



# Health MATTERS

Fall 2024  
Retiree Edition  
Number 43

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## For the Visually Impaired

Visit our ADA-compliant website to read these newsbreaks online, with features for those with visual challenges.

[drb.alaska.gov/news/#newsletters](http://drb.alaska.gov/news/#newsletters)

For a high-contrast version of the website, click on the “eyeball” icon (👁️) in the main menu bar at the top of the page. If you are visually impaired and using a screen reader, head to our website and press the TAB button.

TAB = Next      ENTER = Select  
SHIFT = Back      SPACEBAR = Expand

### Important AlaskaCare Benefit Program Notices

Updated Fall 2024

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.

## Dental, Vision, and Audio Open Enrollment is Coming!

October 14 - 27, 2024

The annual Dental, Vision, and Audio (DVA) Open Enrollment period is October 14 through October 27, 2024. As a State of Alaska retiree and AlaskaCare member, you know that maintaining your health is important, and keeps you able to enjoy life after employment. Take the time now to review your current benefit elections and plan ahead for your selections for the upcoming benefit year.

During DVA Enrollment you should:

- **Learn** about the open enrollment process
- **Verify** your eligibility to participate in open enrollment
- **Compare** updated benefit options in the DVA plans
- **Enroll** in the plan of your choice

Choose the best Dental-Vision-Audio (DVA) option that suits your needs.

Stay tuned, more information will be available soon at [AlaskaCare.gov/DVA](http://AlaskaCare.gov/DVA)



State of Alaska Division of Retirement and Benefits  
333 Willoughby Avenue  
State Office Building | 6th Floor  
P.O. Box 110203  
Juneau, AK 99811-0203

Member Education Center  
(907) 465-4460 | (800) 821-2251  
TDD: (907) 465-2805  
Fax: (907) 465-3086  
[doa.drb.benefits@alaska.gov](mailto:doa.drb.benefits@alaska.gov)



# AlaskaCare Retirees—Prescription Drug Coverage and Medicare

## **Important Notice from AlaskaCare About Prescription Drug Coverage and Medicare**

This notice has information regarding your AlaskaCare prescription drug coverage and the options available to you. 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 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 is “creditable” under the AlaskaCare Health Plan. “Creditable” 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 if you lose your current creditable prescription drug coverage, through no fault of your own.

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

You can select or keep your current prescription drug

coverage with the AlaskaCare plan, and you do not have to enroll in a Medicare prescription drug plan. If you decide to join a Medicare drug plan, your AlaskaCare coverage may be affected.

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

If you lose or drop your AlaskaCare 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 the Aetna concierge at (855) 784-8646.

**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 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](http://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.

*Continued on page 8*



## COBRA Coverage Reminder

You can find this notice online at [drb.alaska.gov/help/legal.html#cobraretiree](http://drb.alaska.gov/help/legal.html#cobraretiree).

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 defined benefit retirees COBRA rates are available at [drb.alaska.gov/retiree/cobra.html#rates](http://drb.alaska.gov/retiree/cobra.html#rates).

Qualifying events may include becoming ineligible for retirement benefits, death, 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.

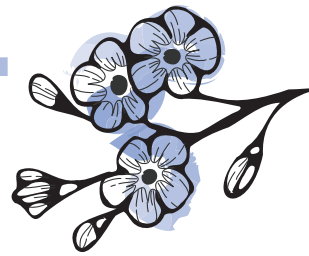
In addition to considering COBRA to continue coverage, there may be other coverage options for you and your family. You may want to look for coverage through the Health Care Marketplace

at [healthcare.gov](http://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 via first class mail to:

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



## Patient Protection Rights of the Affordable Care Act

You can find this notice online at [drb.alaska.gov/help/legal.html#aca](http://drb.alaska.gov/help/legal.html#aca).

### 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](http://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.



## Subscribe to the Monthly Retiree Health Plan Newsletter

Each month the Division sends an electronic newsletter to interested retiree plan members. The newsletters contain valuable information about your plan benefits, upcoming event reminders, and health plan news.

To subscribe to News and Updates, call the Division's Member Education Center at (907) 465-4460, or visit [AlaskaCare.gov](http://AlaskaCare.gov) and click on the red envelope on the bottom of the page. Enter your email, select "AlaskaCare Retiree News and Updates", and click *Submit*.

# Notice of HIPAA Privacy Practices

You can find this notice online at [drb.alaska.gov/help/legal.html#hipaaretiree](http://drb.alaska.gov/help/legal.html#hipaaretiree).

This 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 the Federal regulation, HIPAA. This Privacy Notice, however, pertains to your Protected Health Information related to the AlaskaCare self-funded benefit plan (the “Plan”) and outside companies contracted to help administer Plan benefits, called “Business Associates.”

## Effective Date

The effective date of this Notice is October 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:** [doa.HIPAA.team@alaska.gov](mailto:doa.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 condition(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.

### **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 your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. 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**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your

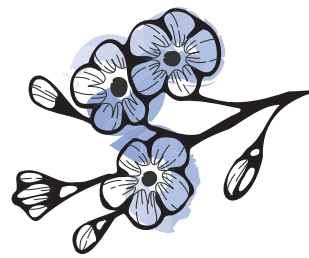
health information.

Your Personal Representative will generally be required to produce evidence (proof) of the authority to act on your behalf before the Personal Representative will be 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 (PHI) ([ben043.pdf](#)).

### **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](#).



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 or General Durable 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.

*Continued on the next page*

# Notice of HIPAA Privacy Practices

Continued from the previous page

## 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. 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.

## 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.

## 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 see: [hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-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

#### 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 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 when an individual dies.

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

We can use or share health information about you:

- 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, or in response to a subpoena 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

### **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.

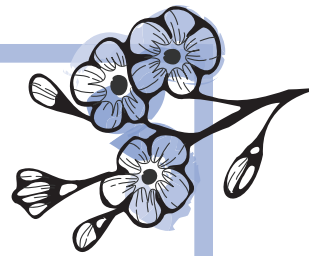
*For example: The Plan tells your doctor whether you are eligible for coverage or what*

*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 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 AlaskaCare Health 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.

This Plan will satisfy the requirements of the HIPAA regulation by providing the 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 this 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.

Because our health plan posts its Notice on its website, we will prominently post the revised Notice on that website by the effective date of the material change to the Notice. 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 Protected Health Information occurs, the Plan will notify you.



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

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State of Alaska Division of  
Retirement and Benefits

333 Willoughby Avenue  
State Office Building  
6th Floor  
P.O. Box 110203  
Juneau, AK 99811-0203

Member Education Center

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

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

(907) 465-4460

(800) 821-2251

TDD: (907) 465-2805

Fax: (907) 465-3086

[doa.drb.benefits@alaska.gov](mailto:doa.drb.benefits@alaska.gov)



[Facebook.com/AlaskaDRB](https://www.facebook.com/AlaskaDRB)



[Twitter.com/AlaskaDRB](https://twitter.com/AlaskaDRB)

**Disclaimer:** The information in this newsletter is not intended to replace the Alaska Statutes, the Alaska Administrative Code, or the plan documents.

Language contained in Alaska Statutes, the Alaska Administrative Code, and the plan documents governs the plans.

The Division is unable to unsubscribe members from our mailing list at this time.

## AlaskaCare Retirees—Prescription Drug Coverage and Medicare

*Continued from page 2*

- Call (800) MEDICARE. 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](https://www.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).**

- **Name of Sender:** State of Alaska, Division of Retirement and Benefits
- **Contact:** Member Education Center
- **Address:** P.O. Box 110203, Juneau, AK 99811-0203
- **Telephone:** (907) 465-4460 | Toll Free: (800) 821-2251

### 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: Optum Rx**

Member Services: (855) 409-6999

**Long-Term Care Benefits:  
CHCS Services, Inc.**

Member Services: (888) 287-7116