

**Proposed Updates to the
AlaskaCare Defined Benefit Retiree Health Plan
Public Comments August 2021**



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The Department of Administration, Division of Retirement and Benefits, is working with the Retiree Health Plan Advisory Board (RHPAB) to review the following proposed updates to the AlaskaCare Defined Benefit Retiree Health Plan, effective January 1, 2022:

- Addition of preventive care coverage
- Addition of prior authorization for specialty medications

Public comments were accepted through 4:30 p.m. AKDT on September 3rd, 2021.

From: Diane Andresen
Sent: Friday, September 3, 2021 10:45 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: AlaskaCare changes: comments

Thank you for the very informative Town Hall meeting yesterday, and the printed materials you emailed in advance.

This is a question I was too nervous to ask yesterday:
What are the qualifications of the persons reviewing the specialty medications?

I have seen in other programs that the persons reviewing/approving/rejecting requests for speciality medication (or services) had little, if any medical or pharmaceutical background.

Comment about the Actuarial & Financial Impacts of specialty medications.

I appreciated the comment of one participant yesterday when he said he didn't think retirees/doctors were out to cheat the system.

I don't understand how costs can be reduced unless either the medication is denied or has to be replaced with an alternate product that may be cheaper but not as effective.

In reviewing the specialty medications, the insurer could also lean towards meds made by one pharmaceutical company over another.

I am very grateful to have AlaskaCare coverage & appreciate the time & effort the State of Alaska staff puts into developing & maintaining the program & keeping us informed.

Thank you.

Diane Andresen
Retiree

From: Leslie Conner
Sent: Friday, September 3, 2021 9:14 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: New preventive health care benefit

This would be great. I'll be retiring this coming summer and having a preventive benefit to our state retirement means more retirees will stay healthier longer and then they'll get on Medicare and won't be such a drain to the state money.

Go for it!! Make it so, Number 1.

Sincerely,
Leslie J. Conner
FNSBSD Teacher

From: Susan and Tim Blott
Sent: Friday, September 3, 2021 3:59 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed Benefit Additions for Retiree Health Plan

To Whom it May Concern,

THANK YOU for considering the preventive care service additions to the Retiree Health Plan.

My family and I are examples of those "surprised and frustrated by the absence of coverage for most preventive services" [REDACTED] I decided to forego any additional colorectal screenings until I could use Medicare. In addition, after years of physical exams which were required by my school district, I couldn't believe these would no longer be covered by my retiree insurance. Finally, every year I get my influenza vaccination and try to convince the pharmacist that "my plan won't cover my shot so don't bother submitting it to my insurance." They never believe me and submit it anyway.

As I get older, I know these preventive procedures and vaccinations become more important. Illnesses including shingles and influenza carry more dangers for older individuals, yet my insurance coverage doesn't seem to agree! The cost of care and treatment for illness or cancer is so much higher than that of preventive screenings. It just doesn't make sense to wait until someone is sick! Plus, since retirees are approaching eligibility for Medicare, they don't require preventive services through the Retiree Health Plan for very long. I would hope the State took that into consideration when determining the financial impact of these additional services.

I fully support and applaud the State's consideration of bringing the Retiree Plan into alignment with the Affordable Care Act (ACA) and the recommendation of expert groups outside those defined by the ACA.

Sincerely,
Susan Blott
Kodiak Island Borough School District Retiree

From: Gary Newman
Sent: Friday, September 3, 2021 2:52 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Cc:
Subject: Preventive Care, Pre-auth proposals

Division of Retirement and Benefits,

Preventive care has been adopted by businesses and institutions everywhere for quite some time. They correctly view it as saving their health care plans money. It's been a surprise to find that DRB has not included it in the retiree plan. As changes to the features/services of our plan are supposed to be cost neutral, what would DRB consider adding to our plan for the reduced health care costs that preventive care provides?

If that is considered, I would suggest adding **Teladoc** back in, as it was removed from the plan effective July 1, 2021. The Teladoc service is available 24-7. Alternatives for diagnosis and treatment for non-life threatening urgent issues are Emergency Rooms or urgent care (when available) which costs multiple times more to the plan both in services provided AND administrative/billing than would Teladoc. The telemedicine program doesn't work as it requires appointments, which can be days or weeks in advance. These alternatives were recommended by DRB's concierge service. The nurse-line wouldn't work in many cases as they cannot prescribe, per DRB's concierge.

Regarding **pre-authorization**, while the concept may be reasonable, from prior experience with Aetna, I find that their policy bulletins are more than extremely conservative and more in tuned to deny than provide appropriate services to our retirees. I think DRB may find that the number of appeals will expand significantly for the addition cost and burden to DRB as well as additional pain and suffering to our members who are already suffering.

Thank you.

Gary Newman
Fairbanks, AK

-----Original Message-----

From: Holly Byrnes
Sent: Friday, September 3, 2021 2:32 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Cc:
Subject: Proposed benefit additions comment

Good day,

I've scanned through the proposed additions and listened in on Wed's tele town hall, and as of today Sep 3, 2021 there has been insufficient time since first notice of these changes to thoroughly review and thus form conclusions about them.

I suspect I'm not the only retiree with a variety of activities and obligations, to make time in this short notice for the in-depth review these proposed changes deserve.

Please allow sufficient time, at minimum 30 days, for a full review and discussion of your proposed changes to retiree benefits.

Thank you.

Holly Byrnes

Sent from my iPhone

From: Damon Cruz

Sent: Friday, September 3, 2021 1:37 PM

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

Subject: Fine print exclusions

In the past year I have had occasion to be disappointed in the AlaskaCare medical coverage for the following:

1. OptumRx rejected claims for drugs [REDACTED] on the grounds that they were purchased in Mexico without prescription. Mexico DOES NOT REQUIRE prescriptions for many drugs, actually only requires them for opioids and more recently, antibiotics (to reduce antibiotic-resistant infections caused by misuse). We now have prescriptions to cover these items, but it will probably a long, uphill battle dealing with their bureaucracy, especially as their appeals process is based on paper forms, submitted by mail (see Item 5 below).
2. My mother-in-law is a SOA retiree, who paid for LTC for years only to discover [REDACTED] – that the LTC policies AlaskaCare offers at retirement do not cover in-home care. This is despite studies showing better health, quality of life and longer life expectancy compared to the horror shows that are modern institutional facilities.
3. [REDACTED] I spend a lot of time in Mexico and have discovered that medical care is cheaper than, and of comparable quality to, US care. We found several former hotels converted to assisted-living and nursing-care facilities, but our LTC policy does not cover care outside the US. This will become increasingly problematic as more and more SOA employees (and Americans in general) choose to retire outside the US, and SOA should investigate why this less-expensive option is not covered.
4. I was stunned to discover that at 65 I was forced into Medicare, and AlaskaCare/Aetna became secondary; this tidbit was buried deep within the AlaskaCare “brochure”, a large document, and not really mentioned when I was leaving SOA employment. This represents both a failure in communication and a potential catastrophe for retirees [REDACTED] but I can only assume it was presented to the State and employee unions as a cost savings, not a future change in coverage given the differences between Medicare and AlaskaCare. I now have Medicare Part B coverage – it took months of waiting time, and back payments – but I am still vexed by the differences in coverage differences when moving back and forth between US and Mexico.
5. Yes, I know it is a nuisance for US insurance companies to deal with foreign entities that do not use American forms, medical procedure-numbering schemes and even (gasp!) use foreign languages and dates but the professed purpose of their policies is to provide us, the client, with quality care delivered with a smile. (This has not always been my experience – usually I have to claw my way past first-tier call center employees who only follow scripts, and quote chapter and verse from policy manuals to repeatedly deny claims, rather than ask what they can do to help.)

- 6.
- 7.

[REDACTED]

What kind of health plan will cover major surgery for cancer, bot not the screening that might catch it in time??!?! Or tooth extraction vs preventative dental care?!?

SOA needs to examine its priorities** and quit the kind of nickel-and-dime corner cutting of retiree benefits that has landed them in court again and again. Sorry, do I sound angry and bitter? I envisioned my retirement as relaxing and hassle-free, but now I am considering canceling all my insurance and finding a good herbalist/crystal/Vegan practitioner.

*My doctor's PA ordered it, I was not 'consulted' until it arrived, but I am liable for it after the claim is denied, apparently due to "mis-coding" – in other words, people operating outside my control are having paperwork issues, and I will end up paying for it unless I walk a lot of paperwork through the system, because I cannot get any of them to call each other and clear it up in 15 minutes.
**a lot of budget struggles could be fixed by taking back a few million from oil industry "incentives".

Sent from Mail for Windows

From: Young
Sent: Friday, September 3, 2021 1:30 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Cc:
Subject: Proposed Changes to Retiree Health Plan

Alaska Department of Administration
Division of Retirement and Benefits
PO Box 110203
Juneau, AK 99811-0203

Re: Proposed Changes to Retiree Health Plan

I am writing to express my concern with the proposed changes to the AlaskaCare Retiree Health Plan, both in terms of the notice afforded to retirees and the scope of the proposed changes. It appears the State is attempting to balance the "give and take" requirements of judicial precedent with changes that would not be particularly beneficial for Alaska retirees who have Medicare as primary insurer. Adding preventive care would not really benefit those retirees already on Medicare, but the addition of prior authorization for specialty medications would affect ALL retirees, whether or not on Medicare.

Requiring prior authorization adds to the workload of retirees' doctors who are often already operating at capacity. I trust my doctors to know which medications are appropriate and beneficial for my condition. They should not have to jump through bureaucratic hoops that create additional delays in a process where time is clearly of the essence in dealing with emergency or chronic medical conditions. In my opinion, a further drawback to the PA process is that it enables the review team to second-guess the doctor's prescribing decision that is based on the patient's specific medical issues and/or history. While another less costly medication may be available, there may be many reasons why the doctor did not prescribe it, again based on his or her specific knowledge of the patient's medical history. In prior Health Advisory Board minutes discussing these changes in June, it was estimated that up to 25 per cent of all Prior Authorization requests could be denied under this process. In other words, in a quarter of all PA submissions, the review process would deny the doctor's specific recommended drug for the patient's condition and require that a different medication be used. (I suspect this alternate medication would be less costly in the majority of cases even though it is claimed that the review process is not intended to be cost saving.)

A cumbersome prior approval process for specialty drugs is not what we expected to face as we move through our golden years where the need for such medications becomes ever more frequent. I oppose this PA process as it attempts to second-guess and/or undermine the doctor's decision, adds layers to an approval process for doctors who are already overwhelmed by bureaucratic paperwork, and does not provide the state's retirees with the all-encompassing health care they envisioned and that is protected by the state's Constitution. The state's efforts could be better spent in attempting to secure cost reductions directly with the drug manufacturers for the most frequently prescribed and most costly specialty drugs being prescribed for Alaska retirees. Additionally, I would not oppose a PA process limited to reviewing those medications being prescribed for an off-label use. Otherwise the doctor's judgment and recommendation should prevail as it has in the past.

Sincerely,
Sharon Young

From: Sherry Rivers

Sent: Friday, September 3, 2021 1:28 PM

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

Subject: Proposed Benefit Additions

Hello!

Thank you for sending the post card to let participants know of the proposed upcoming addition to benefits. And thank you for offering a chance for participants to comment.

I would be absolutely thrilled to see preventative care screenings be covered. When I was employed by a bank these services were covered along with an Annual Physical. I miss those services and it having them seems to make sense. Kind of like the old saying that "a stitch in time saves nine". Catching any health problem early surely saves money in the long run and keeps people healthier.

Thank you so much!

Sherry Rivers

From: Larry Ehnert
Sent: Friday, September 3, 2021 12:29 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventive Care Services

AWESOME!!

I have been retired for 6 years. Thankfully I have been very healthy so I have used my health care benefits only very occasionally. I was surprised when I finally decided to go to the doctor for a wellness check to learn that not even my deductible would apply to such a procedure.

The proposal to include preventive care services is a VERY WELCOME change to the health care plan. I will now go in for colorectal screening and prostate cancer screenings that I have been neglecting.

This change should in the long run reduce overall health care costs to the plan. It is a smart and financially sound plan. Thank you for taking this step to improve health care for state of Alaska retirees.

Sincerely,
Larry Ehnert
Fairbanks

Marie App

RECEIVED

SEP 03 2021

Aug. 26, 2021

Div. of Ret. & Benefits

Dear Administrators of the Div. of Benefits,

I received your notice of the 9-9-21 Retiree Townhall Event and am thanking you for the two additional benefits you are adding to our health plan.

I thank you, as well, for continuation of health insurance to me [REDACTED]

[REDACTED] He once told me that the eight years he spent teaching and counseling the children of Alaska's schools were the happiest of his life. - [REDACTED]

Alaska Care Health Plan did well for us and we were grateful. [REDACTED]

Keep up the good work.

Sincerely,
Marie Abb
[REDACTED]

Ogdensburg WI 54962

From: Heidi Kruse
Sent: Friday, September 3, 2021 12:04 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: addition of coverage for preventive care services

Just want to add my two cents that this would be a wonderful and logical addition to retiree insurance coverage. Seems cheaper to catch something in the early stage rather than the cost of treating it further along. Vaccinations to prevent sickness are much less expensive than treating the patient once they are sick. So my vote is to add this coverage. I've always thought it was penny wise pound foolish that preventive care was not covered.

Thanks for allowing input.
Heidi Kruse

From: Salli Jane Slaughter
Sent: Friday, September 3, 2021 11:31 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Benefit Additions

I think the coverage fo preventive care services is brilliant. I have always thought it was "penny wise & pound-foolish" not to do so. (e.g. Would you rather pay to treat shingles or pay for a vaccine against it? A simple cost/benefit analysis would show the vaccine is waaaaaay cheaper.)

I have no thoughts about the specialty medication, although it sounds reasonable—unless you need to use one of these drugs in an emergency situation, or that the authorization would take a long time.

Thank you,

Salli Slaughter
[Redacted]
Oak Grove, OR [Redacted]

From: musholmes
Sent: Friday, September 3, 2021 10:13 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventive services change for retirees

I am currently a Medicare recipient and would like to get clarification on what would be covered.

The "wellness" visit covered by Medicare is rather a joke and covers very little. It is basically a question and answer session. Physician is not even allowed to touch the patient. Under the proposed changes to AlaskaCare will it provide for an annual physical exam where I can actually be physically checked over by the physician.

Also Medicare doesn't cover annual cholesterol screenings. Will AlaskaCare cover that?

Sorry I missed the call this week as I had the wrong day marked.

Best regards
Marcia Holmes- Rousell

From: Fran Dunagan
Sent: Thursday, September 2, 2021 9:31 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Cc:
Subject: Proposed addition of comprehensive preventive care to the retiree health plan

As a retired employee after 24 years of State service, I am thankful to see State Retirement finally considering restoring fundamental preventive care to my health plan. It is prudent to add these much less costly preventive care for those of us reaching an age where early detection and prevention can be essential.

Sincerely,
Fran Dunagan

From: Dorne Hawxhurst
Sent: Thursday, September 2, 2021 6:13 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Hawxhurst comments about proposed changes to the retiree health plan

Attached are my comments about the "proposed benefit additions" to the retiree health plan.

Thank you,
Dorne Hawxhurst, Esq.

TO: Alaska Division of Retirement & Benefits
FROM: Dorne Hawxhurst, Esq.
SENT VIA: Email to doa.drb.alaskacare.retiree.plan@alaska.gov
DATE: September 2, 2021
SUBJECT: Comments about Proposed Changes to the AlaskaCare Defined Benefit Retiree Health Plan (Preventive Care Benefit and Specialty Drug Preauthorization)

INTRODUCTION

By law, DRB cannot take something away from our retiree health plan without giving us something of equal value back.

Here, DRB proposes to take away our direct right to the newest and most expensive specialty medications prescribed by our own doctors.

For example, if your doctor says you need a particular type of injection for multiple sclerosis, DRB wants to make it harder for you to get it and DRB wants the power to deny you that injection altogether. Instead of letting your doctor decide what's best for you, DRB wants insurance adjusters to decide, and these adjusters are people who have never met you and may not even know anything about multiple sclerosis.

In exchange for taking away our direct right to specialty medications, DRB offers us a meager preventive health benefit. This preventive benefit is just for a small subset of retirees (those of us who are under age 65) and is so tricky that many of us will end up with big, unexpected balance bills.

I submit that a requirement to get preauthorization for specialty medications is a direct diminishment of our benefits and of far greater value to DRB than the meager preventive health benefit DRB offers in exchange. I also submit that even though DRB says it is not seeking any offset for the preventive benefits; that is very clearly what DRB is presuming to do.

DRB'S PROPOSED PREVENTIVE HEALTH BENEFIT FOR RETIREES

I belong to the group of retiree health plan members who are under age 65 and not yet eligible for Medicare. While I certainly support the idea of preventive healthcare, I oppose the preventive benefit program proposed by DRB for the following reasons:

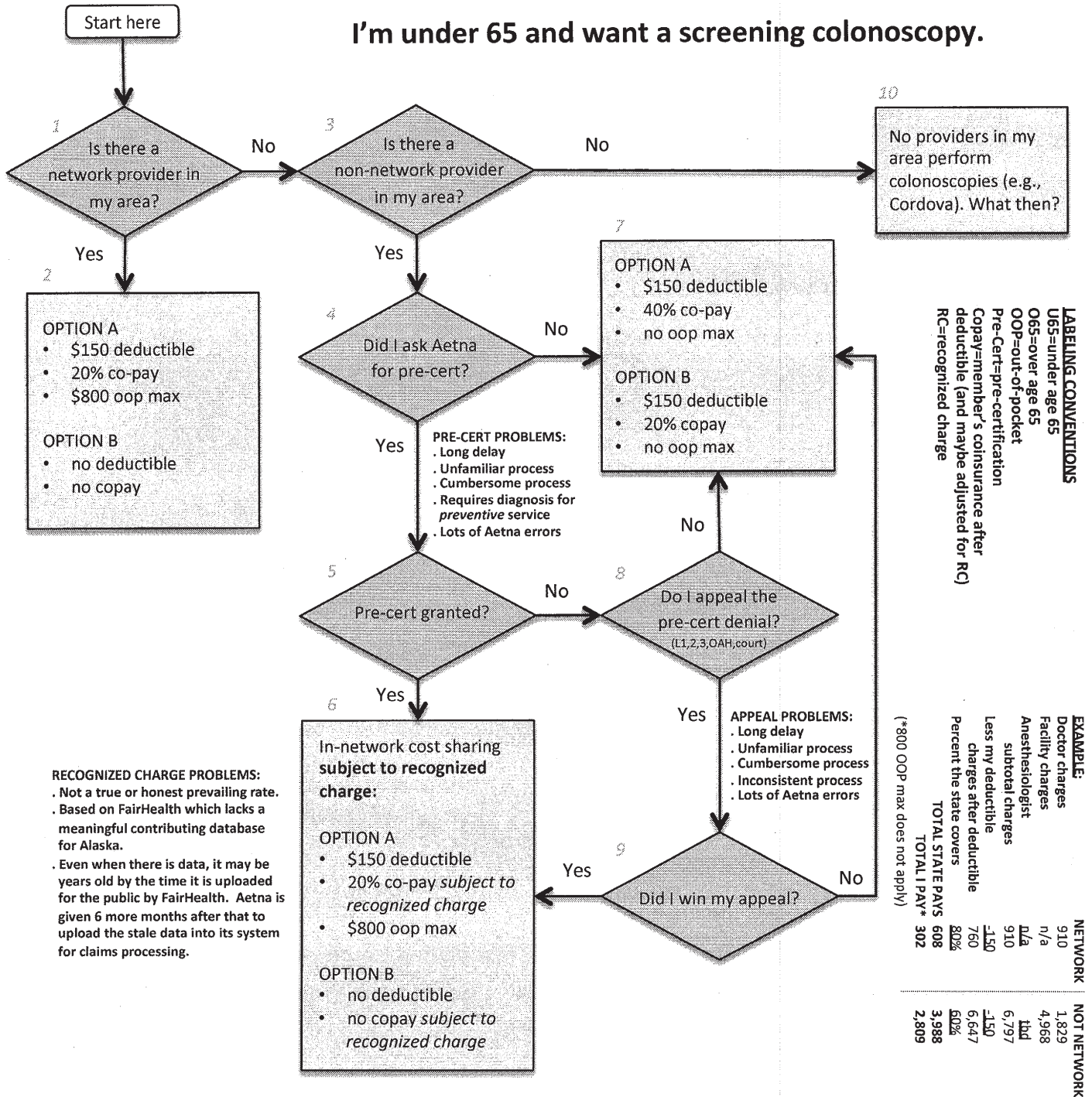
- The proposed preventive program provides less benefit at a higher cost for members under age 65 than members over age 65.
- The proposed program provides less benefit at a higher cost, sometimes a much higher cost, for members living in rural areas.
- DRB's proposed procedures for getting the most expensive preventive care are tricky and designed to deceive members. Take a look at the flow diagram on the next page and then explain to a vulnerable senior in rural Alaska just how complicated it will be to derive the maximum insurance benefit for a screening colonoscopy.

The flow diagram shows some of the problems with DRB's proposal. I used the example of a colonoscopy and incorporate the diagram into my comments.

I believe a much better and more fair approach would be to offer retirees under age 65 (U65) the same preventive benefits as the over age 65 (O65) population already enjoys.

Hawxhurst Comments | DRB Preventive Proposal | DRB Specialty Med Preauth | 09-02-21 | page 1 of 3

I'm under 65 and want a screening colonoscopy.



QUESTIONS AND CONCERNS:

- Why should under age 65 (U65) members have to pay for services that are free for over age 65 (O65) members?
- Will colonoscopy benefits include *facility* and *hidden providers* too (e.g., surgery center, anesthesiologist, pathologist)?
- What benefits if a screening colonoscopy turns into a diagnostic colonoscopy?
- How will I know where and how to find the "recognized charge" (RC)? Also, RC for what geo-zip? Also, will the RC be based on "derived" data?
- If the only provider in my area is non-network, may I instead get a travel benefit to see a network provider elsewhere? If yes, may I bypass travel pre-certification?
- What if there are no providers in my area who perform colonoscopies and I have no choice but to travel to see a provider? Would that travel and service be covered and, if yes, would it be subject pre-certification?
- If pre-cert is not requested, do I lose coverage entirely? For an example showing how complicated pre-cert can be for *active* employees, see the Alaska Court System's website under "healthcare advocate" forms.
- Why require pre-cert at all for preventive coverage?

REQUIRING PREAUTHORIZATION FOR SPECIALTY MEDICATIONS

I have a decade of experience as a healthcare advocate for state employees covered by the active employee AlaskaCare plan. That active employee plan has required preauthorization (precertification, predetermination) for specialty medications since about 2014. I have firsthand knowledge of the challenges associated with specialty medication preauthorization. In a nutshell, its goal is always to cut costs and promote delay, regardless of harm to the member insured.

One of the state employees I advocated for almost died as a direct result of the preauthorization process. The process resulted in months of delay and interference by the state's third party administrator who required that the patient first take two other, less expensive, medications before it would approve the medication prescribed by the patient's own doctor. That case also involved several levels of administrative appeal, peer-to-peer clinical reviews, and the threat of legal action before resolution could be achieved.

In my firsthand experience, the report about prior authorization by the American Medical Association (AMA), available online at the link below, accurately describes the problems associated with preauthorization. I agree with the AMA assessment and incorporate the AMA report in its entirety into my comments as though set forth fully.

<https://www.ama-assn.org/practice-management/sustainability/prior-authorization-research-reports>



Dorne Hawxhurst, Esq.
(907) 602-6055

From: Alla Grikurova
Sent: Thursday, September 2, 2021 1:12 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventive care services

Hello -

We are very hopeful that preventive care services will be added to our plan. Preventive care is crucial for everybody, and especially for people our age.

Thank you,
Sergei Maurits + Alla Grikurova

From: Laura Scofield
Sent: Thursday, September 2, 2021 11:40 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventative Care

I am a PERS retiree, and I'm writing in regard to the proposed addition of coverage for preventative care services to the retiree health plan. I have been unable to participate in the Town Hall meetings on this matter, and would like to voice my opinion.

I am very much in favor of this change. In fact, I was quite shocked to find that preventative care services were not covered by the plan when I retired, considering that preventative care is extremely important and can actually save money for the plan and for retirees by identifying illnesses and conditions early. Thank you for your consideration.

Best Regards,
Laura Scofield

To: Department of Administration
Division of Retirement and Benefits

Re: September 9, 2021 Alaska Core Retiree
Health Plan Advisory Board and Meeting



I am an [REDACTED] retiree in your health plan system. I am very encouraged by your

consideration of additional coverage of preventive health-care services. I have been a long-time advocate of informed self-care since I retired. My physicians have often commended me for excelling in my own self-care.

The one major area of difficulty I have continued to face is that my health-care coverage has not included providence for an adequate facility (i.e. a gym or pool, etc) where I can maintain an adequate routine of fitness. These facilities are outside my ability to afford and would provide a routine I cannot replicate in my residence.

[REDACTED] The cost of individual physical therapy appointments is significant, and usually covered by insurance. The cost of a single appointment is usually as much or more than membership in a gym or pool facility, where I could be pursuing a more lasting regimen to maintain my health. In addition, a regular membership in a gym or pool facility can decrease the need for clinical physical therapy visits.

Clinically guided physical therapy is common for elderly patients, and often necessary. Insurance companies frequently mitigate that cost by encouraging seniors to regulate their health through regular exercise. Continuing the recommended exercise provided by physical therapy professionals often cannot be fully implemented without use of a pool or gym. I strongly request that providence for access to regular public exercise facilities be included in the benefits for senior retirees. The benefits for the insured and cost savings for the insurance provider weigh heavily in favor of this.

Sincerely,
Elizabeth L Daugherty

From: Brad Owens
Sent: Thursday, September 2, 2021 10:03 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Cc: Ricci, Emily K (DOA) <emily.ricci@alaska.gov>;
Subject: Response to DRB proposed updates

I am submitting this document in response to the updates recently proposed by DRB to the Retiree Medical Plan. Please let me know if you have any questions or if I can provide any additional information.
Brad Owens

DRB PROPOSED RETIREE PLAN UPDATES
RHPAB AUG. 19, 2021 MTG

EXPANDED PREVENTIVE CARE –

This proposed added coverage provides new benefits not previously provided under the Retiree Plan. As a consequence, it does not appear to be objectionable under *Duncan* – except for the following concerns: it is not clear if it is intended to be offered as an enhancement to offset any diminishment or impairment created by the change to preauthorization of specialty drugs; if it is offered for this purpose, there is an analysis required under *Duncan* concerning, among other

things, the relationship between to two changes, the comparative value of these changes, and the actual expected impact of these two changes on members. Additionally, how is this new benefit connected or “aligned” with the ACA – for instance, if the ACA is changed or no longer offered, does that impact the continued availability of this new benefit under our Plan?

SPECIALTY MEDS PRIOR AUTHORIZATION –

Although it is not completely clear, it appears the primary reason for this proposed change is to address “one of the largest rising cost drivers in the pharmaceutical spend” in the U.S. as well as the AlaskaCare Retiree Health Plan (“the Plan’s costs for specialty medications increased from \$21 million from 2019 to 2020 (24%), due to increased prescriptions and use of higher cost medications.”) The Plan currently provides coverage for outpatient prescription drugs for the treatment of an illness, disease, or injury if dispensed by a licensed provider within the scope of their license so long as the prescribed medication is medically necessary and clinically appropriate, as defined by the Plan.

The proposal states that prior authorization for prescription drugs is a “pharmacy management process” which is a “common tool used by pharmacy plans to review dispensation of many different types of medications, including specialty medications.” However, it is not a process that is currently included or used under the terms of the Retiree Plan. This proposal describes prior authorization as a “critical tool for evaluating if the person utilizing a specialty medication meets the medical necessity guidelines outlined in the Plan ...” in order to “have an alternative means to receive and review the information necessary to ensure the patient receiving the medication meets these [medical necessity] criteria, including basic diagnostic information.”

Observations / questions:

1. What data currently exists that demonstrates specialty medications prescribed by providers under the Plan are not safe and effective, or are not being prescribed in accordance with evidence-based clinical standards?
2. What data currently exists that demonstrates any unnecessary or unsafe specialty medications have been prescribed under the Plan, or any need to curtail the use of unnecessary or unsafe high-cost medications?
3. How many of the specialty drugs prescribed to members are to treat chronic conditions? How many members receive specialty drugs for this reason?
4. Has the TPA authorized and covered specialty drugs over the last 3-4 years according to the Prescription Drugs provisions in *Medical Necessity* Section 4.5 of the Plan?
5. Has the TPA denied coverage for any specialty drugs over the last 3-4 years? How many times?
6. What was the basis for each of these denials of coverage?
7. Were any denials based on the clinical evidence-based standards utilized by the TPA as part of its pharmacy management process? What are the clinical standards and process utilized currently?
8. In 2020, of the 2272 members who submitted prescriptions for specialty drugs, were any of those prescriptions denied? Were any of those denials appealed?
9. Were the 10,923 requests for coverage of specialty drug prescriptions in 2020 all covered?
10. If not, were any denials appealed? If so, what was the outcome of the appeals?

11. Under the standards applicable by the TPA under this preauthorization proposal, would any of those 2020 specialty drug prescriptions have been denied? If so, why?
12. Is there any evidence that specialty drugs covered by the Plan in 2020, and currently, did not involve safe and effective use of the medication? If so, what is the evidence?
13. What specific pharmacy management processes would the TPA apply in its determination of the preauthorization of any specialty drug?
14. Where can members find and review these management processes and standards utilized by the current TPA?
15. What would be the process and notice to members when these pharmacy management processes and standards change when the TPA changed?
16. How does the TPA currently determine whether the person who has been prescribed or is utilizing a specialty drug meets the medical necessity provisions of the Plan for the prescribed medication?
17. Why does the TPA require an alternative means to review information to ensure the person receiving the medication meets these medical necessity criteria?
18. Specifically, how will preauthorization of specialty drugs under this proposal promote safe and effective use of these medications – beyond the terms of the current Plan?
19. What specific evidence exists of unnecessary or unsafe utilization of high-cost medications?
20. If such evidence exists, why would the TPA approve coverage and use of such medications under the terms of the Plan?
21. Are there any high-cost medications besides specialty drugs that are currently covered under the Plan?
22. Would this proposal also apply to any such high-cost medications?
23. Specifically, how is the PA program expected to result in more clinically appropriate drugs being prescribed by providers?
24. What evidence or data exists to support the stated expectation that use of the proposed PA program will not result in the denial of some specialty medications currently being used?
25. What process is available to the member during the period the prescriptions is being reviewed under the PA program?
26. If the PA request is not approved on the grounds that the drug is not appropriate for the condition for which it was prescribed, or has been prescribed in a manner contrary to evidence-based guidelines, what protection does the member have for continued use of the prescribed drug during the appeal?
27. What obligation exists under the proposed PA program for a member to accept an “alternative” medication?
28. Is this proposed PA program effectively a step-therapy program?
29. Specifically, how will use of the PA program enable OptumRx to access more favorable manufacturer rebate terms?
30. What specific anti-inflammatory specialty drugs are expected or likely to change from the initial or existing prescription under the PA program?
31. Of the 60 or more public health plans reviewed for a prior authorization review process for specialty medications, how many were retiree benefit plans?
32. Of the retiree benefit plans reviewed, how many plans involved vested benefits that were constitutionally protected from impairment or diminishment?
33. Isn't the adoption of the OptumRx clinical criteria into the Plan as part of the proposed

PA program a change to coverage for prescription medications that are prescribed under the terms of the current Plan?

34. Isn't the denial of a prescribed specialty (or other) medication based on the OptumRx clinical criteria a diminishment or impairment of the coverage/benefits provided under the current Plan?

35. If not, what is the basis or reasoning to support this position?

From: Ed Chords

Sent: Thursday, September 2, 2021 9:24 AM

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

Cc:

Subject: Commet for the board concerning proposed changes to retiree health plan

9/02/21

I think it is a grave mistake to add a third party of approval to our Alaska care Retiree health plan.

If you accept the pre approval proposal you will be allowing, and adding this extra step of bureaucracy to come between the patient and the physician.

Please do a online search for a Pharmacy Benefit Manager or PBM. Check out how they are funded, as well as their processes for approving or declining treatments. How are they going to save the millions for only 125000. Do they also get a share of what they save? Please Also do a search for cancer insurance denials.

Despite their sales pitch I can not see how this will improve our plan except at the expense of the weak. According to the National Cancer Institute 39.5% of us will have to deal with some kind of cancer in our lifetime. Do we REALLY WANT TO INSERT A PBM into to our process. A PBM is not our friend. They are a business and we are the bottom line.

[REDACTED]

Every other cancer drug I checked is also on the speciality list.

Physicals and shots are cheap compared to cancer treatments. Do we really want to make this trade.

DO we really want a PBM having power over our treatments and doctor. I hope not.

Thank You

Ed Beck

PS tried to ask this question at the town hall but didn't get picked. Cancer drugs that come under the medical treatment plan and taken short term are listed as special drugs under the prescription plan.

Why?

From: Alan & Chris Schuler

Sent: Thursday, September 2, 2021 9:17 AM

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

Cc: Alan & Chris

Subject: Comments re AlaskaCare Proposal for 2022

Please accept the attached comments regarding AlaskaCare's proposal for 2022.

Surprise, AZ 85374
September 2, 2021

Subject: Proposed AlaskaCare Benefit Additions

Dear AlaskaCare,

I applaud your proposed addition of coverage for preventive care services, but am concerned about the proposed prior authorization for specialty medications.

Encouraging preventive care should lead to better and cheaper health care compared to treating ailments after they are progressive and severe.

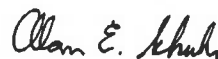
The stated savings for the proposed authorization for specialty medications is based on the premise that there is misuse of medications by doctors. Is there some kind of study or evidence to support that premise? AlaskaCare is essentially saying that there is wide-spread malpractice occurring within the medical field. Is that truly supported, and if it is, are insurance companies the proper agent for addressing the issue?

Prior authorization will also increase the administrative burden for all parties. That increased effort leads to increased costs for doctors, as well as the insurance call-in centers, which must then be borne by the insurance and/or patient. Did AlaskaCare consider these costs in developing their proposal?

The 72-hour turn-around goal for authorization requests is admirable, but it may be overly optimistic. We experienced a multi-week "battle" with Aetna regarding an injection that required pre-authorization. They initially denied the request through a very confusing letter, but we were constantly getting different responses during the appeal process. Every person we talked to at Aetna gave a different answer, everything from "no pre-authorization is required," to "you'll have an answer within 3 days" (which would be repeated a few days later), to "the request is being denied since it should have been submitted to Medicare." (The Medicare response was obviously wrong since we weren't even old enough to be eligible.) The doctor's assistant told us that she literally spent hours on the phone with Aetna regarding the issue. All of that time increases the cost of medical care.

In summary, I encourage AlaskaCare to proceed with the preventive care coverage, but reconsider the prior authorization proposal.

Sincerely,



Alan E. Schuler

From: Novatny, Kim
Sent: Thursday, September 2, 2021 5:35 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Fully support the changes

Hi!
Thank you for helping Alaska's State retirees continue valuable preventative care. I am very pleased with this proposed change to our coverage.

Kim Novatny

From: Victor
Sent: Thursday, September 2, 2021 5:12 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventative Care addition comment

Dear Advisory Board Members:

Regarding the addition of "preventative care screenings":

This should include routine PHYSICAL EXAMS every three years or what is proper for your age category. It is unbelievable these are not already included - I was told it would take an act of the legislature to add this. We sincerely hope that routine physical exams are covered under the proposed preventative care "screenings".

Thank you,
Victor Borko
Susan Downes-Borko
(Retired educators KPBSD)

From: Karen Milam
Sent: Wednesday, September 1, 2021 8:10 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Cc:
Subject: Concern over proposed changes to Retiree Tier One Coverage

I am concerned that requiring preauthorization for certain prescriptions may mean more than a delay due to paperwork. I am worried that the denial of these medications may shorten lives and/or diminish quality of life for our members.

I do not feel like we've received written assurance that denial of these medications will not take place. I am worried that the funds required to fund additional preventative care coverage will, in part, come from medications not approved.

Please get back to me with more information.

Thank you.
Karen Milam

From: Michael Baumgartner
Sent: Wednesday, September 1, 2021 5:56 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Comment on Proposed Alaska Care Retiree Benefit Additions in 2022

Dear Sirs:

In my opinion the addition of prior authorization for specialty medications should not be instituted in 2022 as part of the AlaskaCare Defined Benefit Retirement Health Plan.

It seems to me that it restricts the freedom of the doctor and the patient to make use of specialty medications and instead puts the decision on their use in the hands of the insurance provider. The medical provider should be given the freedom to prescribe the best treatment for their patient.

As presented by Alaska Care, I see no obvious issues with the addition of coverage for preventive care services. Preventive care can save both the state and the patient in financial costs over the long-term.

Thanks for listening to my concerns.

Sincerely,

Michael Baumgartner,
AlaskaCare Retiree

From: Laura Gilmore
Sent: Wednesday, September 1, 2021 4:02 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Benefit Additions in 2022

Thank you for the opportunity to comment on proposed additions to health plans for retirees. Please add my name to those in full support, and much gratitude for these updates. Preventative care and screenings save lives, but also result in a proactive health care system that benefits the greater good.

Once again, I am grateful for those who have brought these changes forward, as well as this opportunity to stand with them in support.

Laura A. Gilmore



Volcano, HI

From: Cindy Pastorino

Sent: Wednesday, September 1, 2021 3:34 PM

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

Subject: AlaskaCare Defined Benefit Retiree Health Plan Comments

The addition of coverage for preventive care services and recommended screenings is needed and much appreciated. I have always questioned why the plan didn't have it. It is much welcome news to have this coverage available in 2022! Thanks AlaskaCare!

Sincerely,

Cynthia Pastorino

Retiree

From: Brenda Muller

Sent: Wednesday, September 1, 2021 2:54 PM

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

Subject: Comments Re: Proposed Benefit Additions in 2022

Dear DOA, and AlaskaCare Retiree Health Plan Advisory Board,

I would like to thank you for alerting the membership to the proposed benefit additions in 2022, for holding the Town Hall events, and for offering this opportunity for comments.

The addition of coverage for preventive care services has little value to me as much of those services are already provided by Medicare.

Additionally, I have serious concerns that a prior authorization requirement for specialty medications may actually result in a diminishment of benefits for some members. Particularly, because the assumption is a savings for the plan will be realized through an unidentified number of members being denied specialty medications most highly recommended by their physicians and those members having to rely on alternative medications which may not be as effective for their particular medical situation.

From my perspective, I would rather see the current plan retained as is, or an option offered for members to either retain the current "legacy plan" or switch to the proposed plan. (Similar to how the dental plan options are now handled).

Page 27 of 106

AlaskaCare Defined Benefit Retiree Health Plan Public Comments

Thanks again for this opportunity to comment.

Brenda Muller

From:

Sent: Wednesday, September 1, 2021 2:46 PM

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

Subject: RE: Retiree Plan

Hello!

RE: Proposed benefit retiree additions

Preventive care services are super important in every life no matter what age or stage. If not with a MD in the "network", counter propose that preventive care screenings still be covered or at the least, 75-80 % covered.

RE: Medical insurance coverage - During retirement counseling sessions with future retirees, it would be helpful to mention and include in the retirement documents Medicare Direct signup information to avoid receiving statements of non-coverage or non-payment from Aetna.

Thank you for the opportunity to offer input.

Sincerely,

Maureen Retzel, new retiree

From: Margaret Durst

Sent: Wednesday, September 1, 2021 11:07 AM

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

Subject: changes to retiree plan

Thank you for working hard on the changes to include preventive care. I fully support the changes that are being proposed.

Margaret Durst

Fairbanks

From: Ruth deGraaff

Sent: Wednesday, September 1, 2021 8:10 AM

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

Subject: New policies

Dear Alaska Care,

Page **28** of **106**

AlaskaCare Defined Benefit Retiree Health Plan Public Comments

Thank you for the update on the improvements in Alaska Care. We feel very privileged to have such a wonderful health plan. [REDACTED] we use it a lot. The new preventative measures are excellent and I think, in the long run will save everyone money and health. It is much easier, and less expensive, to prevent diseases before they start, rather than trying to fix what is broken later.

My question is do you cover naturopathic doctor visits or natural medicines? This could also save money. Most naturopaths do not charge as much as allopathic doctor (who routinely charge as much as the insurance company will pay!) and the medicines they prescribe are often cheaper than pharmaceuticals as well. I would love to take my husband to a naturopath!

Thank you for your service.

Remember whatever happens to you today--God loves you!
Ruth deGraaff

From: Scott

Sent: Monday, August 30, 2021 8:09 AM
To: Ricci, Emily K (DOA) <emily.ricci@alaska.gov>;
Subject: Specialty Medication Prior Authorization proposal

Dear Emily and Cammy,

As a beneficiary of AlaskaCare I need you to know that I'm in opposition to the Specialty Medication Prior Authorization proposal and urge you not to adopt this change to our health care plan.

I question the integrity of the communications put forth by the DRB/AlaskaCare regarding this proposal. The stated objectives for this change are:

- "a) Promote safe and effective use of medications in accordance with evidence-based clinical standards.
- b) Employ prudent pharmacy management strategies to curtail unnecessary or unsafe medication utilization."

I respectfully request data that demonstrates the current status is unsafe and there is ineffective use of medications, which this proposal purports to remedy.

I also request data proving that under the current plan "unnecessary and unsafe medication utilization" is significant and warrants this change to our plan.

You know better than I that this is not the basic motivation for these proposed changes. The State wants to save money by reducing the \$110 million spent, which will diminish and impair the delivery of health care we've been assured will be provided by the State. Further, this proposal is lopsided in the extreme.

Most of us in the retirement community already have preventative care services through Medicare and this proposed addition would add limited value.

I'm also concerned that you as a board and an agent of the State might agree to putting an insurance company between my doctor and I. Again, show me the data that proves this relationship has abused the drug coverage under our health plan.

I will close for now by saying I believe this proposal violates court decisions that prohibit the diminishment or impairment of our health services. I believe this proposal does both.

Sincerely,
Scott Lane

From: Gordon Kruse
Sent: Tuesday, August 31, 2021 6:30 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventative Care

Dear Division of Retirement and Benefits:

I fully support the addition of preventative care to the AlaskaCare Retiree Health Plan. This addition is very long overdue. I look forward to approval of this new coverage. Thank you very much.

Sincerely yours,
Gordon Kruse

From: Scott
Sent: Tuesday, August 31, 2021 11:06 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: OPPOSITION TO THE PROPOSED CHANGES TO THE ALASKACARE DEFINED BENEFIT RETIREE HEALTH PLAN

Dear reader,

I am against the proposal to change my health care policy to implement a prior authorization requirement for specialty drugs and the addition of limited preventive services most AlaskaCare beneficiaries already have through Medicare.

It seems to me this policy change, if implemented, will "substantially diminish" and "impair" RPEA member health benefits, and for what, a minimal expansion of preventive health care services most of us already have through Medicare? Diminished benefit and impaired because as written this is a lop-sided proposal with so very much more to lose and very little to gain.

There's been no data shared with us about abuses this policy purports to fix. The stated goals of this proposal as published are:

- "a) Promote safe and effective use of medications in accordance with evidence-based clinical standards.
- b) Employ prudent pharmacy management strategies to curtail unnecessary or unsafe medication utilization."

I respectfully request data that demonstrates the current status is unsafe and there is ineffective use of medications, which this proposal purports to remedy.

I also request data proving that under the current plan "unnecessary and unsafe medication utilization" is significant and warrants this change to our plan.

You know better than I that this is not the basic motivation for these proposed changes. The State wants to save money by reducing the \$110 million spent, which will diminish and impair the delivery of health care we've been assured will be provided by the State. Further, this proposal is lopsided in the extreme. Most of us in the retirement community already have preventative care services through Medicare and this proposed addition would add limited value.

I'm also concerned that this proposal will put an insurance company between my doctor and I. Again, show me the data that proves this relationship has abused the drug coverage under our health plan.

I will close for now by saying I believe this proposal violates court decisions that prohibit the diminishment or impairment of our health services. I believe this proposal does both.

Respectfully,
Scott Lane

From: Blain Hatch
Sent: Tuesday, August 31, 2021 10:28 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Alaska Care comments

Hello,

I retired from the City of Juneau in 2018 after a 25 year career in Law Enforcement. I am taking advantage of your comment period. A few things that are very important that I didn't realize wasn't covered once I retired.

The preventative exams that are not covered are severe and a lot. Bloodwork, colonoscopies, etc. There needs to be a lot more preventative care to catch illness before it is too late. When my

general practitioner doctor, who had never heard of AETNA before us, shook his head in disbelief of what is not covered for annual, preventative exams.

Also, dependent children who are in college that lose coverage at 23 years of age.

Thank you for your time and attention to this.

Sincerely,
Blain Hatch

From: J E McGill
Sent: Tuesday, August 31, 2021 10:26 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: AlaskaCare Defined Benefit Update Comments

Hello,

My comments regarding the proposed changes:

1. Preventative Care Services: It is long overdue. AlaskaCare should have done this when the ACA became law. This directly affects my wife and I as we are defined benefit retirees under age 65.

2. Specialty Medication Prior Authorization: Generally OK but I do have concerns about the transition to this practice.

[Redacted]

What appeal process is there

Thank you,

Joseph McGill

[Redacted]
Cedaredge, CO [Redacted]

From: barbara hembree
Sent: Tuesday, August 31, 2021 10:23 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Expanded Benefits

Adding the wellness benefit to the plan is a fantastic change. Being able to assess health changes without an identifiable malady is critical as we age. Shortly after retiring I scheduled a wellness exam, blood work, etc. and was shocked that it was not covered under the retiree plan. I will be ecstatic if this change is made.

I do not agree that "specialty drug" preauthorization is needed. It's hard to believe an insurance administrator would be a better judge than a medical practitioner regarding prescribed medications. Nobody will be with the patient to ensure they are taken properly. I think it is between the patient and practitioner to decide whether the use is appropriate in the circumstance.

Barbara Hembree
Pangburn, AR

From: Scott Glover
Sent: Tuesday, August 31, 2021 9:30 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Prior Authorization of Specialty Medications

I'm writing to let you know I am adamantly opposed to prior authorization of specialty medications. This is nothing more than a self feeding bureaucracy enlarging itself to the detriment of retirees. This is not a value added idea. It only serves to delay and discourage providers from trying provide the best care they can to their patients by putting up obnoxious roadblocks to frustrate them in their work. I am mostly opposed to the idea of some bureaucrat second guessing my physician as to what is best for me. Please do not move forward on this useless addition. I will also be contacting my State representatives on this matter.

Sincerely,
Scott Glover

From: Doug Goering
Sent: Monday, August 30, 2021 10:28 PM
To: Member Svcs Contact Center Queue, DOA DRB (DOA sponsored) <doa.drb.MSCC@alaska.gov>
Subject: AlaskaCare Benefits Changes

Hello,

I am covered by AlaskaCare Retiree health care through my wife and wanted to comment on the potential benefits changes that were announced in the recent newsletter. Of particular interest to me is the proposal to include preventative care services in the plan. I have always felt that the omission of preventative services was a glaring gap in AlaskaCare coverage, and one that likely increases health care costs in the long run and harms the health status of retirees. As a result, I was very happy to see that inclusion of preventative care is being considered and I would like to urge you to move forward with adding those benefits.

The issue of preventative care has become even more problematic over the past two years as Covid-19 has caused the cancellation of the annual health fairs both last fall and now this fall. My wife and I relied on those health fairs to keep track of our health status via blood screenings and other offerings, and have

been very disappointed that the fairs have been cancelled without any alternate services being offered. Adding coverage for preventative services such as annual wellness checks would help balance the loss of the health fairs, although time is of the essence!

Thanks for listening and please move forward with the plan to include preventative service coverage.

Best regards,
Doug Goering
Fairbanks

From: Chris Dangel
Sent: Monday, August 30, 2021 6:08 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Changes to retiree plans

Still not happy with prior authorizations. The PowerPoint is a joke. "Benefits" to plan participants include being able to read online as they cancel your meds. Talk about medical diminishment! This is it, right here.

Christine Dangel

From: Rich Sewell
Sent: Monday, August 30, 2021 4:44 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Specialty Medication Prior Authorization & Preventative Care

Dear DRB

The SOA proposes to impose "Specialty Medication Prior Authorization," which is a diminishment of PERS medical benefits. The reason is to save the SOA money. Also DRB proposes to expand benefits by providing Preventative Care, which DRB reasons is a counterbalancing program that will expand benefits. We give something, and the SOA gives something. However, both measures will save the SOA money.

Preventative Care would be a new benefit to PERS members and would be a good thing to help avoid disease and promote wellness. All good as far as that goes. However, this will also save the SOA money in the long-term. Healthier members will help avoid medical costs for the SOA, which is a good thing, BUT is not a counterbalancing measure to the "Specialty Medication Prior Authorization" that diminishes medical benefits for members. The SOA stands to benefit from both programs.

To say this is a fair quid-pro-quo is disingenuous. This is a fundamentally flawed reasoning and a dishonest proposal. Institute a Preventative Care/wellness program to save the SOA money. At least be honest about it.

If the SOA wants to have a "Specialty Medication Prior Authorization" program then provide a real benefit that doesn't provide double-dipping for the SOA.

Regards
Rich Sewell
Tier 1 PERS member

From: Levan

Sent: Monday, August 30, 2021 4:42 PM

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

Subject: Comments on proposed changes

I read the proposed changes to the SOA retiree benefits and submit the following:

1. I agree that the plan should cover the newly suggested preventative items. It is always must less expensive to cover preventative care than to cover the costs of treatment when preventative measures are not used (for instance shingles vaccination shots are way less costly than medical treatment for shingles infections.)
2. I do not agree to limit monthly cost for so called 'specialty medicines' to \$1000 per month without having to get special permission from a party that has a financial interest in denying coverage of the costs.

I have had to attempt to use the so called appeal for denied services process and found it maddening, discriminatory and totally useless. I take meds that must be monitored [REDACTED] yearly. Have been for many years. My Dr made a mistake in billing and was not available to make a correction - so you all denied payment for the required [REDACTED] tests. Even though you guys buy the meds that must be monitored and have the records showing this process happens every year. YOUR APPEAL PROCESS IS USED AS A WEAPON TO DENY CLAIMS. Why should we give you this kind of power over the medicines that our providers deem necessary?

Thank but no thanks.

D. Levan

From: Lund

Sent: Monday, August 30, 2021 12:12 PM

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

Subject: change to Health Care plan

I am not available for this meeting. My personal opinion is that once you make any changes to this Health Care plan, the State of Alaska will be able to change things saying that you were allowed to change the

Tier 1 plan and now they can, too. I think it is crazy to mess with this at all. You will lose in court and then our "nothing will ever change" guarantee will be out the window. Then you will have made a bigger mess and it will be more costly to us. Please leave the plan alone!

Trudy Lund

Tier 1, State of Alaska retiree

From: Kenneth And Marchelle Kesler

Sent: Monday, August 30, 2021 9:49 AM

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

Subject: Preventive care question

I recently checked in with my Alaska care concierge to ask why Acupuncture is not a covered service under my plan? I realize it is covered if it is used instead of anesthesia. This is so strange, if they know it works so well in managing pain, why would it not be approved as a form of treatment for various pain instead of all the narcotics that are dispensed and then leads to addiction? I request someone investigate this further and give me a more logical explanation.

Thank you in advance,

Marchelle Kesler

Retired state of AK employee

Sent from my iPhone

Marchelle Kesler

From: Eric Musser

Sent: Monday, August 30, 2021 9:20 AM

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

Subject: Preventative Care Proposal.

Thank you for the opportunity to provide input in the preventative care proposed addition to our retiree health plan.

As a retiree of course the addition of any new covered expense under that plan would generally be welcome. However, the actuarial projection is that adding preventative care would result in a increase of cost to the plan of approximately \$3.3 million per year. The retiree health plan cannot afford the additional cost to it. The legislature already seriously underfunds its pension and health care obligations and it is simply not prudent to add additional covered services.

This proposal should be tabled until the retiree plans are at least 95 percent funded without continued cook book accounting and fantasy projections. Thank you.

Eric Musser

From: probinson

Sent: Monday, August 30, 2021 9:14 AM

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

Subject: Comments on Proposed changes to AlaskaCare Health Benefits for Retirees

Good Morning – I am so glad that you are recommending the addition to preventative services to the health care plan. It was frustrating before I went on Medicare to not have these preventative measures covered. I also support the review for the specialty medications – 1% of the retirees use 37% of the prescription costs?! Wow! I have experience in my family of someone being over-medicated from prescribed drugs just being added on without a professional look at them all together. Yes, the money savings is important, but more important is the best health possible of the retiree.

Sincerely,

Margaret

Margaret A Robinson

[Redacted]

Anchorage, AK [Redacted]

From: Renda Heimbigner

Sent: Sunday, August 29, 2021 10:50 PM

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

Subject: comment

Please consider benefits over and above Medicare criteria, similar to active SOA employees.

I am a retired SOA employee and was caught in the COVID shutdown of medical professionals during the initial pandemic, March 2020, [Redacted] Because my provider was not Medicare approved, I was forced to self pay [Redacted].

[Redacted]

Please consider reassessing our retired SOA medical benefits based on medicare approval.

Renda Heimbigner

[Redacted], Juneau

From: Diane Baxter

Sent: Sunday, August 29, 2021 6:38 PM

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

Subject: benefit additions in 2022

I hope that The Silver Sneakers Program will also be covered in the new plan. Thank you

Diane Baxter

From: James Rogers

Sent: Sunday, August 29, 2021 1:57 PM

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AlaskaCare Defined Benefit Retiree Health Plan Public Comments

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

We like it – way overdue.

Jim & Maria Rogers

[Redacted]
Juneau AK [Redacted]

From: Brannon
Sent: Sunday, August 29, 2021 10:43 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Response to proposed benefit additions

I receive a specialty medicine and have done so for many years. I have always had to have prior authorization each year and do not have a problem with that. I just want to know if the proposal of prior authorization is different than what I have had to do in the past.
Ernest W. Brannon

From: Beth Chapman
Sent: Saturday, August 28, 2021 4:59 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: comments on proposed changes to Retiree plan

We are new to the Alaska care retiree plan and we fully support the addition of preventive care to the plan. It was a surprise to find it not available to plan participants.

Thank you,
Walter and Beth Chapman
Juneau

From: Ellen Andersen
Sent: Saturday, August 28, 2021 2:01 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Addition of prior authorization for specialty medications

Prior authorization for specialty medications should not be added to AlaskaCare health benefits. This merely adds another layer of red tape and is an intrusion upon a decision that should remain between the doctor and patient. This addition is meant to serve cost cutting measures no the patient.

Thank you for the opportunity to comment.
Ellen Andersen

From: robert wrobel

Sent: Saturday, August 28, 2021 12:15 PM

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

Subject: Advisory board meeting comment

i am a retiree that would like to see the age out for dependents go to the age of 25 so as to be in line with the ACA national age. My understanding is that since the retiree health plan is self supported then it doesn't have to follow the same rules as the current/active employee healthcare plan regarding dependents. I believe this to be inconsistent with our Constitution and places retirees as second tier citizens of Alaska. I have been told by my local representatives that there is nothing they can do and that the Advisory Board is my next step to try and change this rule.

Thank you,

Sincerely,

Robert Wrobel

From: Vanni Prichard

Sent: Friday, August 27, 2021 6:05 PM

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

Subject: Proposed Benefits Changes

To Whom It Concerns:

I am writing to express my support for adding preventive care to our retirement health benefits. It has been a puzzle to me for sometime now, why these benefits were not already provided. Prevention is most often less expensive than waiting until someone gets sick.

Thank you for your consideration.

Respectfully,

Vanni Prichard, Retiree

From: Scott

Sent: Sunday, August 29, 2021 1:26 PM

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

Subject: Specialty Medication Prior Authorization

Dear Board,

As a beneficiary of AlaskaCare I need you to know that I'm in opposition to the Specialty Medication Prior Authorization proposal and urge you not to adopt this change to our health care plan.

I question the integrity of the communications put forth by the DRB/AlaskaCare regarding this proposal. The stated objectives for this change are:

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AlaskaCare Defined Benefit Retiree Health Plan Public Comments

“a) Promote safe and effective use of medications in accordance with evidence-based clinical standards.
b) Employ prudent pharmacy management strategies to curtail unnecessary or unsafe medication utilization.”

I respectfully request data that demonstrates the current status is unsafe and there is ineffective use of medications, which this proposal purports to remedy.

I also request data proving that under the current plan “unnecessary and unsafe medication utilization” is significant and warrants this change to our plan.

You know better than I that this is not the basic motivation for these proposed changes. The State wants to save money by reducing the \$110 million spent, which will diminish and impair the delivery of health care we’ve been assured will be provided by the State. Further, this proposal is lopsided in the extreme. Most of us in the retirement community already have preventative care services through Medicare and this proposed addition would add limited value.

I’m also concerned that you as a board might agree to putting an insurance company between my doctor and I. Again, show me the data that proves this relationship has abused the drug coverage under our health plan.

I will close for now by saying I believe this proposal violates court decisions that prohibit the diminishment or impairment of our health services. I believe this proposal does both.

Sincerely,
Scott Lane

From: Bob Butera

Sent: Friday, August 27, 2021 2:26 PM

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

Subject: Comments on proposed additions to the alaskacare defined benefit retiree health plan

Hello,

Glad to see preventative care is being added to the plan! I wondered if functional fitness could be added to the preventative care. A functional fitness assessment looks at how your body moves while performing different exercises. Strengths, weaknesses, imbalances, flexibility and stamina are examined to provide personalized exercise recommendations. This type of evaluation has been the best thing I have ever done for my health.

Ounce of prevention.....

Thank you,
Bob Butera

From: Miriam Dunbar
Sent: Friday, August 27, 2021 11:22 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: PROPOSED ADDITIONS TO THE ALASKACARE DEFINED BENEFIT RETIREE HEALTH PLAN

Dear DRB Director,

I am thrilled to learn about the proposed addition of preventive care coverage for the AlaskaCare Retiree Health Plan. It has been a hardship to not have this coverage as a retiree. No flu shots, and many procedures are only allowed if the doctor deems them medically necessary. Preventative care is the most economical, and helps keep a person from getting very sick. This change has been a long time coming, and will make the AlaskaCare Retiree Health Plan much better.

Sincerely,
Miriam Dunbar
Mancos, CO

From: ida hazlett
Sent: Friday, August 27, 2021 10:33 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: proposed benefit additions 2022/preventive care

I have a question regarding preventive care proposals benefit additions. Will preventative care have anything to do with COVID Vaccines? If a person does not want the COVID vaccine, and gets the Virus, will that person not have insurance coverage?

I am concerned that insurance coverage will depend on people not smoke, get vaccines that the government tells us to, don't eat right.

I hope you will address these issues and assure us that we don't have to worry about insurance coverage because we don't want to conform to Government mandates.

Thank You,
Ida Hazlett
Retiree

From: Tim Delaney
Sent: Friday, August 27, 2021 9:04 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventive care coverage

I fully support the proposed screening cover changes, as does my primary Doctor.

Tim Delaney

From: jktroyer
Sent: Friday, August 27, 2021 8:25 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: comments on proposed benefit additions for 2022

To Whom it May Concern,

All I can say regarding the added preventive benefits is: IT'S ABOUT TIME!. I was shocked to learn when I first retired a few years ago that the State of Alaska did not cover things like colorectal screenings or immunizations. That seemed so shortsighted, not to include screenings or immunizations that could help in our overall longterm health. So I am thrilled you are considering this addition.

And while I am not on any specialty medications, the pre-authorization requirement sounds reasonable to me.

Janice Troyer

From:
Sent: Thursday, August 26, 2021 6:07 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Comment re. Proposed Benefit Additions

Hello,

It appears that shingles vaccinations would no longer be covered under the plan described under AlaskaCare.gov/RetireeUpdate. Can you tell me if this is correct?

If shingles vaccinations are not to be covered, can you tell me why?

Thank you,
Constance Quinley

From: Ge We
Sent: Thursday, August 26, 2021 5:50 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: comments on proposed updates

This would be a dream come true if you adopt the proposal to add preventive care services. I can't even begin to tell you how many times our family members have run into this issue with medical providers. Thank you for being aware of this area of concern.

From: Gary Powell
Sent: Thursday, August 26, 2021 4:01 PM

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

With the proposed addition of benefits, which are welcomed - especially preventive care, will there be any comparable reduction in existing benefits?

Thank you,
Gary Powell

From: msydeman
Sent: Thursday, August 26, 2021 3:21 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Bring telemedicine back, please!

Given that the pandemic is ongoing (and in fact worse now than before), please give us access to this safe, easy, affordable tool. It is good for retirees and good for the state since the costs are much more manageable. Please consider making telemedicine permanently available in the plan update.

And thank you for adding coverage for preventive services. That is important, cost effective, and long overdue.

From: Barb Rolph
Sent: Thursday, August 26, 2021 2:37 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed Benefit Additions in 2022

We are in favor of additional coverage for preventative care services and prior authorization for specialty medication.

Respectfully
Barbara Lapworth Rolph
William Charles Rolph

From: Jeff Graham
Sent: Thursday, August 26, 2021 2:34 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>; AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Updates to the AlaskaCare Defined Benefit Retiree

It is logical that cost neutrality can only be achieved by denying some people certain specialty medications (e.g. Humira Pen and Revlimid). If DRB feels that specialty medications are over

prescribed then DRB should be clear about this. DRB should provide evidence that specialty medications are over prescribed.

The proposal as stated is disingenuous.

From: Kathryn Harsch
Sent: Thursday, August 26, 2021 2:24 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Inclusion of preventive care services

Dear retirement counselor:

I would greatly appreciate the addition of preventive care services to our retirement plan. This past year I had to pay a bill [REDACTED] to my health care provider because I had recently acquired my Alaska Care coverage and was astonished to learn that yearly routine physical exams were not covered. Though the mistake was mine for not studying the current AK plan coverage more carefully, I was surprised by this exclusion since my previous health care insurance had included this benefit. I believe that preventive care saves money in the long run by encouraging people to maintain their health.

Please add this needed coverage. I'm all for it!!

Thank you.

Sincerely,
Kathy Harsch

From: John Barsalou
Sent: Thursday, August 26, 2021 1:35 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: prior authorization of speciality medications

Hi,
I am inquiring as to whom will be authorizing the speciality medications. In my experience, it is often a low level certified worker, following a checklist, with no real medical experience and authority to see the whole picture. Unless it is an MD reviewing the meds, I am opposed to this measure. There are many medications that are effecting in treating a condition, whose primary treatment review is different than the secondary use. I feel this is just another way to control our quality of care, that should be our physicians choice, not a 'pharmaceutical reviewer'.

I don't support this change to benefits.

John Barsalou

From: Nancy Cliff
Sent: Thursday, August 26, 2021 12:53 PM

To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Expanded Coverage, Same Great Health Plan

Greetings-

I am not sure if this is a comment or a question, but I would appreciate a response.

At the moment -- and for quite some time (six+ years) I have had the great good fortune to have been prescribed a couple of very expensive [REDACTED] drugs.

I have been blessed -- exceedingly fortunate -- [REDACTED]
[REDACTED]. I really have no idea how I've managed to pay \$8/month for these drugs which on the open market would cost nearly \$15,000/month.

Needless to say, I am hoping that whatever the Expanded Coverage entails, this money-saving system I have enjoyed will not be impacted.

Thank you for your service.

Nancy Cliff

From: Tom Smayda

Sent: Thursday, August 26, 2021 12:17 PM

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

Subject: preventative care

It's about time insurance companies realize preventative care saves them money and creates a healthier community. I hope the proposal gets approved.

Tom Smayda

From: Katie Blossom

Sent: Thursday, August 26, 2021 11:26 AM

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

Subject: Preventative Care

Thank you for honoring and allowing preventive care to our plans. It is so needed and helps prevent major costs from happening down the road.

Katie Blissom

From: Teresa Sammis

Sent: Thursday, August 26, 2021 10:29 AM

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

Subject: Proposed Addition of Benefits to Retiree Healthcare Plan

Greetings,

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AlaskaCare Defined Benefit Retiree Health Plan Public Comments

I fully support the proposed addition of preventative care coverage to the Retiree Defined Benefit health plan.

We know that services like vaccinations, wellness visits, colorectal cancer screenings, prostate cancer screenings, lung cancer screenings, mammograms and Pap smears save lives. And we also know that prevention and catching problems early saves money in the long run too.

I have often had to pay out-of-pocket for such screenings when recommended by my doctor. And I have declined or postponed to get such screenings [REDACTED]. We seniors shouldn't have to postpone such life-saving screenings due to lack of funds.

I urge you to approve both this proposal as well as the prior authorization for specialty medications.

Thank you.

Sincerely,

Teresa Sammis

From: jay yakopatz

Sent: Thursday, August 26, 2021 10:11 AM

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

Subject: Retiree health additions

This current board does not have awful authority to accept any proposal from DRB. Prior court cases establish the parameters and require members to vote on any changes. to the medical plan.

Please ignore the current board as they are facing recall.

From: Nancy E. Winford

Sent: Thursday, August 26, 2021 6:55 AM

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

Subject: preventative coverage

Hello,

I'm writing to share my support of the preventive care coverage as part of the AlaskaCare retiree plan. I am one of the 21,000 retirees under the age of 65 having entered into the TRS system in 2012 at the age of 47 and have missed this level of coverage. It is nice to have coverage that works proactively to keep people well instead of waiting for an illness. Overall I think the AlaskaCare coverage is very good, this addition makes it better!

Thank you,

Nancy

From: Robert Leger

Sent: Thursday, August 26, 2021 5:35 AM

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

Subject: Pre-Authorization plan changed

SOA

██████ needs quarterly injections of a specialized medication ██████████. This requirement has been documented many times ██████████

Every quarter we seem to go through the same deal with the speciality clinic for approvals. If there was a change possible for permanent approval it would greatly aid ██████ quality of life and a lot less stress and delay ██████. We currently use CVS as our pharmacy and not 100% sure where these delays are coming from.

Thank you for listening.

Robert W Leger

From: Jane Urbanovsky
Sent: Thursday, August 26, 2021 5:32 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Cc: Jane Urbanovsky
Subject: Retiree Health Plan Proposals

I agree with the changes and thank the staff involved for pursuing the processes entailed with the changes.

Jane Urbanovsky
Eagle River AK Retiree

From: Daniel Sheehan
Sent: Thursday, August 26, 2021 5:06 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Benefits and Cola

Mickee23-

I wonder if you can help me with a couple of questions: 1. The cost of living has really jumped up but my Alaska Retirement gave us no increase at all this year. Is it possible for the retirement program to give us an increase before next year? 2. Congress is going to try to expand medicare coverage to cover vision, audio and dental, since we are currently paying for medicare and my Alaska Retirement pays for those things, will we receive the money back as monthly retirement payments? Thank you.

From: Nita Young
Sent: Wednesday, August 25, 2021 10:23 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: benefits....I think it is fine as long as the cost does not increase...I doubt we would use these benefits but certainly very important to those who need them....Dan and Nita Young

From: Paul Knight
Sent: Wednesday, August 25, 2021 8:31 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Addition of preventive care coverage.

As a senior, I'm very much in favor of preventive care coverage. I would strongly urge this addition to our coverage. One would think it would save money in the long run.

Paul

From: Dawn
Sent: Wednesday, August 25, 2021 6:50 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventive Health Care

Hi,

I want to say that I would be forever grateful if you add preventative health care to our retiree coverage. It would pay for itself by detecting illness early and keeping people healthy instead of treating them when they get sick.

I haven't had an annual wellness exam since I went on this plan 7 years ago because I can't afford it. [REDACTED] in 2019 [REDACTED] 3 vaccines. It cost around \$1,200. I am a public employee and can't afford that.

Thanks for your consideration.
Gloria Dawn Matthews

From: Gregory Tanner
Sent: Wednesday, August 25, 2021 4:51 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Ref SOA Retiree Expanded Benefits, addition of preventive care coverage

Greetings,

Although I don't know the details clearly yet, I'm very excited to hear of the addition of some preventative care coverage. It most certainly seems like the right thing to do.

I am certainly not apposed to prior authorization for specialty medications.

Thanks for your efforts in these areas. I hope you are able to stay the course and make these improvements a reality. It's a difficult time we live in, I'm sure you are certain to encounter some resistance as folks seem so divided on every topic imaginable.

Thanks again for your efforts,

Best Wishes,
Gregory Tanner

From: Jackie Norvell

Sent: Wednesday, August 25, 2021 4:46 PM

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

Subject: Pre authorization

I'm one of the specialty med retirees. I understand pre authorization is pretty standard but my concern is the frequency required, how will that be determined? [REDACTED]

When you all changed to Optum, I didn't want the hassle of dealing w a new specialty provider as I had exceptional service w Costco so stayed w them! I just now pay a small copay to keep it that way. However my doctor electronically sends my pill scripts to Optum. I can just see a bucket of worms with Costco trying to fill my order with another party involved, currently I believe they reach out directly to that Dr. in Arizona. Once every three years, I imagine we could struggle through but otherwise I foresee nightmares with their specialty pharmacy trying to get, fill my specialty prescriptions. It happened even w the prior company!

Costco works with me shipping either to my AK home or AZ home and we've never had an issue between us. Just sometimes they have problems with the doctor as doctor office has said to me their system doesn't allow for two pharmacy names.

From: Patty Bielawski

Sent: Wednesday, August 25, 2021 4:18 PM

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

Subject: ? on proposed preventative care coverages

Hi. I'm a tier 1 retiree. I'm pleased to see the proposed changes to the plan to include preventative care. I have been frustrated for years that the current retiree plan does not cover the screening colonoscopy procedures so effective at early identification of colorectal cancers and recommended for people of my age. And I've always noted that the current employee plan appears to cover this procedure.

I would like to confirm I am reading the proposed changes correctly. Does the term "colorectal cancer screenings," in the proposed changes mean what is commonly called a "screening colonoscopy?" If so, this would be a great change to the retiree plan!

Please advise.

Thanks for your help. Be well.

PB

Patty Bielawski

[REDACTED]

From: tzadina
Sent: Wednesday, August 25, 2021 4:14 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed health plan additions

Hooray! A little preventive care monies saves a ton in the long run. I am 1000% for this addition!

Timothy Zadina

From: Janet Downng
Sent: Wednesday, August 25, 2021 3:39 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Changes

The addition of preventive care coverage is a welcome change. I would think the availability of preventive medicine would reduce more costly measures. Treating illness in its early stages should be less costly than a full blown illness requiring more costly intervention. It is a welcome addition. Thank you (I hope)

Janet Downing

From: Judy Klunder
Sent: Wednesday, August 25, 2021 2:45 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Input for changes to health plan

I am very concerned about adding a preauthorization for specialty medications for the following reasons:
*I know several people who have experienced considerable wait times when having to gain preauthorization from other insurance companies. Hopefully, this wouldn't be the case with the AK retiree health plan. In many cases, patient health will suffer if they have to wait for meds.
*Some insurance companies use "preauthorization" as a means to limit where patients obtain their meds. An example of this is forcing patients to use mail order when they prefer (and it's more convenient) to use their local pharmacy.
*Some specialty meds are prescribed on a weekly (or even daily) basis due to the patient's changing needs. An example-Their oral chemo dosage may be changed quite often and it would be a waste of money to buy a whole month's worth of meds at once and then not use it.
Thank you for listening.

From: G&M Croffut
Sent: Wednesday, August 25, 2021 2:14 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Meds

[REDACTED]

I feel our medical has gone down hill.

From:
Sent: Wednesday, August 25, 2021 1:51 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventive care

What welcome addition that would be! Will we have to to up another benefit to keep this cost neutral?

Thanks,

Rita Heidkamp

Scott Heidorn

From: **jeanette.moore**
Sent: Wednesday, August 25, 2021 1:46 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed added benefits for retirees

Dear Representative,

I am very much in favor of adding preventative care benefits and authorized prescriptions to those that retirees already are offered for us. Preventative care saves in 2 ways. First, it allows health care providers early diagnostics for developing problems. Second, it allows retirees to establish a health care relationship with their doctor. This second is especially important!

Thank you for your support,

Jeanette Moore
Retired since 2019 from University of Alaska system

From: **Scott Kluever**
Sent: Wednesday, August 25, 2021 1:45 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: expanded coverage

Good afternoon,

I think it is great that you will begin covering preventive care services.
It seems logical to encourage people to be proactive in their health care! Waiting until one has a problem can be devastating and also very costly to the insurance company!
The low cost of a wellness exam outweighs the cost of finding an issue too late!
Thanks
Scott and Jennifer Kuever

From: Barbara Nagengast
Sent: Wednesday, August 25, 2021 8:29 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>;
Subject: Comment on Proposed Updates to AlaskaCare Defined Benefit Plan

To Whom It May Concern:

As an AlaskaCare Plan member and benefit recipient, I am absolutely **opposed** to the proposal for **Specialty Medication Prior Authorization**. (Words below in quotes come directly from the proposed changes document.)

Those members of the AlaskaCare Plan who have complex and/or chronic medical conditions do not require “pharmacy benefit managers” to determine their health care needs. To begin to imagine that a “manager” seated at a computer terminal thousands of miles away from the Plan member, armed with a set of paperwork guidelines from the FDA and insurance companies knows more about an individual’s health care needs than the Plan member’s own personal care provider is ludicrous. For example, for the past six years, my spouse who is covered by the Plan has been under the care of a physician who is fellowship trained and board certified in Hematology and Medical Oncology. The complexity of his condition is well-known to his physician and can never be fully understood by or explained to a paper pusher at OptumRx. While there is an appeal process included in the proposal, it is an additional burden to medical staff with the unstated but undeniable intent to benefit the insurance company’s bottom line. And, if the appeal is then denied, who can predict the impact on the Plan member.

While the change will “impact a small portion of Plan members,” those Plan members are often fighting for their lives and **DO NOT NEED ANOTHER HURDLE** in their health care journey. Just because other insurance companies have implemented prior authorization does not mean that AlaskaCares has to do the same! I consider this proposal if implemented to be a diminishment of benefit that in the long run will result in additional legal costs for the State of Alaska.

As for **Wellness/Preventative Care Upgrades....Yes!!**

Thank you for your careful consideration of my comments.

Regards,

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AlaskaCare Defined Benefit Retiree Health Plan Public Comments

Barbara Nagengast

[Redacted]
Palmer, AK [Redacted]
[Redacted]

From: Judy Thomas
Sent: Tuesday, August 24, 2021 8:14 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: question regarding proposed changes

Will the proposed changes in the retiree benefits cost us more? I could find nothing in the information that addresses this. thank you, Judy Thomas

From: Thomas W Paul
Sent: Tuesday, August 24, 2021 4:36 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Addition of preventive care coverage in Retiree Health Plan

We are greatly in favor of adding preventive care coverage to the Retiree Health Plan. It makes medical as well as financial sense to do so. We have not sought out procedures such as colorectal screening and some vaccinations because they are not covered by the retiree plan and the cost is prohibitive for us. It seems to us that investing in preventive care and screening will lead to fewer serious health issues and higher costs in the future and will save the plan and insurers money in the long run. Please follow through and add preventive care coverage to the retiree health plan.

Sincerely,
Thomas Paul
Janice Caulfield

From: donna teekell
Sent: Tuesday, August 24, 2021 3:45 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed Benefit Addition in 2022

Hello,

It is critical that coverage of preventative care services be added to AlaskaCare retiree health plan.

Doing so will ultimately reduce costs to the plan by identifying disease early and reducing treatment expenses. More importantly, it will save many lives and unnecessary suffering.

Thank you,

Donna Teekell
Retiree

From: Ward Hurlburt
Sent: Tuesday, August 24, 2021 2:07 PM
To: Ricci, Emily K (DOA) <emily.ricci@alaska.gov>
Subject: DRB Retiree Proposed 2022 Benefit Additions

Good afternoon, Emily. Hope you are doing well. We received the post card notice of the proposed retiree health plan benefits additions for 2022.

I was happy to see the proposed expansions and believe they are both sound in concept. I do have a few comments. You may well be way ahead of me already in your discussions and considerations but thought I'd make my comments anyway.

For the prior auth requirement for specialty medications I'd say congratulations and believe that is entirely appropriate and likely needed to both help assure high grade evidence based decision making with the best available outcomes and good stewardship of DRB's financial resources. Basic to that prior auth process for specialty medications, as you know, is an evidence based decision regarding likely outcomes and risks of the proposed intervention as well as alternatives. If it is possible for you to do so, I believe comparative cost considerations for alternative therapies can also be a helpful and appropriate part of this prior auth process. Comparative cost considerations are not always a part of a prior auth process. For example FDA does not generally consider cost issues in their approvals of medications but there can be generics or bioequivalents that are significantly less costly that statistically have comparable outcomes with no significant differences in attendant morbidity compared to a much more costly option (which have both received FDA approval). As you would know as well as I, a specific practitioner may well be personally convinced the more costly item should be the choice but analysis of high grade evidence by physicians and pharmacists accustomed to grades of evidence and the objective more formal use of evidence in decision making does not support that bias. A properly carried out prior auth process can responsibly help assure the most reasonable decision making based on available high grade evidence. In addition to this cost analysis related selection issue among alternatives there are also medications that FDA approves because they do help and there may not be alternatives, but when one looks at the studies a very expensive intervention (such as \$100,000+) may result in help - but in fact the benefit may only be extending life by such as 12 days on average. That can, of course, be tough to deal with but I'd suggest should not be ignored.

Also congratulations regarding the extension of benefits to cover preventive services. As both a clinician and public health physician I am absolutely convinced preventive services can be both helpful to health and longevity as well as medical cost containment. I further believe it is the right thing to do. The approximate 995 out of 1,000 Americans who are dying each day now related to corona virus disease who have not received available vaccination would have almost all benefitted immensely - as would the entity on the hook for their medical care costs had they been vaccinated. However just like medications

and any other medical interventions, there are “experts” with strongly held biases regarding what are considered preventive services that in fact do not really help or do impose unnecessary potential morbidity when the intervention is systematically looked at using high grade evidence. The AHRQ (Agency for Healthcare Research and Quality) engages in analyses regarding the value of preventive services and provides a grade regarding the strength of the evidence. The USPSTF (US Preventive Services Task Force) maintains a listing of preventive interventions that earn an “A” or “B” grade. A reasonable option for a responsible payer regarding preventive services might be to provide blanket coverage for those preventive services on the “A” and “B” list and to require prior auth for requests for other preventive services. Again I recognize you may be way ahead of me on all this and have already considered these kinds of issues. Below is the web address for USPSTF’s list.

[A and B Recommendations | United States Preventive Services Taskforce \(uspreventiveservicestaskforce.org\)](https://www.uspreventiveservicestaskforce.org)

Thanks for letting me share these thoughts.

Ward

From: john.j.novak

Sent: Tuesday, August 24, 2021 12:19 PM

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

Subject: Retiree Health Plan - Proposed Additions

I today received a mailing soliciting input regarding the proposal to add preventative care services. My input is an enthusiastic vote of yes. To once again be able to have covered yearly physicals would be great.

Cheers,

John Novak

[Redacted]

Anchorage, Alaska [Redacted]

[Redacted]

From: Alison

Sent: Tuesday, August 24, 2021 10:32 AM

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

Subject: RE: PROPOSED ADDITIONS TO THE ALASKACARE DEFINED BENEFIT RETIREE HEALTH PLAN

Regarding the proposed changes to the AlaskaCare health benefits, I have the following comments:

1. Addition of coverage for preventive care service: I strongly support this change – it should have happened when the ACA was passed.
2. Addition of prior authorization for specialty medications: I support this change with the caveats that (1) Members will be notified 60 days in advance of January 1, 2022 that their medication

requires prior authorization review; and (2) Providers are allowed to submit authorization requests electronically, over the phone, or by mail.

Thank you for allowing me to submit comments.
Sincerely,

Alison L. Smith

From: Anne Pasch
Sent: Tuesday, August 24, 2021 10:09 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed benefit additions

We would strongly support the addition of coverage for preventive care services in our Alaska Care plan. This would improve our medical coverage and should save money in the long run.

Sincerely,
Anne and Kurt Pasch
Retirees
Anchorage, AK

From: Michael Ford
Sent: Tuesday, August 24, 2021 8:09 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed benefit additions

Great news!

Preventive care for retirees is a no-brainer excellent addition. Should have been added decades ago. Will likely save money for the State and provide a much needed benefit for those most in need.

Same for specialty medications.

Mike
Sent from my iPad

From: Marla Schaeffer
Sent: Monday, August 23, 2021 6:02 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: proposed change to retiree benefits

23 Aug, 2021

Dear Dept of Retirement and Benefits,

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AlaskaCare Defined Benefit Retiree Health Plan Public Comments

- In regard to the proposed change to the retiree insurance police noted below:
- a. Ensures the therapy meets FDA guidelines for the condition being treated.
 - b. Ensures providers follow nationally recognized care criteria when prescribing medication.
 - c. Requires the prescriber to provide documentation in support of the clinical criteria specific to that medication prior to the medication being dispensed.

Please understand this thoroughly:

I AM SICK AND TIRED OF INSURANCE COMPANIES TRYING TO PLAY DOCTOR!

If my doctor prescribes a medication, I'll be damned if I want to ask your permission. What a crock of crap. I trust my doctor way more than an insurance company who lives to deny coverage.

I vote NO on this issue.

Sincerely,

Marla G. Schaeffer

From: Kurt

Sent: Monday, August 23, 2021 5:24 PM

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

Subject: PROPOSED ADDITIONS TO THE ALASKACARE DEFINED BENEFIT RETIREE HEALTH PLAN

Regarding the proposed changes to the AlaskaCare health benefits, I have the following comments:

- 3. Addition of coverage for preventive care service: I strongly support this change.
- 4. Addition of prior authorization for specialty medications: I support this change with the caveats that (1) Members will be notified 60 days in advance of January 1, 2022 that their medication requires prior authorization review; and (2) Providers are allowed to submit authorization requests electronically, over the phone, or by mail.

Thank you for allowing me to submit comments.

Sincerely,

Kurt Z. Egelhofer

Anchorage, AK

From: K Boire

Sent: Monday, August 23, 2021 4:32 PM

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

Subject: Prior authorization for medication

I have to ask why? Most of the participants of Alaska care retirees are past the drug abuse stage of life, not all but most. If a patient is prescribed these medications and have been prescribed these medications for a period of time then an unscheduled break from these prescriptions can be detrimental to their health and cause major depression worrying about approval. Doctors treat the patients and prescribe the medications. That being said wouldn't a doctor know more about the patient than someone sitting behind a desk? It's bad enough that we have all of these politicians playing doctor or all the people playing doctor on Facebook. Please don't make things any harder for patients to receive the medical care that is needed and prescribed by their doctors

From: bish
Sent: Monday, August 23, 2021 3:58 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Cc: Nancy Bish
Subject: Updates to Alaska Care Defined Benefit Retiree Health Plan

Thank you so much for adding preventive services to our retiree health plan. It's something that was badly needed and is long overdue. My question is, will you also be removing the lifetime two million individual cost limit for the plan so it also would be more closely aligned with the Affordable Care Act, (ACA)? If not, why not?



Thank you for your work to update our health care plan.
Nancy Bish

From: Mary Riggen
Sent: Monday, August 23, 2021 10:50 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Support Addition of Coverage for preventive Care Services

I support the proposed benefit additions in 2022 - the addition of coverage for preventive care services.

Thanks,
Mary Riggen

From:
Sent: Saturday, August 21, 2021 4:04 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: CHANGES TO RETIREEE ALASKACARE HEALTH PLANS

From: Jackie Lewis-Ward
Sent: Saturday, August 21, 2021 12:26 PM
To:
Subject: Re: CHANGES TO RETIREEE ALASKACARE HEALTH PLANS

Changes to retiree health plan.

RHPAB <http://doa.alaska.gov/drb/alaskacare/retiree/advisory.html>

Emily Ricci: doa.drb.alaskacare.retiree.plan@alaska.gov

I personally believe that neither one of these changes are a benefit to retired individuals.

The preventive care is a waste of money as it is being accomplished now through Aetna and Medicare. When my doctor requests a test be performed it is accomplished without any major headaches with prior approval.

The severe restrictions on specialty medications is already handled through Optum RX. and if your doctor prescribes a medication who else needs to approve it since the DOCTOR is authorizing. Aetne denied [REDACTED]

[REDACTED] a request for the prescription to be refilled. I now just pay for it and can get a month supply that can be refilled again without the doctor re-submitting the prescription.

Stop wasting our money on these useless additions that are not necessary for retirees.

This does not seem to go through with the above e-mail addresses. Indicates these addresses are wrong or miss formatted. Can you forward. Hope they get there. Thanks, Sharon

Jacquelyn A. Lewis-Ward retiree
Sheridan, Montana

From: Brad and Theresa Zimmerman
Sent: Sunday, August 22, 2021 2:48 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Comments - Preventative Care & Specialty Medication Pre-Authorization Proposals

Dear DRB Staff,

I am submitting personal comments regarding the proposed preventative care and specialty medication pre-authorization proposals.

A. Preventative Care:

Preventative care is something retirees have wanted included in the plan for a long time, and in my opinion, is necessary to maintain good health and to discover medical problems early. One issue I have with the proposal, however, is that I believe that most, if not all of the proposed, preventative additions are already procedures that are included in Medicare, so the benefit for half of the retirees or more in the plan (those over 65) would be minimal to none.

Although I don't know if the savings can be easily quantified, preventative screenings save treatment costs by avoiding expensive medical procedures later when disease has spread or severely damaged the

body requiring more acute care and treatment. I don't see these potential savings mentioned or factored into the State's study on costs associated with adding preventative benefits. I think it's pretty well accepted that preventative care saves money in the long run. The fact that HMO's promote and provide preventative care tends to support this.

B. Specialty Drugs:

Specialty drugs can be essential and life saving to those who need them.

The State says that the medications available and their prices will not change, but that the pre-authorization process will result in a cost savings and will protect retirees from inappropriate usage of the drugs. The informational bulletin states, "Savings accrue to the plan via increased drug manufacturer rebates associated with implementing prior authorizations, denials of medication due to inappropriate use of the drug, abandoned prior authorization requests, and alternative prescriptions being dispensed. The preliminary anticipated financial impact to the plan associated with implementing prior authorizations is a reduction in costs of approximately \$12.3 million for 2022, and a \$172.2 million reduction in the healthcare Accrued Actuarial Liability associated with the plan." I have a serious problem with this proposal. Although it only effects a very small percentage of retirees, any retiree could potentially be one of the individuals impacted in the future. Medications can be rejected if extensive studies have not been done in regards to their effectiveness for certain diseases. The problem is that drug companies test drugs for their initial purpose, but as more uses become known, they don't necessarily do additional studies due to cost and the fact drugs become generic in relatively short periods of time. If my doctor recommends a medication, I have total confidence that he is doing it for my benefit and has prescribed a medication for me in my best interests. I want my personal physician to determine whether a medication is appropriate for me or not. I choose my physicians carefully, and I do not want Optum Rx to have control and final say over my treatment plan. Additionally, in the explanation of cost savings, it mentions alternative prescriptions, which gives an impression of step-therapy. The explanation says it is not, but once again, my doctor should be the one determining when a given prescription should be used whether or not other drugs have been tried beforehand.

I have no problem with pre-authorizations being utilized for the sole purpose of increasing rebates and revenue to the State, but I do not believe that the State's plan administrator, Optum Rx, should have any input into what medications my doctor prescribes to treat me. I also have no problem if an alternative medication is suggested to a physician as long as the doctor agrees that it would not be detrimental to the patient's treatment plan and agrees with the change.

Just because pre-authorizations are commonly contained in other insurance plans doesn't mean that they are necessarily appropriate for ours.

C. Summary:

1. I would like to see the State provide figures on whether retirees already on Medicare will actually receive any substantial benefit from the proposed preventative plan.

2. I would like the State to address the fact that preventative care saves substantial money via early diagnosis, potentially negating the need for costly surgeries and other expensive treatments if left undiscovered. If that is a fact and can be quantified, the figures should be determined and be added to the proposal as a cost savings amount. Is it possible that the cost savings from early diagnosis and treatment via preventative care can offset the expenditures for the added, preventative benefits without having to change the requirements for speciality medications?

3. The State expects to save \$12.3 million in 2022 through the pre-authorization process. That figure is a cut of about 10% of the total 2020 expenditures for specialty medications. That means that some retirees, possibly 10%, will no longer benefit from these specialty medications, possibly jeopardizing their outcomes and longevity. Overall, I think this is a slippery slope that allows more and more control over retirees' personal health care decisions by the State and their plan administrators and potentially puts retiree patients' health in jeopardy.

4. If there is a way to allow for pre-authorizations to obtain increased rebates without medication denials and mandated alternative medications, that would be fine, but I am against the denials and alternative medication mandates.

5. Finally, I'm not convinced that the cost savings in adding pre-authorization for speciality medications is a fair offset to adding preventative care. The number of retirees that will substantially benefit will be half or less as they are already on Medicare, which provides these services. Additionally, the State's own numbers prove the inequity. For preventative care, they state, "The annual anticipated fiscal impact of this change is estimated to be approximately \$3,350,000 in additional claims costs. This change is anticipated to increase the healthcare Accrued Actuarial Liability associated with the Plan by approximately \$28.6 million." For speciality medications they state, "The preliminary anticipated financial impact to the plan associated with implementing prior authorizations is a reduction in costs of approximately \$12.3 million for 2022, and a \$172.2 million reduction in the healthcare Accrued Actuarial Liability associated with the plan." Unless I'm not understanding something in the analysis, the State's own figures show a gross inequity and a substantial dollar loss and diminishment to retirees in benefits.

In closing, I've always been an advocate of preventative care, but I don't believe the State's plan for paying for it through its proposed speciality medication changes is equitable in terms of dollars or in the loss of our personal physicians' right to determine proper medications and care for us, their patients. Those retirees on Medicare will probably not benefit at all, or very little at best. Looking at the State's analysis and figures, it is an unbalanced, indisputable diminishment. I support the addition of preventative care. If you analyze the cost savings from early detection of disease, those savings alone may very well pay for the proposed preventative plan.

Thank you for considering my input as a retiree. I appreciate this process.

Brad Zimmerman
The Villages, Florida

[REDACTED]

From: Melinda Hofstad
Sent: Saturday, August 21, 2021 2:08 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed new regulations for retired health benefits

Hello, will you please copy all members of of the board with my comments. I am appalled that you are considering a change the prescription drug program for tier 1 employees. We are constitutionally promised our benefits. This is unconscionable that you would deny the sickest seniors on tier 1 their lifesaving medication. Tier 1 retirees are dying off at a rapid rate and soon this will no longer be a problem. Take a look, the drugs you are talking about are anti rejection meds, Parkinson's and MS meds, cancer drugs, etc, SHAME on the state for trying to pull this on the sickest of sick. Do you honestly think the FDA and the insurance companies should make a decision about whether or not a patient needs these drugs rather than their doctor? Also, as I read the list of meds initially on the "review" list, in small print at the bottom, it says that any time, without notice, any drug could be added to this list. This whole thing is simply a way for the insurance company to deny expensive, life saving drugs. Please do not agree with this. The state needs to be challenged in court to preserve our tier 1 drug coverage. Every time the state has been legally challenged on messing around with our tier 1 benefits, the courts have sided with the retirees. Please hold fast for us Tier 1 retirees.

Melinda and Albert Hofstad
[REDACTED]
Petersburg, AK

From: Charles Davis
Sent: Friday, August 20, 2021 3:31 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed changes to AlaskaCare program

I would like to comment on the proposal to add Special Medication Prior Authorization.
1. There must be a process to provide rapid (instant?) approval for medicines necessary to treat emergencies. [REDACTED]

--
Charles W. Davis II
[REDACTED]
Columbia Falls, MT [REDACTED]

From: Kathie Cook
Sent: Friday, August 20, 2021 6:01 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: comments on change to retiree health plan

I read over what you sent. My immediate reaction was, why in the world would we want to add preventive stuff and bargain away the more expensive life saving, or life quality helping drugs????? I say absolutely NO to this.

I am not an expert here so I am telling you my observations from my own medical expenses. Medicare helps with some and the other is not that expensive that I can't afford. One of the main reasons I wanted the health care plan was the promise to help with major illnesses, if needed. It's not my fault if the state didn't manage the money well. It's not my fault if the state didn't put the money in that they said they would. They made a promise I expect they will keep it and I certainly don't want RPEA to be bargaining that away.

Kathie Cook

From: Judy Shiffler
Sent: Thursday, August 19, 2021 1:42 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Retiree Health Plan authorization changes

Thank you for addressing the needs and concerns of our state's senior retirees under your program.

We strongly support the addition to our Retiree Health Plan the following:

- *Preventive care testing authorization
- *Prior authorization of specialty medications.

We would greatly appreciate your support in adding this coverage to our current plan.

Sincerely,
Judy and Wendell Shiffler

From: Paula Davis
Sent: Thursday, August 19, 2021 11:05 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Adding preventive coverage to retiree health plan

Thank you! This makes so much sense!

I have been extremely frustrated with not having preventive vaccinations covered by my retiree health care plan. It makes so much more sense to be able to have a vaccination that prevents illness rather than treatment of the illness itself, which would very likely cost far more. I was expecting that the

retiree health care would cover MORE of the preventive procedures than the active employee health plan, but found out I was very wrong.

I strongly support adding this coverage to the retiree plan.

Thank you again!

Paula and James Davis

[Redacted]

Gig Harbor, WA [Redacted]

[Redacted]

From: Patricia Book

Sent: Wednesday, August 18, 2021 10:29 AM

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

Subject: Specialty medicine prior authorization

I reviewed the extensive list of specialty drugs that would require prior approval by a drug dispensing company. I have taken one of these drugs in the past. Under the objectives why don't you list "reduce the plan's cost of prescription drugs". You are making medical specialists go through extra steps to treat their patients. You think [Redacted] the University of Colorado doesn't know more about medication I may need that Optum Rx?

You offer a cheap benefit of preventive care which should be there in the first place but you really are after preventing access to expensive drugs that support quality of life, prolong life, and suppress chronic disease disability.

You have a track record of reducing benefits and here obfuscate your true objective of reducing costs. You don't create trust that way.

Pat

Patricia A. Book, Ph.D.

From: stanandamy

Sent: Wednesday, August 18, 2021 9:01 AM

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

Subject: Plan Updates

Thank you for working on updates to the retiree health plan, particularly with regard to preventative care. We encourage adoption of these changes!

Amy and Stan Lujan

Juneau, Alaska

From: Toby Tobias-Anderson

Sent: Tuesday, August 17, 2021 9:50 PM

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AlaskaCare Defined Benefit Retiree Health Plan Public Comments

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

I think the preventative care should have been done first many years ago. We keep ourselves well by exercising and getting preventative procedures done and the day after we retire, we're not even able to get a shot! What a shock that was! I would also like to suggest that if Aetna is our secondary (and third with my husband retiring from the state also) we should not have to pay the same amount as we did when it was our primary. Considering, we were promised to have the Greatest Health Plan in the country because we were tier 1. (Thank-you Mr. Obama)

From: Jennifer Huvar
Sent: Tuesday, August 17, 2021 12:48 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposal to add preventative care to health coverage

Dear Retiree Plan People,

Here is our input on the proposal described in today's email: "Yes! Thank you!"

We are committed to keeping up our preventative care to the point that we've budgeted for colonoscopies, etc. This change would not only benefit us financially, but also healthwise, as financial reasons for procrastinating care will no longer exist.

I would like to add that this change could possibly even reduce costs to the State. First of all, catching diseases such as cancer, CVD, and diabetes early results in more effective - and cheaper - treatment options [REDACTED] If the retiree program covers these [REDACTED], thereby removing a layer of bureaucracy - which always incur additional costs.

Covering preventative care is simply the right thing to do for retirees, and we're really grateful.

Cheers,
Jen and Doug Huvar
Anchorage

From: Cindy Gilder
Sent: Tuesday, August 17, 2021 8:57 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Retiree benefits change

Two comments:

1. I am supportive of adding preventative services to the list of services provided. The actuarial costs should include an estimate of the financial benefits saved because medical problems are caught early

(versus gone undetected and later needing more expensive treatment). I suspect this analysis will show a clear overall savings to the plan

2. I am unclear as to the reason for the pre-authorization (except that everyone else does it). Seems like alot of extra paperwork on everyones part if no benefit.

From: DABenedict
Sent: Tuesday, August 17, 2021 8:52 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed Changes to the AlaskaCare DB Retiree Health Plan

To Whom It May Concern,

First of all, I want to say, "Thank you for being proactive with the DB Retiree Health Plan regarding the inclusion of Preventive Care".
Preventive care as we all know can help defray medical treatment, medical costs, etc., if detected early. So I'm very supportive of the proposed changes. Helping to pay something rather than nothing will hopefully encourage retirees to be preventive and thus defray costs in the long run.
"An ounce of prevention is worth a pound of cure"

Sincerely,
Debbie Bialka-Benedict

From: Rich
Sent: Tuesday, August 17, 2021 8:42 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Retiree Health Plan Wellness exams

It would be a great benefit to encourage people to regularly develop a monitoring habit of their health - catching problems before they become complicated and more expensive for the insurance coverage makes sense!

Richard & Tammy Sitbon
Alaska State Retirees

From: buster p
Sent: Tuesday, August 17, 2021 7:57 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed preventative maintenance proposals

Please consider adding physical fitness programs i.e. Silver Sneakers, or like programs that cover the cost of local memberships in community wellness programs. My family has benefited from our local programs, [REDACTED] in Texas, but has an out of pocket expense. [REDACTED]

Thanks for considering this issue.

Oscar Primm, Alaskan retiree

[Redacted]

Richwood, Tx [Redacted]

[Redacted]

From: john newell

Sent: Sunday, August 15, 2021 6:28 PM

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

Subject: proposed changes to health care coverage for retirees

I full support the proposed changes. Thank you.

John H. Newell

From: K L Harris

Sent: Sunday, August 15, 2021 12:54 PM

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

Subject: Health care

Please include a fitness component like Silver Sneakers

From: Betsy Chivers

Sent: Sunday, August 15, 2021 12:41 PM

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

Subject: Preventative Care

I hope the realization that preventative care and options for alternative care can save the state significant money in caring for their retirees! It's about time these issues are addressed. Thank you!

Betsy Chivers

[Redacted]

Anchorage, AK [Redacted]

From: donald davis

Sent: Sunday, August 15, 2021 11:55 AM

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

Subject: Proposed benefit changes

My wife and I are jumping up and down clapping our hands! Not sure why this has taken so long but we feel this will save the department a great deal of money. One only needs to remember that "an ounce of prevention is worth a pound of cure".

Thanks for your efforts.

Don and Darlene Davis

From: Jennifer Edwards
Sent: Saturday, August 14, 2021 8:42 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: preventative health care coverage

To Whom It May Concern,

I have skimmed the proposed changes and think that they are sensible. Without going into each one, I just want to say that from a financial point of view, it makes sense to cover preventative exams, tests, and care.

For example, [REDACTED]

[REDACTED] I had to pay just over \$500 out of pocket for this, which, as an individual who takes responsibility for my own health, I did willingly. But what a whacked out system that won't pay \$500 for this informative test, but would have paid tens of thousands of dollars once I had the heart attack or stroke. It makes no sense.

I also think that people who are more than 20 pounds overweight should pay more for their insurance. It isn't fun having to eat well and having to exercise, get the right amount of sleep, etc. etc., but we each have a responsibility to do that. Insurance premiums and coverage should reflect the level of care a person takes for their own health. Right now, as a society, we tend to pass the buck for the quality of our health and do nothing for ourselves.

Thanks.
Jennifer Edwards

From: Cheri Duncan-Westerdyk
Sent: Saturday, August 14, 2021 4:41 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Specialty medication authorization.

I do not support the addition of prior authorization for specialty medication This would appear to limit patient access to much needed medications Cheri L Duncan/Westerdyk

From: Cheri Duncan-Westerdyk
Sent: Saturday, August 14, 2021 4:38 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventive care coverage

I support the addition of preventive Carr coverage. Cher L Duncan-Westerdyk Sent from my iPhone

From: Cemlyn Larsen
Sent: Saturday, August 14, 2021 4:27 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Adding preventive care coverage to AlaskaCare DB

I am speaking in favor of adding preventive care coverage [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

I believe that these kind of tests should be included in retiree coverage.

Thank you,
Cemlyn Larsen

From: mark wayson
Sent: Saturday, August 14, 2021 11:28 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Saving on the backs of the most vulnerable

Emily Ricci,
I am troubled to hear that money is going to be saved it appears, on the backs of those retirees potentially most vulnerable and needing expensive drugs.
I spoke with an active State employee yesterday, who [REDACTED]
[REDACTED] require a year of injections [REDACTED]
[REDACTED]. These injections will run \$36,000.00 for one year.
These are precisely the kinds of drugs you seem intent upon no longer covering for retirees. This needs some intense review before even considering reductions, with that review including face to face research with victims relying on any of the drugs not available on the cheap, and which would no longer be covered by insurance. HUGE majority of retirees for example cannot reach in their pocket and shell out \$36,000.00 for a drug needed to save their life, if faced with acquiring this heart drug for example. Obviously, preventive drugs/medicine saves a whole lot more money in the long run than most procedures being prevented by them.

Mark Wayson
Retiree,.... mostly healthy at the moment

From: karen koester
Sent: Saturday, August 14, 2021 10:50 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed chgs to benefits

I am very pleased to see the proposed changes to retiree health benefits... Proposed changes better reflect what the medical community knows about disease and preventative care.

Karen Koester

From: Jim Morrison

Sent: Saturday, August 14, 2021 9:32 AM

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

Subject: Health care

It seems to me that you folks got rid of the only person fighting for retirees, and now the State is proposing changes that diminish our health care. If some want changes, make it optional. How about offering dental, vision and eye coverage that previously was eliminated because the benefits matched the cost, totally worthless. James Morrison [REDACTED]

From: sharonhoffbeck

Sent: Saturday, August 14, 2021 8:54 AM

To: Ricci, Emily K (DOA) <emily.ricci@alaska.gov>; AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>

Subject: Public Comment--Retiree AlaskaCare Changes

Emily,

I noticed that the DRB has put out information concerning the proposed changes to the retiree health plan, namely the addition of preventive care services and very severe new restrictions on specialty medications.

The website states:

"All comments must be received no later than 4:30 p.m. on August 27, 2021. Comments received after that date will be provided to the board through the standard procedures."

This only gives retirees 14 days to get notice of these changes, read and interpret them, and respond.

Retirees in the summer are often traveling and have little/infrequent access to the ability to meet this very short timeline.

Would it be possible to:

1. Allow the standard 30 day comment period, resetting the clock and not setting the start period from your original date thereby giving them a full 30 days to respond, and
2. **Send all retirees**—not only those who use specialty drugs—a letter informing of the proposed changes with details about how to access the proposed changes and how to respond.

The change for specialty drugs impacts ALL retirees, not only those who are currently using specialty drugs.

Many retirees do not even have computers and those who do, do not monitor the DRB website and should not be expected to. 'Notifying' by posting only is sidestepping the requirement to properly inform retirees of any proposed changes to their health plans.

I realize this is an expense. This, though, is a very critical change to the retiree plan, and the criteria set is very unrealistic and unreasonable.

I have already had retirees contact me about the short timeline, and I have to agree with them.

I would also like to suggest that you consider either postponing the townhall until after the letter is sent and a reasonable time to receive it is allowed, or to have one as originally planned AND another closer to the 30 day comment period deadline.

Thank you for your consideration of my suggestions.

Sharon Hoffbeck

Retiree

From: Robby Bear

Sent: Saturday, August 14, 2021 7:57 AM

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

Subject: Thank you for your work

Plan Advisory Board,

I wanted to thank you for your work on the Preventative Care and Specialized Medications amendments to our Health Plan. I have read through both and do not have any critical comments one way or another. The proposed changes look good to me, especially in terms of HPV testing and Colonoscopies [REDACTED]

Thank you also for giving us, as retirees, the opportunity to read over the proposal and to comment.

Thank you and take care,

Robby Bear

TRS and PRS retiree

From: Stephanie Gillette

Sent: Saturday, August 14, 2021 3:51 AM

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

Subject: Proposed changed

Sent from [Mail](#) for Window

I was reading the proposed changes and I do not see any value to the retiree for needing to have pre-certification to get their medications. This seems like a take-away not a new benefit.

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AlaskaCare Defined Benefit Retiree Health Plan Public Comments

Also, since many retirees live outside of Alaska, I am wondering how much the large charge for out-of-plan doctor visits will affect them. Only paying 80% of preventative care is a large expense to them. Once again, I do not see any benefit to the retiree. Why would we agree to these changes? We should not.

Stephanie Gillette

From: Shelly, Jeffrey and Michael
Sent: Friday, August 13, 2021 3:56 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject:

Proposed health care changes. Medicare all ready covers preventive services and there is a small percentage of retirees who are not also qualified for Medicare.

Why is this being combined with additional authorization for the more expensive medications.

I do not support these changes.

From: Judith Anderegg
Sent: Friday, August 13, 2021 1:13 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Cc:
Subject: Comments on public process for proposed reg changes for Retiree health

I have not had time to read and or comment specifically on the proposed changes. Like most Alaskans (retired and current), I am out and about enjoying summer - rain and all. But right now sitting here in front of my computer, I do have a couple of things to say to DRB about this specific public process. I do not feel it is an adequate effort on the part of the State of Alaska to hear from its retirees.

Among my positions for the state of Alaska, I was the public participation officer for the Alaska Coastal Management Program under Governor Hammond. I also worked for Senator Kerttula when he was Senate President and we held many public meetings for his constituents. Alaska has a very short summer window during which most Alaskans are out enjoying the outdoors, even in the rain. I learned that major public participation efforts need to happen in the late fall, winter and early spring of the year if we wanted to hear from the public. I would assume that the government of Alaska still knows this is true.

On to four very specific comments about the public process, DRB is doing:

First, this is NOT A 30 day review period to which it is my understanding we are entitled. If you have to do this during summer, it should be a lengthened time period not shortened to allow folks to read and comment.

Second, Most Alaskans (retired or not) are not at their computers or they are where they have no internet (out hiking, camping, ec.) If the State of Alaska wants to guarantee maximum public comment, please hold your review between September and late April.

Third, the public you are trying to reach are us - seniors (and many of us are elderly seniors whom do NOT use the internet). Again, if you want to guarantee maximum comment from the public you are trying to reach - seniors - then use print mail in addition to internet for contact.

Fourth, the RPEA Board deserves time to review the proposed changes to let their membership know what they think. That is why we are members of said association. Neither they nor we have an adequate amount of time to review the proposed changes at the present time.

I hope that the RPEA Board has contacted you regarding these time frame issues. Further I hope these comments reach DRB at a time when you can amend your comment period timeline to allow adequate time for us to comment in a meaningful way. I will try in next week or so to actually comment on the proposed changes, but I am waiting to hear from RPEA Board as to their thoughts on the proposed changes.

Thank you for reading these comments and hopefully addressing my concerns.

Sincerely,
Judith Anderegg

From: Mark Boyer
Sent: Friday, August 13, 2021 1:06 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Comment on adding preventive care to retiree health plan

I support adding preventive care/services/tests to the retiree health plan. Since turning 65 and having Medicare become primary, and learning that Medicare does not cover things like an annual physical (sounds like preventive care), I think that it is important that Alaskans step up and include preventive care and services to the plan. Makes no sense to me that prevention should not be a covered expense...because it would seem that finding something early and getting treatment is preferable to everyone concerned to having to treat a more expensive and perhaps more serious problem later.

Probably hard to quantify, but there must be some data that shows the value of early detection and early intervention in the cost of health care over the life of a covered beneficiary.

Thanks for taking the initiative.

Mark Boyer

From: John and Judy Neary
Sent: Friday, August 13, 2021 11:11 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Comments to the Retiree Health Plan Advisory Board

Dear Advisory Board,

As a member of AlaskaCare Retiree health plan, currently under the age of 65, I fully support the addition of preventive care services and screenings to the plan. The retiree health plan is an antiquated plan and members under the age of 65 are impacted by the lack of preventive coverage.

Adding coverage for preventive care services and screenings to the AlaskaCare defined benefit retiree health plan would likely increase the use of preventive services and support members in maintaining their health. Preventive services help detect disease, delay their onset and identifies them early on when the disease is most easy to manage or treat. I support adding mammograms, Pap smears, prostate cancer screenings, vaccinations, wellness visits, colorectal cancer screenings, and lung cancer screenings to the plan.

[REDACTED] I was an employee with the State of Alaska and mammograms were included in the active employee health insurance plan, [REDACTED]. These same tests should be included in the retiree plan.

Once again, I want to reiterate that preventive care services are meant to prevent diseases or conditions from developing or progressing which the United States Department of Health and Human Services (DHHS) outlines increasing the use of various preventive care services as key objectives in their Healthy People 2030 framework. Please recognize my vote in the AlaskaCare Retiree Health Plan to add preventive care services and screenings to our health plan in 2022.

Thank you,
Judy O. Neary

[REDACTED]
Juneau, AK [REDACTED]

From: stellarmiles
Sent: Friday, August 13, 2021 3:56 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Am retire plan updates

Please cover preventive services including immunizations

Thank you.
Yoly R Gonzales

From: Eric Tanner
Sent: Friday, August 13, 2021 3:19 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventative care and SpecialtyRx

Preventative care is a great idea to add to our retirees health plan and I believe will reduce costs long term and increase the "wellness" factor whether actual or perceived for our retirees.

The SpecialtyRx prequalifying requirement is a bad idea, I implore you not to enact this provision. The promise made to all retirees is, specialty Pharmacy would be available at the same level as any pharmacy item. This proposed "step" adds inherent delays in dispensing and the high probability of retirees running out of life saving or disability mitigating medication, this is just cruel. Even though this isn't the intention, delays and running out of medication are the outcome of this proposed Prequalification process. If the idea is that preventative care is added to our plan as an offset to the proposed SpecialtyRx prequalifying requirement I would say this is not a fair trade off and should not be implemented. Please do not take away promised benefits from the small minority that rely on it and need it.

Thank you,
Eric Tanner

From: Mark Parmelee

Sent: Thursday, August 12, 2021 9:30 PM

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

Subject: Comment on Speciality Medicine Proposal

Division of Retirement and Benefits,

I quit my State of Alaska job because of provisions for a specialty medicine that I used to need. I could not manage only getting a 30 day supply at a time. My wife's insurance did not place the 30 day supply and other conditions I found unacceptable.

I appreciate the interest in saving money for the Retiree Health Plan but restrictions on specialty medicines need to be carefully designed. Below I quote from two letters I still have from 2011.

"Starting July 1, 2011, specialty medications will be limited to a one-month supply or one fill per month."

"The request is approved for the following time period, as long as you remain covered by your prescription drug plan: 8/16/2011 to 8/16/2012."

This email may be shared as you see fit. I do not list my medical condition or the specific medicine. If you need more information you may contact me.

Mark Parmelee

[REDACTED]
Anchorage, AK [REDACTED]

From: mary edwin

Sent: Thursday, August 12, 2021 9:25 PM

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

Subject: Proposed updates to the Alaska Care Defined Benefit Retiree Health Plan

Having read the proposal information posted on the website, I wish to point out an existing problem that will seem to continue with this proposal. That is the unavailability of services in rural Alaska, especially in the "remote" locations.

For those of us who choose to retire at home in the remote rural areas of Alaska, "network providers" do not exist -- nor do ANY health care providers in our home location. Travel for diagnosis (or preventative care) is not covered by the plan. Presently, we must forego timely diagnosis of many problems (as well as any preventative health care) because of the extreme expense of travel to places where the care is available. So, we wait until a problem demands treatment before we seek help for it. Many times, as in cancers and other disabling and/or deadly conditions, that is too late.

My own situation is a good example: I live in a small community on the north bank of the Yukon River, many months of each year accessible only by a 153-mile direct flight to Fairbanks, the nearest place where comprehensive health care is available. A few months of each year we could instead take a 1 to 3 hour trip by river (boat or snow machine) to the nearest maintained road, then travel another 150+ miles on that road. Obviously, that is a difficult trip, not to be undertaken if one's health is not in perfect order.

On several occasions when I have attempted to take the advice given in one of the Town Hall meetings, and ask for pre-authorization [REDACTED] before I fully knew exactly what treatment would be given, to be actually charged to insurance only after treatment rendered, the insurance carrier has not allowed that. Perhaps I simply do not know the magic words to say?

Another time, the insurer tried to refer me to the nearest network provider -- but gave me information for another remote rural location nominally in the same "county" (borough, here) -- but due to geography and airline routes, going there would have cost about 5 times the \$200 senior fare round-trip to Fairbanks! (Obviously, the carrier's employees are not familiar with Alaska's geography and political divisions.)

Suggestion: Specifically allow travel costs for diagnostic and preventative services not available in our home locations. To make that practical for the insurance carrier, these might be limited in number of times per year, or only to travel between locations within Alaska, or to air fares.

Mary Moses Edwin
TRS and PERS retiree

From: Diana
Sent: Thursday, August 12, 2021 8:29 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed changes to AlaskaCare Retirement

I would like to share my thoughts on the proposed changes to the plan.

I believe that if more options were covered under preventative care, you would see more people using that option. And in the long run, it may even save on our insurance. Better take care of something small, than to have it turn catastrophic and have no options left.

For the people that need specialty medication, please help them by allowing prior authorization. You know how hard and overwhelming it can be to wend through the Medical system. Help us to help ourselves.

Thank you

Diana Lapham Ret.spouse [REDACTED]

From: Ed Beek

Sent: Thursday, August 12, 2021 3:54 PM

To: ALASKA.DOA@public.govdelivery.com; Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>

Subject: Fwd: Proposed changes to retiree health plan comment

Sent from my iPad

Begin forwarded message:

From: Ed Beek

Date: August 12, 2021 at 3:27:06 PM PDT

To: doa.drbalaskacare.retiree.plan@alaska.gov,

Subject: Proposed changes to retiree health plan comment

Hello RPHAB Board

Please look carefully at the "pre approval for speciality drugs", proposal.

I find it highly alarming. Yes there are only 3.7% of the total prescriptions taking up a larger proportion of cost. Remember this, you are only one physical away from being included in this percentage.

Example ...you go in for your mammogram or colonoscopy or whatever for a basic check up. Bad surprise you come out with a cancer diagnosis. Now you are one of those 3.7% as just about all of the cancer drugs are in the special category. Look at the whole list and not just the few examples shown in the propoasal. The new drugs are the most expensive but have the best chance of working. Course everyone is different so you may have to go thru several different courses before something actually works. That's why you have insurance.

Now on top of all the other new found stresses after your physical you get to find how happy our insurance company "DRB" is to help us. Course first you have to have your new cancer doc provide documentation for whatever drug avenue he thinks is best. From here you just get to hope your best buddy insurance rep. "Not a specialist," approves without to much back in forth so finally you get to deal with trying to heal.

Please read number 1 2 and 3 under financial impact closely. Is that what you want for our plan? I especially like number 3 where people just give up.

This happened to me. [REDACTED] The drug used was newer [REDACTED]

[REDACTED] While I think the initial treatment would have been eventually approved I do not think the two years of maintenance would have. The maintenance part is not totally understood as not enough studies done [REDACTED]. I would rather have me decide rather than the insurance company what's best. [REDACTED]

[REDACTED] I want my doc to decide what's best, not a number cruncher.Remember you are only one physical away from being in my shoes

In reading over the synopsis I cannot help but feel like it was written by a car salesman. I can almost see the gleaming teeth. Please read it carefully with a skeptical eye. Insurance companies are not there to be our friends. This change is about cutting their expenses or you can bet your booties it wouldn't be proposed.

Please don't sell out our policy, and give them this new power for a few free physicals. Compare our policy to car insurance companies. By accepting this proposed change you may be giving DRB the equivalent of choosing what kinda of parts or brand to fix your car.

Our dental program was gutted. Sure you get a night guard under the new coverage but then you find out if you break a crown you can only get it replaced every 7 years. I had to replace two at 5 years...full price. Nice kinda hidden in the small print.

This is a serious reduction in our benefits. Please don't sell us out for a few free physicals. Sure it's only 3.7% of claims, divide and conquer right. You could be there.

Thank you Ed Beck retiree

NOTE: A copy of this public comment was also received by mail on 8/18/2021.

From: Jeanne Smith

Sent: Thursday, August 12, 2021 3:22 PM

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

Subject: Preventive Care Coverage

Sure hope this can pass our administration. Who voted for these clowns anyway??

Cancer care is covered, but preventing catastrophe with a colonoscopy isn't? wow, get a grip

Thank you to the good people working to keep all of us a healthy as we can be with preventive medical coverage. Thank you again

Jeanne F. Smith
Anchorage

From: chainsawgrandma
Sent: Thursday, August 12, 2021 3:17 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Prior auth of specialty medications

I don't believe that there should be constraints on specialty medications. If a Dr feels that the medication is necessary, our insurance should pay for it.

I have great concerns that the insurance benefits that I worked so hard for are gradually being chiseled away. Aside from the monetary aspect of this situation, I do NOT want to see a Doctor second guessed by my insurance company as to whether or not the medication should be of benefit. Specifically, I have read horror stories of life saving medication withheld from patients because the insurance companies don't feel that it is a viable treatment regimen. The bottom line of the stories are, the patient dies from lack of treatment.

The insurance company should NOT HAVE THE POWER to decide whether or not the prescribed medication would be of benefit to the patient.

Nancy Short



Myrtle Point, Or

From: jan dave
Sent: Thursday, August 12, 2021 2:53 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Silver Sneakers

Thanks for the opportunity to make a suggestion. I'd like to see Silver Sneakers as part of our plan. The fitness discounts available to us are not helpful for me. Maybe others would agree, too. Thanks for considering it. Janette Roy

From: James Cochran
Sent: Thursday, August 12, 2021 1:42 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: AlaskaCare Defined Benefit (DB) Retiree Health Plan

Comments on the proposed changes to the AlaskaCare Defined Benefit Retiree Health Plan:

I began employment with the State of Alaska in 1977 and retired in 1997 (Alaska Department of Fish and Game). I have been covered continuously by either the employee health plan or the retiree health plan from 1977 to present (44 years). During that time it always amazed and confounded me that the State of

Alaska would not take a proactive approach to preventative care. In the long haul, it would seem very obvious that preventing illness would be more cost effective than treating the illness. Your proposed addition of certain preventative care items appears to be a step toward a much more cost effective retiree health insurance program. I cannot speak to the specialty medication changes as I have never been required to use them, but it seems reasonable to require preauthorization as some of those medications are horrendously effective.

All this said, after 44 years under State of Alaska health plans, I have never been aware of any employee/retiree positive changes that didn't come with a "zinger". In my opinion the State has continuously tried to reduce medical benefits (in violation of the Alaska Constitution) by adding some "carrot" changes while trying to reduce expensive coverages. I have to ask, what is the State going to propose down the road in the way of reductions in coverage if the positive addition of preventative care is added. To be honest, I don't believe retirees can trust the State to act in their best interest, based upon past experience. I fully understand fiducial responsibility, on the State's part, but that has been translated in a continual hammering of retiree medical coverage, trying to reduce it to ostensibly reduce the cost of the Plan to the State. I am covered by Medicare, so these actions have been somewhat buffered, but not completely, and the requirements of a double deductible (Medicare and AlaskaCare) and similarly, double out-of-pocket expenses have added to my financial burden in my retirement years.

Regards

James O. Cochran

From: Lynda Giguere

Sent: Thursday, August 12, 2021 1:39 PM

To:

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

Subject: Changes to retiree health care plan

I am concerned about proposed changes that would eliminate specialty medication from our prescription coverage.

[REDACTED]
medication, which consists of 8 pills a day and is very specific to [REDACTED] type of mutation, is \$15000 per month. This pill has been highly effective in extending the lives of people with his mutation. With it, [REDACTED] chances of living longer, perhaps many years, have been greatly improved. Without it, I doubt [REDACTED] alive today.

If this is the type of life saving specialty medication the state is trying to eliminate from our current retiree plan, I vehemently oppose the proposed change.

I'm sure there are many other examples of specialty medications, the only lifeline for people with rare cancers and other diseases, that would be unattainable for the vast majority of people if this coverage is eliminated. Death is inevitable, but no one should be condemned to die prematurely due to their economic status if there is a treatment available that can extend their life.

Thank you for adding my opposition to the official record.

Also, why is the public only getting 27 days to comment on these very important changes rather than 30 days?

Sincerely,
Lynda Giguere
Alaska State Employee Retiree

From: wwwhite
Sent: Thursday, August 12, 2021 1:03 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Response to the proposed Updates to the AlaskaCare Defined Benefit Retiree Health Plan: Please Share Your Thoughts!

DRB - I'm following up with this same information in the mail as well

Response to the Proposed "Expanded Preventive Coverage (R007)"

from: ExpandedPreventiveCoverageProposal-20210805.pdf

First and foremost the current plan is old but not antiquated (obsolete), it is rather unique and favorable to the retiree (KEEP IT AS IS). It offers rates at the 1975 level (except where DRB or the TPA's have made changes). In my opinion, there isn't another plan that comes close to it for the same coverage for these rates, even without preventive coverage. If you don't believe this, please try to find one out there with this kind of coverage at these rates.

I recognize your claim, that this plan doesn't have "preventive coverage", but please don't gut/change/rework the existing plan, leave it as is, faults and all.

The original plan didn't have DAV (dental, audio, vision). So, I assume DRB, offered DAV as an option. Why not offer "preventive coverage package" as a additional option as well (please leave the plan as is).

If you are eligible for social security then bingo you can cancel this option once to are receiving social security, or

If you are not eligible social security then you can just keep enrolled with this option.

DRB (division of retirement and benefits) and the TPA's (third party administrators) are not looking out for the best interest of the retire, it is a smoke screen, and here is why:

- DRB wants to save money, and
- The TPA's want to make money

Neither of them are looking out for the retirees best interest, one wants to save money and the other wants to make money, all at the retiree expense, one way or another (lose of benefits and/or higher rates (co-pays)), no where are they looking out for the retiree.

FYI – the plan has been changed in the past, and not always in the best interest of the retiree. The TPA try their best to make as much money as possible, by taking the cheapest route to save them (TPA) money. The retiree needs to be strong and know your plan and question them if it is in your plan, but if they (TPA’s) get to rewrite it this plan will lose and the retiree will lose as well.

Please keep the plan as is and offer “preventive coverage” as a separate option.

Thank you for you attention to this matter

Walter White

Wallace, NE [REDACTED]

Response to the:

Specialty Medication Prior Authorizations (R020)

from:PharmacyPriorAuthorizationsProposal-20210805.pdf

Keep the plan as is.

When I see verbiage such as stated on page 4 under Objectives, “Promote safe and effective use of medications in accordance with evidence-based clinical standards.” is is the way the TPA’s can start to diminish our wonderful prescription plan as it is currently in force. To force the retiree to use what the TPA feels you should be able to receive, regardless what your doctor prescribes.

The TPA’s will use the evidence-based clinical standards that best fit into their cost model.

Example:

What evidence-based clinical standards are being used with Covid – there must be a few hundred different clinical studies – they could pick the one that saves them the most, putting the retiree at risk because they (TPA’s) know better than you and your doctor.

May main concern is that DRB (division of retirement and benefits) and the TPA’s (third party administrators) are not looking out for the best interest of the retire, it is a smoke screen, and here is why:

- DRB wants to save money, and
- The TPA’s want to make money

Neither of them are looking out for the retirees best interest, one wants to save money and the other wants to make money, all at the retiree expense, one way or another (lose of benefits and/or higher rates (co-pays), or putting restrictions on what your doctor has prescribed (ie: the TPA’s know better than you and your doctor on what prescriptions to let you have).

Please keep the plan as is – don’t change it.

Thank you for you attention to this matter

Walter White

Wallace, NE [REDACTED]

NOTE: A copy of this public comment was also received by mail on 8/18/2021.

From: Laura Clement
Sent: Thursday, August 12, 2021 11:33 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Comment -- Proposed Updates to the AlaskaCare Defined Benefit Retiree Health Plan

Thank you for this opportunity to comment on the proposed updates to the AlaskaCare Defined Benefit Retiree Health Plan.

As a [REDACTED] dependent of a State of Alaska retiree, I am writing to express my unqualified, strong support to revise preventive care in the retiree health plan.

I am scheduled for [REDACTED] and was disappointed to learn that the procedure will not be covered under AlaskaCares. However, I will proceed with it and pay the cost out of pocket, but not everyone has the financial freedom to make such decisions. Preventive care seems simple to me -- certainly the cost of a preventive colonoscopy would be less than treating colorectal cancer -- so I encourage the Advisory Board to proceed with suggested updates.

Thank you for this opportunity to comment --

Laura Clement (spouse of retiree Richard F. Clement)
[REDACTED]
Haines, AK [REDACTED]

From: margaret duggan
Sent: Thursday, August 12, 2021 11:03 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Cc:
Subject: Change on speciality drugs distribution

Good morning, I just reviewed the list of speciality drugs and found [REDACTED] med that I have to get once every 6 mo. This [REDACTED] is critical to maintaining my LIFE. [REDACTED]

[REDACTED] I don't understand why any change is required. I am very much against any change that can effect the ability of persons [REDACTED] with medical conditions that require what are considered "high cost" medication. Our lives matter. If DRB/Optum Rx are more concerned with cost than the health of members we as members need to speak up. I do NOT support any changes to the current plan now employed to get prior approval.

Margaret Duggan

From: Dave - Doris CROCKETT
Sent: Thursday, August 12, 2021 10:14 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject:

We need to be able to secure workout activities such as Silver Sneakers or even a gym membership.

Doris Crockett

From: Linda Rae Colby

Sent: Thursday, August 12, 2021 9:54 AM

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

Subject: Comments on Draft Health Care Coverage

The 'adds' for me are already covered by my Medicare and while I currently don't require any specialty meds, that could come in the future, though less likely to be covered.

I see no net gain but a future loss of service with more special medication restrictions! Overall, these proposed changes for me represent a net LOSS!

I oppose the changes as drafted.

From: Mark Miller

Sent: Thursday, August 12, 2021 8:17 AM

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

Subject: Comprehensive preventive care for retiree Health Plan proposed updates.

Hello:

For many decades news coverage indicates that preventive healthcare improves health and quality of life while lowering healthcare costs. I strongly support all efforts to increase preventative healthcare benefits for the Retiree Health plan.

Thanks you.....Mark Miller

From: David Bowling

Sent: Thursday, August 12, 2021 8:12 AM

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

Subject: Proposed changes to retirement health plan

Thank you for the opportunity to comment on the proposed changes to the health plan. I hope that you will continue to improve on the preventative measures, like flu, tetanus and other common vaccines. I also hope you start paying for the A1C blood tests for diabetes testing. In the past some of the blood tests are approved, sometimes they are not and it is very discouraging when you are trying to watch your diet and need to see, through blood tests, if you are on track.

We are very pleased with the change in the drug plan. It has been terrific, easy to track and no problems with filling prescriptions.

Thank you again, for the opportunity to comment.

David Bowling
Retiree member

From: Jackie Lewis-Ward
Sent: Thursday, August 12, 2021 7:12 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>;
Subject: Vote : Preventive Care Services - NO

Why are we changing something that is working? Between our Medical Coverage (Aetna) and Medicare, I have NO problems meeting all of my doctors requests for preventative care.

My VOTE is: NO Change to existing Preventive Care that we have available.

Thanks, Jackie

Jacquelyn A. Lewis-Ward, MSW retired



Sheridan, Montana

From: sharon.mitchell
Sent: Thursday, August 12, 2021 6:36 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed Preventive Care Benefits
Importance: High

TO WHOM IT MAY CONCERN:

The proposed preventive service coverage should also include membership coverage for the YMCA or other health clubs and their " Silver Sneakers program" for seniors. What better way to keep seniors healthy than to provide services that encourage regular exercising. Most supplemental insurance plans in the area include this in their coverage, but ALASKA CARE does not! I earnestly request you include the SILVER SNEAKERS EXERCISE PROGRAM in the proposed preventive care coverage.

Sincerely,
Sharon Mitchell
Retired TRS Member

From: timholder
Sent: Thursday, August 12, 2021 6:17 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: preventative care

Please increase preventative care to the maximum viewed as medically logical.

Thank you, Tim Holder [REDACTED] Wilmington NC [REDACTED]

From: Cynthia Pearson
Sent: Thursday, August 12, 2021 5:31 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Health Plan Changes

Do not mess with the drug program. If people are being prescribed high cost drugs go to the manufacturer to adjust. Do NOT put it on the individual who needs medication. It is cruel, uncalled for, and goes against what the insurance is for.

Preventative plans are good in some respects but invasive in others. You are a number on a checklist when the "supposed to be doctor but isn't any more" comes in and reads it off. Then you are expected to comply with all of the preventative measures or you are frowned on. This has happened several times and the SOA is now applying Medicare practices with their programs.

It seems over the past 5 years that we are moving to being medicare based and away from the State. It's called a phase-in stage and set up to do the cross over to medicare in pieces. By the time you are done we are simply on Medicare. Quit changing our SOA coverage!

Cynthia Pearson

From: Sonja Hawkins
Sent: Thursday, August 12, 2021 5:07 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: updates coverage question

Questions:
Why do we not have Silver Sneakers coverage as most other insurances cover. I am in PA and have a YMCA in my town. I am the only person that has to pay for my membership. To me this is an important preventive program.

Sonja Hawkins

From: Clint Vardeman
Sent: Thursday, August 12, 2021 4:48 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventive care comments

Thank you for the opportunity to comment on the proposed expansion of preventive care coverage and thank you for considering it. I have been frustrated by the lack of coverage we have received. It has felt like some mathematician has been in charge to say that it only makes financial sense for you if you wait to pay until we have a major event.

I feel that it makes much more sense to encourage us to have routine physician visits to make sure we remain healthy. For instance, you don't cover Cologuard testing. Isn't paying for this test once every three years cheaper than paying for a colonoscopy that carries much more risk?

Please expand our medical coverage to include routine preventive health care exams.

Again, thank you for your consideration.

Clinton Vardeman

[REDACTED]

Hendersonville, NC [REDACTED]

From: PATRICK STEVENS

Sent: Thursday, August 12, 2021 3:43 AM

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

Subject: proposed changes to the prescription drug plan

Dear Sirs:

I understand the need to control costs of our plan and appreciate the fine plan that retirees have been served with over the past years. But having lived through 3 years of watching [REDACTED] receive chemotherapy [REDACTED], and noting the high cost of some of those infusion drugs, I have to wonder about the emotion hardship Optimum Rx will place on patients and relatives who need fast, accurate decisions concerning drug therapies, but are trapped by a number crunching , cost saving system.

I remember well waiting to know whether our insurance would fully cover a couple of the treatments [REDACTED]. Those were terrible waits, but short, since our pharmaceutical plan did not disallow any of those treatments. Because of some new break through infusion drugs, [REDACTED] able to live a better, longer life. The pharmacy plan worked quickly and seamlessly, with no need for us to battle an insurance company. I appreciated that after watching others in the same treatment program go through monetary crisis due to their plans.

I think you must be very cautious in making this change. I have battled medical insurance plans over other issues in past years. It is never fun; always impossible to get to an answer quickly, and never timely. I see over three long pages of "specialty" drugs that the company lists in their flier. That concerns me a great deal. How many families will face impossible, heart wrenching financial decisions if this new policy is put in place?

Sincerely,

Patrick A. Stevens

TRS Retiree

From: Renda Heimbigner

Sent: Thursday, August 12, 2021 2:06 AM

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

Dear Board,

Where in statute is the SOA retiree health plan care allowed to refuse coverage for what medicare does not cover? Why is our retiree plan different than currently employed?

Sincerely,

Renda Heimbigner
Retired SOA employee



From: ricplate
Sent: Thursday, August 12, 2021 12:14 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Comment on proposed AlaskaCare Retiree health benefits

Adding preventative care to the AlaskaCare Retiree health benefits makes a lot of sense. Or another way of saying it, it doesn't make sense to have preventative health care. Prevention is much wiser than waiting until there is a major medical issue then paying for the much larger medical expenses.

I am all for adding the preventative health coverage.

I read through the list of proposed coverages but I didn't notice things like skin cancer screening, coronary tests (in the case of expected heart disease), blood tests for diabetes, and the such. Will these preventative services also be covered?

Thank you for the chance to comment.

From: John_W McNeal
Sent: Wednesday, August 11, 2021 11:20 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: preventive care coverage comment

I just received the request to comment on possibility of adding "preventive care coverage" to our insurance plans. I think this is a wonderful idea and YES, preventive care coverage should be included into our insurance plan. I see this as a win/win for all of us and our long term and short term health. I think that preventive care has the potential of saving the State of Alaska a lot of money now and into the future. **Proactive and preventive health care is always going to be cheaper in the long run than reactive medicine.** I strongly believe that if more retirees and seniors were provided with a means to be more involved with their health the incidents of health related issues would most likely drop. Preventative health care has the potential of discovering and treating early health issues before they become full blown problems and even more expensive to address or fix.

Thanks, John M.

From: Marlyn Carrillo

Sent: Wednesday, August 11, 2021 10:43 PM

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

Subject: It's about time!

Preventative care would avoid costly health care later on, especially with retirees living longer.

From: Phillip Petrie

Sent: Wednesday, August 11, 2021 10:42 PM

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

Subject: Comment concerning Preventative Medical Care vaccine coverage

1. Why are you not covering the costs of the COVID vaccines?

2. Otherwise I think that the preventative care coverage has been long overdue. I was totally surprised to find out that preventative care that we received as active employees was not the same when I retired.

Also that active Alaska employees would be covered under the provisions of Obama Care but retired were not. Both instances were a surprise and made no sense. As an active employee no one ever told be I would not have the same medical benefits in retirement. Fortunately I was retired military and it did not cost my family a lot.

Phillip C. Petrie

[REDACTED]

Eagle River Alaska [REDACTED]

[REDACTED]

From: Jody and Tim Metcalf

Sent: Wednesday, August 11, 2021 8:56 PM

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

Subject: Proposed Changes to Retiree Plan

I am a 32 year PERS retiree and I retired in 2011 [REDACTED]. I love retirement and the PERS system has been very good to my however with no preventative care, I have felt somewhat like a second class citizen in the healthcare system. I am now [REDACTED] and have managed to receive good health care thanks to the help of understanding doctors that have looked the other way and done what is necessary while doing their best to not code the care as "preventative". [REDACTED] the plan does not cover this service unless it is deemed medically necessary. My current plan is to wait [REDACTED] until I qualify for medicare coverage. I was actually surprised when the plan said that they would pay for COVID vaccines - how kind of them.

Please, please restore preventative care to the health benefits of retirees so that you can show them that you care for their well being and want them to live. The current plan sends the message that you would rather have us die and not be a burden to the system.

Sincerely,
Timothy J. Metcalf



From: Lilibeth Maiquis
Sent: Wednesday, August 11, 2021 8:07 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed Medical Plan Changes to Retiree Plan

- Addition of preventive care coverage
- Addition of prior authorization for specialty medications

I support and begging please include the changes as noted above, especially the addition of preventative care coverage to our Retiree Medical Coverage. They are important and could eventually save medical bills and expenses when these tests and diagnosis can be determined and prevented. Some members and myself sometimes have opted in the past not to see providers or take some tests or visits because of this limitation in the retiree medical coverage or plan. Thank you for listening and I hope to see these changes in the coming year or ASAP.

Lilibeth Maiquis

From: Lilibeth Maiquis
Sent: Wednesday, August 11, 2021 8:00 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed Changes to the Retiree Health Insurance

- Addition of preventive care coverage
- Addition of prior authorization for specialty medications

I am so glad to hear you are going to include these changes in our Retiree Plan. These are something I and other members been hoping and requesting, especially the preventative care coverage. I support these proposed changes and I would really encouraged these changes be made as soon as possible. They are good changes and in the long run, these preventative visits or treatments will save or cut down medical expenses. Thank you very much.

Luis Maiquis

From: Bev Dube
Sent: Wednesday, August 11, 2021 7:44 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventive care coverage

Preventive care coverage makes total sense!!!

Thank you!!
Bev Dube

From: Gary Miller
Sent: Wednesday, August 11, 2021 7:17 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed Retiree Insurance Changes

I have advocated for preventive healthcare, starting in the 1980s, when I was active with Alaska Public Employees Association and following that, when I was active with Alaska State Employees Association, and lastly, when I spent eleven years on the Retired Public Employees of Alaska executive board. I am thrilled this is under consideration. Here are my personal stories and my recommendations.

[REDACTED]

[REDACTED]

The corona virus has shown how important it is to get vaccinated. We already knew the value of getting an annual flu shot, especially for seniors who probably have weaker immune systems.

Here are my suggestions:

Cover flu, corona, pneumonia, tetanus, and shingles vaccinations. When the annual health fairs are held, offer these for free.

Cover a basic annual physical.

Cover clinics that help people quit smoking, drinking, drugging, and overeating. All lead to costly health problems and early deaths.

Gary Miller

[REDACTED]
Juneau, AK [REDACTED]
[REDACTED]

From: Robbie Stell
Sent: Wednesday, August 11, 2021 5:49 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Alaska Retiree AlaskaCare proposal

I support the addition of preventive care, but have no idea what the Division might consider "preventive care". Without explanations, I don't know if it is an improvement or not.

Same for the preauthorizations for medications---which medications? Aren't most of the more expensive but highly needed medications already requiring preauthorizations? Not enough information is provided.

Alaska Retiree,

Roberta Stell

From: Roz Goodman
Sent: Wednesday, August 11, 2021 5:12 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventative additions

I'm all for both preventative additions. I have suggested the following before and would like to suggest again that an option to participate in a silver sneakers or similar program be considered. Reduced gym fees would be an incentive to stay healthy.

Thanks for listening.
Roz Goodman

From: Rebecca Whalin
Sent: Wednesday, August 11, 2021 5:01 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventive Coverage

I'm glad you're finally getting on board for preventive coverage. I never did understand why you would pass up paying hundreds of dollars for a colonoscopy in favor of paying thousands of dollars for surgery if it was detected by other means. I had to wait until I was old enough to be covered by Medicare [REDACTED]

[REDACTED]

My other concern was shingles shots. Really...not covered [REDACTED]?

[REDACTED] Now I'm able to get the shots via Medicare and, I'm assuming, Aetna.

I don't know who your bean counters are but I have to believe it's cheaper to pay for preventive opposed to treatment. Common sense tells me that.

From: Judy McGrath
Sent: Wednesday, August 11, 2021 4:26 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Updates to health insurance

Am in favor of adding preventative care. Thank you.

Judith McGrath

From: jedennis
Sent: Wednesday, August 11, 2021 4:22 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>

Subject: proposed prior authorization of drugs in TRS health plan

How will the proposed pharmacy plan going impact my ability to continue to get the brand drug [REDACTED] which is the only medication I've found that gives me good control [REDACTED]. Over the years I've tried the generic version and it simply doesn't work for me. After about six weeks of taking the generic version I begin to exhibit [REDACTED] which progress to more severe with time. This has been the case since the generic version [REDACTED] first became available. Currently, my family care physician has been able to justify my need for the name brand drug and I don't want that to change. Over the years I've taken many different generic drugs which were as effective as the name brand, so I have no objection to generic drugs other than [REDACTED]. Should this change in the plan make it impossible for me to get [REDACTED] I'm strongly opposed to the change.

How is the proposed changes in the plan going to effect my ability to continue to get the necessary drugs [REDACTED] I take twice a day [REDACTED]? Some of these drugs are expensive, but essential [REDACTED]! If the proposed plan has a negative effect on my ability and simplicity of getting these drugs then I'm total opposed to any changes to the pharmacy plan!

[REDACTED] Will the proposed changes make it more difficult for me to continue to get this essential medication? If so, I'm totally opposed to any changes being made to our Tier I pharmacy plan. Years ago the State tried to make changes to the Tier I retiree's health care plan and the teachers association had to seek relief through the courts. I'm pretty sure the result of that case can down on the side of retirees, so why is there another attempt being made to diminish benefits?

James Dennis
[REDACTED]
Sequim, WA

From: Ben Hardwick
Sent: Wednesday, August 11, 2021 4:19 PM
Page 93 of 106
AlaskaCare Defined Benefit Retiree Health Plan Public Comments

To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Prior authorization is not needed!

- Addition of prior authorization for specialty medications.
- More information needs to be sent to all retirees. Prior Authorization is just another barrier that being placed between the retiree and their care giver.
- This is a bad idea and there is no reason for it in our health plan.

From: Ed Collazzi
Sent: Wednesday, August 11, 2021 3:53 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed Updates to the AlaskaCare Defined Benefit Retiree Health Plan

Hello,

I strongly support the proposed changes. BTW, not only people under 65, but also retirees who are residing outside of the United States, are unable to avail themselves of Medicare. Probably a relatively small number, but worth mentioning.

Comprehensive preventive care has been demonstrated to save significant amounts of money and strain on the health system and the benefits far outweigh the costs.

Thank you for the opportunity to comment.

Ed Collazzi

From: Nancy Willis
Sent: Wednesday, August 11, 2021 3:17 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: public comment

To Whom it May Concern,

I am strongly in favor of adding preventive care coverage to our plan! The wellness checkups can prevent a variety of problems if done yearly, [REDACTED]. It would be wonderful to have these checkups covered by insurance. Thank you for taking this into consideration.

I also support the motion to add prior authorization for specialty medications, although it is not something I've had experience with.

~Nancy Willis, retiree

From: Sam Thomas
Sent: Wednesday, August 11, 2021 3:12 PM

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

Thanks, 100% in favor of including preventative care. I have never complained about its omission, but I was surprised and disappointed when I first had a claim for a [REDACTED] wellness visit denied. This is a much needed and appropriate change, in my opinion.

The changes in preauthorization seem reasonable and in line with my personal experience with other insurance carriers.

I wish you well in expeditiously proceeding with these changes.

Sincerely,
Sam Thomas
Retired TRS Member

From: Michael Jones
Sent: Wednesday, August 11, 2021 3:09 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: not use preauthorization for critical or emergency medication

I insist, No pre-authorization should be needed for any serious / needed medications.]

Michael O. Jones
retiree/ Alabama member of alaska care / aetna

[REDACTED]
[REDACTED] Alabama
[REDACTED]

From: mrsdata
Sent: Wednesday, August 11, 2021 3:09 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Changes to health care plan for retirees

Re speciality medications: I am opposed to any changes that means a specialty medication has to be preapproved. I have [REDACTED] and the worst is generic medications. I MUST HAVE SPECIALTY MEDICATIONS TO MAINTAIN MY HEALTH and I know caps are yelling. I am yelling if that is what it takes to get your attention. My doctor and I determine what speciality meds I must take, not some clerk who answers the phone.

From: mrsdata
Sent: Wednesday, August 11, 2021 3:06 PM

To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Changes to health care plan for retirees

I adamantly oppose any precertification for referrals to specialists. My doctor and I determine what specialist I should see, not some third party clerk sitting at a desk. This change will be a change for the worse for retirees and a downgrade in the services we currently receive. If I have an immediate need to see a specialist, it is because my health is at risk and waiting to get 'approval' for what I need is absolutely unacceptable. Shame on you for even considering it.

From: Jan Redford
Sent: Wednesday, August 11, 2021 3:01 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Draft update to insurance plan

Thank you so much for looking into these deficiencies in our healthcare coverage. Preventative health is so important, especially as we age and take longer to heal. It is much better to discover issues sooner than later, preventative healthcare will aid in this.

We are looking forward to these changes in our coverage.

Jan Redford

Thanks!

Jan

From: Richard Stern
Sent: Wednesday, August 11, 2021 3:01 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: COMMENT/QUESTION: Proposed Changes to include preventative care

I applaud the work by all parties to include preventative care in the retiree health care plan.

While there may be small additional costs to implement this, the long-term savings to the plan, and the long-term improvements to retiree health through early detection of health issues far outweigh any small additional costs for services.

However, I cannot find any analysis of the changes to the costs for the premiums retirees will pay in order to obtain these services under the plan.

What are the expected changes to the costs of the health care premiums for retirees?

Thank you for your attention to this question.

Richard Stern
State of Alaska retiree


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From: Randy Johnston
Sent: Wednesday, August 11, 2021 12:10 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventive Care

This is a great idea. To me prevention is like good maintenance on your car. It will serve you much better in the long run, and **save you money**. To make it work, education, nutrition and a willingness by a person to take control of his own health habits, are what works.

Another area that I think would pay off in better health and lower insurance rates is the utilization of functional medicine, which always seeks to find the real reason for any particular disease and remove that reason.

Thank you,

Darryl R. Johnston, [REDACTED]

From: merna karp
Sent: Wednesday, August 11, 2021 2:32 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Changes to Retiree Medical Plan - Long Overdue!

It goes without saying that preventative care will save money for all and heartache for retirees by catching issues earlier on. Please make these changes! Thank you, Merna Karp

From: Denise Trujillo
Sent: Wednesday, August 11, 2021 2:06 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Support for preventative care

I'm happy to see the proposal for preventative care to be added to the retiree health plan!

Denise Trujillo
Palmer

From: Sherene Jensen
Sent: Wednesday, August 11, 2021 2:03 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventive Care Services Propoal

I highly agree the with the two new proposals to the retiree health care plan.

██████████ not having preventive care services covered is problematic.

I am the plan holder, retired from the State of Alaska, ██████████.

We both support the addition of:

Preventive Care Services and Specialty Medication Prior Authorization

Sherene Jensen

James Jensen

From: wwhite

Sent: Wednesday, August 11, 2021 1:56 PM

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

Subject: Re: Proposed Updates to the AlaskaCare Defined Benefit Retiree Health Plan: Please Share Your Thoughts!

Alaska DOA DRB

Question for DRB about " Proposed Updates to the AlaskaCare Defined Benefit Retiree Health Plan:"

- 1) Are you only adding "Preventive Care" - any other changes?
- 2) How are you going pay for this new "Preventive Care"?
- 3) Will the retiree be responsible for increase costs, if so how much?
- 4) What existing coverage will be changed, eliminated, increased, or decreased under the disguise of adding "Preventive Care"?

RPEA - I really hope you are on top of this. This sounds like DRB wants to include something a lot of folks want and then take away, reduce, eliminate some of the very best parts (ie the expensive parts) to help DRB's bottom line at the retirees expense, both dollars and cents, monetarily and coverage.

From: Judy Trask

Sent: Wednesday, August 11, 2021 1:42 PM

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

Subject: Preventative Care Suggestion

I understand you are looking into preventative care to start in Jan 2022. There are not as many things to prevent illness and injury to seniors that being fit and agile. I am ██████████, am relatively fit as I hike and kayak and garden. However, when it's too hot or too cold to be outside, I would like to take advantage of our beautiful new community Center at the Sr. Center here in Bend, Or. ALL of my friends who are over 65, have a " Fitness Pass' issued to them through their secondary insurance to Medicare. I called to get my "pass" from Aetna, and they do not offer any such plan. There are many out there "Silver Sneakers" ,etc, and was curious as to why that is. There are so many programs, I'm actually surprised that Aetna does not offer one, being that regular exercise, weight training, swimming etc greatly helps with balance and mitigating falls.

I would love for you to look into this as a possible benefit for your retirees, and compare with other programs like Pacific Source' for seniors. I would love to start this program in January!!

Thank you for your consideration in this program.

Judy Trask

From: Alfred Barrett
Sent: Wednesday, August 11, 2021 1:37 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: addition of preventative care coverage

Please add Silver Sneakers of similar health maintenance program.

Alfred Barrett

Anchorage

From: Bill Wright
Sent: Wednesday, August 11, 2021 1:33 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: preventive care coverage

Thank you for addressing the lack of preventive care coverage in our retiree health care plan. That coverage is long overdue and I appreciate the board's work on the issue. Well done!

Bill Wright

From: kathryn robinett
Sent: Wednesday, August 11, 2021 1:17 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Silver Sneakers exercise programs

Some of my friends' insurances cover the Silver Sneakers program, but of course, I wouldn't want to go until the pandemic has passed. [REDACTED]

[REDACTED] All else has been covered for my needs by either Medicare or the current plan, i.e. Flu, Shingrix, Pneumonia. Thank you!

From: Richard Dine
Sent: Wednesday, August 11, 2021 1:17 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventative benefits for retirees

We strongly support the addition of preventative benefits for Alaskan retirees. We are very happy to hear that this is being done. It has been a big concern of ours for years. We believe it would save the DRB a significant amount of money. Preventative care is usually much less expensive than treating a medical problem. Please keep us informed of your progress.

Sincerely,
Richard B. Dine
Bonny Cherrie-Dine

From: Linda Snow
Sent: Wednesday, August 11, 2021 1:17 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Re: Proposed changes to Retiree Health Plan

I did review, and both proposals make good sense to me.

Linda Snow

From: Tricia Yocum
Sent: Wednesday, August 11, 2021 1:16 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Retiree preventive care

I support the addition of preventative care for the retiree program. As an over 65 retiree that's pretty much covered by Medicare; what we are really lacking is Silver Sneakers membership. Keeping seniors active and exercising plays a critical role in their health. I had talked to someone a couple of years ago who told me that it was under consideration but I've not heard anything since. Could you please give an update on that? Thank you!

Tricia

Today is a gift, that is why it's called the present
Write kindnesses in stone, injuries in sand
Regret looks back, worry looks forward, faith looks up

From: Walter
Sent: Wednesday, August 11, 2021 12:56 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventative care

Sent from my iPhone

From: Sherilyn Roach
Sent: Wednesday, August 11, 2021 12:54 PM

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

Thank you. If the prior authorization process works as outlined (with 72-hour and 24-hour timelines), it will really help those people who are either transferring from another insurance or have been suffering for a while with a deteriorating condition and now have a treatment plan that needs to be started as soon as possible. Having timelines like this help both doctors and patients follow up on any issues right away, instead of information being lost over time.

These timelines are terrific!

This process may impact a small number of plan members, but the impact TO those plan members is huge. Since each of us is equally important, and it does not matter whether we are in the healthy majority or the ill minority, each of us deserves equal plan consideration.

Plus, in the case of quite a few of these high-priced medications, they cost a fraction of the American cost when they are sold overseas. Perhaps insurance companies should put pressure where it belongs - on the pharmaceutical companies - and not withhold important health care from clients who would benefit.

(for example: <https://www.statista.com/statistics/312014/average-price-of-humira-by-country/>

"The price for Humira in the United States was triple the price for the same drug in Germany, as of 2017. Two kits of Humira Pen (40 mg) cost an average 4,480 U.S. dollars compared to 1,570 dollars in Germany. At 1,230 dollars, the same supply was even cheaper in Switzerland, one of the most expensive countries worldwide. In general, higher drug prices are a much discussed issue in the U.S. and pharmaceutical per capita spending is significant higher here than in other developed countries.")

Thank you for trying to improve this process for retirees.

Sherilyn Siegmund-Roach

From: Dan Boone

Sent: Wednesday, August 11, 2021 12:48 PM

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

Subject: Comment

My only comment is that you incorporate, like most plans, is the Silver Sneakers coverage. Most gym facilities accept Silver Sneakers membership. I see many Seniors at the gym.

Thank you.

Dan Boone

From: Scott Burgess

Sent: Wednesday, August 11, 2021 12:48 PM

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

Subject: Preventative care for retirees

Cover flu, pneumonia and shingle vaccines...

Scott

From: Judy Forshee

Sent: Wednesday, August 11, 2021 12:48 PM

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

Subject: prevention?

Most of the proposed additions seem fine for people with families or younger retirees. How about us older folks?

What about considering Acupuncture?

That not only helps people stay healthy, but may heal, get better, or prevent more serious issues, such as costly joint replacements, costly medications that often do more harm than good, etc.

[REDACTED] I have Medicare and Aetna. Neither pay for my preventive health. Only sickness.

I pay out of pocket, monthly, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

I do the best I can to stay healthy and independent.

I am certainly not alone in my concerns.

Thanks for your consideration.

From: js52562

Sent: Wednesday, August 11, 2021 12:42 PM

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

Subject: Preventive Health care

Random Health Care should be in everyone's Health Plan I think it's a complete disgrace that the state has not included that older you get the more you need for that if Healthcare I hope to God it's there January first. I think that everyone at the retirement and benefit should be ashamed and or the state whoever controls that this has not been included for many many years before now.

From: Sherilyn Roach

Sent: Wednesday, August 11, 2021 12:34 PM

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

Subject: Feedback: preventive care proposal

Dear DRB,

I have serious concerns with both this statement:

Aetna describes its clinical coverage standards in clinical policy bulletins (CPBs), which are all available online for public review.¹⁰ Aetna's CPBs are based on objective, creditable sources, such as relevant scientific literature, guidelines, consensus statements, and expert opinions. Aetna's CPBs are reviewed at least once annually, or on an ad hoc basis as needed.

and where our current plan says that AETNA can deny coverage at any time based on its CPBs. Have you looked at the CPBs? They are thousands of pages long. AETNA has denied [REDACTED] in the past because, according to their CPB, anyone receiving chiropractic care needs to be "cured" within 6 weeks. Although I know that they sometimes pay these costs for people for more than 6 weeks at a time [REDACTED]. In other words, unless you read all of the CPBs, those thousands of pages, you really do not know what the insurance truly covers. I have run into other problems as well, where AETNA has told me, "It's clearly written in our CPBs that we will not cover that procedure because of this one detail or one exception."

I have also talked to doctors about what those CPBs say AETNA will not cover, and every single doctor with whom I have discussed them has disagreed with the information in the CPB. Although they may claim to be based on expert information, it is clearly information that limits what the insurance believes it needs to cover. AETNA, therefore, believes that it can determine what is medically necessary for someone's health, in place of their care providers. That is wrong. My care provider should determine medical necessity, not my insurance company.

I think we need to be very, very careful when we allow our insurance to tell us that it can decide whether or not to cover something based on documents that, although they are public, the insurance can change at any time and which are so many pages long that no one would read through all of them, or memorize all of them, in order to truly know what the plan actually covers.

Also, medical coding is already overly-complicated. The definitions of diagnostic and preventative in this draft are written in such a way that a slightly different code could mean the difference between a procedure being paid or not being paid, even though the doctor's intention was that it was diagnostic and medically necessary.

The reality of American health care is that we have a lot of diagnostic services but, despite how this document defines "preventative," very little preventative health care. We diagnose in order to fix, not prevent, and a big part of that is caused by the insurance companies.

Despite my strong reservations with how sections of this draft are written, I am very glad to see that the DRB is considering and researching how to include preventative and diagnostic care. Although this currently says that it will cost more to implement, if it's done correctly, it should save money overall. If we are fiscally responsible, we encourage people to get diagnostic care and then act on the results sooner rather than later. Paying for preventative care will save lives and dollars.

Thank you for your consideration,

Sherilyn Siegmund-Roach

From: Terri Atwell
Sent: Wednesday, August 11, 2021 12:33 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Proposed changes

I agree with and support the proposed changes to the AlaskaCare Retiree Health Plan.

Terri A Atwell

From: Leslie Gordon
Sent: Wednesday, August 11, 2021 12:33 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Comments on changes

Adding preventative procedures covered would help me a lot, especially acupuncture. It is helping me more than other things you are paying for. Leslie

We're all just walking each other home. -Ram Dass

Dr. Leslie Sears Gordon

From: Cindy Lelake
Sent: Wednesday, August 11, 2021 12:33 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Yes to preventative care coverage!

I wholeheartedly support the addition of preventative care coverage to Alaska Cares retirement benefits.

Cindy Lelake
Anchorage

From: Brenda
Sent: Wednesday, August 11, 2021 12:23 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Specialty meds

Where is a list of these medications?
Is this going to slow down care retirees need?

Thank you,
Brenda

From: Earl Malone
Sent: Wednesday, August 11, 2021 12:18 PM
Page 104 of 106
AlaskaCare Defined Benefit Retiree Health Plan Public Comments

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

Agree with changes to health care plan

From: P M
Sent: Wednesday, August 11, 2021 12:16 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventative Care Proposal

My wife and I are Alaska Care Retirees and we support the addition of preventative care coverage to our medical insurance.

Paul and Diane Moma

From: Betty Barats
Sent: Wednesday, August 11, 2021 12:09 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: Preventative Health Care

I sincerely hope that something like Silver Sneakers is included in any preventative health care package. Registering with a gym can seem very expensive when one is on a fixed income that continues to dwindle with each cost of living "raise."

Thank you
Betty Barats
Bellingham, WA

[REDACTED]

From: Mary Ann Higgins
Sent: Wednesday, August 11, 2021 11:54 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: ADDITIONS TO ALASKACARE FOR RETIREES

YES!

Add Preventive Care to plan!

Include Chiropractic

Include Acupuncture!

Include Massage 🧘

Thank you!

