

# HealthMatters

April 2021

Number 36

## COVID-19 Vaccine



**WE ARE HERE**

Alaska's vaccine supply is currently limited, but in the coming months the vaccine will become more widely available. Vaccine doses will be distributed across Alaska in a series of phases. Eligibility for each phase is determined by the Alaska Vaccine Allocation Advisory Committee (AVAAC). This group includes representatives from emergency medicine, family medicine, infectious disease, EMS, long-term care, the American Association of Retired Persons, pharmacy, and medical ethics. AVAAC uses available science and guidance from public health resources to determine how to best distribute a limited supply of vaccine and balance the science, ethics, and implementation considerations to most benefit the health and wellbeing of Alaskans.

Alaskans are encouraged to visit [covidvax.alaska.gov](https://covidvax.alaska.gov) or call (907) 646-3322 to determine if they are eligible to receive a COVID-19 vaccine, find a vaccine provider, and schedule

vaccination appointments. For details about who is currently eligible, check the eligibility guidelines at [covidvax.alaska.gov](https://covidvax.alaska.gov)!

If you are eligible to receive a vaccine in Alaska, visit [covidvax.alaska.gov](https://covidvax.alaska.gov) to locate a clinic near you and book an appointment. If all slots are full in your area, please keep checking back. As more vaccines become available, more time slots will be added to the scheduling calendar.

Remember, every state is approaching vaccine eligibility differently, so if you are located out of Alaska, check with your local resources to find out when you will be eligible to receive the vaccine.

The AlaskaCare health plan covers 100% of the cost for FDA approved COVID-19 vaccines under both the medical and pharmacy plans, at any authorized site of care. 🌸

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# COVID-19: What Your AlaskaCare Health Plan is Doing for You

The COVID-19 outbreak has caused us all to make adjustments and changes to our daily routines. Here at AlaskaCare, we made temporary changes and limited benefit expansions to your health plan to support the public health COVID-19 response, reduce the strain on the medical system, and to assist you in accessing the care you need. You can find up-to-date information about the temporary changes to your benefits at [AlaskaCare.gov](http://AlaskaCare.gov).

Two of these changes were specifically authorized by the State of Alaska's Outbreak Disaster Order and Declaration of Public Health Disaster Emergency, which expired on February 14, 2021.

The Division is monitoring the status of the Alaska COVID-19 public health disaster emergency and will provide updates regarding the effective dates of the remaining temporary changes. The Division will provide members with as much advance notice of any alterations to the temporary changes as is administratively possible.

**Effective May 1, 2021, the following temporary changes will no longer be effective:**

- **Cost Share Waiver for COVID-19 Inpatient Admissions and Emergency Transportation**

What does this mean for you? If you receive inpatient services or emergency transportation due to a COVID-19 diagnosis, your standard deductible and coinsurance will apply. *As always, AlaskaCare will continue to cover medically necessary treatments or supplies required to treat COVID-19.*

- **Suspension of Incapacitated Dependent Verification**

What does this mean for you? If you cover an incapacitated dependent under your AlaskaCare retiree health plan, you must periodically provide verification that your dependent remains incapacitated. The Division of Retirement and Benefits will resume the standard verification process. *Verified incapacitated dependents remain eligible for coverage by the AlaskaCare retiree health plan.*

**Temporary changes currently in effect include:**

- **Expanded Coverage of Telemedicine**

AlaskaCare is making it easier for you to connect with your regular health care providers remotely during the COVID-19 public health emergency. Effective March 4, 2020, AlaskaCare temporarily expanded coverage for telemedicine services delivered by your regular providers in alignment with coverage temporarily expanded by Medicare. If you or your provider are unsure which telehealth services are eligible for coverage, please contact Aetna at (855) 784-8646 for more information.

- **Teladoc**

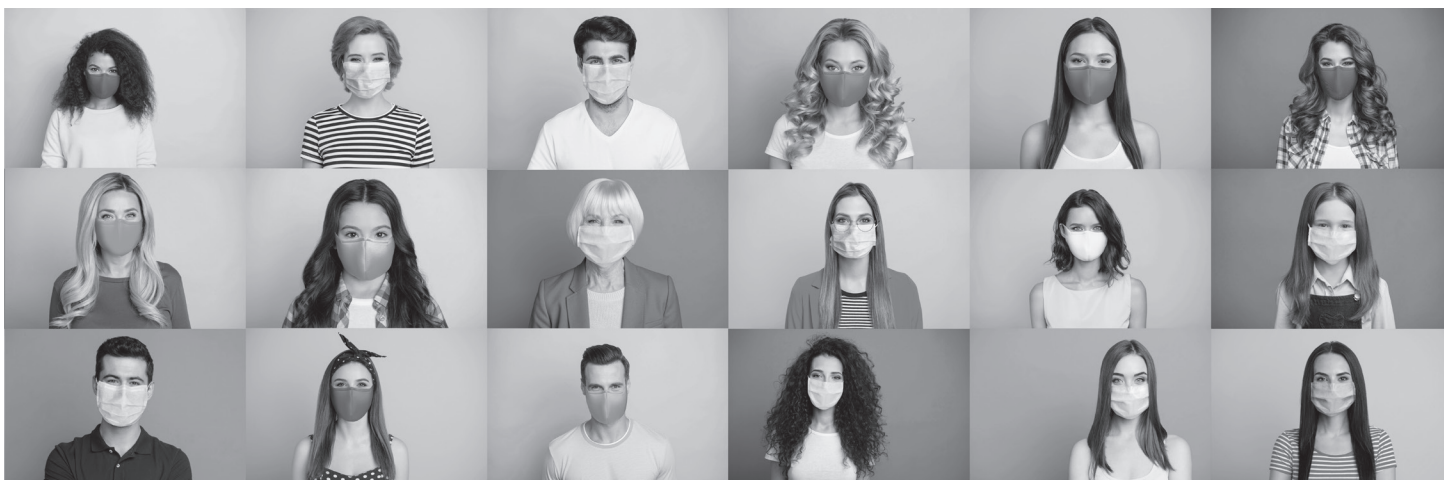
AlaskaCare is providing retirees with another way to receive care remotely. Effective March 10, 2020, members can temporarily access Teladoc for general medical services with a \$0 copay. Teladoc doctors can evaluate your risk for COVID-19 and help with next steps when necessary. Teladoc can also fulfill other health care needs unrelated to COVID-19 and is a convenient and affordable way to receive care whenever you need it from wherever you are within the United States.

- Register or Login: [Teladoc.com/Aetna](http://Teladoc.com/Aetna)

- Mobile App: [Teladoc.com/mobile](http://Teladoc.com/mobile)

- Phone: (855) TELADOC or (855) 835-2362

*In response to the COVID-19 national public health emergency declared on January 31, 2020 and the State of Alaska public health disaster emergency declared on March 11, 2020 by Governor Mike Dunleavy, the Division of Retirement and Benefits has implemented temporary plan changes and suspensions in the AlaskaCare health plans. Please note, these temporary changes are the result of Federal and State health mandates, suspension orders, and other guidance. The Division's compliance with these various requirements is temporary in nature and does not create a vested benefit in relation to these changes. 🍷*



# Employer Group Waiver Program (EGWP)

An Employer Group Waiver Program, known as an EGWP or “Egg Whip,” is a program offered by the federal government that increased federal subsidies for prescription drugs for the retiree health trust.

The Division implemented an EGWP in the AlaskaCare retiree plan effective January 1, 2019. The AlaskaCare EGWP represents an administrative change to how pharmacy benefits are managed for Medicare-eligible retirees and dependents. The Division must manage the health plan to ensure retirees can access their earned benefits throughout the entire course of their life, and the AlaskaCare enhanced EGWP allows the State

to maintain pharmacy benefits for Medicare-eligible retirees and beneficiaries, while increasing federal reimbursement of existing costs, reducing the State’s direct costs for these benefits in the long-term.

An AlaskaCare EGWP is just one way the Division has reduced the cost of health care while maintaining or improving benefits for retirees. Our goal is to improve, protect, and sustain the health plan as it continues to offer high quality benefits for current and future generations of retirees. Realizing savings from the AlaskaCare EGWP would not have been possible without the support of AlaskaCare retirees—thank you! 🍷

## Form 1095-B Available Online Starting April 2021

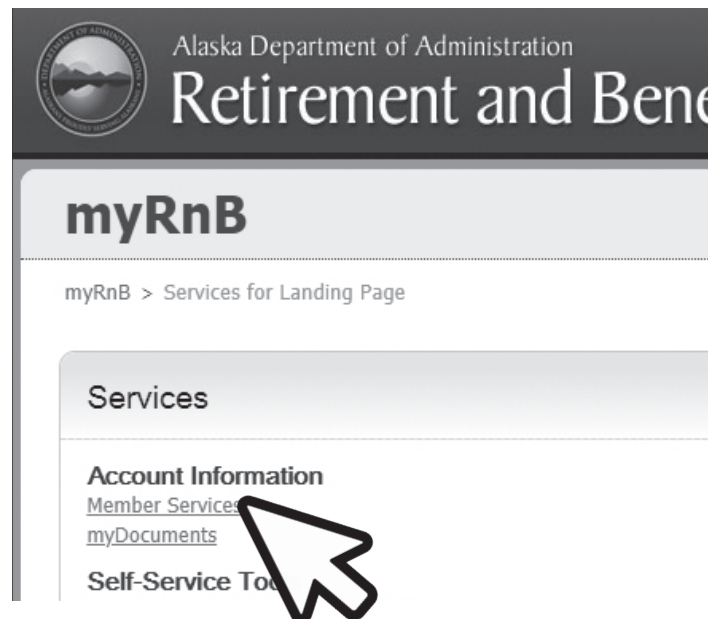
**You can access your Form 1095-B online starting in April 2021.**

Form 1095-B is a tax form that reports the type of health insurance coverage you have, any dependents covered by your insurance policy, and the period of coverage for the prior year. The Division of Retirement and Benefits (Division) has provided this form to members under age 65 to verify on your tax return that you and your dependents have at least minimum essential health insurance coverage. If you are over age 65, Medicare will provide this form for you.

**In 2021, for the 2020 tax year, this information is automatically provided to the IRS, and is no longer necessary to have a printed copy of Form 1095-B in order to file your taxes.** The Division will provide members under age 65 access to an electronic version of Form 1095-B online starting in April 2021. Members age 65 or older can contact Medicare at 1-800-MEDICARE to obtain a copy of their Form 1095-B.

If you are under age 65 you can access your Form 1095-B in your MyRNB account under *myDocuments*. If you would like to request a printed copy of your 2020 Form 1095-B be mailed to

you, please contact the Division toll-free at (800) 821-2251, or in Juneau at (907) 465-4460. 🍷



## Alaska Quit Line Smoking Cessation Programs

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 non-smoker.

*Why wait when you can make a clean start today?*

**1-800-QUIT-NOW**



# What You Need to Know About IRMAA Reimbursement



Certain high-income retirees who are Medicare-eligible and enrolled in the AlaskaCare enhanced Employer Group Waiver Program (EGWP) pharmacy plan are required to pay a premium surcharge associated with Medicare Part D plans, known as an Income Related Monthly

Adjustment Amount, or IRMAA. This is required by Medicare and is the same type of surcharge that high-income enrollees already pay for a Medicare Part B plan. If you are an individual earning more than \$88,000 per year or a married couple who earns more than \$176,000 per year, you will be required to pay the IRMAA; retirees enrolled in EGWP and whose household income is below this threshold will not be assessed an IRMAA premium surcharge.

**If you are assessed a Medicare Part D IRMAA surcharge, you can be reimbursed. The Division of Retirement and Benefits will cover the full cost of your IRMAA surcharge through a tax-advantaged Health Reimbursement Arrangement (HRA) account.**

The Division of Retirement and Benefits has partnered with OptumRx and Optum Bank to create a more efficient way for members to receive reimbursement for the Part D IRMAA surcharge.

## What do you need to know?

- If you are assessed an IRMAA surcharge, the Social Security Administration will notify you annually that you are required to pay an IRMAA and at what amount.
- You need to set up an HRA account to receive your reimbursement every year, since IRMAA surcharges are based on your annual income and your income may change from year to year.

- If you are not assessed a 2021 IRMAA surcharge this does not apply to you this year.
- The deadline for submitting your 2020 IRMAA for reimbursement is December 31, 2021.

## How do I establish a HRA account or Setup Direct Deposit?

OptumRx will handle all your IRMAA needs. Follow these steps to establish your Part D IRMAA reimbursement account **online**:

1. Register and/or log in to your **OptumRx.com** account either online or through the mobile app.
2. Navigate to forms by clicking on the “Information Center” tab on the Navigation bar at the top, select “Programs and Forms”, then click on “IRMAA HRA Enrollment Form”.
3. Complete the online IRMAA HRA Enrollment Form.
4. Upload a copy or image of your letter from Social Security or a Medicare Bill that shows what your 2021 Part D IRMAA surcharge will be.
5. OptumRx will confirm your eligibility and set up your Health Reimbursement Account (HRA) with Optum Bank within 5 to 7 business days of receipt.
6. Once your HRA has been set up with Optum Bank, they will send you a Welcome Packet within 5 to 7 business days, which will include information on signing up for Direct Deposit.
7. Once you receive your Welcome Packet, log in to **OptumBank.com** to view your HRA account status/balance or to sign up for Direct Deposit. Direct Deposits require micro-deposit verification. Please contact OptumRx for additional information.

Note: Your banking information with PayFlex cannot be transferred to Optum Bank.

**If you have any questions on how to submit your 2021 IRMAA documents online or if you do not have internet access and would like to submit paper documentation, please contact OptumRx at (855) 409-6999 or email [alaskacare\\_irmaa@optum.com](mailto:alaskacare_irmaa@optum.com).** 🍷

## Subscribe to the Monthly Retiree Health Plan Newsletter

Retiree newsletters are sent electronically to Health Plan members that have subscribed to receive updates. Each month we feature an article that helps you Get to Know your Benefits, provides you with updates about the Health Plan, and information about health events and resources. You can subscribe or unsubscribe at any time by managing your preferences.

### To sign up:

1. In your internet browser, go to **AlaskaCare.gov**.
2. Click the envelope icon on the right hand side of the page under “subscribe.”
3. Enter your email address, click “submit.”
4. Select “AlaskaCare Retiree News and Updates” under AlaskaCare and click “submit.”

# Coordination of Benefits Explained

Coordination of Benefits (COB) is a method of ensuring that people covered by more than one medical plan will receive the benefits they are entitled to but not more than 100% of their covered expenses. The AlaskaCare health plans coordinate benefits with other group health care plans to which you or your covered dependents belong. Coordination of benefits can be very confusing, even for people who work at a physician's office. With COB, if you are covered by more than one health care plan, the plans work together to provide benefits. One plan is considered "primary" and pays your covered expenses first. The other plan is "secondary" and pays any remaining covered expenses up to 100%. In some cases, there may be a third or fourth plan, as well. It is important to remember that not all expenses are covered expenses.

## Who sets COB rules?

Most COB rules are set by the National Association of Insurance Commissioners (NAIC). Rules for coordinating with Medicare and Medicaid are set by federal and state law. Most plans follow the NAIC rules, but there is no requirement that they do so. The AlaskaCare health plans follow standard NAIC rules to ensure ease of coordination with other plans.

## What are the rules?

Examples of common COB situations and rules:

If You Are Covered Under...	How the Plans Pay
Active employee plan and retiree plan	<b>Primary:</b> Active employee plan <b>Secondary:</b> Retiree plan
Retiree plan and as dependent under another person's plan through active employment	<b>Primary:</b> Retiree plan <b>Secondary:</b> Other person's plan
Retiree plan and Medicare eligible	<b>Primary:</b> Medicare <b>Secondary:</b> Retiree plan
Two AlaskaCare retiree plans	<b>Primary:</b> Plan in force the longest <b>Secondary:</b> Other plan
Retiree plan, as dependent under another person's plan through active employment, and Medicare-eligible	<b>Primary:</b> Other person's plan <b>Secondary:</b> Medicare <b>Pays third:</b> Retiree plan
Active employee plan, retiree plan, as dependent under another person's plan through active employment, and Medicare-eligible	<b>Primary:</b> Active employee plan <b>Secondary:</b> Other person's plan <b>Pays third:</b> Medicare <b>Pays fourth:</b> Retiree plan

*Continued on page 7*

# Need Help Managing Your Chronic Medications?

Many individuals use numerous prescription and over-the-counter medications to manage various health conditions. To get the most benefit from those medications, it is important to take each one exactly as your doctor prescribes. If you are taking multiple medications, it may feel overwhelming, but a little information, organization, and help can keep you on your medication schedule and away from drug interactions.

The Medication Therapy Management Program (MTM) offered by OptumRx can help improve your medication use. MTMP is a free resource that is focused on improving therapeutic outcomes and help with condition management for Medicare Part D members taking 8 or more chronic medications. The program includes

- A review of your medications to assess medication use and identify medication-related problems. This may be conducted person-to-person or "behind the scenes" by a qualified provider or using computerized, clinical algorithms.
- An interactive, person-to-person consultation performed by a qualified provider at least once a year.
- An individualized, written summary of the consultation to help you keep on track. This summary may include a personal medication list, reconciled medication list, action plan, and recommendations for monitoring, education, or self-management.

To see if you qualify for the program or to register, contact OptumRx Member Services at (855) 409-6999. 📞



# AlaskaCare Opioid Guidelines

State and federal guidelines were developed to address the opioid epidemic in the United States and Alaska. New safety guidelines were adopted for the AlaskaCare plans on January 1, 2018 and were further enhanced on January 1, 2019. The guidelines limit the dispensing of opioids as follows:

## **For patients that do not normally use opioids**

- The plan limits the maximum dosage per day to 50 mme and only allows up to a 7-day supply every 91-days.
- A pre-authorization is required to obtain more than a 7-day supply within any 91-day period.

## **For patients that regularly use opioids**

- The plan limits the maximum dose per day to 90 mme and only allows up to a 30-day supply.
- A pre-authorization is required periodically.

## **For patients age 19 or under**

- A pre-authorization is required for cough medications that contain opioids, and the prescription is limited to a 3-day supply.

**Members are encouraged to discuss the effect of the AlaskaCare opioid dispensing policy with their providers and to contact OptumRx at (855) 409-6999 for support.**

Opioids are a type of narcotic pain medication. They can have serious side effects if you don't use them correctly.

## **Opioid Drugs Include:**

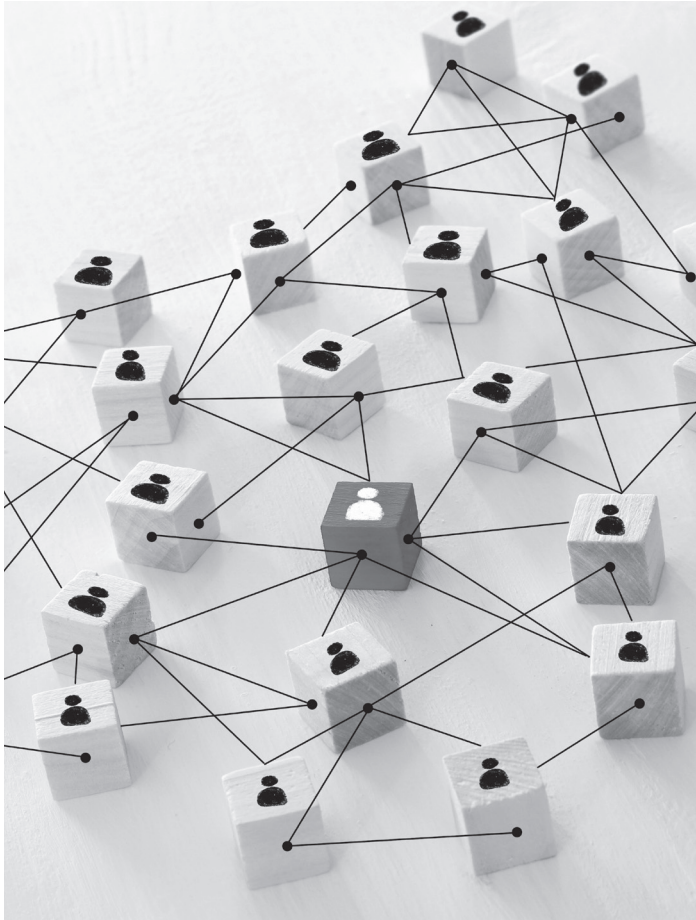
- Codeine (only available in generic form)
- Hydromorphone (Dilaudid, Exalgo)
- Meperidine (Demerol)
- Methadone (Dolophine, Methadose)
- Morphine (Kadian, MS Contin, Morphabond)
- Fentanyl (Actiq, Duragesic, Fentora, Abstral)
- Oxycodone (OxyContin, Oxaydo)
- Oxycodone and acetaminophen (Percocet, Roxicet)
- Oxycodone and naloxone
- Hydrocodone (Hysingla, Zohydro ER)
- Hydrocodone and acetaminophen (Lorcet, Lortab, Norco,

## **Recommendations that influenced the AlaskaCare opioid dispensing policies:**

- Alaska Opioid Policy Task Force (AOPTF)
  - [dhss.alaska.gov/AKOpioidTaskForce/Pages/default.aspx](http://dhss.alaska.gov/AKOpioidTaskForce/Pages/default.aspx)
- Center for Disease Control (CDC) updated their Guideline for Prescribing Opioids for Chronic Pain on 8/29/17
  - [cdc.gov/drugoverdose/prescribing/guideline.html](http://cdc.gov/drugoverdose/prescribing/guideline.html)
- The FDA released an action plan to help address the opioid crisis:
  - [fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm484714.htm](http://fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm484714.htm)
  - [fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm338566.htm](http://fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm338566.htm)
- OptumRx: Current AlaskaCare Pharmacy Benefit Manager complies with the CDC and FDA guidelines
  - [optum.com/resources/library/opioid-risk-management0.html](http://optum.com/resources/library/opioid-risk-management0.html)

# Coordination of Benefits Explained

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If your dependent children are covered under more than one plan, in most cases, the plan of the parent whose birthday falls earlier in the year (not the oldest) is primary. If both parents

have the same birthday, the plan that has covered the children longer is primary. If the parents are separated or divorced, here is how the plans pay:

- **Primary:** The plan of the parent whom the court has established as financially responsible for the child's health care (the claims administrator must be informed of the court decree)
- **Secondary:** The plan of the parent with custody of the child
- **Pays third:** The plan of the spouse of the parent with custody of the child
- **Pays fourth:** The plan of the parent who does not have custody of the child

## **What if none of the rules describe my situation?**

If none of the above rules applies, the plan that has covered the patient the longest is primary.

## **How do the plans coordinate if my AlaskaCare plan is secondary?**

When an AlaskaCare plan is secondary, the amount the plan pays after the deductible is met is figured by subtracting the benefits payable by the other plan from 100% of expenses covered by the AlaskaCare plan on that claim.

## **Will the coverage from two AlaskaCare plans always pay 100% of what the provider charges?**

No, you may receive a balance bill if you use an out-of-network provider. In this case, the plan will pay up to the recognized charge for this service in your area. For more information on how recognized charges are calculated, see the Recognized Charges FAQ on the AlaskaCare website. 🍇

## We Value Your Feedback!

As an AlaskaCare Retiree 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](http://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](mailto:doa.drb.benefits@alaska.gov)

### **Send us a letter**

State of Alaska  
Division of Retirement and  
Benefits  
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Juneau, AK 99811-0203

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(907) 465-4460

(800) 821-2251

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Fax: (907) 465-3086

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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Juneau, AK 99811-0203

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## Health Benefit Contact Information

### Division of Retirement and Benefits

Member Service 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

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

Member Services: (888) 287-7116

