



## AlaskaCare Retiree Dental, Vision, and Audio (DVA) Plan

### IMPORTANT DATES

**October 14, 2024**  
Open Enrollment Begins

**November 27, 2024**  
Open Enrollment Ends

**January 1, 2025**  
New Benefit Elections Take Effect

## 2025 Dental-Vision-Audio Benefit Guide

The Division of Retirement and Benefits will host a retiree DVA plan open enrollment period from October 14 through November 27, 2024.

You can choose the plan that works best for you and your family for the upcoming 2025 benefit year.

For the 2025 benefit year, changes have been made to both the vision and dental benefits under the Standard Dental-Vision-Audio (DVA) plan. We want you to make an informed decision and choose the option that best meets your needs.

This enrollment guide contains information about your choices, and instructions for participating in open enrollment. It is designed to answer questions about your options and how to enroll.

**For information about the 2025 Retiree DVA plan monthly premiums, please visit: [drb.alaska.gov/retiree/healthplans.html#dvapremiums](http://drb.alaska.gov/retiree/healthplans.html#dvapremiums)**

## Need More Information?

There are additional Frequently Asked Questions (FAQ) on our website. You can find answers to questions retirees have asked at [AlaskaCare.gov/DVA](http://AlaskaCare.gov/DVA)

Send us an email at [doa.drb.benefits@alaska.gov](mailto:doa.drb.benefits@alaska.gov) or call us toll-free at (800) 821-2251 or in Juneau at (907) 465-4460.

## Frequently Asked Questions

**What are some of the differences between the standard plan benefits and the legacy plan benefits?**

### **Standard DVA Plan: Vision - New for 2025!**

The vision benefits under the Standard DVA Plan have been updated to implement the Vision Service Plan (VSP) provider network. The VSP network provides enhanced vision benefits with reduced copays for comprehensive eye exams, lenses, and frames. Members would only be responsible for copayments and charges for options that exceed the plan benefit.

Network providers would determine the member cost share, file a claim with VSP, and only bill the member for their appropriate portion. (See enclosed DVA comparison tables.)

Members who obtain vision care from an out-of-network provider will be responsible for an increased share of the costs under the Standard DVA plan than they would under the Legacy DVA plan.

Custom and premium progressive lens enhancements are covered, and discounts are available for photochromic, tints, and other lens enhancements received from a VSP network provider.

### **Standard DVA Plan: Dental**

**New for 2025!** Addition of Delta Dental's Preventive First program, which covers preventive dental services at 100% coinsurance. Any eligible preventive services paid by the Standard DVA Dental Plan would not count toward a member's annual allowance for dental services. This drives value for members by freeing up dollars that would normally be applied towards preventive services and allows those monies to be used for more complicated oral health procedures such as treatment of diseases of the gums, fillings, oral surgeries, crowns, dentures and bridges, and other covered dental services.

Frequently Asked Questions *Continued...*

*Continued from previous page:*  
**Standard DVA Plan: Dental**

**New for 2025!** Increase to the annual dental benefit maximum by \$1,000, from the current amount of \$2,000 to \$3,000 annually.

- Features access to Delta Dental’s wide Premier network of providers, as well as access to an additional PPO network that saves you even more money when you use a PPO dentist. Better prices mean you can receive coverage for more services before you reach your annual benefit maximum.
- Supports evidence-based coverage limitations, including those developed by the American Dental Association, such as frequency and age limitations for exams, cleanings, and periodontal maintenance.

- Pays less if you visit an out-of-network dentist.

**Legacy DVA Plan: Vision**

The vision benefits under the Legacy DVA plan are unchanged. The primary difference is that there is no vision provider network under the Legacy DVA plan. As such, there are no network discounts, and members typically pay out-of-pocket for vision services at the time they are received and submit manual claims for reimbursement. There is also a fixed cost arrangement under the Legacy DVA Plan’s vision benefit, and no reduced coinsurance for certain services. For a more complete comparison of benefits, see the enclosed DVA comparison tables.

**Legacy DVA Plan – Dental**

- Annual dental benefit maximum is \$2,000.
- Preventive services count toward annual dental benefit maximum.
- Does not have pre-determined frequency or age limitations on most services.
- Features access to Delta Dental’s wide Premier network of providers that save you money when you use a network dentist.
- Pays out-of-network dentists at a higher rate.

**What are some of the similarities between the standard plan benefits and the legacy plan benefits?**

- Both plans provide coverage for dental preventive, restorative, and prosthetic services.

- Both plans have the same dental coinsurance levels:
  - Class I (Preventive): 100%
  - Class II (Restorative): 80%
  - Class III (Prosthetic): 50%
- Both plans have the same annual dental deductible: \$50 per individual (Class II and III Services).
- Both plans have no deductible for vision services.
- Both vision plans allow coverage for one eye exam and pair of lenses per year, and frames every other year.
- Both plans are fully funded by member premiums.
- Audio benefits are the same under each plan.

Premiums are subject to change annually and can be found on the AlaskaCare website at [drb.alaska.gov/retiree/healthplans.html#dvapremiums](http://drb.alaska.gov/retiree/healthplans.html#dvapremiums) or by calling the AlaskaCare Member Education Center at (907) 465-4460.

**If I have dental or vision services scheduled before the end of the plan year, will this impact my benefits?**

The benefit election you make during open enrollment will become effective January 1, 2025. This means that the coverage you have today will still apply through December 31, 2024, including any claims for services provided before the end of the plan year.

**Can I change my plan next year?**

You will be able to change your DVA plan during the open enrollment period. Outside of the open enrollment period, you will not be able to make changes to your selections unless you have a qualifying life event or would like to decrease your coverage. You may decrease your coverage at any time by contacting the Division.

**Will I get a new ID card?**

If you change your elections for 2025, you will receive a new ID card in the mail in January.

**I am currently enrolled in the DVA plan with coverage for myself and my dependent spouse. Can I choose the legacy plan, and can my spouse choose the standard plan?**

No, a retiree may only select one plan for themselves and any covered dependents. However, if you and your spouse each have a separate AlaskaCare DVA policy, you may select different plans and cover each other as dependents.

**Do I need to participate in the DVA Open Enrollment?**

We encourage all eligible AlaskaCare retirees to review the plan options and participate in open enrollment. If you do not participate in Open Enrollment, your benefit selections will not change from what you have now.

**Can I see any licensed dentist or vision provider?**

Yes, both the Standard and Legacy DVA plans let you see any licensed dentist or vision provider you want. Both plans give you access to the wide Premier network of dental providers that will save you money. If you choose the Legacy plan and see an out-of-network provider, the plan will cover a greater portion of the charges so you may pay less for out-of-network services. If you choose the Standard plan, you have access to an additional PPO network of dental providers, and VSP vision network providers who offer deeper discounts, saving you more money, but you may pay more if you use out-of-network dentists or vision providers.

Remember, if you use an out-of-network dentist or vision provider, you may receive additional bills for charges that the plan will not cover.

**Some dental procedures fall into different service classes, depending on which plan you elect. If you would like to know how a specific service would be covered under each plan, call Delta Dental of Alaska at (855) 718-1768.**

**Please consult the AlaskaCare Retiree DVA Plan: 2025 Benefit Comparison for more details about the differences between the plans. The AlaskaCare Retiree Insurance Information Booklet contains the complete benefit provisions for both the standard and legacy DVA plans.**

**Find the Online Enrollment form at [AlaskaCare.gov/DVA](http://AlaskaCare.gov/DVA)**

You can make elections 24 hours a day, 7 days a week from **October 14 through November 27, 2024**, closing at 5 p.m. Alaska Time.

**Online Enrollment Instructions**

- Open your web browser and navigate to [AlaskaCare.gov/DVA](http://AlaskaCare.gov/DVA)
- Click on the enrollment link: **“Ready to Enroll? Click Here!”**  
You will be taken to the Retiree DVA Plan Open Enrollment online form.
- The online enrollment form is completed in four easy steps. Click on **Get Started** to begin!

**Step 1. Learn**

Open enrollment begins with important reminders about your plan options, eligibility information, and where to find answers if you

have questions. After reviewing the information, click the **Next** button to move on.

**Step 2. Verify**

You will be prompted to enter information to verify that you are eligible to enroll. Enter the information and click on **Check Eligibility**.

If your eligibility was confirmed, you will see the message **Eligibility Verified!** Confirm or update your contact information and click the **Next** button.

- If your eligibility was not confirmed, you will see the message **Unable to Verify**.
- If the system is unable to verify your identity, please contact the Division at (800) 821-2251 or (907) 465-4460 in Juneau as soon as possible so we can help.

**Step 3. Compare**

Review the monthly premium rates, the benefit comparison table, and your plan booklet to decide which plan is best for you. After reviewing the information, click the **Next** button to move on.

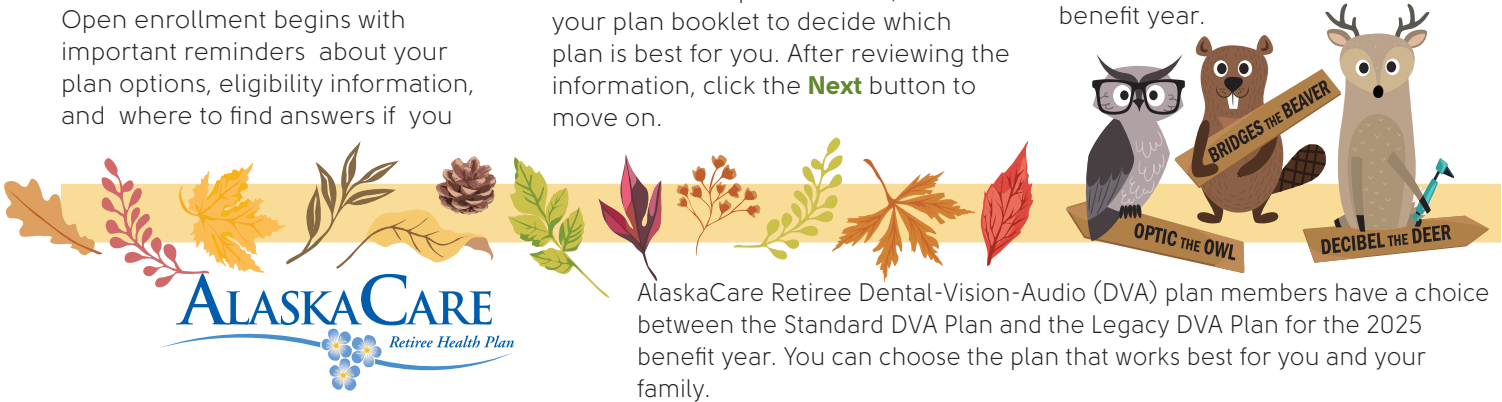
**Step 4. Enroll**

Make your plan election, choose your coverage level, and click **Enroll**.

- Please print the confirmation page for your records.
- If you need to update your dependent information, complete the Retiree Health Dependent Change Form found on our website: [drb.alaska.gov/docs/forms/02-1854r.pdf](http://drb.alaska.gov/docs/forms/02-1854r.pdf) and submit it to the Division of Retirement and Benefits.

If you click on the **Exit** to AlaskaCare webpage button, you will close the enrollment site. Congratulations! You have successfully completed your AlaskaCare DVA open enrollment!

- You may change your plan election at any time during the open enrollment period by filling out the online enrollment form. The last election you make before open enrollment closes will determine your plan election for the 2025 benefit year.



AlaskaCare Retiree Dental-Vision-Audio (DVA) plan members have a choice between the Standard DVA Plan and the Legacy DVA Plan for the 2025 benefit year. You can choose the plan that works best for you and your family.

**Retiree DVA Plan  
2025 Benefit Comparison**

Plan Structure and Annual Deductible		
	Standard DVA Plan	Legacy DVA Plan
Covered household member options	Retiree only Retiree and spouse Retiree and child(ren) Retiree and family	Retiree only Retiree and spouse Retiree and child(ren) Retiree and family
Plan funding	100% funded by member-paid premiums.	100% funded by member-paid premiums.
Vision annual benefit deductible	No deductible	No deductible
Dental annual benefit deductible	\$50 per individual. Applies to class II (restorative) and class III (prosthetic) services.	\$50 per individual. Applies to class II (restorative) and class III (prosthetic) services.



# Vision Benefit Comparison



Vision Benefit Maximums		
	Standard Plan - Vision	Legacy Plan - Vision
Examinations	One per benefit year	One per benefit year
Lenses	Two per benefit year (one per eye)	Two per benefit year (one per eye)
Frames	Every other benefit year	One set every two benefit years
Aphakic and contact lens lifetime maximum	N/A	\$400
Network Provisions		
Access to a broad network of vision providers	Yes	No
Recognized charge: In-Network	Lesser of 100% of negotiated fees, billed charges, or covered expense.	No network applicability; lesser of 100% of provider's billed charge for the service or supply, or the 90th percentile. Members may be billed for additional charges.

Coinsurance, Out-of-Pocket Costs, Lenses, Allowances, Lens Enhancement		
	Standard Plan - Vision Benefits within VSP Network	Legacy Plan - Vision
Coinsurance/Copayment		
Examination	\$10 Copay	20% member coinsurance for allowed amount, plus 100% of any not covered amount. Members must pay out of pocket at time of service, and manually submit claim for reimbursement.
Contact Lens Examination	\$60 Copay	
Essential Medical Eyecare	\$20 Copay	
Lenses/Frame or Medically Necessary Contact Lenses	\$10 Copay	
Lenses		
Single Vision	Covered	20% member coinsurance for allowed amount, plus 100% of any not covered amount
Lined Bifocal	Covered	
Lined Trifocal	Covered	
Allowances		
Retail Frame	\$200	20% member coinsurance for allowed amount, plus 100% of any not covered amount
Featured Frame Brand	\$220	
Walmart/Sam's Club/Costco Frame Allowance	\$200	
Elective Contact Lenses (in lieu of lenses or frames)	\$150	
Lens Enhancement Out-of-Pocket Cost		
Anti-Reflective	Covered	20% member coinsurance for allowed amount, plus 100% of any not covered amount
Polycarbonate Lenses	Covered	
Scratch-Resistant	Covered	
Standard Progressive	Covered	Not covered
Custom and Premium Progressive	Covered	Not covered
Photochromic & Tints	Up to 40% discount	Not covered
All other Lens Enhancements	Up to 40% discount	Not covered

Vision Out-of-Network Costs and Allowances		
	Standard Plan - Vision	Legacy Plan - Vision
Examination	\$100 benefit allowance.*	No network applicability; coverage provided at 80% of either what the provider bills for the service or supply, or the 90th percentile, whichever is lower. Members may be billed for additional charges.
Single Vision	\$75 benefit allowance.*	
Lined Bifocal	\$115 benefit allowance.*	
Lined Trifocal	\$130 benefit allowance.*	
Lenticular	\$185 benefit allowance.*	
Frame	\$70 benefit allowance.*	
Necessary Contact Lenses	\$210 benefit allowance.*	
Elective Contact Lenses (in lieu of lenses or frames)	\$135 benefit allowance.*	
Anti-Reflective Coating	\$37 benefit allowance.*	
Polycarbonate Lenses	\$33 benefit allowance.*	
Scratch-Resistant Coating	\$15 benefit allowance.*	
Progressives	\$115 benefit allowance.*	Not covered
* Members may be billed for additional charges from out-of-network providers. Additional coverage may be provided based on VSP provider availability. You can find examples of the cost for services under each plan at <a href="http://drb.alaska.gov/events/dvaenrollment.html">drb.alaska.gov/events/dvaenrollment.html</a>		

# Dental Benefit Comparison



Dental Coinsurance and Maximum Benefit		
	Standard Plan - Dental	Legacy Plan - Dental
Coinsurance	Class I (preventive): 100% Class II (restorative): 80% Class III (prosthetic): 50%	Class I (preventive): 100% Class II (restorative): 80% Class III (prosthetic): 50%
Annual individual benefit maximum	<b>NEW!</b> Plan will pay up to \$3,000 for dental services each benefit year.	Plan will pay up to \$2,000 for dental services each benefit year.
Network Provisions		
Access to Delta Dental's broad Premier network of dental providers	Yes	Yes
Access to an additional exclusive dental network, Delta Dental's PPO network, with deeper discounts for the same services	Yes	No
Recognized charge: In-Network	Lesser of 100% of negotiated fees, billed charges, or covered expense.	Lesser of 100% of negotiated fees, billed charges, or covered expense.
Recognized charge: Out-of-Network	75% of the 80th percentile; members may be billed for additional charges.  You can find examples of the cost of services under each plan at <a href="http://drb.alaska.gov/events/dvaenrollment.html">drb.alaska.gov/events/dvaenrollment.html</a>	100% of the 90th percentile; members may be billed for additional charges.  You can find examples of the cost of services under each plan at <a href="http://drb.alaska.gov/events/dvaenrollment.html">drb.alaska.gov/events/dvaenrollment.html</a>
Dental Necessity Requirements		
To be eligible for coverage, dental services and supplies must meet these dental necessity requirements and be a covered service or supply under the plan.	The Retiree Standard Dental Plan covers dental services and supplies when performed by a dentist or dental care provider and when determined to be dentally necessary.	The Retiree Legacy Dental Plan does not provide benefits for dental services or supplies that are not necessary for diagnosis or treatment of dental condition as determined by the claims administrator even if prescribed, recommended, or approved by a dental professional.

Covered Dental Services: Class I - Preventive		
	Standard Plan - Dental	Legacy Plan - Dental
Impact on annual maximum benefit	<b>NEW:</b> Charges for class I preventive services do not count toward annual maximum benefit	No change, charges for class I preventive services do count toward annual maximum benefit.
Diagnostic		
Oral exam	Covered two times per benefit year.	Covered
Complete series x-rays/panoramic	Covered once every five years.	Covered if required for diagnosis; not more than one full mouth or series per year.
Bitewing x-rays	Covered once per benefit year.	Covered
Diagnostic casts and study models	Not covered	Covered
Preventive		
Cleanings (prophylaxis)	Covered two times per benefit year; additional cleanings available for persons with diabetes, periodontal disease, or in last trimester of pregnancy. Other exceptions allowed.	Covered
Periodontal maintenance	Covered as a class I service at 100% and no deductible. Two times per benefit year; additional cleanings available for persons with diabetes, periodontal disease, or in last trimester of pregnancy. Other exceptions allowed.	Covered as a class II service at 80% and \$50 deductible.
Topical fluoride: 18 years or younger	Covered two times per benefit year.	Covered
Topical fluoride: 19 years or older	Covered two times per benefit year if recent periodontal surgery or high risk of decay due to chemotherapy or medical disease.	Covered
Sealants: 18 years or younger	Covered once every five years with tooth limitations.	Covered
Sealants: 19 years or older	Covered once every five years with tooth limitations.	Not covered
Space maintainers	Covered for 14 years and younger, once per tooth space with tooth limitations.	Covered as a class II service at 80% and \$50 deductible.

Covered Dental Services: Class II - Restorative		
	Standard Plan - Dental	Legacy Plan - Dental
Restorative		
Fillings	Covered	Covered
Inlays	Covered, considered an optional service. Alternate benefit of composite filling. Covered as a class II service at 80% and \$50 deductible.	Covered as a class III service at 50% and \$50 deductible.
Crown buildups	Covered as a class II service at 80% and \$50 deductible if necessary for tooth retention.	Covered as a class III service at 50% and \$50 deductible.
Oral Surgery		
Extractions (including surgical)	Covered	Covered
Alveoplasty (procedure to smoothen or re-shape jaw bone)	Covered when performed as part of other covered service. Not covered as a separate charge.	Covered
Brush Biopsy	Covered two times per benefit year.	Covered
Endodontic		
Root canal and treatment	Covered; retreatment not covered for same tooth by same dentist within 24 months. Initial service should include retreatment within this timeframe if necessary.	Covered
Pulpal therapy (pulp capping)	Covered when pulp is exposed.	Covered

Covered Dental Services: Class II - Restorative Continued		
	Standard Plan - Dental	Legacy Plan - Dental
Periodontics		
Gum disease and supporting tissue treatment	Covered	Covered
Periodontal maintenance	Covered as a class I service, 100% and no deductible. Two per benefit year; additional cleanings available for persons with diabetes, periodontal disease, or in last trimester of pregnancy. Other exceptions allowed.	Covered as a class II service at 80% and \$50 deductible.
Periodontal scaling & root planing	Once per quadrant in any two-year period.	Covered
Periodontal splinting	Not covered	Covered
Full mouth debridement	Covered once in a three-year period if no cleaning (prophylaxis) occurred within preceding 24 months.	Covered
Anesthesia		
Nitrous oxide	Covered	Covered
General anesthesia / IV sedation	Covered for surgical procedures only or if needed due to a medical condition.	Covered
Other		
Palliative care	Covered	Covered
Apicoectomy (surgical removal of root tip)	Covered	Covered
Denture repair	Covered as a class III service, 50% coverage and \$50 deductible	Covered
Denture reline	Covered as a class III service, 50% coverage and \$50 deductible	Covered
Denture adjustments	Covered as a class III service, 50% coverage and \$50 deductible	Covered
Tissue conditioning	Covered as a class III service, 50% coverage and \$50 deductible	Covered

Covered Dental Services: Class III - Prosthetic		
	Standard Plan - Dental	Legacy Plan - Dental
Restorative		
Crowns (cast restoration)	Covered once in seven-year period on any tooth.	Covered
Onlays (cast restoration)	Covered once in seven-year period on any tooth.	Covered
Lab veneers (cast restoration)	Covered once in seven-year period on any tooth.	Covered
Crown buildups	Covered as a class II service at 80% and \$50 deductible if necessary for tooth retention.	Covered as a class III service at 50% and \$50 deductible.
Inlays	Covered, considered an optional service. Alternate benefit of composite filling. Covered as a class II service at 80% and \$50 deductible.	Covered as a class III service at 50% and \$50 deductible.
Porcelain restorations	Covered for visible teeth. Coverage limited to cost of metallic prosthetic if placed on upper second or third molars or lower first, second, or third molars.	Not covered if tooth can be restored with amalgam (metallic) filling. Coverage limited to appropriate charges for amalgam or similar material.

Covered Dental Services: Class III - Prosthetic Continued		
	Standard Plan - Dental	Legacy Plan - Dental
<b>Prosthodontic</b>		
Bridges	Covered once in seven-year period if tooth, tooth site, or teeth have not received a cast restoration benefit in last seven years.	Covered
Dentures, full and partial	Covered once in seven-year period if tooth, tooth site, or teeth have not received a cast restoration benefit in last seven years.	Covered once every five years if previous dentures cannot be made serviceable or if previous denture was temporary and installed within previous 12 months.
Dentures, temporary	Partial denture covered if placed within two months of anterior tooth extraction. Additional limitations may apply.	Covered
Denture adjustment	Covered twice in 12-month period, unless received within first six months of initial placement (this is included in the initial placement charge).	Covered as a class II service, 80% coverage and \$50 deductible.
Denture repairs	Covered unless received within first six months of initial placement (this is included in the initial placement charge).	Covered as a class II service, 80% coverage and \$50 deductible.
Denture reline	Covered once in 12-month period, unless received within first six months of initial placement (this is included in the initial placement charge).	Covered as a class II service, 80% coverage and \$50 deductible.
Tissue conditioning	Covered twice per denture in a 36-month period.	Covered as a class II service, 80% coverage and \$50 deductible.
Implants	Covered. Limited to once per lifetime per tooth space. Some implant charges may be eligible for coverage under medical plan. Associated cast restoration over implant and other implant related procedures are covered as a class III prosthetic service.	No coverage for implants under dental plan. Some implant charges may be eligible for coverage under medical plan. Associated cast restoration over implant and other implant related procedures are covered as a class III prosthetic service.
<b>Other</b>		
Athletic mouthguards	Covered once per year if 15 or younger; covered once every two years if 16 or older.	Not covered
Orthodontics	Orthodontic services are not covered in the AlaskaCare Dental Plan.	Orthodontic services are not covered in the AlaskaCare Dental Plan.

Other Benefits		
	Standard Plan	Legacy Plan
Audio Benefits	No changes to plan benefits.	No changes to plan benefits.

**For information about dental benefits or questions about how specific services may be covered under each plan, contact Delta Dental of Alaska toll-free at (855) 718-1768.**

Review the DVA Network Comparison document at [alaskacare.gov/dva](http://alaskacare.gov/dva) to find examples of the cost of service under each plan when you visit a network or out-of-network provider. For information about Legacy Vision and Audio benefits, contact Aetna Concierge toll-free at (855) 784-8646 and for Standard Vision contact VSP at (800) 877-7195.

#### Contact the AlaskaCare Member Education Center

In Juneau: (907) 465-4460  
Toll-free outside Juneau: (800) 821-2251  
E-mail: [doa.drb.benefits@alaska.gov](mailto:doa.drb.benefits@alaska.gov)

P.O. Box 110203, Juneau, AK 99811-0203

Monday - Thursday, 8:30 a.m. to 4 p.m.  
Friday, 8:30 a.m. to 3 p.m. (Alaska Time)