



**Retiree Health Plan Advisory Board (RHPAB)
Public Comments for calendar year 2023**

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RHPAB Public Comment for August 2023

From: Linda Layfield

Sent: Tuesday, August 29, 2023 12:51 PM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Feedback on the health plan from a retiree

Dear plan administrators,

I believe I may have suggested this previously, but I still think it is an idea that would save you money.

I think acupuncture should be covered as a method of pain relief. It is certainly safer than opioids. [REDACTED]

[REDACTED]

But I do believe that acupuncture is a much healthier and safer method of pain relief and should be covered by insurance.

Thank you

Linda Layfield

From: Sen. Matt Claman
Sent: Friday, August 25, 2023 1:07 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Claman Letter to Retiree Health Plan Advisory Board re Acupuncture



Alaska State Legislature

Senator Matt Claman

Session: State Capitol, Juneau, AK 99801

Interim: 1500 W. Benson Blvd., Anchorage, AK 99503

August 25, 2023

Retiree Health Plan Advisory Board
alaskarhpab@alaska.gov

RE: Retiree health plans & acupuncture

Transmitted Electronically

Dear Board Members:

I am writing to request that the Retiree Health Plan Advisory Board include consideration of whether to add coverage for acupuncture services for state retirees to its list of 2024 priorities for analysis.

Standards of medical practice evolve, and new medical studies and evidence continue to come out. As a result, acupuncture is now covered by more and more health plans. I know several individuals who have received acupuncture treatment for a variety of conditions and a very satisfied with the result. Expanding health plan coverage for acupuncture is consistent with coverage of other non-traditional medical care such as chiropractic care and prescribed massage therapy.

For example, until January 2020, Medicare didn't cover acupuncture under any circumstances. The Centers for Medicare & Medicaid Services then changed the rules, in part, to offer an alternative to opioids for lower back pain. Ensuring that people with pain have access to safe, effective, and affordable nonopioid pain management in their health plans is critical to improving outcomes for Alaskans. Acupuncture can help patients on different levels, such as preventing addiction through treating pain, and even helping people deal with drug withdrawal.

Moving forward, the board should evaluate adding coverage for acupuncture to the state retiree health plan. Upon review, the board should add coverage for acupuncture.

Please let us know if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Matt Claman".

Senator Matt Claman
District H, Anchorage

Cc: Ken Truitt
Legislative Liaison, DOA
Ken.Truitt@alaska.gov

RHPAB Public Comment for July 2023

From: Sherry Thomas

Sent: Tuesday, July 25, 2023 11:33 AM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Acupuncture

I really wish you would include it in coverage. Thanks !

Sherry Thomas

From: Barbara Wright

Sent: Tuesday, July 25, 2023 9:05 AM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Silver Sneakers for Lower 48

Hello...

Why can't retired individuals living in the lower 48 be entitled to the Silver Sneakers plan?

I inquired about this a few years ago & was told this would be looked into but have not heard anything on this.

This is an excellent source of exercise for individuals.

Thank you for your consideration.

Barbara Wright

From: Sue Royston

Sent: Wednesday, July 19, 2023 12:39 AM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Travel Reimbursement for PET Scan

The PET Scan is not available in Fairbanks, requiring travel to the nearest medical facility which is in Anchorage.

[REDACTED]

[REDACTED] I would like to see Travel Reimbursement for this amazing tool.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Thank you for your consideration!

Sue Royston

RHPAB Public Comment for June 2023

From: Nancy Weller

Sent: Tuesday, June 20, 2023 2:56 PM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Drug Formulary

I am a retiree who is very interested in receiving a drug approved May 12, 2023 by the FDA. [REDACTED]

[REDACTED]

I am hopeful the Pharmacy and Therapeutics committee will address this new medication quickly and add it to the formulary. I am unaware of how the formulary approval process works which is why I am sending this request. I hope it is updated more often than annually as I don't want to wait until 2024 to try this medication.

I am in process of filing an appeal for coverage of this drug.

Thank you for your consideration.

Nancy Weller

From: Becky Bragg

Sent: Sunday, June 18, 2023 10:44 AM

To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>

Subject: In support

I would like to take part in a virtual exercise program.

Thank you for your service,

Becky Bragg

From: Lawrence Weiss

Sent: Friday, June 16, 2023 5:10 PM

To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>

Subject: cap

Please get rid of the cap! In light of both inflation and Alaska's highest cost of health care in the nation, we need the cap eliminated in order to have adequate health care.

L. Weiss

From: Louise Ma

Sent: Friday, June 16, 2023 5:05 PM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: comment on lifetime cap

Dear Division of Retirement and Benefits,

Thank you for considering a rule change to the lifetime maximum cap and for the opportunity to submit public comment. I offer the following comment on the proposal to modify the lifetime maximum rule.

I am a member retiree, now living [REDACTED] near my family. [REDACTED]

[REDACTED] New surgical techniques and enhanced imaging capabilities made possible by radical technological advancements give me hope. Advancements in genetic testing also work to improve survival rates [REDACTED]

[REDACTED] while Medicare may pay for “the majority” of the costs of a patient’s billed health care, this does not mean that the remaining portion is an inconsequential amount. 20% of a humongous figure is still a large expense for a retiree to bear. Without supplemental insurance, the medical treatment [REDACTED] would be entirely out of my reach, [REDACTED] for nearly all. As technological advances in medicine forge ahead, those numbers will only get higher, with and without inflation factored in. Other economic forces such as market concentration in the delivery of medical services will also contribute to increased medical costs.

[REDACTED] as the cost of health care continues to rise [REDACTED] I have grown terrified that I will reach the lifetime maximum cap. I find myself constantly trying to decide what medical services I should defer, which ones are necessary to receive and which ones I can get away with declining, an impossible calculation that even the doctors cannot reliably determine. [REDACTED]

[REDACTED] I am never not conscious of the cap dangling like a scythe above my head. And yet, my friends and family all look at me like I am nuts when I tell them that I do not enjoy the same protections as those afforded by the ACA and PPACA.

The second point is to say that the State of Alaska retirement system, specifically health care benefits, were the singularly most important motivator for why I decided to remain in my job until I had vested. I did not even learn there is a lifetime maximum cap until several years *after* [REDACTED] I believed that I had lifetime health care insurance. [REDACTED]

[REDACTED] I ask the Division of Retirement and Benefits to take the important and necessary step of removing the lifetime maximum, and to bring the system into step with the federal law banning lifetime maximums already passed by Congress, and deemed to be an important and necessary step for all Americans.

Thank you. Sincerely, Louise Ma

From: Robert Sewell

Sent: Friday, June 16, 2023 4:54 PM

To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>

Subject: Support for newly proposed a Alaskacare healthcare insurance - from Robert Sewell

Good afternoon

Healthcare Plan Administrators,

I am writing to comment on the three proposed changes to the AlaskaCare Defined Benefit Retiree Health Plan. I am currently a recent RETIREE from Alaska State Government, where at I worked 15 years [REDACTED]
[REDACTED] I am a Tier 2 member of the PERS system and look forward to my continued retirement.

I have seen the savings to the ASEA HBT Health Plan due to Non-Emergent Surgery and Travel Benefits in our plan. Similarly, I have seen the benefits and cost savings realized from the Virtual Physical Therapy and Musculoskeletal Care program in the ASEA HBT. Additionally, I believe removal of the lifetime cap of \$2 million would bring the AlaskaCare Defined Benefit Retiree Health Plan in line with insurance industry guidelines. All three would be great enhancements to the Plan.

The three proposals would be good improvements to the AlaskaCare DB Retiree Health Plan. I encourage adoption of the three proposals, and in particular urge you to remove the cap on the lifetime maximum benefits.

Sincerely,

Robert Glenn Sewell, Jr.

From: Karen M

Sent: Thursday, June 8, 2023 10:46 AM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: (negative) comment for Optum Rx

To Whom It May Concern:

1. I turned [REDACTED]
2. I have attempted to get my IRMAA HRA Enrollment form approved since late February.
3. I have completed the online IRMAA HRA Enrollment form multiple times, 6 or 7 times, I lose track
4. I even downloaded the form, completed, xeroxed supporting documents and mailed to Optum, to only receive their snail mail letter telling me to complete the online IRMAA HRA Enrollment form.
5. I emailed Optum Rx at: Alaskacare-IRMAA@optum.com, and did not receive a reply
6. I have spent nearly an hour, being transferred and being placed on-hold LONGER than I spoke to them
7. Optum Rx is personnel/customer service is TERRIBLE
8. PLEASE do something about this ASAP

Respectfully

Karen Mitchell

RHPAB Public Comment for May 2023

From: Kathleen Yarr

Sent: Monday, May 22, 2023 10:15 AM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: OptumRx Totally Fails Us

Hello,

Nicely put Optum sucks. It's difficult to navigate the website. The phone system passes u to 7 different people who don't know the Alaskacare system. They make u set up an account u don't want every year (cumbersome). U can't get your money outa your account. I don't even use their prescription service because they've always run out of my medication 🍌! Walmart gives me better service!

We can do better than this! Please figure something else out.

Sincerely

Kathleen Yarr

Alaska Retiree

From: Damon Cruz

Sent: Friday, May 12, 2023 1:48 PM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Plan updates

1. As a retiree I heartily agree with any changes that increase or add benefits, but I think the Lifetime Limit should be taken to \$8MM rather than dropped completely. I did not see any figures for how much was available to cover future increases; the issue can be addressed again if the active use comes up near \$8MM.
2. Travel was an obvious oversight, glad to see it added. No complaints, except COLA adjustments – was that included?

I was pleasantly surprised to see the relatively tiny percentages of increased cost/impact -- I hope they are correct, or contingency provisions have been discussed. In favor of retirees, of course. 😊

I am still hopeful that AlaskaCare (or Aetna) can find a way to work with foreign healthcare systems; there are more and more retirees going overseas, and cost and difficulty of being pre-paid or reimbursed for expenses is a burden. I have asked AKDRB to look into a firm in Mexico [REDACTED] that claims to provide US-style care and work with Aetna and/or AlaskaCare. Perhaps AKDRB might want to facilitate, or at least provide linkage to, firms that provide Medivac, US-insured care, or preferred local providers and policies in various popular retirement countries. Yeah, I know, more work and not always in English 😊

P.S.

- If any items above are incorrect due to misreading, feel free to correct and return this paper with an appropriate grade.
- I hope AKDRB is still a happy place to work.

From: michael wilde

Sent: Thursday, May 4, 2023 10:24 AM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Today's RHPAB Meeting

Please accept this email as my public comment regarding the Alaskacare Lifetime Maximum, which is an agenda item on today's RHPAB meeting:

Greetings Members of the Board,

My name is Michael Wilde. I am a retired State of Alaska employee who has most of his employment history working for the State of Alaska and other PERS employers.

Hence, I do not have 40 quarters of Social Security earnings.

For me personally, the problem lies in the Alaskacare Lifetime limit of \$2,000,000.

I will not have Medicare Part A coverage when I turn 65, and buying the coverage out of pocket is not feasible.

My understanding is that Alaskacare will cover Part A charges I might have even though I won't have Medicare Part A, but this could result in my \$2,000,000 Alaskacare benefit being exhausted more rapidly, potentially creating a financial hardship situation for me.

And the failure to address this lifetime limit problem may also reduce my Alaskacare coverage for Part B type services since the lifetime limit applies to both.

I read the Division's Whitepaper on this topic and feel it outlines the issue quite well.

The lifetime limit has been raised in the past to reflect medical inflation. This adjustment hasn't been applied in the recent past.

I strongly support raising the limit to \$8,000,000, or removing it completely.

Thank you.

Michael Wilde

RHPAB Public Comment for April 2023

From: Cindy Janke

Sent: Monday, April 17, 2023 9:40 AM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Silver sneakers

I would like to see this program available for Medicare part a & b.

Retiree,

Cindy Janke

RHPAB Public Comment for March 2023

From: Valerie DeLaune

Sent: Tuesday, March 14, 2023 12:08 PM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Comment on Aetna change of policy regarding DC and MT same DOS

Hi RHPAB (Retiree Health Plan Advisory Board),

Please see the enclosed documentation [REDACTED] regarding a recent Aetna change of policy for not paying for DC and MT the same day for the same ICD-10 codes. Members were not notified of this change, and I was advised by Aetna prior that in order for MT to get paid all the DC had to do was submit chart notes via FAX, [REDACTED]

Can you please speak to the role of the Retiree Health Plan Advisory Board in dealing with this issue of Aetna changing payment policy without notice to members?

Thank you,
Valerie DeLaune

RHPAB Public Comment for February 2023

From: Katherine Nabielski

Sent: Thursday, February 16, 2023 11:44 AM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Silver sneakers

Please make a change to our plan to cover Silver Sneakers as a preventative program. Also make changes in our plan to cover acupuncture by a licensed acupuncturist for lower back pain and migraines Thank you.

Peace, Katherine
Sent from my iPhone

From: Victoria Baker

Sent: Thursday, February 16, 2023 10:36 AM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Silver Sneaker thumbs up!

I would like to add my support to investigating *how we can get something like a Silver Sneaker service for our members.* [REDACTED] I'm not Medicare Advantage, and I could very much use a recumbent bike [REDACTED]. No bike shops seem to rent them. A gym is my only option.

Membership help would be very valuable...I'm seeing just a month long membership where I am has an activation fee and a stop fee as well as the base rate. Quite pricey for just a month or two.

Thanks for all the work you all do on our behalf.

Victoria Baker
Cordova

From: Renate Howard

Sent: Thursday, February 16, 2023 10:33 AM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

To whom it may concern,

I just spoke with the Town Hall meeting and was reminded that Alaska Care for Retirees still doesn't cover or at least partially cover the service of Silver Sneakers. My husband and I are both retirees from Alaska and REALLY would like to take advantage to the Silver Sneakers program to try to remain healthy and keep these bodies moving that are daily growing older.

Rehab has been useful but not long term like Silver Sneakers to keep going.

PLEASE PLEASE PLEASE find some way to include the Silver Sneakers.

Sincerely,
Renate and Jerry Howard

From: Shirley Minnich

Sent: Thursday, February 16, 2023 10:28 AM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Silver sneakers type of plan

As a Alaska Retiree I am very interested in maintaining health and wellness. It would be an advantage to the retiree member, and I encourage the board, to have a silver sneaker type of benefit included in our health plan.

Thank you;
Shirley Minnich

From: M Custer

Sent: Tuesday, February 7, 2023 7:19 PM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Closure of Alaska Regional Senior Clinic

Dear Alaska Retiree Health Plan Advisory Board, The Alaska Regional Senior Health Clinic is closing at the end of February, 2023. I was able to speak with one of the providers, and was told the reason the clinic is closing is because they cannot keep it staffed.

One of the physicians plans to try to continue to provide care to Medicare patients at a private clinic. He identified challenges that include less staff and setting up a system to meet Medicare quality measures.

Currently, this provider has a nurse and medical assistant. He will only have one when he starts at the private clinic. (I don't remember which one - nurse or medical assistant).

He also mentioned that Alaska Regional is a big institution and has a system in place for addressing Medicare quality measures. Getting this going at a private clinic will be a challenge.

I'm wondering if there is anything the Retiree Health Plan Advisory Board can do to support him so he can be successful? If he can succeed, maybe other providers would be willing to see Medicare patients. If he can't make it work, I think other providers may not try.

My suggestions include offering to fund the additional staff person for one year. In addition, who could help with setting up a system to meet Medicare quality measures? Pay a Quality Assurance staff person from an existing institution to help? Could someone from the State Medicare Office provide guidance? Perhaps fund a state nurse consultant position to help primary care providers address some of these challenges? I noticed there is a nurse consultant for Medicaid Provider Assistance. Why not someone for Medicare Provider Assistance?

Alaska needs more providers who will see Medicare patients. Finding out more from the providers who are leaving Alaska Regional Senior Clinic before it closes at the end of this month is a golden opportunity to learn from them and work to improve access for Medicare patients. If retirees can't find a provider who accepts Medicare, their Aetna retiree insurance is useless - essentially making them uninsured. (Aetna doesn't pay if Medicare didn't pay.)

In addition, I think it would be helpful to query other providers and retirees for their input to address the shortage of primary care providers who accept Medicare. In addition, is it possible to reach out to other rural states like Montana and Wyoming to learn what their Medicare situation is and how they are addressing it?

I have other ideas, but have already taken a lot of your valuable time.

Thank you.
Best Regards,
Marcy Custer

From: rpea.ak.president

Sent: Friday, February 3, 2023 11:00 AM

To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Lack of access to primary care providers for public retirees over 65

Importance: High

■ Betsy (and Judy):

Please find the attached letter to the RHPAB and the Division. I know you will provide a copy of this letter to the members of the RHPAB for their upcoming meeting next week.

I would ask, although I know your agenda may well be set by now, that the Division add this matter to the RHPAB agenda for at least initial review and discussion by the Board.

Thanks so much!

Randall
Randall Burns

RPEA President



Retired Public Employees of Alaska, APEA/AFT

8005 Schoon Street, Anchorage, Alaska 99518
PO Box 110650, Anchorage, Alaska 99511-0650
Phone: (907) 274-1703
Email: manager@rpea-ak.org
Web site: rpea-ak.org

February 3, 2023

Betsy Wood
Acting Chief Health Administrator
Division of Retirement and Benefits
P. O. Box 110203
Juneau, AK 99811-0203

Judy Salo, Chair
Retiree Health Plan Advisory Board
P. O. Box 110203
Juneau, AK 99811-0203

Dear Ms. Wood and Ms. Salo:

We are writing concerning a real crisis in the provision of medical care for those over age 65, and specifically on behalf of public retirees over 65 [i.e., those public retirees covered under the State of Alaska's Division of Retirement and Benefits' (DRB's) health plans, which includes persons retired from State, municipal, school district, judicial, and legislative employment].

As you know, under most circumstances, the AlaskaCare Retiree Health Plan administered by the DRB requires public retirees over the age of 65 to make Medicare their primary medical insurer. [See AS 39.35.535(b) and AS 39.35.880(e).] If a retiree over the age of 65 does not see a Medicare provider, AlaskaCare does not pay as secondary. If a public employee retires *before* the age of 65, the State's AlaskaCare Health Plan is their primary insurer but, at age 65, that retiree's AlaskaCare health coverage becomes secondary to Medicare.

At the same time, AS 39.35.535(b) and AS 39.35.880(e) also provide that "coverage for persons 65 years of age or older is "the same as that available for persons under 65 years of age." Recent circumstances restricting access to Medicare primary care have now resulted in a situation where health care coverage for public retirees over age 65 is clearly not the same as that available for those under 65.

You may have seen the recent ADN article about the closure of the Alaska Regional Senior Clinic. <https://www.adn.com/alaska-news/anchorage/2023/01/23/senior-clinic-at-alaska-regional-to-close-in-february-leaving-vulnerable-patients-with-limited-options-for-care/>

This closure was as callous to seniors as it could possibly be.

This closure reinforces the fact that there is woefully insufficient primary care access for Medicare seniors in Anchorage (and other areas in and outside Alaska). For over age 65 public retirees, unfortunately and ironically, the requirement that they see Medicare providers in order to exercise their medical benefits often results in the elimination of coverage that was fully available to them before they turned 65. We do not believe this comports with AS 39.35.535(b) or AS 39.35.880(e).

The Retired Public Employees of Alaska (RPEA) has recently received various complaints from multiple RPEA members, some of which are summarized below:

- 1) The Alaska Regional clinic closure has been “devastating.” Re-establishing care with the only two remaining senior clinics in Anchorage has resulted in an average four-month wait for an appointment.
- 2) Outside of Anchorage it has been reported that even though seniors may be able to find a primary care doctor, that doctor will only see them for the annual Medicare wellness visit; otherwise, they are directed to an associated urgent care clinic to wait in line for all other medical care needs.
- 3) Retirees have complained of being “fired” by their long-term primary care doctors as soon as Medicare becomes their primary insurance, despite having been told their provider would maintain them as patients after they turn 65.

We believe the difficulty in obtaining access to primary care for those over 65 is due to the low rates of Medicare reimbursement. This has been historically noted: *See “How Hard Is It for Alaska’s Medicare Patients to Find Family Doctors?” by Rosylind Frazier and Mark Foster, UA Research Summary No. 14 • March 2009, Institute of Social and Economic Research • University of Alaska Anchorage:*

https://iseralaska.org/static/legacy_publication_links/researchsumm/UA_RS14.pdf

The situation for Medicare patients has not improved in Alaska since the 2009 UA study was authored, and finding primary care physicians continues to be hard – if not impossible – for all Alaskan seniors. Unlike some seniors, however, whose only insurance may be Medicare, public retirees are beneficiaries of the Alaska Public Employee Retirement System, and as such are guaranteed the same medical coverage before and after age 65.

Prior to age 65, the Alaska’s Retiree Health Plan reimburses all providers at the “recognized charge,” defined under the retiree AlaskaCare Health Plan as the “negotiated charge contained in an agreement the claims administrator has with the provider either directly or through a third party, or what a covered provider bills or submits for that service or supply, or the 90th percentile of the prevailing charge rate for the geographic area where the service is furnished as determined by Aetna in accordance with Aetna reimbursement policies.” [See Health Plan Section 3.1.4.] Plan members can reduce their out-of-pocket costs by selecting from a network of providers in all areas.


Once a public retiree turns 65 and is Medicare eligible, if they are not residing in a location where their primary care provider will continue to treat them as a patient and/or if they are residing in a community where there are very few – if any – primary care providers who will accept Medicare patients, public retirees are denied reasonable access not only to necessary primary care, but to other care, since Medicare often requires a referral from a primary physician in order to access specialty care providers (assuming the specialty care provider will accept the referral).

If, as far back as 1975, the intent of the DRB was to view the language of AS 39.35.535(b) and AS 39.35.880(e) as providing a means to a cost-saving mechanism by which the State could leverage Medicare funding to provide savings to its Health Care Trust, we also believe that there was a clear assumption that the over age 65 retirees with Medicare as their primary payor would have reasonable access to the same level of care as the under age 65 public retirees. That assumption clearly has not panned out and is now often leaving public retirees over age 65 without access to health care short of an emergency room.

The RPEA certainly appreciates the fiduciary efforts of the DRB to find cost-savings in the face of increasing health care costs. The recent EGWP prescription medication plan put in place by the DRB is a good example of a successful mechanism to protect the Health Trust through federal cost-shifting. The EGWP generally works well because it did not limit access to care and did not force public retirees over age 65 to change the medications they receive or the process of securing them. The success of the EGWP program contrasts with the grossly disparate impact of the current retiree Health Plan requirement that transfers all public retirees to Medicare at age 65, leading to a clear inability of public retirees to access equitable health care.

At this point in time, and contrary to its statutory requirement, it is the RPEA's belief that the State's requirement of relying on Medicare as the primary coverage for public retirees over the age of 65 no longer provides retirees with health coverage that is the same as that available to public retirees under age 65.

We are requesting that the Retiree Health Plan Advisory Board and the Division of Retirement and Benefits consider, at the earliest possible time, a review of the Health Plan with a specific focus on the language in AS 39.35.535 and AS 39.35.880, to ascertain whether over age 65 retirees are receiving the guarantee provided for by these laws: the same coverage under the Health Plan for both over and under age 65 public retirees. If, as we suspect, the answer to that question is no, please know that we are most anxious to work with the RHPAB and the DRB to find solutions to the present very harmful disparity.

Sincerely yours,

Randall Burns
President
Retired Public Employees of Alaska

RHPAB Public Comment for January 2023

From: Scott Bailey

Sent: Saturday, January 14, 2023 10:42 AM

To: manager@rpea-ak.org

Cc: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>; Kris Hutchin; Scott Bailey

Subject: The Defined Benefit Retiree Health Changes of January 4, 2023 Proposed by SOA DRB

Hi Randall.

My wife Kris Hutchin and I, as State of Alaska retirees, really appreciate the opportunity to comment on the three proposals currently before the DRB and RPHAB.

We have looked over:

1).Lifetime Maximum- R0008. We support the \$8 million maximum claim per Retiree. Does the coordinated benefits clause still apply? Guessing anyone w \$8MM of medical may not survive to receive another \$8MM.

2). Supplemental Non-Emergency Surgery and Travel Benefits. (R001).

We support adoption of this proposal.

3)Virtual Physical Therapy and Musculoskeletal Care Program(R027).

This looks like a good program for those retirees in remote locations, those with restricted travel issues and for minor injuries where applicable

Based on Our experience

Virtual PT would not work.



The above comments conclude our input on all three of the proposals from DRB to amend the Defined Benefit Retiree Health Plan.

Kristine Hutchin and Scott Bailey.