

Retiree Health Plan Advisory Board Meeting Agenda

Date: Thursday, October 29, 2026
Time: 1:30 pm – 2:30 pm
Location: [Join the meeting now](#) | ANC Atwood 19th Floor
Telephone Only: [+1 907-202-7104, 601 184 974#](#)
Board Members: Dallas Hargrave, Lorne Bretz, Paula Harrison, Michael Humphrey, Donna White

- | | |
|----------------|---|
| 1:30 pm | Call to Order <ul style="list-style-type: none">• Roll Call and Introductions• Approval of Agenda• Ethics Disclosure and Public Comment |
| 1:35 pm | Public Comment |
| 1:45 pm | Division Updates/ Modernization Topics <ul style="list-style-type: none">• 2027 Dental-Vision-Audio Open Enrollment<ul style="list-style-type: none">○ November 4 – 25, 2026• Addition of Licensed Massage Therapists• Review of Board and Committee Appointments• Regulations Committee Meeting<ul style="list-style-type: none">○ November 18, 1:30 – 3:00 pm |
| 2:20 pm | Public Comment |
| 2:30 pm | Wrap up/Adjourn |



RETIREE DVA OPEN ENROLLMENT GUIDE

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

2027

The Division of Retirement and Benefits will host an open enrollment period for the AlaskaCare Retiree DVA Plan from November 4 – 25, 2026

You can choose the plan that works best for you and your family for the upcoming 2027 benefit year. **Participation is encouraged but not required.**

While DVA benefits are not changing in 2027, now is the time to consider whether you'd like to switch plans - for example, switching from Legacy DVA to Standard DVA, or vice versa. You may also increase your coverage tier to include eligible dependents, such as changing from Retiree Only to Retiree and Spouse.

IF YOU DO NOT PARTICIPATE IN OPEN ENROLLMENT, YOU WILL REMAIN IN YOUR CURRENT PLAN.

Review this guide for details, options, and enrollment instructions to help you make an informed choice.

Both DVA Plans - the Standard DVA Plan and the Legacy DVA Plan - offer valuable dental, vision, and audio benefits. When deciding which plan is right for you, consider your personal dental and vision needs, how you typically use your benefits, and what matters most to you for 2027.

If you're not sure which DVA plan you're enrolled in, you can refer to your dental insurance member ID card to verify. The card will either say "Retiree Legacy Dental Plan" or "Retiree Standard Dental Plan" on the bottom right corner. You may also contact Delta Dental of Alaska at (855) 718-1768 or reach the AlaskaCare Member Education Center toll-free at (800) 821-2251 or in Juneau at (907) 465-4460 for assistance.

Premiums are subject to annual adjustments and will increase effective January 1, 2027. Premiums are reviewed regularly to reflect claims experience and ensure the long-term sustainability of the plans. Please refer to page 8 for the updated rates.

November 4, 2026
Open Enrollment Begins

November 25, 2026
Open Enrollment Ends

January 1, 2027
New Benefit Elections Take Effect

Frequently Asked Questions

1. WHAT ARE THE KEY DIFFERENCES BETWEEN THE STANDARD AND LEGACY DVA PLANS?

Standard DVA Plan: Standard Vision

- Uses the **VSP provider network**, giving members access to network pricing and discounts. When you use a VSP network provider, the provider will determine your cost, submit the claim to VSP, and bill you only for your share of the cost.
- Custom and premium progressive lens enhancements are covered. Discounts are also available for photochromic lenses, tints, and other lens enhancements when you use a VSP network provider.

- If you use an **out-of-network provider**, you will generally pay more than you would under the Legacy Vision Plan.

Legacy DVA Plan: Legacy Vision

- Does **not** use a vision provider network.
- Covered services are generally paid at **80% coinsurance**, with the member responsible for the remaining 20%.
- There are no network discounts.
- Members typically pay for services when they receive them and then submit a claim for reimbursement.

>> **CONTINUED ON THE NEXT PAGE**

TABLE OF CONTENTS

Frequently Asked Questions.	1-2
Online Enrollment Instructions & Contact Information	3
Dental Benefit Comparison	4-7
Vision Benefit Comparison	7-8
2027 DVA Premiums	8

Frequently Asked Questions Continued



Standard DVA Plan: Standard Dental

- \$3,000 annual dental benefit maximum.
- Preventive services **do not count** toward the annual dental benefit maximum.
- Features 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. This is in addition to Delta Dental's broad Premier network.
- 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: Legacy Dental

- \$2,000 annual dental benefit maximum.
- Preventive services **do count** toward annual dental benefit maximum.
- Generally does not have pre-determined frequency or age limitations on most services.
- Features access to Delta Dental's broad Premier network of providers that save you money when you use a network dentist but does not include the additional PPO network.
- Pays out-of-network dentists at a higher rate.

For a more complete comparison of benefits, see the enclosed DVA comparison tables.

2. WHAT DO THE STANDARD AND LEGACY DVA PLANS HAVE IN COMMON?

Both plans provide dental, vision, and audio coverage. While there are differences in how some benefits are provided, the plans have several important similarities:

Dental

- Both plans cover preventive, restorative, and prosthetic dental services.
- Both have the same dental coinsurance levels:

- » Class I — Preventive: 100%
 - » Class II — Restorative: 80%
 - » Class III — Prosthetic: 50%
- Both have a \$50 annual deductible per individual for Class II and Class III services.

Vision

- Neither vision plan has a deductible.
- Both plans cover one eye exam and one pair of lenses each year, as well as frames every other year.

Audio

- Audio benefits are the same under both plans.

Funding

- Both plans are fully funded by member premiums.

3. CAN I CHANGE MY PLAN NEXT YEAR?

Yes. You will have the opportunity to change your DVA plan during each open enrollment period.

Outside of open enrollment, you generally cannot change your plan selection unless you experience a qualifying life event. You may also choose to decrease your coverage (for example, from retiree-and-family coverage to retiree-only coverage) at any time by submitting your request in writing.

4. WILL I RECEIVE A NEW ID CARD?

If you change your DVA plan election for 2027, you will receive a new dental member ID card by mail in January.

You will not receive a separate ID card for vision benefits under either the Standard or Legacy DVA Plan.

See our website for more details.

5. I AM ENROLLED IN THE DVA PLAN WITH COVERAGE FOR MYSELF AND MY DEPENDENT SPOUSE THROUGH MY OWN RETIREMENT. CAN I CHOOSE THE LEGACY DVA PLAN, AND COVER MY SPOUSE THROUGH THE STANDARD DVA PLAN?

If you and your spouse are covered under the same DVA policy, you must both be enrolled in the same plan. You cannot choose the Legacy DVA Plan for yourself and the Standard DVA Plan for your spouse. However, if you and your spouse each

have a separate AlaskaCare DVA policy, you may choose different plans. In that case, each of you can select the plan that works best for your individual needs and still cover each other as dependents.

6. WHAT DOES "COVERED" MEAN IN THE DENTAL BENEFIT COMPARISON?

"Covered" generally means the service is covered without a specific frequency or age limitation.

7. 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. However, using a network provider can help you save money.

Dental: Both plans provide access to Delta Dental's broad Premier network. The Standard DVA Plan also provides access to an additional PPO network, which may offer greater discounts when you use a PPO dentist.

Vision: The Standard DVA Plan includes access to the VSP vision network, which offers network discounts. The Legacy DVA Plan does not use a vision provider network.

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.

Refer to the *AlaskaCare Retiree DVA Plan 2027 Benefit Comparison* on pages 4-8 for plan differences and the *AlaskaCare Retiree Insurance Information Booklet* for complete benefit details.

Need More Information?

For information on the 2027 Retiree DVA plans and additional FAQs, please visit AlaskaCare.gov/DVA.

ONLINE ENROLLMENT INSTRUCTIONS

Find the online enrollment form at AlaskaCare.gov/DVA. Elections are available 24/7, November 4-25, 2026.

Open Enrollment closes at 5 p.m. Alaska Time November 25, 2026

Step 1. Learn

Navigate to AlaskaCare.gov/DVA and select **Ready to Enroll? Click Here!** This will take you to the Retiree DVA Plan online enrollment form, which is completed in four easy steps. Click **Get Started** to begin.

Open enrollment begins with important reminders about your plan options, eligibility details, and where to find answers to your questions. After reviewing the information, click **Next** to continue.

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

- If your eligibility is 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**.

- You will be emailed a confirmation for your records.
- If you need to update your dependent information, complete the *Retiree Health Dependent Change Form* found on our website AlaskaCare.gov 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 CLOSURES WILL DETERMINE YOUR PLAN ELECTION FOR THE 2027 BENEFIT YEAR.



Questions About Your Benefits?

Here's who to contact for help with your AlaskaCare benefits.

Find the Right Team



Dental Benefits

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



Audio & Vision Benefits

Audio & Legacy Vision: Contact Aetna Concierge toll-free at (855) 784-8646.

Standard Vision: Contact VSP toll-free at (800) 877-7195.

Contact the AlaskaCare Member Education Center

For general questions or assistance with your AlaskaCare DVA benefits, contact the AlaskaCare Member Education Center.



Phone Juneau: (907) 465-4460 Toll-free: (800) 821-2251



Email doa.drb.benefits@alaska.gov



Mail P.O. Box 110203, Juneau, AK, 99811



Hours of Operation

M-Th: 8:30 a.m. - 4 p.m.

F: 8:30 a.m. - 3 p.m. Alaska Time

RETIREE DVA PLAN 2027 BENEFIT COMPARISON

AlaskaCare Retiree Dental-Vision-Audio (DVA) plan members have a choice between the Standard DVA Plan and the Legacy DVA Plan for the 2027 benefit year. You can choose the plan that works best for you and your family.

This comparison provides an overview of the two plans and highlights some, but not all, of the dental and vision benefit provisions. For complete coverage details, please consult the plan booklets available at [AlaskaCare.gov](https://alaskacare.gov).

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.

Dental Benefit Comparison

DENTAL COINSURANCE AND MAXIMUM BENEFIT

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	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 Delta Dental's exclusive PPO network with deeper discounts on 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.	100% of the 90th percentile; members may be billed for additional charges.
(Note: International dental claims are considered out-of-network)	You can find examples of the cost of services under each plan at AlaskaCare.gov/DVA .	You can find examples of the cost of services under each plan at AlaskaCare.gov/DVA .

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.
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COVERED DENTAL SERVICES: CLASS I - PREVENTIVE

Impact on annual maximum benefit	Charges for class I preventive services do not count toward annual maximum benefit, with the exception of 3D Imaging.	Charges for class I preventive services do count toward annual maximum benefit.
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DIAGNOSTIC

Oral exam	Covered two times per benefit year.	Covered
Complete series x-rays/panoramic	Covered once every five years.	Covered once per benefit year; not more than one full mouth or series per year.
Bitewing x-rays	Covered once per benefit year.	Covered

COVERED DENTAL SERVICES: CLASS I - PREVENTIVE

	Standard Dental Plan	Legacy Dental Plan
DIAGNOSTIC CONTINUED		
3D Imaging	Covered once per benefit year. Charges incurred will apply towards the annual maximum benefit.	Covered, if required for the diagnosis of a specific condition.
Diagnostic casts and study models	Not covered	Covered
PREVENTIVE		
Cleanings (prophylaxis)	Covered four times per benefit year.	Covered
Periodontal maintenance	Covered as a class I service at 100% and no deductible. Four times per benefit year.	Covered as a class II service at 80% and \$50 deductible.
Topical fluoride	Covered four times per benefit year.	Covered
Sealants: 18 years or younger	Covered once per benefit year per tooth.	Covered
Sealants: 19 years or older	Covered once per benefit year per tooth.	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

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 jawbone)	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
PERIODONTICS		
Gum disease and supporting tissue treatment	Covered	Covered
Periodontal maintenance	Covered as a class I service at 100% and no deductible. Four times per benefit year.	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

Dental Benefit Comparison Continued

COVERED DENTAL SERVICES: CLASS II - RESTORATIVE		
	Standard Dental Plan	Legacy Dental Plan
OTHER		
Occlusal Guard	Covered with no frequency limitations for members 13 and older	Not Covered
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		
RESTORATIVE		
Crowns (cast restoration)	Covered once in five-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.
PROSTHODONTIC		
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.

COVERED DENTAL SERVICES: CLASS III - PROSTHETIC

	Standard Dental Plan	Legacy Dental Plan
PROSTHODONTIC CONTINUED		
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.
OTHER		
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.

Vision Benefit Comparison

VISION BENEFIT MAXIMUMS

	Standard Vision Plan	Legacy Vision Plan
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	Every two consecutive 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.

VISION COINSURANCE, OUT-OF-POCKET COSTS, LENSES, ALLOWANCES, LENS ENHANCEMENT

	Standard Vision Plan - VSP Network Benefits	Legacy Vision Plan
COINSURANCE/COPAYMENT		
Examination	\$10 Copay	20% member coinsurance for allowed amount, plus 100% of any not covered amount. Members may need to 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	



Vision Benefit Comparison Continued

VISION COINSURANCE, OUT-OF-POCKET COSTS, LENSES, ALLOWANCES, LENS ENHANCEMENT

	Standard Vision Plan - VSP Network Benefits	Legacy Vision Plan
LENS ENHANCEMENT OUT-OF-POCKET COST		
Anti-Reflective Coating	Covered	20% member coinsurance for allowed amount, plus 100% of any not covered amount
Polycarbonate Lenses	Covered	
Scratch-Resistant Coating	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 Vision Plan	Legacy Vision Plan
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	\$165 benefit allowance*	Not covered

* Members may be responsible for additional charges when receiving services from out-of-network providers. Additional coverage may be available based on VSP provider availability.

Examples of service costs under each plan are available at [AlaskaCare.gov/DVA](https://www.alaskacare.gov/DVA). Visit our website for information about a network exception for members who do not have access to a VSP provider within 25 miles or are not able to schedule their appointment within 30 days of contacting a provider.

Please note: International claims are considered out-of-network with VSP under the Standard Vision Plan.

Audio Benefit Comparison

AUDIO BENEFITS

	Standard and Legacy DVA Plan
Coinsurance	80% of the recognized charge for audio services
Maximum benefit	\$2,000 in a rolling 36-month period

2027 Monthly Premium Rate Chart

Standard and Legacy DVA Plans

Coverage Level	Standard DVA Plan		Legacy DVA Plan	
	2026	2027	2026	2027
 Retiree Only	\$77	\$83	\$80	\$83
 Retiree and Spouse	\$154	\$164	\$158	\$164
 Retiree and Child(ren)	\$140	\$148	\$143	\$148
 Retiree and Family	\$219	\$233	\$225	\$233



State of Alaska
RETIREE HEALTH PLAN ADVISORY BOARD
Related to the addition of licensed massage therapists
under the AlaskaCare Defined Benefit Retiree Health Plan

Resolution 2026-01

WHEREAS, the Retiree Health Plan Advisory Board (Board) is authorized by Administrative Order No. 336 to facilitate engagement and coordination between the State of Alaska's retirement systems' members, the Alaska Retirement Management Board, and the Commissioner of Administration regarding the administration of the AlaskaCare Retiree Health Plan (Plan); and

WHEREAS, the Alaska retiree health care trusts provide health coverage through the AlaskaCare Defined Benefit Retiree Health Plan to retirees and their dependents; and

WHEREAS, the Plan currently provides members with coverage for medically necessary rehabilitative care, including massage therapy, designed to restore and improve bodily functions lost due to injury or illness, according to the Plan's medical necessity and rehabilitative care provisions; and

WHEREAS, the AlaskaCare Retiree Insurance Information Booklet (Booklet) lists the specific qualified provider types that are covered by the Plan; and

WHEREAS, at the time the Plan was established, massage therapists were not recognized providers requiring professional licensing in the State of Alaska, and were therefore not recognized by the Plan; and

WHEREAS, legislation enacted in 2014 established the Alaska Board of Massage Therapists and required massage therapists to become licensed providers with the State in order to continue practicing, effective July 1, 2015; and

WHEREAS, the Plan has not since been updated to include licensed massage therapists as recognized providers; and

WHEREAS, the Division has contracted with a third-party vendor to administer rehabilitative care benefits provided by licensed massage therapists operating within the scope of their license for active employee plan members; and

WHEREAS, the Division's contracted third-party vendor has developed and is committed to appropriately maintaining medical clinical policy bulletins to document medical necessity standards to administer outpatient rehabilitative care, including massage therapy; and

WHEREAS, the Division may contract with a different third-party vendor in the future to provide similar services; and

WHEREAS, the Division has proposed to add licensed massage therapists to the list of recognized provider types under the terms of the Plan, as outlined in detail in the Program Proposal presented to the Retiree Health Plan Advisory Board on September 8, 2026 (Program Proposal); and

WHEREAS, for non-Medicare members medical services provided as part of an ongoing written plan of care, when administered by an eligible health care provider practicing within the scope of their license, are included benefits, and

WHEREAS, for Medicare-eligible members all medical services covered by Medicare will be first considered by Medicare, then by AlaskaCare's standard medical coverage, and if the service is not covered by Medicare, the Plan will process the claim according to the coordination of benefits provisions of the Plan; and

WHEREAS, the Division has solicited public comments on the Program Proposal to consider adding licensed massage therapists to the list of recognized provider types under the Plan, which resulted in 100% of public comments in favor of implementation of the Program Proposal; and

WHEREAS, the Program Proposal has been evaluated by an independent certified Fellow of the Society of Actuaries, who found that the proposed change would result in enhancements to the Plan that are favorable for members and would not impact the actuarial value of the Plan; and

WHEREAS, the Program Proposal has been evaluated by an independent certified Fellow of the Society of Actuaries, who found that the proposed change is anticipated to result in approximately \$650,000 to \$750,000 in additional annual costs to the Plan; and

WHEREAS, the Division's analysis has included: evaluation of the need and rationale for the proposed change, data analysis based on actual experience, evaluation of the impact of the changes to the current benefits; evaluation of any gaps, restrictions, reductions, eliminations, expansions, or additions to the current benefits; the number of members potentially impacted by changes and the seriousness of any impacts;

NOW THEREFORE, BE IT RESOLVED THAT THE RETIREE HEALTH PLAN ADVISORY BOARD recommends the AlaskaCare Defined Benefit Retiree Health Plan adopt and implement the addition of licensed massage therapists to the list of recognized providers as outlined in the Program Proposal submitted to the Board on September 8, 2026, to be effective January 1, 2027.

DATED this 29th day of October 2026.

Retiree Health Plan Advisory Board Appointments and Committee Membership

Retiree Health Plan Advisory Board	Seat	Start	End
Lorne Bretz	1 – ARMB Trustee	8/14/2020	12/1/2027
Dallas Hargrave - Chair	2 – HR Official or Financial Officer	1/3/2018	12/1/2029
Paula Harrison	3 – PERS Tier I-II-III	8/14/2020	12/1/2029
Vacant	4 – TRS, nominated by Retiree Group		12/1/2019
Donna White	5 – PERS/TRS/JRS	5/24/2024	12/1/2027
Vacant	6 – Active or Retired PERS/TRS		12/1/2025
Vacant	7 – Public Member, not PERS/TRS/JRS		12/1/2020
Mike Humphrey – Vice Chair	8 – RPEA	8/3/2022	12/1/2028

Modernization Committee
Mike Humphrey
Paula Harrison
Jennifer Mannix – RPEA Representative

Regulations Committee
Lorne Bretz
Mike Humphrey
Wendy Woolf – RPEA Representative