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**AlaskaCare**  
**Employee Health Plan**  
**2020 Open Enrollment Guide**

November 2019



**On the road to good health:  
choose your own adventure!**

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# Getting Started

Dear AlaskaCare member,

Alaskans are always up for adventure. There is plenty of excitement to be found all across the place we call home! As a State of Alaska employee and AlaskaCare member, you also know that maintaining your and your family's health is important and keeps you ready for that next adventure, big or small.

Your AlaskaCare benefits help you stay healthy and access the care you need, when and where you need it. We know it's challenging for one health plan to meet the needs of nearly 6,000 employees and their families. That's why we provide a range of options, including three medical plans and several additional benefits you can elect to participate in. You can choose the right mix of health benefits for you and your family, then embark on your next adventure.

Providing employees choice in your health benefits means that each year during Open Enrollment, you need to review your benefit elections to make sure they are still the best fit for you and your family's needs. The Open Enrollment period for the 2020 plan year (January – December 2020) **begins Wednesday, November 6 and ends Wednesday, November 27, 2019**. Now is the time to make changes for the upcoming benefit year, beginning January 1, 2020.

## Open Enrollment Checklist

- See what's new for 2020.** See page 3 for plan changes and other important updates.
- Review your benefit choices and current elections.** This includes three options for medical coverage, two options for dental coverage, optional vision coverage, a health flexible savings account (HFSA), and several voluntary supplemental benefits (VSBs).
- Do the math!** Make sure your elections cover what you need. Check out the handy plan cost comparison tool on our website: [Alaska.gov/drb/OpenEnrollment](http://Alaska.gov/drb/OpenEnrollment)
- Review your household information.** This includes you and your covered enrolled dependents. Double check that all names and Social Security numbers for your enrolled dependents are correct, to ensure your household's health coverage is accurately reported to the Internal Revenue Service as required by law.
- Confirm your benefit elections for 2020.** Use the online enrollment system to make any necessary changes to your benefits. You may choose the same elections you have now, or make changes to take effect January 1, 2020.
- Make your Voluntary Supplemental Benefit (VSB) elections.** This year, you **MUST** make VSB and group life insurance benefit elections during open enrollment to maintain those benefits in 2020. Your past elections will not roll over to the new benefit year.

**Wednesday, November 6 to Wednesday, November 27, 2019**  
**Enroll online at [Alaska.gov/drb/OpenEnrollment](http://Alaska.gov/drb/OpenEnrollment)**



## Important Reminders

- After Open Enrollment ends, you will not be able to make changes to your health plan in 2020, and will need to wait until the next Open Enrollment period for 2021. However, you can make changes mid-year if you have a qualifying change in household status.
- The AlaskaCare Health Flexible Spending Account (HFSA) allows you to pay for eligible health care expenses not covered by your medical, dental, or vision plans with pretax contributions. To take advantage of this program, you **must** enroll annually during open enrollment. Enrollment in the Health Flexible Spending Account does not roll over. Even if you are enrolled in 2019, you must go online to re-enroll for 2020.
- You can elect a waiver of coverage (opt-out), but this **must** be completed annually. If you opted out of one or more benefits in 2019, but do not take action during Open Enrollment for 2020, you will be re-enrolled in the economy plans by default. Read more about the waiver of coverage on page 6.
- If you do not take action during this period and/or your new enrollment elections are not received by the November 27, 5 p.m. deadline, your current health plan elections (except for HFSA or opt-out) will remain in effect through the benefit year ending December 31, 2020. See page 7 for enrollment instructions.

## New in 2020

1. **Office Visit Copays.** If you elect the Standard or Economy medical plan, you will now pay a flat copay amount for in-network primary care/specialty care office visits. Alleviate the initial financial burden of seeking the care you need. Copays do not apply to your annual deductible, but they do apply to your annual out-of-pocket maximum.
2. **Simplified Pharmacy Copays.** Pharmacy benefits will now be paid at a flat copay for generic and preferred brand-name prescription drugs. Flat copays simplify the prescription drug benefit schedule while encouraging use of generic and preferred brand-name drugs, as well as reduce barriers to maintenance drug adherence. No more calculating percentages. See the new pharmacy benefit schedule in the AlaskaCare Employee Insurance Booklet for more information.
3. **Dental Care: Preventive First.** Seeing your dentist regularly can help you avoid serious and expensive services down the road, but your costs can add up quickly. Beginning January 1, 2020, preventive services, such as routine exams/X-rays, regular cleanings, and periodontal maintenance will no longer count towards your maximum annual dental benefit, giving you more to spend each year on other services that you may need.
4. **Save More When You Use a PPO Network Dentist.** Your dental plan lets you see any licensed dentist you want. But when you see a network provider, you'll save money. Beginning January 1, 2020, you will have access to an additional, narrower network of dental providers: Delta Dental's PPO network. When you visit a PPO dentist, you'll pay less out-of-pocket. You do not need to do anything to enroll in this benefit, but if you want to take advantage of the discounted services, use the dentist locator tool at [AlaskaCare.gov](http://AlaskaCare.gov) to search for providers who participate in the PPO network.

The information you need to choose your benefits is available on the Division's website at [Alaska.gov/drb/](http://Alaska.gov/drb/) **OpenEnrollment**. For detailed coverage information, please refer to your AlaskaCare Employee Health Plan booklet (your plan booklet) available at [AlaskaCare.gov](http://AlaskaCare.gov).

# Overview of Plan Options

This enrollment guide outlines the choices available to you under the State of Alaska Select Benefits plan, commonly referred to as AlaskaCare. Because you may have different needs than your coworkers and friends, you can create a personal benefit program from a range of benefits and levels of coverage.

Check out the Open Enrollment webpage for more detailed information about each plan option, Voluntary Supplemental Benefits (VSB), how to opt out of coverage, and FAQs. Use the Health Plan Cost Comparison Tool, also available on the website, to help you make informed choices about the best plan for your needs based on your anticipated costs for the coming year and the estimated cost of each plan.

If you make selections that require a monthly employee contribution, that amount will be taken through pretax payroll deductions. This means deductions are withheld from your pay before federal income taxes are applied. The monthly employee contribution amount is divided in half and deducted from the first two paychecks of each month throughout the year.

The online enrollment system will automatically calculate your monthly employee contribution amount as you make selections, allowing you to change your elections until you are satisfied with the choices and cost.

## Coordination Between State Employees' Health Plans

Under the authority of 2 AAC 39.920, Select Benefits will only pay 30 percent of covered charges for your dependents if your spouse or children are covered by a State employee health trust and that coverage:

- has been waived,
- pays less than 70 percent of covered expenses, or
- has an individual out-of-pocket maximum, including deductible, of more than \$3,500.

This applies to any dependent covered by Select Benefits as the secondary plan under the standard Coordination of Benefits rules and where the trust plan would normally pay first if you hadn't reduced or waived coverage. When your spouse or the parent of any of your children selects coverage under a State employee health trust, they must ensure they are electing a plan that covers at least themselves and any dependents for which they have primary responsibility and that coverage provides full family coverage. Failure to do so will result in less coverage for your dependents in the coming year.

## Keywords: Important Health Benefit Terms

**Deductible** is the amount you pay each benefit year before a portion of your eligible costs are paid by your medical plan. You pay the full cost of your eligible health expenses until you meet your deductible. Your deductible amount depends on the plan you select.

**Coinsurance** is the percent of covered expenses paid by AlaskaCare once you meet your deductible.

**Out-of-pocket limit** is a cap AlaskaCare sets to protect you from large expenses. If you reach the out-of-pocket limit, AlaskaCare will then pay 100% of your eligible expenses for the rest of the benefit year. A separate out-of-pocket limit applies to medical benefits and pharmacy benefits.

**Health Reimbursement Arrangement (HRA)** is a tax-free medical reimbursement plan funded by the employer for members enrolled in the Consumer Choice plan. The balance of the HRA is applied towards the Consumer Choice deductible each benefit year until the HRA is exhausted.

**Copayments**, or copays, are a fixed fee for certain health care services, such as office visits or prescription fills at a pharmacy. Your health plan may cover most or all costs of health care services after you have met your annual deductible or out-of-pocket maximum, but copays apply even after you have met your deductible for that benefit year: for example, a \$25 copay for an office visit is applied for every visit. Copays are counted toward your out-of-pocket maximum.

## AlaskaCare 2020 Employee Premiums

### Health Premiums for the following employee groups:

**AVTECTA** – AK Vocational Teachers (TA)

**APEA** – Confidential (KK)

**APEA** – Supervisory (SS)

**ACOA** – Correctional Officers (GC)

**TEAME** – Mt. Edgecumbe Teachers (TM)

Employees not covered by collective bargaining (Exempt)

	Employee Only	Employee and Family
<b>Standard Medical Plan</b>	<b>\$140</b>	<b>\$340</b>
<b>Economy Medical Plan</b>	<b>\$60</b>	<b>\$160</b>
<b>Consumer Choice Medical Plan</b>	<b>\$24</b>	<b>\$68</b>
<b>Standard Dental Plan</b>	<b>\$35</b>	<b>\$98</b>
<b>Economy Dental Plan</b>	<b>\$0</b>	<b>\$0</b>
<b>Managed Vision Plan</b>	<b>\$14</b>	<b>\$38</b>

### Health Premiums for the following employee groups:

**MEBA** – Marine Engineers (BB)

**IBU** – Inlandboatmen (MM)

	Employee Only	Employee and Family
<b>Standard Medical Plan</b>	<b>\$140</b>	<b>\$340</b>
<b>Economy Medical Plan</b>	<b>\$0</b>	<b>\$0</b>
<b>Consumer Choice Medical Plan</b>	<b>\$24</b>	<b>\$68</b>
<b>Standard Dental Plan</b>	<b>\$35</b>	<b>\$98</b>
<b>Economy Dental Plan</b>	<b>\$0</b>	<b>\$0</b>
<b>Managed Vision Plan</b>	<b>\$14</b>	<b>\$38</b>

### Medical Plan provisions for ALL employee groups:

	Individual Deductible	Family Deductible	Coinsurance* (percentage of allowable amount paid by plan)	Individual Annual Out-of-Pocket Limit*	Family Annual Out-of-Pocket Limit*	In-Network Primary Care Office Visit Copay	In-Network Specialty Care Office Visit Copay
<b>Standard Medical Plan</b>	<b>\$300</b>	<b>\$600</b>	<b>80%</b>	<b>\$1,750</b>	<b>\$3,500</b>	<b>\$25</b>	<b>\$45</b>
<b>Economy Medical Plan</b>	<b>\$500</b>	<b>\$1,000</b>	<b>70%</b>	<b>\$2,750</b>	<b>\$5,500</b>	<b>\$35</b>	<b>\$55</b>
<b>Consumer Choice Medical Plan</b>	<b>\$2,400</b> (first \$750 offset by HRA)	<b>\$4,800</b> (first \$1,500 offset by HRA)	<b>70%</b>	<b>\$5,400</b>	<b>\$10,800</b>	<b>N/A</b>	<b>N/A</b>

\*See section 2.1.1 Medical Benefit Schedule for a list of coinsurance and out-of-pocket maximum exceptions (such as 100% coinsurance for in-network preventive care, or greater out-of-pocket maximums that apply to charges from some out-of-network facilities).

## Is a Health Flexible Spending Account the right choice for you?

The Health Flexible Spending Account (HFSA) provides an opportunity for you to save by setting aside money for health care on a pre-tax basis. You can then use these funds to pay for qualified health care expenses not covered by the plan. You decide the amount to contribute each month, up to the allowed limit.

During the benefit year, you file claims and are reimbursed with the tax-free dollars from your account. You benefit because you don't pay taxes on the dollars you contribute to your account. You also may carry up to \$500 forward from year to year, but otherwise you must spend down the account for qualified expenses in each benefit year. You have until March 31 of the following year to file claims for the current benefit year.

### Streamlining

If you do not have any other health coverage, you can elect to have your HFSA account set up to "streamline." This means that any unpaid portion of a claim you incur during the plan year (deductible, your portion of the co-insurance, etc.) is directed to your HFSA. You may not elect streamlining if you have other coverage that will coordinate with AlaskaCare.

Please refer to the AlaskaCare Employee Health Plan booklet, section 6.8 *Submitting Claims for Reimbursement*, for additional information.

### Your Choice: Once a Year, Every Year!

An HFSA might be a great choice for you—but here are some things to keep in mind:

- You must elect this benefit each open enrollment period. Your HFSA does not automatically continue from one benefit year to the next.
- You cannot enroll in, cancel, or change your HFSA amount at any time during the year except during Open Enrollment or a qualifying household event.
- You must use the money in your HFSA for qualified expenses incurred during the benefit year
- The benefit year runs from January 1 to December 31. You must budget contributions carefully. This amount will be in addition to any new benefit year amount you select as deductions in your pay.

Read more about the HFSA benefit online at [Alaska.gov/drb/benefits/employee/health/hfsa.html](https://alaska.gov/drb/benefits/employee/health/hfsa.html).

### Waiver of Coverage (Opt-Out)

If you are an AlaskaCare Employee Health Plan covered employee with other medical coverage, you may elect to opt out of or waive coverage for yourself and your family for one or more of the medical, dental, and vision plans offered through AlaskaCare. You may also elect employee-only coverage while opting-out of coverage for your family from one or more of the AlaskaCare benefits.

If you want to waive any component of AlaskaCare coverage, you must elect to waive each component and **do so annually** during the open enrollment period. **A waiver of coverage for 2019 will not carry over to 2020.**

#### Opting Out is a two-step process:

1. Go online to [myRnB.alaska.gov](https://myRnB.alaska.gov) to make your elections/opt out.
  2. Complete and sign the Opt-Out form [PDF], then scan and email it to [doa.drb.benefits@alaska.gov](mailto:doa.drb.benefits@alaska.gov) or fax it to (907) 465-3086
- If you chose to opt out of the Medical plan in 2019, and you do not complete the opt-out process during Open Enrollment for 2020, you will be defaulted to the Economy Employee Only plan or the Economy Employee and Family Plan (if you have active dependents listed).

# How to Enroll

You can access the Online Benefits Enrollment portal to make open enrollment elections 24 hours a day, 7 days a week from Wednesday, November 6, 2019, through Wednesday, November 27, 2019 at 5 p.m. Alaska Time.

## Eligible dependents

Dependents of eligible employees may be covered under the AlaskaCare benefit plans. Eligible dependents include your spouse, your children up to age 26, and your child age 26 and older who is permanently and totally disabled. Additional information is available in the AlaskaCare Employee Plan Booklet, under section 1.3.2 *Eligible Dependents*.

## Changing your coverage before Open Enrollment ends

You may change your mind about any benefit choices as long as you re-enroll in your final choices before the enrollment deadline. Reminder—each time you re-enroll, a new enrollment is processed. The previous enrollment will no longer exist. Make sure to re-select each of your elections.

## Ready to Enroll? Follow these instructions for enrolling online:

### 1. Log in to your myAlaska account.

- a. Visit [myRnB.alaska.gov](http://myRnB.alaska.gov). This is the myRnB portal.
- b. On the right side of the page, choose **Login** using myAlaska. You will be directed to the myAlaska login page, where you will log in using your myAlaska ID and password. This is the same ID and password you use to apply for your PFD. If you do not currently have a myAlaska account, click on the second link to create a myAlaska account. After you log in to myAlaska, you will be redirected back to myRnB.
- c. If this is your first time logging on to myRnB, you may need to verify your last name, date of birth, and the last 4 digits of your SSN, then click on **Next**.
- d. On the myRnB page, under Self-Service Tools, select **AlaskaCare Health Benefits Open Enrollment**.

### 2. Review your dependents enrolled under the health plan.

- a. Click **Health Dependent Enrollment**.
- b. Make sure all your eligible dependents are listed. If not, click **Add Dependent**, fill in the blanks, and click **Save Changes**.
- c. If there are ineligible dependents listed, select the dependent from the list on the left side of the page. Click **Edit**, then **Terminate Dependent**.
- d. If you have not yet provided the Social Security number (or other tax identification number) for each of your dependents that you have enrolled, please do so now. Select the dependent from the list on the left, then choose **Addition of Missing SSN** from the drop-down menu. Be sure to click **Save Changes** once you have added the information.
- e. Once your dependents are enrolled, click on the **Print and Sign Verification** button to open the signature verification form in a PDF document and print the verification form.
- f. Once the form is signed and dated, you may fax, mail, or email it to the Division per the information on the form. *The dependent enrollment is not complete until the Division receives and processes your verification form.*
- g. Once your review is complete, click **Back to Benefits Enrollment** at the top of the page.

*Continued >>*

### 3. Check your elections and make new elections as needed.

- a. Under **Change Reason**, select **Open Enrollment** from the drop-down menu, then click **Change Elections** button.
- b. Use the drop-down menus to make new elections. Certify your eligibility, then press **Continue**.

### 4. Review these elections and the updated premiums.

- a. Click **Back** to edit your elections, or
- b. Click **Submit Elections** to finalize enrollment.
- c. Print the confirmation page for your records.

**You are all set for 2020!**



**Enrollments must be made online. If you need assistance while trying to enroll, contact the Member Services Contact Center at:**

**In Juneau: (907) 465-4460**

**Toll-free: (800) 821-2251**

Monday-Thursday: 8:30 a.m. to 4 p.m. (Alaska Time)

Friday: 8:30 a.m. to 3 p.m. (Alaska Time)

**Email: [doa.drb.benefits@alaska.gov](mailto:doa.drb.benefits@alaska.gov)**

**Aetna Concierge: (855) 784-8646**

**Delta Dental of Alaska: (855) 718-1768**

**OptumRx: (855) 409-6999**

**SurgeryPlus: (855) 715-1680**

**PayFlex: (888) 678-8242**

### Voluntary Supplemental Benefits Enrollment Information

The Division of Retirement and Benefits is working with MetLife and a new third-party administrator, BenefitFocus, to streamline benefit enrollment for the State of Alaska Voluntary Supplemental Benefits (VSB) plans. **This will be a positive enrollment where members will have to make benefit elections for the 2020 benefit year, as no enrollment information will carry over from the previous year.**

**To enroll in your Voluntary Select Benefits (life insurance, critical illness, short-term/long-term disability), visit [Alaska.gov/drb/benefits/employee/VSBs/](https://Alaska.gov/drb/benefits/employee/VSBs/). If you have questions about enrolling in the voluntary benefits, contact State of Alaska Voluntary Benefits Support at (844) 939-0543.**

### Benefit Spotlight: Teladoc®

Ever wake up with a mild health concern in the middle of the night? Something too small to be an emergency, but can't wait until your next doctor visit? Try Teladoc®!

Beginning in 2018, the Division partnered with Teladoc® to provide you with a convenient and affordable way to receive quality medical care.

To utilize your new benefit, begin by registering your Teladoc® account. This service is provided through your health plan, and is free to register. General medical consults and dermatology consults are free!

For more information about Teladoc®, covered services, fees, and how to enroll, visit [Alaska.gov/drb/alaskacare/employee/teladoc.html](https://Alaska.gov/drb/alaskacare/employee/teladoc.html) or call (855)-TELADOC (835-2362).