

AlaskaCare Retiree Town Hall

Event Summary

- Date** Tuesday October 22nd, 2019 | 10:00 to 11:00 a.m.
- Recording** <https://vekeo.com/event/stateofalaskadrb-47516/>
- 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 949 attendees participated in the call and an additional 93 streamed the audio online.

Presenters

<i>State of Alaska, Department of Administration Staff + Contractor</i>	
Emily Ricci	Chief Health Policy Administrator, Division of Retirement and Benefits
Steve Ramos	Vendor Manager, Division of Retirement and Benefits
Andrea Mueca	Health Operations Manager, Division of Retirement and Benefits

Introduction

Emily Ricci 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. Participants can submit questions before or during the event at: drbtownhall@alaska.gov. In today's town hall event, we will answer any questions you have about your health plan.

Updates from the Division:

Today's Discussion is all about the DVA Plan! The current plan is the Standard Plan, beginning Jan 1, 2020 members also have access to the Legacy Plan, the plan that was in place prior to 2014.

Retiree DVA open enrollment has begun. This is a time period where you have the opportunity to select which plan you want to participate in. You should have received a **benefit comparison** and **enrollment guide** in the mail. These materials are also available on the DRB webpage: www.AlaskaCare.gov/dva.

Enroll any time from Oct 16 through November 27, 2019 at 5:00 pm Alaska Time.

We encourage all eligible retirees to review the dental benefits in both plans before making a plan selection. You can enroll using the online form provided on the DRB webpage www.alaskacare.gov/dva. If you need any assistance enrolling, please contact the DRB Call Center at (907) 465-4460 or toll-free at (800) 821-2251

If you are currently enrolled in the DVA plan and take no action, meaning you do not make any plan selection by the end of the open enrollment period, you will remain in the plan you currently have today, the AlaskaCare Retiree Standard DVA Plan. However, we encourage you to participate in Open Enrollment and make your plan selection. Vision and audio benefits remain the same in both plans. For as long as the division offers two plans, you have an annual option to make a plan selection. The choice you are making is for the next plan year, and you have the opportunity to choose again next year during open

enrollment. Upon request, the Division will provide a paper form to members who aren't as comfortable using the computer.

In 2014 when the Division made changes to the dental plan, we did so because we saw an increase in premiums over time. The intent was to keep premiums from increasing, while still providing valuable and competitive benefits. The concern with having premiums creep up is that the plan has a \$2000 annual maximum, and if you don't contain the premium costs, you may lose value of the plan over time. We are not at that point yet, but you need to focus on containing the premium costs. This is one of the things we were trying to care for when the changes were made in 2014. It's important, because unlike the medical plan, the DVA plan is fully funded by premiums that are all paid by members. If members don't find value in the plan, they may not want to stay in the plan, and that does not make the plan more sustainable over time. One of the changes was to incentivize the network. Another change was the clear adoption of evidence-based medicine, or what we call dental necessity guidelines. Both the Legacy and the Standard plan have dental necessity language, but the Legacy plan language was confusing because it was very broad. We tried in 2014 to clarify so members had a clear understanding of what was considered dentally necessary and what was not. You will see more clarification of what is covered in the Standard Plan. These are based on dentally necessary services.

Delta Dental representatives provided an overview of dental necessity and policy guidelines:

Delta Dental is part of a national association and relies primarily on the dental policy committee of the Delta Dental Policy Association (DDPA). The dental policy committee is the recommending body that evaluates emerging treatment and science. It's made up of general dentists, specialists, independent scholars and researchers from dental schools across the country, to conduct a significant non-biased review of scientific evidence. That body has a discussion around emerging procedures and materials and makes recommendations for policy limitations. We also take guidelines from the American Dental Association, American Academy of Pediatric Dentistry, the American Association of Periodontists, and the FDA. We take all this information into account when we are setting policy limitations. Some of what we are looking to do is reflect how the practice of dentistry is being conducted as well as keeping an eye on safety. For example, we all enjoy getting our teeth cleaned with some regularity, but there actually is a point at which too many cleanings can be detrimental to your dental health. The more that you are having prophylactic cleanings and rubber cup polish, it does take away a bit of your enamel. If you had a cleaning every month it could actually result in harm to the enamel of your teeth. Some of the policy limitations that we put in place reflect safety and keep long-term oral health in mind. Another example is the crown replacement limitation. The way dentistry has improved, we expect crowns should last a certain amount of time in your mouth. Currently, that amount of time is 7 years. If it fails after year 1 or 2, there may be a reason that has to do with the quality of how it was placed, and it may be warranty work and, on the provider to correct.

Reminders:

The next Tele Town Hall will be **Thurs November 7 , 2019 at 10:00 a.m.** Please register online <http://doa.alaska.gov/drb/headlines/2018/08/eqwp-tele-town-hall/>

Summary of Questions and Answers

The following questions were answered during the call. Presenters answered as many questions 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.

- 1. Question: Thank you for holding the town hall events, I wish more organizations would do it. It sounds like you have some good people there. My wife needs some more dental work done and would like to do the follow up in Mexico. I have dental insurance through state of AZ, and I am having a hard time getting claims processed, and so as a result I can't submit it to AlaskaCare. How do I handle the past claims, and what can I do for the future claims?**

Please follow up with us so that we can look at your specific claims experience. Sometimes the way providers describe services in other countries is not the same as how it's done in the US. Delta Dental responded that for services outside of the US, interpretation services are offered. We also do a conversion of currency as well. We ask that members keep the original copy of your receipt, and send us a copy and include your name, dob, ID number. Please supply any procedure codes, tooth numberings, and the description and we will manually apply the appropriate procedure code. We may send you a letter for clarification to process your claim. There is a time limit for submitting claims, so make sure you submit them as soon as you can. There is a 12-month submission period.

- 2. Question: My husband is Tier 1, and I am Tier 2. Is there a benefit for us going with the Legacy or the Standard other than the premium? To be honest, I did not notice a difference in my coverage from 2009 on, so I am curious.**

Your point about not noticing a difference is something we have heard from a number of members. There are differences, but they impact people differently depending on the services you need. That is why we encourage everyone review the two plans. In general, the health plans are the same for everyone who is a PERS Tier 1-2-3 or TRS Tier 1-2, what changes is the requirements to participate. The medical plan is different for PERS Tier 4 and TRS Tier 3, but the dental vision and audio is the same for all members, regardless of the Tier. What matters is if you each vested individually, you have two policies you can take advantage of. You can choose to have different coverages, for example one of you can pick the Standard and one can pick the Legacy plan, and they will coordinate. The annual maximums are the same, the deductibles are the same. The significant difference is related to if you can see a Premier or PPO network provider. For those folks that do not use a network provider, it's possible the Legacy plan would be a good choice. You should look at what dental services you will be using in 2020 and your access to network providers as you make your choice.

- 3. Question: How do I confirm if my dentist is in network for the Legacy or the Standard Plan?**

Using an in-network provider benefits the member and the plan. You can call Delta Dental at (855) 718-1768 or go online and use the provider search tool. Both plans have access to the Delta Dental Premier Network, where providers have agreed to certain discounted prices, and have agreed to not balance bill the patient. If you use a network provider you can have the same service at a lower cost, and because the dental plan has a \$2000 annual maximum benefit that means you can get more out of your plan. You are protected from balance billing, which is why we encourage use of a network provider. This is true for the dental and medical plan. One of the differences between the plans is, the Standard Plan has access to the PPO network, which is an additional network that offers even better pricing. If you use the

PPO providers, you will have more discounts on your services before you reach the \$2000 annual maximum.

4. Question: My question was about the real difference between the plans, which you have done a good job of already answering? My follow up question is if this something that will be available every year?

Yes, for as long as two dental plans are offered, you will have the opportunity to select the plan of your choice during the annual open enrollment period.

5. Question: In the FAQ, it says the Standard plan features an additional dental network with deeper discounts. How does that work in concert with the Premier network?

The Delta Dental PPO network is a subset of the Premier network. Meaning a dentist can participate on both networks. The providers will have a direct contract with Delta Dental. You can contact Delta Dental at (855) 718-1768 to find out what networks your providers participate in.

6. Question: If I use the Standard Plan with a network dentist, can my wife use an out of network dentist?

Yes, both plans allow members to use in or out of network dentists and will reimburse those out of network dentists. However, the plans reimburse differently. Out of Network-Standard Plan: 75% of the 80th percentile; members may be billed for additional charges. Out of Network-Legacy Plan: 100% of the 90th percentile; members may be billed for additional charges.

Remember, when you use an out of network dentist, they can bill you for the difference between what they charge and what the plan pays. This is called balance billing. Network dentists have agreed not to balance bill members, which is an important benefit and protection of using a network dentist.

7. Question: My wife and I are both retired and have a DVA plan and cover each other. Does the Legacy plan still have a non-duplicative clause?

Please follow up with us at the drb.townhall@alaska.gov. We are not aware of a duplicative reimbursement rule. What you may be experiencing is each plan will pay a benefit and will then look at what the other plan would pay and pay up to 100% of the recognized charge. However, if you have a billed charge from an out of network provider, the first plan would pay 50% of the allowed amount, and the second plan would pay 50% of the allowed amount, and they will not pay more than 100% of the recognized charge, and you may be balance billed by the provider.

8. Question: Is there a way to find out what our PPO provider charges, or is allowed to charge, for a specific procedure? If we knew the charge for a crown was \$1500, and the contract allowed them to charge \$1200, and its covered at 50%, we would have to pay \$600. If we don't know, we can't plan how to pay for the difference.

I would recommend, particularly if you are having restoration work, that you call Delta Dental at (855) 718-1768, and they will be able to provide you with a quote. They can share that type of information so that you can make an educated decision.

9. Question: I understand that the dental plan is funded by member premiums. Is there any discussion about raising the \$2000 cap?

We are working with Retiree Health Plan Advisory Board (RHPAB) to look at tackling plan update issues. RHPAB is the public forum where we are having those discussions. I would encourage you to visit the RHPAB web page and submit comments. In reviewing the maximum, we have heard from members who would appreciate increasing it. We will be talking with the RHPAB about this topic. Some of the things we are doing on the Employee side, that may be interesting on the Retiree side, include changing dental preventive services so they are not being counted toward the annual maximum cap. We also started doing a survey of other public retiree plans, to see where our coverage lines up with others. So far, the \$2000 benefit max is actually on the high end compared to the 10 other states we have looked at. Most have been in the \$1000-\$1500 range. To your point though, dental costs are increasing.

10. Question: I live in Hawaii, there are no network providers. Would it be an advantage for me to have the Legacy Plan? I have dual coverage.

The legacy plan pays out of network providers at a higher amount. If you have your own dual coverage, your max out of pocket will double, which is one benefit of dual coverage. You can call Delta Dental or send us an email to look at more specifics of your circumstance.

11. Question: Are you also reviewing what you provide for vision coverage. I don't get much for progressive lenses.

The way the plan language is written right now, it's challenging for it to reflect modern practice. The vision benefit is not currently being reviewed with the RHPAB, but we can add this as a topic. We are open to ideas to consider for vision or audio benefits.

12. Question: Periodontal maintenance is a Class I service under the Standard and a Class II service under the Legacy plan. How will this work?

This is an important difference. In the standard plan, periodontal maintenance is covered as a class I service at 100% with no deductible and a limit of 2 cleanings per benefit year (additional cleanings are available for members with certain medical conditions), but in the legacy plan periodontal maintenance is covered as a class II service at 80% with a \$50 deductible and no predetermined frequency limitations.

13. Question: If I stay with the Standard Plan, and my dentist identifies a problem, and I wait and switch plans to the Legacy, will I have any issue with preexisting conditions?

No, there should not be any issues with preexisting conditions in either plan.

14. Question: If I go with the Standard plan this year, and get a crown, and then switch to the Legacy plan and need a crown, is there a wait period?

If you are having a crown placed on the same tooth, please call Delta Dental. If it is on a different tooth the terms of the legacy plan would apply. If you are considering getting a crown, I would encourage you call Delta Dental to make sure you understand your coverage (855) 718-1768.

15. Question: Whether you sign up for the Legacy or Standard is the max annual coverage still \$2000?

That is correct, the annual maximum is the same in both plans.