

Health Matters



March 2010

New preferred provider hospital for Anchorage area

Wells Fargo Insurance Services, the third party administrator for the ALASKACARE Health Plans, has entered into a preferred provider hospital agreement with Alaska Regional Hospital. Effective April 1, 2010, Alaska Regional Hospital will replace Providence Hospital as the preferred provider hospital for the Anchorage area.

ALASKACARE **Employee** Health Plan members must choose the preferred hospital, for hospital services received in the Municipality of Anchorage, or plan reimbursement will be reduced by 20% as described in the plan updates for 2004. There are exceptions in the case of emergency treatment or services that are not available at Alaska Regional.



The ALASKACARE **Retiree** Health Plan does not require members to choose a preferred provider for hospital services. While Alaska Regional is the preferred provider hospital in the Anchorage area, there will be no penalty for retired members who use Providence after April 1. However, the discounts offered by Alaska Regional will help minimize costs to ALASKACARE members and to the plan. By using the preferred provider hospital, you will also help conserve and wisely use the resources of the retiree health trust.

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Protect your health with Medicare preventive services

This article provided by the state's Medicare Information Office. More information is available online at www.medicare.alaska.gov or by calling 800-478-6065 or 269-3680 in Anchorage.

You can protect your health with Medicare's preventive benefits such as flu shots, diabetes screening, HIV screening, smoking cessation counseling, and bone mass measurement. An overview on preventive care is at www.medicare.gov/health/overview.asp. At the bottom of this web page is a list of publications, including *A Healthier US Starts Here*, a brochure with a handy checklist of each benefit, what it does, and how often it's covered by Medicare. A more comprehensive description of these benefits is in *Your Guide to Medicare's Preventive Services*, with a checklist on page 15 to keep track of services you may need. (A similar list is on page 40 of the *Medicare & You Handbook 2010*).



Medicare encourages you to get a one time "Welcome to Medicare" physical exam in the first 12 months of your enrollment in Medicare Part B. You'll get a complete review of your health and medical history and the information gathered will be useful for comparison purposes in the future.

Find out more by visiting www.mymedicare.gov to request future eHandbooks, track preventive benefits you've used each year, remind you of benefits for which you are eligible, and to review or print claims.

If you have any questions about Medicare, feel free to contact Alaska's Medicare Information Office. Their website is www.medicare.alaska.gov and their toll-free number is 800-478-6065 or 269-3680 in Anchorage.

Get ready for Open Enrollment, May 24 - June 11 (for employees)

Open enrollment for employees will begin May 24 and end June 11, 2010. Remember, there are *two* parts to Open Enrollment; enrollment in health benefits for members of the ALASKACARE Employee Health Plan* and enrollment in Optional Benefits for *all* State of Alaska employees and participating employers, including:

- Supplemental Life Insurance
- Accidental Death and Dismemberment
- Survivor Benefits
- Short-Term and Long-Term Disability
- Dependent Care Assistance Plan (DCAP)

In addition to e-mail reminders, we will send each employee a packet with information on the available benefits, their costs, and instructions for enrolling using our online benefit enrollment system.

Remember that you will need your PIN to enroll. To ensure you have a working PIN, try it on our website at doa.alaska.gov/drj. Click on **Insurance Enrollment** in the gold bar at the top of the page and log in:

- **If you cannot remember your PIN**, click on **login to myRnB** to access your Member Services account. To use myRnB, you will need a **myAlaska** username and password, the same ones you use to apply for a Permanent Fund Dividend (PFD).
- At Member Services, click on **Create/Change your PIN**.

If you'd like a headstart on Open Enrollment, you can review your current benefits once you are logged in to your account. You can find information on all available benefits under **Programs, Insurance Benefits/AlaskaCare, Employees** at doa.alaska.gov/drj.

Note: This may be the last year you receive a printed copy of your enrollment packet. In an effort to streamline the open enrollment process, the Division of Retirement and Benefits intends to move away from printed booklets and personal fact sheets. Accessing all your information online will simplify the process, help us provide better customer service to you, and provide additional security to your personally identifiable information.

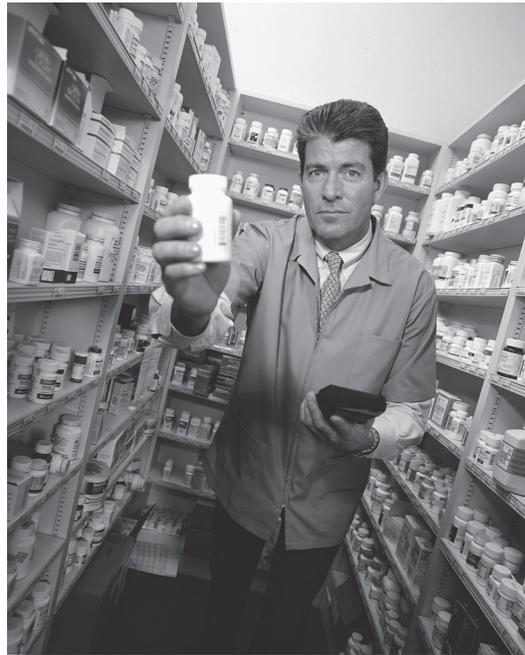


*If you are *not* in ALASKACARE and you are a State of Alaska employee, you may have health insurance through your union health trust. Contact your health trust directly for their open enrollment details.

Open enrollment for the **ASEA Health Trust** General Government bargaining unit (GGU) begins May 10, 2010.

Using the direct reimbursement form for self-pay prescription drugs

There are only a few reasons to use the ALASKACARE Direct Member Reimbursement Form for prescription drugs. Use this form if your participating pharmacy did not honor your identification card, was unable to directly submit your claim, or if you have used a non-participating pharmacy to fill your prescriptions. Also use it to request reimbursement of prescription copays under a secondary account if they were not automatically processed by the pharmacy.



The form is available at alaskacare.gov under the **Forms** link and is the same for both the ALASKACARE Employee and Retiree Health Plans. Your pharmacist may complete the “Prescription Information” section, but it is easiest to skip that section and attach the original paid pharmacy receipt(s) that shows the name of the prescription, the date it was filled, and the cost. A cash register receipt is *not* satisfactory.

Using an in-network pharmacy ensures claims are filed for you and provides your prescription at the lowest possible cost to you and the Plan. If you are an active employee, be aware claims not directly submitted by the pharmacy through the ALASKACARE plan will be reimbursed at 60% after your medical deductible is met.

Michelle's Law extends health coverage for college students

On October 9, 2008, a bill that extends health coverage for dependent college students was signed into federal law. The law was enacted to ensure dependent students who take a medically necessary leave of absence do not lose health insurance coverage. Michelle's Law is effective for plan years beginning on or after October 9, 2009. The law became effective January 1, 2010, for the ALASKACARE health plans.

The term 'medically necessary leave of absence' means a leave of absence from a postsecondary educational institution or any other change in enrollment that – (1) begins while the child is suffering from a serious illness or injury; (2) is medically necessary; and (3) causes the child to lose student status for purposes of coverage under the terms of the plan. Written certification is required by the child's treating physician.

A dependent student must have been enrolled in the group health plan and a student at a postsecondary educational institution immediately before the first day of the medically necessary leave of absence.

A dependent student is entitled to the same benefits during the medically necessary leave of absence that the student would have received had he/she not been on a leave of absence.

Coverage may not be terminated due to a medically necessary leave of absence before the earlier of – (A) one year after the first day of the medically necessary leave of absence; or (B) the date on which such coverage would otherwise end under the terms of the plan.

For more information, including the full text of the bill, visit www.govtrack.us/congress/bill.xpd?bill=h110-2851

The ALASKACARE *Student Status Verification Form* can be found at alaskacare.gov under the **Forms** link.



Notice— Special Enrollment Rights

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you are able to enroll your new dependents. Federal law requires that health plans allow you at least 30 days after the marriage, birth, adoption, or placement for adoption to request enrollment. However, the ALASKACARE health plans do not include such limits. If your health plan covers dependents, you may request enrollment of those dependents at any time. If your health plan does not cover dependents, which may occur for retirees who must pay for coverage, you must request a change in coverage within 120 days of the date of the event.



If you have a change in family status, you may also be eligible to make new elections. See page 9 of the *Select Benefits Insurance Information Booklet* or page 8 of the *Retiree Insurance Information Booklet* for a listing of changes in status recognized by the plan.



If you need to add or delete a dependent, you will need to complete and submit a *Health Dependent Change* form to the Division. This form can be found on our website, doa.alaska.gov/drb, at the **Forms** link under “H.” There is one form for Select Benefits (employee) members and one for retirees. If you are an active employee, you can make this change online at the **Insurance Enrollment** link; after signing in, just click on **Health Dependent Enrollment**.

New preferred provider hospital for Anchorage area (continued from pg. 1)

Alaska Regional is an award-winning facility and offers a full range of services comparable to other full service hospitals in Alaska. This agreement reflects the culmination of several months of analysis and will provide members with access to high quality service, provided by your doctor, at competitive prices.

Additional information about this change is available from the Division of Retirement and Benefits website at doa.alaska.gov/drb under **Headlines**.

Notice— Women’s Health and Cancer Rights Act

Signed into law in October 1998, the Women’s Health and Cancer Rights Act (WHCRA) includes protections for persons who elect breast reconstruction in connection with a mastectomy.

Under the ALASKACARE health plans, any person who receives benefits for a medically necessary mastectomy may also receive benefits for:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical or balanced appearance;
- prostheses (or breast implants);
- treatment of physical complications of all stages of mastectomy, including lymphedemas.

If you have questions about coverage of a mastectomy and reconstructive surgery, please call Wells Fargo’s ALASKACARE Customer Service at 877-517-6370.

Notice— Statement of Rights Under the Newborns’ and Mothers’ Health Protection Act

This notice is regarding your rights to specific health benefits during and following childbirth. Under federal law, health plans cannot restrict benefits for any hospital stay in connection with childbirth to less than:

- 48 hours following a normal (vaginal) delivery, or
- 96 hours following a cesarean section.

However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

In addition, a plan may not require that you, your physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, you may be required to obtain precertification for any inpatient stay that exceeds 48 hours (or 96 hours). For information on precertification, contact your claims administrator.





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Patrick Shier
**Director and
Administrator**
Barbara Kelly
Editor

**Alaska Division
of Retirement and
Benefits**

State Office Building
333 Willoughby Ave.,
6th Floor
PO Box 110203
Juneau, AK 99811-0203

Toll free:

1-800-821-2251

Benefits (907) 465-8600
Fax: (907) 465-4668
TDD hearing impaired:
(907) 465-2805

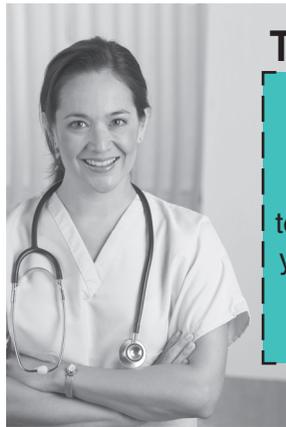
The Alaska Department of Administration complies with Title II of the 1990 Americans with Disabilities Act (ADA). This health newsletter is available in alternative communication formats upon request. To make necessary arrangements, contact the ADA Coordinator for the Division of Retirement and Benefits, at (907) 465-4460 or contact the TDD for the hearing impaired at (907) 465-2805.

Disclaimer:

Information in this newsletter summarizes the plan provisions, is supplemental only, and does not supersede the applicable Information Booklet's provisions.

**Alaska Division of Retirement and Benefits
PO Box 110203
Juneau, AK 99811-0203**

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