

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 Approvat:				

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.