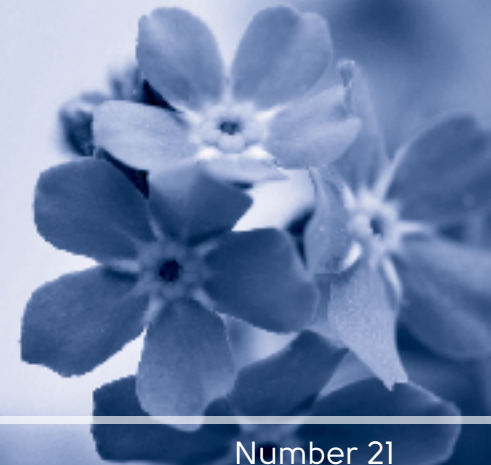


# HealthMatters



October 2013

Number 21

## Get Ready for Open Enrollment

Effective January 1, 2014, and thereafter, the benefit year for the AlaskaCare Employee Health Plan is January 1 through December 31.

**Open Enrollment**  
**November 4 to November 22, 2013**

Enrollment elections become effective January 1, 2014

Open enrollment for the upcoming benefit year is November 4 through November 22, 2013 and enrollment elections become effective January 1, 2014.

In late October, you will receive an Open Enrollment Notice via mail and email with instructions for accessing everything you will need to review your benefits and to enroll for the coming benefit year.

This shift in benefit year from the State of Alaska's fiscal year (July through June) to the calendar year moves the benefit year for the AlaskaCare Employee Health Plan to match that of the AlaskaCare Retiree Health Plan, allowing for more efficient processing and administration of both plans. It also makes it easier for members enrolled in a health savings account to plan their finances because the benefit year will now match the Internal Revenue Service's fiscal year (January through December).

If you would like a head start on Open Enrollment, you can review your current benefit elections on the Division of Retirement and Benefit's Web site. To do so:

*Continued on page 8*

## Mark Your Calendar for Upcoming Health Fairs

Mark your calendar for the 2013 AlaskaCare Health Fairs! This fall, AlaskaCare Employee and Retiree Health Plan members in the Anchorage and Juneau areas will have an opportunity to receive a variety of health screenings such as blood tests.

The 2013 Health Fairs will be from 8 a.m. to 12 noon in:

- Juneau, October 26, on the 8th floor of the State Office Building
- Anchorage, November 2 and 3, at Alaska Regional Hospital

These events are offered to all AlaskaCare Health Plan members and their dependents, 18 and older. Available services include blood pressure screenings as well as measurements for height, weight, and body-fat composition. Specific tests available include

*Continued on page 7*

**If you (or your dependents) have Medicare or will become eligible for Medicare in the next year, a federal law gives you more choices about your prescription drug coverage. Please see page 3 for more details.**

### IN THIS ISSUE

Get Ready for Open Enrollment.....	1
Mark Your Calendar for Upcoming Health Fairs.....	1
Medicare Corner: Access Medicare Information at MyMedicare.gov.....	2
New Third-Party Administrator for AlaskaCare.....	2
Notice – Your Prescription Drug Coverage and Medicare .....	3
Notice – AlaskaCare Health Plans Notice of Privacy Practices.....	4

## Access Medicare Information at MyMedicare.gov

*MyMedicare.gov* is a free, secure online service available to help Medicare recipients access their personal Medicare-related information 24 hours a day, every day.

All new Medicare participants will automatically receive instructions and a password in the mail. If you're not new to Medicare and you haven't yet created an account, on *MyMedicare.gov* select "Create an Account."

Once you log in, you can search your original Medicare claims by following these steps:

1. On the "Claims" tab, you can view information about claims that have been processed over the past 15 months.
2. Select the type of claim and then the appropriate date range from the list.
3. Click the "Submit" button to begin the search.
4. After you search, select any of the blue claim numbers to see additional details.

On *MyMedicare.gov* you can:

- Complete your Initial Enrollment Questionnaire so your bills can be paid correctly
- Manage your personal drug list and pharmacy information
- Organize your personal information including conditions, allergies, implanted devices, etc.
- Monitor claims processed by Medicare
- Track Part B deductible status
- Record your personal and basic health information, providers, allergies, conditions, prescriptions, pharmacy and any other information you enter
- Order copies of your Medicare Summary Notices or a Replacement Card

For additional details regarding your Medicare record, call (800) MEDICARE, (800) 633-4227, or visit *Medicare.gov*.

AlaskaCare coverage can be obtained by contacting the Division at (800) 821-2251, (907) 465-4460, or [doa.drb.msc@alaska.gov](mailto:doa.drb.msc@alaska.gov). Information regarding Medicare is available from the Alaska Medicare Information Office at (800) 478-6065 or (907) 269-3680.

## New Third-Party Administrator for AlaskaCare

The Department of Administration and the Division of Retirement and Benefits is pleased to announce a partnership with Aetna and Moda Health to administer the AlaskaCare Employee and Retiree Health Plans beginning January 1, 2014.

Aetna, a nationwide health plan administrator, will administer the medical, pharmacy, and health management components of the AlaskaCare Health Plans. Moda Health, a regional health plan administrator serving the Pacific Northwest and Alaska, will administer the dental plans. This change of third-party administrator (TPA) will help the Division begin the process of modernizing the AlaskaCare Health plans while providing quality, affordable health care for our members.

The selection of Aetna and Moda followed an extensive procurement process that began in November 2012. The Department of Administration's procurement process sought bids from vendors in four areas: medical network and administration, pharmacy benefit management, healthcare management, and dental network and administration. The Department selected Aetna for medical network and administration, pharmacy administration, and healthcare management. In submitting its proposal, Aetna partnered with CVS Caremark, one of the largest pharmacy benefit managers in the country, for pharmacy benefit management.

The Department selected Moda Health for dental network and administration. With the addition of Moda Health, AlaskaCare will now be a part of the Delta Dental network, the largest dental network in Alaska and the U.S.

"Through the procurement process, Aetna demonstrated that it would provide the best value to the state in terms of total cost, provider network, sophistication of operations, and quality of customer service," said Department of Administration Commissioner Becky Hultberg. "In today's world, medical issues can be complex and expensive, to the point of overwhelming the patient. The procurement evaluation committee was especially impressed with Aetna's proposal to provide a one-point of contact concierge approach to customer service."

"Over the past decade, medical costs in Alaska have grown at an extraordinary rate. We look forward to working with Aetna and the medical provider community to put health care cost growth on a sustainable path."

### What does this mean for you, the member?

The Division of Retirement and Benefits will be working with Aetna and Moda Health to improve and enhance service to our members, providing both quality care and value to the members of the AlaskaCare Health plans.

The health plan benefit year is changing to match the calendar year beginning January 1, 2014. Aetna and Moda Health will begin their administration of the health and dental plans at that same time, in order to make the transition to the new third-party administrator as seamless as possible.

"We recognize the disruption that can occur for members

*Continued on page 8*

# Notice – Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your AlaskaCare prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current AlaskaCare coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The State of Alaska has determined that the prescription drug coverage offered by the AlaskaCare Health Plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your AlaskaCare coverage will be affected as follows. If you are a participant in the retiree health plan and purchase Medicare prescription drug coverage, your AlaskaCare plan will become your secondary prescription drug plan. Conversely, if you are a participant in the employee health plan and purchase Medicare prescription drug coverage, Medicare will become the secondary prescription drug plan.

If you are a participant in the retiree health plan and decide to join a Medicare drug plan and drop your current AlaskaCare coverage, be aware that you and your dependents will not be able to get this coverage back.

Benefits Provided by your AlaskaCare Prescription Drug Plan (employee plan):		
	Up to 30 Day Supply	31-90 Day Supply
<b>Participating Pharmacy</b>		
All Drug	20% copay	20% copay
Minimum	\$13 copay	\$21 copay
Maximum	\$61 copay	\$122 copay
<b>Mail Order</b>		
Generic		\$8 copay
Brand Name		\$20 copay
Annual Copay Maximum	\$500* Individual \$1000* Family	

\*For the short benefit year July 1, 2013 through December 31, 2013

Benefits Provided by your AlaskaCare Prescription Drug Plan (retiree plan):	
	Up to 90-Day or 100-Unit Supply
Brand	\$8
Generic	\$4
Brand Mail Order	\$0
Generic Mail Order	\$0

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your AlaskaCare coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice Or Your AlaskaCare Prescription Drug Coverage...

contact the State of Alaska Division of Retirement and Benefits by calling toll-free (800) 821-2251 or (907) 465-4460 in Juneau or by emailing us at [doa.drb.mscc@alaska.gov](mailto:doa.drb.mscc@alaska.gov). NOTE: You'll receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if there are any changes to your AlaskaCare prescription drug coverage. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You"

Continued on page 7

# Notice – AlaskaCare Health Plans Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It applies to the benefits in the State of Alaska Selects Benefit -lan and State of Alaska Retiree Insurance Plan that pay for the cost of, or provide medical benefits (which may include health, dental, vision, employee assistance, wellness, medical flexible spending accounts, or other coverage affecting any structure of the body as those benefits may be offered from time to time). We will refer to these benefits in this Notice as “the Plan.” It does not apply to other benefits in the Plan, such as life insurance, disability benefits, or accidental death and dismemberment insurance. If you receive health benefits through an insurance company through the Plan, you may also receive a notice from the insurer. That notice will describe how the insurer will use your health information and provide your rights.

This Notice also describes your rights to access and control your protected health information, as well as certain obligations we have regarding the use and disclosure of your protected health information. “Protected health information” (“PHI”) is medical information about you, including demographic information and genetic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. It also includes information related to the payment for these services such as claims, eligibility, and enrollment for benefits.

We are required by law to maintain the privacy of your PHI, to provide you with notice of our legal duties and privacy practices with respect to your PHI, and to notify you if you are affected by a breach of unsecured PHI. We are also required to abide by the terms of this Notice as currently in effect.

This Notice will be followed by the Plan and all of the employees, staff and other individuals who assist in the administration of the Plan. This notice also covers our third party “business associates” who perform various activities for us to provide you benefits and to administer the Plan such as the health benefits third-party administrator, Aetna or its successor (“TPA”). Before we disclose any of your PHI to one of our business associates, we will enter into a written contract with them that contains terms to protect the privacy of your PHI.

## **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:**

This Notice sets forth different reasons for which we may use and disclose your PHI. The Notice does not list every possible use and disclosure; however, all of our uses and disclosures of your PHI will fall into one of the following general categories.

### **For Treatment**

We may disclose your PHI to health care providers who treat you.

### **For Payment**

We will use your PHI for “payment” purposes. For example, we may use and disclose your PHI so that we may provide reimbursement for health care services you received. We may also use or disclose your PHI to obtain premiums for insurance coverage, to determine whether you are eligible for health benefits or coverage, or to make determinations whether treatment is medically necessary for you.

### **For Health Care Operations**

We may use and disclose your PHI for purposes of health care operations. These uses and disclosures are necessary to manage the Plan and to make sure that all of its participants receive quality health care. Your PHI may be used to assess the quality of service our staff has provided to you or to help us evaluate the benefits of the Plan. Your PHI may also be used for activities like providing customer service, responding to complaints and appeals, providing case management and care coordination, and establishing premium rates.

### **Treatment Alternatives and Health Related Benefits**

We may use and disclose your PHI to inform you of or recommend possible treatment alternatives or health related benefits or services that may be available to you.

### **Plan Sponsor**

The Plan may use and disclose your PHI, as needed, to State employees who have a need to know your PHI to help administer the Plan and answer your questions about your benefits.

### **Individuals Involved in Your Health Care or Payment for Your Health Care**

We may disclose your PHI to a family member or friend who is involved in your medical treatment or care. We may also disclose this information to a person who is responsible for your medical bills or otherwise involved in paying for your health care. The Plan will generally try to obtain your written authorization before it releases your PHI to your spouse or your parent (if you are over age 18). However, if you are not present or are incapacitated, the Plan may still release your PHI if a disclosure is in your best interest and directly relevant to the inquiring person’s involvement in your care or payment related to your health care or needed for notification purposes. In addition, we may use and disclose PHI so that your family can be notified as to your condition, location, or death, or so that care or rescue efforts can be coordinated. In the event of your death, we may disclose your PHI to a family member or friend who was involved in your care or payment for health care prior to your death, unless doing so would be inconsistent with any preference you may have previously expressed to us.

### **As Required By Law**

We will use and disclose your PHI when required to do so by federal, state or local law, to the extent that such use and disclosure is limited to the relevant requirements of such law.

### **Public Health Activities**

We may disclose your PHI for purposes of public health activities. These activities generally include activities such as: preventing or controlling disease, injury, or disability; reporting the conduct of



public health surveillance, investigations, and interventions; reporting adverse events relating to product defects, problems, or biological deviations; and notifying people to enable product recalls, repairs, and replacement.

### **Abuse, Neglect, or Domestic Violence**

We may disclose PHI to notify an appropriate government authority if we reasonably believe an individual has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

### **Health Oversight Activities**

We may disclose your PHI to a health oversight agency for activities that are necessary for the government to monitor the health care system, government benefit programs, compliance with program standards, and compliance with civil rights laws. These activities might include: civil, administrative or criminal investigations, proceedings, and prosecutions and audits of the Plan by governmental agencies.

### **Judicial and Administrative Proceedings**

We may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by another person involved in the dispute, but only if we believe that the party seeking the PHI has made reasonable efforts to tell you about the request or to obtain an order protecting the information requested.

### **Law Enforcement**

We may disclose your PHI, within limitations, if asked to do so by a law enforcement official for a law enforcement purpose, if it is: (1) to identify or locate a suspect, fugitive, material witness, or missing person; (2) about the victim of a crime if the individual agrees to the disclosure, or due to incapacity or emergency, we are unable to obtain the individual's agreement; (3) about a death we suspect may have resulted from criminal conduct; and (4) about criminal conduct we believe in good faith to have occurred on our premises.

### **Coroners, Medical Examiners and Funeral Directors**

We may disclose your PHI to a coroner or medical examiner as necessary to identify a deceased person or determine a cause of death. We may also disclose your PHI, as necessary, in order for the funeral directors to carry out their duties.

### **Organ, Eye and Tissue Donation**

We may disclose your PHI to an organ procurement organization or other entity involved in the procurement, banking, or transplantation of organs, eyes, or tissue to facilitate the donation and transplantation process.

### **Research**

We may use and disclose your PHI for certain limited research purposes. Generally, the research project must be approved through a special committee that reviews the research proposal and ensures that the PHI is necessary for research purposes.

### **To Avert a Serious Threat to Health or Safety**

We may use and disclose your PHI when we believe in good faith, it is necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. Any disclosure, however, would only be to a person able to help prevent the threat.

### **Governmental Functions**

We may disclose the PHI of individuals who are members of the Armed Forces, as required by appropriate military command authorities. PHI may be disclosed for purposes of determining an individual's eligibility for or entitlement to benefits under appropriate military laws. We may also disclose the PHI of foreign military personnel to the appropriate foreign military authority. We may disclose your PHI to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities as authorized by law. We may disclose your PHI to authorized federal officials, so they may adequately provide protection to the President, other authorized persons, or foreign heads of state. PHI may also be disclosed to conduct special investigations.

### **Inmates**

We may disclose your PHI, as long as you are an inmate of a correctional institution or under the custody of a law enforcement official, to the correctional institution or law enforcement official. The disclosure must be necessary: (1) for the institution or law enforcement official to provide you with health care; (2) to protect your health and safety or the health and safety of others in connection with the correctional institution; and (3) for the safety and security of the correctional institution.

### **Workers' Compensation**

We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Underwriting Purposes**

We may use or disclose your PHI for underwriting purposes, for example, to compute premiums or contribution amounts under the Plan. However, the Plan will never use your PHI that is genetic information, including family medical history, for any underwriting purpose.

### **Other Uses and Disclosures Of Your Protected Health Information.**

Other uses and disclosures of your PHI not described in this Notice or the laws that apply to us, will be made only with your written authorization. This includes uses and disclosures of PHI for marketing purposes, uses and disclosures that would constitute the sale of PHI, and most uses and disclosures of psychotherapy notes. If you have given us your authorization, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose the PHI for the reasons covered by your written authorization, except to the extent that we have taken action in reliance on your authorization. Please note that we are unable to withdraw any disclosures we have already made with your written authorization.

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding your PHI which we maintain, as required by law. To exercise any of the following rights, you must make your request in writing by filling out the appropriate form provided by the Plan and submitting it to:

Marla Christenson

Privacy Officer for the State of Alaska Select Benefits Plan and State of Alaska Retiree Insurance Plan

State of Alaska  
Division of Retirement and Benefits  
PO Box 110203  
Juneau, AK 99811-0203  
Telephone: 907-465-4467  
Toll Free: (800) 821-2251  
Fax: (907) 465-3086  
E-mail: [doa.drb.benefits@alaska.gov](mailto:doa.drb.benefits@alaska.gov)

You may also exercise these rights by contacting the TPA that administers specific benefits under the Plan. You will be notified if this is the case and you will be provided with appropriate contact information.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the use or disclosure of your PHI for purposes of treatment, payment, or health care operations. You also have the right to request that we restrict the disclosure of your PHI from those involved in your health care or the payment for your health care, such as with a family member or friend. For example, you may request that we not use or disclose your PHI relating to a procedure you may have had. We are generally not required to agree with your request for restrictions. However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. If we agree to your request, either you or we may revoke the restriction; however, if we revoke it, it will only apply to PHI that we obtain after the revocation.

In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) whom you want the limits to apply, for example, disclosures to your spouse or children.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about your personal health matters in a particular way or at a particular location. For example, you can request that we only contact you at work or at a friend's house.

We may require that your request contain a statement that the disclosure of all or part of the PHI for which you are requesting a restriction could harm you if disclosed. We will accommodate all reasonable requests. However, we may condition granting your request on receiving appropriate information regarding payment, as well as you specifying how or where you would like us to contact you.

### **Right to Inspect and Copy**

You have the right to inspect and copy your PHI that is kept in a designated record set. This may include medical and billing records, but does not include: (1) psychotherapy notes; (2) information compiled in anticipation of or for use in legal actions or proceedings; or (3) PHI that is maintained by the Plan to which access is prohibited by law.

If information is kept in electronic form, you have the right to request a copy of the information in electronic form if it is readily producible (for example, in Word, Excel, HTML, or PDF), or, if not, in the form and format agreed to by you and the Plan. If you request a copy of the information, we may charge a fee for the costs of supplies and copying, mailing or preparing the requested documents, whether in paper or electronic form.

We may provide you with a written denial of your request to inspect and copy in certain very limited circumstances: (1) the PHI you are requesting to inspect is specifically prohibited by law; or (2) the information you are requesting was confidentially obtained from a source other than a health care provider and if you were granted access you could find out the identity of the source.

If you are denied access to your PHI, for reasons other than those listed above, you may request that the denial be reviewed. A licensed health care professional chosen by the Plan will review your request, as well as the basis for the denial. The person conducting the review will not be the person who denied your request the first time. The outcome of the review will be the final decision.

### **Right to Amend**

You have the right to request that we amend your PHI in a designated record set if it is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for the Plan within a designated record set. You must be prepared to provide a reason to support your request for an amendment.

We may deny your request for an amendment if the request does not include a reason to support the request for an amendment. Furthermore, we may deny your request for an amendment if you request that we amend PHI that: (1) was not created by us, unless the person or covered entity that created the PHI is no longer available to make the amendment; (2) is not part of the health information kept by or for the Plan within the designated record set; (3) is not part of the information that you would be permitted to inspect and copy by law; or (3) is accurate and complete.

### **Right to an Accounting of Disclosures**

You have the right to request a list of the disclosures we have made of your PHI. Your request must state a time period that may not be longer than six years, but that may be shorter. The first accounting you request within a 12 month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request, before any costs have been incurred.

You have a right to receive an accounting of disclosures made by the Plan within the past six years from the date of your request, except for disclosures that have been made: (1) to carry out treatment, payment or health care operations; (2) to you; (3) incident to a use or disclosure permitted or required by law; (4) pursuant to an authorization; (5) to those involved in your care or for notification purposes; (6) for national security or intelligence purposes; (7) to correctional institutions or law enforcement officials; and (8) as part of a limited data set.

### **Right to Notification Regarding a Breach**

In the event of a breach of unsecured PHI, as defined by HIPAA regulations, you have the right to receive notification from the Plan if the Plan reasonably believes that your PHI has been accessed, acquired, used or disclosed as a result of such breach. The Plan will notify you of any such breach without unreasonable delay and in no case later than 60 days after the Plan discovers the breach. The notification you receive will include the following information: (1) a brief description of what happened, including the date of the breach and the date it was discovered, if known; (2) a description

of the types of unsecured PHI that were involved in the breach, such as whether full names, social security numbers, dates of birth, etc. were involved; (3) any steps you should take to protect yourself from potential harm resulting from the breach; (4) a brief description of what the Plan is doing to investigate the breach, to mitigate harm to individuals, and to protect against future breaches; and (5) contact procedures for you to ask questions or learn additional information, including a toll-free telephone number, an e-mail address, Web site, or postal address.

#### Right to Opt Out of Fundraising Communications

We may use or disclose your PHI to an organization related to the Plan for fundraising purposes. For this purpose, we will only disclose demographic information, such as your name, address, and age, and the dates you received treatment or services from the Plan. You have the right to opt out of such fundraising communications. Once you have opted out of such communications, the Plan will take reasonable measures to ensure that no further fundraising communications are provided to you.

#### Right to a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice. You may request that we give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to receive a paper copy.

#### CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice. We reserve the right to make the new Notice provisions effective for all PHI we currently maintain, as well as any information we receive in the future. Please note, on the first page, in the top right-hand corner of the Notice, you will find the effective date. A Notice with a more recent date supercedes a Notice with an

---

*Continued from page 1*

## Mark Your Calendar for Upcoming Health Fairs

the following:

- CBC
- Basic metabolic panels
- A1C levels
- Lipid panel
- Vitamin D
- Hepatitis C (for individuals born between 1945 and 1965 who have never been previously tested)

Don't miss this easy and affordable opportunity to learn more about your health status!

Health Fairs are hosted in partnership with Alaska Regional Hospital, HealthSmart Benefit Solutions, Inc., Multiplan Provider Network, Costco/Envision Rx Options Pharmacy Partners, Vision Service Plan, HealthSmart Care Management Solutions (Nurse Line and Employee Wellness Plan), Magellan Health Services (Employee Assistance Plan). For more information about the health fairs, please visit [AlaskaCare.gov/HealthFairs](http://AlaskaCare.gov/HealthFairs).

older date.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing the complaint. To file a complaint with the Plan, contact Marla Christenson, Privacy Officer for the State of Alaska Select Benefits Plan and State of Alaska Retiree Insurance Plan, State of Alaska, Division of Retirement and Benefits, PO Box 110203, Juneau, AK 99811-0203, 907-465-4467. All complaints must be submitted in writing.

#### REQUEST FOR FORMS / SUBMISSION OF FORMS / QUESTIONS

To request a form and/or to submit a form, or if you have any questions about this Notice, please contact

Marla Christenson  
Privacy Officer for the State of Alaska Select Benefits Plan and  
State of Alaska Retiree Insurance Plan  
State of Alaska  
Division of Retirement and Benefits  
PO Box 110203  
Juneau, AK 99811-0203  
Telephone: 907-465-4467  
Toll Free: (800) 821-2251  
Fax: (907) 465-3086  
E-mail: [doa.drb.benefits@alaska.gov](mailto:doa.drb.benefits@alaska.gov)

for further information.

Effective Date of the Notice: September 23, 2013

---

*Continued from page 3*

## Notice – Your Prescription Drug Coverage and Medicare

handbook for their telephone number) for personalized help.

- Call 1-(800) MEDICARE (1-800 -633-4227), TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at (800) 772-1213, TTY users should call (800) 325-0778.

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: October 2013

Name of Sender: State of Alaska, Division of Retirement and Benefits

Contact: Member Services Contact Center

Address: PO Box 110203, Juneau, AK 99811-0203

Telephone: 907-465-4467

Toll Free: (800) 821-2251

Published by

State of Alaska Division of  
Retirement and Benefits

Jim Puckett  
Director

Aaron Ferguson  
Editor

333 Willoughby Avenue  
State Office Building  
6th Floor  
P.O. Box 110203  
Juneau, AK 99811-0203

Member Services  
Contact Center

10 a.m. - 3:30 p.m.

(907) 465-4460

(800) 821-2251

TDD: (907) 465-2805

Fax: (907) 465-3086

doa.dr.b.mscc@alaska.gov



Facebook.com/AlaskaCareEmployees

Facebook.com/AlaskaCareRetirees



Twitter.com/AKCareEmployees

Twitter.com/AKCareRetirees

*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.

State of Alaska Division of Retirement and Benefits  
P.O. Box 110203  
Juneau, AK 99811-0203

PRESORTED  
FIRST CLASS MAIL  
U.S. POSTAGE  
**PAID**  
ANCHORAGE, AK  
PERMIT #456

*Continued from page 1*

## Get Ready for Open Enrollment

1. Visit Alaska.gov/DRB.
2. Navigate to the enrollment login page by clicking on "Insurance Enrollment" under "Changes" in the sidebar on the right.
3. Login in using your RIN and the last four digits of your Social Security number. (To

learn how to get your RIN, search for "RIN" at Alaska.gov/DRB then click on the first result.)

4. Once in the enrollment system, click on "Review My Current Elections" on the right side of the page.

*Continued from page 2*

## New Third-Party Administrator for AlaskaCare

during a TPA transition and we will be working to minimize that disruption," said Commissioner Hultberg. "Our goal for the AlaskaCare plan is to provide high quality

health care at a reasonable cost. As we work towards achieving this goal, we are excited to begin this new relationship with Aetna and Moda Health."

**Note:** The Division of Retirement and Benefits is unable to unsubscribe members from our mailing list at this time. The Division has a fiduciary duty to provide both its active and retired members with information regarding their health and retirement benefits, including—but not limited to—benefit education, plan enrollment, and any changes in the plans. While we acknowledge that it can be frustrating to receive a high volume of communication from the Division, it is necessary to keep our members up to date on current information and educational opportunities concerning their health and retirement benefits. We apologize for any inconvenience this may cause you.