



AlaskaCare Retiree Defined Benefit Insurance Information Booklet

Summary of Updates for Plan Year 2026

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Legend	Items highlighted in green were added.	Items highlighted in orange were removed.
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Update to Support the Change to Diagnostic Colonoscopy and Breast Imaging Services

1. Update section 1.1 Medical Benefits

Coinsurance	
Most medical expenses	80%
...	
Diagnostic colonoscopy and breast imaging services from a network provider <ul style="list-style-type: none">The deductible applies to diagnostic colonoscopiesNo deductible applies to diagnostic breast imaging services	100%

Updates to Support the Addition of Teladoc

2. Update section 1.1 Medical Benefits

Copays	
Teladoc General Medical Consultation	\$25
Teladoc Dermatology Consultation	\$25
Teladoc Behavioral Health Consultation*	\$25
Teladoc Caregiver Consultation	\$58
Copays for Teladoc Services are subject to change annually	
* If you do not show up for your Teladoc behavioral health visit, or cancel with less than 24 hours' notice, you may be charged a \$50 fee. This fee is your responsibility and is not payable by the plan.	

3. Add section 3.3.5 Teladoc Services

Teladoc General Medical and Dermatology Consultations

An experienced physician is available to you for consult by phone or video 24 hours a day, 7 days a week, by calling Teladoc's number listed at the beginning of the medical plan. This service is confidential. The physicians are U.S. board certified in Internal Medicine, Family Practice or Pediatrics, they are state-licensed and can be a resource in considering options for adult and pediatric medical care including, but not limited to:

- a) Cold and flu symptoms
- b) Allergies
- c) Bronchitis
- d) Pink Eye
- e) Skin problems
- f) Respiratory infections
- g) Sore throat
- h) Sinus problems
- i) Dermatology
- j) Caregiving

The physicians can prescribe short-term medication for a wide range of conditions when medically appropriate. Teladoc physicians do not prescribe substances controlled by the DEA, non-therapeutic and/or certain other drugs which may be harmful because of their potential abuse.

The deductible is waived for services obtained from a Teladoc physician for general medical consultations and dermatology consultations. General medical and dermatology consultations are subject to a \$25 copay. The plan covers the remaining cost.

Teladoc Behavioral Health Consultations

Behavioral health professionals are available to eligible members to help with depression, anxiety, stress, panic disorder, ADHD, schizophrenia, work-related issues, personal issues, and other behavioral health needs. You can schedule a video visit with a board-certified psychiatrist, licensed psychologist, social worker, or family/marriage therapist 7 days a week, 7 a.m. to 9 p.m. by calling Teladoc's number listed in the beginning of the medical plan. You can choose to meet with a new provider whenever you need services, or you can establish an ongoing relationship with the provider that works best for you. This service is confidential.

Members aged 18 and over are eligible to access all Teladoc behavioral health services. Members aged 13-17 are eligible to access all Teladoc behavioral health services except psychiatric services or mental health medication management.

Teladoc behavioral health consultations are subject to a \$25 copay. The plan covers the remaining cost.

Teladoc charges a \$50 fee for no-shows and cancellations within 24 hours of a scheduled Behavioral Health visit. This is not a covered expense under the Plan and will be your responsibility to pay in full.

Teladoc Caregiver Consultations

If you are a caregiver for another person not covered under the Plan, such as a parent, and have legal documents authorizing you to act on their behalf, you can speak to Teladoc physician about their general medical care as long as they are also present. If you do not have legal documents, Teladoc can obtain their authorization during the registration process. The cost for general medical consultation of a person not covered under the Plan is \$58 per consult. This is not a covered expense under the Plan and will be your responsibility to pay in full. The cost of this service does not apply toward the out-of-pocket limit.

Updates to Support the Change to Include Foreign Ambulance Services

4. Updates section 3.3.19 Travel

The Medical Plan pays ~~travel and ambulance costs~~ ambulance costs world-wide and travel costs within the contiguous limits of the United States, Alaska, and Hawaii. This includes:

- a) 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 enroute. A medical technician trained in lifesaving services accompanies the transported patient. Following an emergent event, if the ambulance service provided occurred within the contiguous limits of the United States, Alaska, and Hawaii, returning transportation costs to the site of illness or injury are eligible for reimbursement subject to the provisions as outlined in section b.
- b) Round-trip transportation, not exceeding the cost of coach class commercial air transportation, from the site of the illness or injury to the nearest professional treatment. If you use ground transportation and the most direct one-way distance exceeds 100 miles, the Medical Plan pays \$31 per day without overnight lodging or \$80 per day if overnight lodging is required while enroute, for the most direct route. Only eligible persons are reimbursed. If a parent or legal guardian accompanies a child under age 18, the plan will pay an additional \$31 per day per diem for ground transportation.

Updates to Support the Changes in Standard Dental-Vision-Audio Dental Benefits

5. Updates section 8.2.1 Class I Preventive Services

The Dental Plan covers 100% of the recognized charge. Except for 3D x-rays, the amount paid by the Plan for Class I Preventive Services does not count toward the annual maximum benefit.

a) Diagnostic Services and Limitations

Services:

- Examination
- Intra-oral x-rays to assist in determining required dental treatment.

Limitations:

- Periodic (routine) or comprehensive examinations or consultations are covered up to 2 times per benefit year
- Complete series x-rays or a panoramic film is covered once in any 5-year period
- Supplementary bitewing x-rays are covered once per benefit year
- Separate charges for review of a proposed treatment plan or for diagnostic aids such as study models and certain lab tests are not covered

- Only the following x-rays are covered by the DVA plan: complete series or panoramic, periapical, occlusal, and bitewing, and 3D x-rays

b) Preventive Services and Limitations

Services:

- Prophylaxis (cleanings)
- Periodontal maintenance
- Topical application of fluoride
- Sealants
- Space maintainers

Limitations:

- Prophylaxis (cleaning) or periodontal maintenance is covered up to 4 2 times per benefit year for most people, or up to 4 times per year for those with periodontal disease. Additional cleaning benefit is available for covered persons with diabetes, and covered persons in their third trimester of pregnancy under the DVA plan's Oral Health, Total Health program (see below, *Oral Health, Total Health Program and Benefits*). Other exceptions can be made when determined dentally necessary by Moda/Delta Dental.
- Topical application of fluoride is covered up to 4 2-times per benefit year for covered persons. age 18 and under. For covered persons age 19 and over, topical application of fluoride is covered up to 2 times per benefit year if there is recent history of periodontal surgery or high risk of decay due to medical disease or chemotherapy or similar type of treatment (poor diet or oral hygiene does not constitute a medical disease).
- Sealant benefits are limited to the unrestored, occlusal surfaces of permanent molars. Benefits will be limited to one sealant per tooth during any 5-year period per benefit year.

6. Updates section 8.2.2 Class II Restorative Services

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f) Other Services and Limitations

Service:

- Occlusal mouthguard

Limitations:

- An occlusal mouthguard is covered for covered persons aged 13 and older.

7. Updates section 8.2.3 Class III Prosthetic Services

Covered expenses are paid at 50% of the recognized charge.

a) Restorative Services and Limitations

Services:

- Cast restorations, such as crowns, onlays or lab veneers, necessary to restore decayed or broken teeth to a state of functional acceptability.

Limitations:

- Cast restorations (including pontics) are covered once in a 5-7-year period on any tooth.
- Porcelain restorations are considered cosmetic dentistry if placed on the upper second or third molars or the lower first, second or third molars. Coverage is limited to gold without porcelain, and the covered person is responsible for paying the difference.

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b) Prosthodontic Services and Limitations

Services:

- Bridges
- Partial and complete dentures
- Denture relines
- Repair of an existing prosthetic device
- Implants

Limitations:

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- Porcelain restorations are considered cosmetic if placed on the upper second or third molars or the lower first, second, or third molars. Coverage is limited to a corresponding metallic prosthetic. The covered person is responsible for paying the difference.

8. Remove section 8.2.5 Oral Health, Total Health Program and Benefits

~~Covered expenses are paid at 100% of the recognized charge.~~

~~The dental coverage portion of the DVA plan covers additional cleanings (prophylaxis or periodontal maintenance) for certain covered persons. This benefit is for the cleaning only. Coverage for a routine exam and other services is subject to the frequency limitations outlined above.~~

~~The following covered persons should consider enrolling in this program:~~

Diabetics

For covered persons with diabetes, elevated blood sugar levels can have a negative effect on oral health. Diabetes increases the risk of cavities, gum disease, tooth loss, dry mouth and infection. Conversely, poor oral health can make diabetes more difficult to manage. Infections may cause blood sugar to rise and require more insulin to keep it under control. Research confirms that regular visits to the dentist may help in the diagnosis and management of diabetes. Diabetic covered persons are eligible for a total of four cleanings per calendar year.

Pregnant Persons

Keeping the mouth healthy during a pregnancy is important for a covered person and the baby. According to the American Dental Association, pregnant women who have periodontal (gum) disease are more likely to have a baby that is born too early and too small.

Research suggests that periodontal disease triggers increased levels of biological fluids that induce labor. Furthermore, data suggests that women whose periodontal condition worsens during pregnancy have an even higher risk of having a premature baby. Dental visits during a woman's third trimester of pregnancy may help prevent pre-term, low birth weight babies.

Covered persons should talk to their dentist about scheduling a routine cleaning or periodontal maintenance during the third trimester of pregnancy. Pregnant covered persons are eligible for a cleaning in the third trimester of pregnancy regardless of normal plan frequency limits.

Clarified Provisions

9. Updates Contact Information for Third Party Administrators

Claims Mailing Addresses

Pharmacy Claims Administrator

Optum Rx

P.O. Box 650287334

Dallas, TX 75265-0287334

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Long Term Care Claims Administrator

Wellcove by CHCS

P.O. Box 13431

Pensacola, FL 32591-3431

Direct Billing & COBRA Administrator

Inspira Financial ~~PayFlex Systems USA, Inc.~~

P.O. Box 953374
St. Louis, MO 63195-3374

Telephone Numbers

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Long Term Care – Wellcove ~~by CHCS~~ (888) 287-7116

10. Clarifies Section 3.3.19 Travel

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Surgery in Other Locations

Travel is covered if you have surgery which is provided less expensively in another location. When another insurance plan is primary, this provision may not apply.

If the actual cost of surgery, hospital room and board, and travel to another location for the surgery is less expensive than the recognized charge for the same expenses at the nearest location you could obtain the surgery, your travel costs may be paid. The amount of travel costs paid cannot exceed the difference between the cost of surgery and hospital room and board in the nearest location and those same expenses in the location you choose. Travel costs include round trip coach airfare or actual expenses for ground transportation if the most direct route exceeds 100 miles.

Precertification from the claims administrator is not required for this situation. Submit receipts for the travel costs to the claims administrator and the amount of reimbursement, if any, will be determined when the claim is processed.

11. Updates Legacy Vision Plan Section 11.2 Covered Vision and Optical Services

The following services and supplies are covered:

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- g) One pair of gas permeable contact lenses elected in lieu of glasses, once per year.

12. Updates 15.1.1 How Benefits Are Coordinated When a Claim Is Made

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EXAMPLE

This example assumes that the retiree has Medicare so Medicare pays first.

	Medicare	Retiree Health Plan
Covered Expenses	\$ 1,000	\$ 1,000
Less Retiree Deductible ¹	- 183 202.90	- 150
	<hr/>	<hr/>
	= 817.00 797.10	= 850.00
Plan Coinsurance	x 80%	x 80%
Plan Payment without coordination	= 653.60 637.68	= 680.00
	<hr/>	<hr/>
Plan Payment with coordination	= 653.60 637.68	= 346.40 362.32
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¹ Medicare deductible amount is governed by, and may change based on, federal statutes and regulations.