

AlaskaCare Retiree Town Hall 2: Enhanced EGWP

Event Summary

Date	Thursday, September 20, 2018 10:00 to 11:00 a.m.
Location	Live teleconference
Recording	https://vekeo.com/event/alaskacare-41445/
Attendance	Attendees were encouraged to register in advance to ensure their phone number would be called. All retirees who registered online for the event or whose phone number was on file with DRB were included on the auto-dial call list. Approximately 583 attendees participated in the call.

Presenters

<i>State of Alaska, Department of Administration Staff + Contractor</i>	
Michele Michaud	Chief Health Official, Division of Retirement and Benefits
Emily Ricci	Chief Health Policy Administrator, Division of Retirement and Benefits
Julian Nadolny	Director of Employer Group Waiver Plans, OptumRx
Richard Ward	Segal Consulting (contracted actuary for AlaskaCare plans)

Introduction: AlaskaCare Enhanced EGWP + Transition in January 2019

Michele Michaud provided a brief overview of the Town Hall format, encouraged participants to submit questions on the phone during the event or via e-mail, and reminded participants that sharing personal health information or questions about individual claims cannot be addressed publicly in this forum.

Michele shared a brief overview of the Employer Group Waiver Program (EGWP), a federal subsidy program for Medicare Part D group pharmacy plans. The State has decided to implement an enhanced EGWP for Medicare eligible retirees and dependents, effective January 1, 2019. This is an administrative change to how Alaska's retiree pharmacy benefits are paid for and reimbursed by the federal government. An enhanced EGWP would include medications covered under Medicare Part D, as well as any medications currently covered under the AlaskaCare retiree health plan, to ensure that AlaskaCare retirees' pharmacy benefits remain the same. Medicare eligible retirees and their Medicare eligible dependents will be automatically enrolled in the plan on January 1, 2019. If you are not yet Medicare eligible by this date but will be in the future, you will be automatically enrolled in the future when you do become Medicare eligible.

This will allow the AlaskaCare retiree health trust to receive an additional \$16 million to \$23 million over and above the current subsidies received through the Retiree Drug Subsidy. The enhanced EGWP will also bring other benefits to retirees. For example, some vaccines, including the Shingles vaccine, are not currently covered under the AlaskaCare plan but will be covered under the EGWP, and will also be extended to retirees who are not yet eligible for Medicare.

Michele shared some of the most commonly-asked questions from retirees, and provided answers:

1. *Question:* Will I have to pay more for my prescription drugs?
Answer: No. Your co-pays will stay the same as the current plan.

2. *Question:* Will mail order pharmacy options still be available?
Answer: Yes. In November, you will receive a welcome kit from OptumRx, the new pharmacy benefit manager. It will include information on OptumRx's home delivery option.
3. *Question:* Will you tell me I can't use the drugs my doctors prescribe?
Answer: No. You do not need to try any kind of step therapy under this plan.
Note: Step therapy is a requirement in some health plans that a patient first try a generic or lower-cost drug before having access to a higher-cost or brand-name drug. This is not a feature in AlaskaCare's current retiree health plan, and will not be in the new plan.
4. *Question:* Will I need to get a new prescription from my doctor?
Answer: It's possible you will. We are changing our prescription managers at the same time, so you might need a new prescription. We will contact you before this goes into effect to help you get the information you need to so you still receive your prescriptions.
5. *Question:* What if my specific drug isn't covered by this new program?
Answer: The new enhanced EGWP will include a "wrap" of benefits, meaning that if it doesn't fit under the Federal EGWP, we will cover it just like we do today under AlaskaCare.
6. *Question:* I heard that if I have an appeal, I have to appeal to the federal government like other Medicare plans?
Answer: No. You will still use the state's existing appeals process, as members do today.
7. *Question:* What if I don't want to participate in the enhanced EGWP program?
Answer: You have the option to opt out. You will still get pharmacy benefits, but they will not be at the same level you get today. The opt-out benefits have higher and more frequent co-payments, which will likely result in higher out-of-pocket expenses. If you do choose to opt out, you can opt back into the retiree EGWP plan at any time.

AlaskaCare is also transitioning to a new Pharmacy Benefit Manager (PBM) on January 1, 2019: OptumRx will be the PBM for all AlaskaCare plans and will handle all pharmacy claims beginning next year. Aetna will remain the third party administrator for medical claims. This is a separate process from the enhanced EGWP, but OptumRx will administer all pharmacy plans for retirees and active employees. All AlaskaCare members will receive more information about this transition in November 2018. OptumRx will be mailing welcome kits including new ID cards, information about pre-authorizations,

The Division will continue hosting Tele Town Halls each month to answer retirees' questions about EGWP, pharmacy benefits, and any other questions you have about your health plan. Look for more information soon about the next Town Hall in October.

For more information about the AlaskaCare enhanced EGWP, visit the Frequently Asked Questions (FAQ) page on the AlaskaCare website: <http://doa.alaska.gov/drb/alaskacare/retiree/faqs/egwpFaqs.html>

Summary of Questions and Answers

The following questions were answered during the call. While there was not enough time to address all of the callers' questions and the questions e-mailed in advance, the presenters answered as many as possible during the hour, and chose questions that were representative of the topics being asked most often, from a variety of participants from across Alaska and other locations in the U.S.

For more information about the AlaskaCare enhanced EGWP, visit the Frequently Asked Questions (FAQ) page on the AlaskaCare website. This page will be updated periodically to reflect the most current and accurate information, as well as addressing new questions as they arise.

<http://doa.alaska.gov/drb/alaskacare/retiree/faqs/egwpFaqs.html>

1. *If Medicare Part D does not cover the full cost of my prescription, will AlaskaCare / Aetna cover the remainder of the cost, or will I need to pay the remainder of the cost?*

The prescription drugs covered under the current retiree pharmacy plan and the AlaskaCare EGWP will be the same. If a drug is determined to not be covered by Medicare Part D, but is covered under the AlaskaCare wrap of additional benefits that match the current pharmacy plan, you will be able to fill your prescription as normal, and the State will simply cover the cost of the drug, rather than Medicare. You will not need to pay more if the drug is not covered by Medicare.

2. *I believe I will be subject to the premium surcharge (IRMAA) for high-income retirees enrolled in a Medicare plan. How can I set up reimbursement from the State for this surcharge?*

Similar to surcharges for high income retirees enrolled in Medicare Part B, the IRMAA premium amount will be deducted directly from your Social Security check if you qualify for Social Security or will otherwise be invoiced to you directly. The surcharge applies to individuals with at least \$85,000 in annual income, or a married couple with at least \$170,000 in annual income. The surcharge for Medicare Part D scales with income, starting at \$13 per month up to \$75 per month at the highest income level. The Social Security Administration (SSA) will send you a letter with your IRMAA premium amount and the reason for the determination. The Social Security Administration will use your Modified Adjusted Gross Income (MAGI) to determine if the income-related monthly adjustment amount (IRMAA) applies.

To make this determination, SSA requests income information from the IRS for the tax year that is two years prior to the premium year. For example, Social Security will use your MAGI from 2017 to determine your 2019 IRMAA. IRMAA is automatically re-determined each year as long as you file an income tax return. If you disagree with the IRMAA premium amount or your income has gone down, you should contact Social Security at 1-800-772-1213 to resolve the determination.

High income retirees will receive from Social Security annually each fall, either an *Annual Income-Related Monthly Adjustment Amount (IRMAA) Notice for Title II Beneficiaries with a Cost of Living Adjustment (COLA)* or *Annual Income-Related Monthly Adjustment Amount (IRMAA) Notice for Beneficiaries Who Directly Remit Premiums to CMS*. If you receive either of these notices that you are required to pay the IRMAA premium for the enhanced EGWP, notify the Division of Retirement and Benefits as soon as possible. The Division is prohibited from paying the surcharge directly, and will reimburse members instead. The Division will fund a Health Reimbursement Arrangement account that can be used to reimburse you the surcharge amount if it is deducted from your social security or pay the premium to CMS on your behalf if you do not qualify for social security. Either way, the full amount of premium will be covered by the plan. The Division will request information annually about each member's IRMAA amount, and adjust the reimbursement accordingly.

3. *Many of my friends have insurance plans that have robust wellness benefits and preventive programs. Will AlaskaCare include these wellness benefits by implementing the EGWP?*

The EGWP does not include wellness benefits other than covering some vaccines that are not covered today. However, as a separate project, the Division is working on a modernization project to review changes to the retiree health plan, including offering more preventive care. Many members have expressed interest in having more preventive care and wellness benefits, such as the Silver Sneakers program. The Division is evaluating whether and how to modify the plan, including what additional benefits can be provided, and how to offset any additional costs for providing these services through other changes to the plan.

4. *Because the federal subsidy programs are overseen by Congress, the federal government could de-fund or significantly change programs like Medicare Part D. How would Alaska respond in this situation, would AlaskaCare members lose benefits?*

Like all Medicare programs, EGWP could change if federal laws and regulations change. Regardless of what happens in the future, Alaska has a constitutional obligation to provide pharmacy benefits.

The Division will be closely monitoring the program and will evaluate whether it is in Alaska's best interest to continue using this type of program. If the Division determines that it is not meeting the needs of our members or the State, the Division can disenroll in the enhanced EGWP, and revert to the plan currently in place.

5. *I understand this change will take effect on January 1, 2019. If I am not yet Medicare eligible, but will be later this year, what plan will I be enrolled in?*

Members who are not Medicare eligible or who are living outside the U.S. will not be enrolled in EGWP, since it is a Medicare plan. These members will not be impacted, and will remain on the current retiree pharmacy plan. If you become eligible for Medicare in the future, you would be enrolled in the AlaskaCare EGWP at that time.

Additionally, the Division has decided to extend coverage of vaccines administered at the pharmacy that are covered under Medicare Part D to all retirees as of January 1, 2019, including retirees who are not Medicare eligible and are therefore not enrolled in the EGWP.

6. *I have mail order prescriptions through Aetna, and have automatic renewal and re-fills to receive these prescriptions. Will this be automatically transferred to the new pharmacy benefit manager, or will I need to take further action?*

The Division is working with our vendors to set up an automatic transfer for accounts of members currently using Aetna's mail order program to the new OptumRx mail order program. We will provide more information in November, and what if any action the member will need to take if they use the prescription mail order program.

7. *My spouse and I have prescriptions through the specialty pharmacy program. Will the new pharmacy benefit manager offer an equivalent program for specialty medications?*

Yes, both Aetna and OptumRx offer specialty pharmacy program. OptumRx partners with BriovaRx specialty pharmacy to provide this service. The Division is working with our vendors to automatically transfer members' accounts for specialty prescriptions, and will follow up with affected members to provide more information.

Members with specialty prescriptions can also receive their medications at a retail pharmacy with the same co-pays as all other medications. Using BriovaRx, members can receive specialty medications by mail with a \$0 co-pay.

8. *I will be turning 65, and become eligible for Medicare, before my spouse turns 65. If I am enrolled in the new program, what will happen to my spouse's benefits?*

Members who are not Medicare eligible or who are living outside the U.S. will not be enrolled in EGWP, since it is a Medicare plan. This may include situations as the caller described, where one or more members in a household are Medicare eligible now, while others are not Medicare eligible. These members will not be impacted, and will remain on the current retiree pharmacy plan. If you or your dependents become eligible for Medicare in the future, you or they would be enrolled in the AlaskaCare EGWP at that time.

9. *Will there be additional costs for enrolling in the enhanced EGWP?*

Co-pays will remain the same: \$4 for generic, \$8 for brand name, \$0 for mail-in pharmacy, as well as a \$0 co-pay for anyone with coordinated AlaskaCare plans who do not pay a co-pay today. The new plan will use an open formulary, which means that the new plan will cover the same medications as the current plan.

Certain high-income retirees will have to pay an extra surcharge: CMS refers to this as Income Related Monthly Adjustment Amounts (IRMAA). If you are charged an IRMAA for your prescription drug coverage, the Division will cover the full cost of the premium.

If you receive notice that you are required to pay the IRMAA premium for the enhanced EGWP, notify the Division of Retirement and Benefits as soon as possible. The Division will fund a Health Reimbursement Arrangement account that can be used to reimburse you the surcharge amount if it is deducted from your social security or pay the premium to CMS on your behalf if you do not qualify for social security. Either way, the full amount of premium will be covered by the plan.

10. *I just turned 65, and my spouse will turn 65 in January 2019. Will both of us be automatically enrolled when we are eligible for Medicare?*

Members who are Medicare eligible as of January 1, 2019 will be automatically enrolled in the enhanced EGWP. If you or your dependents become eligible for Medicare in the future, you or they would be enrolled in the AlaskaCare EGWP at that time. In this example, you would be eligible for Medicare after the transition date, so you would be automatically enrolled when eligible.

11. *Will we be receiving a new ID card for the new pharmacy program? When would we receive the new cards?*

Yes. Because we are also changing to a new pharmacy benefit manager, all AlaskaCare members will receive a welcome kit containing a new ID card, plan information and other resources to help members. There will be a separate card for the EGWP pharmacy plan, and some retirees will receive an additional card for their dependent that are not eligible for Medicare. Members should expect to receive new ID cards before the transition on January 1, 2019.

12. I am currently enrolled in Medicare, but not the pharmacy benefit program (Medicare Part D), and receive benefits from AlaskaCare as a widowed spouse, with a \$0 co-pay. Will my co-pay change?

No. Co-pays will remain the same, including the \$0 co-pay for anyone with coordinated AlaskaCare plans who do not pay a co-pay today.

13. Will compounded pharmacy medications still be covered under the new plan?

Yes. Medications that are not covered under Medicare Part D will be covered under the wrap. This includes compounded medications.

14. I receive an annual flu shot, which I currently pay for out of pocket. Will the new pharmacy plan cover the flu shot?

No, flu shots are not covered under the current AlaskaCare retiree health plan or under Medicare Part D. The enhanced EGWP does not include wellness benefits, other than covering some vaccines that are not covered today, and the flu shot is not one of those vaccines. However, if you are enrolled in Medicare Part B, your flu shot may be covered under that program instead.

15. Regarding the current dental, vision and audio plan, for which retirees pay out of pocket: will the new pharmacy plan cover any of the benefits provided under the dental, vision and audio plan?

No, this change to an enhanced EGWP only impacts pharmacy benefits for Medicare eligible retirees and dependents. The other supplemental plans will not change as a result of the EGWP transition, and the pharmacy plan for non-Medicare eligible retirees will also remain the same.

16. I am currently enrolled in Medicare Parts A and B, but not enrolled in Medicare Part D. Do we need to sign up for Medicare Part D?

Regarding Medicare and AlaskaCare, Alaska law requires that for Alaska retirees and beneficiaries, Medicare become the primary coverage for major benefits once they are Medicare eligible. In order to be determined eligible to enroll in the new enhanced EGWP, you must be already eligible for and enrolled in Medicare Part A and/or Part B. You do not need to enroll in an individual Medicare Part D plan—the enhanced EGWP is a group Medicare Part D plan, and you will be automatically enrolled into the plan managed by the State.

17. Can I continue using my current pharmacist to fill prescriptions, or will I need to find a new one?

Just like today, an AlaskaCare EGWP uses a pharmacy network, which most of Alaska's pharmacies participate in. OptumRx has a national network of 67,000 participating pharmacies, and options for accessing your prescriptions if you live or are traveling outside the U.S. Information will be mailed to you from OptumRx that will include a list of network pharmacies within a 25-mile radius of your location.

The Division estimates that there are less than 20 individual Alaska pharmacies that do not participate in an EGWP network, and Optum RX will be working directly with these pharmacies to bring them into the network. If your preferred pharmacy declines to join this network, you will be provided information about other options. If you choose to continue using an out of network pharmacy, you may be required to pay for your medications out of pocket and submit a request for reimbursement. This situation is uncommon, and the Division is working to include as many Alaska pharmacies as possible in the AlaskaCare network.

18. Are any other health benefits affected by this change?

No, this transition to an enhanced EGWP only impacts pharmacy benefits for Medicare eligible retirees and dependents. The pharmacy plan for non-Medicare eligible retirees will remain the same. The transition to OptumRx as the new pharmacy benefit manager will apply to all AlaskaCare members, but only for pharmacy benefits; Aetna will remain the third party administrator for all medical benefits, and the supplemental health benefit plans will also remain as they are today. Aetna remains the pharmacy benefit manager until the transition takes place on January 1, 2019.

19. I am enrolled in Medicare. How am I covered if I am traveling out of the country?

AlaskaCare coverage is provided to retirees worldwide. Retirees will have access to the same benefits they do today if they are traveling abroad, including covering health care services and prescriptions even if they are not covered by Medicare.

20. What does “CMS” stand for?

This is a federal agency, the Center for Medicare & Medicaid Services (CMS). CMS is the agency that oversees Medicare, including regulations around mandatory communications for Medicare Part D prescription drug plans, including the Employer Group Waiver Program.

21. Is there a website where I can read more about this upcoming change?

Yes, you can find more information online about the AlaskaCare enhanced EGWP at the Division’s website, including a Frequently Asked Questions (FAQ) page: <http://doa.alaska.gov/dr/Alaskacare/retiree/faqs/egwpFaqs.html>. This page will be updated periodically to reflect the most current and accurate information, as well as addressing new questions as they arise.

The Division and OptumRx will be mailing information in November 2018 to AlaskaCare members, including information for Medicare eligible retirees and dependents about the enhanced EGWP.

22. I currently use Aetna’s mail order pharmacy program. Will the new pharmacy benefit manager also provide this service?

Yes, OptumRx provides an equivalent mail order program. The Division is working with our vendors to set up an automatic transfer for accounts of members currently using Aetna’s mail order program to the new OptumRx home delivery program. We will provide more information in November, and what if any action the member will need to take if they use the prescription mail order program. Mail order prescriptions will continue to have a \$0 co-pay, as they do today.

23. Some of my friends are getting their first shingles vaccination now, and will need another shot in 6 months. Will either of these shots be covered under the new program?

The new pharmacy plan and pharmacy benefits manager transition takes effect on January 1, 2019. Coverage of vaccines administered at the pharmacy that are covered under Medicare Part D, such as the shingles vaccine, will be extended to all retirees as of that date, including retirees who are not Medicare eligible and are therefore not enrolled in the EGWP. However, these changes do not take effect in 2018, so any vaccinations that are not covered today must be paid for out of pocket by members until January 1, 2019. After the transition date, retirees will have coverage of the shingles vaccine. AlaskaCare will cover the Shingle shot if it is administered at the pharmacy or administered

in a doctor's office *only if* the doctor's office coordinates with a pharmacy to bill AlaskaCare for the entire cost of the vaccination, including the injection of the vaccine.

If you receive a vaccination in a doctor's office that does not coordinate with a pharmacy, your provider will bill you for the entire cost of the vaccination. You will have to pay the entire bill up front and request reimbursement from the pharmacy benefits manager. It is important to know that your provider may charge you more than the recognized charge amount for the vaccination, but your plan will only reimburse up to the approved amount. You will be responsible for any amount you pay the provider above the recognized charge.

24. *I live in another state. I understand that some Alaska pharmacies do not participate in the network. What about out-of-state pharmacies? How do I check if my pharmacy is in the network?*

Just like today, an AlaskaCare EGWP uses a pharmacy network, which most of Alaska's pharmacies participate in. OptumRx has a national network of 67,000 participating pharmacies, including Alaska, Hawaii and the Lower 48. There are also options for accessing your prescriptions if you live or are traveling outside the U.S. Members who will be enrolled in the enhanced EGWP can expect to receive a letter with a list of in-network pharmacies in their geographic area.

25. *Why can't the State directly pay the IRMAA premium surcharge for people who are receiving Social Security, if they can pay CMS directly for those who are not receiving Social Security?*

The Division is prohibited from paying the surcharge directly and will reimburse members instead. The Division will fund a Health Reimbursement Arrangement account that can be used to reimburse you the surcharge amount if it is deducted from your social security each month, or pay the monthly premium to CMS on your behalf if you do not qualify for social security. Either way, the full amount of premium will be covered by the plan. The Division will request information annually about each member's IRMAA surcharge amount and adjust the monthly reimbursement amount accordingly.

26. *If I have already received pre-authorization for an opioid prescription, will I need to complete a new pre-authorization?*

The Division is working with our vendors to avoid any interruptions in members' access to the prescriptions they need, including any necessary prior authorizations. Some members may need to get prior authorizations for certain medications, including opioid prescriptions which are controlled substances. A list of those medications will be available closer to the implementation date. If you are taking a medication that requires prior authorization, you will be contacted with information on what forms you or your doctor need to complete.

27. *My spouse currently uses a brand-name medication. Will he need to switch to a generic version?*

No. The prescription drugs covered under the current retiree pharmacy plan and the AlaskaCare EGWP will be the same, as well as the co-pays, which include \$8 for a brand name medication at a retail pharmacy, and \$0 co-pay by mail. Neither the current plan nor the enhanced EGWP will require participation in step therapy, or changing from a brand name to generic medication.

28. *Is the health reimbursement arrangement account, and payments to that account to reimburse for the premium surcharge, considered taxable income?*

No, the HRA account is a tax-advantaged account, which means it is not considered taxable income.

29. I have recently been certified to receive a specialty medication. I have not yet filled the prescription, but I will need to take it for approximately three months. If this time period extends past January 1, 2019, how will this impact my prescription?

The Division is working with our vendors to avoid any interruptions in members' access to the prescriptions they need, including any necessary prior authorizations and automatically transferring members' accounts for specialty prescriptions. We will contact affected members in the specialty pharmacy program with more information in November.

Additionally, OptumRx will continue to cover prescription drugs you are currently taking during a 90-day transition period from January 1, 2019 through March 31, 2019. If necessary during that time, you can receive up to a 30-day-supply of medications at retail while the prior authorization process is completed. If you fill a 30-day supply without a prior authorization, you will receive a notification in the mail reminding you to complete the authorization.

30. I am currently receiving an experimental drug, not yet covered by the FDA. Will this medication continue to be covered under the new plan?

The AlaskaCare retiree health plan offers what is known as an open formulary: this means that the plan does not limit drugs to specific physicians, disease states, or limit the medications covered in the plan as long as they are medically necessary and meet the definition of "prescription drug." The State can choose to provide coverage for new or not previously covered medications, such as FDA-approved medications that have not yet been added to the formulary. Under the enhanced EGWP, if a drug is determined to not be covered by Medicare Part D, but is covered under the AlaskaCare wrap of additional benefits, AlaskaCare will simply cover the cost of the drug, rather than Medicare.

The AlaskaCare plan booklet outlines the plan's current policy on coverage of experimental drugs, and the State will continue following this policy. The Division has given direction to OptumRx that these experimental drugs should also be covered as part of the open formulary.

31. I live out of the country during the winter, and arrange a vacation override each November to receive 6 months' worth of my prescriptions. How will I be impacted by this change?

Both the current plan and new plan offer services such as vacation overrides, so you can access the prescriptions you need if you are out of the country or traveling for an extended period of time. If you initiate this process between now and December 31, 2018, you will coordinate with Aetna. If you initiate this process on or after January 1, 2019, you will coordinate with OptumRx.

32. I would like to know which immunizations will be covered under the new plan. When will the list of covered immunizations be available?

The Division will be posting a list of covered immunizations under the new retiree pharmacy plan later this year, before the January 1, 2019 transition. Some immunizations are covered by Medicare Part B, such as the flu shot; others administered at the pharmacy are covered under Medicare Part D. For members who are not Medicare eligible, some immunizations will also be covered starting January 1, 2019 under the retiree pharmacy plan for non Medicare eligible members.

33. Will the IRMAA reimbursement be taxable income?

No, the HRA account is a tax-advantaged account, which means it is not considered taxable income.

34. My spouse and I are both over 80 years old. Will our benefits end after we reach a certain age?

AlaskaCare health plan benefits are lifetime benefits. Medicare has a minimum eligibility age of 65, but no maximum age to receive benefits.

35. I have heard about the “doughnut hole” in Medicare Part D, meaning that Medicare enrollees must pay 100% of their pharmacy costs until they reach a certain dollar threshold, after which point Medicare Part D covers these costs. Will members be subject to this in the EGWP?

No, the “doughnut hole” will not impact Medicare eligible AlaskaCare retirees enrolled in the enhanced EGWP. Under the enhanced EGWP, if a drug is determined to not be covered by Medicare Part D, but is covered under the AlaskaCare wrap of additional benefits, AlaskaCare will simply cover the cost of the drug, rather than Medicare. The “doughnut hole” policy for coverage of pharmacy benefits is a feature of Medicare Part D plans, but the design of AlaskaCare’s enhanced EGWP ensures that members will not be directly impacted by a coverage gap, because the State covers the pharmacy costs not covered under Medicare Part D.

36. What is the role of Aetna during this transition?

The Division is working with both of our vendors, Aetna and OptumRx, to make the transition as smooth as possible. Aetna is not directly involved with the EGWP transition because they are only managing our current pharmacy benefits plan, and will transition this role to OptumRx on January 1, 2019. In addition, Aetna will continue to be the third party administrator for AlaskaCare members’ medical plan benefits in 2019 as they are today. Moda Health will continue to be the third party administrator of the dental program, which is not impacted by the pharmacy plan changes.

37. I currently receive a 90-day supply of my prescription, at the same co-pay (\$4) as I would pay for a 30-day supply. I am not Medicare eligible, but will be next year. Will the new pharmacy benefit manager or EGWP still cover 90-day supply of medications?

Yes, both the current pharmacy plan and new pharmacy plan under the enhanced EGWP cover 90-day supply of prescriptions, with the same co-pays as you pay today, and regardless of whether you are Medicare eligible or not Medicare eligible.

38. My current ID card from Aetna states that they cover medical and pharmacy benefits. Will I also receive a new card from Aetna before January 1?

Yes, Aetna will be mailing a new ID card to use beginning January 1, 2019, reflecting that as of 2019 they will be managing only medical benefits for AlaskaCare members. AlaskaCare members will also receive a welcome kit from OptumRx containing a new ID card, plan information and other resources to help members. Members should expect to receive new ID cards before the transition on January 1, 2019.