Alaska Municipal Health Trust

Presented By:
Joshua Weinstein, RISQ Consulting, General Agent
AMHT Partners

- Alaska Municipal League
- RISQ Consulting
- Premera Blue Cross Blue Shield of Alaska
- Local Brokers
AMHT Structure

• AML has partnered with RISQ consulting and Premera Blue Cross Blue Shield of Alaska to create more access to affordable health coverage for AML members.

• The AMHT will allow AML members that are public entities to provide a flexible and attractive health plan for its employees, elected/appointed officials, and associated entities within their budget, with providers they trust.
AMHT Governance

Purpose
• Provide an entity that is governed by its members, for its members

Structure
• Participating employers will sign a co-sponsor participation agreement, which is a requirement for enrolling
• Participation gives the employer a voting role in future AMHT decisions
• Participating employers are eligible to serve as Trustees, voted on by members

Shaping the future of the AMHT
• Trustees contribute to the direction of the Trust and its mission to provide a cost-effective healthcare option for its member municipalities
Group Eligibility

- Be a public entity that is also an AML member in good standing
- Have at least two employees on payroll, with at least one eligible/enrolling
- Meets contribution and participation requirements
Employee Eligibility

- Work 20+ hours (excluding elected or appointed officials)
- Be an employee or an elected/appointed official of a member municipality in a covered class
- Has satisfied waiting period
AMHT Plan Advantages

• All plans are fully ACA compliant (expanded preventive care, children covered up to age 26, no exclusions or waiting period for pre-ex, etc.)

• Four (4) traditional medical plans and two (2) high deductible health (HDHP) plans that may be paired with a health savings account (HSA)

• Dual plan offerings available to groups with 11 or more total enrolled per group (maximum of $3,500 deductible spread)

• Alaska medical transportation benefits

• Comprehensive prescription drug coverage
AMHT Plan Advantages

• Vision coverage is included in all medical plans

• Two (2) dental plans options available to all groups

• Access to Premera’s robust virtual care options for general medical, mental health, and substance abuse/chemical dependency on demand via phone, online video, or mobile app., cost shares waived on some plans

• Nationwide network of providers

• Medicare is the secondary payer on all AMHT plans for individuals enrolled in Medicare

Alaska Municipal Health Trust
AMHT Plan Advantages

• No requirement to designate a Primary Care Provider
• Deductible waived for basic labs & imaging on some plans
• Copays on more services than comparable plans in the market
• Coinsurance Rx benefits- deductible waived on PPO plans
• ID Theft Monitoring Services included for all enrolled members
• Trustees have the authority to stabilize plan costs in future years by directing the use of surplus funds (to benefit the Trust, not specific groups)
• Ability to provide coverage to elected or appointed officials at minimum cost-share requirements
# AMHT Plan Overview - PPO Plans

## Medical Plan Options

<table>
<thead>
<tr>
<th>Medical Plan Options</th>
<th>Fairweather $250 PPO</th>
<th>LeConte $500 PPO</th>
<th>Matanuska $1,500 PPO</th>
<th>Tustumena $3,000 PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL COST SHARES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Deductible (2x Family)</td>
<td>$250</td>
<td>$100</td>
<td>$1,300</td>
<td>$3,300</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (2x Family)</td>
<td>$2,000</td>
<td>$1,500</td>
<td>$5,000</td>
<td>$8,000</td>
</tr>
<tr>
<td><strong>MEDICAL SERVICES DETAILS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care (immunizations, Preventative Office Visits, Health Education)</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Professional Office Visit</td>
<td>Non-Specialist $45</td>
<td>Non-Specialist $45</td>
<td>Non-Specialist $40</td>
<td>Non-Specialist $50</td>
</tr>
<tr>
<td></td>
<td>Specialist $50</td>
<td>Specialist $50</td>
<td>Specialist $50</td>
<td>Specialist $75</td>
</tr>
<tr>
<td>Virtual Care</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Professional Office Visit</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive X-Ray and Labs</td>
<td>Deductible waived, then 20%</td>
<td>Deductible waived, then 20%</td>
<td>Deductible waived, then 30%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>Major Diagnostic Imaging (MRI, CT, PET)</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td><strong>EMERGENCY CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Care</td>
<td>$300, Deductible, then 20%</td>
<td>$300, Deductible, then 20%</td>
<td>$300, Deductible, then 20%</td>
<td>$300, Deductible, then 30%</td>
</tr>
<tr>
<td><strong>OTHER SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health + Chemical Dependency hospitalization</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>Maternity</td>
<td>Non-Specialist $35</td>
<td>Non-Specialist $35</td>
<td>Non-Specialist $40</td>
<td>Non-Specialist $50</td>
</tr>
<tr>
<td></td>
<td>Specialist $50</td>
<td>Specialist $50</td>
<td>Specialist $50</td>
<td>Specialist $75</td>
</tr>
<tr>
<td>Rehab Specialized Facility 30 days PCY</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>Rehab Outpatient Care - (Occupational Therapy, Physical Therapy, Massage Therapy, etc..) 45 vis. PCY</td>
<td>Specialist $10</td>
<td>Specialist $70</td>
<td>Specialist $80</td>
<td>Specialist $100</td>
</tr>
<tr>
<td><strong>ALTERNATIVE CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manipulations - Spinal and other (12 visits PCY)</td>
<td>Non-Specialist $25</td>
<td>Non-Specialist $35</td>
<td>Non-Specialist $40</td>
<td>Non-Specialist $50</td>
</tr>
<tr>
<td>Acupuncture (12 visits PCY)</td>
<td>Non-Specialist $25</td>
<td>Non-Specialist $35</td>
<td>Non-Specialist $40</td>
<td>Non-Specialist $50</td>
</tr>
<tr>
<td>Naturopathy</td>
<td>Non-Specialist $25</td>
<td>Non-Specialist $35</td>
<td>Non-Specialist $40</td>
<td>Non-Specialist $50</td>
</tr>
<tr>
<td><strong>PHARMACY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulary</td>
<td>Preferred Rx</td>
<td>Preferred Rx</td>
<td>Preferred Rx</td>
<td>Preferred Rx</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Deductible waived, then 10%</td>
<td>Deductible waived, then 10%</td>
<td>Deductible waived, then 10%</td>
<td>Deductible waived, then 10%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Deductible waived, then 20%</td>
<td>Deductible waived, then 20%</td>
<td>Deductible waived, then 20%</td>
<td>Deductible waived, then 20%</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Deductible waived, then 30%</td>
<td>Deductible waived, then 30%</td>
<td>Deductible waived, then 30%</td>
<td>Deductible waived, then 30%</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Deductible waived, then 10%</td>
<td>with a $250 per script maximum</td>
<td>Deductible waived, then 10%</td>
<td>with a $250 per script maximum</td>
</tr>
</tbody>
</table>

*preferred in-network benefits shown*
## AMHT Plan Overview- PPO Rx Benefits

<table>
<thead>
<tr>
<th>Medical Plan Options</th>
<th>Fairweather $250 PPO</th>
<th>LeConte $500 PPO</th>
<th>Matanuska $1,500 PPO</th>
<th>Tustumena $3,000 PPO</th>
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</thead>
<tbody>
<tr>
<td><strong>PHARMACY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulary</td>
<td>Preferred B4</td>
<td>Preferred B4</td>
<td>Preferred B4</td>
<td>E4 Essentials</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Deductible waived, then 10%</td>
<td>Deductible waived, then 10%</td>
<td>Deductible waived, then 10%</td>
<td>Deductible waived, then 10%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Deductible waived, then 20%</td>
<td>Deductible waived, then 20%</td>
<td>Deductible waived, then 20%</td>
<td>Deductible waived, then 20%</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Deductible waived, then 30%</td>
<td>Deductible waived, then 30%</td>
<td>Deductible waived, then 30%</td>
<td>Deductible waived, then 10% with a $250 per script maximum</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Deductible waived, then 10% with a $250 per script maximum</td>
<td>Deductible waived, then 10% with a $250 per script maximum</td>
<td>Deductible waived, then 10% with a $250 per script maximum</td>
<td>Deductible waived, then 30%</td>
</tr>
</tbody>
</table>

Preferred B4
Tier 1 = generic
Tier 2 = preferred brand
Tier 3 = non-preferred brands
Tier 4 = specialty

E4 Essentials Formulary
Tier 1 = preferred generic
Tier 2 = preferred brand
Tier 3 = preferred specialty
Tier 4 = non-preferred all drugs
AMHT Plan Overview- HSA Plans

<table>
<thead>
<tr>
<th>Medical Plan Options</th>
<th>Aurora $3,000 HSA</th>
<th>Columbia $5,000 HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL COST SHARING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Deductible (2x Family)</td>
<td>$3,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Individual Out-of-Pocket Maximum (2x Family)</td>
<td>$6,000</td>
<td>$7,000</td>
</tr>
<tr>
<td><strong>MAXIMUM &amp; MINIMUM EDUCATION</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Preventive Care (Immunizations, Preventive Office Visits, Health Education)</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>PROFESSIONAL CARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Office Visit</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>Virtual Care</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive X-Ray and Labs - Including Mammogram, Pap &amp; PSA</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Basic Diagnostic X-Ray and Labs</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td>Major Diagnostic Imaging (MRI, CT, PET)</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td><strong>FACILITY CARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes Inpatient, Skilled Nursing, and Outpatient Surgery Facilities</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td><strong>EMERGENCY CARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Care</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 30%</td>
</tr>
<tr>
<td><strong>PHARMACY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulary</td>
<td>Open A1 E1 Essentials</td>
<td>Open A1 E1 Essentials</td>
</tr>
<tr>
<td>All Covered Drugs</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 30%</td>
</tr>
</tbody>
</table>

*Both plans are embedded deductibles and out-of-pocket*

*preferred in-network benefits shown*
# AMHT Plan Overview - HSA Rx Benefits

<table>
<thead>
<tr>
<th>Medical Plan Options</th>
<th>Aurora $3,000 HSA</th>
<th>Columbia $5,000 HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHARMACY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulary</td>
<td>Open A1</td>
<td>E1 Essentials</td>
</tr>
<tr>
<td>All Covered Drugs</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 30%</td>
</tr>
</tbody>
</table>
### AMHT Plan Overview - Vision

#### Embedded Vision Plan

<table>
<thead>
<tr>
<th>Plan Details</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADULT VISION PLAN - MEMBERS 19+</strong></td>
<td></td>
</tr>
<tr>
<td>Vision Exam</td>
<td>Covered in Full up to $150 per Calendar Year</td>
</tr>
<tr>
<td>Vision Hardware</td>
<td>Covered in Full up to $300 per Calendar Year</td>
</tr>
<tr>
<td><strong>PEDIATRIC VISION PLAN - MEMBERS UNDER 19</strong></td>
<td></td>
</tr>
<tr>
<td>Vision Exam</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>Vision Hardware</td>
<td>1 Pair of Lenses or Frames Covered In Full per Calendar Year</td>
</tr>
</tbody>
</table>

*Note: Exam and hardware limits are separate*
# AMHT Plan Overview - Dental

<table>
<thead>
<tr>
<th>Family Dental Options</th>
<th>Foraker Base Plan</th>
<th>Denali Buy Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (only applies to Basic and Major)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive (Class I)</td>
<td>Covered in Full</td>
<td>Covered in Full</td>
</tr>
<tr>
<td>(e.g. cleanings, oral exams, bitewing x-rays)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic (Class II)</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
</tr>
<tr>
<td>(e.g. fillings, periodontal maintenance, simple extractions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major (Class III)</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
</tr>
<tr>
<td>(e.g. crowns, dentures, bridges)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum Allowance</td>
<td>$1,500</td>
<td>$2,000</td>
</tr>
<tr>
<td>Enhanced</td>
<td>Periodontal/ Endodontic in Major</td>
<td>Periodontal/ Endodontic in Basic</td>
</tr>
<tr>
<td>Preventive Waived (Class I) from Max Allowance</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Orthodontia Coverage</td>
<td>No</td>
<td>Yes - $1,500 Lifetime</td>
</tr>
</tbody>
</table>
AMHT Plan Details

- AK Heritage Network in AK and WA
- BlueCard Network nationwide
- Out of network claims at 125% of Medicare, excluding emergencies and ambulance
AMHT Plan Details - Rx

- Prescription Coverage
  - Tustumena and Columbia have essentials formulary
  - Fairweather, LeConte, Matanuska, And Aurora have preferred formulary

- Essential Pharmacy Plan
  - This plan has a restricted list of prescription drugs that still meets basic pharmacy needs
  - At least 1 drug within each drug class is covered
  - Some drugs are excluded from the list, such as:
    - Low-value, high-cost drugs
    - Drugs that have a lower cost, over-the-counter alternatives
    - Competing brands
    - Prescription products that are not Federal Legend’ drugs
    - Drugs that are the market at predatory or egregious price points

- Preferred formulary is Premera’s open formulary with a more traditional tiering
AMHT Plan Details- Telemedicine

- Primary Care Telemedicine
- myCareAlaska
- dr+ on demand
- 24-Hour Nurseline
- Talk Space
- Boulder Care
- Workit Health

Alaska Municipal Health Trust
AMHT Plan Details - Medical Travel

- Medical Access Travel
- Elective Procedure Travel
- Designated Centers of Excellence
Major Underwriting Assumptions

- This proposal assumes fees, rates and factors are intended for a 12 month policy period beginning on 07/01/2021 and ending on 06/30/2022.

- Once an employer group terminates coverage in the Alaska Municipal Health Plan, they must wait 24 months before being able to re-enter the Alaska Municipal Health Trust.
Major Underwriting Assumptions

• The employer's minimum contribution requirement is 75% for employees or a minimum of 50% toward the total cost of the program for all rate tiers. The minimum participation requirement is 75% for employees and 25% for dependents. Employees or dependents with other verifiable group coverage, Medicare coverage or Medicaid coverage are considered eligible participation exclusions and do not count against a group's participation requirement. However, if the employer contribution is 100% for employees or dependents, 100% of employees or dependents must enroll unless prior underwriting approval has been obtained.

• Groups of 2-4 enrolled employees: 100% of eligible employees and dependents must participate. Groups 5+: minimum of 75% participation of eligible employees and 25% of dependents must participate.
Major Underwriting Assumptions

• Proposed rates assume common Medical/Rx/Vision/Dental enrollment for group of 2 – 4 enrolled employees. Groups with 5+ employees may offer uncommon eligibility for dental coverage. Offering dual dental plans is not available. Standalone Dental can be offered to groups with 5+ employees.

• The quote was developed based on the current census. We reserve the right to adjust or withdraw the quoted rates for any material changes in benefits, taxes or the way the plan operates, including fluctuations of 10% or more in the participation and/or monthly contracts.
Administrative Considerations

• All groups will determine their own COBRA eligibility
• COBRA administration options include:
  • Self administered
  • Third-party TPA of employer’s choice
  • AMHT is exploring preferred pricing through select TPAs
• SIMON eligibility and billing portal
• Standard plan docs (highlights, SBCs, booklets, employee notices, etc.)
• Census enrollment
• Each group is individually underwritten
• Accumulation (deductibles/out of pockets) credits are available as plan benefits run on a calendar year basis
• There is a $5 PEPM administrative fee included in AML member dues to help offset startup costs of the AMHT
Sample Responsibilities

**RISQ/ GA**
- Strategy & consulting with AMHT
- Broker education
- Proposal fulfillment
- Installation & renewal fulfillment
- AMHT standard plan documents
- General inquiries
- Providing periodic reporting to AMHT

**Broker**
- Request proposal
- Gather required documents (quoting/ installations/ renewals)
- Present to group
- Provide employee education
- Strategy & consulting with employer
- Compliance oversight

**Employer**
- Manage employee enrollment
- Plan administration
- Paying invoices
- Payroll deductions

Alaska Municipal Health Trust
How do I get a quote?

Quoting

• Work with your broker to obtain a quote.

• If you do not have a broker, contact one or RISQ directly at AMHT@RISQConsulting.com
Proposals and Timelines

Once quoting census and Request for Rates is received in good order (beginning March 1st):

• Allow up to 5 business days to receive proposal

• Proposal for all plans will be provided

• RISQ and AML to confirm group’s eligibility

• All install paperwork due 45 days prior to effective date

• Please note that you must request quotes through RISQ directly, you cannot contact Premera.
Installations

- Group Master Application
- Co-Sponsor Participation Agreement
- Employee Enrollment or Employee Census Spreadsheet
- LifeWise Assurance ACH Form
- SIMON access levels form- needed for each employer contact accessing VIMLY’s billing and eligibility portal
Collateral Preview

Brochure
AML Webpage
RFP
Master Application
Future Plans

• Supplemental options tailored to the needs of AML members based on feedback
  • Life
  • Disability
  • Worksite
  • Funding accounts
  • Pet insurance
  • Tuition assistance

• Create wellness programs to:
  • Improve population health and wellbeing
  • Stabilize the Trust for future generations
FAQs

Q: When will the AMHT be ready to provide quotes?
   A: Premera has agreed to begin quoting groups March 1, 2021 assuming the Request for Proposal includes all required information.

Q: What is the first effective date available for AMHT plans?
   A: The first issue date for the medical/vision/dental plans through the AMHT will be July 1, 2021.

Q: When will AMHT plans renew?
   A: Groups may join the first of any month throughout the year, but all plans will renew July 1st each year.
FAQs

Q: When will deductibles re-set on AMHT plans?
   A: All deductibles and benefit limits will re-set January 1st each year.

Q: When will AMHT plans renew?
   A: Groups may join the first of any month throughout the year, but all plans will renew July 1st each year.

Q: Are enterprises entities eligible (police, fire, schools, etc.)
   A: Yes, enterprises entities are eligible as long as they are a public entity associated with an AML member city or borough.
FAQs

Q: What is the process for releasing renewals under for groups in the AMHT?
   A: We foresee AMHT renewals being released near the beginning of April each year.

Q: Are renewal calculations going to occur on a group-by-group basis?
   A: The renewal calculation will be based on the overall trust’s experience and rate actions at the group level will be adjusted from there based on demographic/underlying risk score changes. The goal is to create a long-term sustainable solution for AMHT member groups.

Q: Are there set factors?
   A: Yes, underwriting will be using standard large group actuarial and underwriting risk factors.
FAQs

Q: Will the pooling point be the same for all groups?
   A: Stop loss is set at the trust level.

Q: For groups with over 50 employees, will any information about actual group performance be provided with renewals?
   A: No, the AMHT will not release individual performance information at the group level.

Q: For elected/appointed officials, would it be assumed that the eligibility dates align with all other eligible employees?
   A: Correct, elected/appointed official will follow normal eligibility rules. Term start date would be considered “date of hire” and term end date would be “last date worked” for eligibility purposes.
FAQs

Q: Are we able to waive waiting period for certain classes?
   A: Normal eligibility rules apply. AMHT can offer both Date of Hire and First of Month following for classes.

Q: If a group needs Date of Hire as their plan eligibility date, is that feasible?
   A: Yes. Normal eligibility rules apply.

Q: How will premiums be treated?
   A: For Date of Hire effective dates, members enrolled from the 1st-16th of the month will be charged the full premium charges. If the effective date is the 17th-the last day of the month, then that months premium charges would be waived. For 1st of the month effective dates, full premiums are due.
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Questions?