



AlaskaCare Benefit Clarification

Benefit Title	Self-Injectable Medications	Group Number	866219-30 to 41
Effective Date	January 1, 2018	Date Submitted	

Applicable Benefit Plan (check all that apply):

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

Description: Coverage for Injectable Medications that can be self-administered through the pharmacy benefit.

AlaskaCare Insurance Information Booklet Reference(s):

- AlaskaCare Retiree Insurance Information Booklet: Page 34, Prescription Drug Exclusions

Decision: Cover the following self-injectable medications under the pharmacy benefit: Testosterone; Cyanocobalamin (B12); Methotrexate; Depo-Estradial and Dexamethasone.

Plan Administrator Approval:

Signature		Title	Director	Date	1/1/18
			Division of Retirement and Benefits		

Comments: These medications should continue to be covered under the medical benefits (versus pharmacy) when the medication is administered by any person acting within his or her capacity as a health care professional.

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.