AlaskaCare
HealthMatters
Fall 2023 *Employee Edition*—Number 41

Women's Health and Cancer Rights Act of 1998 Reminder

If you are covered under the AlaskaCare Employee Health Plan, you or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Plan limits, deductibles, copayments, and coinsurance apply to these benefits. For more information on WHCRA benefits, see the AlaskaCare Employee Health Plan document at ***drb.alaska.gov/employee/healthplans.html#booklets*** or contact the Aetna concierge at (855) 784-8646.

Important AlaskaCare Benefit Program Notices

Updated Fall 2023

This newsletter contains important AlaskaCare benefit program notices of interest to you and your family. Please share this information with your family members. Some of the notices in this newsletter are required by law and other notices contain helpful information. These notices are updated from time to time and some of the federal notices are updated each year. Be sure you are reviewing the most current version of these important notices.

In This Issue

Notice of Special Enrollment Rights

IMPORTANT: After the open enrollment period is completed (or, if you are a new hire, after your initial enrollment election period is over), generally you will not be allowed to change your benefit elections or add/delete dependents until next year's open enrollment, unless you have a Special Enrollment Event, or a Qualified Status Change Event as outlined below:

Loss of Other Coverage Event: If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you **must request enrollment within 30 days** after your or your dependents' other coverage ends (or after the employer stops contributing towards the other coverage).

Marriage, Birth, Adoption Event: If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, **you must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.

Medicaid/CHIP Event: You and your eligible dependents may also enroll in this plan if you (or your dependents):

- Have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage. However, **you must request enrollment within 60 days** after the Medicaid or CHIP coverage ends.
- Become eligible for a premium assistance program through Medicaid or CHIP. However, **you must request enrollment within 60 days** after you (or your dependents) are determined to be eligible for such assistance.

To request special enrollment or obtain more information, contact the Division of Retirement and Benefits toll free at (800) 821-2251 or (907) 465-4460 in Juneau.

Premium Assistance Under Medicaid and the Children's Health Insurance Program

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit ***healthcare.gov***.

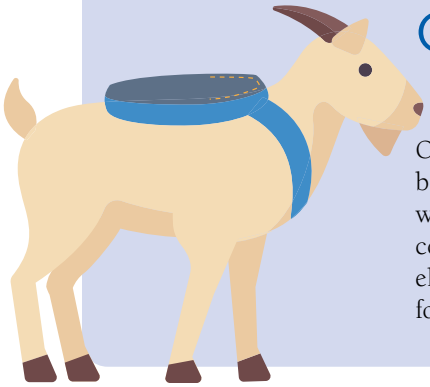
If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or ***insurekidsnow.gov*** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at ***askebsa.dol.gov*** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility.

Continued on the next page



Open Enrollment is Coming!

For the AlaskaCare Employee Plan

Open enrollment for the upcoming benefit year is November 1 - 22, 2023. Enrollment elections become effective January 1, 2024. In late October, you will receive an Open Enrollment notice with instructions on accessing everything you need to review your benefits and enroll for the coming benefit year. During Open Enrollment, you will be able to review your current benefit elections on the Division of Retirement and Benefits website and review any new plan offerings for 2024. To make your benefit elections for 2023, visit ***AlaskaCare.gov/OpenEnrollment***.

Premium Assistance Under Medicaid and the Children's Health Insurance Program

Continued from the previous page

ALABAMA - Medicaid
myalhipp.com | (855) 692-5447

ALASKA - Medicaid
myakhipp.com | (866) 251-4861 | ***CustomerService@MyAKHIPP.com***
dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS - Medicaid
myarhipp.com | (855) 692-7447

CALIFORNIA - Medicaid
dhcs.ca.gov/hipp | (916) 445-8322 | Fax: (916) 440-5676 | ***hipp@dhcs.ca.gov***

COLORADO - Medicaid and CHP+
healthfirstcolorado.com | (800) 221-3943, State Relay 711
CHP+: ***colorado.gov/pacific/hcpf/child-health-plan-plus*** | (800) 359-1991, State Relay 711
colorado.gov/pacific/hcpf/health-insurance-buy-program | (855) 692-6442

FLORIDA - Medicaid
flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html | (877) 357-3268

GEORGIA - Medicaid
HIPP: ***medicaid.georgia.gov/health-insurance-premium-payment-program-hipp*** | (678) 564-1162, Press 1 | CHIPRA: ***medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra*** | (678) 564-1162, Press 2

INDIANA - Medicaid
Low-Income Adults 19-64: ***in.gov/fssa/hip*** | (877) 438-4479
All Others: ***in.gov/medicaid*** | (800) 457-4584

IOWA - Medicaid and CHIP (Hawki)
dhs.iowa.gov/ime/members | (800) 338-8366
Hawki: ***dhs.iowa.gov/Hawki*** | (800) 257-8563
HIPP: ***dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp*** | (888) 346-9562

KANSAS - Medicaid
kancare.ks.gov | (800) 792-4884

KENTUCKY - Medicaid
chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx | (855) 459-6328
KIHIPP.PROGRAM@ky.gov | KCHIP: ***kidshealth.ky.gov/Pages/index.aspx***
(877) 524-4718 | ***chfs.ky.gov***

LOUISIANA - Medicaid
medicaid.la.gov | (888) 342-6207 | ***ldh.la.gov/lahipp*** | (855) 618-5488

MAINE - Medicaid
maine.gov/dhhs/ofi/applications-forms | (800) 442-6003 | TTY: Maine relay 711
(800) 977-6740 | TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP
mass.gov/masshealth/pa | (800) 862-4840

MINNESOTA - Medicaid
mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp | (800) 657-3739

MISSOURI - Medicaid
dss.mo.gov/mhd/participants/pages/hipp.htm | (573) 751-2005

MONTANA - Medicaid
dphhs.mt.gov/MontanaHealthcarePrograms/HIPP | (800) 694-3084

NEW HAMPSHIRE - Medicaid
dhhs.nh.gov/oii/hipp.htm | (603) 271-5218 | (800) 852-3345, ext 5218

NEBRASKA - Medicaid
ACCESSNebraska.ne.gov | (855) 632-7633 | Lincoln: (402) 473-7000 | Omaha: (402) 595-1178

NEVADA - Medicaid
dhcfp.nv.gov | (800) 992-0900

NEW JERSEY - Medicaid and CHIP
state.nj.us/humanservices/dmahs/clients/medicaid | (609) 631-2392
CHIP: ***njfamilycare.org/index.html*** | (800) 701-0710

NEW YORK - Medicaid
health.ny.gov/health_care/medicaid | (800) 541-2831

NORTH CAROLINA - Medicaid
medicaid.ncdhhs.gov | (919) 855-4100

NORTH DAKOTA - Medicaid
nd.gov/dhs/services/medicalserv/medicaid | (844) 854-4825

OKLAHOMA - Medicaid and CHIP
oklahoma.gov/ohca/insureoklahoma.html | (888) 365-3742

OREGON - Medicaid
healthcare.oregon.gov | (800) 699-9075

PENNSYLVANIA - Medicaid
dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx | (800) 692-7462

RHODE ISLAND - Medicaid and CHIP
eohhs.ri.gov | (855) 697-4347, (401) 462-0311

SOUTH CAROLINA - Medicaid
scdhhs.gov | (888) 549-0820

SOUTH DAKOTA - Medicaid
dss.sd.gov | (888) 828-0059

TEXAS - Medicaid
gethipptexas.com | (800) 440-0493

UTAH - Medicaid and CHIP
medicaid.utah.gov | CHIP: ***health.utah.gov/chip*** | (877) 543-7669

VERMONT - Medicaid
greenmountaincare.org | (800) 250-8427

VIRGINIA - Medicaid and CHIP
coverva.org/en/famis-select | ***coverva.org/en/hipp***
(800) 432-5924 | CHIP: (800) 432-5924

WASHINGTON - Medicaid
hca.wa.gov | (800) 562-3022

WEST VIRGINIA - Medicaid and CHIP
dhhr.wv.gov/bms | ***mywvhipp.com***
(304) 558-1700 | CHIP: (855) 699- 8447

WISCONSIN - Medicaid and CHIP
dhs.wisconsin.gov/badgercareplus/p-10095.htm | (800) 362-3002

WYOMING - Medicaid
health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
(800) 251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor
  Employee Benefits Security Administration
  dol.gov/agencies/ebsa
  (866) 444-EBSA (3272)
- U.S. Department of Health and Human Services
  Centers for Medicare & Medicaid Services
  cms.hhs.gov
  (877) 267-2323, Menu Option 4, Ext. 61565

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at a network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay, and the full amount charged for a service. This is called "balance billing." This amount is likely more than network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at a network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

1. ***Emergency Care:*** If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.
2. ***Certain services at a network hospital or ambulatory surgical center:*** When you get services from a network hospital or ambulatory surgical center, certain providers there may be out-of-network. These providers are not allowed to send you a balance bill and they may not ask you to surrender your protection against being balance billed. If you receive other services at these network facilities, other types of out-of-network providers cannot send you a balance bill unless you have given them written consent ahead of time waiving your protections.

You're never required to surrender your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in the network.

When balance billing isn't allowed, you also have the following protections:

a. You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). The medical plan will pay out-of-network providers and facilities directly.

b. The plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization or precertification).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay a network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed and would like to submit a complaint regarding potential violations of your balance billing protections, you may contact the federal Department of Health and Human Services:

- **For information and complaints:** (800) 985-3059
- ***cms.gov/nosurprises/consumers***

We Value Your Feedback!

As an AlaskaCare member, your input is valued and important. Below, please see a list of ways to contact us with your feedback. Also, a full list of AlaskaCare health plan and partner contact information can be found on our website at ***Alaska.gov/drb/alaskaCare/contact.html***.

AlaskaCare—Plan Administrator

- Toll Free: (800) 821-2251
- In Juneau: (907) 465-4460
- TDD: (907) 465-2805
- Fax: (907) 465-3086
- Email: ***doa.drb.benefits@alaska.gov***

Send us a letter

State of Alaska
Division of Retirement
and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Come visit us

State Office Building
6th Floor
333 Willoughby Avenue
Juneau, AK 99801

COBRA Coverage Reminder

In compliance with a federal law referred to as COBRA Continuation Coverage, this plan offers AlaskaCare members and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

Qualified beneficiaries are entitled to elect COBRA when certain events occur, and, because of the event, coverage of that qualified beneficiary ends (together, the event and the loss of coverage are called a qualifying event). Qualified beneficiaries who elect COBRA Continuation Coverage must pay for it at their own expense. Current COBRA rates are available at ***drb.alaska.gov/employee/cobra.html#cost***.

Qualifying events may include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce or legal separation, or a child ceasing to be an eligible dependent child under the terms of the plan, if a loss of coverage results.

In addition to considering COBRA to continue coverage, there may be other coverage options for you and your family. You may want to look for coverage through the Health Care Marketplace at healthcare.gov. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you decide to enroll. Being eligible for COBRA does not limit your eligibility for Marketplace coverage or for the tax credit. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan) if you request enrollment within 30 days, even if the plan generally does not accept late enrollees. The maximum period of COBRA coverage is usually either 18 months or 36 months, depending on which qualifying event occurred.

To have the chance to elect COBRA coverage after a divorce or legal separation, or a child ceasing to be a dependent under the plan, you and/or a family member must inform the plan in writing of that event no later than 60 days after that event occurs.

Notices must be sent to:

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Patient Protection Rights of the Affordable Care Act

Designation of a Primary Care Provider (PCP):

The medical plans offered by the State of Alaska do not require the selection or designation of a primary care provider (PCP). You have the ability to visit any in-network (or non-network) health care provider; however, payment by the Plan may be less for the use of a non-network provider. To locate an in-network provider, visit Aetna's provider directory, DocFind®, at ***aetna.com/docfind/custom/alaskacare***.

Direct Access to OB/GYN Providers:

You do not need prior authorization (pre-approval) from the State of Alaska or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological (OB/GYN) care from an in-network health care professional who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the **Aetna's Concierge at (855) 784-8646.**

Notice of HIPAA Privacy Practices

AlaskaCare Health Plans

This Notice of Privacy Practices ("Notice") describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

This Notice is required by law.

The AlaskaCare self-funded group health plan, including the State of Alaska Active Employee Plan, the Defined Benefit (DB) Retiree Plan, and the Defined Contribution (DCR) Retiree Plan (which may include health, dental, vision, employee assistance, wellness, medical flexible spending accounts, COBRA administration, or other coverage affecting any structure of the body as those benefits may be offered from time to time) (hereafter referred to as the "Plan"), is required by law to take reasonable steps to maintain the privacy of your personally identifiable health information (called Protected Health Information or PHI) and to inform you about the Plan's legal duties and privacy practices with respect to Protected Health Information including:

- Your rights to privacy with respect to your PHI,
- The Plan's uses and disclosures of PHI,
- The Plan's duties with respect to your PHI,
- Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services (HHS),
- The person or office you should contact for further information about the Plan's privacy practices, and
- The Plan's duty to notify affected individuals following a breach of unsecured Protected Health Information.

PHI use and disclosure by the Plan is regulated by the Health Insurance Portability and Accountability Act (HIPAA). You may find these rules in Section 45 of the Code of Federal Regulations, Parts 160 and 164. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations. The Plan will abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains.

You may receive a Privacy Notice from a variety of the insured group health benefit plans offered by the State of Alaska. Each of these notices will describe your rights as it pertains to that plan and in compliance with HIPAA. This Privacy Notice, however, pertains to your PHI related to the Plan and outside companies contracted to help administer Plan benefits, called "Business Associates."

Effective Date

The effective date of this Notice is January 1, 2024, and this notice replaces notices previously distributed to you.

Privacy Officer

The Plan has designated a Privacy Officer to oversee the administration of privacy by the Plan and to receive complaints. The Privacy Officer may be contacted at:

State of Alaska
Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Phone: (907) 465-4460
Email: ***DRB.HIPAA.Team@alaska.gov***

Your Protected Health Information

The term Protected Health Information (PHI) includes all information related to your past, present or future health condition(s) (or that relates to the payment for those conditions(s)) that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic, or any other form.

PHI does not include health information contained in employment records held by the State of Alaska in its role as an employer, including but not limited to health information on disability benefits, life insurance, accidental death and dismemberment insurance, sick leave, Family or Medical Leave (FMLA), workers' compensation, drug testing, etc.

Your Rights to privacy with respect to your PHI

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

You have the right to inspect and obtain a copy (in hard copy or electronic form) of your PHI (except psychotherapy notes and information compiled in reasonable contemplation of an administrative action or proceeding) contained in a "**Designated Record Set**," for as long as the Plan maintains the PHI.

A Designated Record Set includes your medical records and billing records that are maintained by or for the Plan. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained, or other information used by or for the Plan to make decisions about you.

You or your personal representative will be required to complete a form to request access to the PHI in your Designated Record Set. Requests for access to your PHI should be made to the Plan's Privacy Officer at their address listed on the first page of this Notice. The Plan reserves the right to charge a reasonable cost-based fee for creating or copying the PHI or preparing a summary of your PHI.

Notice of HIPAA Privacy Practices

AlaskaCare Health Plans

You Have the Right to Amend Your PHI

If you think your health or claims records are incorrect or incomplete, you or your Personal Representative have the right to request that the Plan amend the information for as long as the information is kept by or for the Plan. You should make your request to amend PHI to the Privacy Officer at their address listed on the first page of this Notice. We have the right to deny your request, but we will tell you why in writing within 60 days.

You Have the Right to Request that PHI be Transmitted to You Confidentially

The Plan will permit and accommodate your reasonable request to have PHI sent to you by alternative means or to an alternative location (such as mailing PHI to a different address or allowing you to personally pick up the PHI that would otherwise be mailed), if you provide a written request to the Plan that the disclosure of PHI to your usual location could endanger you. If you believe you have this situation, you should contact the Plan's Privacy Officer to discuss your request for confidential PHI transmission.

Ask us to limit what we use or share

- You May Request Restrictions on PHI Uses and Disclosures
- You may request the Plan to restrict the uses and disclosures of your PHI:
  - To carry out treatment, payment, or health care operations; or
  - To family members, relatives, friends, or other persons identified by you who are involved in your care.

The Plan, however, is not required to agree to your request if the Plan Administrator or Privacy Officer determines it to be unreasonable--for example, if it would interfere with the Plan's ability to pay a claim.

You Have the Right to Receive an Accounting of the Plan's PHI Disclosures

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years (or shorter period if requested) before the date of your request. The Plan will not provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

You Have the Right to Receive a Paper or Electronic Copy of This Notice Upon Request

To obtain a paper or electronic copy of this Notice, contact the Plan's Privacy Officer at their address listed on the first page of this Notice.

Choose someone to act for you

You have the right to designate or one or more persons to act on your behalf as your Personal Representative. Your Personal Representative can exercise your rights under the Plan and make choices about your health information. The Plan may require your Personal Representative to provide documentation of their authority to act on your behalf **before** they are given access to your PHI or be allowed to take any action for you.

Under this Plan, proof of such authority will include a completed and signed Authorization for the Use and/or Disclosure of Protected Health Information form, ***drb.alaska.gov/docs/forms/ben043.pdf***.

This Plan will NOT automatically recognize your Spouse as your Personal Representative and vice versa.

In order for your legal Spouse to be your Personal Representative, you must complete a form, "Authorization for the Use and/or Disclosure of Protected Health Information" and submit that form to the Alaska Division of Retirement and Benefits (DRB). The form is available on the DRB Webpage, ***drb.alaska.gov/docs/forms/ben043.pdf***.

You may also present the DRB with a copy of a notarized Health Care Power of Attorney allowing one spouse to make decisions about the other spouse's health care if they are unable to do so, or a document demonstrating you are the court-appointed conservator or guardian for your spouse.

If you have appointed your Spouse as your Personal Representative, you can indicate the date the authorization expires. If no expiration date is listed, this authorization will expire two (2) years from the date of signature.

Your Right to File a Complaint

If you believe that your privacy rights have been violated, you may file a complaint with the Plan in care of the Plan's Privacy Officer, at the address listed at the beginning of this Notice. Neither your employer nor the Plan will retaliate against you for filing a complaint.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to

- 200 Independence Avenue, S.W.,
  Washington, D.C. 20201
- calling (877) 696-6775,
- or visiting ***hhs.gov/hipaa/filing-a-complaint/index.html***.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us.

Notice of HIPAA Privacy Practices

AlaskaCare Health Plans

Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

The Plan's Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Administer your plan

We can use and disclose your information to run our organization and contact you when necessary. We may disclose your health information to your health plan sponsor for plan administration.

Any other Plan uses, and disclosures not described in this Notice will be made only if you provide the Plan with written authorization, subject to your right to revoke your authorization, and information used and disclosed will be made in compliance with the minimum necessary standards of the privacy regulations.

How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, please visit *hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html*.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Definitions and Examples of Treatment, Payment, and Health Care Operations	
Help manage the health care treatment you receive	Treatment is the provision, coordination, or management of health care and related services. It also includes but is not limited to coordination of benefits with a third party and consultations and referrals between one or more of your health care providers. *For example: The Plan discloses to a treating specialist the name of your treating primary care physician so the two can confer regarding your treatment plan.*
Pay for your health services	Payment includes but is not limited to making payment for the provision of health care, determination of eligibility, claims management, and utilization review activities such as the assessment of medical necessity and appropriateness of care. *For example: The Plan tells your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.*
Administer your plan	Administering your plan includes but is not limited to quality assessment and improvement, patient safety activities, business planning and development, reviewing competence or qualifications of health care professionals, underwriting, enrollment, premium rating, and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services, and auditing functions including fraud and abuse compliance programs and general administrative activities. *For example: The Plan uses information about your medical claims to refer you to a health care management program, to project future benefit costs, or to audit the accuracy of its claims processing functions.*

Notice of HIPAA Privacy Practices

AlaskaCare Health Plans

Do research

In limited situations, we may use or share your information for health research; however, usually we will need to get your authorization.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a coroner, medical examiner, or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director, as necessary for them to carry out their duties, when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you in certain limited circumstances:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process.

The Plan's Duties

The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices. The Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and the terms of this Notice and to apply the changes to any PHI maintained by the Plan.

Notice Distribution

The Notice will be provided to each person when he or she initially enrolls for benefits in the Plan (the Notice is provided in the Plan's New Enrollment materials). The Notice is also available on the State of Alaska website. The Notice will also be provided upon request. Once every three years the Plan will notify the individuals then covered by the Plan where to obtain a copy of the Notice. The Plan will satisfy the requirements of the HIPAA regulation by providing this Notice to the named insured (covered employee) of the Plan; however, you are encouraged to share this Notice with other family members covered under the Plan.

Notice Revisions

If a privacy practice of the Plan is changed affecting this Notice, a revised version of this Notice will be provided to you and all participants covered by the Plan at the time of the change. Any revised version of the Notice will be distributed within 60 days of the effective date of a material change to the uses and disclosures of PHI, your individual rights, the duties of the Plan, or other privacy practices stated in this Notice.

The Plan will also post the revised notice on its website by its effective date of the material change. We will also provide the revised notice, or information about the material change and how to obtain the revised notice, in our next annual mailing to individuals covered by the Plan.

Breach Notification

If a breach of your unsecured PHI occurs, the Plan will notify you.

AlaskaCare Health Plans

Important Notice for AlaskaCare Employees About Prescription Drug Coverage and Medicare

This notice has information regarding your current prescription drug coverage under the AlaskaCare Health Plan and the options available to you under Medicare's prescription drug coverage. This information can help you decide if joining a Medicare drug plan is right for you. If you are considering joining, compare your current AlaskaCare Health Plan coverage, including which drugs are covered and at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. If you would like assistance with choosing the right prescription drug coverage, please see the end of this notice.

Medicare prescription drug coverage is available to Medicare eligible people through Medicare Prescription Drugs Plans (PDPs) and Medicare Advantage Plans (like an HMO or PPO) that offer prescription drug coverage. All Medicare drug plans provide a standard level of coverage set by Medicare. Some other plans may also offer more coverage for a higher monthly premium.

The State of Alaska has determined that the prescription drug coverage offered by the AlaskaCare Health Plan is considered "Creditable Coverage." Creditable Coverage means that the value of the Plan's prescription drug benefit is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays. Because the plan options noted above are Creditable Coverage, you can elect or keep prescription drug coverage under the plan and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare or during Medicare's annual election period (from October 15 to December 7). You may also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan in some special circumstances.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

You can elect to keep your current prescription drug coverage with the AlaskaCare Plan, and you do not have to enroll in a separate Medicare prescription drug plan. If you decide to join a separate Medicare drug plan, your AlaskaCare Health Plan coverage will be affected. The AlaskaCare Enhanced Group Waiver Plan (EGWP) is a group Medicare Part D (Drug) plan. You cannot be enrolled in more than one EGWP at a time. If you enroll in a separate Medicare drug plan, we will disenroll you from the AlaskaCare EGWP but you will continue to receive the standard AlaskaCare pharmacy benefits.

When will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

If you lose or drop your AlaskaCare Health Plan coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have Medicare prescription drug coverage or a creditable prescription drug plan. For example, if you go 19 months without creditable coverage, your premium will always be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, if you go 63 days or longer without prescription drug coverage you may have to wait until the following October to enroll for Medicare prescription drug coverage.

For more information about this notice contact the **Alaska Medicare Information Office at (800) 478-6065 or in Anchorage at (907) 269-3680.** For more information about your AlaskaCare Prescription Drug Coverage, contact **Optum Rx** at (855) 409-6999.

NOTE: This notice will be sent to you each year, before the next available period in which you can join a Medicare drug plan, and if there are any changes to your AlaskaCare Health Plan prescription drug coverage. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

For more detailed information about Medicare plans that offer prescription drug coverage, please see the "Medicare & You" handbook. Every year Medicare will send a copy of the handbook through the mail. Medicare may also contact you directly regarding their drug plans. For more information about Medicare prescription drug coverage please see the following:

- Visit medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call (800) MEDICARE (1-800 -633-4227). TTY users should call (877) 486-2048.

If you have limited income and resources, assistance in paying for Medicare prescription drug coverage is available. For information about payment assistance, please visit Social Security on the web at socialsecurity.gov, or call at (800) 772-1213. TTY users should call (800) 325-0778.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice in order to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium (a penalty).

Important Reminder—Provide the Plan with the Taxpayer Identification Number or Social Security Number of Each Enrollee in a Health Plan

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) of each medical plan participant and include that number on reports that will be provided to the IRS each year. Employers are required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a social security number, please visit ***ssa.gov/forms/ss-5.pdf***, complete the form to request an SSN. Applying for a social security number is FREE.

The SSN will also be used to help fulfill mandatory reporting requirements to the Centers for Medicare and Medicaid (CMS) for the purposes of permitting Medicare to coordinate benefits for individuals enrolled in both an employer-sponsored medical plan and Medicare.

If you have not yet provided the social security number (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact the Division of Retirement and Benefits toll free at (800) 821-2251 or (907) 465-4460 in Juneau.

Availability of Summary of Benefits and Coverage Document(s)

The health benefits that are available to you from the AlaskaCare Employee Health Plan represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. In accordance with law, our employee plan provides you with Summary of Benefits and Coverage (SBC) documents to help you understand and compare medical plan benefits. Each SBC document summarizes and compares essential information including what is covered, what isn't, what you need to pay for diverse benefits, and where to get answers to questions. The SBC documents are updated when there is a change to the benefits information. To get a free copy of the most current SBC documents for the AlaskaCare medical plan options and the Uniform Glossary that defines many terms in the SBC, go to ***AlaskaCare.gov***, or for a paper copy, contact the Division of Retirement and Benefits toll free at (800) 821-2251 or (907) 465-4460 in Juneau.

Newborns' and Mothers' Health Protection Act Notice

Under federal law, group health plans like the AlaskaCare Employee Health Plan, generally may not restrict benefits for any hospital stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the Plan may pay for a shorter stay if the attending physician (e.g., physician or health care practitioner), after consultation, discharges the mother or newborn earlier.

Also, under federal law, plans may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, the AlaskaCare Employee Health Plan may not, under federal law, require that a physician or other health care practitioner obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities or to reduce your out-of-pocket costs, you may be required to obtain pre-certification. For information on pre-certification for a length of stay longer than 48 hours for vaginal birth or 96 hours for cesarean section, contact the **Aetna Concierge at (855) 784-8646** to pre-certify the extended stay. You may also contact the Aetna concierge if you have questions about this notice.

Please review the A***laskaCare Employee Health Plan document*** for additional information.

HealthMatters
AlaskaCare
Retiree Health Plan

Fall 2023

Published by

State of Alaska Division of Retirement and Benefits

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Fr: 8:30 a.m. - 3 p.m.

(907) 465-4460
(800) 821-2251
TDD: (907) 465-2805
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doa.drb.benefits@alaska.gov

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Twitter.com/AlaskaDRB

The Alaska Department of Administration complies with Title II of the 1990 Americans with Disabilities Act (ADA). This health newsletter is available in alternative communication formats upon request. To make necessary arrangements, contact the ADA Coordinator for the Division of Retirement and Benefits at (907) 465-4460 or contact the TDD for the hearing impaired at (907) 465-2805.

Disclaimer: *Information in this newsletter summarizes the plan provisions, is supplemental only, and does not supersede the applicable Information Booklet's provisions. The Division is unable to unsubscribe members from our mailing list at this time.*

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Health Benefit Contact Information

Division of Retirement and Benefits
Member Education Center: (907) 465-4460 | Toll Free: (800) 821-2251

Medical Benefits: *Aetna Concierge*
Member Services: (855) 784-8646

Dental Benefits: *Moda/Delta Dental*
Member Services: (855) 718-1768

Pharmacy Benefits: *OptumRx*
Member Services: (855) 409-6999