



## AlaskaCare Benefit Clarification

<b>Benefit Title</b>	Orthotics	<b>Group Number</b>	866219-30, 31, and 32
<b>Effective Date</b>	January 1, 2018	<b>Date Submitted</b>	

**Applicable Benefit Plan (check all that apply):**

- Active   
  Retiree   
  Long-Term Care  
 Medical   
  Dental   
  Vision   
  Audio   
  Pharmacy   
  Other

**Description:** Coverage of orthotics and supportive devices of the feet.

**AlaskaCare Insurance Information Booklet Reference(s):**

- **2003 AlaskaCare Retiree Insurance Information Booklet:** Page 54, Medical Expenses Not Covered

**Decision:** With the exception of orthopedic shoes, allow coverage for orthotics and supportive devices of the feet when medically necessary.

**Plan Administrator Approval:**

Signature

Title Director

Division of Retirement and Benefits

Date 1/1/18

**This benefit clarification applies to the AlaskaCare Retiree Health Plan as amended January 1, 2018.**

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.