

AlaskaCare Retiree Town Hall

Event Summary

Date Thursday, Sept 19th, 2019 | 10:00 to 11:00 a.m.

Recording <https://vekeo.com/event/stateofalaskadrb-47422/>

Attendance Attendees were encouraged to register in advance to ensure their phone number would be called. All retirees who registered online for the event or whose phone number was on file with DRB were included on the auto-dial call list. Approximately 586 attendees participated in the call and an additional 54 streamed the audio online.

Presenters

<i>State of Alaska, Department of Administration Staff + Contractor</i>	
Emily Ricci	Chief Health Administrator, Division of Retirement and Benefits
Steve Ramos	Vendor Manager, Division of Retirement and Benefits
Andrea Mueca	Health Operations Manager, Division of Retirement and Benefits

Introduction

Emily Ricci provided a brief overview of the Town Hall format, encouraged participants to submit questions on the phone during the event or via e-mail, and reminded participants that sharing personal health information or questions about individual claims cannot be addressed publicly in this forum. Participants can submit questions before or during the event at: drbtownhall@alaska.gov.

Updates from the Division

DVA Plan update

We have some exciting news about your dental benefit plan options – more choices are headed your way in 2013!

If you are a dental plan member, you may have already received a letter from us letting you know that in 2020 you will have the choice between two dental plans: the current dental plan, or standard plan, and the dental plan that was in place prior to 2014, the legacy plan.

You can choose which of these plans works best for you and your family.

Here's what you need to know about your options:

- **You don't need to do anything today**
- You will have a choice between two dental plan, effective January 1, 2020.
- The coverage provisions and premiums will be different between the two plans.
- Next month (October), we will send you more information, including plan benefit comparisons and plan premium comparisons.

- In November, you can select the plan of your choice during an open enrollment period.
- Your vision and audio benefits are not changing.

We know you'll need more information before you make your choice, so you're going to be hearing from us a lot over the coming months.

We'll be sending you more information in the mail, by email, and we'll be holding extra town hall events to answer your questions.

Right now, we just want to let you all know that more choices are headed your way, and to expect more details about those choices soon.

Pacific Health Coalition - Health Fair

Thank you for the interest in the Health Fairs. All time slots are full. Fairs start this weekend in Fairbanks Sept 21-22 and Matsu Sept 21

Free Flu Shots in ANC for Seniors

For those of you in Anchorage, the Alaska Regional Hospital is offering the senior dose of the flu shot at their drive thru clinics for Free. The dates they are being offered is Sept 24th, Oct 3rd and Oct 9th.

IRMAA

A reminder that we are coming up to the end of the year, and if you have not submitted your IRMAA reimbursement to the division or if you have not finished completing the claim form, we want to remind you to do that. You will have until March of 2020 to submit for reimbursement for any IRMAA surcharges you were assessed in calendar year 2019. We will be sending out reminder in the mail.

The next Tele Town Hall will be **Thursday, October 19th, 2019 at 10:00 a.m.** Please register online <http://doa.alaska.gov/drb/headlines/2018/08/eqwp-tele-town-hall/>

Summary of Questions and Answers

The following questions were answered during the call. Presenters answered as many questions as possible during the hour, and chose questions that were representative of the topics being asked most often, from a variety of participants from across Alaska and other locations in the U.S.

1. Question: I received the DVA Letter - Unable to find the FAQs online. It also mentioned the premium, is there information you can share now?

We will work on making the FAQs more visible, thank you for the feedback. We are developing the benefit comparison chart and premium information, and they will be available in October.

2. Question: Why do I have to pay for Medicare at age 65?

The statutory language that authorized the Retiree health plan requires that AlaskaCare become secondary to Medicare when members become eligible. That statutory language has always been in place and guides the plan provision that requires members to participate in Medicare when they are eligible for Medicare. There are different parts of Medicare, A, B, C and D. Depending on individual circumstances you may choose to participate in some or all of them and may be paying for some or all of them. If you are an individual who is not eligible for Social Security and not eligible for premium free part A, you can contact DRB and we can work with you to provide premium free coverage for the services that would be covered under Part A. All retirees are eligible for Medicare Part B, and there are premiums for Part B. At the time of retirement our retirement counselors include this information in their counseling. If you have suggestions on how we can improve this communication, please let us know, as improving our communications to retirees is important to us. Medicare Part D is related to EGWP, and there can be a Medicare premium surcharge for high income earners associated with Part D. Retirees can contact DRB for reimbursement of this surcharge related to Part D. The statutory language stating that the AlaskaCare plan is secondary to Medicare has been in place for as long as the plan has.

3. Question: When we went to OptumRx my out of pocket cost went up. Is it because of how my pharmacy is billing?

If your cost share moves from \$4-\$8 copay its normally due to the brand of medication you are taking. You may want to check with your physician to see if there was a brand ingredient included. If there is a brand ingredient included, it will change the out of pocket cost to \$8. Please work with your physician to review your prescriptions.

4. Question: Are any Vaccinations covered under the medical plan?

Beginning January 1, 2019, coverage for vaccines covered under Medicare Part D is a pharmacy benefit for all retirees. That includes the shingles vaccination. It not covered under your medical plan, but you can receive them from your pharmacist. The flu vaccine and the pneumonia vaccine are not covered under Medicare Part D and remain *not covered* under the AlaskaCare medical and pharmacy benefit.

5. Question: I just turned 65. I received a new OptumRx card, do I need to do anything?

You can continue to receive your benefits, just present your new card. If you are what is considered a high-income wage earner, and subject to the IRMAA surcharge, please contact us and we will help you sign up for the IRMAA reimbursement.

6. Question: I am thinking about retiring in the next 1-2 years and having a medical procedure. Is my coverage better as an active employee or a retiree?

If you have questions about your specific surgery, contact Aetna to understand what would be covered and how it would be covered under your active employee plan and the retiree plan. One thing you will notice is that the out of pocket charges may be lower in the retiree plan than the active employee plan. The deductible in the retiree plan is a \$150 per person and the out-of-pocket Maximum is \$800. Those are lower than in the employee plan. The travel provisions are more robust with SurgeryPlus in the employee plan. If you are travelling, SurgeryPlus covers yourself and a companion as well as hotel rooms and per diem. That type of comprehensive coverage is not available right now in the retiree plan. That is something we want to add and trying to work through the Retiree Health Plan Advisory Board (RHPAB) to add those types of benefits, but they are currently not available in the retiree plan. If you are planning to travel for surgery, you might want to look at SurgeryPlus and see if the total cost would be less for you out-of-pocket. In general, most preventative care is not covered in the retiree plan, that has to do with the plan essentially being frozen in time. We have not been able to successfully modernize the plan to add some of these things that we want, as well as caring for the cost considerations. We are trying to do that now, but it means some services like preventative care that were not typically covered in the 1980's is not there. The out-of-pocket costs for prescription drug coverage in the retiree plan is lower than in the active employee plan. You have a \$4 for generic, \$8 for brand and \$0 for mail order, so if you take a lot of expensive medications, that is something to consider as well.

7. Question: I retired in 2003. I looked at the 2003 and 2014 plan booklets to review the dental plan options, and they look like they have the same deductibles and individual maximum, is that still correct?

That is correct, there is no difference in the deductibles between the two dental plans that will go into effect January 1, 2020. Those two plans are what we are calling the Standard Dental Plan and the Legacy Dental Plan. As to the difference between the plans, the deductible and the class I, II, III services generally remain the same. There are a couple of difference between what is considered a class I, II, and III service, and those are very nuanced. That is why we are going to provide a benefit comparison chart with more detail. At a high level the coinsurance and deductibles remain the same. One difference between the plans is that the standard plan incentivizes providers to participate in the network and members to use the network. It also adopts standard frequency limits as outlined by the American Dental Association. For example, prior to 2014 members could have unlimited

teeth cleaning, and in 2014 the plan adopted the ADA recommendation of 2 cleanings per year, unless you have a medical condition that necessitates more frequent cleanings. One of the other differences is the out-of-network recognized charge - what the plan will pay providers who are not in network. Payments to providers who do not have a contractual relationship with the plan is lower under the current plan than it was under the plan prior to 2014. One reason the Division implemented the changes in 2014, is that the plan is supported by member premiums, and the Division noticed the premiums were going up annually and was concerned a continued increase in premiums could impact the benefits. Both plans have the same \$2000 annual benefit maximum. As premiums increase, at a certain point members would really have to weigh the value of the annual maximum vs. the amount they are paying every year. We implemented changes that incentivized providers to join the network and members to use network providers. The reason that is important is because when providers join a network, it puts a contractual relationship in place with the health plan, and part of that agreement is we know what they will bill and they agree to hold the member harmless for any amount above that contracted rate. So, if you use a network provider, you avoid being balanced billed. If you go to an out of network provider, that provider has no contractual relationship with the plan, and what they are reimbursed is determined through what is called recognized charge. If a provider bills above the recognized charge, the plan reimburses up to the recognized charge and the provider can bill the member for the difference. We try to emphasize using network providers because it provides more services at a lower cost before you hit the annual benefit maximum. If you go to a provider with lower rates, you can get more services before hitting the max.

8. Question: *We use Optum Rx for our mail-in. OptumRx keeps requiring a credit card be on file even if the copay is zero dollars. I have to call in each time due to this and have been told it's a glitch.*

A few days ago, we received notification from OptumRx that this issue has been resolved and you should no longer be required to enter a credit card when you have a zero-dollar co-pay. If you experience any issues, please let us know.

9. Question: *I was told that our plan covers flu and pneumonia. Is that right?*

No, flu and pneumonia are not covered under the plan. Shingles shots are covered under the pharmacy benefit.

10. Question: *For medical, my husband is actively employed, so his insurance is primary, Medicare is secondary, and AlaskaCare is tertiary. How does coordination of benefits work for me?*

I will provide a high-level overview. Please reach out to us directly for more information about your specific circumstance. Yours would be primary for yourself since you're the subscriber, followed by your husband's, then Medicare. In the case of DVA, the order would

be the plan you are under as a subscriber would be primary, the plan you have as a dependent would be secondary.

11. Question: *OptumRx credit card – same question as previous caller.*

Thanks for calling in. Please let us know if you experience this issue again, it should now be resolved.

12. Question: *I have had both Shingles shots this summer. I had a pneumonia shot last year and will have another this year. I will get the flu shot at the Health Fair this year. I have never paid more than the \$8 copay.*

Beginning Jan 1st, 2019, the AlaskaCare plan began to cover vaccinations for the first time, but only those covered under Medicare Part D. The health plan does not cover those under Medicare Part B. Vaccines covered under Part D include Shingles, which is now covered under the pharmacy benefit for under and over 65 members. Medicare Part B covers flu and pneumonia, but AlaskaCare does not. For members who are Medicare eligible, they have access to Medicare Part B, and they could receive those vaccines under Medicare. For members not Medicare eligible, AlaskaCare does not cover flu and pneumonia.

The flu shot at the Health Fair is a complimentary service.

13. Question: *I am Tier I retiree and signing up for Medicare soon. The website is confusing as to if I should pay for Medicare Part C. What should I do?*

In general, your AlaskaCare coverage is good across the US and good worldwide. If you are evaluating signing up for Part C because you are concerned your coverage would not be robust out of Alaska, that's not something you need to be concerned about. I always recommend our members check to see if the provider is in-network. We can't tell you what's best, but in general we find that most retiree needs are sufficiently met without Part C. We see very few members sign up for Part C because the costs associated with it don't provide the benefits. If you have questions about your specific circumstance, please contact DRB.

14. Question: *EGWP and IRMAA, how do I get information about my account?*

Please send an email to the DRBtownhall@alaska.gov. We would like to work with you to review your account.

15. Question: *How will the CVS and Aetna merger affect our health plan?*

We do not anticipate significant changes to the health plan or to the services provided to our members. Our account team and our customer service team will remain the same. We are being thoughtful about how we are structuring our contract to ensure that if there are changes, we view as detrimental to the services we receive, that we have options to address that. But we don't anticipate any significant changes in the foreseeable future and have confirmed the current services and our dedicated teams are remaining as they are today.

16. Question: How can I help entice my dentist to come into Network?

You can nominate a provider to participate in the network. If you send us an email, we can reach out to you specifically. You can also contact Delta Dental members services to nominate your dentist.

17. Question: Last month someone mentioned LTC and the actual payout. How can I find out the value of my plan online? I'm worried with the increase in cost for the Pioneer Homes.

I don't believe there is an online tool for figuring that out. Start by calling CHCS at 1-888 - 287-7116 and ask about the value of your plan. We are thinking about doing a townhall about the LTC benefits to help answer questions.

18. Question: What happens when you don't qualify for Medicare or Social Security?

If you don't qualify for premium free Medicare Part A, you can contact the division at 800-821-2251 and we can work with you to make sure you are held harmless. We have unique circumstances in our state that have resulted in some members not being eligible for Part A.

Reminders:

We will be putting the updated Plan Booklets out for review starting next week. There will be a period of review for members to provide comments between Sept 25th and Oct 25th.

We will also be meeting with the RHPAB to talk about the plans for Open Enrollment and offering the two dental Plans. We have an upcoming Special Meeting on Sept 24th. You can go online at AlaskaCare.gov and find the link to the meeting materials. You are welcome to join us, and the meetings are also posted on-line.

We will be holding extra townhall meeting over the next couple of months, in addition to the regularly scheduled events. The next townhall is Oct 1st and will focus on the Dental Plan.

• DVA Event	Tues, Oct 1 st , 2019	10:00 to 11:00 a.m. AKDT	Click here to register
• Regular Event	Thurs, Oct 17 th , 2019	10:00 to 11:00 a.m. AKDT	Click here to register
• DVA Event	Tues, Oct 22 nd , 2019	10:00 to 11:00 a.m. AKDT	Click here to register
• DVA Event	Thurs, Nov 7 th , 2019	10:00 to 11:00 a.m. AKDT	Click here to register
• Regular Event	Thurs, Nov 21 st , 2019	10:00 to 11:00 a.m. AKDT	Click here to register

Poll question: Would you prefer the DVA Plan Booklet remain embedded in the Medical Booklet, or be a separate booklet?

Keep the Medical and DVA booklets combined	32%
Separate the DVA information into its own plan booklet.	68%