

HealthMatters



October 2018

Number 31

Important AlaskaCare Benefit Program Notices Updated October 2018

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 updated version of these important notices. 🌸

Important Notice for AlaskaCare Employees About Prescription Drug Coverage and Medicare

AlaskaCare Employees, you only need to read the following if:

- you or your family members are not eligible for AlaskaCare Retiree Health Plan Coverage, and
- are Medicare eligible, or
- will become Medicare eligible in the next 12 months.

If you do not meet these criteria, the following information does not apply to you.

This notice holds 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.

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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 Employee 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 option 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 select or keep your current prescription drug coverage with the AlaskaCare employee plan and you do not have to enroll in a Medicare prescription drug plan. If you do decide to join a Medicare drug plan, your AlaskaCare coverage will be affected as follows:

As a participant in the State’s employee health plan, if you purchase Medicare prescription drug coverage, Medicare will pay secondary and the State employee health plan will pay primary.

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.

Benefits Provided by Your Employee AlaskaCare Prescription Drug Plan			
Prescription Tier	Coinsurance	Min. Covered Person Payment	Max. Covered Person Payment
Retail 30-Day at Network Pharmacy			
Generic prescription drug	80%	\$10	\$50
Preferred brand-name prescription drug	75%	\$25	\$75
Non-preferred brand-name prescription drug	65%	\$80	\$150
Mail Order 31-90 Day at Network Pharmacy			
Prescription Tier		Copayment	
Generic prescription drug		\$20	
Preferred brand-name prescription drug		\$50	
Non-preferred brand-name prescription drug		\$100	
Out-of-Pocket Limit			
Annual individual out-of-pocket limit		\$1,000	
Annual family out-of-pocket limit		\$2,000	

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

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Important Notice for AlaskaCare Employees About Prescription Drug Coverage and Medicare

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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).

Name of Sender: State of Alaska, Division of Retirement and Benefits

Contact: Member Services Contact Center

Address: P.O. Box 110203, Juneau, AK 99811-0203

Telephone: (907) 465-4460

Toll Free: (800) 821-2251 📞

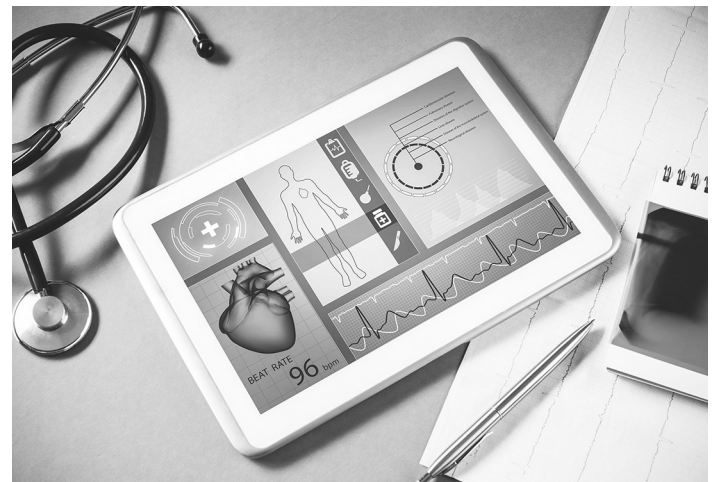
COBRA Coverage Reminder

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 defined benefit retirees COBRA rates are available at Alaska.gov/drb/alaskaCare/retiree/information/cobraPremiums.html and current active COBRA rates are available at Alaska.gov/drb/alaskacare/employee/information/premiums.html.

Qualifying events may include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/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/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

Please be sure to include the AlaskaCare member's name, the

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Newborns' and Mothers' Health Protection Act Notice

Hospital Length of Stay for Childbirth

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 C-section, contact the concierge at (855) 784-8646 to pre-certify the extended stay. You may also contact the concierge if you have questions about this notice. Please review the AlaskaCare Employee Health Plan document for additional information. 🍇



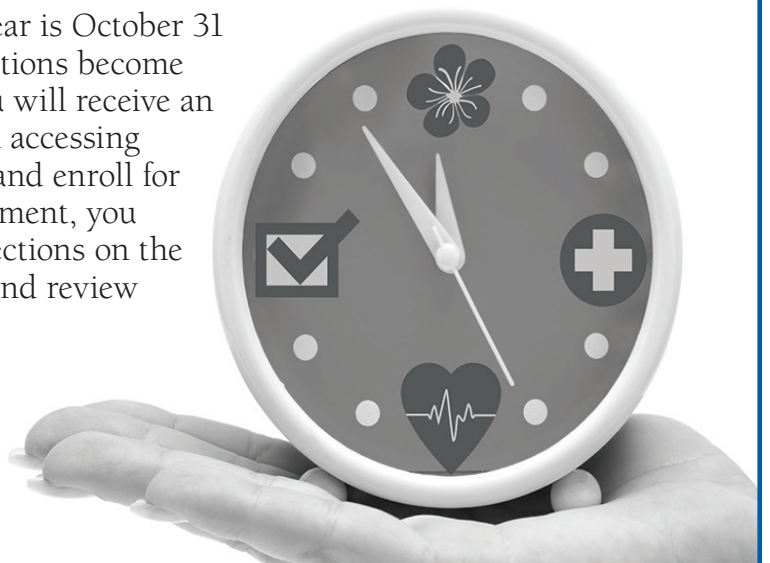
Open Enrollment is Coming!

For the AlaskaCare Employee Plan

Open enrollment for the upcoming benefit year is October 31 through November 21, 2018. Enrollment elections become effective January 1, 2019. 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 2019.

To make your benefit elections for 2019, visit

[Alaska.gov/drb/openenrollment](https://alaska.gov/drb/openenrollment)



Mid-year Changes to Your Health Care Benefit Elections

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

Employee Plan Special Enrollment Event:

Loss of Other Coverage Event: If you are declining 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: In addition, 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 concierge at (855) 784-8646. 🍇

Women's Health and Cancer Rights Act of 1998 (WHCRA) Annual Notice 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 [AlaskaCare.gov/employee/publications/booklet.html](https://alaskacare.gov/employee/publications/booklet.html) or contact the concierge at (855) 784-8646. 🍇



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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, the State of Alaska may have a premium assistance program that can help pay for coverage, using funds from the Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not 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 the State of Alaska, contact **ALASKA - Medicaid** at (888) 318-8890 or (907) 269-6529 in Anchorage 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 (877) KIDS-NOW or visit insurekidsnow.gov to find out how to apply. If you qualify, ask your state Medicaid 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 are not 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 (866) 444-EBSA(3272). You may also change your election if you have a change in status or another applicable event. Please see the AlaskaCare Employee Health Plan document for additional information.

If you live in one of the following states, you may be eligible for assistance paying your employer health premiums. The following list of states is current as of July 31, 2018. Contact your STATE for more information.

U.S. Department of Labor
Employee Benefits Security Administration
Website: dol.gov/ebsa
(866) 444-EBSA (3272).

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
Website: cms.hhs.gov
(877) 267-2323, Menu Option 4, Ext. 61565.

OMB Control Number 1210-0137 (Expires 12/31/2019). 

ALABAMA - Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA - Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp
ARKANSAS - Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 State Relay 711 CHP+: colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991 State Relay 711
KANSAS - Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512

FLORIDA - Medicaid
Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
GEORGIA - Medicaid
Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
INDIANA - Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
IOWA - Medicaid
Website: https://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563
NEW HAMPSHIRE - Medicaid
Website: https://www.dhhs.nh.gov/ombp/nhhipp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901- 4999

KENTUCKY - Medicaid
Website: https://chfs.ky.gov Phone: 1-800-635-2570
LOUISIANA - Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
MAINE - Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS - Medicaid and CHIP
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
MINNESOTA - Medicaid
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI - Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA - Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA - Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
NEVADA - Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS - Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493
UTAH - Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT - Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA - Medicaid and CHIP
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance CHIP Phone: 1-855-242-8282

NEW JERSEY - Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK - Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA - Medicaid
Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA - Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA - Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON - Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA - Medicaid
Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpayment/ppprogram/index.htm Phone: 1-800-692-7462
RHODE ISLAND - Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
SOUTH CAROLINA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
WASHINGTON - Medicaid
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA - Medicaid
Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN - Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING - Medicaid
Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

Notice of Privacy Practices – AlaskaCare Health Plans

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.

The State of Alaska group health plan including the Employee Health Plan, Retiree Benefit Plan, and Retiree Benefit Plan for DCR Plan Retirees (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.

Your Individual Privacy Rights

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

You have the right to:

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if the Privacy Officer determines it to be unreasonable.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you believe we have violated your rights by contacting us using the information at the end of this notice.
- You can 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/ocr/privacy/hipaa/complaints.
- We will not retaliate against you for filing a complaint.

Notify you of a breach

- If a breach of your unsecured health information occurs, we will notify you.

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.
- Contact you for fundraising efforts.
- 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

Our Uses and Disclosures Without Authorization

We may use or share your health information without your written permission in certain circumstances:

Help manage the health care treatment you receive

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

Example: We disclose to a treating specialist the name of your treating primary care physician so the two can confer regarding your treatment plan.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that

Notice of Privacy Practices – AlaskaCare Health Plans

coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

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

Example: We tell your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: We review information about your medical claims to refer you to a health care management program

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/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 helping with product recalls or reporting adverse reactions to medications.

For research

- We can use or share your information for health research, subject to certain conditions.

To a school for required proof of immunizations when required by 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.

To comply with workers' compensation programs for public health oversight activities authorized by law

- We can share health information with public health agencies for oversight of benefit programs (for example, to investigate Medicare fraud).

For specialized government functions

- We can share your information 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.
- We will not market or sell your personal information.

For law enforcement purposes

- We can share health information about you to law

enforcement officials in urgent circumstances such as for identifying a suspect or victim of a crime.

When Disclosure Requires Your Authorization

Generally, we will require that you sign a valid authorization form to use or disclose your health information other than:

- When you request your own PHI
- A government agency requires it, or
- The Plan uses it for treatment, payment or health care operation.

You have the right to revoke an authorization.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the legal duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

January 1, 2018

This Notice of Privacy Practices applies to the following organizations:

This Notice of Privacy Practices applies to the benefits in the State of Alaska Employee Health Plan, the State of Alaska Retiree Benefit Plan, and the State of Alaska Retiree Benefit Plan for DCR Plan Retirees that pay for the cost of, or provide medical benefits (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). It does not apply to other benefits provided by the State of Alaska, such as life insurance, disability benefits, or accidental death and dismemberment insurance. If you receive health benefits through an insurance company through the State of Alaska you may also receive a notice from the insurer. That notice will describe how the insurer will use your health information and provide your rights.

The effective date of this Privacy Notice is January 1, 2019 and this notice replaces notices previously distributed to you.

For questions, contact:

Steve Ramos, HIPAA Privacy Officer
(907) 465-4460
doa.drb.benefits@alaska.gov 🍷

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the:

U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research
Attention: PRA Clearance Officer
200 Constitution Avenue, N.W., Room N-5718
Washington, DC 20210

or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. 🌸

AlaskaCare EGWP: A Federal Reimbursement Option for Pharmacy Benefits for Medicare Eligible Retirees and Dependents

What is EGWP?

Effective January 1, 2019, the Division will change how they receive federal subsidies for retiree pharmacy benefits with the implementation of CMS Employer Group Waiver Program, or EGWP (pronounced “egg whip”). The AlaskaCare EGWP is an administrative change to how pharmacy benefits are managed for Medicare eligible retirees and dependents. The actual pharmacy benefit for AlaskaCare retirees remains the same.

You can read more about EGWP on the AlaskaCare website at AlaskaCare.gov/retiree/faqs/egwpFaqs.html.

Why is AlaskaCare switching to an enhanced EGWP?

AlaskaCare currently receives a federal subsidy for the retiree health prescription drug benefit. Using an enhanced EGWP plan instead, the defined benefit and defined contribution retiree health trusts would receive significantly higher subsidies than we do today, saving the defined benefit trust up to \$20 million annually and providing \$40-\$60 million each year in additional state savings through a reduction in the unfunded liability. The savings helps the State fulfill its promise to provide retirement benefits to our AlaskaCare retirees.

How will this impact me?

Your pharmacy benefits will remain the same. Starting January 1, 2019, all AlaskaCare pharmacy benefits claims will be managed by our new Pharmacy Benefit Manager (PBM), OptumRx. Retirees and dependents not currently eligible for Medicare, will not be enrolled in the AlaskaCare EGWP. Remember, the benefits for all defined benefit and defined contribution AlaskaCare retirees, regardless of Medicare eligibility, will remain the same with very few exceptions.

Through this transition to the AlaskaCare EGWP and the new PBM, you will keep the same pharmacy benefits you have now:

- A typical trip to the pharmacy or a prescription refill order will be the same as it is now.
- AlaskaCare’s pharmacy plan will continue to cover the medications you rely on now.
- Your co-pays will also stay the same.
- We understand that convenient access to fill prescriptions is important to you. AlaskaCare is working with our new vendor to maximize our network and provide options for our members to get medications filled as conveniently as possible, close to home or by mail. 🌸

COBRA Coverage Reminder

continued from page 3

qualifying event, the date of the event, and the appropriate documentation in support of the qualifying event (such as divorce documents). If you have questions about COBRA, contact the concierge at (855) 784-8646. For a complete list of

qualifying events and for additional information on your COBRA rights, refer to the COBRA section of the AlaskaCare Employee Health Plan document, pages 97-101 of the AlaskaCare Retiree Insurance Information Booklet, or to the COBRA section of the AlaskaCare Retiree Benefit Plan for DCR Plan Retirees. 🌸

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 Aetna's customer service/provider locator at (855) 784-8646. 🍇



Availability of Summary of Benefits and Coverage (SBC) Document(s)

The health benefits that are available to you from the State of Alaska 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 our State of Alaska medical plan options, 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. 🍇



Vitamin D and You

Alaska's northerly latitude results in a lack of the quality sunshine our bodies need to produce Vitamin D naturally. Because of this, Alaskans are especially prone to Vitamin D deficiency, which can affect our health and wellness. You can supplement with foods high in Vitamin D, including salmon, fortified milk and cereal, and even sun-exposed mushrooms. Learn more at ods.od.nih.gov/factsheets/VitaminD-Consumer. 🍇

Important Reminder to 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 provide 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, visit the following website to complete a request form: socialsecurity.gov/online/ss-5.pdf. 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 concierge at (855) 784-8646. 🍇

The AlaskaCare Health Plan Switches to a New Pharmacy Benefit Manager—OptumRx



Who is OptumRx?

OptumRx is one of the largest pharmacy benefit managers (PBM) in the US serving more than 13.5 million people through a national network of more than 67,000 community pharmacies.

A pharmacy benefit manager (PBM) is a company the Division hires to administer the AlaskaCare health plan pharmacy

benefits claims processing, along with providing other general pharmacy benefit management support services.

The AlaskaCare plan will continue processing pharmacy claims through our current plan administrator Aetna/CVS/Caremark until midnight December 31, 2018, when OptumRx will take over.

Medical, vision and dental claims will continue to be administered and processed by Aetna and Moda/Delta Dental, respectively.

Why is this changing? What does this mean for me?

Periodically, the Division competitively bids these contracts through a Request for Proposal (RFP). This gives us an opportunity to seek better service at lower cost for members and the plan.

The new PBM contract will go into effect January 1, 2019. Over the next few months, you will receive information about the transition. Please carefully review any letters you receive and contact the Division if you have any questions.

Does that mean my pharmacy benefits will change?

Your pharmacy co-pays will remain the same, but you may notice some small administrative changes like the list of medications requiring preauthorization may change. The Division is working to ensure those changes are limited and members know ahead of time if they will be impacted.

Look for additional information in the mail this November. 🍇

Reducing the Risk of Opioid Misuse, Abuse and Dependence

The Alaska Opioid Policy Task Force, after substantial expert and public input, endorses a public health approach to the prevention and reduction of opioid misuse and abuse in our state.

The AOPTF believe that implementing comprehensive prevention strategies will mitigate the harm that heroin and opioids are causing Alaskans. Opioid use disorders, like other substance use disorders, are a disease that responds to treatment. Supporting Alaskans in recovery from opioid use disorders reduces the risk of relapse. Primary prevention policies designed to improve the overall health and wellness of individuals can help reduce the risk of opioid use, misuse, and abuse. Look for programs that support and promote whole-person health to help strengthen protective factors against opioid and other substance abuse. Your AlaskaCare Health Plan Administrator has adopted Aetna's recommended safety measures regarding Opioids. If you or someone close to you require assistance or information on the use of opioid prescriptions, we encourage you to contact the Aetna Concierge at (855) 784-8646 with any questions and to get support from In-Touch Care Program or EAP. Always discuss new prescriptions with your medical provider before leaving their office.

Important Points that impact AlaskaCare Members:

The AlaskaCare health plans adopted new safety guidelines regarding opioids on January 1, 2018. The changes are based on recommendations from the Alaska Opioid Policy Task Force (AOPTF), Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) action plan on opioid medications.

Members coming home from a surgery may also be affected if they need more than a seven-day supply of pain medication.

Members taking medication on the safety list may need their provider to submit a pre-authorization request and prescriptions will be subject to day supply and quantity limits.

- The plan will allow up to a seven-day supply of opioids.
- Members wishing to obtain more than a seven-day supply

should ask their doctor to submit a pre-authorization in advance whenever possible. If necessary, members may request that a seven-day supply of opioids be dispensed while they await approval of a pre-authorization request by their doctor. A pre-authorization is needed to obtain more than a seven-day supply of opioids during any ninety-day period.

- New quantity limits of 120 doses per 30 days' supply will apply.
- These safety changes began applying to all members and all plans on January 1, 2018.
- Members currently taking a drug that has been added to the safety edit list will not be grandfathered in.
- The new quantity limits will have a 180-day look-back period.

Information intended to help combat the opioid epidemic in the United States can be found at dhss.alaska.gov/AKOpioidTaskForce/Pages/default.aspx. 🌱



Alaska Tobacco Quit Line Offers Tobacco Cessation Programs

Why wait until your next New Year's resolution, when you can make a clean start today?

Quitting smoking isn't easy, but it's worth it. The good news is that once you stop, your body starts healing right away. Carbon monoxide levels normalize in just 12 hours, and your risk for heart disease can drop significantly after just 12 months as a nonsmoker.

To locate resources in your community, contact the Alaska Tobacco Quit Line. It's free to Alaskans and offers access to free telephone, web and text-based support to help you quit tobacco.

1-800-QUIT-NOW or visit Alaskaquitline.com

General Statement of Nondiscrimination

(Discrimination is Against the Law)

The State of Alaska complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The State of Alaska does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The State of Alaska:

- a) Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- b) Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services related to your AlaskaCare health plan, please contact the concierge at (855) 784-8646 or through Aetna Navigator.

If you believe that the State of Alaska has failed to provide these services or discriminated in another way on the basis of race,

color, national origin, age, disability, or sex, employees can file a grievance with their department's civil rights coordinator. If you need assistance in finding your department's coordinator, you can contact the State's Equal Employment Opportunity Program Coordinator, Camille Brill, at (907) 375-7700. Retirees can contact the Division of Retirement and Benefits at (800) 821-2251 or in Juneau at (907) 465-4460.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or phone 1-800-868-1019, 800-537-7697 (TDD) or by mail at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building,
Washington, DC 20201

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Free Language Assistance: The following chart on page 15 displays the top 15 languages spoken by individuals with limited English proficiency in the state of Alaska. 🌐

Nondiscrimination in Health Care/Elimination of Conflict of Interest

In accordance with the Affordable Care Act, to the extent an item or service is a covered benefit under the Plan, and consistent with reasonable medical management techniques with respect to the frequency, method, treatment, or setting for an item or service, the Plan will not discriminate with respect to participation under the Plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law. In this context, discrimination means treating a provider differently based solely on the type of the provider's license or certification. The Plan is not required to contract with any health care



provider willing to abide by the terms and conditions for participation established by the Plan. The Plan is permitted to establish varying reimbursement rates based on quality or performance measures. Additionally, to ensure that the persons involved with adjudicating claims and appeals (such as claim adjudicators and medical experts) act independently and impartially on decisions related to those persons employment status (such as decisions related to hiring, compensation, promotion, termination or retention), will not be made based on whether that person is likely to support a denial of benefits. 🌐

Do you have questions about your health plan?

Find answers at
AlaskaCare.gov/employeeFAQs
and
AlaskaCare.gov/retireeFAQs

Attention: Free Language Assistance

This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency. What the below required taglines say is this:

ATTENTION: If you speak [insert language], language assistance services, free of charge, may be available to you. Contact (855) 784-8646 (TTY: (800) 628-3323).

Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (855) 784-8646 (TTY: (800) 628-3323).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (855) 784-8646 (TTY: (800) 628-3323)。
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(855) 784-8646 (TTY:(800) 628-3323)まで、お電話にてご連絡ください。
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (855) 784-8646 (ATS : (800) 628-3323).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (855) 784-8646 (TTY: (800) 628-3323).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (855) 784-8646 (TTY: (800) 628-3323).
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (855) 784-8646 (TTY: (800) 628-3323).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (855) 784-8646 (TTY: (800) 628-3323).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (855) 784-8646 (TTY: (800) 628-3323) पर कॉल करें।
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો (855) 784-8646 (TTY: (800) 628-3323).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (855) 784-8646 (TTY: (800) 628-3323).
Arabic	(800) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمدى. اتصل برقم 1-855-784-8646 (855) رقم هاتف الصم والبكم: 628-3323
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (855) 784-8646 (TTY: (800) 628-3323)번으로 전화해 주십시오.
Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (855) 784-8646 (TTY: (800) 628-3323).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (855) 784-8646 (телетайп: (800) 628-3323).
Urdu	(TTY: (800) 628-3323) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (855) 784-8646
Cambodian	ចម្លើយ: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភាសា អាចមានសេរីដោយឥតគិតថ្លៃ។ ទូរស័ព្ទ (855) 784-8646 (TTY: (800) 628-3323)។
Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਰਤੋਂ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (855) 784-8646 (TTY: (800) 628-3323) 'ਤੇ ਕਾਲ ਕਰੋ।
French Creole (Haitian)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (855) 784-8646 (TTY: (800) 628-3323).
Lao	ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອິດ ັນພາສາ, ໂດຍບໍ່ໃສ່ຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ ທ່ານ. ໂທ (855) 784-8646 (TTY: (800) 628-3323).
Indonesian	PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi (855) 784-8646 (TTY: (800) 628-3323).
Hawaiian	E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo [ho‘okomo ‘ōlelo], loa‘a ke kōkua manuahi iā ‘oe. E kelepona iā (855) 784-8646 (TTY: (800) 628-3323).



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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



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



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

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

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Aetna Nurse Advice Line

A registered nurse is available to you by phone 24 hours a day, free of charge. Nurses can be a great resource when considering options for care or helping you decide whether you or your dependent needs to visit your doctor, an urgent care facility, or the emergency room. They can also provide information on how you can care for yourself or your dependent. Information is available on prescription drugs, tests, surgery, and many other health related topics. This service is completely confidential.



Call (800) 556-1555!