

Chugach

Open Enrollment Guide

Explore Your 2027 Benefits



Welcome to 2027 Open Enrollment

At Chugach, our strength comes from our people. Together, we've built more than a successful organization. We've created a community rooted in pride, shared values, and a commitment to one another. Every employee plays an important role in carrying that tradition of excellence forward.

Just as we invest in the strength of our community, we're committed to investing in you and your family. Our benefits are designed to support your health, well-being, and financial future, giving you the tools and resources to navigate life's challenges, embrace new opportunities, and thrive at every stage of life.

During Open Enrollment, please take some time to explore your options and make updates or changes for 2027.

Thank you for the pride, dedication, and passion you bring to Chugach every day. Together, we're building on our strong foundation, supporting one another, and creating a future filled with opportunity for our entire community.

Note: Open Enrollment periods vary by division. All forms must be submitted to the respective HR team listed on page 8 no later than the end of the periods outlined below.

CGS:
November 16 – December 7, 2026

CAC & All Others:
November 9 – December 14, 2026



Open Enrollment Highlights

NEW **Flexible Spending Accounts (FSAs):** Healthcare and Dependent Care Spending Accounts will be available through WEX.

NEW **Healthcare Savings Account (HSA):** Pre-tax payroll contributions to an HSA are available for those enrolled in qualified high-deductible health plans.

NEW **Commuter Benefits:** You may now save pre-tax funds for qualified mass transit, rideshare, and work-related parking expenses.

NEW **Voluntary Group Benefits:** Accident, Critical Illness, and Hospital Indemnity plans are available to offset expenses due to accidents, illness, or hospitalization.

Eligibility

Employee Eligibility

As an exempt or non-exempt employee of Chugach, you are eligible to elect coverage if you fall under one of the following categories:

- Full-time employee
- Part-time employee (certain circumstances apply, please direct questions to your HR representative)
- Employee on a temporary appointment who is expected to work 130 hours or more per month for at least 90 days
- Employee on a seasonal schedule who will be working a schedule of less than six months per year and is expected to work 130 hours or more per month for at least 90 days
- Intermittent employee who is expected to work 130 hours or more per month for at least 90 days

Coverage for Dependents

The FEHB plans offer three tiers of coverage options. You may enroll in employee only, employee + one (spouse or child), or employee + family coverage.

The dental and vision plans offer four tiers of coverage options. You can enroll in employee only, employee + spouse/domestic partner, employee + child(ren), and employee + family.

Eligible family dependents include:

- A spouse, including same-sex couples who are legally married, as defined by the Tribal Guide
- A domestic partner, for the dental and vision plans only (domestic partners are not eligible under FEHB)
- Children under age 26 (including adopted children, recognized natural or stepchildren, or foster children living with the employee in a parent-child relationship)
- Children age 26 or older who are incapable of self-support, if the disability began before age 26

Chugach requires documentation of dependent status to enroll a dependent in the plan. If you are enrolling a dependent, you will need to submit verification in the form of a birth, adoption, or marriage certificate. These documents must be submitted to Human Resources along with your enrollment form. Please see the table on the next page for more information.



Dependent Documentation

The following is a list of required dependent documents:

Plan	Dependents	Eligibility	Required Documentation
FEHB & MetLife	**All**		• **Proof of loss of other coverage (must be within 60 days of life event)** • **Completed SF2809 form listing all eligible family members to be covered**
FEHB Only	**Spouse**	Your legally married spouse	• **Proof of continuous marriage** ▪ Married less than 12 months: copy of government-issued marriage certificate ▪ Married 12 months or more: copy of government-issued marriage certificate and one of the following sets of documents listing spouse: ・ Front page of most recent tax year's Federal or state tax return; or ・ Proof of common residency and proof of financial interdependency ▪ Common law marriage: must be initiated in a state that recognizes common law marriage ・ A court order or judgment from the initiating state recognizing the marriage; or ・ Your signed declaration. Consult HR for details about what the declaration should include AND ・ The first page of your most recent tax return; or ・ Proof of common residency and proof of combined finances
MetLife Only	**Spouse**	Your legally married spouse	• **Photocopy of marriage certificate registered through the county or state in which you were married**
MetLife Only	**Domestic Partner**	As defined in the MetLife Health Summary Plan Description (SPD)	• **Completed Affidavit of Domestic Partnership and Declaration of Tax Status Form**
FEHB & MetLife	**Child(ren)**	An eligible dependent child is defined as "child(ren)" up to age 26 regardless of whether or not they are: • Married • Living with you • In school • Financially dependent on you	• **Natural Child:** Photocopy of birth certificate showing the name of the employee • **Stepchild:** Photocopy of birth certificate showing the name of the employee's spouse or partner as a parent and a photocopy of the marriage/partnership certificate showing the names of the employee and spouse/partner • **Legal Guardian, Adoption, Grandchild(ren), or Foster Child(ren):** Photocopy of Affidavits of Dependency, final court orders with the presiding judge's signature and seal, or Adoption Final Decree with the presiding judge's signature and seal
FEHB & MetLife	**Dependent Child(ren) with Disabilities**	Any dependent child who is unable to earn their own living because of a mental or physical disability which started prior to the date they reached the maximum age for dependent children; they must depend on the plan participant for their principal support or maintenance	• **Photocopy of documentation as noted above for the child(ren) dependents and written verification of disability by a physician**



Medical Coverage

Our medical benefits are offered through the Federal Employees Health Benefits (FEHB) Program, which is administered by the U.S. Office of Personnel Management (OPM). The FEHB Program offers a wide variety of medical plans and coverage, including prescription drug coverage, to meet your health care needs. We provide an array of health plans to choose from, including:

- **Fee-for-Service** plans and their **Preferred Provider Organizations** (PPOs);
- **Health Maintenance Organizations** (HMOs) for those who live within the plan's geographic area; and
- **Consumer-Driven** and **High Deductible** health plans that offer catastrophic coverage with higher deductibles, health savings or reimbursement accounts, and lower premiums. Some of these plan designs have built-in Healthcare Savings Accounts (HSAs) or Health Reimbursement Arrangements (HRAs).

Read more about each plan type on the OPM website.

How Much Are the Plan Premiums?

As you consider plan options for 2027, please refer to either the benefits portal at **www.ChugachBenefits.org** for an easy-to-follow format, or to the Tribal benefits link at **www.opm.gov/healthcare-insurance/tribal-employers/premiums**.

There are two rate charts:

- **Fee-for-Service (FFS):** Includes traditional-style PPO plans available nationwide.
- **Health Maintenance Organization (HMO):** Includes rates for regional plans in specific areas, as well as the High Deductible Health Plans (HDHPs), which may include HSAs or HRAs.



Dental Coverage

Did you know good dental care improves your overall health? Our dental plan, through MetLife Dental, helps you maintain a healthy smile through regular preventive dental care and offers coverage to fix problems early.

Each year, during Open Enrollment, you can enroll in or waive coverage, and add or remove dependents from your plan.

MetLife Dental Benefits	
Calendar Year Deductible	
Individual	$50
Family	$150
Plan Pays	
Type I (Diagnostic & Preventive not subject to deductible)	100%
Type II (Restorative)	80%
Type III (Reconstructive)	80%
Type IV (Orthodontia)	50%
Benefit Maximums	
Calendar Year (Types I, II & III Combined)	$2,000
Lifetime (Type IV Orthodontia)	$1,500

Save Money!

When you receive dental care from a MetLife network provider, you'll pay less out of pocket. Visit **metlife.com/insurance/dental-insurance/spotlite** and click "Find a SpotLite Dentist," then select "PDP Plus Network" to find a participating dentist.

Vision Coverage

Regular eye exams help keep your vision clear and your eyes in good health. The vision plan offers an extensive network of optometrists and vision care specialists.

MetLife Vision Benefits (VSP Network)	
In-Network* (every 12 months)	
Eye Exam	$0 copay
Retinal Imaging	Up to a $39 copay
Frames Standard Featured	$400 allowance ($220 at Costco, Walmart, and Sam's Club) $420 allowance
Standard Corrective Lenses** Single Vision Lined Bifocal Lined Trifocal Lenticular	$0 copay
Contact Lens Fitting and Evaluation	$0 copay
Elective Contact Lenses (in lieu of glasses)	$400 allowance
Necessary Contact Lenses (in lieu of glasses)	Covered in full after eyewear copay
Elective Corrective Eye Surgery	$1,500 allowance per eye
Second Pair Rider	This benefit gives you additional coverage each year. You may receive: • Two pairs of prescription eyeglasses • One pair of prescription eyeglasses and an allowance toward contact lenses, or • Double your contact lens allowance **Note:** First pair and second pair transactions must be separate

*For out-of-network benefits, please refer to the MetLife Vision Summary or contact Customer Service.

**Ultraviolet (UV) coating, standard polycarbonate (child up to age 18), progressive standard, progressive premium/custom, standard polycarbonate (adult), scratch-resistant coatings, anti-reflective, photochromic and blue light filtering: covered in full. Tints and other enhancements may be subject to additional copays.



Save Money!

Don't forget, you'll save money by visiting VSP in-network providers. To find an in-network provider near you, visit **mymetlifevision.com/find-provider-location-internal.html**.



Dental & Vision Monthly Rates*	
Employee Only	$17.58
Employee + Spouse/Domestic Partner	$37.06
Employee + Child(ren)	$36.92
Employee + Family	$57.56

*Employee contributions have increased slightly for the 2027 plan year. Dental and vision must be elected as a packaged benefit.

Learn More About Your Health Care Benefits

If you are ready to begin enrollment or need more information, visit the OPM website at **www.opm.gov/healthcare-insurance/tribal-employers**.

Learn more about how the medical plans work by visiting **www.opm.gov/healthcare-insurance/healthcare/plan-information**, then navigating to **Plan Types**.

You can look up unfamiliar words or terms in the **Insurance Glossary**, and review frequently asked questions and answers in the **Insurance FAQs** section.

Note: Certain Federal plans referenced in the FAQ, such as retirement benefits and dental or vision coverage, may not be available to Tribal Employees. Please contact your HR team if you have any questions.

Contacts

Corporate Division:
HR@chugach.com

Government Division:
CGS-OpenEnrollment@chugachgov.com

Commercial Division:
CCH-HR@chugach.com

NEW Voluntary Benefits

Supplemental Medical

Effective January 1, Lincoln is offering pre-tax voluntary supplemental insurance to fill financial gaps that medical plans don't cover.

Accident
Accidents can happen anytime. This coverage can help offset the impact of a covered accident by paying a set amount for emergency room care, dislocations, fractures, hospital admissions, and even accidental death.

Critical Illness
If you or a covered family member are diagnosed with a serious illness, you would receive a lump sum cash benefit to use whatever way you wish.

Hospital Indemnity
This pays scheduled amounts for hospital admission, daily hospital stays, intensive care admission, and annual health screenings.

Spending Accounts

Employees may now elect to participate in IRS Section 125 & 132 tax-free benefit programs administered by WEX.

Healthcare & Dependent Care Flexible Spending Accounts (FSAs)
A **Healthcare FSA** allows you to set aside pre-tax funds from your paycheck to pay for expenses related to medical, prescription, dental, vision, or approved over-the-counter devices and products.

A **Dependent Care FSA** allows you to set aside pre-tax funds from your paycheck to pay for childcare or certain eldercare expenses while you work.

These accounts run on an annual basis, must be actively elected each year, and are a use-it-or-lose-it benefit, meaning funds may not be rolled over year to year.

Healthcare Savings Account (HSA)
HSAs allow individuals enrolled in an HSA-eligible high-deductible health plan to save and pay for qualified medical expenses, such as deductibles and coinsurance. The balance can earn interest and rolls over every year, even if you change plans, retire, or leave your employer. It is yours to keep. Available only if you enroll in an HSA-qualified FEHB high-deductible health plan.

Commuter Benefits
Use pre-tax funds to pay for qualified work-related parking and mass transit/rideshare expenses. Commuter benefits do not require a yearly commitment. Contributions may be adjusted month-to-month depending on your needs.





Enrolling in Coverage

To enroll in a medical plan, download the **FEHB Health Benefits Election Form (2809)**. Complete, print, sign, and return the form to your HR Benefits representative before the end of Open Enrollment. You will also need to complete the **Chugach enrollment form**.

Before enrolling, ensure everyone you want to cover on your policy is an eligible dependent (see **page 3**).

You'll need the full names, addresses, birthdates, and Social Security numbers of any eligible dependents you wish to cover under your medical plan. Be sure to gather this information before completing the election form.

If you are enrolling a new dependent, you will need to submit dependent verification in the form of a birth certificate, adoption certificate, or marriage certificate. Email the documents, along with your enrollment form, to Human Resources by the end of Open Enrollment.

Which enrollment forms do I need?

If you are adding or removing dependents, or changing your medical or dental/vision selections, find your situation below.

IF YOU ARE…	FORM 2809	2027 CHUGACH HEALTH ENROLLMENT FORM
Changing your FEHB medical plan	✔	✔
Adding or removing dependents and changing your FEHB medical plan	✔	✔
Adding or removing dependents, keeping the same FEHB medical plan	✔	✔
Changing dental/vision only, keeping the same FEHB medical plan	–	✔

Changing your FEHB medical plan? Complete both Form 2809 and the 2027 Chugach Health Enrollment Form.

Not changing your FEHB medical plan? Complete only the 2027 Chugach Health Enrollment Form.

Not Making Changes?

If you do NOT want to make any changes to your current medical or dental/vision coverage, no action is required.

Adding Voluntary Benefits?

If you want to participate in or decline any of the new voluntary coverages, you will need to actively make an election via paper enrollment for CAC or CCH employees, or through Dayforce for CGS employees.



Qualifying Life Events

The medical coverage you select during this enrollment period will remain unchanged until the end of the next plan year unless you experience a qualifying life event such as marriage, divorce, birth or adoption of a child, or gain or loss of other coverage. If you encounter a qualifying life event, you may be able to make certain changes to your coverage during the year. To understand what circumstances are considered qualifying life events, review the **Life Events** section of the OPM website.

Life & Disability Coverage

You and your dependents will be provided an opportunity to enroll in and/or increase your existing voluntary coverage through Lincoln Financial. This is a unique opportunity to provide additional financial protection to yourself and your loved ones. If you previously declined coverage or are currently enrolled but want to increase the amount, you will need to complete an Evidence of Insurability (EOI) form, which is subject to approval by Lincoln. Please see your HR representative for details.

Mark Your Calendar!

Beginning **November 9**, access the employee portal at **ChugachBenefits.org**. Until that date, please take time to learn about the benefits available to you and how to enroll. We're proud to offer a benefits package designed to support you and your loved ones. As you review your options for enrollment, please take time to consider the plans that best fit you and your family's health care needs and budget.



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