



AlaskaCare Benefit Clarification

Benefit Title	Prescription Medication – Kit Logic	Group Number	866219-All
Effective Date	January 1, 2016	Date Submitted	May 31, 2016

Applicable Benefit Plan (check all that apply):

☒ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☐ Dental ☐ Vision ☐ Audio ☒ Pharmacy ☐ Other

Description: The AlaskaCare employee and retiree plans do not clearly address the application of “Kit Logic” with regard to prescription benefits. Essentially “Kit Logic” is a method of programmatically limiting the quantity of certain prescription benefits – typically Epipens (for bee stings) and Glucagon (for diabetics).

AlaskaCare Insurance Information Booklet Reference(s):

- 2003 Retiree Insurance Information Booklet: page 32-35, Prescription Drugs
- January 1, 2014 Retiree Insurance Information Booklet amendment: page v, Prescription Drug Copayments and page xvii-xviii, Medically Necessary Services and Supplies
- January 1, 2016 AlaskaCare Employee Health Plan: section 2.1.2 Prescription Drug Schedule, 3.6 Your Prescription Drug Benefit, 3.5.1 Medically Necessary Services and Supplies.

Decision: Apply a single pharmacy copay for one prescription, even if the prescription is for multiple units.

Plan Administrator Approval:

Signature

Title Deputy Commissioner
Department of Administration

Date 7/1/2016

Comments:

This benefit clarification applies to the AlaskaCare Employee Health Plan effective January 1, 2016 and the AlaskaCare Retiree Health Plan as amended May 24, 2016.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Chiropractic/Rehabilitative Coverage	Group Number	866219-All
Effective Date	January 1, 2014	Date Submitted	May 27, 2014

Applicable Benefit Plan (check all that apply):

☒ Active ☒ Retiree ☐ Long-Term Care
☒ Medical ☐ Dental ☐ Vision ☐ Audio ☐ Pharmacy ☐ Other

Description: 4 modality limit claim adjudication policy

AlaskaCare Insurance Information Booklet Reference(s):

- Retiree January 1, 2014 amendment Section 2 – Visit Limits and Section 7 recognized charge/Aetna reimbursement policies
- AlaskaCare Employee Health Plan Section 2 – Visit Limits and Section 15 recognized charge/Aetna reimbursement policies

The AlaskaCare Employee Health Plan limits spinal manipulations to 20 visits per calendar year. There is no limit in the AlaskaCare Retiree Health Plan for spinal manipulations. Both the Employee and the Retiree plans do limit physical therapy to no more than 2 therapy visits in a 24 hour period, with one visit equaling up to one hour.

Decision: Do not apply 4 modality limit.

Plan Administrator Approval:

Signature

Mike Barhill

Title Deputy Commissioner
Department of Administration

Date

5/29/14

Comments:

This benefit clarification applies to the AlaskaCare Employee Health Plan effective January 1, 2014 and the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Chiropractic/Rehabilitative Coverage	Group Number	866219-All
Effective Date	January 1, 2014	Date Submitted	May 27, 2014

Applicable Benefit Plan (check all that apply):

☒ Active ☒ Retiree ☐ Long-Term Care
☒ Medical ☐ Dental ☐ Vision ☐ Audio ☐ Pharmacy ☐ Other

Description: Physical therapy multiple therapy reductions claim adjudication policy

AlaskaCare Insurance Information Booklet Reference(s):

- Retiree January 1, 2014 amendment Section 2 – Visit Limits and Section 7 recognized charge/Aetna reimbursement policies
- AlaskaCare Employee Health Plan Section 2 – Visit Limits and Section 15 recognized charge/Aetna reimbursement policies

The AlaskaCare Retiree Health and the AlaskaCare Employee Health plans allow for reduction of the recognized charge when “multiple procedures are billed at the same time, but no additional overhead is required”.

Decision: Do not apply multiple physical therapy reduction to out-of-network providers.

Plan Administrator Approval:

Signature

Mike Bonhill

Title Deputy Commissioner

Department of Administration

Date

5/29/14

Comments:

This benefit clarification applies to the AlaskaCare Employee Health Plan effective January 1, 2014 and the AlaskaCare Retiree Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Compound Medications	Group Number	866219-All
Effective Date	January 1, 2014	Date Submitted	February 24, 2014

Applicable Benefit Plan (check all that apply):

☒ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☐ Dental ☐ Vision ☐ Audio ☒ Pharmacy ☐ Other

Description: Coverage of prescription compound medications that do not contain at least one ingredient that is an FDA legend drug.

AlaskaCare Insurance Information Booklet Reference(s):

- January 1, 2014 amendment: page 14-16, Medically Necessary Services and Supplies
- 2003 Retiree Insurance Information Booklet: page 32-35, Prescription Drugs
- January 1, 2014 AlaskaCare Employee Health Plan: page 32-33, Medically Necessary Service and Supplies; page 77, Pharmacy Benefit Exclusions

Decision: Under the pharmacy benefit Aetna to process or reprocess claims for compound prescription that contain bio-identical hormones, an active ingredient that is a bulk powder and not an FDA approved medication, and thyroid compounds containing a bulk powder active ingredient as appropriate for employees, retirees or dependents.

Plan Administrator Approval:

Signature

Mike Ban Lill

Title

Deputy Commissioner
Department of Administration

Date

8/19/14

Comments:

This benefit clarification applies to the AlaskaCare Employee Health Plan effective January 1, 2014 and the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Specialty medication received by mail	Group Number	866219-All
Effective Date	January 1, 2014	Date Submitted	March 12, 2014

Applicable Benefit Plan (check all that apply):

☒ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☐ Dental ☐ Vision ☐ Audio ☒ Pharmacy ☐ Other

Description: Coverage of specialty medication received by mail from Aetna Specialty RX, Costco (California facility previously used), or Diplomat pharmacy.

AlaskaCare Insurance Information Booklet Reference(s):

- January 1, 2014 amendment: page 4, Benefit Summary – Prescription Drug Schedule
- 2003 Retiree Insurance Information Booklet: page 32-35, Prescription Drugs
- January 1, 2014 AlaskaCare Employee Health Plan: page 18, Prescription Drug Schedule; page 75, Mail order pharmacy

Decision: Aetna to develop custom network to include: Aetna Specialty RX, Costco (California facility previously used), or Diplomat pharmacy. Claims for specialty prescriptions filled within this network shall apply mail-order copayment.

Plan Administrator Approval:

Signature

Title

Deputy Commissioner
Department of Administration

Date

Comments:

This benefit clarification applies to the AlaskaCare Employee Health Plan effective January 1, 2014 and the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Dental Implants	Group Number	866219-30 866219-31
Effective Date	January 1, 2014	Date Submitted	May 9, 2014

Applicable Benefit Plan (check all that apply):

☐ Active ☒ Retiree ☐ Long-Term Care
☒ Medical ☒ Dental ☐ Vision ☐ Audio ☐ Pharmacy ☐ Other

Description: Dental Implant coverage in case of periodontal disease.

AlaskaCare Insurance Information Booklet Reference(s):

- January 1, 2014 amendment: page 7, Services Requiring Precertification; page 19-25, Dental Services
- 2003 Retiree Insurance Information Booklet: page 46, Medical Treatment of Mouth, Jaws, and Teeth

Decision: Aetna to process or reprocess claims under the medical plan as appropriate for retirees or dependent for periodontal dental implant. The medical plan will cover the dental implant and anesthesia. The dental plan will cover the cost of the appliance (ie. crown, bridge, denture, etc.). Dental implants due to disease, including periodontal disease, or accident are to be subject to Aetna pre-certification requirements for the medical plan. All other implants will be covered under the dental plan in accordance with Moda requirements and frequency limitations.

Plan Administrator Approval:

Signature

Mike Bamber

Title Deputy Commissioner
Department of Administration

Date

8/19/14

Comments:

This benefit clarification applies to the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Contact Lens Coverage	Group Number	866219-50
Effective Date	January 1, 2014	Date Submitted	June 30, 2014

Applicable Benefit Plan (check all that apply):

☐ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☐ Dental ☒ Vision ☐ Audio ☐ Pharmacy ☐ Other

Description: Contact lens in lieu of single vision spectacle lenses.

AlaskaCare Insurance Information Booklet Reference(s):

COVERED VISION AND OPTICAL SERVICES

One pair of cosmetic contacts elected in lieu of glasses. These will be covered the same as any other single vision spectacle lenses. This means that you must pay the difference between the recognized charge for spectacle lenses and contact lenses.

Decision: Use the appropriate single vision lens code based on the member's vision prescription, when the information is provided. If prescription is not provided, use HCPCS code V2111: Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere.

Plan Administrator Approval:

Signature

Title

Deputy Commissioner
Department of Administration

Date

Comments:

This benefit clarification applies to the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Rx with OTC Equivalents	Group Number	866219-All
Effective Date	January 1, 2014	Date Submitted	February 24, 2014

Applicable Benefit Plan (check all that apply):

☒ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☐ Dental ☐ Vision ☐ Audio ☒ Pharmacy ☐ Other

Description: Coverage of RX with Over the Counter equivalents

AlaskaCare Insurance Information Booklet Reference(s):

- January 1, 2014 amendment: page 14-16, Medically Necessary Services and Supplies
- 2003 Retiree Insurance Information Booklet: page 32-35, Prescription Drugs
- January 1, 2014 AlaskaCare Employee Health Plan: page 32-33, Medically Necessary Service and Supplies; page 77, Pharmacy Benefit Exclusions

Decision: Under the pharmacy benefit Aetna to process or reprocess claims for prescription medication that have over-the-counter equivalents, as appropriate for employees, retirees or dependents.

Plan Administrator Approval:

Signature

Title

Deputy Commissioner
Department of Administration

Date

Comments:

This benefit clarification applies to the AlaskaCare Employee Health Plan effective January 1, 2014 and the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Self-Injectable Medications	Group Number	866219-All
Effective Date	January 1, 2014	Date Submitted	

Applicable Benefit Plan (check all that apply):

☒ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☐ Dental ☐ Vision ☐ Audio ☒ Pharmacy ☐ Other

Description: Coverage for Injectable Medications that can be self-administered through the pharmacy benefit.

AlaskaCare Insurance Information Booklet Reference(s):

- AlaskaCare Employee Health Plan: Pages 77-80, 3.6.13 Pharmacy Benefit Exclusion (1)(19)(22); Page 83, 3.7 Medical Benefit Exclusions (16)
- AlaskaCare Retiree Insurance Information Booklet: Page 34, Prescription Drug Exclusions

Decision: Cover the following self-injectable medications under the pharmacy benefit: Testosterone; Cyanocobalamin (B12); Methotrexate; Depo-Estradiol and Dexamethasone.

Plan Administrator Approval:

Signature

Mike Benelli

Title

Deputy Commissioner
Department of Administration

Date

8/19/14

Comments: These medications should continue to be covered under the medical benefits (versus pharmacy) when the medication is administered by any person acting within his or her capacity as a health care professional.

This benefit clarification applies to the AlaskaCare Employee Health Plan effective January 1, 2014 and the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Contact Lens Fitting Coverage	Group Number	866219-50
Effective Date	January 1, 2014	Date Submitted	April 2, 2014

Applicable Benefit Plan (check all that apply):

☐ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☐ Dental ☒ Vision ☐ Audio ☐ Pharmacy ☐ Other

Description: Coverage for the fitting of contact lens.

AlaskaCare Insurance Information Booklet Reference(s):

COVERED VISION AND OPTICAL SERVICES

One pair of cosmetic contacts elected in lieu of glasses. These will be covered the same as any other single vision spectacle lenses. This means that you must pay the difference between the recognized charge for spectacle lenses and contact lenses.

VISION AND OPTICAL SERVICES AND OPTICAL SERVICES NOT COVERED

Services or supplies not specifically listed as a covered benefit under the health plan.

Decision: Modify coding to allow for contact lens fitting in addition to the allowance for the contacts. CPTs 92310-92317 are allowed under the optional AlaskaCare vision plan at the applicable 80% coinsurance rate.

Plan Administrator Approval:

Signature

Title Deputy Commissioner
Department of Administration

Date 9/2/14

Comments:

This benefit clarification applies to the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Nitrous Oxide	Group Number	10010458 & 10010459
Effective Date	January 1, 2014	Date Submitted	June 19, 2014

Applicable Benefit Plan (check all that apply):

☒ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☒ Dental ☐ Vision ☐ Audio ☐ Pharmacy ☐ Other

Description: Nitrous Oxide is not a covered benefit under Moda's standard dental language.

AlaskaCare Insurance Information Booklet Reference(s):

- January 1, 2014 Amendment to 2003 Retiree Health Plan document: Pages 19-25
- January 1, 2014 AlaskaCare Employee Health Plan: Pages 94-105

Decision: Allow coverage of nitrous oxide.

Plan Administrator Approval:

Signature

Title Deputy Commissioner
Department of Administration

Date

9/10/14

Comments:

This benefit clarification applies to the AlaskaCare Employee Health Plan effective January 1, 2014 and the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Coverage of Evaluation and Management for Audiologist	Group Number	866219-10, 11, 12, 31, 50
Effective Date	January 1, 2014	Date Submitted	7/28/2014

Applicable Benefit Plan (check all that apply):

☒ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☐ Dental ☐ Vision ☒ Audio ☐ Pharmacy ☐ Other

Description: Evaluation and Management are typically not covered under Aetna's reimbursement policies. These evaluation and management CPTs are considered incidental to other services.

AlaskaCare Insurance Information Booklet Reference(s):

- **2003 Retiree Insurance Information Booklet:** page 81, Covered Audio Services, "Following is a list of covered services:...An audiological (hearing) examination and evaluation by a certified or licensed audiologist, including a follow-up consultation."
- **January 1, 2014 AlaskaCare Employee Health Plan:** Page 72, 3.5.31 Audio Services, "Covered expenses include the following audio services...An audiological (hearing) examination and evaluation by a certified or licensed audiologist, including a follow up consultation."

Decision: Cover claims for CPT codes: 99201, 99202, 99203, 99211, 99212, and 99213 for Evaluation and Management services.

Plan Administrator Approval:

Signature

Title Deputy Commissioner
Department of Administration

Date

9/11/14

Comments:

This benefit clarification applies to the AlaskaCare Employee Health Plan effective January 1, 2014 and the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Dental Frequencies	Group Number	10010458 & 10010459
Effective Date	January 1, 2014	Date Submitted	June 19, 2014

Applicable Benefit Plan (check all that apply):

☒ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☒ Dental ☐ Vision ☐ Audio ☐ Pharmacy ☐ Other

Description: Plan language imposes frequency limits based on once in any 6-month period for dental services such as exams, and cleanings. Scheduling exception was limited to a 2 week period on either side of targeted frequency date.

AlaskaCare Insurance Information Booklet Reference(s):

- **January 1, 2014 Amendment to 2003 Retiree Health Plan document:** Pages 19-25
- **January 1, 2014 AlaskaCare Employee Health Plan:** Pages 94-105

Decision: Allow frequencies based on two times per benefit year rather than 6-month period to allow for flexibility in scheduling. Additionally expand cleaning frequency as follows:

- up to 2 times per benefit year for most people;
- up to 3 times per benefit year for pregnancy;
- up to 4 times per benefit year for diabetes or periodontal disease;
- other exceptions when determined dentally necessary by Moda/Delta Dental.

Plan Administrator Approval:

Signature

Title Deputy Commissioner
Department of Administration

Date

9/11/14

Comments:

This benefit clarification applies to the AlaskaCare Employee Health Plan effective January 1, 2014 and the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Medical Foods	Group Number	866219-30, 31, and 32
Effective Date	January 1, 2014	Date Submitted	4/16/2014

Applicable Benefit Plan (check all that apply):

☐ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☐ Dental ☐ Vision ☐ Audio ☒ Pharmacy ☐ Other

Description: Coverage for medical foods which require a prescription for dispensing.

AlaskaCare Insurance Information Booklet Reference(s):

- AlaskaCare Retiree Insurance Information Booklet: Page 34, Prescription Drug Exclusions

Decision: Cover medical foods which must bear a label, "Caution: Federal law prohibits dispensing without a prescription" or at a minimum the symbol for "Rx Only" in accordance with FDAMA.

Plan Administrator Approval:

Signature

Title Deputy Commissioner
Department of Administration

Date

9/11/14

Comments: These medications should continue to be covered under the medical benefits (versus pharmacy) when the medication is administered by any person acting within his or her capacity as a health care professional.

This benefit clarification applies to the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Orthotics	Group Number	866219-30, 31, and 32
Effective Date	January 1, 2014	Date Submitted	3/25/2014

Applicable Benefit Plan (check all that apply):

☐ Active ☒ Retiree ☐ Long-Term Care
☒ Medical ☐ Dental ☐ Vision ☐ Audio ☐ Pharmacy ☐ Other

Description: Coverage of orthotics and supportive devices of the feet.

AlaskaCare Insurance Information Booklet Reference(s):

- **2003 AlaskaCare Retiree Insurance Information Booklet:** Page 54, Medical Expenses Not Covered

Decision: With the exception of orthopedic shoes, allow coverage for orthotics and supportive devices of the feet when medically necessary.

Plan Administrator Approval:

Signature

Title Deputy Commissioner
Department of Administration

Date

9/11/14

Comments: These medications should continue to be covered under the medical benefits (versus pharmacy) when the medication is administered by any person acting within his or her capacity as a health care professional.

This benefit clarification applies to the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	COB with Medicare	Group Number	866219-30, 31, 32, and 50
Effective Date	January 1, 2014	Date Submitted	May 15, 2014

Applicable Benefit Plan (check all that apply):

☐ Active ☒ Retiree ☐ Long-Term Care
☒ Medical ☐ Dental ☒ Vision ☒ Audio ☐ Pharmacy ☐ Other

Description: Coordination of Benefits when member qualifies for Medicare prior to age 65.

AlaskaCare Insurance Information Booklet Reference(s):

- 2003 AlaskaCare Retiree Insurance Information Booklet: Page 16, Effect of Medicare
- AS 39.35.535(b), AS 14.25.168(b), AS 22.25.090(b), & AS 39.37.145 Medical Benefits

Decision: When coordinating, do not estimate Medicare B benefit payments for Medicare eligible members under the age of 65, unless they have already enrolled for Medicare B Coverage. This would also apply to Medicare A coverage when the member is not eligible for Medicare A premium free.

Plan Administrator Approval:

Signature

Title Deputy Commissioner
Department of Administration

Date

9/11/14

Comments: These medications should continue to be covered under the medical benefits (versus pharmacy) when the medication is administered by any person acting within his or her capacity as a health care professional.

This benefit clarification applies to the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Lost, Stolen or Damaged Medication	Group Number	866219-30, 31, and 32
Effective Date	January 1, 2014	Date Submitted	5/14/2014

Applicable Benefit Plan (check all that apply):

☐ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☐ Dental ☐ Vision ☐ Audio ☒ Pharmacy ☐ Other

Description: Cover replacement in event of lost, stolen or damaged medication.

AlaskaCare Insurance Information Booklet Reference(s):

- AlaskaCare Retiree Insurance Information Booklet: Page 34, Prescription Drug Exclusions

Decision: Automatically cover replacement for medication in a single instance due to loss, theft or damage. Replacement is limited to one incident in a benefit year. An incident may cover more than one prescription.

Plan Administrator Approval:

Signature

Title Deputy Commissioner
Department of Administration

Date

9/11/14

Comments: These medications should continue to be covered under the medical benefits (versus pharmacy) when the medication is administered by any person acting within his or her capacity as a health care professional.

This benefit clarification applies to the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Smoking Cessation	Group Number	866219-All Retiree
Effective Date	January 1, 2016	Date Submitted	August 6, 2015

Applicable Benefit Plan (check all that apply):

☐ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☐ Dental ☐ Vision ☐ Audio ☒ Pharmacy ☐ Other

Description: Prescription Smoking Cessation Medication Coverage

AlaskaCare Insurance Information Booklet Reference(s):

2003 Retiree Insurance Information Booklet as amended January 1, 2014

Page 5 – Introduction states, “The State of Alaska retirement systems provide extensive and valuable benefits for you and your family including hospitalization, medical, surgical, maternity care, and other services necessary for the diagnosis and treatment of an injury or disease.” Page 32 – Pharmacy states, “The Plan pays for prescription drugs for the treatment of an illness, disease, or injury if dispensed upon prescription of a provider acting within the scope of their license.”

Page 51 – Medical Expenses not Covered states, “Treatment of mental, neuropsychiatric and personality disorders, except as described under the ‘Mental and Nervous Disorders’ section on page 44-45.”

Decision: Direct Aetna to begin covering effective January 1, 2016 the recommended course of treatment for Chantix, Nicotrol Inhaler, Nicotrol Nasal Spray, Zyban and any generic equivalent. Cover an additional course of treatment, if recommended by a physician.

Plan Administrator Approval:

Signature 

Title Deputy Commissioner
Department of Administration

Date 8/28/15

This benefit clarification applies to the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Rx Auto Refill/Auto Renewal	Group Number	866219-All
Effective Date	January 1, 2016	Date Submitted	January 11, 2016

Applicable Benefit Plan (check all that apply):

☒ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☐ Dental ☐ Vision ☐ Audio ☒ Pharmacy ☐ Other

Description: Mail order delivery auto refill and auto renewal options.

AlaskaCare Insurance Information Booklet Reference(s):

- 2003 Retiree Insurance Information Booklet: page 32-35, Prescription Drugs
- January 1, 2016 AlaskaCare Employee Health Plan: Section 3.6. Your Prescription Drug Benefits

Decision: Allow Aetna Mail Order Pharmacy to turn on Auto Refill and Auto Renewal features. The member will have the option to turn on one or both of the features through the Aetna Navigator.

Plan Administrator Approval:

Signature

Title Deputy Commissioner
Department of Administration

Date

1/11/16

Comments:

This benefit clarification applies to the AlaskaCare Employee Health Plan effective January 1, 2016 and the AlaskaCare Retiree Health Plan as amended January 1, 2016.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification

Benefit Title	Vision Claim Processing for Progressive Lenses and bundled claims	Group Number	866219-50
Effective Date	January 1, 2014	Date Submitted	May 2, 2016

Applicable Benefit Plan (check all that apply):

☐ Active ☒ Retiree ☐ Long-Term Care
☐ Medical ☐ Dental ☒ Vision ☐ Audio ☐ Pharmacy ☐ Other

Description: Processing instructions for vision claims listing progressive lenses and/or bundling vision services

AlaskaCare Insurance Information Booklet Reference(s):

- **COVERED VISION AND OPTICAL SERVICES**
Up to two single vision, bifocal, trifocal, or lenticular lenses per calendar year.
Certain lens options, limited to those listed below:
 - scratch resistant coating
 - antireflective coating
 - polycarbonate lenses
- **VISION AND OPTICAL SERVICES NOT COVERED**
Services or supplies not specifically listed as a covered benefit under the health plan.

Decision:

As only services or supplies specifically listed in the vision plan are covered, progressive lens charges would normally be denied. However, some vision providers submit claims for service, or provide receipts to patients, that only include the progressive lens code. In order to avoid a denial of the progressive lenses when a covered basic lens charge may be included, we are providing the following direction to the claims administrator.

If the claim ONLY contains CPT V2781 (Progressive Lens) and there are no clarifying details to help the claims administrator determine the proper base lens code, apply V2200 for bifocal lenses.

If CPT V2781 is billed as an add-on item in addition to the base lens (bifocal or trifocal), the base lens code is considered and paid at the proper recognized charge rate and the V2781 is denied as a non-covered service.

If a claim is submitted where multiple services are bundled into one charge, the claims administrator will determine the recognized charge for all covered components. The claim will then be processed as follows:



- If the recognized charge for all covered components adds up to be **more** than what the total billed amount is on the bundled claim, the claims administrator will allow the full billed amount as the base lens rate. In addition, the processor will add a free form comment to the claim to indicate the non-covered components are not covered under the plan.
- If the recognized charge for all covered components adds up to be **less** than what the total billed amount is on the bundled claim, the claims administrator will price the base lens code at the combined charge for all covered components (based on the recognized charge). The non-covered components would then be bundled under a miscellaneous V2799 code and the remaining amount will be denied as not covered. The processor will also add a free form comment to the claim to indicate what items are not covered under the plan for clarification.

Plan Administrator Approval:

Signature

Title Deputy Commissioner
Department of Administration

Date 5/2/2016

Comments:

This benefit clarification applies to the AlaskaCare Employee Health Plan effective January 1, 2014 and the AlaskaCare Retiree Health Plan as amended January 1, 2014.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.



AlaskaCare Benefit Clarification 2022-01

Benefit Title	Maintenance Care for Musculoskeletal Disorders	Group Number	866219
Effective Date	01 June 2022	Date Submitted	31 March 2022

Applicable Benefit Plan (check all that apply):

☐ Active ☒ Retiree Defined Benefit ☐ Retiree Defined Cont. ☐ Long-Term Care
☒ Medical ☐ Dental ☐ Vision ☐ Audio ☐ Pharmacy ☐ Other

Benefit Description:

The AlaskaCare Retiree Defined Benefit Health Plan (Plan) currently covers medically necessary outpatient rehabilitative care designed to restore and improve bodily functions lost due to injury or illness. This care is considered medically necessary only if significant improvement in body function is occurring and is expected to continue.

The Plan does not contain an annual service limit for medically necessary outpatient rehabilitative care. After the 20th claim for services from the same provider for a specific episode of care, the Claims Administrator will request chart notes. Starting at the 26th visit, the Claims Administrator will begin to pend payment for claims that do not have accompanying chart notes that demonstrate the care is medically necessary, and thus, eligible for coverage.

To continue Plan coverage, the provider must submit clinical records that sufficiently document the patient's response to treatment. If the records are not provided to the Claims Administrator within 45 days or fail to demonstrate significant improvement in accordance with the established clinical criteria, the services will be denied.

The 25-visit counter is reset annually at the start of the new plan year.

AlaskaCare Retiree Insurance Information Booklet (January 2022) Reference:

3.3.12 Rehabilitative Care

The Medical Plan covers **outpatient** rehabilitative care designed to restore and improve bodily functions lost due to injury or illness. This care is considered medically necessary only if significant improvement in body function is occurring and is expected to continue. Care (excluding speech therapy) aimed at slowing deterioration of body functions caused by neurological disease is also covered.

Rehabilitative care includes:

a) Physical therapy and occupational therapy.




- b) Speech therapy if existing speech function (the ability to express thoughts, speak words, and form sentences) has been lost and the speech therapy is expected to restore the level of speech the individual had attained before the onset of the disease or injury.
- c) Rehabilitative counseling or other help needed to return the patient to activities of daily living but excluding maintenance care or educational, vocational, or social adjustment services.

Rehabilitative care must be part of a formal written program of services consistent with your condition. Your physician or therapist must submit a statement to the Claims Administrator outlining the goals of therapy, type of program, and frequency and duration of therapy.

Benefit Clarification:

When the medical necessity review is performed after the 25th visit for therapy visits for musculoskeletal disorders for a specific episode of care, if the treatment is determined to be maintenance care, the beneficiary will receive coverage for up to 10 additional visits per year for that specific episode of care.

Plan Administrator Approval:

Signature	Paula Vrana	 Digitally signed by Paula Vrana Date: 2022.04.01 09:48:57 -08'00'	Title: Paula Vrana, Commissioner Department of Administration
-----------	------------------------	---	--

Comments: Approved

This benefit clarification applies to the AlaskaCare Defined Benefit Retiree Health Plan effective June 1, 2022.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to a Third-Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in their sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that they deem advisable.