State of Alaska, Department of Administration
Division of Retirement and Benefits

AlaskaCare Defined Benefit Retiree Health Plan Amendment	**Number:** 2022-01
	Effective Date: June 01, 2022
Amended and Additional Provisions: Amends: 1) Contact Information 2) Section 3.3.1 Medical Necessity 3) Section 12.14.13 Third Level – Division of Retirement and Benefits Appeal 4) Section 14.4 Applicable Law and Venue Adds: 1) Definitions	**Review Date**: March 18, 2022
	Distribution: Commissioner Division Director Chief Health Administrator Health Operations Manager Deputy Health Official Vendor Manager Appeals Supervisor Eligibility Manager Communications Supervisor Legal Counsel TPA RPEA File

The State of Alaska provides, by means of self-insurance, health benefits covering individuals entitled to coverage under AS 14.25, AS 22.25, AS 39.35 or former AS 39.37, and their dependents. Such benefits are set forth in the Retiree Insurance Information Booklet (the "Plan"). Under authority of AS 39.30.090-098, the Commissioner of Administration hereby amends the Plan as follows:

Section 1 Amended Provisions

1) Amends the Contact Information section to add a web link to the Aetna Clinical Policy Bulletins.

You may access the Aetna Clinical Policy Bulletins at..... *www.aetna.com/health-care-professionals/clinical-policy-bulletins.html*

2) Amends Section 3.3.1 Medically Necessary Services and Supplies

3.3.1 Medically Necessary Services and Supplies

The medical plan pays only for medically necessary services and supplies, as defined in Section 3.3, "Covered Medical Expenses." The medical plan will utilize the Claims Administrator's current Medical and Pharmacy Clinical Policy Bulletins for purposes of determining medical necessity for services covered under the medical plan; provided, however, that the Plan Administrator retains discretionary authority to determine whether a service or supply is medically necessary. In exercising such discretion, the Plan Administrator shall consider: (a) information provided on the affected person's health status; (b) reports in peer-reviewed medical literature; (c) reports and guidelines published by nationally recognized health care organizations that include supporting scientific data; (d) generally recognized professional standards of safety and effectiveness in the United States for diagnosis, care or treatment; (e) the opinion of health professionals in the generally recognized health specialty involved; and (f) any other relevant information brought to the Plan Administrator's attention. See *section 4.6, Medical Necessity* for services covered under the prescription drug benefits. See page ii for information on accessing the Claims Administrator's Clinical Policy Bulletins.

When the Claims Administrator's Clinical Policy Bulletins do not address the specific service or supply under review, a determination of medical necessity will be made when the Claims Administrator determines that the medical services and supplies or prescription drugs would be given to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, an injury, a disease, or its symptoms by a physician or other health care provider, exercising prudent clinical judgment.

3) Amends Section 12.14.13 Third Level – Division of Retirement and Benefits Appeal

12.14.13 Third Level – Division of Retirement and Benefits Appeal
If the claim is denied on external review or, if not eligible for external review, on the second level of appeal, you may send a written appeal to the Division of Retirement and Benefits. If you submit an appeal to the Division, your appeal must be postmarked or received within 60 calendar days of the date the final external review, or second level Claims Administrator decision letter was issued. If you do not file a Plan Administrator appeal timely, to the extent available under this section, the decision on external review or, if not eligible for external review, the second level of appeal will be the final decision, and will be final, conclusive, and binding on all persons.

4) Amends Section 14.4 Applicable Law and Venue

This plan is issued and delivered in the State of Alaska and is governed by the laws of the State of Alaska. Any and all suits or legal proceedings of any kind that are brought against the State must be filed in one of the Judicial Districts in the State of Alaska.

Section 2 Added Provisions

1) Adds Definitions above section 1.

Definitions
"Plan Administrator" shall mean the Commissioner of the Department of Administration, State of Alaska, or their designee.

"Aetna" shall mean Aetna Life Insurance Company, an affiliate of Aetna, or a third-party vendor under contract with Aetna. Aetna is the third-party administrator and Claims Administrator of the medical plan.
"Claims Administrator" shall mean a person, firm, or company which has agreed to provide technical or administrative services and advice in connection with the operation of all or a part of a benefit provided for under the plan, and perform such other functions, including processing and payment of claims, as may be delegated to it under such contract. The Claims Administrator may review claims appeals and, if applicable, coordinate external reviews, as provided by the plan.

This Amendment is effective June 01, 2022.

Adopted this __31st ___ day of ___May_____, 2022.

By: Paula Vrana Digitally signed by Paula Vrana Date: 2022.05.31 15:18:03 -08'00' _____

Paula Vrana, Commissioner
Department of Administration