

Health Matters



October 2010

Benefit Fair coming to Anchorage in November

Tentative fairs planned for Bethel and Ketchikan, spring of 2011

A Benefit Fair will be held at Rasmuson Hall, University of Alaska, Anchorage on November 5-6 for members of *all* ages. These fairs provide an opportunity for state employees covered under the ALASKACARE *Employee Health Plan* to learn more about available benefits, in addition to helping employees plan now for their future retirement. There are also sessions for employees who participate in the *Optional Benefits* (formerly Supplemental Benefits), *Supplemental Annuity* and *Deferred Compensation* plans.

For more information on the Anchorage and upcoming fairs, including a schedule and session descriptions, check our website at doa.alaska.gov/drb.

Alaska Regional rated a top hospital for orthopedic care

Alaska Regional Hospital is listed in *U.S. News & World Report's "Best Hospitals"* study as the 47th best hospital in the country for orthopedics. The study evaluated nearly 5,000 hospitals and used data such as patient outcomes, quality care, physician perception, and staffing rates in its ranking methodology. Alaska Regional is the only Alaska facility listed in the top 50 hospitals for any of the 16 specialties!

Continued on page 5



INSIDE

Benefit Fair coming to Anchorage	1
Alaska Regional rated a top hospital	1
Medicare Corner—Medicare and home health care	2
Ask “KUP”—Can I receive my Explanation of Benefit statements electronically?	3
Do you know the top risks to your health?	3
International travel and the ALASKACARE Health Plans	4
Brand-name versus generic drugs	5
Katmai Oncology - Correction	5
Notice— Your prescription drug coverage and Medicare	6
24/7 Health Line	8



There's no place like home— Medicare and home health care

This article provided by the state's Medicare Information Office. More information is available online at www.medicare.alaska.gov or by calling 800-478-6065 or 269-3680 in Anchorage.

Note: Many people confuse Medicaid and Medicare. People on **Medicaid** are often able to get home services such as chore services, personal care assistance, and respite. These are considered “custodial care” by Medicare, which uses a medical model to decide what nursing/medical services are reimbursable. **Medicare does not pay** for 24-hour day care at home, meals delivered to your home, homemaker services, including shopping, cleaning, laundry, or personal care, such as dressing or bathing.

Medicare covers some home health care

under certain circumstances. If you are recovering from an illness, wound, surgery or other disabling event, your doctor may prescribe home health care. This may be covered by Medicare if you meet four conditions:

1. Your doctor must decide you need medical care at home and make a plan of care for you.
2. You must need at least one of the following: intermittent skilled nursing care, physical therapy, speech-language therapy or continued occupational therapy.
3. You must be homebound, which means that you are unable to leave home unassisted and leaving home is a major effort. Leaving must be for medical care or short non-medical reasons, such as attending a religious service, getting a haircut or adult day care.
4. The Medicare program must approve the home health agency caring for you.

Home health care provides treatment for an injury or illness so that you can become as self-sufficient as possible. You will work with your doctor and a home health care agency for coordination of services and a plan for what home care services you need. This may be done with agency staff or, through another agency, by hiring nurses, home health aides and/or medical social services counselors. You and your family members or friends will be taught how to continue to provide such things as wound care, disease management, recognizing problems, and who to contact if they occur.

Home health care coverage is based on how much care you need in a 60-day period called, “episode of care,” and how many hours of care you need in a day. The Medicare-certified home health agency accepts payment from Medicare and may charge 20% coinsurance for durable medical equipment the agency provides, like a wheelchair or walker. Claims will go to your secondary or retiree health insurance, AlaskaCare, if you are on Medicare Part A and B. If it is likely that a service will not be covered by Medicare, the agency will give you a written notice, called a Home Health Advance Beneficiary Notice, describing the item(s)/service(s) the agency believes will not be paid for by Medicare. You may appeal coverage of home health services if they are ending and you think they are ending too soon. Contact the state Medicare Information Office about “Your Medicare Rights and Protections” booklet at 1-800-633-4227.

Can I receive my Explanation of Benefit statements electronically?

You can now sign up for electronic

Explanation of Benefit (EOB) statements, receiving your claims processing information more quickly and eliminating the need to file paper forms. (And you can save trees while you're at it). This new online feature allows you to view your claims history, including the EOBs, and stop waiting for paper copies to be received in the mail.

After you log in at the ALASKACARE website, *AlaskaCare.gov*, you will see a pop-up window that invites you to receive your EOBs online with a link to enroll. Each time a new EOB is generated, an email will be sent to you. You can then visit the website to view or print the EOB. Go green with the paperless EOB!

Do you know the top risks to your health?

There are four primary health risk indicators that can tell you something about the state of your health:

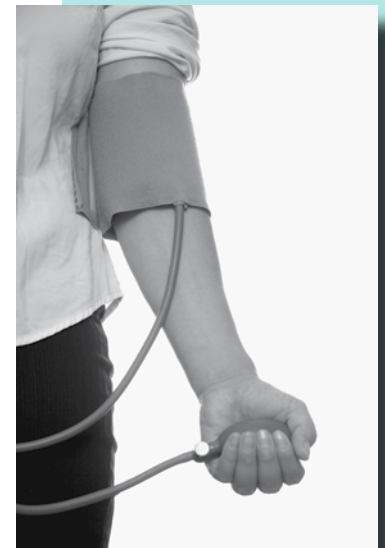
- High blood pressure, also known as "hypertension." High blood pressure directly increases the risk of coronary heart disease and stroke. An optimal blood pressure is less than 120/80 mmHg. When blood pressure stays high, greater than or equal to 140/90 mmHg, it is considered high blood pressure. (The first number is the "systolic" reading, the second number is the "diastolic" reading.)
- High fasting blood sugar (FBS) level, also known as "hyperglycemia." Values above 140 mg/dl on at least two occasions could be an indicator of diabetes. Normal levels are generally between 70-110mg/dl.
- High total blood cholesterol. Your cholesterol levels can affect your risk of heart disease. If your total cholesterol falls between 200-239 mg/dL, you may be in the borderline to high risk category. If your total cholesterol is 240 mg/dL and over, you may be in the high risk category.
- High body mass index number (BMI) (e.g. a BMI of 25 or more for a given height). Your BMI is a measure of body fat based on your height and weight and will tell you if you are underweight, normal weight, overweight or obese for your height. A high BMI means you are overweight for your height. Being overweight or obese substantially increases your risk of developing or dying from hypertension, type 2 diabetes, heart disease, stroke, and cancer.

It's a good idea to monitor these four health indicators on a regular basis, at least once yearly at your local health fair or during your annual exam with your physician.



Ask "KYP" is a regular feature, helping members to better understand their health plan.

"KYP"
Know Your
Plan



International travel and the ALASKACARE Health Plans

If you are traveling abroad and need to be transported back to the United States for medical care, your travel costs will not be reimbursed.



You might want to consider purchasing travel insurance to cover such things as extra travel costs should you have to cut your trip short unexpectedly and need to be transported back to the United States for medical care.

The ALASKACARE Health Plans will pay travel costs only within the State of Alaska, the contiguous lower 48 states, and the State of Hawaii if the travel is required because care is not available locally and the travel is preauthorized and approved *prior* to travel.

The ALASKACARE *Retiree Insurance Information Booklet* has specific plan language regarding transportation services on pages 42-43:

Travel

Travel must be preauthorized to receive reimbursement under the Medical Plan. Contact the claims administrator for preauthorization before you or your dependent travel.

The Medical Plan pays travel and ambulance costs *within the contiguous limits of the United States, Alaska, and Hawaii.* (Emphasis added.) This includes:

Transportation to the nearest hospital by professional ambulance. A professional ambulance is a land or air vehicle specially equipped to transport injured or sick people to a destination capable of caring for them upon arrival. Specially equipped means the vehicle contains the appropriate stretcher, oxygen, and other medical equipment necessary for patient care en route. A medical technician trained in lifesaving services accompanies the transported patient.

Travel does not include reimbursement of airline miles to purchase tickets, the cost of lodging, food or local ground transportation such as airport shuttles, cabs or car rental.

This discussion of travel under the ALASKACARE *Retiree Health Plan* is not comprehensive. For more information, see the ALASKACARE *Retiree Insurance Information Booklet*, pages 42-46.

The ALASKACARE *Employee Health Plan* has the same language as the *Retiree Health Plan* regarding coverage of transportation services. See pages 49-53 of the *Select Benefits Insurance Information Booklet* for more information.

Continued on page 5

International travel *(Continued from page 4)*

If you are traveling or living abroad, here is the process for all international health claims for services received in a foreign country:

- Be sure your provider has seen your ALASKACARE member ID card;
- Provide the Wells Fargo Insurance Services' (WFIS) phone number for outside the U.S.: 1-304-340-0253; calling WFIS is the easiest and fastest way for the provider to get the information to submit a claim;
- If your provider will not bill WFIS, then you pay the provider. Submit your claim to WFIS at P.O. Box 99004, Anchorage AK 99509-0044. Claim forms are available at *AlaskaCare.gov* or by calling Wells Fargo Customer Service at 877-517-6370.

Using brand-name versus generic drugs

Lipitor, a cholesterol-lowering medication, is the number one drug used by both employee and retiree members of the health plans. Did you know it is also more than *twice* as expensive as its generic version? A 30-day supply of this brand-name drug costs approximately \$237 versus about \$109 for a 30-day supply of Simvastatin (trade name is Zocor), the generic version. Generic drugs are *always* less expensive than their brand-name counterparts. Using generic drugs can help you and the health plan save money.



Alaska Regional *(Continued from page 1)*

You can read more on the Alaska Regional Hospital website at:
<http://www.alaskaregional.com/LocalNews.asp>

You can read what the study said about Alaska Regional at this web link:
<http://health.usnews.com/best-hospitals/alaska-regional-hospital-6940015>

Katmai Oncology in Anchorage - Correction

In the last health newsletter we mentioned a new physician group in Anchorage that was recently added to our network of preferred providers, Katmai Oncology.

In addition to the physicians listed, Dr. Dale Webb should have also been included. Visit Katmai Oncology's website at www.katmaioncology.com or contact them by phone at 907-562-0321.

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 current prescription drug coverage with ALASKACARE. It also explains the options you have under Medicare's prescription drug coverage and can help you decide whether or not you want to enroll. You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost 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 through Medicare prescription drug plans and Medicare Advantage Plans that offer 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 premium. **If you purchase Medicare prescription drug coverage, your ALASKACARE plan will become your secondary prescription drug plan.**
2. The State of Alaska has determined that the prescription drug coverage offered by the ALASKACARE plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is Creditable Coverage, you can keep your ALASKACARE coverage and not pay extra (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare prescription drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. Beneficiaries leaving employer coverage may be

eligible for a special enrollment period to sign up for a Medicare prescription drug plan.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan. Medicare drug coverage, if elected, would become your **primary** coverage for prescription drugs and your ALASKACARE drug plan would become your secondary coverage. **There is no additional premium cost for prescription drug coverage if you do not enroll in a Medicare drug plan and are covered only by ALASKACARE.**

Benefits Provided by your ALASKACARE Prescription Drug Plan (active plan):

All drugs	Up to 30-day supply	31-90 day supply
Copay	20%	20%
Minimum	\$8.00	\$16.00
Maximum	\$50.00	\$100.00

Benefits Provided by your ALASKACARE Prescription Drug Plan (retiree plan):

Per 90-day or 100-unit supply	
Brand	\$8.00
Generic	\$4.00
Brand Mail Order	\$0.00
Generic Mail Order	\$0.00

The Medicare Part D prescription drug benefit uses a drug formulary to determine which drugs are covered and at what rate they are paid. The additional premium cost for prescription drug coverage under Medicare Part D will vary based on geographic location and participant prescription drug needs.

You should also know that if you drop or lose your coverage with ALASKACARE and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay more (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% per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium may always be at least 19% higher than what many other people pay. You may have to pay this higher premium as long as you have Medicare

prescription drug coverage. In addition, you may have to wait until the following November to join.

For more information about this notice or your current prescription drug coverage

Contact the Division of Retirement and Benefits at 907-465-8600 or toll free at 800-821-2251.

NOTE: You will receive this notice annually and at other times, such as before the next period you can join a Medicare drug plan, and if this coverage through ALASKACARE changes. You also may request a copy 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
- Call your State Health Insurance Assistance Program (1-800-478-6065 toll free or in Anchorage at 269-3680) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare drug coverage is available. For more information about this extra help, visit Social Security at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you join a Medicare drug plan, you may be required to provide a copy of this notice to show that you have maintained creditable coverage and, therefore, that you are not required to pay a higher premium (a penalty).

2011 Prescription Drug Benefits Provided by the Medicare Part D plan:

Benefit Stages	Coverage Ranges		Percent Covered by Part D	Your Cost	Your Cumulative Cost
	From	To			
Annual Deductible	\$0	\$310	0%	\$310	\$310
Initial Coverage Limitation	\$310.01	\$2,830	75%	\$630	\$940
Coverage Gap	\$2,830.01	\$6,440	0%	\$3,610	\$4,550
Catastrophic Coverage	\$6,440.01	NO MAX.	95%	Greater of 5% or \$2.50 generic and \$6.30 brand	Varies depending on the amount of drugs you purchase



Health Matters is published quarterly by the Division of Retirement and Benefits.

Patrick Shier
Director and Administrator
Barbara Kelly
Editor

Alaska Division of Retirement and Benefits

State Office Building
333 Willoughby Ave.,
6th Floor
PO Box 110203
Juneau, AK 99811-0203

Customer Service Center

1-800-821-2251
10 a.m. - 3:30 p.m.
Alaska time
Benefits (907) 465-8600
Fax: (907) 465-4668
TDD hearing impaired:
(907) 465-2805
doa.drb.benefits@alask.gov

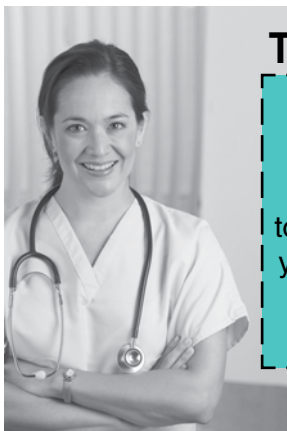
The Alaska Department of Administration complies with Title II of the 1990 Americans with Disabilities Act (ADA). This health newsletter is available in alternative communication formats upon request. To make necessary arrangements, contact the ADA Coordinator for the Division of Retirement and Benefits, 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.

Alaska Division of Retirement and Benefits
PO Box 110203
Juneau, AK 99811-0203

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



Take Good Care of Yourself!

1-800-807-2997
24/7 Health Line

to speak with a registered nurse about your **nonemergency** health concerns

Free to ALASKACARE members

A real-life situation where a member was helped by calling the 24/7 Health Line:

A member recently called the division to tell us how happy she was with the advice given by the 24/7 Health Line. She called with some concerns about symptoms she was experiencing and was advised to call 911 immediately. She did so and was diagnosed at the hospital with fluid surrounding her heart. This potentially life threatening condition was treated and now she is doing great.

Have questions about your health claims and “usual, customary, and reasonable” (UCR) charges? See pages 13–15 in the *Retiree Insurance Information Booklet* and pages 23–25 in the *Select Benefits Insurance Information Booklet*. A complete article about this topic will be in a future edition of *Health Matters*.