MEDICAL PLAN C**
Employee Only	$62.00	$264.00
Employee & Spouse	$82.00	$352.00
Employee & Child(ren)	$82.00	$352.00
Employee & Family	$103.00	$440.00
Employee Contributions for Full-Time Non-Represented Employees* (per pay period)	**MEDICAL PLAN B**	**MEDICAL PLAN C**
Employee Only	$62.00	$264.00
Employee & Spouse	$82.00	$352.00
Employee & Child(ren)	$82.00	$352.00
Employee & Family	$103.00	$440.00
Annual Deductible	$2,500 self only $5,000 family	$3,000 per person $6,000 per family
Reimbursement Percentage	Plan pays 80% of allowable charges. You pay 20% up to the medical out-of-pocket limit.	
Medical Out-of-Pocket Limit (after deductible)	$2,000 per person $8,000 per family	$2,000 per person $4,000 per family
Preventive Care	Plan pays 100% of allowable charges. Not subject to the deductible.	
Coalition Health Center	Not available	$10 copay per visit $0 copay for preventive services
PPO provisions	Services are reimbursed at 60% of allowable charges and the out-of-pocket limit is doubled. Applies to all non-PPO facilities inside and outside Alaska and to all non-PPO providers outside Alaska.	
Teladoc	$5	$5

Prescription Drug Benefits **Participating Retail Pharmacy** (up to a 30-day supply allowed)	**MEDICAL PLAN B**	**MEDICAL PLAN C**
Generic	Covered under the medical benefit. Subject to the annual deductible, reimbursement percentage and out-of-pocket limit	$5
Preferred Brand		$30 + 15%
Non-Preferred Brand		$60 + 20%
Specialty Medication		$100
Participating Mail Order Pharmacy (up to a 90-day supply allowed)		
Generic		$5
Preferred Brand		$60 + 15%
Non-Preferred Brand		$100 + 20%
Specialty Medication (30-day supply)		$100
Prescription Out-of-Pocket Maximum		$1,500 per person $3,000 per family

*Employees working fewer than 30 hours per week pay 2x the full-time employee contribution rate.

Please note that when your contributions are taken out of your paycheck on a pre-tax basis, as allowed by Section 125 of the Internal Revenue Code. IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status. This means you may not drop coverage for a dependent during the year unless there is a qualified change in family status.

PPO Provisions – Use PPO providers to help keep your costs down!

The plan has contracted with the following Preferred Providers who provide discounted rates for FNSBSD and plan participants:

Municipality of Anchorage	Matanuska-Susitna Borough	Nationwide
Alaska Regional Hospital and the **Surgery Center of Anchorage** are the Preferred Provider (PPO) Facilities for inpatient and outpatient services obtained in the Municipality of Anchorage, Alaska.	**Mat-Su Regional Medical Center** is the Preferred Provider (PPO) Facility for services obtained in the Matanuska-Susitna Borough, Alaska.	**Aetna** is the nationwide network of Preferred Providers (PPO), including facilities and other health providers. Fairbanks Memorial Hospital is included in Aetna's Nationwide network.

Fairbanks Memorial Hospital and the Surgery Center of Fairbanks are both PPO providers.

Non-PPO penalties will apply:

- In Alaska, if you use a non-PPO facility, and
- Outside Alaska, if you use a non-PPO facility or any other non-PPO provider.

The non-PPO penalties are:

- Services are reimbursed at 60% of the Allowable Charges, and
- The annual Out-of-Pocket Limit is doubled.

Non-PPO penalties are not assessed for:

- Services unavailable at a PPO facility, or
- Emergency services at a non-PPO emergency facility. Once the patient is medically stable, he/she should be moved to a PPO facility. Services obtained at a non-PPO facility after the patient is stable for transfer are subject to non-PPO penalties.

Within the Municipality of Anchorage Only:

Alaska Regional Hospital and the Surgery Center of Anchorage are the only PPO Facilities for inpatient and outpatient services obtained in the Municipality of Anchorage. (Other PPO facilities in Anchorage are considered non-PPO facilities, even if they are in the Aetna network.) If you use a facility other than Alaska Regional Hospital or the Surgery Center of Anchorage for inpatient or outpatient services:

- The non-PPO penalties described above will apply.
- The Allowable Charges at a non-PPO facility in the Municipality of Anchorage for inpatient services will be limited to the contracted rate at Alaska Regional Hospital.
- The Allowable Charges for outpatient services at a non-PPO provider in the Municipality of Anchorage will be the case rate at Alaska Regional Hospital or Surgery Center of Anchorage, if any, or 50% of the billed charges if no case rate is available. Examples of common outpatient procedures include: outpatient surgery and procedures, ultrasound, lab and diagnostic x-ray tests, MRIs and CT scans. This section may not apply for outpatient dialysis services.

Within the Municipality of Anchorage, no non-PPO penalties are assessed for:

- Services unavailable at a PPO facility, or
- Services performed in a doctor's office, with doctor's staff, and the doctor's equipment, or
- Emergency services at a non-PPO emergency facility. Once the patient is medically stable, he/she should be moved to a PPO facility. Services obtained at a non-PPO facility after the patient is stable for transfer are subject to non-PPO penalties.

Dental, Vision, and Audio Coverage

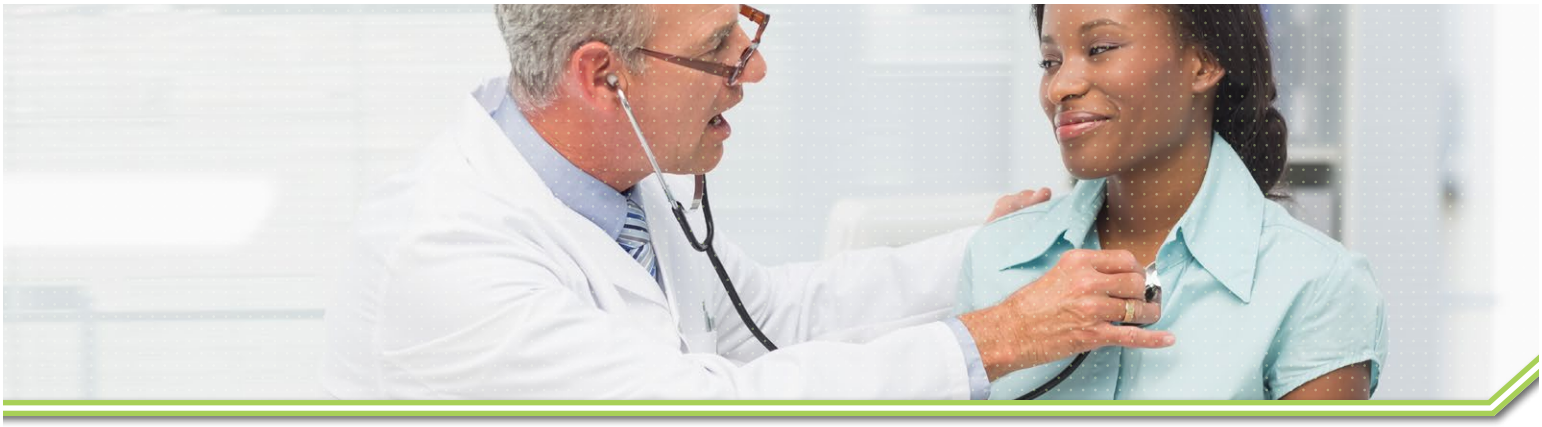
Dental, vision and audio benefits are offered as a separate election from the medical and prescription benefits. The benefits are the same – but you have a choice to elect to purchase dental, vision, and audio benefits alone, in combination with medical benefits, or not at all. If you elect Dental/Vision and Audio benefits, you will pay the employee contribution amount shown below, regardless of your medical benefit election.

DENTAL, VISION, AND AUDIO BENEFIT	
Employee Contributions for Full-Time Employees* (per pay period)	
Employee Only	$23
Employee & Spouse	$30
Employee & Child(ren)	$30
Employee & Family	$38
Dental Deductible	$50 per person, waived for preventive and diagnostic
Reimbursement Percentage	
Preventive and Diagnostic	100% of allowable charges
Routine	80% of allowable charges
Major	50% of allowable charges
Calendar Year Maximum Benefit	$3,000 per person
Vision	
Exams and Lenses	Every calendar year, covered in full at VSP providers
Frames	Every 2 calendar years, covered up to $120 at VSP providers
Contact Lenses	Every calendar year, covered up to $200 at VSP providers (in lieu of frames and lenses)
Audio	Plan pays for exam and hearing aid devices: • 80% of allowable charge up to a $600 benefit for each year, and • 50% of the remaining allowable charges up to a $2,500 maximum total benefit for each ear in any 3 consecutive years

*Employees working fewer than 30 hours per week pay 2x the full-time employee contribution rate.

Optional Benefit Choices

FSA	HSA	HRA
Flexible Spending Arrangement (FSA): Works with Plan B, Plan C, or if you waived coverage Flexible Spending Arrangements allow eligible FNSBSD employees to pay for qualified health and dependent care expenses with pre-tax dollars. This reduces your taxable income. Maximum annual contributions for 2027 are: Medical FSA - **$3,400** Limited FSA - **$3,400** Dependent Care FSA - **$7,500** You must enroll each year during Open Enrollment or within 30 days of an IRS Qualifying Status Change Event to participate. • Health Care FSA — reimburses you for most out-of-pocket medical, dental, orthodontia, and vision expenses. • Dependent Care FSA – reimburses you for out- of-pocket, non-educational, and non-medical dependent care expenses that are incurred because you and your spouse, (if married) work. • Up to $680 in unused 2026 Health Care FSA Funds roll over into 2027. Dependent Care FSA funds do not roll over.	Health Savings Account (HSA): Works with Plan B. An HSA lets you set aside money to pay for future medical costs through your own tax-deferred contributions. • For 2027 the maximum combined contribution limit (employee + employer) is **$4,500/Individual** and **$9,000/ Family**. Your contribution is calculated by subtracting any employer contribution from the overall IRS maximum. • The money stays in your account from year to year. It is yours to keep even after you leave FNSBSD. • The FNSBSD will contribute up to **$750** each year to your HSA. You may enroll in either the HSA or the Health Care FSA, but not both. **Who is eligible to establish a Health Savings Account?** An individual who: • Is covered under a qualified high-deductible health plan (HDHP), such as Plan B; • Is not also covered by any other health plan that is not a qualified HDHP; • Is not enrolled in Medicare; and • may not be claimed as a dependent on another person's tax return. If any of these criteria are not met, you are not eligible to enroll in an HSA. You may elect a Health Care FSA. You may still elect Plan B.	Health Reimbursement Arrangement (HRA): Works with Plan C An HRA allows FNSBSD to set aside funds for you to spend on qualified health care expenses. Money not used in one calendar year can be rolled over as long as you remain in Plan C. FNSBSD will contribute up to **$750** each to employee's account. Contributions made by FNSBSD will be available in full on 1/1/2027. You can use these funds for you and your dependents that are enrolled in Plan C. If you leave Plan C, the funds will be forfeited. How the HRA works with a Health Care FSA: You may have both an HRA and enroll in a Health Care FSA. Expenses are paid from the Health Care FSA first.



Don't Forget About the Coalition Health Center (CHC)!

If you are enrolled in Plan C, the Coalition Health Center offers a wide range of services for you, your spouse, and your children aged two and older. Services include:

- **Wellness and preventive care**, such as physicals, lab work, women's care, immunizations, and minor care
- **Chronic disease management**, including medication management.
- **Treatment for illnesses**, such as coughs, colds, sore throats, earaches, and rashes.
- **Treatment for injuries**, such as sprains, strains, and minor lacerations.
- **On-site services**, such as X-rays and EKGs.
- **Prescription dispensary**. The CHC can provide some common prescription medications, for your convenience.

The CHC is located at Ridgeview Business Park, 570 Riverstone Way, Unit 3, Fairbanks, AK 99709. Call them at (907) 450-3300, or visit their website: **www.coalitionhealthcenter.com**. Hours of operation are Monday-Friday, 7:30 am to 6:30 pm. Preventive care visits at the CHC are available **at no cost to you**, and all other visits are available at a mere **$10 copay**. **If you do not show up for an appointment and fail to cancel 24 hours in advance, you may be charged a $75 "no show" fee.**

Are you eligible to use this service? What will it cost? We break it down for you here!

	PLAN B	PLAN C
CAN I VISIT THE CHC?	NO	YES Preventive services are offered at $0 copay. All other visits are $10.
CAN I USE TELADOC?	YES $5 copay per visit, not subject to the deductible	YES $5 copay per visit, not subject to the deductible.
	Call 1-855-Teladoc (835-2362) or visit teladoc.com.	
CAN I USE THE NURSELINE?	YES It's free to covered employees and family members.	YES It's free to covered employees and family members.
	If you want advice but don't need to see a physician, you may call the Nurseline: 800-566-1555.	
CAN I USE URGENT CARE?	YES	YES
	If you need to see a physician immediately, but your condition is not life threatening, you may use an urgent care center such as Steese Immediate Care, First Care, or US Healthworks. The services are subject to the deductible and coinsurance.	
CAN I USE THE EMERGENCY ROOM?	YES	YES
	Emergency room visits should be **restricted to life threatening situations or if there is risk of bodily harm** if you don't receive services immediately. If you use the emergency room for non-emergency services during the hours of operation for the CHC, an additional $500 penalty may be applied to your emergency room visit. Emergency room services are subject to the deductible and coinsurance.	

Other Important Benefits

Transcarent (formerly known as BridgeHealth)

Transcarent Surgery Care helps you find a cost-effective option for non-emergency surgery, if you are willing to travel outside Alaska to obtain services. Transcarent contracts with a network of providers outside the state who offer negotiated rates on surgical services such as joint replacement or other orthopedic procedures, spinal surgery, women's health, bariatric surgery and more. Choosing where to go for surgery can make a big difference in what you pay— and the results you get.

If you are in Plan C and receive services through the Transcarent program, your deductible is waived and services are paid at 100% of allowable charges, including most travel costs. For participants in Plan B, the services are subject to the deductible, but are paid at 100% of allowable charges, including most travel costs.

Before you schedule your surgery, contact a Transcarent Care Coordinator at **(855) 266-0731** or **surgery@transcarent.com**, or visit **www.transcarent.com**.

Teladoc

Now you can visit a doctor without leaving home. Teladoc provides 24/7 access to a board certified, licensed family practice doctor or pediatrician via phone or video. Teladoc is not a substitute for a primary care doctor, but can be used to diagnose and treat acute, non-emergent medical issues that may arise such as:

- Cold and flu
- UTI
- Allergies
- Behavioral Health (New)
- Bronchitis
- Rashes
- Asthma
- Headaches
- Sore throat
- Fever
- Dermatology (New)
- And much more!

Teladoc doctors can also write short term prescriptions and will send the script electronically to the pharmacy of your choice. After the visit, at your request, the doctor will send electronic chart notes to your primary care doctor.

Learn more about Teladoc:
Teladochealth.com **1-855-Teladoc (835-2362)**

How does it work?

Go online to **www.teladochealth.com**, have your medical ID card ready and click on Set Up Account. It will ask you some questions, collect your payment information and you are ready to request a doctor. The average wait time for the doctor call back is 22 minutes. You can have your visit via smart phone, regular phone, tablet or computer.

What does it cost?

You pay a $5 copay per visit, not subject to the deductible.

For Behavioral Health

Schedule an appointment with a licensed psychiatrist or therapist for video visits, 7 days a week from 7AM -9PM.

TheStandard is our Employee Assistance Program (EAP) Provider

Our EAP can help you when life gets complicated. Whether you're dealing with challenges at work, child and parenting struggles, or personal issues, like stress, grief, relationship problems or substance abuse, the EAP can assist. Our EAP program is not tied to any health benefits election, and is yours to use independent of the medical plan.

Here's what you need to know:

- The program is available to you and your household members.
- No cost to you.
- No enrollment is necessary – you can use the EAP regardless of your healthcare benefit election.
- All services are completely confidential.
- Available seven days a week, 24 hours a day, and 365 days a year.

Call **888-293-6948** (toll-free) and talk with a trained, compassionate EAP professional—and take the complication out of your life. Also visit **healthadvocate.com/standard3** for valuable health and wellness resources.

Other Important Benefits (continued)

SWORD Virtual Physical Therapy Program

Plan members can receive physical therapy services virtually from the comfort of their home through the SWORD Physical Therapy benefit. There is no cost to members.

SWORD provides virtual physical therapy for all the major musculoskeletal issues, at any point in the journey: prevention, acute conditions, chronic pain and post-surgical recovery.

Plan members will be matched with a Doctor of Physical Therapy (DPT) who will create their personalized program and work with them every step of the way. A Digital Therapist tracks the member's progress and corrects form in real time, so members get better, faster. Call **844-249-8108** for more information. For both plans, the service is covered 100%, deductible waived.

24-hour Nurseline — 800-556-1555

If you have general health questions, want to discuss a specific health concern or aren't sure if you need emergency care, call the 24-Hour Nurse Line. You can speak with a registered nurse at any time and at no additional cost to you. Available with all plans - not subject to deductible.

American Fidelity Voluntary Benefits Overview

AMERICAN FIDELITY
a different opinion

Enrolling in the same plans as last year may seem like the easiest way to go. But things change. It might be time to change your insurance too. Get help with your options. Make an appointment to speak with an American Fidelity account manager.

Accident Only Insurance

AF™ Limited Benefit Accident Only Insurance

- may help manage out-of-pocket costs to treat injuries resulting from a covered accident
- provides benefit payments directly to you

americanfidelity.com/info/accident

Cancer Insurance

AF™ Limited Benefit Individual Cancer Insurance

- may help ease the financial burden of cancer treatment, so you can focus on recovery
- provides benefit payments directly to you

americanfidelity.com/info/cancer

Critical Illness Insurance

AF™ Limited Benefit Critical Illness Insurance is designed to pay a lump-sum benefit directly to you if you are diagnosed with one of the life-altering illnesses covered in the critical illness group policy. You can use these benefits to help pay for deductibles, copayments, aftercare, everyday living expenses, or even lost income while they're away from work recovering.

americanfidelity.com/info/critical-illness

Disability Income Insurance

AF™ Disability Income Insurance

- can help protect your finances in case of a covered injury or illness
- provides a benefit to help cover costs while you are unable to work
- pays some of your gross monthly earnings

americanfidelity.com/info/disability

Life Insurance

AF™ Life Insurance may help ensure your family is financially protected in the event of a loss. You own the policy, so you can take it with you to a different job or into retirement.

americanfidelity.com/info/life

For more information

For questions or more information, please contact the following individual at American Fidelity:

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