Open Enrollment

Arctic Slope Regional Corporation
Information and Instructions for Employees

2015 Benefits

Table of Contents

Working together
for better health.

Fellow ASRC Family Members:

Arctic Slope Regional Corporation (ASRC) is conducting our annual benefit enrollment, which offers you the opportunity to make changes to your benefits for the new year 2015. This packet will provide you with information about how to make smart choices for your 2015 benefits options and funding options. The enrollment period is **time-sensitive.**

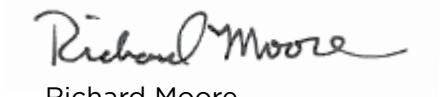
ASRC invites you to review the information, make informed decisions about your current and future coverage, and make changes to your benefits during the Benefits Enrollment Period of **November 1-24, 2014.**

Providing competitive compensation and benefits to every employee is critical as we strive to achieve the goals established by the board of directors in the 2012-2017 Strategic Plan. We are proud of the programs offered this coming year to provide meaningful and affordable benefits to you and your family, while balancing the continuing rise of health care costs to ASRC and throughout the country.

ASRC continues to offer three Medical Plan options for 2015 along with Dental and Vision insurance to address your health needs, and Life and ADD to provide protection for you and your dependent(s). As stated earlier, this packet is designed to help you understand your choices, costs and ways to fund your expenses. Mid-year changes are not permitted unless you have a qualifying life event. So please take some time during this enrollment period to review and make changes to your plan to fit your needs if needed.

We look forward to a very successful and healthy 2015 for you, your family and all of our employees.

Quyanaqpak,
ARCTIC SLOPE REGIONAL CORPORATION



Richard Moore
Director, Total Rewards

Executive Summary

ASRC continues to offer a competitive and comprehensive benefits program to provide you and your family the quality services you need. Minimal changes have been made to your benefits for 2015. Some of the changes are directly related to continuing mandates by the federal government after the passage of the Patient Protection and Affordable Care Act of 2010, also known as “Health Care Reform” (HCR). Overall employee and company costs continue to increase due to inflation, high claims costs and the impact of Health Care Reform.

> Changes

> The following list summarizes the major changes to our plans starting on January 1, 2015:

- Premiums will increase
- Gold and Bronze plans will have a combined out of pocket maximum for prescription drugs and medical services in 2015
- All ASRC employees working an average of 30 or more hours per week are eligible for health insurance in 2015

Patient Protection and Affordable Care Act (PPACA) Summary

The federal government's introduction of the Patient Protection and Affordable Care Act (PPACA), commonly known as the Affordable Care Act, reshaped the way individuals and companies must think about health insurance. Essentially, the regulations add complexity and costs to everyone who is insured in order to make health care available to everyone.

This year, like 2014, most individuals will be required to maintain at least minimum participation in a medical plan for themselves and their dependents up to age 26. If they do not have insurance, they will be considered non-compliant and required to pay an IRS penalty. Some individuals may be exempt from the mandate or the penalty, while others may be eligible for coverage under certain government-sponsored plans.

Overview of Individual Mandate

All three of the medical plans offered by ASRC in 2015 will satisfy the Affordable Care Act's individual mandate. Participation in any of the following should also satisfy the individual mandate requirement:

- Plans offered directly by insurance companies in the public market (also known as public exchanges)
- State health benefits plans (including Medicaid)
- Department of Defense (DOD) TRICARE program
- Department of Veterans Affairs (VA) health care system

You can learn more about Health Care Reform products and the pricing of coverage through the public exchange, which may be available to you, at: www.healthcare.gov

Potential Penalties

For 2015, the federal penalty for non-compliance is the greater of $95 per uninsured person if you earn less than $19,650 per year or 1 percent of household income based on federal income tax levels if you earn more than $19,650 and less than $250,000 per year. The maximum penalty can be as high as the average cost of buying coverage available in a public exchange. Penalties are reduced or eliminated for people under 18 years of age or those in the following groups:

- Enrolled members of Indian tribes or shareholders of an Alaska Native Corporation
- People who have income below the federal income tax filing threshold
- People who were covered by a plan but had short gaps of coverage of less than three months during the year
- Those who have received a hardship waiver from the federal government; are residing outside of the United States; or are bona fide residents of any possession of the United States

The information provided above is not intended to be a comprehensive guide about the Affordable Care Act, but ASRC wants you to generally be aware of key issues you need to consider as you complete your 2015 benefits enrollment. You can learn more about Health Care Reform at www.healthcare.gov.

The information contained in this document regarding health care reform is current through 9/1/2014. There continue to be potential changes in HCR legislation.

Journey to Better Health

Americans' declining health is well documented in the news and in a variety of published research. The research tells us our aging population, combined with declines in healthy dieting and exercise, lead to more health challenges for most of us. This year, the ASRC family of companies began a **"Journey to Better Health,"** which is a voluntary initiative to encourage all employees to take responsibility day-to-day to improve their individual health. If we all strive each day on our health journey, we will be able to maintain affordable medical plan coverage for employees and the company over time.

We firmly believe that quality health plays an important role in the success of ASRC. Our **Journey to Better Health** includes useful tools, resources and support to assist us on our journey to achieve better health together!

The **Journey to Better Health** encourages healthy lifestyle choices among employees at ASRC, reduces health risk factors, improves overall well-being, and ensures ASRC employees remain healthy, inspired and productive.

A group of fellow employees, called Wellness Ambassadors, have volunteered to actively promote wellness values throughout ASRC companies. Watch for communications from Wellness Ambassadors and provide your own great ideas about how we can all strive to improve our health.

This is an exciting and wonderful opportunity for everyone at ASRC to work together to actively promote health and wellness.

JOURNEY INCENTIVES

ASRC believes in the importance of having all employees participate in two key steps on the ***Journey to Better Health.*** *Moreover, not only can you improve your health and save time and money during your lifetime, you can also win gift cards if you start on your journey before the end of 2014.*

Monthly winners for November and December (for $250).
Final year-end winner in December (for $500).

The Steps in Our Journey

ASRC has introduced two key activities for you to begin your **Journey to Better Health.** Remember "X Marks the Spot?" These two steps are designed to help you learn where you currently are in your personal **Journey to Better Health.**

Step 1: Health Assessment*

A Health Assessment analyzes your responses to questions about your health history and lifestyle, lets you know what conditions you may be at risk for, and offers suggestions on how to reduce or eliminate your risk. The Health Assessment can be completed online in just a few minutes! Once you complete your Health Assessment, you will receive your Personal Health Report which will include:

- An "overall wellness score" indicating your "health age." For instance, a 55 year old may have a heath age of 50
- A list of health habits to focus on
- Information about any health risks identified
- A personal summary to share with your doctor (if you choose)

To access the Health Assessment tool – log in to www.premera.com and select Wellness Tools on the Stay Healthy Page. The Health Assessment is **free, secure, private and completely confidential.**

Step 2: Biometric Health Screening*

A Biometric Health Screening is a short health examination to produce some key "health metrics" for you to learn about your health. Learning your health numbers can help you identify certain diseases and medical conditions you may be facing in your **Journey to Better Health** and helps you understand where you should take action to improve your health. The biometric health screening uses certain body measurements and a small blood sample obtained by a finger stick. Your results are summarized in a brief report along with a medical professional consultation to answer questions and explain results. The biometric health screening includes:

- Measured height and weight, which is used to calculate Body Mass Index (BMI)
- Blood pressure and Pulse Rate screening
- Cholesterol Screening
  - Fasting: Total, HDL, Coronary Risk Ratio, LDL and Triglycerides
  - Non-fasting: Total, HDL and Coronary Risk Ratio
- Glucose screening for Diabetes

A Biometric Health Screening can be completed through any of the following options (see below):

1. Your doctor's office (in-network provider): Take an ASRC Physician Form to have your doctor's office complete the information.
2. Participating Walgreens Pharmacy: Schedule an appointment at participating Walgreens Pharmacy and bring the Walgreens Voucher.
3. Home Test Kit (in the privacy of your own home): Order your home test kit online and the kit will arrive within 10 days.

Biometric Health Screening Options:	**Access the ASRC Employee Awareness Resource (EAR) portal at your workplace.** The quickest way to access the biometric health screening forms and instructions, if you have access to the EAR portal. Log in to the ASRC EAR website, go the Benefits tab, select ASRC Wellness Program, and "Documents."	**Access the Premera website directly** Log in to your member Premera.com account. Under "Member Services," go to the Stay Healthy section, select Wellness Tools, and select Start Wellness Tools. Next, go to the "Recommendations" section, select the EAR logo which will take you directly to the ASRC Wellness Program website.	**Access websites outside your ASRC workplace**
Option 1 ASRC Physician Form	Availability to print form	Availability to print form	Form not available
Option 2 ASRC Walgreens Voucher	Availability to print voucher and scheduling instructions.	Availability to print voucher and scheduling instructions	Go to Walgreens.com/schedule, select Pharmacy, enter patient information and location, and then select Wellness Pack for scheduling. **Voucher is available only on ASRC EAR or Premera websites.**
Option 3 Home Test Kit	Availability to access home test kit instructions to order your home test kit.	Availability to access home test kit instructions to order your home test kit.	Home Test Kit is accessed by going to https://www.summitbsk.com/bsk. Enter the ASRC access code "Arctic2014" and go through the order process by selecting "participant" status.

***Offer ONLY applies to all eligible plan participants (no spouse or dependent(s) at this time).**

Tobacco Use Health Surcharge

Maintaining good health in the ASRC family of companies is very important to successfully achieve our strategic plan goals. Tobacco use is known, through many scientific studies, to have detrimental health effects. Studies have demonstrated that tobacco use increases health care costs by more than $2,500 each year per person through disease conditions. Many companies have initiated tobacco cessation programs and have increased health premiums to motivate employees to stop using tobacco products. In 2015, ASRC will implement a Tobacco Use Health Surcharge for employees participating in the medical plan and who continue to use tobacco.

A new Tobacco Cessation program is available starting December 1, 2014 to allow all tobacco users the opportunity to stop using tobacco and avoid a monthly Tobacco Health Surcharge. The Tobacco Cessation program will be paid for by ASRC and includes dependency counseling and related nicotine replacement prescriptions. This new program will be available throughout 2015.

How the Tobacco Use Health Surcharge Works

Employees have four months to understand and complete activities to avoid the Tobacco Use Health Surcharge. Health plan participants who do not complete a Non-Tobacco Use Certificate by March 31, 2015 will begin paying a monthly $50 payroll deduction as an additional health care premium through a Tobacco Use Health Surcharge.

Who is considered a Tobacco User?

You are considered a tobacco user if you or any of your covered dependents have smoked a cigarette (including e-cigarettes or any electronic nicotine delivery device), cigar, or used chewing tobacco or snuff within the last three (3) months. If at any time you or any covered dependents become tobacco users, you must notify the Benefits Department within 30 days by submitting a form available from the Benefits Department, and your Tobacco Use Health Surcharge will begin on the first of the month following notification.

How do I become a Non-Tobacco User?

If you are not a Tobacco User as described above, you will be exempt from paying the Tobacco Use Health Surcharge when you complete a certificate indicating that you and all of your covered dependents are Non-Tobacco users. You will also qualify as a Non-Tobacco User if you and all other dependents who are tobacco users enroll in the ASRC Tobacco Cessation program. Non-Tobacco Users must submit a Non-Tobacco User Certificate to the Benefits Department by March 31, 2015. Anyone who does not submit a Non-Tobacco User Certificate by March 31, 2015 will have the Tobacco Health Surcharge begin in the first paycheck in April.

ASRC hopes all Tobacco Users will strive to become tobacco-free in 2015 as they continue on the **Journey to Better Health.**

Refer to the "Tobacco Use Health Surcharge" sheet enclosed in your open enrollment materials.

Required Actions

Non Tobacco Users:	Read, review and sign the Non Tobacco User Certification form
	Send the certification form to ASRC Benefits by March 31, 2015
Tobacco Users:	Consider the advantages of stopping tobacco use for your health and finances
	Enrolling in the company's Tobacco Cessation program will make you exempt from paying the surcharge
	Enroll in the Tobacco Cessation program by March 31, 2015 to avoid paying the surcharge when it begins April 1, 2015

Benefit Options

Our benefits program provides you the choice and flexibility to select appropriate benefits for you and your family. The following pages include information to help you understand the benefit options available to you, and to help you make informed benefit selections.

You have the flexibility to elect different tiers of coverage for medical, dental and vision. For example, you can elect medical for your entire family and dental only for yourself. Remember, for each plan you choose, you need to elect your coverage tier separately. Your payroll deduction costs for each coverage tier are shown on the *Rate Sheet* included in the enrollment packet.

Refer to the Life and Disability brochure included in your enrollment packet regarding some improved coverage options for you and your family.

Medical

ASRC's medical plans offer you an array of benefits coverage, including the:

- **Bronze Plan:** Satisfies individual mandate specified in ACA through coverage with low per-paycheck costs and more out-of-pocket costs
- **Silver Plan:** A Consumer Driven Health Plan (CDHP) which offers a Health Savings Account (HSA) to most of our employees
- **Gold Plan:** A traditional preferred provider network where your per-paycheck costs are highest

Medical Plan Comparison Guide

	BRONZE	SILVER		GOLD
	PPO/Non-PPO Provider	**PPO Provider**	**Non-PPO Provider**	**PPO/Non-PPO Provider**
Annual Deductible	$2,500 Per Person $5,000 Per Family	$1,500 Employee Only $3,000 *Aggregate Family	$3,000 Employee Only $6,000 *Aggregate Family	$500 Per Person $1,500 Per Family
Annual Out-of-Pocket Maximum Includes deductible	$6,250 Per Person $12,500 Per Family	$4,000 Employee Only $9,000 *Aggregate Family	$7,750 Employee Only $17,750 *Aggregate Family	$2,500 Per Person $7,500 Per Family
Per Pay Check Cost	Low	Medium		High
Health Savings Account (see pg. 25)	Does not apply	ASRC contributes money to assist with expenses for most employees if enrolled with a HSA		Does not apply

* Aggregate Family Deductible must be met before benefits are payable. Any one person or a combination of family members can meet the deductible for the entire family.

All of our medical plans are self-funded, which means all expenses are paid with company and employee money. All plans link to the Blue Cross Blue Shield network, the most comprehensive national and worldwide preferred provider network available. Premera Preferred providers offer the best discounts and can be located at www.premera.com. Once you begin participation in one of our health care plans, you can register to view claims, order prescriptions and get identification cards. It is important to contact Premera Blue Cross for pre-authorization when scheduling hospitalization, surgical procedures and complex imaging to ensure great service and pricing.

The following table provides an overview of the various coverage levels available in the three medical plans offered to you by ASRC.

Medical Plan Comparison Guide

	Bronze	Silver		Gold		
Medical Service	**PPO/Non-PPO Provider**	**PPO Provider**	**Non-PPO Provider**	**PPO Provider**	**Non-PPO Provider**	**Alaska Plan**
Annual Preventive Care Routine physical Routine GYN CDL Exams Well child check up Immunizations Routine Mammograms Pap Smears PSA Test Lab/X-ray Services	100% if PPO 50% if Non-PPO Deductible does not apply	100%	60% Deductible does not apply	100%	60% Deductible does not apply	100% if PPO 80% if Non-PPO Deductible does not apply
Physician Office Visit	$35 co-pay if PPO 50% after deductible if Non-PPO	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible
Specialist Visit	$35 co-pay if PPO 50% after deductible if non-PPO	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible

Note: Residents of Alaska will find their coverage information for the Gold plan in the "Alaska Plan" column.

continued >

Medical Plan Comparison Guide (continued)

	Bronze	Silver		Gold		
Medical Service	**PPO/Non-PPO Provider**	**PPO Provider**	**Non-PPO Provider**	**PPO Provider**	**Non-PPO Provider**	**Alaska Plan**
Outpatient Hospital Care	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible if PPO 60% after deductible if Non-PPO
Inpatient Hospital Care	50% after deductible	80% after deductible	60% after deductible	80% after $250 co-pay plus deductible	60% after $250 co-pay plus deductible	80% after $250 co-pay plus deductible if PPO 60% after $250 co-pay plus deductible if Non-PPO
Emergency Room (co-pay waived if admitted)	50% after $200 co-pay plus deductible	80% after deductible		80% after $100 co-pay plus deductible		
Non-Emergent Care	50% after $200 co-pay plus deductible	60% after $100 co-pay plus deductible		60% after $100 co-pay plus deductible		
Non Preventative Diagnostic Laboratory	50% after deductible	80% after deductible	60% after deductible	100%	60% after deductible	80% deductible does not apply
Non Preventative X-ray Services	50% after deductible	80% after deductible	60% after deductible	100%	60% after deductible	80% after deductible

continued >

Medical Plan Comparison Guide (continued)

	Bronze	Silver		Gold		
Medical Service	**PPO/Non-PPO Provider**	**PPO Provider**	**Non-PPO Provider**	**PPO Provider**	**Non-PPO Provider**	**Alaska Plan**
Outpatient Physical, Speech and Occupational Therapy	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible
Allergy Injections and Serum	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible
Complex Imaging Services MRI, CT Scan (may require pre-authorization)	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible
Chiropractic Care (limited to 16 visits per calendar year)	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible
Hearing Aids (limited to 2 devices every 36 months)	50% after deductible	80% after deductible		80% after deductible		
Alternative Medicine (limited to 16 visits per calendar year)	50% after deductible	80% after deductible		80% after deductible		
Home Health Care (limited to 130 visits per calendar year)	50% after deductible	80% after deductible		80% after deductible		

continued >

Medical Plan Comparison Guide (continued)

	Bronze	Silver		Gold		
Medical Service	**PPO/Non-PPO Provider**	**PPO Provider**	**Non-PPO Provider**	**PPO Provider**	**Non-PPO Provider**	**Alaska Plan**
Hospice Care	50% after deductible	80% after deductible			80% after deductible	
Skilled Nursing Facility (limited to 120 days per calendar year)	50% after deductible	80% after deductible			80% after deductible	
Ambulance	50% after deductible	80% after deductible			80% after deductible	
Outpatient Mental Health and Substance Abuse	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible if PPO 60% after deductible if Non-PPO
Inpatient Mental Health and Substance Abuse	50% after deductible	80% after deductible	60% after deductible	80% after $250 co-pay plus deductible	60% after $250 co-pay plus deductible	80% after $250 co-pay plus deductible if PPO 60% after $250 co-pay plus deductible if Non-PPO

Prescription Benefits

Our Medical Plans include coverage for prescription drugs and allow access to a nationwide network of more than 60,000 retail pharmacies. Your prescription benefits depend on the medical plan you select. You can save money based on your choices for the types of drugs you choose, as well as the type of delivery service through your local pharmacy or mail delivery. Generic drugs account for nearly 80% of prescriptions and continue to offer an affordable solution for most people. You can learn more about the drug choices available to you and their costs through the Premera website at: www.premera.com.

Prescription Cost Comparison Guide

	Bronze	Silver	Gold
Retail Pharmacy (Up to a 30-day supply)			
Generic Drugs	$17 Co-pay	$17 Co-pay **after deductible**	$17 Co-pay
Preferred Brand Drugs	30% Co-pay	30% Co-pay **after deductible**	30% Co-pay
Non-Preferred Brand Drugs	50% Co-pay	50% Co-pay **after deductible**	50% Co-pay
Mail Order Pharmacy (Up to a 90-day supply)			
Generic Drugs	$34 Co-pay	$34 Co-pay **after deductible**	$34 Co-pay
Preferred Brand Drugs	30% Co-pay x 2 of retail cost	30% Co-pay x 2 **of retail cost after deductible**	30% Co-pay x 2 of retail cost
Non-Preferred Brand Drugs	50% Co-pay x 2 of retail cost	50% Co-pay x 2 **of retail cost after deductible**	50% Co-pay x 2 of retail cost

Note: Bronze and Gold plan prescription co-pays will apply to your maximum out of pocket totals described on page 13.

continued >

Prescription Cost Comparison Guide (continued)

	Bronze	Silver	Gold
Specialty Pharmacy (self-injectable)	You pay 40% of the cost up to a maximum of $125	You pay $75 **after you have satisfied your deductible**	You pay 40% of the cost up to a maximum of $125
All Prescription(s) out of network	You pay 40% after deductible	You pay 40% **after deductible**	You pay 40% after deductible
Preventive Drug Coverage under Affordable Care Act	Covered in full	Covered in full	Covered in full
Preventive Drug Coverage for CDHP (for heart disease and diabetes)	Not Applicable	No Charge for qualified Generic Drugs (see www.premera.com)	Not Applicable

Note: Certain specialty and compound drugs many not be covered by the plan. Make sure to check coverage for these drugs by calling Premera at 877-370-2772.

Prescription Delivery Method Comparison Guide

	Retail Pharmacy Prescriptions	Mail Order Prescriptions
Maximum Dispensing Amount	30 days	90 days
Convenience	Pick up at retail pharmacy	Delivered straight to your home
Availability	Immediately	Usually takes two weeks for first delivery, but afterward prescriptions are mailed on a regular frequency
Cost	You pay one cost for a 30 day supply	Three months for the price of two months

Dental Benefits

ASRC offers quality dental services through United Concordia. Separate from the medical plan, United Concordia offers flexible dental benefits backed by excellent customer service and over 35 years of experience in dental insurance.

The two dental plan options available to you are:

Concordia Preferred: The Concordia Preferred plan provides the most coverage when you see a preferred provider. Make sure to check for preferred providers in your area before selecting this plan. Dental benefits are limited and orthodontia is not covered if you see a non-PPO provider.

Concordia Flex: The Concordia Flex plan provides the same level of coverage for preferred and non-preferred providers. This may be the best plan for you if there are no preferred providers in your area or if you want to see a non-preferred provider. Remember, if you choose to see a non-preferred provider, you will be responsible for any charges above reasonable and customary limits.

Dental Cost and Coverage Comparison Guide

	Concordia Preferred		Concordia Flex
	PPO Provider	**Non-PPO Provider**	**PPO or Non-PPO Provider**
Deductible Per Person	$50	$50	$50
Deductible Per Family	$150	$150	$150
Annual Limit (per person)*	$2,000	$1,250	$2,000
Orthodontia Lifetime Limit (per person)	$4,000	Not covered	$4,000

* Combined preventive, basic and major services. If your treatment is expected to exceed more than $500, your dentist will need to check with United Concordia to verify your procedure will be covered.

continued >

Dental Cost and Coverage Comparison Guide (continued)

The amounts shown in each cell of the table below indicate the amount and/or percentage ASRC pays for the service, along with any interaction of deductibles applicable for the plan or coverage.

	Concordia Preferred		Concordia Flex
	PPO Provider	**Non-PPO Provider**	**PPO or Non-PPO Provider**
Preventive and Diagnostic Services Two routine cleanings and exams per calendar year Deductible waived	100% coverage	80% coverage	100% coverage
Basic Services Fillings, extractions, space maintainers, periodontics, endodontics, repairs of bridges and dentures	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible
Major Services Inlays, onlays, crowns, bridges & dentures, surgical periodontics	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible
Orthodontia Services	80% coverage after deductible	Not Covered	80% coverage after deductible

United Concordia offers a strong Preferred Dentist Network. You can locate network dentists on the United Concordia website at www.ucci.com by clicking on the "Find a Dentist" link and selecting the "Advantage Plus" network option. The site allows you to search network dentists by specialty, city, last name, zip code, distance to a certain zip code, or county.

Once you begin participating in our dental plan, you can register for "My Dental Benefits" to allow you secure access to benefits, claim details, procedure history, deductible accumulations, printable ID cards and more services.

Vision Benefits

ASRC offers quality vision coverage through Vision Service Plan (VSP), one of the nation's most complete eye-care plans. Your choice to participate in the vision plan is separate from the medical plan. Like all of our benefit plans, if you choose to participate, you can enroll your dependents as well.

Vision Cost and Coverage Comparison Guide

	VSP Provider	Non-VSP Provider
Co-Pay	$20 once every calendar year	None
WellVision Annual Exam®	Covered in full after the co-pay once every calendar year	Covered up to $43 once every calendar year
Lenses	Single lenses, lined bi-focal lenses, tri-focal, and progressive lenses are covered after the co-pay once every calendar year	Single vision lenses covered up to $26 once every calendar year Lined bifocal lenses covered up to $43 once every calendar year Lined trifocal lenses and progressive lenses covered up to $60 once every calendar year
Frames	Covered up to $175 once every twenty-four months	Covered up to $40 once every twenty-four months
Contact Lens Exam Fitting & Evaluation	Standard and Premium fit: Covered in full, not to exceed $60 co-pay	Combined with Elective Contacts allowance noted below
Elective Contacts (in lieu of glasses)	Covered up to $130 once every calendar year	Covered up to $100 once every calendar year

Discounts Available through Vision Services Plan (VSP)

Extra discounts and savings are also available by participating in the vision plan.

Service/Appliance	Discount
Glasses & Sunglasses	• 20-25% off all non-covered lens options such as tinting, scratch coating, UV protection and polycarbonate protection • 20% off additional glasses & sunglasses, including lens options, from a VSP doctor within 12 months of your last WellVision Exam
Laser Vision Correction	• 15% off regular price or 5% off any promotional price from providers in the VSP network Laser Correction facilities

You can get the best value from your vision benefit when you visit a VSP network doctor. You are usually able to take advantage of greater benefits and pay less out-of-pocket when you visit an in-network doctor. Using your vision service plan is easy – no identification card is required. Once you begin participating in our vision plan, you can utilize your VSP benefits easily by finding a VSP doctor at www.vsp.com. When making an appointment, tell the doctor you are a VSP member.

You will be required to pay out-of-pocket at the time of the treatment for services received from an out-of-network doctor and you will have to file for reimbursement from VSP.

Funding Options

An employee who participates in any benefit that requires a contribution for participation, except the health/dependent care spending accounts, acknowledges and agrees that he or she is deemed to have elected to pay for participation on a pre-tax or after-tax basis. Such deemed election includes any surcharge that is or may be imposed on any benefit.

- Out of Pocket
- HSA
- Flex Accounts

Three options exist for paying for your medical, dental and vision coverage – out of pocket, Health Savings Accounts (HSAs) or Flex Accounts.

Health Savings Accounts (HSAs)

Health Savings Accounts (HSAs) allow employees who enroll in the ASRC Silver Medical Plan to set aside money on a pre-tax basis to pay their current or future qualified health care expenses. Employee contributions to the HSA are made with pre-tax dollars through payroll deductions, which reduce your taxable income and saves you money. You never pay taxes on withdrawals for qualified health care expenses. Your money earns interest and you do not pay taxes on the interest earned. You choose the amount you want to contribute to your account, up to the 2015 annual limit:

	Employee Annual Contributions	ASRC Annual Contributions
Individual	$3,350	$500 annual contribution (paid monthly)
Family	$6,650	$1,000 annual contribution (paid monthly)
Age 55 & older	Additional $1,000 allowed	Not Applicable

You must meet the following requirements to be eligible for a HSA:

- Enroll in the ASRC Silver Medical Plan (previously known as our CDHP)
- Not be covered by any other health coverage except those permitted by the IRS (see IRS Pub. 969)
- Not be enrolled in a Medical Flex Account, Medicare, TriCare or Medicaid
- If enrolled in Veterans Administration or Indian Health Services and have not used those services, except for permitted preventative services in the past three months you may be eligible
- Not be claimed as a dependent on the federal tax return of another person

Health Savings Account Usage and Benefit Example

Sam is a healthy employee with the exception of an occasional sports injury. Sam chose to enroll in the "employee only" tier of the new, lower-cost "high deductible" Consumer Driven Health Plan (CDHP) introduced by ASRC during the benefit enrollment period for 2013. The CDHP had a $1,500 individual deductible, provided 80% co-insurance for most in-network services, and included a Health Savings Account (HSA) with a $500 contribution from ASRC, as well as contributions by Sam.

Sam was enrolled in the "PPO 500" plan in 2013, so when he chose to enroll in the Silver Plan for 2014, Sam also decided to put $1,000 of the difference between the former PPO 500 Plan premium costs and the new, lower-cost Silver, into his new HSA. The chart below illustrated how HSA contributions and benefits work for an enrollee like Sam as a result of enrolling in the Silver Plan.

	2014	2015	Future
HSA Contributions:			
• ASRC's contribution to HSA	$500	$500	Sam can continue to contribute to the HSA on a pre-tax basis and use HSA money for qualified medical expenses
• Sam's contribution to HSA (1)	$1,000	$1,000	
• Carryover from the prior year	$500	$1,660	
Total account balance	$2,000	$3,160	
Sam's medical care and expense during the year:			
• Preventive care paid 100%	$0	$0	Any leftover HSA balance will accumulate in the account year after year
• Sport medicine specialist	$160	$160	
• Prescriptions	$180	$200	
Total medical expense applied to deductible	$340	$360	
Sam uses HSA to pay medical expense	$340	$360	
HSA balance at year end	$1,660	$2,800(2)	

(1) HSA contributions are pre-tax so Sam also saved on taxes (not included here)
(2) HSAs earn interest once the balance exceeds $2,000, and withdrawals for qualified expenses are tax-free

Access the Interactive Enrollment Comparison Tool at www.healthequity.com/ASRC to create your own illustration and compare benefit plans.

HSA advantages

- Rolls over from year to year
- You may choose how to invest your money in excess of $2,000 in a variety of mutual funds
- Your contributions are tax-free and reduce your overall taxable income
- You usually do not pay taxes on withdrawals for qualified health care expenses (under federal law and in most states)
- Your money earns interest and you don't pay taxes on the interest earned (under federal law and in most states)
- Your HSA money remains available to you to pay for qualified health care expenses even if you go to another employer or retire
- Employees who are currently enrolled in the HSA plan have increased total account balances by nearly 400% over 2013.

Health Care expenses qualified to be paid with HSA money include:*

- Medical deductible, co-pays and co-insurance, as well as qualified expenses not covered under your medical plan
- Dental expenses and co-pays not covered by your dental plan
- Vision co-pays as well as eye glasses, contact lenses or eye doctor appointments not covered under your vision care plan
- Prescription expenses, co-pays and prescribed over-the-counter drugs

*A complete listing of qualified expenses is available at www.healthequity.com or in IRS Publication 502 - Medical and Dental Expenses.

Who manages my HSA?

You manage your HSA through HealthEquity, an organization that provides record keeping services for our HSA. You can visit www.healthequity.com/asrc to access HealthEquity's education website for frequently asked questions, online videos and tutorials.

Using your HealthEquity HSA payment card

ASRC employees who elect to participate in the HSA will receive a HealthEquity Visa® Health Account Card in the mail following enrollment. This card is issued by "The Bancorp Bank" pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC. You can pay for qualified HSA expenses with this card, which pulls funds directly from your account at participating retailers and health care providers. You can check your available account balance online. Your first three cards are free (e.g. for your spouse or replacement card). Simply contact HealthEquity Member Services or login to your member portal to request additional cards. Please note that you should keep your HSA card. You will not receive a new card annually.

How does an HSA work?

- When you enroll, you choose the amount to contribute from $1.00, up to the annual maximum
- You have the flexibility to make changes throughout the year. Your election continues as long as you are eligible and/or you make a change to your contribution
- Your contribution is deducted from your pay before taxes
- Your employer contribution is added to your account on a monthly basis
- When you incur a qualified health care expense and you have an available balance, you can use your HSA card at participating retailers. You can also pay providers and reimburse yourself online
- You are reimbursed for qualified expenses according to the rules of the plan
- Always save your receipts or upload them to the member portal, as the IRS may require your expense distributions to be verified

Once enrolled, you can access the member portal at www.myhealthequity.com to:

- Learn about qualified expenses
- Pay providers and review claim status
- Check your current HSA balance
- Access health and wellness resources
- Use the health and prescription pricing tools
- Contribute to your HSA account
- Complete the required beneficiary designation

The HealthEquity Mobile app can help you:

- Access your account
- Add claims
- Upload documentation via your phone's camera
- Send payments and reimbursements
- Manage card transactions
- View your claim status

For more information about eligibility rules contact your tax adviser or HealthEquity at www.healthequity.com.

Medical and Dependent Care Flex Accounts

Medical and Dependent Care "Flex" Accounts can make a big difference in your cash flow. ASRC offers these accounts to most employee groups to help smooth out the impact of medical service costs, dependent care and to reduce taxes. Eligible participants can elect to set aside money on a pre-tax basis into one or both of these special accounts in 2015. The money accumulated in these accounts is used throughout the year to reimburse yourself for qualified out-of-pocket medical expenses or work-related dependent care expenses. Because the money is transferred to your Medical or Dependent Care Flex Account before federal income taxes or Social Security taxes are withheld, you pay fewer taxes while saving money to pay for qualified expenses. Every year, you can choose the amount you want to contribute to your account(s), up to an annual limit. The maximum amounts you are able to set aside in 2015 are:

Medical Flex Account	up to $2,500
Dependent Care Flex Account	up to $5,000 or $2,500 if married and filing separate tax returns

The minimum annual contribution for both Flex accounts is $150. You must enroll in these accounts every year to continue participating in these programs. Flex election amounts are effective for one calendar year.

Who is eligible to participate in these plans?

- Any eligible employee whose company offers these benefits. The benefits will be available in your enrollment system if it is applicable to your company
- If you have a Health Savings Account (HSA), you **cannot** enroll in the Medical Flex Account; however, you may enroll in the Dependent Care Flex account

How Flex accounts work?

- When you enroll, you choose how much to contribute to the account, up to the maximum allowed for the year
- Your contribution is taken from your pay before taxes
- You incur a qualified medical flex expense, use your HealthEquity Visa® Reimbursement Account Card at participating retailers or you can choose to file an online or paper claim
- When you incur a qualified dependent care expense, you must file an online or paper claim
- You are reimbursed for qualified expenses according to the rules of the plan
- Always save your receipts, as the IRS may require that your charges be verified
- Use it or lose it – account balances will not roll over to the following year

Qualified Medical Flex Expenses

With the money set aside in your Medical Flex account, you can pay for qualified out-of-pocket medical, dental and vision expenses, for you and your dependents. Qualified expenses include:

- Medical deductible, co-pays, and co-insurance, as well as qualified expenses not covered under your medical plan
- Dental expenses and co-pays not covered by your dental plan
- Vision co-pays, eyeglasses, contact lenses or eye doctor appointments not covered by the vision care plan
- Prescription expenses, co-pays and prescribed over-the-counter drugs

Using your HealthEquity payment card

ASRC employees who elect to participate in the Medical Flex account will receive a HealthEquity Visa® Reimbursement Account Card in the mail following enrollment. This card pulls funds directly from your account at participating retailers and health care providers. You can check your available account balance online. Your first three cards are free (e.g. for your spouse or replacement card). If you need extra cards, contact HealthEquity. Please note that you will receive a new card every year, so you do not need to retain your old card. This card is issued by "The Bancorp Bank" pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC.

What can I pay for with the Dependent Care Flex account?

You can pay for qualified out-of-pocket dependent care expenses incurred while you are at work, such as:

- Day care
- Nursery/pre-school tuition
- After school care
- Adult day care

How are Flex Accounts administered?

You manage your Medical Flex and Dependent Care Flex accounts through HealthEquity, an organization which provides record keeping services for our Flex Accounts. Once enrolled you can access the HealthEquity website at www.myhealthequity.com to:

- Learn about qualified expenses
- Submit your claims and review claim status
- Check your current account balance(s)
- Find information about the health care payment card program

The HealthEquity Mobile app can help you:

- Access your account
- Add claims
- Upload documentation via your phone's camera
- Send payments and reimbursements
- Manage card transactions
- View your claim status

For more information about the Medical Flex and Dependent Care Flex accounts, you may visit www.healthequity.com/asrc to access HealthEquity's education website for frequently asked questions, online videos, and tutorials.

It is important for you to estimate your health or dependent care expenses because your Flex account contributions are forfeited if not used by the deadline. You cannot carry over balances from one year to the next. Claims for the Plan Year (Jan. 1 - Dec. 31) must be received no later than the 90th day following the end of the plan year, in order to be considered for reimbursement.

Instructions and Frequently Asked Questions (FAQs)

Open enrollment includes a lot of information and choices for you to make regarding the benefits available. Enclosed are answers to questions we believe you may find useful.

For additional questions regarding your benefits, please see page 43 for contact information.

Who is Eligible?

Any employee who is scheduled to work 30 or more hours in a workweek; your legally married spouse; and your natural, step or legally-adopted children under age 26 (eligibility ends on 26th birthday) are eligible for medical, dental and/or vision coverage regardless of student or marital status, place of residence or financial dependency. Adult disabled children require pre-approval.

How long does coverage last?

If you elect to drop a benefit during open enrollment, your coverage will end on Dec. 31, 2014. If you leave employment or you transfer to a temporary position, coverage ends on your last day of work or date of transfer. Dependent coverage ends as of the last date in which the person is considered a dependent, (day of 26th birthday, date of divorce, date other coverage is obtained, or date of death) or date coverage ends for primary insured.

What if I don't want to make any changes?

You are not required to make any changes and your plans will roll over to the next year. However, Flex Accounts do not carry over each year. You are required to make an annual election, so be sure to re-enroll in your Flex Account for 2015.

FAQ Continued...

What are the key actions I need to take to complete my 2015 benefit enrollment?

- Review your benefit enrollment choices and information using the enrollment system for your company
- Consider what medical coverage you need to change to meet the coverage requirements of Health Care Reform, choosing the best match for your needs from the Bronze, Silver and Gold medical plans
- Review your enrollment in dental, vision, life and disability to determine if you want to make changes
- If you are eligible to have a Medical or Dependent Care Flex account, and want to enroll, then make sure to designate your deduction amount(s) for 2015 when you enroll

Since Health Care expenses are increasing for everyone, how can I reduce my expenses?

You can reduce your per-paycheck deductions by considering enrollment into the "Silver" or "Bronze" plan.

Do I need to cover my dependents in 2015 under health care reform?

To avoid possible penalties, you must be able to demonstrate that your dependents, those usually listed in your federal tax filing, have health coverage in 2015. You can choose to include them when you enroll in one of our health plans, or you can explore coverage for them that might be available in the market or through another program (see health care reform overview on pages 4 and 5).

How can I find out more about prescription costs?

The easiest way to learn about drug options and control your pharmacy costs is to talk to your physician or pharmacist at your next visit. The Premera website (www.premera.com) also has information for you to learn about the availability of drugs in generic, brand, and non-preferred brand drug tiers and the estimated retail and mail order costs associated with each drug choice.

Actions You Need To Take During Open Enrollment

In order to make this a successful Open Enrollment, you may need to take additional actions, such as:

Dependent Eligibility and Certification

If you are adding dependents or changing a beneficiary, gather the name, birthday, and social security number for each dependent and/or beneficiary. Any new dependent added to our plans must be certified for eligibility. Dependent children up to age 26 (eligibility ends on 26th birthday) are eligible for medical, dental and/or vision coverage regardless of student or marital status, place of residence or financial dependency. Adult disabled children require pre-approval. **Documentation (i.e. marriage or birth certificate, adoption decree, etc.) must be submitted to ASRC's Benefits Department prior to December 15, 2014. If certification is not received for a dependent they will not be covered by our plan(s) in 2015 and your coverage and premiums will be adjusted accordingly.**

Qualifying Events

A "qualifying life event" includes birth of a child, adoption, divorce, loss or gain of other coverage, marriage, etc. You will need to supply an enrollment form and back up documentation to substantiate the event.

A "qualifying event" is the only way to change benefits for yourself or a dependent outside of this enrollment period. You have 31 days (60 days for the birth of a child) from the date of the qualifying event to complete all required enrollment materials for the requested qualifying event. Coverage will take effect the first of the month following receipt of the required documents, or on the date of birth of your newborn child.

Enrollment

Please refer to the appropriate "Enrollment Instructions" page.

Please submit your enrollment forms and any other required documentation to:

ASRC Benefits
3900 C Street, Suite 202
Anchorage, AK 99503
Attn: Benefits Specialist
Or by scan to asrcbenefits@asrc.com

Enrollment Instructions for ASRC

Alaska Employees

These instructions show you how to access your online enrollment system. Your access to the Benefits Enrollment Application in Oracle is available November 1-24.

1. Access the ASRC Applications website at http://office.asrc.com/. Select ***Oracle Self Service*** under the Applications menu to begin Open Enrollment

2. This is the log-in screen. Log-in with your regular user-name (usually your first initial and last name) and your password

   First time logging in? Your Password is **WELCOME1**
   If you have forgotten your password, please contact the HelpDesk at (877) 869-6900

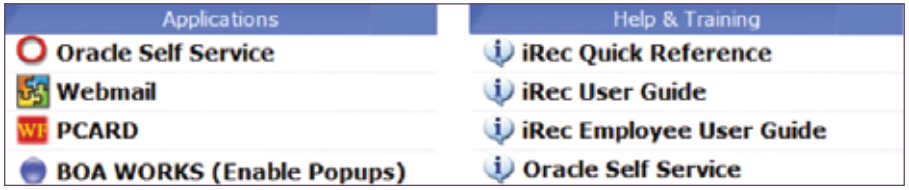
3. Select the ***Self Service Employee*** responsibility in the left column, where xxx is your company abbreviation

4. Select the ***Benefits*** link below the ***Self Service Employee***

5. **Helpful Notes:** Once you've logged into the open enrollment system, you may click on any of the ***Enrollment Instructions*** links available for help in navigating through the system. When you have completed your enrollment please print your confirmation screen for your records.

Attention ACHC Employees!
You must call in your 2015 benefits enrollment changes to Benefits Specialists.
(877) 339-6850

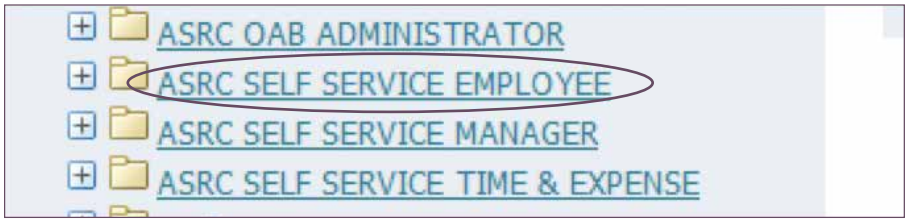
1.


Applications
Oracle Self Service
Webmail
PCARD
BOA WORKS (Enable Popups)
Help & Training
iRec Quick Reference
iRec User Guide
iRec Employee User Guide
Oracle Self Service

2.


*User Name
(example: michael.james.smith)
*Password
(example: 4u99v23)
Login
Cancel
Login Assistance
Accessibility None

3.


ASRC OAB ADMINISTRATOR
ASRC SELF SERVICE EMPLOYEE
ASRC SELF SERVICE MANAGER
ASRC SELF SERVICE TIME & EXPENSE

4.


ASRC SELF SERVICE EMPLOYEE
Personal Actions
Payslip
Tax Form
Benefits
My Information
Employee W-2
Personal Information

Enrollment Instructions for

ASRC Federal Holding Company Employees

These instructions show you how to access your online enrollment system. Your access to the *Benefits Enrollment Application* in Employee Self Service (ESS) is available November 1–24.

1. Access Employee Self Service (ESS) at https://time.asrcfederal.com.

   This is the ESS Login screen. Your Login ID is your Employee Number and your password is your Time Collection password. If you have any problems accessing the system, please contact the Help Desk at (866) 360-7728.

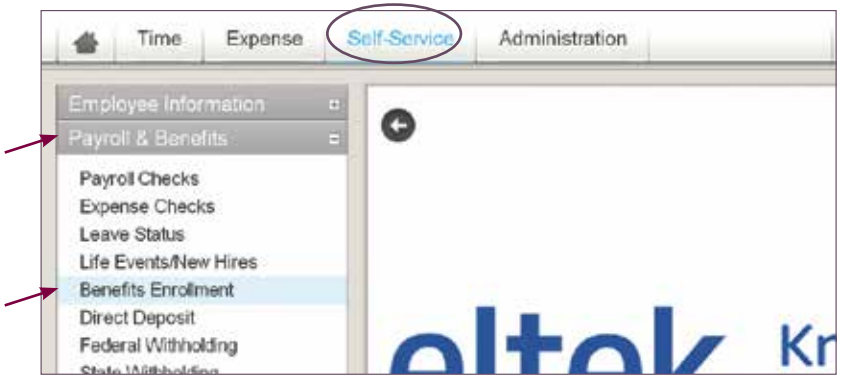
2. This is the ESS Main screen. To access Open Enrollment, select Benefits from the menu on the left side, then select Benefits Enrollment.

3. **Instructions –** The instructions are the first step in the Open Enrollment process. The system will provide detailed step-by-step instructions. Review the instructions and select the continue button to begin the Open Enrollment process.

1.


Deltek Time & Expense™
with Employee Self-Service
Deltek Know more. Do more.™
Login ID
Password
Domain
Language
English/United States
Change Password After Login

2.


Time
Expense
Self-Service
Administration
Employee Information
Payroll & Benefits
Payroll Checks
Expense Checks
Leave Status
Life Events/New Hires
Benefits Enrollment
Direct Deposit
Federal Withholding

3.


Time
Expense
Self-Service
Administration
Summary
Plan Start Date: Dec 17, 2012
Plan End Date: Dec 15, 2013
1. Instructions
2. Current Elections
3. Dependents/Beneficiaries
4. Vision Benefits
Your summary below lists the elections you have made during the enrollment p
amount to be deducted from your pay check each period.
Benefit
Plan
Vision Benefits
VISION
Dental Benefits
CONCORDIA PREFERRED
Medical Benefits
MEDICAL $500 DEDUCT
Employee Life
BASIC LIFE MAX 500K

Important Disclosures and Help

The company wants you to be informed about certain rights and protections you have related to the Affordable Care Act.

Notice Regarding the Women's Health and Cancer Rights Act of 1998

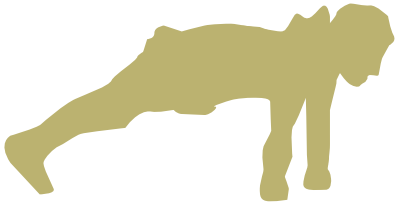
If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician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

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

These benefits may be subject to annual deductibles and coinsurance provisions that are appropriate and consistent with other benefits under the plan or coverage.

Notice Regarding the Newborns' and Mothers' Health Protection Act of 1996

Under federal law, group health plans and health insurance issuers offering group health insurance generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the plan or issuer may pay for a shorter stay if the attending physician, after consultation with the mother, discharges the mother or newborn earlier.



Also, under federal law, plans and insurers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification.

Please be aware that in order to add a newborn dependent to the plan, you need to submit your enrollment change application and proof of birth to the ASRC Benefits Department within 60 days of the event.

Availability of Notice of Privacy Practices

The Arctic Slope Regional Corporation & Subsidiaries Group Health & Welfare Plan (Plan) maintains a Privacy Notice that provides information to individuals whose Protected Health Information (PHI) will be used or maintained by the Plan. If you would like a copy of the Privacy Notice, please contact the ASRC Benefits Department at (877) 339-6850, or by mail at 3900 C Street, Suite 202, Anchorage, AK 99503.

Summary of Benefits and Coverage (SBC)

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at http://office.asrc.com/office/SBC/. A paper copy is also available, free of charge, by calling (877) 339-6850.

How To Get Help

For your convenience, ASRC has developed a one source number for all of our insurance carriers and our team so you can obtain assistance for all of your benefit needs. Dial (877) 370-2772 (ASRC) and select from the following options:

- **Option 1:** Premera Medical and prescription Customer Service, assistance finding a Network Provider and check on your claims
- **Option 2:** NurseLine offers access to high-quality professional health resources who will listen to your health concerns, answers questions and offer advice about many health related topics (open 24/7)
- **Option 3:** Health Savings Accounts, Flexible Medical and Dependent Care Account Services (open 24/7)
- **Option 4:** COBRA to check on the status of your continuing benefits after benefit coverage ends
- **Option 5:** Dental customer service is provided by United Concordia
- **Option 6:** Vision Plan Customer service provided by VSP
- **Option 7:** Additional Options

  Option 1: Employee Assistance Program provided by an independent outside group, Ceridian (open 24/7)
  Option 2: Disability and Life claims provided by Aetna
  Option 3: 401K customer service and advice provided by Charles Schwab and Company
  Option 4: ASRC BenefitsTeam to speak to your designated Benefits Specialist

This document is neither a summary plan description nor an employee handbook. If a discrepancy arises between this document and the provisions of the official plan documents, the plan documents govern. ASRC reserves the right to modify, amend or terminate its plans and programs at any time.

arctic slope regional corporation

3900 C St. Suite 202, Anchorage, Alaska 99503