

# AlaskaCare Retiree DB Insurance Information Booklet

The table below outlines updates made to the AlaskaCare Retiree DB Insurance Information booklet effective January 1, 2021. The updates were primarily in response to DVA Regulation changes, the CARES Act and a Letter of Agreement with MEBA.

<b>Legend:</b>	Items highlighted in green were added.
	Items highlighted in yellow were updated
	Items highlighted in orange were removed.

## Summary of Updates for Plan Year 2021

2021 Plan Booklet Language	2020 Plan Booklet Language
<p><b>Section 3.3.25 COVID-19 Testing and Vaccinations</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> New section added to clarify plan coverage of COVID-19 testing and vaccinations per the CARES Act.</li> </ul> <p>3.2.25 COVID-19 Testing and Vaccinations</p> <p><b>COVID-19 Testing</b></p> <p>The medical plan will cover medically necessary, FDA approved COVID-19 testing at 100%, subject to recognized charge.</p> <p><b>COVID-19 Vaccinations</b></p> <p>The medical plan will cover FDA approved COVID-19 vaccinations at 100%, subject to recognized charge.</p>	n/a
<p><b>Section 4.3.5 Covered Vaccines</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Moved Covered Vaccine information from under 4.3.4 Premium Surcharge to its own new section 4.3.5.</li> <li><input checked="" type="checkbox"/> Added COVID-19 Vaccine coverage information per CARES Act.</li> </ul> <p><b>Medicare Part D-Eligible Vaccines</b></p> <p>The pharmacy benefits under the Plan cover</p>	<p><b>Section 4.3.4 Premium Surcharge</b></p> <p>COVERED VACCINES</p> <p>The pharmacy benefits under the Plan cover</p>

some vaccines regardless of whether you are eligible for Medicare. Covered vaccines are listed in the formulary available at AlaskaCare.gov under the therapeutic drug class “viral vaccine”. Vaccines covered under the pharmacy plan are those that fall on the Medicare Part D covered vaccine list that are:

- a) Vaccines administered at the pharmacy.
- b) Vaccines administered in a doctor’s office **only if** they coordinate with a pharmacy to bill the Plan for the entire cost of the vaccination, including the injection of the vaccine.
- c) If you receive a vaccination in a doctor’s office that does not coordinate with a pharmacy, your provider will bill you for the entire cost of the vaccination. You will have to pay the entire bill up front and request reimbursement from the pharmacy benefits manager. It is important to know that your provider may charge you more than the recognized charge amount for the vaccination, but your plan will only reimburse up to the approved amount. You will be responsible for any amount you pay the provider above the recognized charge.

Vaccines that are not covered by the Plan include:

- a) Influenza vaccines (flu shots), including seasonal flu vaccine and the H1N1 (swine flu) vaccine.
- b) Pneumococcal vaccine (pneumonia shot).

For a complete list of vaccines and participating pharmacies contact the

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<p>pharmacy benefit manager 24 hours a day, 7 days a week or visit the Division’s website at <a href="http://AlaskaCare.gov">AlaskaCare.gov</a>.</p> <p><b>COVID-19 Vaccines</b></p> <p>The pharmacy benefits under the Plan will cover FDA approved COVID-19 vaccinations at 100%, subject to recognized charge.</p>	<p>pharmacy benefit manager 24 hours a day, 7 days a week or visit the Division’s website at <a href="http://AlaskaCare.gov">AlaskaCare.gov</a>.</p>
<p><b>Section 5. Medical Expenses Not Covered</b></p> <p><input checked="" type="checkbox"/> Removed bullet 25.</p>	<p>Any treatment, drug (excepting hormones and hormone therapy) and, service or supply related to changing sex or sexual characteristics, including: surgical procedures to alter the appearance or function of the body, and prosthetic devices.</p>
<p><b>Section 7.1 Introduction</b></p> <p><input checked="" type="checkbox"/> Removed the plan year so that this section does not need to be updated each year.</p> <p>The State, through appropriate action of the Commissioner of Administration, is offering two (2) dental plan options under the voluntary Dental-Vision-Audio Plan (“Plan”): the Standard Dental Plan and the Legacy Dental Plan.</p>	<p><b>Section 7.1 Introduction</b></p> <p>The State, through appropriate action of the Commissioner of Administration, is offering two (2) dental plan options under the voluntary Dental-Vision-Audio Plan (“Plan”) for the 2020 plan year. The dental plan options for the 2020 plan year are the Standard Dental Plan and the Legacy Dental Plan.</p>
<p><b>Section 7.2.1 Benefit Recipients</b></p> <p><input checked="" type="checkbox"/> Updated section (b) per 21-BB-031 Letter of Agreement with MEBA.</p> <p>(b) People receiving a benefit from the Marine Engineers Beneficial Association (MEBA) who retired from the State of Alaska after July 1, 1983. If coverage is elected, the DVA premiums are paid to the plan on a monthly basis through the direct bill administrator - PayFlex.</p>	<p><b>Section 7.2.1 Benefit Recipients</b></p> <p>(b) People receiving a benefit from the Marine Engineers Beneficial Association (MEBA) who retired from the State of Alaska after July 1, 1983. If coverage is elected, the premium is paid annually by the member.</p>

<p><b>Section 7.3 How to Elect Coverage</b></p> <ul style="list-style-type: none"> <li>☑ Added per 2 AAC 39.210</li> </ul> <p>A benefit recipient with multiple retirement accounts may elect dental-vision-audio insurance under each retirement account. If a benefit recipient elects coverage under multiple retirement accounts, different coverage tiers may be elected for each separate account so long as the same plan option is elected for all accounts.</p>	<p>n/a</p>
<p><b>Section 7.4.2 Open Enrollment</b></p> <ul style="list-style-type: none"> <li>☑ Updated the section title.</li> </ul>	<p><b>Section 7.4.2 Open Enrollees</b></p>
<p><b>Section 7.4.4 Dependents</b></p> <ul style="list-style-type: none"> <li>☑ Updated language to include all qualifying events.</li> </ul> <p>If you increase your coverage to include dependents following a qualifying life event or a qualified change in family structure, their coverage begins on the first of the month following receipt of your written request, assuming the level of coverage you elect covers the new dependent.</p>	<p><b>Section 7.4.4 Dependents</b></p> <p>If you increase your coverage to include dependents following marriage or birth of a child, their coverage begins on the first of the month following receipt of your written request, assuming the level of coverage you elect covers the new dependent.</p>
<p><b>Section 7.5.1 Failure to Pay Premium</b></p> <ul style="list-style-type: none"> <li>☑ Updated section (b) per 21-BB-031 Letter of Agreement with MEBA.</li> </ul> <p>Coverage ends at the end of the month in which you fail to pay the required premium. If at any time your benefit check is insufficient to pay the monthly premium, you may pay the premium directly to the claims administrator. You forfeit your right to participate in the plan if a premium payment</p>	<p><b>Section 7.5.1 Failure to Pay Premium</b></p> <p>Coverage ends at the end of the month in which you fail to pay the required premium. If at any time your benefit check is insufficient to pay the monthly premium, you may pay the premium directly to the claims administrator. You forfeit your right to participate in the plan if a premium payment</p>

<p>is delinquent by more than 60 days, or the premium payments are delinquent twice in any one calendar year by more than 31 days. Contact the Division of Retirement and Benefits for more information. MEBA members pay premiums to the plan on a monthly basis through the direct bill administrator - PayFlex.</p>	<p>is delinquent by more than 60 days, or the premium payments are delinquent twice in any one calendar year by more than 31 days. Contact the Division of Retirement and Benefits for more information. MEBA members pay premiums directly to the MEBA office.</p>
<p><b>Section 7.5.4 Dependents</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Updated per 2 AAC 39.260 e-f-g</li> </ul> <p>Changes in coverage are effective only after your written request is received by the Division.</p> <p>If the Division becomes aware that your dependent is not eligible for coverage, the Division will automatically decrease your coverage tier and corresponding premiums to appropriately reflect the recipient’s family structure.</p>	<p>Changes in coverage are effective only after your written request is received by the Division.</p> <p>Please note: The health plan cannot make changes in coverage levels for you.</p>
<p><b>Section 7.6 Changing your DVA Coverage</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Updated reinstate to increase.</li> <li><input checked="" type="checkbox"/> Added bullet 4 under a) per 2 AAC 39.260 (b)</li> <li><input checked="" type="checkbox"/> Added per 2 AAC 39.260</li> </ul> <p>You may decrease your level of coverage at any time. For example, you may change from retiree and family coverage to retiree and spouse coverage any time. To decrease your coverage, submit a written request to the Division of Retirement and Benefits stating the level of coverage you would like. Once you decrease your coverage you cannot increase it except as described below.</p>	<p><b>Section 7.6 Changing your DVA Coverage</b></p> <p>You may decrease your level of coverage at any time. For example, you may change from retiree and family coverage to retiree and spouse coverage any time. To decrease your coverage, submit a written request to the Division of Retirement and Benefits stating the level of coverage you would like. Once you decrease your coverage you cannot reinstate it except as described below.</p>

<p>You may increase coverage only:</p> <p>a) Within 120 days after:</p> <ul style="list-style-type: none"> <li>o marriage</li> <li>o the birth or adoption of your child, or</li> <li>o becoming the legal, court appointed guardian of a dependent child</li> <li>o a change in your dependent's eligibility status as noted in <a href="#">section 7.2.2 Dependents</a></li> </ul> <p>b) During an open enrollment period, if you are eligible as noted in <a href="#">section 7.3, How to Elect Coverage</a>.</p> <p>If you do not timely enroll your dependents in the plan, they will not be covered under the plan. Your next opportunity to enroll them is during the next open enrollment period.</p>	<p>You may increase coverage only:</p> <p>a) Within 120 days after:</p> <ul style="list-style-type: none"> <li>o marriage</li> <li>o the birth or adoption of your child, or</li> <li>o becoming the legal, court appointed guardian of a dependent child</li> </ul> <p>b) During an open enrollment period, if you are eligible as noted in <a href="#">section 7.3, How to Elect Coverage</a>.</p> <p>If you do not timely enroll your dependents in the plan, they will not be covered under the plan until you enroll them during the next open enrollment.</p> <p>.</p>
<p><b>Section 7.7 Open Enrollment</b></p> <p><input checked="" type="checkbox"/> Added new section per 2 AAC 36.265</p> <p>During the open enrollment period of each benefit year, if you are already enrolled in a dental-vision-audio plan, you may elect an offered dental-vision-audio plan option and increase or decrease your coverage tier level. Coverage premiums for elected benefits are subject to change under 2 AAC 39.280.</p>	<p>n/a</p>