

ALASKA RAILROAD

2025 BENEFIT GUIDE

Retiree at a Glance All Blue and Gold Plans

This *At-a-Glance Benefit Guide* provides an overview of medical and prescription drug benefits included in the Blue and Gold Plans for the plan year beginning January 1, 2025. The Blue Essentials Plan and Gold Essentials Plan are available for new enrollees. You can remain in the Blue Active, Gold Active or Grandfathered retiree plans if currently elected. However you cannot return should you switch to Essentials at any point.

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Your Medical Plans

- **GOLD PLANS** are Consumer-Directed Health Plans (HDHP).
- **BLUE PLANS** are Preferred Provider Plans (PPO).
- **COMPARE GOLD VS. BLUE PLANS.** Review the *At-a-Glance Benefit Comparison* table for details on how the plans differ.

Gold Plan Highlights

If you are enrolled in the **Gold** or the **Gold Essentials** Plans, your monthly premiums are lower than the Blue or Blue Essentials Plans, but your deductible is higher. (Reminder: The “deductible” is the amount you pay before the ARRC retiree plan starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Gold / Gold Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

MEETING THE GOLD PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

The individual **in-network** out-of-pocket maximum is \$5,300. (Note: If you enroll in family coverage, once one of your covered family members meets the \$5,300 individual maximum, the plan pays 100% of his/her qualified medical costs for the rest of the year.) The family **in-network** out-of-pocket maximum is \$12,900. Once attained, the plan pays 100% of qualified medical costs for care for all family members for the rest of the year.

Blue Plan Highlights

If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The “deductible” is the amount you pay before ARRC starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

For those enrolled in family coverage, the annual deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical expenses of a family of four add up to \$3,000, you have met the annual family deductible. However, if one person in the family meets the individual deductible amount of \$1,000, coinsurance will kick in for his/her qualified medical costs.

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If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The "deductible" is the amount you pay before ARRC starts sharing costs with you with what is called "coinsurance.") Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

For those enrolled in family coverage, the annual deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical expenses of a family of four add up to \$3,000, you have met the annual family deductible. However, if one person in the family meets the individual deductible amount of \$1,000, coinsurance will kick in for his/her qualified medical costs.

ALASKA RAILROAD

2025 BENEFIT GUIDE

Retiree at a Glance All Blue and Gold Plans

This *At-a-Glance Benefit Guide* provides an overview of medical and prescription drug benefits included in the Blue and Gold Plans for the plan year beginning January 1, 2025. The Blue Essentials Plan and Gold Essentials Plan are available for new enrollees. You can remain in the Blue Active, Gold Active or Grandfathered retiree plans if currently elected. However you cannot return should you switch to Essentials at any point.

This guide is a summary only. If there is a discrepancy between this document and the plans' official plan documents, the plan documents supersede this summary guide.

Your Medical Plans

- **GOLD PLANS** are Consumer-Directed Health Plans (HDHP).
- **BLUE PLANS** are Preferred Provider Plans (PPO).
- **COMPARE GOLD VS. BLUE PLANS.** Review the *At-a-Glance Benefit Comparison* table for details on how the plans differ.

Gold Plan Highlights

If you are enrolled in the **Gold** or the **Gold Essentials** Plans, your monthly premiums are lower than the Blue or Blue Essentials Plans, but your deductible is higher. (Reminder: The “deductible” is the amount you pay before the ARRC retiree plan starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Gold / Gold Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

MEETING THE GOLD PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

The individual **in-network** out-of-pocket maximum is \$5,300. (Note: If you enroll in family coverage, once one of your covered family members meets the \$5,300 individual maximum, the plan pays 100% of his/her qualified medical costs for the rest of the year.) The family **in-network** out-of-pocket maximum is \$12,900. Once attained, the plan pays 100% of qualified medical costs for care for all family members for the rest of the year.

Blue Plan Highlights

If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The "deductible" is the amount you pay before ARRC starts sharing costs with you with what is called "coinsurance.") Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

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ALASKA RAILROAD

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Gold Plan Highlights

If you are enrolled in the **Gold** or the **Gold Essentials** Plans, your monthly premiums are lower than the Blue or Blue Essentials Plans, but your deductible is higher. (Reminder: The “deductible” is the amount you pay before the ARRC retiree plan starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Gold / Gold Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

MEETING THE GOLD PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

The individual **in-network** out-of-pocket maximum is \$5,300. (Note: If you enroll in family coverage, once one of your covered family members meets the \$5,300 individual maximum, the plan pays 100% of his/her qualified medical costs for the rest of the year.) The family **in-network** out-of-pocket maximum is \$12,900. Once attained, the plan pays 100% of qualified medical costs for care for all family members for the rest of the year.

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

For those enrolled in family coverage, the annual deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical expenses of a family of four add up to \$3,000, you have met the annual family deductible. However, if one person in the family meets the individual deductible amount of \$1,000, coinsurance will kick in for his/her qualified medical costs.

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Gold Plan Highlights

If you are enrolled in the **Gold** or the **Gold Essentials** Plans, your monthly premiums are lower than the Blue or Blue Essentials Plans, but your deductible is higher. (Reminder: The “deductible” is the amount you pay before the ARRC retiree plan starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Gold / Gold Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

MEETING THE GOLD PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

The individual **in-network** out-of-pocket maximum is \$5,300. (Note: If you enroll in family coverage, once one of your covered family members meets the \$5,300 individual maximum, the plan pays 100% of his/her qualified medical costs for the rest of the year.) The family **in-network** out-of-pocket maximum is \$12,900. Once attained, the plan pays 100% of qualified medical costs for care for all family members for the rest of the year.

Blue Plan Highlights

If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The “deductible” is the amount you pay before ARRC starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

For those enrolled in family coverage, the annual deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical expenses of a family of four add up to \$3,000, you have met the annual family deductible. However, if one person in the family meets the individual deductible amount of \$1,000, coinsurance will kick in for his/her qualified medical costs.

ALASKA RAILROAD

2025 BENEFIT GUIDE

Retiree at a Glance All Blue and Gold Plans

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Your Medical Plans

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Gold Plan Highlights

If you are enrolled in the **Gold** or the **Gold Essentials** Plans, your monthly premiums are lower than the Blue or Blue Essentials Plans, but your deductible is higher. (Reminder: The “deductible” is the amount you pay before the ARRC retiree plan starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Gold / Gold Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

MEETING THE GOLD PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

The individual **in-network** out-of-pocket maximum is \$5,300. (Note: If you enroll in family coverage, once one of your covered family members meets the \$5,300 individual maximum, the plan pays 100% of his/her qualified medical costs for the rest of the year.) The family **in-network** out-of-pocket maximum is \$12,900. Once attained, the plan pays 100% of qualified medical costs for care for all family members for the rest of the year.

Blue Plan Highlights

If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The "deductible" is the amount you pay before ARRC starts sharing costs with you with what is called "coinsurance.") Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

For those enrolled in family coverage, the annual deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical expenses of a family of four add up to \$3,000, you have met the annual family deductible. However, if one person in the family meets the individual deductible amount of \$1,000, coinsurance will kick in for his/her qualified medical costs.

ALASKA RAILROAD

2025 BENEFIT GUIDE

Retiree at a Glance All Blue and Gold Plans

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Gold Plan Highlights

If you are enrolled in the **Gold** or the **Gold Essentials** Plans, your monthly premiums are lower than the Blue or Blue Essentials Plans, but your deductible is higher. (Reminder: The “deductible” is the amount you pay before the ARRC retiree plan starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Gold / Gold Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

MEETING THE GOLD PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

The individual **in-network** out-of-pocket maximum is \$5,300. (Note: If you enroll in family coverage, once one of your covered family members meets the \$5,300 individual maximum, the plan pays 100% of his/her qualified medical costs for the rest of the year.) The family **in-network** out-of-pocket maximum is \$12,900. Once attained, the plan pays 100% of qualified medical costs for care for all family members for the rest of the year.

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If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The "deductible" is the amount you pay before ARRC starts sharing costs with you with what is called "coinsurance.") Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
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MEETING THE GOLD PLANS DEDUCTIBLE

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
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Gold Plan Highlights

If you are enrolled in the **Gold** or the **Gold Essentials** Plans, your monthly premiums are lower than the Blue or Blue Essentials Plans, but your deductible is higher. (Reminder: The “deductible” is the amount you pay before the ARRC retiree plan starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Gold / Gold Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

MEETING THE GOLD PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

The individual **in-network** out-of-pocket maximum is \$5,300. (Note: If you enroll in family coverage, once one of your covered family members meets the \$5,300 individual maximum, the plan pays 100% of his/her qualified medical costs for the rest of the year.) The family **in-network** out-of-pocket maximum is \$12,900. Once attained, the plan pays 100% of qualified medical costs for care for all family members for the rest of the year.

Blue Plan Highlights

If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The "deductible" is the amount you pay before ARRC starts sharing costs with you with what is called "coinsurance.") Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

For those enrolled in family coverage, the annual deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical expenses of a family of four add up to \$3,000, you have met the annual family deductible. However, if one person in the family meets the individual deductible amount of \$1,000, coinsurance will kick in for his/her qualified medical costs.

ALASKA RAILROAD

2025 BENEFIT GUIDE

Retiree at a Glance All Blue and Gold Plans

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Your Medical Plans

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- **BLUE PLANS** are Preferred Provider Plans (PPO).
- **COMPARE GOLD VS. BLUE PLANS.** Review the *At-a-Glance Benefit Comparison* table for details on how the plans differ.

Gold Plan Highlights

If you are enrolled in the **Gold** or the **Gold Essentials** Plans, your monthly premiums are lower than the Blue or Blue Essentials Plans, but your deductible is higher. (Reminder: The “deductible” is the amount you pay before the ARRC retiree plan starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Gold / Gold Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

MEETING THE GOLD PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

The individual **in-network** out-of-pocket maximum is \$5,300. (Note: If you enroll in family coverage, once one of your covered family members meets the \$5,300 individual maximum, the plan pays 100% of his/her qualified medical costs for the rest of the year.) The family **in-network** out-of-pocket maximum is \$12,900. Once attained, the plan pays 100% of qualified medical costs for care for all family members for the rest of the year.

Blue Plan Highlights

If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The “deductible” is the amount you pay before ARRC starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
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MEETING THE BLUE PLANS DEDUCTIBLE

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

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Blue Plan Highlights

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

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Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
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MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
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MEETING THE GOLD PLANS DEDUCTIBLE

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MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

For those enrolled in family coverage, the annual deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical expenses of a family of four add up to \$3,000, you have met the annual family deductible. However, if one person in the family meets the individual deductible amount of \$1,000, coinsurance will kick in for his/her qualified medical costs.

ALASKA RAILROAD

2025 BENEFIT GUIDE

Retiree at a Glance All Blue and Gold Plans

This *At-a-Glance Benefit Guide* provides an overview of medical and prescription drug benefits included in the Blue and Gold Plans for the plan year beginning January 1, 2025. The Blue Essentials Plan and Gold Essentials Plan are available for new enrollees. You can remain in the Blue Active, Gold Active or Grandfathered retiree plans if currently elected. However you cannot return should you switch to Essentials at any point.

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Your Medical Plans

- **GOLD PLANS** are Consumer-Directed Health Plans (HDHP).
- **BLUE PLANS** are Preferred Provider Plans (PPO).
- **COMPARE GOLD VS. BLUE PLANS.** Review the *At-a-Glance Benefit Comparison* table for details on how the plans differ.

Gold Plan Highlights

If you are enrolled in the **Gold** or the **Gold Essentials** Plans, your monthly premiums are lower than the Blue or Blue Essentials Plans, but your deductible is higher. (Reminder: The “deductible” is the amount you pay before the ARRC retiree plan starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Gold / Gold Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

MEETING THE GOLD PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

The individual **in-network** out-of-pocket maximum is \$5,300. (Note: If you enroll in family coverage, once one of your covered family members meets the \$5,300 individual maximum, the plan pays 100% of his/her qualified medical costs for the rest of the year.) The family **in-network** out-of-pocket maximum is \$12,900. Once attained, the plan pays 100% of qualified medical costs for care for all family members for the rest of the year.

Blue Plan Highlights

If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The "deductible" is the amount you pay before ARRC starts sharing costs with you with what is called "coinsurance.") Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

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Gold Plan Highlights

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

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The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

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The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

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Blue Plan Highlights

If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The "deductible" is the amount you pay before ARRC starts sharing costs with you with what is called "coinsurance.") Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

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ALASKA RAILROAD

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Gold Plan Highlights

If you are enrolled in the **Gold** or the **Gold Essentials** Plans, your monthly premiums are lower than the Blue or Blue Essentials Plans, but your deductible is higher. (Reminder: The “deductible” is the amount you pay before the ARRC retiree plan starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Gold / Gold Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

MEETING THE GOLD PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

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Blue Plan Highlights

If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The “deductible” is the amount you pay before ARRC starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

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ALASKA RAILROAD

2025 BENEFIT GUIDE

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
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	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
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For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

MEETING THE GOLD PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

The individual **in-network** out-of-pocket maximum is \$5,300. (Note: If you enroll in family coverage, once one of your covered family members meets the \$5,300 individual maximum, the plan pays 100% of his/her qualified medical costs for the rest of the year.) The family **in-network** out-of-pocket maximum is \$12,900. Once attained, the plan pays 100% of qualified medical costs for care for all family members for the rest of the year.

Blue Plan Highlights

If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The "deductible" is the amount you pay before ARRC starts sharing costs with you with what is called "coinsurance.") Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

For those enrolled in family coverage, the annual deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical expenses of a family of four add up to \$3,000, you have met the annual family deductible. However, if one person in the family meets the individual deductible amount of \$1,000, coinsurance will kick in for his/her qualified medical costs.

ALASKA RAILROAD

2025 BENEFIT GUIDE

Retiree at a Glance All Blue and Gold Plans

This *At-a-Glance Benefit Guide* provides an overview of medical and prescription drug benefits included in the Blue and Gold Plans for the plan year beginning January 1, 2025. The Blue Essentials Plan and Gold Essentials Plan are available for new enrollees. You can remain in the Blue Active, Gold Active or Grandfathered retiree plans if currently elected. However you cannot return should you switch to Essentials at any point.

This guide is a summary only. If there is a discrepancy between this document and the plans' official plan documents, the plan documents supersede this summary guide.

Your Medical Plans

- **GOLD PLANS** are Consumer-Directed Health Plans (HDHP).
- **BLUE PLANS** are Preferred Provider Plans (PPO).
- **COMPARE GOLD VS. BLUE PLANS.** Review the *At-a-Glance Benefit Comparison* table for details on how the plans differ.

Gold Plan Highlights

If you are enrolled in the **Gold** or the **Gold Essentials** Plans, your monthly premiums are lower than the Blue or Blue Essentials Plans, but your deductible is higher. (Reminder: The “deductible” is the amount you pay before the ARRC retiree plan starts sharing costs with you with what is called “coinsurance.”) Here are some key features of the **Gold / Gold Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,650 individual \$3,900 family	\$1,650 individual \$3,900 family
Annual Out-of-Pocket Maximum	\$5,300 individual \$12,900 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's Medicare allowed amount
Prescription Drugs	See Prescription Drug section.	

MEETING THE GOLD PLANS DEDUCTIBLE

You pay the entire amount of your doctor visits, medical procedures, some lab tests, and most prescriptions until you meet the annual **in-network** deductible.

For those enrolled in family coverage, the deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical plan expenses of a family of four add up to \$3,900, you have met the annual deductible. Alternatively, if only one person has \$3,900 of expenses, then the family deductible has also been met.

MEETING THE GOLD PLANS ANNUAL OUT-OF-POCKET MAXIMUM

The plan's out-of-pocket maximum is the most you have to pay during the calendar year for eligible **in-network** health care services. Once you reach the maximum, the plan pays 100% of qualified medical expenses for the rest of the year. *There is no out-of-pocket maximum for out-of-network expenses.*

The individual **in-network** out-of-pocket maximum is \$5,300. (Note: If you enroll in family coverage, once one of your covered family members meets the \$5,300 individual maximum, the plan pays 100% of his/her qualified medical costs for the rest of the year.) The family **in-network** out-of-pocket maximum is \$12,900. Once attained, the plan pays 100% of qualified medical costs for care for all family members for the rest of the year.

Blue Plan Highlights

If you are enrolled in the **Blue** or the **Blue Essentials** Plans, your monthly premiums are higher than the Gold or Gold Essentials Plans, but your deductible is lower. (The "deductible" is the amount you pay before ARRC starts sharing costs with you with what is called "coinsurance.") Here are some key features of the **Blue / Blue Essentials** Plans:

	Premera In-Network Preferred and Participating Providers	Out-of-Network Providers
Annual Deductible	\$1,000 individual \$3,000 family	\$1,000 individual \$3,000 family
Annual Out-of-Pocket Maximum	\$3,500 individual \$10,500 family	unlimited individual unlimited family
Your Coinsurance	20% Preferred Provider 40% Participating Provider	50% plus charges over the plan's allowed amount
Prescription Drugs	See Prescription Drug section	

MEETING THE BLUE PLANS DEDUCTIBLE

An annual **in-network** deductible applies for most services (e.g., doctor visits, medical procedures, and some lab tests). Once you meet the deductible, you and the plan share costs through coinsurance. Also, separate copays are required for your hospital admissions (\$250 per admission) and emergency room visits (\$100 per visit). These separate copays **do not** count toward your annual medical deductible.

For those enrolled in family coverage, the annual deductible applies to your entire family. When your family meets the deductible, coinsurance kicks in. For example, if the collective medical expenses of a family of four add up to \$3,000, you have met the annual family deductible. However, if one person in the family meets the individual deductible amount of \$1,000, coinsurance will kick in for his/her qualified medical costs.