



Health MATTERS

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NEW! Physical Therapy Program | Hinge Health

Conquer Back and Joint Pain with Hinge Health!

Whether you have chronic or sudden joint pain, are recovering from an injury, or want to improve strength and flexibility, Hinge Health can help. It's available at **no cost to you** and your eligible family members (18+) covered by the AlaskaCare Retiree Health Plan—no referral needed. You can join even if you're already receiving rehabilitative care elsewhere.

Hinge Health has tailored programs to help you with:

- Conquering musculoskeletal pain or limited movement
- Recovering from an injury
- Keeping your joints healthy and pain free

Hinge Health provides the tools you need to get moving again from the comfort of your home. When you enroll, you will receive the Hinge Health welcome kit which, based on your care program, may include:

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

- A tablet computer
- Wearable sensors that give live feedback in the Hinge Health app
- Access to personalized exercises

You will also be connected with a personal care team, including a physical therapist or health coach, who will tailor your program to your needs and work with you along the way.

How to use Hinge Health

If you or an eligible dependent would like to enroll, start by contacting a Hinge Health Care Advocate at (855) 902-2777.



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



Dental-Vision-Audio Benefits in 2025

Effective January 1, 2025, AlaskaCare introduced a new vision plan under the Standard Dental-Vision-Audio (DVA) Plan. Previously, the two DVA plan options (Standard and Legacy) offered the same vision coverage; that vision plan is now exclusively available under the Legacy DVA Plan, while the new vision option is exclusively available under the Standard DVA Plan. The two vision coverage options have different provisions, and can be elected as part of the Standard or Legacy DVA bundles.

Each DVA plan also includes different dental benefits, and 2025 enhancements were made to the dental benefits under the Standard DVA Plan as well. You are encouraged to review each plan to elect the dental/vision option that best fits your and your family's needs. You can choose your DVA plan during the DVA open enrollment period, which is held each year in November, prior to the next benefit year.

Standard Vision Plan

The Standard DVA Plan has been updated to include the Vision Service Plan (VSP) provider network with benefit enhancements. Under the Standard Vision Plan, when services are received within the VSP network, members pay reduced copays for comprehensive eye exams, lenses, and frames. Custom and premium progressive lens enhancements are also covered, and discounts are

available for photochromic, tints, and other lens enhancements received from a VSP network provider. Members under this plan are only responsible for copayments and any charges for options that exceed the plan benefit.

When services are received, network providers file a claim with VSP and only bill the member for their appropriate portion. A member ID card is not necessary to receive care under this plan – you can simply give the provider's office your name and date of birth to find your coverage. If you would prefer to have a physical member ID card, you can create an account through vsp.com and print a copy of your card.

Members who obtain vision care from an out-of-network provider will be responsible for an increased share of the costs under the Standard Vision Plan than they would under the Legacy Vision Plan. However, members who do not have access to a VSP provider within 25 miles can contact VSP prior to obtaining services from an out-of-network provider and request pre-approval for in-network benefits.

All Costco Optical locations are in-network for materials (lenses, frames, or contact lenses). However, since all eye doctors operating out of Costco are independent, meaning they can choose to be a part of the VSP network or not, some of their doctors may be out-of-network for the comprehensive eye exam.

To find a VSP network provider, members enrolled in the Standard

Vision Plan can call VSP at (800) 877-7195 or use VSP's online network provider search tool through vsp.com.

Standard Dental-Vision-Audio Plan Bonus for Audio Services Through TruHearing!

In partnership with VSP, retirees and eligible dependents enrolled in the Standard DVA Plan have access to exclusive savings on hearing aids through TruHearing. This hearing program can save members 30-60% off the retail price of prescription hearing aids. Best of all, TruHearing's discount program may be combined with the Standard DVA Plan's audio allowance to lower the out-of-pocket cost for hearing aids.

Please visit truhearing.com/vsp or call TruHearing at (877) 396-7194 to learn more.

Standard Dental Plan

Effective January 1, 2025, the dental benefits under the Standard DVA Plan were also enhanced. The annual dental benefit maximum was increased by \$1,000 to be \$3,000 annually, and Delta Dental's Preventive First Program was implemented. Through this program, Class I Preventive Services are covered at 100% of the recognized charge, without counting toward the annual maximum benefit.

Legacy DVA Plan

The dental and vision benefits under the Legacy DVA Plan remain the same as previously offered and continue to be administered through Delta Dental and Aetna, respectively.

The Difference Between Optometry and Ophthalmology

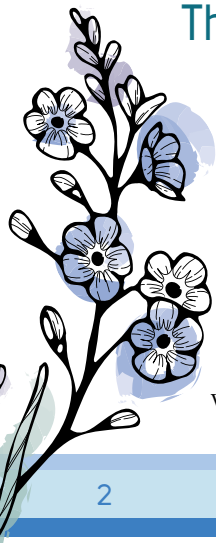
Optometry and ophthalmology are both crucial fields dedicated to eye care, but they differ significantly in their scope of practice, education, and the types of services they provide. Think of it this way: optometrists are like primary care doctors for your eyes, while ophthalmologists are medical specialists and surgeons.

In essence: Optometrists and ophthalmologists work together to provide comprehensive eye care, with the optometrist providing initial and routine

care, and referring patients to an ophthalmologist when specialized medical or surgical treatment is needed for your eyes.

- **See an Optometrist for:** Routine eye exams, vision correction (glasses and contacts), and management of many common eye conditions. They are your primary eye care provider.
- **See an Ophthalmologist for:** Complex eye diseases, eye surgery, eye injuries, and eye problems related to other medical conditions. They are the medical and surgical specialists for the eyes.

Continued on the next page >>>



What is covered by the Vision Plan (Standard and Legacy) vs. the Medical Plan?

Your vision plan will pay for preventive and routine services provided by an optometrist or ophthalmologist. Your medical plan will pay for medical treatment of a disease or surgery typically provided by an ophthalmologist, though some optometrists are qualified to provide these services as well.

What does your medical plan pay for?

If you are diagnosed with a medical condition that requires eye care, with a disease of the eye, or if you require surgery, your claim should be submitted to the medical plan.

How are medically necessary vision services covered under the medical plan?

If you see an in- or out-of-network provider, you will first have to meet the \$150 deductible, and then the plan will pay 80% coinsurance (up to the recognized charge) for covered services. Many retiree plan members have other health coverage, such as Medicare, or additional coverage through their spouse. The AlaskaCare medical plan will continue to coordinate with other plans the way it does today when determining payment for covered services.

Additional benefits for members covered under the Standard Vision Plan through VSP:

In addition to your routine vision benefits, VSP provides the Essential Medical Eye Care program.

This includes:

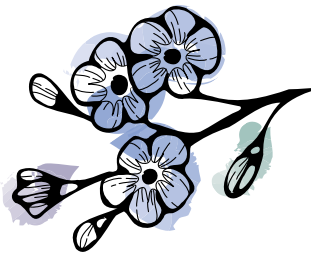
- Retinal imaging for members with diabetes covered-in-full.
- Additional exams and services beyond routine care to treat immediate issues, from pink eye to sudden changes in vision, or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.
- If the provider participates on both Aetna and VSP networks: Aetna will be billed as primary under the medical plan, and VSP as secondary.
- If the provider only participates in VSP network: VSP will be billed as primary and member would pay \$20 copay.

How do I find an in-network provider?

Standard Vision (VSP) Plan: To find a VSP provider, visit vsp.com and click on “Find a Doctor” or call member services at (800) 877-7195.

Legacy Vision (Aetna) Plan: You may see any vision provider you would like, as there is no network under the Legacy Vision Plan.

Aetna Medical Plan: For assistance finding an in-network provider, call the Aetna Concierge at (855) 784-8646 or search online using the Aetna DocFind tool.



Reminder: Notify Us of Your Dependent Status Changes

If you have a dependent who will be graduating from college, remember to notify the Division of Retirement and Benefits of their change in status. You should also notify the Division if you need to add or remove dependents due to marriage, divorce, birth, death, or adoption. You can find the Retiree Health Dependent Change form on the Division's website.

In accordance with Alaska Statutes 39.35.680(12) and 14.25.220(13):

- If your dependent child is over 19 but under 23 years old, they are required to be registered at and attending on a full-time basis an accredited educational or technical institution recognized by the Department of Education and Early Development.
- If your dependent child is age 19 or older and is not a full-time student, then the dependent is eligible for coverage only if they are totally and permanently disabled, and the disability was documented prior to their 23rd birthday.

Let us and Aetna know if your dependent child between the ages of 19 and 23 has recently become a full-time student. The AlaskaCare Verification of Student Status Form is available on the AlaskaCare website.

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 and click on the red envelope on the bottom of the page. Enter your email, select “AlaskaCare Retiree News and Updates,” and click *Submit*.



Supplemental Surgery and Travel Coverage | Lantern

AlaskaCare has partnered with Lantern to offer retirees covered by the AlaskaCare Retiree Health Plan and their eligible dependents convenient **enhanced travel benefits** for non-emergent surgeries. Through Lantern, you get access to a network of top-quality medical providers with proven experience in more than 350 procedure types across 40 states, at no additional cost to you.

Covered Expenses include:

- Episode of Care received through Lantern benefits
- Airfare for the eligible patient and a companion
- Hotel or other approved accommodations
- Transportation to/from airports
- Pre-loaded debit card with \$25 per patient per day (or \$50 per patient and companion per day)

For the full list of what is covered under this benefit, please refer to the AlaskaCare Retiree Health Insurance Information Booklet (Booklet) or contact Lantern for additional information.

How to use Lantern

If you or an eligible dependent need surgery, start by contacting Lantern:

- Call a Member Care Advocate: (855) 715-1680
- Online Portal: LanternCare.com

You will be assigned a dedicated Care Advocate who will assist you with:

- Selecting a surgeon
- Scheduling appointments
- Coordinating and booking travel and accommodations
- Providing a pre-loaded debit card with per diem for expenses
- Transferring medical records
- Reviewing benefits

Retirees aged 65 and over will have a travel benefit only when they use a Lantern participating provider for a covered procedure that is coordinated through Lantern. Medical claims will process through Medicare (primary) and then the AlaskaCare claim administrator (Aetna). AlaskaCare retirees aged 65 and over should contact Lantern for a personal benefit quote.

The information above is specific to the Lantern Benefit. To see how travel is covered under the AlaskaCare Retiree Health Plan without the Lantern benefit, please refer to section 3.3.18 of the Booklet.

Preventive Care Benefits

Effective January 1, 2022, the Division of Retirement and Benefits expanded preventive care coverage to the Retiree Defined Benefit health plan.

What Preventive Services are Covered?

Preventive care and recommended screenings are important tools to keep you and your family healthy. AlaskaCare retiree members can now get many checkups, screenings, vaccines, prenatal care services, contraceptives, and more with no out-of-pocket costs. These include, but are not limited, to:

- Routine Physical Exams
- Well Woman Preventive Visits
- Maternity and Newborn Care
- Routine Cancer Screening: breast, lung, cervical, colorectal, prostate
- Preventive Care Immunizations

Coverage for preventive services is based on recommendations by the U.S. Preventive Services Task Force (USPSTF) and other governmental advisory groups and may include additional services as outlined in the

AlaskaCare Third-Party Administrator's clinical guidelines. These guidelines will change over time as they are updated to reflect the most current research and evidence.

How are Preventive Services Covered?

If you see a network provider for preventive services, your AlaskaCare plan will pay 100% of the cost and your deductible will not apply. If you see an out-of-network provider, you will first have to meet the \$150 deductible, and then the plan will pay 80% coinsurance (up to the recognized charge) for covered services. Your AlaskaCare out-of-pocket maximum will not apply to preventive care services received from out-of-network providers.

Many retiree plan members have other health coverage, such as **Medicare**, or additional coverage through their spouse. The AlaskaCare plan will continue to coordinate with other plans the way it does today when determining payment for covered services.

Have More Questions?

Contact the Aetna Concierge at (855) 784-8646 for information about whether a service is diagnostic or preventive, or if you would like more information about your health plan benefits.

Are You Subject to the Medicare Part D IRMAA Surcharge?

AlaskaCare Will Reimburse You

Certain high-income retirees are required to pay an extra premium surcharge, known as an Income Related Monthly Adjustment Amount, or IRMAA. This is similar to the surcharge for high-income enrollees in the Medicare Part B plan. If you are an individual or a married couple earning more than the threshold, you will be required to pay an extra surcharge for being enrolled in the AlaskaCare Employer Group Waiver Plan (EGWP) prescription drug coverage because it is a group Medicare Part D plan. Retirees whose reported income is below this threshold will not be subject to the IRMAA premium surcharge.

If you are subject to the Medicare Part D IRMAA surcharge, you can be reimbursed. If you are not assessed Part D IRMAA surcharge, this does not apply to you.

For all Medicare plans, the IRMAA will be deducted directly from your monthly Social Security check (if you qualify for Social Security) or will otherwise be invoiced to you directly each month. If you are charged a Medicare Part D IRMAA for your prescription drug coverage and notify the Division of Retirement and Benefits, you will be reimbursed for the full cost of the Medicare Part D premium surcharge each month through a tax-advantaged Health Reimbursement Arrangement (HRA) account. If you receive a bill from Medicare, you should pay the bill timely, and contact the Division to learn about your reimbursement options.

The Division of Retirement and Benefits has partnered with Optum Rx and Optum Bank to create an efficient way for members to receive reimbursement for their Part D IRMAA surcharge. Visit alaskacare.gov/irmaa for more information.

What You Need to Know

- You need to set up your HRA account every year, since IRMAA surcharges are based on your annual income and your income may change from year to year.
- To receive the reimbursement, you should submit your claim and supporting documentation as soon as possible, but no later than 12 months after the last day of the current year. For example: The deadline for submitting your 2024 IRMAA for reimbursement is December 31, 2025.

The timeline for processing your reimbursement request depends on the information provided and when it is received by Optum Rx.

If you have any questions on how to submit your IRMAA documents online or if you do not have internet access and would like to submit paper documentation, please contact Optum Rx at (855) 409-6999 or email alaskacare_irmaa@optum.com.

AlaskaCare Town Hall Events

Please join us on the third Thursday of each month at 10 a.m. for our telephonic Town Hall events. These are group calls hosted by the Alaska Department of Administration, Division of Retirement and Benefits for all interested AlaskaCare retirees and families to ask questions about the AlaskaCare Retiree Health Plans. You can join the call to learn more about your health plan and ask Division staff any questions you have about your benefits. This format gives retirees a chance to connect directly with Division staff to hear the latest news on all things AlaskaCare, raise questions, share comments, and learn more about the health plans. To sign up for an automatic phone call to attend the Town Hall events, or to listen to prior event recordings, visit alaskacare.gov/townhall.

**WE WANT YOUR
FEEDBACK!**



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

AlaskaCare—Plan Administrator

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

Send us a letter

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

Come visit us

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

Support Resources

Do you have questions about your AlaskaCare health plan or need assistance with your benefits? Here are some helpful resources that can provide you with more information and make navigating through the health care maze easier.



ALASKA DIVISION OF Retirement and Benefits

Division of Retirement and Benefits Member Education Center

The Division of Retirement and Benefits Member Education Center provides essential support to our membership which includes employees, retirees, and other benefit recipients. We provide education and assistance relating to retirement, medical, and other optional benefits.

The Division's Member Education Center team has comprehensive knowledge of the retirement systems and has dedicated team members who are experts on the AlaskaCare health plans. We are here to answer questions ranging from benefit enrollment for newly hired employees, to application for retirement, to the AlaskaCare health plan, and beyond.

Reach Out to Us

- In Juneau: (907) 465-4460
- Toll Free: (800) 821-2251

Hours: Monday - Thursday 8:30 a.m. to 4 p.m.
and Friday 8:30 a.m. to 3 p.m., Alaska Time.



Aetna Concierge and Local Offices

An Aetna concierge can help you understand your benefits and give you the tools to make more informed decisions about your health care. Contact the Aetna Concierge at (855) 784-8646.

A concierge can help you:

- Locate providers in your area
- Understand your benefits
- Plan for upcoming treatments
- Find out what it would cost to see an in-network doctor versus an out-of-network doctor
- Connect with Aetna's Individual Case Management program

AlaskaCare members can make an appointment to visit the Aetna local office in Juneau or Anchorage and talk directly with an Aetna representative.

Anchorage Office

2525 C Street, Suite 205
Anchorage, Alaska 99503
Hours: Open Mon-Fri 8 a.m. - 12 p.m. and 1 p.m. - 5 p.m.

Juneau Office

One Sealaska Plaza, Suite 305
Juneau, Alaska 99801
Hours: Open Wed 12 - 4 p.m., Thu 9 - 11 a.m., and 12 - 4 p.m.

To schedule an appointment, contact the Aetna Concierge at (855) 784-8646.

The local offices can assist you with questions about:

- Paper claim submissions
- Travel precertification
- Appeals assistance
- Eligibility issues
- Understanding your explanation of benefits
- Coordination of benefits for multiple plans
- And more...

Free Nurse Advice Line

You can talk to a nurse when you have health questions. You can call the nurse line **24 hours a day, 7 days a week**. Even better, this service is provided at no cost to you. Simply call the nurse line number at (800) 556-1555.

The nurses can be a resource in 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.

The nurse can help you with:

- Deciding whether to visit a doctor or urgent care center
- Understanding your symptoms
- Managing chronic conditions
- Learning about treatment options and medical procedures
- Enrollment in Aetna's Individual Case Management program

You can call the nurse line anytime to discuss any health concerns at (800) 556-1555.

Alaska Medicare Information Office (MIO)

The Alaska Medicare Information Office's Anchorage staff and statewide network of counselors offer one-on-one counseling to Medicare beneficiaries and their families, tips on how to spot and report Medicare errors, waste and fraud, and classes on Medicare.

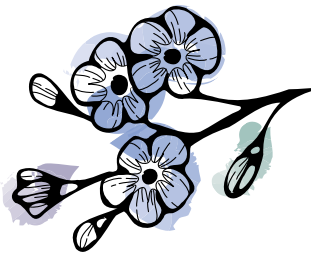
On the second Monday of each month the MIO offers a Medicare Monday outreach event. For more information or to register for the event, visit the Medicare Information Office webpage.

Alaskans helping Alaskans get more out of their Medicare.

Contact Alaska's Medicare Information Office:

- In Anchorage: (907) 269-3680
- Toll-free within Alaska: (800) 478-6065
- TTY: (800) 770-8973
- hss.medicare@alaska.gov

Help Finding a Network Provider



Aetna, Optum Rx, and Delta Dental have nationwide networks of providers that accept your AlaskaCare health plan. If you need help finding a network physician, pharmacy, hospital, or dentist near you that is in the AlaskaCare network, here are some helpful resources.

- **Find a Pharmacist:** Use *Optum Rx's Pharmacy Locator* at optumrx.com or call Optum Rx at (855) 409-6999
- **Find a Doctor:** Use *Aetna's DocFind* at aetna.com or call the Aetna Concierge at (855) 784-8646
- **Find a Dentist:** Use *Delta Dental's search tool* at deltadentalak.com/alaskacare or call Delta Dental at (855) 718-1768

Sign Up for the Medicare Direct Program

Are you enrolled in Medicare? Do you want your claims automatically sent from Medicare to AlaskaCare?

Signing up for the Medicare Direct program means less paperwork and faster turnaround. Contact the Aetna Concierge at (855) 784-8646 to get started.

If Medicare is your primary plan, the AlaskaCare claims administrator can send a request to Medicare to enroll you in the Medicare Direct program. Once Medicare Direct is set up, your provider only has to file your claim with Medicare. When the claim is processed it will be automatically transferred to AlaskaCare and Medicare will then send you an explanation of benefits (EOB).

Medicare Information Office



SHIP
State Health Insurance
Assistance Program



SMP
Senior Medicare Patrol
Preventing Medicare Fraud



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

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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



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[Instagram.com/Alaska.DRB](https://www.instagram.com/Alaska.DRB)



bsky.app/profile/drbb.doa.alaska.gov

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.

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

Standard Plan Vision Benefits: *Vision Service Plan (VSP)*

Member Services: (800) 877-7195

Pharmacy Benefits: *Optum Rx*

Member Services: (855) 409-6999

Virtual Physical Therapy Benefits: *Hinge Health*

Member Services: (855) 902-2777

Supplemental Surgery/Travel Benefits: *Lantern*

Member Services: (855) 715-1680

Long Term Care Benefits: *Wellcove*

Member Services: (888) 287-7116

Direct Bill: *Inspira*

Member Services: (800) 359-3921

