

# AlaskaCare Retiree DCR Insurance Information Booklet

The table below outlines updates made to the AlaskaCare Retiree DCR Insurance Information booklet effective January 1, 2021. The updates were primarily in response to DVA Regulation updates and the CARES Act.

<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 3.5.15 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><b>3.5.15 COVID-19 Testing and Vaccinations</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 3.6.16 Covered Vaccines</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Moved Covered Vaccine information to its own new section</li> <li><input checked="" type="checkbox"/> Added COVID-19 Vaccine coverage information per CARES Act</li> </ul> <p>Medicare Part D-Eligible Vaccines  <u>The pharmacy benefits under the Plan cover some vaccines regardless of whether you are eligible for Medicare.</u> 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:</p>	<p><b>Section 3.6.15 Medicare Prescription Drug Plan</b></p> <p>Medicare Part D-Eligible Vaccines  <u>The pharmacy benefits under the Plan cover some vaccines regardless of whether you are eligible for Medicare.</u> 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:</p> <p>a) Vaccines administered at the pharmacy.</p>

<p>a) Vaccines administered at the pharmacy.</p> <p>b) Vaccines administered in a doctor’s office <b>only if</b> they coordinate with a pharmacy to bill the Plan for the entire cost of the vaccination, including the injection of the vaccine.</p> <p>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.</p> <p>Vaccines that are <u>not</u> covered by the Plan include:</p> <p>a) Influenza vaccines (flu shots), including seasonal flu vaccine and the H1N1 (swine flu) vaccine.</p> <p>b) Pneumococcal vaccine (pneumonia shot).</p> <p>For a complete list of vaccines and participating pharmacies contact the 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> The pharmacy benefits under the Plan will cover FDA approved COVID-19 vaccinations at 100%, subject to recognized charge.</p>	<p>b) Vaccines administered in a doctor’s office <b>only if</b> they coordinate with a pharmacy to bill the Plan for the entire cost of the vaccination, including the injection of the vaccine.</p> <p>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.</p> <p>Vaccines that are <u>not</u> covered by the Plan include:</p> <p>a) Influenza vaccines (flu shots), including seasonal flu vaccine and the H1N1 (swine flu) vaccine.</p> <p>b) Pneumococcal vaccine (pneumonia shot).</p> <p>For a complete list of vaccines and participating pharmacies contact the 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 3.7 Medical Benefit Exclusions</b></p> <p><input checked="" type="checkbox"/> Removed bullet at position 39</p>	<p>Any treatment, drug, service or supply related to changing sex or sexual characteristics, including:</p> <ul style="list-style-type: none"> <li>• Surgical procedures to alter the appearance or function of the body.</li> <li>• Prosthetic devices.</li> </ul>
<p><b>Section 5.1 Introduction</b></p>	<p><b>Section 5.1 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>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”) <del>for the 2020 plan year. The dental plan options for the 2020 plan year are</del> the Standard Dental Plan and the Legacy Dental Plan.</p>
<p><b>Section 5.3.2 DVA Coverage Level and Premiums</b></p> <p><input checked="" type="checkbox"/> Added new section per 2 AAC 36.265</p> <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 5.5.1 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>
<p><b>Section 5.5.2 Decreasing DVA Coverage</b></p> <p><input checked="" type="checkbox"/> Updated reinstate to increase.</p> <p>Once you decrease your coverage, you <u>cannot increase</u> it except as described in section <b>Error! Reference source not found., Increasing Dependent DVA Coverage.</b></p>	<p><b>Section 5.5.2 Decreasing DVA Coverage</b></p> <p>Once you decrease your coverage, you <u>cannot</u> reinstate it except as described in section <b>Error! Reference source not found., Increasing Dependent DVA Coverage.</b></p>
<p><b>Section 5.5.3 Increasing Dependent DVA Coverage</b></p> <p><input checked="" type="checkbox"/> Updated per 2 AAC 39.260 e-f-g</p> <p>You may increase <b>dependent</b> coverage only:</p> <ol style="list-style-type: none"> <li>upon marriage; or</li> <li>upon birth or adoption of your <b>child</b>.</li> <li>becoming the legal, court appointed</li> </ol>	<p><b>Section 5.5.3 Increasing Dependent DVA Coverage</b></p> <p>You may increase <b>dependent</b> coverage only:</p> <ol style="list-style-type: none"> <li>upon marriage; or</li> <li>upon birth or adoption of your <b>child</b>.</li> </ol> <p>If you want to increase coverage due to marriage,</p>

<p>guardian of a dependent child</p> <p>d) a change in your dependent’s eligibility status as noted in <a href="#">section 5.4.2 Dependents</a></p> <p>If you want to increase coverage due to marriage, birth, or adoption of your <b>child</b>, your written request to increase coverage must be postmarked or received within 120 days of the date of the event. Your request must include the level of coverage you would like, the new <b>dependents</b> to be covered, the reason for the change, and the date the event occurred.</p>	<p>birth, or adoption of your <b>child</b>, your written request to increase coverage must be postmarked or received within 120 days of the date of the event. Your request must include the level of coverage you would like, the new <b>dependents</b> to be covered, the reason for the change, and the date the event occurred.</p>
<p><b>Section 5.6.2 For Dependents</b></p> <p><input checked="" type="checkbox"/> Updated per 2 AAC 39.260 e-f-g</p> <p>You may submit a written request to the <b>Division</b> to terminate <b>DVA plan</b> coverage for your <b>dependents</b>. Premium reductions are effective only after your written request is received by the <b>Division</b>.</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><b>Section 5.6.2 For Dependents</b></p> <p>You may submit a written request to the <b>Division</b> to terminate <b>DVA plan</b> coverage for your <b>dependents</b>. Premium reductions are effective only after your written request is received by the <b>Division</b> and the <b>Division</b> cannot make changes in the coverage level for you. Coverage will end on the last day in which the last premium was paid or deducted.</p>