



Navigating toward your best health

AlaskaCare
Employee Health Plan
2022 Open Enrollment Guide

November 2021



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Getting Started

Dear AlaskaCare member,

We've all been navigating rough waters for the past two years, but we've learned that it's more important than ever to prioritize your and your family's health. Choosing the right AlaskaCare plan for you means charting a course for 2022, ensuring you can maximize your benefits to fit your needs, and being equipped for a year of new adventures. This enrollment guide, along with a wealth of information on the AlaskaCare website, will give you the tools you need to make an informed choice.

AlaskaCare is committed to improving and expanding your benefits to help you stay healthy and affordably access the care you need, when and where you need it. We know AlaskaCare's nearly 6,000 employees and their families are unique. That's why we provide a range of options, including three medical plans, two dental plans and several additional benefits you can elect to participate in. You can choose the right mix of benefits to meet your needs.

During Open Enrollment, you can review your benefit elections to make sure they are still the best fit.

The Open Enrollment period for the 2022 plan year (January – December 2022) **begins Wednesday, November 3 and ends Wednesday, November 24, 2021**. Now is the time to make changes for the upcoming benefit year!

Open Enrollment Checklist

- Review Benefit Highlights.** See page 3 for plan highlights and other important updates.
- Review your benefit choices and current elections.** This includes three options for medical coverage, two options for dental coverage, optional vision coverage, a health flexible savings account (HFSA), and several voluntary supplemental benefits (VSBs).
- Do the math!** Make sure your elections cover what you need. Check out the handy plan cost comparison tool on our website: Alaska.gov/drb/OpenEnrollment
- Review your household information.** This includes you and your covered enrolled dependents. Double check that all names and Social Security numbers for your enrolled dependents are correct, to ensure your household's health coverage is accurately reported to the Internal Revenue Service as required by law.
- Confirm your health benefit elections for 2022.** Log in to MyRnB to make any changes to your health benefits. You may choose the same elections you have now, or make changes to take effect January 1, 2022.
- Make your Voluntary Supplemental Benefit (VSB) elections.** This includes life insurance, critical illness, and long & short-term disability. This year, your VSB elections will roll over to the 2022 benefit year if you do not make updates during Open Enrollment. For more information on offered benefits and instructions on how to participate in Open Enrollment, please visit the Division of Retirement and Benefits Voluntary Benefits webpage.

Wednesday, November 3 to Wednesday, November 24, 2021
Enroll online at Alaska.gov/drb/OpenEnrollment



Important Reminders

- After Open Enrollment ends, you will not be able to make changes to your health plans or voluntary supplemental benefits in 2022, and will need to wait until the next Open Enrollment period for 2023. However, you can make changes mid-year if you have a qualifying change in household status.
- The AlaskaCare Health Flexible Spending Account (HFSA) allows you to pay for eligible health care expenses not covered by your medical, dental, or vision plans with pretax contributions. **To take advantage of this program, you must enroll annually during open enrollment.** Enrollment in the Health Flexible Spending Account does not roll over. Even if you are enrolled in 2021, you must go online to re-enroll for 2022.
- You can elect a waiver of coverage (opt-out), but this **must** be completed annually. **If you opted out of one or more benefits in 2021, but do not take action during Open Enrollment for 2022, you will be re-enrolled in the economy plans by default.** Read more about the waiver of coverage on page 6.
- If you do not take action during this period and/or your new enrollment elections are not received by the November 24, 5 p.m. deadline, your current benefit elections (except for HFSA or opt-out) will remain in effect through the benefit year ending December 31, 2022. See page 7 for enrollment instructions.

Benefit Highlights

- 1. Covered Drugs for 2022: Premium Drug Formulary.** The OptumRx Premium Formulary is a list of medications, pharmacy care products, and services or supplies that have been evaluated by a team of clinical experts and chosen for their safety, cost, and effectiveness. Your AlaskaCare plan covers drugs that are listed on the Premium Formulary. You can review the 2022 AlaskaCare Employee Plan Premium Formulary at <http://doa.alaska.gov/dr/AlaskaCare/optumrx.html>. If you have a medical need to use a drug that is not listed on the Premium Formulary, you or your doctor should contact OptumRx at (855) 409-6999 to request an exception.
- 2. Get Moving With Hinge Health!** Hinge Health can help whether you have chronic or sudden joint pain, are recovering from an injury, or just want more strength and flexibility. Hinge Health offers innovative digital care programs that connect you with a physical therapist or personalized health coach to help you manage musculoskeletal conditions such as back, knee, hip, neck and shoulder pain. Hinge Health's programs are available at **no cost** to you and your family members age 18+. You can reach Hinge Health's Member Care Advocates at (855) 902-2777.
- 3. Behavioral Health Support at Your Fingertips.** Teladoc® now includes behavioral health consultations with a \$0 copay. Their board-certified psychiatrists and licensed psychologists, social workers, and family/marriage therapists can help with depression, anxiety, stress, panic disorder, ADHD, schizophrenia, work-related issues, personal issues, and more. You can choose a therapist or psychiatrist who fits your needs and schedule visits 7 days a week, 7am to 9pm, from wherever you are most comfortable. Visit the Teladoc® website at <https://member.teladoc.com/aetna> or you can call Teladoc® at (855) 835-2362 to request a consult by phone.
- 4. Access to Anchorage-Area Hospitals.** Providence Alaska Medical Center and Alaska Regional Hospital are both in-network for AlaskaCare Employee plan members. If you receive care in the Anchorage-area, you will save no matter where you go. Network hospitals and facilities have partnered with AlaskaCare to keep your costs low by offering you discounted rates. We've also expanded the network to include more freestanding surgical and imaging centers in the Anchorage area. A larger network means more choice for you! Find a network provider near you with the DOC Finder Tool at http://www.aetna.com/docfind/jsp/rdIndex.jsp?site_id=alaskacare&langpref=en, or call the Aetna Concierge at (855) 784-8646.

Overview

This enrollment guide outlines the choices available to you under the State of Alaska Select Benefits plan, commonly referred to as AlaskaCare. Because you may have different needs than your coworkers and friends, you can create a personal benefit program from a range of benefits and levels of coverage.

Check out the Open Enrollment webpage at [Alaska.gov/drb/OpenEnrollment](https://alaska.gov/drb/OpenEnrollment) for more detailed information about each plan option, Voluntary Supplemental Benefits (VSB), how to opt out of coverage, and FAQs. Use the Health Plan Cost Comparison Tool, also available on the website, to help you make informed choices about the best plan for your needs based on your anticipated costs for the coming year and the estimated cost of each plan.

If you make selections that require a monthly employee contribution, that amount will be taken through pretax payroll deductions. This means deductions are withheld from your pay before federal income taxes are applied. The monthly employee contribution amount is divided in half and deducted from the first two paychecks of each month throughout the year.

The online enrollment system will automatically calculate your monthly employee contribution amount as you make selections, allowing you to see what your costs may be as you change your elections.

For detailed coverage information, please refer to the AlaskaCare Employee Health Plan booklet available at AlaskaCare.gov.

Coordination Between State Employees' Health Plans

Under the authority of 2 AAC 39.920, AlaskaCare will only pay 30 percent of covered charges for your dependents if your spouse or children are covered by a State employee health trust and that coverage:

- has been waived,
- pays less than 70 percent of covered expenses, or
- has an individual out-of-pocket maximum, including deductible, of more than \$3,500.

If you have health coverage through AlaskaCare and your spouse or the parent of any of your children has other health coverage (for example, through a State employee health trust), the parent who has primary responsibility for covering your children must ensure they elect a plan that provides full family coverage. Failure to do so will result in less coverage for your dependents in the coming year.

Keywords: Important Health Benefit Terms

Deductible is the amount you pay each benefit year before a portion of your eligible costs are paid by your medical plan. You pay the full cost of your eligible health expenses until you meet your deductible. Your deductible amount depends on the plan you select.

Coinsurance is the percent of covered expenses paid by AlaskaCare once you meet your deductible.

Out-of-pocket limit is a cap AlaskaCare sets to protect you from large expenses. If you reach the out-of-pocket limit, AlaskaCare will then pay 100% of your eligible expenses for the rest of the benefit year. A separate out-of-pocket limit applies to medical benefits and pharmacy benefits.

Health Reimbursement Arrangement (HRA) is a tax-free medical reimbursement plan funded by the employer for members enrolled in the Consumer Choice plan. Your HRA covers the first \$750 (for individuals) or \$1,500 (for families) of your deductible so that you don't have to!

Copayments, or copays, are a fixed fee for certain health care services, such as office visits or prescription fills at a pharmacy. Members enrolled in the Standard or Economy plans only have to pay a flat copay for primary or specialty care, even before they meet their deductible! Copays don't count toward your deductible, but they do count towards your annual out-of-pocket limit.

AlaskaCare 2022 Employee Premiums

Health Premiums for the following employee groups:

AVTECTA – AK Vocational Teachers (TA)

APEA – Confidential (KK)

APEA – Supervisory (SS)

ACOA – Correctional Officers (GC)

TEAME – Mt. Edgecumbe Teachers (TM)

Employees not covered by collective bargaining (Exempt)

Medical plan premiums have changed for 2022.
 Premiums are noted in the tables below.

	Employee Only	Employee and Family
Standard Medical Plan	\$125	\$303
Economy Medical Plan	\$63	\$167
Consumer Choice Medical Plan	\$25	\$71
Standard Dental Plan	\$37	\$102
Economy Dental Plan	\$0	\$0
Managed Vision Plan	\$15	\$40

Health Premiums for the following employee groups:

MEBA – Marine Engineers (BB)

IBU – Inlandboatmen (MM)

	MEBA Employee Only	MEBA Employee and Family	IBU Employee Only	IBU Employee and Family
Standard Medical Plan	\$125	\$303	\$125	\$303
Economy Medical Plan	\$0	\$0	\$35	\$95
Consumer Choice Medical Plan	\$25	\$71	\$25	\$71
Standard Dental Plan	\$37	\$102	\$37	\$102
Economy Dental Plan	\$0	\$0	\$0	\$0
Managed Vision Plan	\$15	\$40	\$15	\$40

Medical Plan provisions for ALL employee groups:

	Individual Deductible	Family Deductible	Coinsurance* (percentage of allowable amount paid by plan)	Individual Annual Out- of-Pocket Limit*	Family Annual Out- of-Pocket Limit*	In-Network Primary Care Office Visit Copay	In-Network Specialty Care Office Visit Copay
Standard Medical Plan	\$300	\$600	80%	\$1,750	\$3,500	\$25	\$45
Economy Medical Plan	\$500	\$1,000	70%	\$2,750	\$5,500	\$35	\$55
Consumer Choice Medical Plan	\$2,400 <small>(first \$750 offset by HRA)</small>	\$4,800 <small>(first \$1,500 offset by HRA)</small>	70%	\$5,400	\$10,800	N/A	N/A

*See section 2.1.1 Medical Benefit Schedule for a list of coinsurance and out-of-pocket maximum exceptions (such as 100% coinsurance for in-network preventive care, or greater out-of-pocket maximums that apply to charges from some out-of-network facilities).

Is a Health Flexible Spending Account the right choice for you?

The Health Flexible Spending Account (HFSA) provides an opportunity for you to save by setting aside money for health care on a pre-tax basis. You can then use these funds to pay for qualified health care expenses not covered by the plan. You decide the amount to contribute each month, up to the allowed limit.

During the benefit year, you file claims and are reimbursed with the tax-free dollars from your account. You benefit because you don't pay taxes on the dollars you contribute to your account. You also may carry up to \$550 forward from year to year, but otherwise you must spend down the account for qualified expenses in each benefit year. You have until March 31 of the following year to file claims for the current benefit year.

Streamlining

If you do not have any other health coverage, you can elect to have your HFSA account set up to "streamline." This means that any unpaid portion of a claim you incur during the plan year (deductible, your portion of the co-insurance, etc.) is automatically directed to your HFSA. You may not elect streamlining if you have other coverage that will coordinate with AlaskaCare.

Please refer to the AlaskaCare Employee Insurance Information Booklet for additional information.

Your Choice: Once a Year, Every Year!

An HFSA might be a great choice for you—but here are some things to keep in mind:

- You must elect this benefit each open enrollment period. Your HFSA does not automatically continue from one benefit year to the next.
- You cannot enroll in, cancel, or change your HFSA amount at any time during the year except during Open Enrollment or a qualifying household event.
- You must use the money in your HFSA for qualified expenses incurred during the benefit year
- The benefit year runs from January 1 to December 31. You must budget contributions carefully. This amount will be in addition to any new benefit year amount you select as deductions in your pay.

Read more about the HFSA benefit online at [Alaska.gov/drb/benefits/employee/health/hfsa.html](https://alaska.gov/drb/benefits/employee/health/hfsa.html).

Waiver of Coverage (Opt-Out)

If you are an AlaskaCare Employee Health Plan covered employee with other medical coverage, you may elect to opt out of or waive coverage for yourself and your family for one or more of the medical, dental, and vision plans offered through AlaskaCare. You may also elect employee-only coverage while opting-out of coverage for your family from one or more of the AlaskaCare benefits.

If you want to waive any component of AlaskaCare coverage, you must elect to waive each component and **do so annually** during the open enrollment period. **A waiver of coverage for 2021 will not carry over to 2022.**

Opting Out is a two-step process:

1. Go online to myRnB.alaska.gov to make your elections/opt out.
2. Complete and sign the Opt-Out form [PDF], then scan and email it to doa.drb.benefits@alaska.gov or fax it to (907) 465-3086

If you chose to opt out of the Medical plan in 2021, and you do not complete the opt-out process during Open Enrollment for 2022, you will be defaulted to the Economy Employee Only plan or the Economy Employee and Family Plan (if you have active dependents listed).

Remember: you must annually elect to opt-out of coverage.

How to Enroll

You can access the Online Benefits Enrollment portal to make open enrollment elections 24 hours a day, 7 days a week from Wednesday, November 3, 2021, through Wednesday, November 24, 2021 at 5 p.m. Alaska Time.

Eligible dependents

Dependents of eligible employees may be covered under the AlaskaCare benefit plans. Eligible dependents include your spouse, your children up to age 26, and your child age 26 and older who is permanently and totally disabled. Additional information is available in the AlaskaCare Employee Plan Booklet, under section 1.3.2 *Eligible Dependents*.

Changing your coverage before Open Enrollment ends

You may change your mind about any benefit choices as long as you re-enroll in your final choices before the enrollment deadline. Reminder—each time you re-enroll, a new enrollment is processed. The previous enrollment will no longer exist. Make sure to re-select each of your elections.

Ready to Enroll? Follow these instructions for enrolling in health benefits online:

1. Log in to your myAlaska account.

- a. Visit myRnB.alaska.gov. This is the myRnB portal.
- b. On the right side of the page, choose **Login** using myAlaska. You will be directed to the myAlaska login page, where you will log in using your myAlaska ID and password. This is the same ID and password you use to apply for your PFD. If you do not currently have a myAlaska account, click on the second link to create a myAlaska account. After you log in to myAlaska, you will be redirected back to myRnB.
- c. If this is your first time logging on to myRnB, you may need to verify your last name, date of birth, and the last 4 digits of your SSN, then click on **Next**.
- d. On the myRnB page, under Self-Service Tools, select **AlaskaCare Health Benefits Open Enrollment**.

2. Review your dependents enrolled under the health plan.

- a. Click **Health Dependent Enrollment**.
- b. Make sure all your eligible dependents are listed. If not, click **Add Dependent**, fill in the blanks, and click **Save Changes**.
- c. If there are ineligible dependents listed, select the dependent from the list on the left side of the page. Click **Edit**, then **Terminate Dependent**.
- d. If you have not yet provided the Social Security number (or other tax identification number) for each of your dependents that you have enrolled, please do so now. Select the dependent from the list on the left, then choose **Addition of Missing SSN** from the drop-down menu. Be sure to click **Save Changes** once you have added the information.
- e. Once your dependents are enrolled, click on the **Print and Sign Verification** button to open the signature verification form in a PDF document and print the verification form.
- f. Once the form is signed and dated, you may fax, mail, or email it to the Division per the information on the form. *The dependent enrollment is not complete until the Division receives and processes your verification form.*
- g. Once your review is complete, click **Back to Benefits Enrollment** at the top of the page.

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3. Check your elections and make new elections as needed.

- Under **Change Reason**, select **Open Enrollment** from the drop-down menu, then click **Change Elections** button.
- Use the drop-down menus to make new elections. Certify your eligibility, then press **Continue**.

4. Review these elections and the updated premiums.

- Click **Back** to edit your elections, or
- Click **Submit Elections** to finalize enrollment.
- Print the confirmation page for your records.

You are all set for your health elections for 2022!

We want to hear from you!

The Division will be sending an online survey to employees during Open Enrollment to gather feedback from our members about your benefits and how we can serve you better. Look for a survey link via e-mail in November!



Enrollments must be made online. If you need assistance while trying to enroll, contact the Member Services Center at:

In Juneau: (907) 465-4460

Toll-free: (800) 821-2251

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

Friday: 8:30 a.m. to 3 p.m. (Alaska Time)

Email: doa.drb.benefits@alaska.gov

Aetna Concierge: (855) 784-8646

Delta Dental of Alaska: (855) 718-1768

OptumRx: (855) 409-6999

SurgeryPlus: (855) 715-1680

PayFlex: (888) 678-8242



Voluntary Supplemental Benefits Enrollment

Take the time to understand your options and learn about the Voluntary Supplement Benefits (VSB) administered by MetLife by visiting www.metlife.com/stateofalaska.

The site will provide you with answers on how to file a claim, along with detailed plan summaries on each benefit offered to you.

To enroll in your Voluntary Select Benefits (life insurance, critical illness, short-term/long-term disability), visit Alaska.gov/drb/benefits/employee/VSBs/. If you have questions about enrolling in the voluntary benefits, contact State of Alaska Voluntary Benefits Support (BenefitFocus) at (844) 939-0543.

Benefit Spotlight: Teladoc®

Ever wake up with a mild health concern in the middle of the night? Something too small to be an emergency, but can't wait until your next doctor visit? Try Teladoc®!

General medical consults, dermatology consults and behavioral health are free!

The Division partnered with Teladoc® to provide you with a convenient and affordable way to receive quality medical care.

To utilize this benefit, begin by registering your Teladoc® account. This service is provided through your health plan, and is free to register.

For more information about Teladoc®, covered services, fees, and how to enroll, visit Alaska.gov/drb/alaskacare/employee/teladoc.html or call (855)-TELADOC (835-2362).