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RH PAB Public Comment for February 2019

To: Retiree Health Plan Advisory Board  
From: Craig Mapes  
Date: February 9, 2019  
Subject: Modernization of Health Plan

I would like to respectfully request the AlaskaCare Retiree Health Plan Advisory Board consider the treatment of ED as part of the modernization project and put this item on the agenda for consideration at your next meeting: At a minimum, please consider incorporating ED prescription drug coverage for prostate cancer survivors to improve their quality of life. Sexual function is a significant quality of life issue impacting a person's mental and physical health. The perspective that the framers of the health plan had in the `70's is obsolete by today's medical standards. U.S. health plans cover many other important and necessary treatments including reconstructive surgery for some cancer survivors, drug therapy and surgical benefits for gender dysphoria, hormone therapy to enable normal sexual function, and a wide variety of other important health conditions. Benefits for these conditions has been updated and incorporated into our health plans over time and it is now appropriate to consider treatment of sexual performance diagnoses including ED. An abstract of an article from the Journal of Urology entitled "5-Year Urinary and Sexual Outcomes After Radical Prostatectomy: Results From The Prostate Cancer Outcomes Study" is referenced here to cite and support the quality of life point.  

https://www.sciencedirect.com/science/article/pii/S0022534705606982 The retiree Health Plan paid approximately $519,263,960 for medical and pharmacy claims for 71,629 retired members last year. Males make up approximately 45.6% of the membership. Given the 2018 prostate cancer rate of Alaska men at .0624%, it's likely that approximately 22 AlaskaCare retirees have prostate cancer. Two of them probably did not survive it. There are probably about 20 of our members who could possibly benefit from ED prescription drug coverage. Even given the exorbitant cost of these drugs, it seems that the overall cost to the health plan would be insignificant while greatly assisting those men in need of ED prescriptions to maintain a basic quality of life. Please consider bringing the plan into the 21st century by modernizing the plan to include treatment for diagnosis related to sexual performance. If the board can't support the medical necessity for treatment for all diagnosis as a significantly impactful quality of life issue, please consider covering treatment for prostate cancer survivors. Sincerely, Craig Mapes

The Journal of Urology  
Volume 173, Issue 5, May 2005, Pages 1701-1705  
Adult Urology: Outcomes/Epidemiology/Socioeconomics  
5-YEAR URINARY AND SEXUAL OUTCOMES AFTER RADICAL PROSTATECTOMY: RESULTS FROM THE PROSTATE CANCER OUTCOMES STUDY

Author links open overlay panelDAVID F.PENSONDALEMcLERRANZIDINGFENGILIPETER C.ALBERTSENFRANK D.GILLILANDANNHAMILTONRICHARD M.HOFFMANROBERT A.STEPHENSONARNOLD L.POTOSKYJANET L.STANFORD

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ABSTRACT

Purpose: Prior studies of postoperative outcomes following radical prostatectomy have been limited by selection bias and short-term followup. In this study we assessed temporal changes in urinary and sexual function up to 5 years following radical prostatectomy in a population based cohort.

Materials and Methods:
A sample of 1,288 men with localized prostate cancer who underwent radical prostatectomy and completed a baseline survey within 6 to 12 months of diagnosis were included in the analysis. Two and 5-year functional and quality of life data were collected, as was information on the use of erectile aids. Temporal functional changes and potentially confounding or modifying factors were assessed using longitudinal regression models.

Results:
Of these men 14% reported frequent urinary leakage or no urinary control 60 months after diagnosis, which was slightly higher than the 10% reporting incontinence at 24 months (p = 0.007). At 60 months 28% of the men had erections firm enough for intercourse compared with 22% at 24 months (p = 0.003). Sildenafil was the most commonly used erectile aid (43% ever used) and 45% of users reported that it helped “somewhat” or “a lot.”

Conclusions:
Urinary and sexual dysfunction were common 5 years following radical prostatectomy in this large, community based cohort of prostate cancer survivors. While a small minority of subjects experienced changes in urinary or sexual function between years 2 and 5 after prostatectomy, functional outcomes remained relatively stable in the majority of participants.

Good Afternoon Steve,
Thank you for participating in yesterday’s townhall event, and thank you for your input. I have copied the Retiree Health Plan Advisory Board email address on this reply so that your comments and suggestions will be passed along to the Board. More information about the Board’s meetings and about the retiree health plan modernization project can be found here:
http://doa.alaska.gov/drb/alaskacare/retiree/advisory.html
Have a nice weekend, and thank you for your service to the State of Alaska.

Division of Retirement and Benefits
State of Alaska-Dept. of Administration
Telephone: (907) 465-4460 Toll-Free: (800) 821-2251
http://doa.alaska.gov/drb/

From: Steve and Joyce McCombs
Sent: Thursday, February 21, 2019 11:26 AM
To: DOA DRB Townhall (DOA sponsored) <doa.drb.townhall@alaska.gov>
Subject: prevention programs
The statement made during today's town hall was to add preventative care savings must be found to cover additional programs. When adding preventative programs, it should be remembered that these are long term investments meant to reduce costs and improve wellness over time. The expected long term benefits need to be fully considered in addition to any short term outlay. Be able to avoid treatments and hospital stays may be difficult to measure, but must be considered. This should also be considered with vaccinations. The program at the minimum should match medicare.
Steve McCombs
Good Afternoon Sharon,
Thank you for participating in yesterday’s townhall event, and thank you for your input. I have copied the Retiree Health Plan Advisory Board email address on this reply so that your comments and suggestions will be passed along to the Board. More information about the Board’s meetings and about the retiree health plan modernization project can be found here: http://doa.alaska.gov/drb/alaskacare/retiree/advisory.html
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From: Kay Kilbourn
Sent: Thursday, February 21, 2019 11:00 AM
To: DOA DRB Townhall (DOA sponsored) <doa.drb.townhall@alaska.gov>
Subject: Silver Sneakers benefit
Thank you for the public mtgs. I don't know all the details of setting up a fitness assistance program. The main benefit I see would be helping with cost to participate in classes and sports at recreational facilities, not only where I live here in Soldotna, but especially when I travel to visit family, which in my case is in Estes Park and north Denver. Perhaps we should request specific Rec Centers for coverage by our Alaska Care Fitness Plan. I, personally, will continue to pay the membership at my local Sterling Community Center just to support the Center.

Of course, the benefit to our health plan is health and fitness for its participants! Better fitness = less health problems. Thank you again for reaching out to include and inform Alaska Care participants.
~Sharon Roesch
Good Afternoon Jo,
Thank you for participating in yesterday’s townhall event, and thank you for your input. I have copied the Retiree Health Plan Advisory Board email address on this reply so that your comments and suggestions will be passed along to the Board. More information about the Board’s meetings and about the retiree health plan modernization project can be found here:
http://doa.alaska.gov/drb/alaskacare/retiree/advisory.html
Have a nice weekend, and thank you for your service to the State of Alaska.

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From: Jo Boehme
Sent: Thursday, February 21, 2019 11:52 AM
To: DOA DRB Townhall (DOA sponsored) <doa.drb.townhall@alaska.gov>
Subject: Silver Sneakers type wellness incentives

Thanks for today’s town hall conference.
You asked for ideas on health promotion programs for retirees, similar to Silver Sneakers. You stressed needing to balance costs.
Please research national and international public health data on cost-benefit analysis for injury and disease prevention and associated lower health insurance utilization among seniors who exercise regularly and participate in other health promotion programs. A quick Google search yielded many hits; here are a few good ones with evidence based data showing that investing in exercise and health promotion programs reduces insurance utilization/costs.
Support fall prevention programs! Center for Disease Control stats report that 1/4 of seniors fall each year. Fall injuries cause thousands of emergency visits, surgeries and health claims annually.
Evidence based fall prevention program resources:
https://www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html
https://www.cdc.gov/homeandrecreationalsafety/falls/compendium.html
Adding health promotion components like paying for members’ exercise programs can reduce DRB costs both short and long term. As Nike says, “Just Do It”!
Respectfully,
Jo Boehme

There is a great deal of confusion among insured and providers regarding the benefit paid when an insured selects progressive lenses. I don’t know of anyone selecting glasses with lines in them for years now. Aetna does pay up to the amount for tri-focal lenses, but this must be appealed. I do not understand why this vision issue cannot be addressed even though a lawsuit is pending. If it is not possible to modernize this very out-of-date benefit, at least clarify to us how to proceed with new prescriptions to obtain the maximum benefit.
Carolyn Sanborn
Greetings. I have been attempting to facilitate obtaining a compounding pharmacy prescription for my wife since December with no luck. As you are probably well aware, compounding pharmacies have had reputations that vary quite a bit. We have been utilizing a branch of the Northwest Compounding Pharmacy in Oregon for over a decade with great success. Northwest Compounding Pharmacy (NWCP) is reportedly the largest compounding pharmacy in Oregon and Washington with multiple branch outlets. My wife and I have attempted at least 4 times with different representatives we reach through the number listed on our new OptumRX pharmacy card, plus being called from several numbers from folks who claim to be with OptumRx, but their number never matches up to the OptumRx card, which sometimes we wonder if they are actually real representatives or hoaxes.

Anyway, we have had at least 4 different pharmacies proposed by these representatives to remedy the situation. We tried the closest one, and after having my wife’s prescription sent to them, were informed that they had been trying since the first of January to obtain a contract with OptumRx with no success. We were informed that the prescription that we had once been obtaining with NWCP for $4 would be $160. NWCP, to their credit, will fill it for $32.

I see no reason to deal with a compounding pharmacy from Washington, Phoenix, or California that we know nothing about and cannot deal with in person if needed, especially when NWCP has multiple branches.

I would like the State of Alaska to facilitate OptumRx reaching agreement with NWCP on a contract, especially since Aetna was able to.

Thank you for considering my concerns.

Craig A. Burns

From: Jim Morrison
Date: Tue, Mar 5, 2019 at 5:48 AM
Subject: Optum R/X
To: <Emily.ricci@alaska.gov>

My name is Jim Morrison, a tier 1 retiree. In preparing to switch from the best Pharmacy Manager we have had since 1995, in Jan I went to 2 different Doctors to get new scrips for drugs I have taken for 20 years. I did that because Optum wrote that no Aetna scrips will honored and each person needs new ones after Jan 1. The drugs were

In checking with Optum, they had no record of receiving the scrips. after a week, someone wrote me a letter and said was not available for mail order and I should go to my local Pharmacy to buy it off the shelf. Someone called me and said they are rolling over a scrip for a face cream I did not need, and I asked about the lost scrips. They have not found them to this day

They asked what were the drugs, I told them, as well as telling them I would not give them my credit card the foreign woman wanted, nor would I ever use them again, but go to Walgreens each time. Shortly they said they were rolling over Aetnas unfilled scrips for

I am the retired General Manager of ATU, and I just cannot wait to see how our wonderful health care gets fixed in the future. Jim Morrison

From: >
Sent: Thursday, March 21, 2019 11:22 AM
To: DOA DRB Townhall (DOA sponsored) <doa.drb.townhall@alaska.gov>
Subject: Age limits
Hi DRB,
Many of the provisions of obamacare I do not like, but there is one provision that I would like the State to consider adding. Under obamacare insurance coverage is suppose to cover our children until age (or through age) 26 for unmarried children. The state retiree insurance is exempt from that provision so every year I have to get proof my over 18 year old children are full-time students and then coverage is
only until they are 23 years old. I also understand it would take a legislative change to approve insurance coverage until they are 26 years old. The obamacare act provides insurance coverage for nearly all the 18-26 year old’s in the country it seems incredibly unfair of the State to be exempt from this coverage. I suspect there are very few retirees who have children in this age category still so adding coverage until they are age 26 would not be a big financial burden on the state. The government is extremely frustrating in that there are always so many exemptions to all the laws. Please consider adding insurance coverage to include children in the 18-26 year bracket.

Thank you,
Ric Plate

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**RH PAB Public Comment for April 2019**

From: Linda Bonfiglio

Sent: Monday, April 15, 2019 11:41 AM

To: Alaska Retiree Health Plan Advisory Board

Subject: Retiree prescriptions with Optum as secondary insurance

Hi there,

I’m interested in knowing where it says in the Alaska care booklet, the primary insurance has to pay in excess of secondary insurer Optum’s co-pay of $4.00?

Situation:

I have a primary insurance with a $100.00 deductible and a co-pay of $10.00 for prescriptions. My primary insurance has contracted rates lower than the cash price of for prescriptions.

1. Optum charges $4.00 per prescription until my primary insurance deductible is satisfied.

2. I fill a prescription (after the deductible is met) that has a cash price of $36.00 and my primary insurance has a contracted rate of $12.00 leaving me their copay of $10.00. Optum as secondary insurance pays $6.00 and this leaves me with a final co-pay of $4.00 (as though I did not have a primary insurance) because primary only paid $2.00 and did not exceed the 2nd insurance co-pay of $4.00.

Please help me find these changes for coordination of benefits in the Alaska care booklet. I’ve had many 2nd insurances throughout my lifetime and have never had these prescription scenarios before. All these secondary insurances in the past were paying incorrect? I find that difficult to believe.

I understand this change just came about when Optum discovered the errors in the past with all the prior Alaska care insurers including Healthbenefits, Wells Fargo, and Aetna so they have made the corrections now going forward per Retirement and Benefits vendor manager, Steve Ramos.

I would really appreciate your helping me to understand this change and where this is now addressed in the retiree booklet for Alaska care.

I’m looking forward to your response.
RH PAB Public Comment for May 2019

From: Ric Plate  
Sent: Thursday, May 16, 2019 10:58 AM  
To: DOA DRB Townhall (DOA sponsored) <doa.drb.townhall@alaska.gov>  
Subject: Travel

We are having to travel to Seattle for medical treatment. When I talked to Aetna about travel authorization I was told that only the airline costs may be covered. Lodging, local transportation and meal cost are not covered. Why is that? Lodging, local transportation and meal costs are all part of the travel expenses.

Please pass my concern along to the AlaskaCare Retiree modernization committee too.

Thank you,
Ric Plate

RH PAB Public Comment for June 2019

From: Chris Milles  
Sent: Sunday, June 30, 2019 4:57 PM  
To: Alaska Retiree Health Plan Advisory Board  
Cc: rpea@alaska.net; sharonhoffbeck  
Subject: Deductible/OOP Proposals

As a retiree on a fixed income, we do not favor changes to the plan that results in increases to the individual deductible or the OOP limits. We are strictly network provider users. We are in the lower 48 and have driven 60 plus miles each way to see a network provider. We research the available network providers in an effort to keep both our costs lower but the plan costs lower. Maybe there should be an incentive to those that use network providers over non network providers.

No change is the preferred option for deductibles and OOP.

From: Eric M  
Sent: Friday, June 28, 2019 5:22 PM  
To: Alaska Retiree Health Plan Advisory Board  
Cc: sharonhoffbeck; Margaret Duggan  
Subject: Division of Retirement & Benefit -- Proposed Plan Changes

Please note I have attached a Word document in which I have expressed my concerns with the proposed changes with the Retiree Health Plan. I am also including the text below in case the Word Document is stripped out of the email when it is sent. I will likely also send a separate email without the document attached so as to make sure that my comments come to you. I am hopeful that you will get this shortly and it will not be delayed.
To say I am concerned is putting it mildly.. I am appalled at the continued attack on our benefits by the State of AK in the name of improving the benefits. Just leave things alone and we will be fine.

Dear Sir Madame:

I have recently gone thru a portion of the February 6th 2019 Meeting Materials and discovered some proposed changes by the Division of Retirement & Benefits (DRB).

The changes proposed to our deductible will substantially impact my wife and I as we continue during retirement on a fixed income. I am not sure that DRB really understands that all of these changes that they are proposing will impact the health and well being of the retirees in the name of cost saving to the State of AK not the Retirees.

It is impossible for me to go thru all of the meeting Materials that are posted on line. The volume of bogus changes to our health and dental plans is just too monumental.

Some of the changes proposed are:

- Increased deductible
- Increasing he Copay for brand drugs
- Changes to the dental plan for implants
- Changes to travel for medical purposes

The bottom line is that our previous plan before the State started tinkering with it was just fine. If the State is going to make changes which result in decrease in benefits, coverage, and increase out of pocket expenses…. I am adamantly against it.

I don’t know if the DRB gets it, but some kind of stability in our plan would really be nice. This continual process of changing things is a real pain. There is no way to know what is and what isn’t going to be covered and how much, it is like a moving target every day. It is frustrating and I am tired of it.

It took me about two hours to get thru the February 6th proposed changes. There is so much to sift thru to get to what is being proposed. This whole process is like a freight train going 90 miles an hour destroying everything we had for benefits in the name of supposedly improving benefits. In my mind, at least, all it appears to be is a means for the State to avoid paying for what they agreed to 30 yrs. ago.

The Politicians and State Bureaucrats today don’t remember the promises made long ago… only cost cutting measures to make things better for themselves today. I don’t particularly care what other Health Plans look like across the country. The State of AK entered into a contract with the State Employees to provide the benefits as stated and agreed upon thirty years ago because that was the offset benefit for employees taking lower wages… Now the State wishes to change the terms of the contract. I don’t think that is fair not legal.

There are times that I think I should have been better off to work for one of the Oil Companies on the slope and pocketed the money for the future instead of banking on the State keeping its promise to its employees to provide health insurance for its retirees.

From: Dave & Mary Wilts
Sent: Friday, June 28, 2019 6:03 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: Proposed changes to Retiree Deductible and OOP

I am writing this to address the proposed increase to the current deductible and out-of-pocket amounts for retirees. It is my understanding from reading the documents found in the February 6, 2019 meeting, that you are proposing one of two increases. Please see attachment.

I was a teacher with the Anchorage SD for many years, and I spent the last 6 years of my tenure as a coordinator for Fine Arts. I bring up this information because when I moved from a teaching position (a part of the AEA union) to the coordinator position (a part of the ACE union) my benefits changed. During those 6 years as a coordinator, ACE members saw a continued increase in our deductible and OOP expenses. We were told it was “just a step” to offset costs and that it would be minimal. This was not the case, and the increases continued and had a dramatic effect on my family’s budget. Those increases look very similar to the chart attached. Because of these increases, I was making less in my final years as a coordinator. In other words, the increase equaled a cut in pay – my yearly minimal or zero increase on the salary scale never equaled the offset of medical expenses.
Retirees worked in the system with the knowledge that their retirement and insurance would sustain them through their post-employment years. That is what brought many of us to Alaska. We were willing to move to a more remote place to provide for a better future. Many of us moved across the country, away from family, to live in a beautiful but dramatic climate with this in mind. I would say most have no regrets because Alaska is a wonderful place, but we were also counting on what they were promised. I do not use that word lightly, we were promised this.

As with many families, my husbands only insurance is through my retirement, and though we do not yet qualify for Medicare it is right around the corner. As do most Americans, both of us have health issues (one minor, one more considerable). We certainly work hard to keep our health, but genetics sometimes do the dirty work – just a fact of life with the cards you are dealt. Not trying to complain, just stating facts.

Should these proposed increases go through, it will have a devastating effect on our income. And, when Medicare does come through for us (one sooner than the other), it is my belief that it simply lets the State of Alaska off the hook for paying as a secondary in many cases.

Isn’t that why we all worked to hard for this coverage? So, we could have insurance that helped us as we age? Please reconsider making these changes to the current health program. It will hurt the people it was supposed to help.

From: Roy Dudley
Sent: Thursday, June 27, 2019 12:28 PM
To: Alaska Retiree Health Plan Advisory Board
Subject: Proposed changes to Retiree Health Plan

I strongly object to the proposed change of increasing the yearly out-of-pocket deductible.
- An increase in the yearly out-of-pocket deductible would be a penalty on those who are healthy.
- An increase in the yearly out-of-pocket deductible is a financial burden on a limited retirement income.

From: Marla Larson
Sent: Wednesday, June 26, 2019 4:14 PM
To: Alaska Retiree Health Plan Advisory Board
Subject: Retirement benefits.

Dear RHPAB, Your great new ideas smell rottenly like "if you like your Dr, you can keep your Dr., or if you like your plan, you can keep your plan". We were NOT told that our plan would just end up somewhere in a unconcerned pocket of a money-grubbing insurance company whose only bottom line is profit. We were actually told that our plan WOULD NEVER Change. But you continually chip away at it until it becomes unrecognizable to us. What is the saying? DEATH BY A THOUSAND CUTS!

If you increase the deductible at what point does that increase stop? Even doubling the out-of-pocket would be more than I would have to pay with owing 20%. So this is financially a hardship on my family’s finances.

My husband had an [redacted]. It was medically NECESSARY and we paid for almost the entire amount, plus Drs fees as well. Honestly, if we were faced with this again we wouldn't be able to pay the dental bills for this procedure. TOTALLY UNFAIR and not what we were promised and worked for.
Our plans were supposed to be carried through in 2014 as we previously had and were set up to continue. But you are not being true to Alaska statute and retiree benefits.

You are not in keeping with state statutes and it is a hardship for retired teachers. This is an abominable retreat from what we have been promised and can live with.

From: travis durnford
Sent: Wednesday, June 26, 2019 10:14 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: HEALTH CARE CHANGES

I'm writing to express my concern regarding changes to the health care plan. I am against removing dental implants from the medical part of our insurance and moving it to the dental plan. The dental plan is good for maintenance but it's very inadequate for a major issue. I was diagnosed with [redacted] and unfortunately, had to have surgery to correct it. As part of that, I needed an implant. It was part of my medical plan, not dental. If it was only covered by the dental plan, I would have had to pay thousands of dollars out of pocket. I don't have a problem with a slightly higher drug copay.

I'm also wondering how AK Div of Retirement Benefits informs us of these proposals? Maybe I've missed it somehow but if it weren't for RPEA, I would not know what's going on.

Sincerely,
Elizabeth Durnford

From: Greg Svendsen
Sent: Tuesday, June 25, 2019 4:14 PM
To: Alaska Retiree Health Plan Advisory Board
Subject: Dental plan

Not if favor of these changes.

From: D&M Dunaway
Sent: Monday, June 24, 2019 1:02 PM
To: Alaska Retiree Health Plan Advisory Board
Subject: Proposed Changes for health insurance for State Retirees

I understand that health care costs are increasing rapidly and I understand the State of Alaska is in a financial bind and needs to contain costs.

However, as a Tier 1 retiree, I must vigorously oppose the doubling of the medical deductible. This will be extremely burdensome on many of us.

I remind you that many retirees stayed with the state for the promise of good retirement benefits and often gave up far more lucrative opportunities elsewhere. Our commitment and dedication deserves compensation at this point in our lives.

Most of us could accommodate a very moderate increase to the deductible but not a doubling. Please rework your proposal.
Dental implants. I found myself pretty confused on the reasons DRB wants to make the changes. It looks to me that shifting some implant benefits to the medical side won’t fully solve the supposed problem and may in fact perpetuate or worsen the coordination problem for those people who will ultimately find themselves needing to access both dental AND medical insurance for a single injury. It sounds to me like DRB needs to do a better job of training their staff to coordinate benefits versus adding more burden and expense to we beneficiaries. Please reconsider this proposal and seek a more logical solution that minimizes burden and expense to retirees.

From: Diane Lewis
Sent: Monday, June 24, 2019 10:27 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: Changes to dental plan

As a RPEA member...I wanted to strongly disagree with proposed change to the dental implant coverage. This change would be a serious detrimental change for myself, and would impact future dental choices at a time of life that it shouldn’t. Please fight this change.

From: Terry or Freda McConnaughey
Sent: Monday, June 24, 2019 8:51 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject:

REGARDING THE $16 CO-PAY BEING CONSIDERED BY THE BOARD FOR PRESCRIPTION DRUGS THAT ARE NOT ON OPTUMRX LIST OF PREFERRED DRUGS.......I FEEL THAT DOUBLING THE CO-PAY FOR THOSE DRUGS IS EXCESSIVE AND SHOULD NOT BE RAISED THAT DOLLAR AMOUNT. IF A RAISE IS NECESSARY, PLEASE MAKE IT AN AMOUNT LOWER THAT THE $16.

From: Laura Lawrence
Sent: Saturday, June 22, 2019 3:57 PM
To: Alaska Retiree Health Plan Advisory Board
Subject: RPEA HEALTH BENEFIT UPDATE

I received the email with the update regarding benefit changes DRB is considering and my input is as follows:
I worked for 30 YEARS for the State of Alaska for the medical benefit, I am NOT eligible for Medicare (do not have a secondary insurance because I don’t have enough Federal credits) and I am not able to return to the workforce. The deductible changing this much for me will be an un due hardship an I have planned on gaining the 100% coverage after my $150.00 deductible was paid and finally when the $800.00 out of pocket is paid. I see this as affecting me adversely especially due to the fact that this is and will be my only insurance, I DO have a medical necessity for life and have a 2 million dollar ceiling on that with the State. I keep bringing this up at the town hall tele-con meetings only to be told they are looking at raising the 2 million dollar ceiling however I know that is very doubtful to happen Please take my comments into consideration.

From: Debra Buzdor
Sent: Saturday, June 22, 2019 12:38 PM
To: Alaska Retiree Health Plan Advisory Board
Subject: Retiree Medical Plan Changes
Please consider the fact that most retirees are on a fixed income, which we are unable to live on. Therefore we depend upon a partner or spouses income, medicare or possible other retirement income, such as I do with Airbnb and rent my cabin part time to make ends meet.

And increased deductible and increase in out of pocket maximum would be very difficult to budget for most of us. Consider the fact that most retirees are at the age where we need more doctor visits and more medication to stay healthy. Adding on to our medical expenses would make financial life pretty difficult.

I do believe that it was part of our original contract to provide medical coverage at the same level we had as employees, but it's already a scaled down plan.

Please DO NOT accept or make changes in these areas.

From: Carolyn Purdy
Sent: Saturday, June 22, 2019 12:15 PM
To: Alaska Retiree Health Plan Advisory Board
Subject: OptumRx

I do not like OptumRx. In 20 years of employment and 6 years of retirement I've have obtained a lot of medication. I've never been denied or frustrated by any other company we've had. They denied medication to ease pain in what turned out to be my husband's last week of life. Please get another company to administer our medication costs.

From: Michael Reuter
Sent: Saturday, June 22, 2019 11:55 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: Retire health plan

I don't think the out of pocket should be raised. Reasons are in good faith we retired with this $800. Second some people will not be able to afford the increase so they won't go to a doctor when needed because they can't afford the out of pocket. Thank you

From: Linda Patrick
Sent: Saturday, June 22, 2019 11:02 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: Proposed changes to retire plan

We were guaranteed the current coverage when we retired. Unless there is an increase in the coverage, our present coverage should stand. Costs for retirees don't go down. Added dollars for co-pay may mean going without for other needs and make quite a difference in daily living. For example: Three to four medications could mean $12 - $16 dollars monthly; an UBER ride to the doctor or hospital, half payment for the phone, etc. Changes for members still employed could be a different issue. I only refer to retirees. Thank you for this consideration. I'm sure there are more reasons than I brought up and I hope there are many contributions be other retirees.

From: Karen Capp
Sent: Saturday, June 22, 2019 10:28 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: Plan changes to my health care
Every single change being discussed with the State reduced retirees benefits. Why do we have to keep fighting for our rights?

From: Ruth
Sent: Saturday, June 22, 2019 10:06 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: OptumRx

I’d like to provide some feedback on my personal experience with OptumRx and EGWP. I became Medicare-eligible 1/1/19 and was enrolled in Medicare as of 1/1/19. As you are aware the OptumRx program was also effective 1/1/19. For 5 months I reached out to representatives from OptumRx, AlaskaCare and Alaska DR&B multiple times trying to get someone to properly enroll me in OptumRx/EGWP and provide me with a correct prescription drug card. I was finally properly enrolled and received my prescription drug card in June, with a May effective start date. I was told that I could not be enrolled before May because I had to wait for the open enrollment period. What?? I didn’t make the mistake...someone at one of those 3 agencies made the mistake. It is true that I received mail order prescriptions from OptumRx at no cost to me but I had to pay for prescriptions filled at my local pharmacy because the OptumRx records were wrong! The transition to OptumRx was anything but a smooth transition for me. In fact, it was a nightmare.

Now my latest challenge with OptumRx is to get them to update my prescriptions to that ordered by my doctor. The situation is that my doctor prescribed two different doses of the my prescription – one was to be taken 5 days a week and the other was to be taken 2 days per week. This resulted in my 90-day supply being 65 tabs of one dose and 15 tabs of the other dose. My doctor changed that prescription dosage in early May. I am now taking the same dosage every day so I should receive 90 tabs of the same dosage for a 90-day prescription. Not so according to OptumRx. I have contacted them and my doctor has contacted them twice. They are filling my 90-day prescription with 65 tabs. If it again takes 5 months for them to get this right, I will run out of the medication prescribed by my doctor.

Based on my personal experience, switching to OptumRx was one of the worst mistakes R&B has ever made for its retirees.

From: Brenda Muller
Sent: Saturday, June 22, 2019 9:45 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: Input regarding DRB proposed medical benefit changes

I want to thank you for looking out for retiree interests concerning DRB’s proposed changes to our medical and dental benefits. I realize I am just one individual and you have to look out for the group as a whole with varying needs. But, I wanted to let you know that I am actually pretty thankful for and content with our current medical benefits. Basic preventative care for things such as immunizations and colonoscopy is something I wish was included. However, I believe preventative care is something that could potentially save the plan money in the long run. It would be nice if basic preventative care could perhaps be offered as a low cost option/addition to our current plan, but I would not want to see any benefits in our current plan diminished.
From: john_alaska
Sent: Saturday, June 22, 2019 9:43 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: RPEA BENEFITS

Leave retiree benefits alone. We have enough challenges getting on in age.

From: Kevin O'Sullivan
Sent: Saturday, June 22, 2019 9:10 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: Proposed changes to State of Alaska retiree health plans by the Division of Retirement and Benefits

My wife and I are PERS retirees and are writing you to express our deep concerns over possible changes in our dental coverage benefits being proposed by the Dunleavy Administration’s Division of Retirement and Benefits.

We are aware of the Boards (RHPAB) frequent, ongoing meetings to review lists of possible changes to the retiree health plans that the Division of Retirement and Benefits (DRB) is providing you and asking for feedback.

Most recently requests by DBR for additions to the plan of benefits that have never been a part of the plan will result in a reduction or elimination in one of the existing plan benefits.

Examples of changes DRB is considering:

Increased yearly deductible

Implant coverage

The reason DRB gives for proposed changes has to do with third party administrators, Aetna for medical and Moda Health for dental, who are having a difficult time coordinating the benefits and this change would eliminate confusion making it easier for the third part administrators and DRB.

The reason that DRB gives for this proposed change collapses, though, because implants needed due to accident would remain under the medical plan, and if there is confusion, it would continue to exist. These actions appear once again to be taken to erode our retirement benefits as a cost saving measure for the State. Such a change will result in far fewer retirees being able to afford to receive current, best practices care when implants are needed due to periodontal disease.

Managing third party administrators and assuring that benefits are paid correctly is a DRB administrative function and should not impact retiree benefits.

Increased copay for some brand-named drugs:

Currently retirees pay an $8.00 copay for brand named drugs, $4.00 for generics and $0 for mail order.

DRB has proposed a $16.00 copay for brand named drugs that do not appear on the OptumRx preferred drug list, a list that is controlled by OptumRx, unless the retiree can establish medical necessity for a brand-named drug.
Again, what we see here is an attempt by the DBR to diminish benefits by doubling copay costs.

We respectfully ask the Board to hold the line on any of these proposed benefit changes and to see that our retirement benefits are not diminished or eliminated.

From: Mike Notar  
Sent: Saturday, June 22, 2019 8:14 AM  
To: Alaska Retiree Health Plan Advisory Board  
Subject: RHPAB Considerations...

I understand that you all are looking at modifications to the Retiree Plans. I am not interested in having Deductibles and Yearly Out-of-Pocket Limits increased in the Retiree Plan(s). This is not only a diminishment of benefits, it further diminishes retirees’ incomes by perhaps having to pay more for services...

From: Carl and Roma Lehman  
Sent: Saturday, June 22, 2019 6:29 AM  
To: Alaska Retiree Health Plan Advisory Board  
Subject: Changes to medical and dental health plans

Stop tinkering with these plans. The original was fine thank you. Continued changing will end in diminishment of coverage. For every carrot that you hold out there in a correspondent penalty. The ultimate goal for you is to be able to say that this is not the plan that was constitutionally agreed upon so now it’s possible to do anything you want to do with it. Sneaky and reprehensible!

From: Nina Daley, Philip Cowan  
Sent: Saturday, June 22, 2019 2:57 AM  
To: Alaska Retiree Health Plan Advisory Board  
Subject: DRB proposed changes

While status quo would be my preference if change is inevitable let’s try to make the changes less drastic. Doubling the out of pocket expense would really hurt many of the retired fish & game techs I know including me. Thank You for your efforts. Retired pers employee

From: Doug or Sandy  
Sent: Friday, June 21, 2019 10:32 PM  
To: Alaska Retiree Health Plan Advisory Board  
Subject: Re. http://doa.alaska.gov/drb/alaskacare/retiree/advisory.html

I can’t find the “You can access full lists at the Retiree Health Plan Advisory Board webpage.”. Please make the site or address go directly to the list or easier to find.

From: Mary Feltz  
Sent: Friday, June 21, 2019 10:08 PM  
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>  
Subject: Brand name drugs

Since most of my generics were small, white, round pills, and it was getting confusing when I sorted them, I requested brand names. You should also know that generic may not work as well as brand names. There
was a recent study talked about on 60 Minutes that found that many generics were made in China and often weren’t of the same quality as brand name.

From: D.J. Motley  
Sent: Friday, June 21, 2019 2:56 PM  
To: Alaska Retiree Health Plan Advisory Board  
Subject: Retiree Prescriptions

I have certain conditions for which I am limited in the medications that I can take; my doctors have advised [REDACTED] is the lowest level of prescription [REDACTED] medication I can take. However, the Division of Retirement and Benefits, along with OptumRX have been limiting the amount and frequency with which I can acquire my [REDACTED] because it is a Class 4 opioid.

The limitations that have been placed on my [REDACTED] cost me more money and time to acquire my medication. The limitation also make me plan/time my travel to fit the pharmacy's schedule as well as the length of time I can travel. I never had these issues with DRB or it’s contracted pharmacy prior to OptumRX being the contracted pharmacy benefit manager.

This situation is untenable and an unreasonable burden/limitation on my retirement and my retirement benefits, as well as seeming to constitute a diminuaton of my retirement benefits.

Please address this situation to resolve the issues causing it.

From: Charles  
Sent: Friday, June 21, 2019 2:23 PM  
To: Alaska Retiree Health Plan Advisory Board  
Subject: Needed benefit

Please work to get wellness programs like silver sneakers for retirees. Staying active is a vital source of health. This could cover community senior programs offered in our communities.

From: Kris H. Knaack  
Sent: Thursday, June 20, 2019 1:08 PM  
To: Alaska Retiree Health Plan Advisory Board  
Cc: kris Knaack  
Subject: Progressive Lenses

I just want to give important input into the need for updating the way glasses are currently covered. My wife and I both wear glasses. I have double coverage in the Alaska Care Program because of Retirement from both PERS and TRS. We pay over $250.00 per month for the double DVA coverage.

We were unable to get progressive lenses covered. There was much confusion about the billing procedure that caused bad feelings between us and the doctors office. Some of the misinformation came from the State of Alaska DRB.

From my experience progressive lenses are safer than lenses with lines through them. Especially when doing work with power tools. Please change are plan so that progressive lenses are covered. Can you tell me if you have had many requests/concerns about the coverage of progressive lenses? I think it would
be good to suggest that the Alaska Town Hall ask the question to listeners: Are you interested in having progressive lenses covered? Survey the Ak. Care beneficiaries.

From: Jeri Maxwell  
Sent: Thursday, June 20, 2019 12:16 PM  
To: DOA DRB Townhall  
Cc: Alaska Retiree Health Plan Advisory Board  
I can not urge you enough to add Preventative Care to our retirement healthcare. Finding out that a routine colonoscopy is not covered makes no sense to me. It’s the elderly that need this and other preventive care. Without it being covered and with no family history, many retirees will not have this procedure done due to cost. This in the long run will add to our medical cost as preventive care is way cheaper than care for medical problems!

From: Megs Testarmata  
Sent: Tuesday, June 11, 2019 6:01 AM  
To: Alaska Retiree Health Plan Advisory Board  
Subject: comment tele-mental health  
I understand you may not be reading this before your meeting on June 12, so I will try to find time to call in and provide this comment verbally as well. Thank you for your time volunteering on this board.

Dear Retiree Health Plan Advisory Board,

I am writing to request that you help modify the benefit plan in regards to tele-health for mental health, or tele-therapy.

A professional in the mental health field in Anchorage informed me that legislation had passed in Alaska requiring that insurance cover benefits for tele-therapy. I was hoping to use that benefit to continue services with the same mental health professional when I moved away from Anchorage to a more remote location in Alaska.

I called Aetna to make sure the sessions would be covered. I was told only tele-therapy sessions with providers in a network called Arcadia are covered. In calling Arcadia, I was informed that only one person in their network, a male, was licensed for Alaska.

This current benefit is totally inadequate and financially inefficient. It requires members, such as me, to change to a new provider they have never met in person and to restart the process of building trust and a working relationship. By starting over with a new therapist, it cost the plan more overall to achieve the end result. The lack of choice in providers makes the plan totally inadequate. The plan should offer access to a variety of providers of both genders with various specialties and approaches. The plan should cover out of network providers (in this network of one) for reasonable and customary charges, as it does for medical benefits.

I ask you to look into this benefit and use your power to change the benefit so that members can work with the therapist of their choosing and have their therapy covered not only when they are in the city but also when they are located remotely and must use tele-therapy. It is more cost effective and more efficacious than changing therapist to this very inadequate network of Arcadia.

Thank you for volunteering to serve on this board.
RH PAB Public Comment for July 2019

From: Linda Dudley  
Sent: Saturday, July 20, 2019 7:43 AM  
To: Alaska Retiree Health Plan Advisory Board  
Subject: Benefits  

Retired, back and shoulder chronic pain, only acupuncture and massage bring relief and beginning to heal, no coverage.  
May I ask why these procedures are not covered?  
Thank you for your time.

From: Carolyn Sanborn  
Sent: Friday, July 19, 2019 10:05 AM  
To: Alaska Retiree Health Plan Advisory Board  
Subject: Modernazation of Vision Plan  

Would you please advise if the vision plan is being considered in your upcoming modernization revisions? I am specifically interested in the progressive lens coverage, as the coverage has been difficult for retirees and providers to understand and properly bill. No one get glasses with lines these days!  
If the provider bills trifocal lenses you are covered with one price and selecting progressive lenses is an option not covered (the payment is greater).  
If the provider bills progressive lenses as a type of lens, the payment is less.  
This has been a problem for providers, retirees, and the Aetna customer service team for many years.  
C'mon folks--fix it!

From: Dan & Nita Young  
Sent: Monday, July 15, 2019 3:37 PM  
To: Alaska Retiree Health Plan Advisory Board  
Cc: sharonhoffbeck  
Subject: FW: AlaskaCare Retirees: Please join us for a Town Hall event on July 18, 2019!

From: Sharon Hoffbeck  
Sent: Monday, July 15, 2019 3:33 PM  
To: Dan & Nita Young  
Subject: Re: AlaskaCare Retirees: Please join us for a Town Hall event on July 18, 2019!  
Hi Nita—
You should send an email saying what you said below to the Retiree Health Plan Advisory Board. The address is, AlaskaRHPAB@alaska.gov. It is important that they hear what you have to say. Also please cc me if you don’t mind so they know that RPEA is watching what is going on.

Sharon

On Jul 15, 2019, at 2:38 PM, Dan & Nita Young wrote:

Sharon….. we work all day on this meeting day....

I want them to quit cutting our benefits and leave our health care alone....the dental is $2,000 .....I could not afford an implant if I had to have one....they are a luxury....I just want the health care left alone...I cannot afford a big deductible...it is all we can do that we are doing....they are just doing things to make it better for the corporate end of ins...not the struggling people....who need good basic care....

From: Vivian Rojas
Sent: Monday, July 8, 2019 10:04 AM
To: Alaska Retiree Health Plan Advisory Board
Subject: Proposed changes to DRB benefits

To whom this concerns:

I am voicing my opinion on the proposed changes, as a retired classified employee of a school district I am on a budget that is working for me. I very much appreciate the benefits I have and would like to see them continue as written currently.

I ask why the increase to yearly deductible and out of pockets? What is the evidence for this? Increase costs? - then lets work on health care costs instead of passing on the costs to retirees.

Implant coverage: As a person ages so do the chances of periodontal disease which can then cause other medical issues if left untreated. The rational of having medical coverage for accidental implant and reverting other implant to dental is inconsistent with the reasoning DRB proposal. If the problem is Aetna and Moda get confused then that is an administration problem to correct within their walls not pass on to retirees.

Increased copay for some brand-named drugs: I am on one prescribed medicine and again appreciate the OptumRx no fee mail order. I am out of pocket covering many supplements per month that are not covered by this program, but prescribed by my doctor and any more additional fees I may face would add to a hardship.

I was not able to locate the complete list of proposed changes, but felt I needed to address the above proposed changes.
From: TJ Anderson  
Sent: Sunday, July 7, 2019 1:28 PM  
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>  
Subject: Benefit changes

Hello

I am against the benefit changes!

Why are retirement benefits even being looked at for any reduction?

Those benefits were promised to us as part of our wages. Otherwise my retirement check would be double what it is now.

Most of us live pay check to pay check with utilities and housing costs going up and now you are considering lowering our benefits! Unacceptable!

RH PAB Public Comment for August 2019

Stephanie Alexander  
ARMB Liaison Officer  
PO Box 110405  
Juneau, AK 99811-0405  
7 August 2019

Dear Ms. Alexander,

The health benefit value of Alaska Care coverage diminishes significantly when Alaska retirees reach the age of 65 when the 80% coverage shifts from Alaska Care to Medicare resulting in significant savings to the Alaska Care plan and an increase in costs of coverage for the retiree; a cost shift.

By moving to Medicare, the cost of hospital Part A and Part B coverage, Alaska retirees incur a significant jump in their out of pocket (OOP) expenses due to the new, added cost of the Medicare coverage. With no improvement or increase in hospital and other medical care, a retiree can see an OOP expense increase of between 100-200% for what is essentially the same coverage as the retiree receives under the Alaska Care plan. Adding insult to injury, the Medicare coverage is pegged to one’s income and could result in even higher premiums depending on one’s income...which may be affected by one’s retiree income. As I am sure you are aware, the monthly average retiree benefit is $1895.

We can understand that the RetBen staff must evaluate the cost of the active and the retiree plans and make recommendations to the Alaska Retirement Management Board (the Board) about how to keep the
plans solvent. We expect that their recommendations regarding increases in monthly premiums and or out of pocket expenses are actuarially driven. The Board, on the other hand, is charged with and obligated to assess the impacts of any proposed increases in OOP expenses to Alaska Care retirees. It is their fiduciary responsibility to manage the assets of the retirement system to maintain its integrity so as not to cause harm to active and retired employees who may in many cases suffer significant economic harm and the Board must implement a remedy designed to mitigate that harm.

In my particular case for example, when I turned 65, my OOP payments increased from $800/year to $2426/year. If the Board adopts increases in the state’s OOP from $800 to $2400 then my OOP will increase to $4026/ annually. That is more than a five fold increase that many retirees have not budgeted for and can’t afford.

The diminishment of benefits that results when retirees turn 65 can’t be the outcome envisioned by the State of Alaska, the APEA and the other employee bargaining units.

It is our understanding that the courts have ruled that if benefits are changed, the changes must not diminish the plan overall, and that the Board must conduct a proper analysis of impacts of any plan changes to make sure that the constitutionally protected benefits are not eroded or otherwise diminished. From our perspective, it doesn’t seem like the State or the Board has been doing the proper analysis which is one of the issues in the current lawsuit.

If the State of Alaska saves money when we turn 65 years old and Medicare covers 80% of our health costs, it seems appropriate that the State should segregate those savings and dedicate them to cover actuarial increases and the cost shift which occurs to senior retirees. Ideally, these savings should be designed to offset the impact of all OOP costs in excess of $800/year.

Sincerely,

Paul Schutt
Retiree

Co-signed by:
Mark Boyer
Retiree
RH PAB Public Comment for September 2019

From: Gerald Lusk
Sent: Saturday, September 28, 2019 1:10 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Dental

It makes no sense to switch to the 2014 offering. Stay with 2013.

Gerald Lusk
Retiree

From: WillFiles
Sent: Saturday, September 28, 2019 2:36 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Dental plans

To Whom It May Concern,
As a TRS retiree, I am very interested in and affected by our Dental Plan.

It would appear that the Constitutional or Legacy Plan is by far the most desirable plan. Therefore that is my choice. I would not recommend the so called Standard Plan, due to the numerous limitations, and the relatively meaningless enhancements.

Thank you for your consideration of reinstating the Legacy Plan as soon as practicable.

Yours respectfully,
Will Files

From: Kathleen Wendt
Sent: Saturday, September 28, 2019 3:20 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Why?
I don't understand, if it is "Unconstitutional" why is that the default plan and why is it even an option? Also what is the price difference? Maybe I missed that somewhere and why would we have an increase if the new plan is unconstitutional?

What about the optical? Are there major changes on that as well? Seems they have bounced back and forth as I noticed a big difference in what I paid one year to what I paid in the next two years for basically the same glasses and frames.

Thank you for all you do.

Kathleen Wendt

From: Eric M
Sent: Monday, September 30, 2019 11:47 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>; AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Cc: Eric(Desktop) Lora Reinbold(Senator) <Senator.Lora.Reinbold@akleg.gov>; Kelly Merrick (Ak House) <Representative.Kelly.Merrick@akleg.gov>; Sharon Jackson (AK Rep) <Representative.Sharon.Jackson@akleg.gov>
Subject: State of AK - 2013 Original Dental Plan vs Illegal 2014 Dental plan
Importance: High

Board Members & Division of Benefits:

Recently the State of AK lost a court case that involved the dental benefits provided to retirees. Essentially the State Change the Dental Benefit Plan in 2014 which decreased the benefits to the Retirees which is why they lost the court case.. They are stating that they will appeal the ruling and in the meantime their approach is not to put the old plan back in place but rather to keep the existing plan with reduced Dental Benefits in place and propose to offer two separate plans as of January 2020... One plan will reflect the old 2013 Dental plan before the change in 2014 and the second plan will be the existing plan.

Their pitch to scare Retirees is that they are going to raise the premium (I assume as high as they can justify) on the plan that was in effect as of 2013. And the premium for the plan that they instituted in 2014 most likely will remain the same so as to try to entice Retirees to stay with the replacement plan that they put in place in 2014. As such it is the old divide and conquer tactic. I find it appalling that State Bureaucrats are allowed to do something so despicable. It is not fair!.. What the Court didn’t do though is tell them that they could make the illegal 2014 plan the default plan if someone is not able to participate
in the very short open enrollment period; they will be stuck with the 2014 Dental Plan with reduced benefits. Essentially they are attempting to circumvent the fact that they illegally implemented the 2014 Plan.  **The Default Plan should be the old 2013 Dental Plan** that would make it easy for all Retirees to maintain the benefits that they were used to originally.

As a Retiree – I made the observation that in the comparison of the original 2013 Plan vs the 2014 Plan instituted by the State (see the court documents) – that many of the items that were covered in the 2013 Plan ... that are most applicable as we as retirees become older and need more frequent visits and added care were removed in the 2014 plan. It is obvious that the State is attempting to shift the costs to the retirees with little regard for the impact to us. We need the coverage that is contained within the 2013 Dental Plan given our age and need for additional dental care as we get older in our retirement ... along with living on a fixed income.

I am requesting that you become involved in these challenging circumstances and require the State follow the Court directive to put the old 2013 Dental Plan back in place as the Default Plan... and to drop their appeal of the court case... they are squandering State dollars on legal fees that could be used for other purposes... given the State deficit one would think that they would be a bit more fiscally conscious... The money they are squandering could be used to keep the rates down for the original 2013 Dental Plan.

Thanks for your assistance with this matter..

Respectively,

Eric Marchegiani

From: pstern
Sent: Monday, September 30, 2019 6:08 PM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Cc: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: comments on revised dental plan

The changes DRB has made to the retiree dental plan have resulted in diminished service and discriminatory reimbursement results for me.

I go to an "out of network" dentist because he has offered my family excellent service and dental work for many years and I trust his judgment for my dental needs. Because he is "out of network" according to Moda, reimbursement for services gets a double discount calculation providing me less financial coverage than if I used an "in-network" dentist. This is discriminatory and results in diminished coverage that I have been paying for since I retired and before Moda began providing coverage.
Moda is trying to "steer" retirees to their network dentists which is trying to take away my choice, again diminished coverage from what I had when I retired.

Moda should not be discounting its "Maximum Plan Allowance" fee for service just because my dentist chooses to be out of network. The posted health plan changes, page 89, say, "The recognized charge is reduced when services are obtained by an out-of-network provider (except periodontists)." This amounts diminishment and singles me out for discrimination as a class of out-of-network patients.

Page 90, section 8.1.4, outlines the diminished dental coverage payment those of us using out-of-network dentists. There is no reason this is happening other than to force retirees to use other dentists. The plan has a Maximum Plan Allowance it can use for the basis of reimbursement as well as prevailing rate charges for a geographic area. Using the 80th percentile but then making the rate 75% of that is diminished service coverage.

Page 102, section 9.1.4, outlines the basis for reimbursement calculations bullet points 2 and 3 explain how the plan collects cost data for the geographic area and uses it to possibly pay less than a provider's filed charge.

Page 91 says "An out-of-network dentist or dental care provider has the right to bill the difference between the recognized charge and the actual charge. This difference will be the covered person's responsibility." So if I am okay with paying the difference, why does the plan insist on paying 75% of the 80th percentile. This a double discount diminishment.

The plan should reimburse at the 80th percentile level, with no further discount, and the EOB explains to the retiree that an out-of-network dentist may bill for the unreimbursed amount.

peter stern

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**RH PAB Public Comment for October 2019**

From: Roz Goodman  
Sent: Tuesday, October 1, 2019 9:42 PM  
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>  
Subject: Dental comment

I wanted to submit a complaint about the lower payments from Moda to my dentist but my last visit was in October 2018 and you wanted comments from 2019. I did call my dentist and was told that Moda pays the least amount for dental procedures than any other insurance company they deal with. The others pay $85 for office visits/exams. Moda only $67. Thanks for all your hard work on this. I hope everyone opts for the 2013 original plan with better benefits.
I just read the court decision which outlines the differences in the plans. The tables describe the differences in services but nothing about the amount paid for the services. I know I've been paying more for exams, x-rays, cleanings since Moda took over because my dentist is on their preferred dentist list.

From: Roz Goodman
Sent: Tuesday, October 1, 2019 9:47 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: More on Dental

1. Page 80. The added material in Section 7.1 is misleading and incorrect: Inasmuch as the Superior Court determined that changes made by the state to the 2013 dental plan were unlawful, it is wrong to assert that the state has sole discretion to amend the plan. Although the state may appeal the court's decision, until such time that an appeal is acted upon, under the terms of the court order the state clearly does not have sole discretion as to how the plan is operated.

From: Roz Goodman
Sent: Tuesday, October 1, 2019 10:48 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Cc: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Health Plan Booklet Revisions - Comments
2. Pages 80, 89, 101. The naming of the two dental plans is misleading: The "Legacy Plan" should be identified as the Standard Plan (or, alternatively, the Traditional Plan) while the "Standard Plan" is more appropriately called the Network Plan (or Modified Plan). From the original dental plan’s inception until the state changed the plan and the court determined the modifications were unlawful, there was a single dental plan. That original plan, the only legal plan ever available, should be designated as the Standard Plan. Now, under court order, the state will again offer the legal plan but with a different name - the Legacy Plan. By choosing instead to apply the name Standard Plan to a plan that was rejected as unlawful is unnecessarily confusing and may be misleading. The plan introduced in 2014 (determined to be unlawful) is a new plan substituted for the legal plan; a more appropriate name for the new plan is the Network Plan (or Modified Plan). It borders on outright deception to name the plans in a way suggesting that a plan determined to be unlawful is the Standard Plan.

3. Page 89. The Standard Dental Plan highlights at the beginning of Section 8 are seriously incomplete. The highlights fail to indicate that the specified benefits apply only to network providers and are substantially reduced for out-of-network providers. The benefit reductions incorporated in the Standard Plan must be mentioned in the Section 8 highlights. In the draft document, the highlights listed for the Standard Plan (Section 8) and the Legacy Plan (Section 9) are identical: This is misleading since the two plans are not identical.

Michael Beller

From: jdyosts
Sent: Thursday, October 3, 2019 4:02 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Comments on dental plan changes

I am a 2015 retiree, consequently I have never been offered the constitutional dental plan. I have no way to compare what my costs/savings may have been if I were able to have the constitutional coverage from my retirement date. It seems if all retirees were offered a constitutional plan only, then the costs would be better for everyone rather than offering two plans with one being unconstitutional but cheaper. If a constitutional plan were always in place it seems the costs would have risen slower for everyone and be more affordable for all retirees. Please try to get us all on one plan so we can decide to be in or out of the system. Perhaps there are better options outside the SOA, but if the State is required to provide retirees with specific coverages then they should be forced constitutionally to provide that, or reimburse us for that amount so we can aquire similar coverage.

Thanks, John Yost

From:
Sent: Monday, October 7, 2019 10:16 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>; AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiere.plan@alaska.gov>
Subject: Retiree DVA Plans
Dear DRB and RHPAB,

Thank you for the DVA information and draft plans that are available for our review. I have concerns regarding the stated timeline for open enrollment and implementation.

- The lawsuit regarding DVA Plans is still in process as well as under appeal. Issues raised in RPEA’s Motion to Enforce Court Order and for Related Relief have not been addressed or resolved. I would suggest that the Constitutionally legal 2013 Plan be implemented until the lawsuit is finalized.
- According to the recent Town Hall Teleconference, a comparison chart of the two plans and premiums for each plan have not yet been determined. Retirees need adequate time to study the alternatives and make an informed decision. My husband and I, for example, are visiting family out of state and return after the Open Enrollment period has started, although I’m trying to look at online information when time allows. We will need time to review information sent via USPS mail.

I understand that the Court offered several alternatives to DRB to resolve the lawsuit. Even so, it is hard to understand why a Plan that is unconstitutional and diminishes retiree benefits is allowed to be offered as the Standard Plan. The Standard Plan should NOT be the default plan. Also, DRB should be required to provide detailed data and information about how premiums are established, and premiums for each plan should not be significantly different. My fear is that Legacy Plan premiums will be much higher because DRB prefers to steer participants to the Standard Plan.

DVA Plans are fully funded by retiree-paid premiums. Therefore, retirees deserve full information, due process, and adherence to Court orders.

Sincerely,

Mary Zalar
Fairbanks, AK

From: Patricia Bartel
Sent: Sunday, October 13, 2019 1:53 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Possible changes to DRB's 2020 AlaskaCare Defined Benefit Retiree Health Plan Book.

Thank you very much for all your careful work regarding this issue.
We would like to go on record as voting for the 2013 Legacy Dental Plan.

Herb & Pat Bartel

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From: healey  
Sent: Saturday, October 19, 2019 10:48 AM  
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>  
Subject: Insurance Dental, Eyes and hearing

We worked for these benefits and it is morally wrong to take them away. We are all older and you will not have to pay for these benefits as we all will be passing away in the next several years, so do the right thing and leave our benefits alone. Denise Healey.

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From: Steve McCombs  
Sent: Friday, October 18, 2019 7:42 AM  
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>  
Subject: Cammy Taylor

I very much appreciated Vice Chair Taylor speaking at the retirees luncheon in Fairbanks. I hope that she will share the unpublished travel guidelines used to determine the stipend given members for certain vaguely determined costs and the the board will work on a more clearly and supportive travel section in the retiree health plan.

One other topic that deserves comment was prescription costs. The discussion focused on prices between mail ordered and large chain pharmacies. I use a small independent pharmacy who will mail my subscriptions when making the 100 mile drive to town is difficult, who will cross check to see if other prescriptions can be refilled at the same time, and who will provide a cold pack to put in my small cooler to keep my insulin and victoza stable. It isn't always about the money. Sometimes it is about the service. Preserving that service should be considered when considering how best to deliver needed medications to plan members.

Thank you for your advocacy,

Steve McCombs, Delta Junction

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From: Phil  
Sent: Friday, October 18, 2019 12:38 PM
To: DOA DRB Townhall (DOA sponsored) <doa.drb.townhall@alaska.gov>
Subject: Dental Plans

I am a retired teacher and we have been looking over the two plans now offered for dental benefits.

Our big problem with both plans is the maximum. The $2000 has remained the same for years while dental costs keep rising. A single crown now is $2000. So in our opinion the maximum should be raised for either one or both plans to make it more appealing and worth our while.

Please bring this up at the next town hall meeting. Phil & Kathy Carrico

From: Ed Beek
Sent: Monday, October 21, 2019 10:06 AM
To: AlaskaCare Retiree Plan, DOA DRB (DOA sponsored) <doa.drb.alaskacare.retiree.plan@alaska.gov>
Subject: 2014 DVA plan

Hello Alaska Retirement DVA committee,
One to me big change that I have seen little comment about was the change in the current plan that limited crown and bridge replacement to every 7 years. That is a long time for anyone and even more so for us retirees. Had one crown break at 3 years and one at 4. Since the 7 year plan was instigated I had to pay full price for both. Compare it to car insurance, you bend a fender so that fender will not be covered for the next seven years but, oh by the way you must still pay insurance for that seven years. The plan only paid 50% on crowns and bridges anyhow so it’s not like it’s open for abuse. I am glad the state rightly lost the lawsuit so these benefits can be restored. Please get this to the right committee that is open to comments. Thanks Ed Beck

Sent from my iPad

From: Robert Polley
Sent: Thursday, October 24, 2019 1:52 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Aetna Administrative Services Agreement


Hello,
I’m a future PERS retiree—thank you for all of your advocacy efforts on behalf of current & future PERS retirees.

I wanted to send this note to put something on your collective “radar” – I’m not sure if it’s significant, but I’ve found it very odd that Aetna has operated as the medical plan TPA since January 2014 without DRB ever having actually executed an ASA (Administrative Services Agreement) with Aetna. For the dental TPA, it appears there has never been a delay with execution of the ASA between DRB & Moda/Delta.

Above is a link to the current Aetna letter of agreement that’s posted on the AlaskaCare webpage. This is now the sixth year of the Aetna “contract,” with letters of agreement merely having been extended instead of an ASA being executed. After almost 6 years, it’s hard to believe they still included reference in the current letter of agreement to the “pending completion of the ASA.”

With DRB issuing a Notice of Intent to Award to Aetna another “contract” for an initial 5-year term with 5 years of optional renewal periods, it’s my hope the Board will be willing to inquire of DRB why an ASA was never executed with Aetna for the past almost 6 years and if there is a hard deadline to execute one with Aetna going forward into 2020 and beyond. Given the estimated annual cost of the “contract” going forward is $21M annually, it seems to me that it’s in the State’s best interests, as well as PERS plan members (active & retiree), to have a fully-executed ASA with Aetna, rather than merely a letter of agreement.

Best regards,
Bob

From: D.J. Motley
Sent: Thursday, October 31, 2019 10:05 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Aetna award

I herewith OBJECT to the award of medical benefit administration to Aetna. They are the WORST benefits administration AKPERS has EVER awarded a contract to. Please intervene!!

RH PAB Public Comment for November 2019
From: Shelli Knopik  
Sent: Friday, November 1, 2019 8:43 AM  
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>  
Cc: RPEA <rpea@alaska.net>  
Subject: Renewing the contract with Aetna as Third Party Administrator of the Retiree Health Care Plan

Good Morning-

I just received the latest AlaskaCare Retiree Health Newsletter. I read with dismay that the Board’s intent is to award Aetna the contract as third party administrator for the medical health care plan for the next 5 years and renewable after that.

I hope this doesn’t happen. I have tried using their website and it is not very user friendly. I have had to make too many phone calls this past year to get Aetna to pay the claims for covered services that were denied the first time around. I have also talked with several providers and am told that Aetna is the most difficult insurance company they deal with.

We as retirees have to do so much leg work before even making an appointment of any kind it is ridiculous. If a provider doesn’t “code” it to Aetna’s liking, the claim will be rejected as “not covered”. When calling, they instruct us that the information they are giving us over the phone “is not a guarantee of benefits”. What?? What good does it do to call then? I’ve also had Aetna bill a covered service with an in-network provider erroneously & had to spend hours on the phone to get that rectified. Effectively they have a way to deny benefits no matter what. I’ve had that happen on too many occasions. How are we supposed to understand exactly what are benefits are?

We should not be expected to know the diagnoses codes for every procedure & service our medical provider recommends to please Aetna. We go to doctors because we need their expertise and their advice. If Aetna dictates what services, tests, etc. we can & cannot do by what they will cover, why do we need doctors?

I hope the Board will reconsider awarding this contract to Aetna.

Respectfully,

Shelli Knopik

From: Mike Carpenter  
Sent: Friday, November 8, 2019 2:32 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Proposed modifications

Hello,

The Alaska Retiree Health Plan Advisors were mentioned during one of the recent phone town halls. They also mentioned that you were the place to provide input on improvements to the current plans. Understanding that nothing is free, I'd like to propose a few improvements.

1) I have friends who have a "Silver Sneakers" option available through their health plans. The purpose is to encourage that seniors and all retirees take advantage of fitness facilities in their area to reduce the problems associated with lack of exercise. It would supplement or pay for gym memberships.

2) Annual physicals, with blood work, would be a beneficial addition to our plan.

3) Finally, the availability of tooth implants should be included in the Dental Plan.

Thank you,

Mike Carpente

From: Gary Miller
Sent: Friday, November 15, 2019 12:01 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Legacy and Standard Dental Plans

The fees for each plan will have to be calculated separately. Therefore, the funds for the two options MUST be kept separately. Also, I hope you monitor the accounts so that the state does not collect too much or too little money. The accounts should be close to what the actuaries say they should be.

Thanks.

Gary Miller
20135 Cohen Dr
Juneau, AK 99801-8211
(907) 789-3757

From: Teresa Williams
I was really shocked by Commissioner Tshibaka’s use of the regularly scheduled town hall meeting to attack the court and plaintiff in the litigation regarding retiree dental care insurance. Understandably, she is upset that the state has been found by a court to have violated the state constitution by diminishing retiree dental insurance benefits. And that there is a further order to slow the state’s attempt to force election to the 2014 plan. Her anger showed in her voice. But she used her forum to attack the order [the context was unexplained to the audience] by scaring the audience members about pending loss of privacy to unnamed others. From reading the court decision itself, it appears that there is a standing order protecting privacy and that nothing has changed. It seems that the commissioner leapt at the opportunity to use the town hall forum to make ill-prepared and misleading statements.

I had already been concerned about the glowing terms in which the 2014 plan is discussed in all the state’s communications about the option between the 2013 and 2014 plans. On its website, the state has put up its own comparison of the two plans. Nowhere does it recognize the court decision finding the latter to be a diminishment of the first. Nor has it included a link to the court decision that compares them side-by-side.

Because of the disinformation that the state is communicating to retirees about the two plans, it seems that it should be required to provide notice of the court decisions and to provide an easy method for retirees to read the decisions directly.

Teresa Williams
Retiree

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From: K.M. Gordon
Sent: Tuesday, November 26, 2019 12:59 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: DRB Messaging and Actions Regarding DVA Open Enrollment

To the Retiree Health Plan Advisory Board:

I sent the letter below to the DRB after the last townhall phone call. They graciously answered, for which I am grateful, but did not respond to my “complaint” about the Commissioner’s statement. But there is one other thing I want to add to this note to you that I didn’t say to DRB. That is, in addition to the description I gave below as to the Commissioner’s comments, during her speech she essentially blamed the RPEA for causing the turmoil regarding open enrollment for DVA. But in fact, despite any good intentions, simply put, DRB ran afoul of the Constitution. The Court has decreed where the fault lies in the matter, and clearly it isn’t with RPEA as the Commissioner would suggest. It was the DRB that had
made error upon error according to the Court. DRB needs to accept responsibility that that they violated the Constitution as the Court decided, even if it was in ignorance or with good intentions. I would much rather hear them say they see their error, apologize, and promise to do better in the future rather than blaming others, in this case the RPEA. Here is the letter I sent to DRB. As I said, their answer was very polite as to my personal issues.

Greetings from Fairbanks....

I am very grateful that the DRB looks for opportunities to lessen benefit costs to retired employees, which is FANTASTIC and is what DRB should be doing all along. But in doing so, the effort should be done in harmony with the not only the Constitutional mandate regarding retirees, but any other directive, statute, or regulation given to DRB related to retiree health benefits. Had DRB maintained harmony with the Constitution, they could still have looked for cost-saving opportunities and not run afoul of the RPEA or the Court.

The RPEA Court complaint was filed because DRB violated the Constitution by diminishing our retiree benefits, and indeed, the Court concurred. What we keep hearing in almost every townhall is DRB staff justifying the violation of the Constitutional mandate not to diminish retiree benefits or suggesting the Court was wrong. Does the DRB think that it is a higher authority than the State’s Constitution? Why does the DRB believe it is ok to ignore the Constitution? Or was DRB unaware of the Constitutional directive?

Additionally, the Commissioner’s seemingly sour grapes attitude during her speech justifying DRB’s Constitutional violation on Friday last where our benefits were concerned was over the top. Like it or not, through potentially good intentions, DRB made a grievous error, and it must take responsibility for that mistake instead of making excuses at repeated townhalls. Every state agency has a Constitutional mandate with parameters to match. It is unseemly for the Commissioner to “whine” about the Court reigning in the DRB when they clearly failed to stay within their lane. Instead of making excuses for what may have been motivated by good intentions, DRB needs to admit in trying to do a good thing, the outcome wasn’t acceptable by law. It would be appreciated if DRB would stop making the court out to be the bad guy and also cease self-justification. The Court has spoken not once, but twice, and the DRB should put this episode behind them and put their hands to the plow and move on.

The townhalls are a great way of sharing information, so thanks for putting them on. DRB’s work is not easy, and clearly much effort goes into researching and creating benefit plans for employees and retirees. I want to thank DRB staff ahead of time for the work going into preparing next year’s open enrollment keeping the Court’s guidelines in mind.

Karen Gordon

RH PAB Public Comment for December 2019

From: Lois Wirtz
Sent: Tuesday, December 31, 2019 9:09 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Retiree Comments

To the Retiree Health Plan Advisory Board:

I have just read Sharon Hoffbeck's letter (Dec.26) to State retirees regarding the State DRB's use of premium monies to re-implement the Legacy dental plan.

Would you PLEASE remind the State DRB that we are supposed to be on the same side??

Lois Wirtz

P.S. Also, of less importance, but also exasperating, would you please respectfully request that Emily not ask every caller for a "weather report" during the Town Hall events?

Thank you
LW

From: Suzanne W. Strisik
Sent: Monday, December 30, 2019 2:10 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Improper use of DVA funds

Dear members of the Retiree Health Plan Advisory Board:

As a member of the Retired Public Employees Association (RPEA) I am deeply concerned that the managers of the Division of Retirement and Benefits mismanagement of the retired public employees’ DVA account. A letter sent to the Commissioner recently by the RPEA outlines three requests: 1) requesting that the DRB immediately refund to the DVA trust account all premium money used to correct its unconstitutional 2014 dental plan, 2) to discontinue paying any further costs from the DVA premium trust account needed to comply with the Court’s April decision, and 3) to immediately pay RPEA the attorney fees and costs awarded by the Court--but not out of any DVA trust funds.

I urge you to take a responsible approach to this matter.
Sincerely, Suzanne Womack Strisik

Suzanne Womack Strisik, PhD

From: Susan Hawkins
Sent: Monday, December 30, 2019 7:15 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: DVA state retiree plan

Pretty low and dishonest to use premium payments for the non actual dental costs of reimplementing the legacy dental plan to comply with court orders. The RPEA attorney fees and costs were also awarded by the court and should be paid now - but not from the DVA trust fund.
Recently I have heard through RPEA that DRB has spent over $218,000 to design and put into effect the so-called "legacy plan" which in reality should still have been in place since it is the dental/visual/audio plan that I signed up for as a retiree in 2003 and it was my understanding that it was protected constitutionally. I have also come to understand that these costs were charged to the retiree dental/visual/audio premium account (the retiree trust account). This is "our" (the retirees) trust account where all of our (the retirees) premiums have been deposited each month from the date we retire. The State has not put ANY money into this account. I object vociferously to the State using money out of the retiree trust account to re-establish a plan that the State should never have diminished. (And the Court has said so!!!!!!) It is the State’s responsibility to use the trust account only to pay for dental/visual/audio expenses of retirees that are part of the plan and administrative costs to implement the plan.

I have also come to understand that the Court awarded attorney fees from the State of Alaska to RPEA regarding the dental/visual/audio lawsuit, and they have not been paid by the State.

As a retiree of both the State and Teacher Retiree plans, who not only worked for almost 25 years but also lived in Alaska for most of my life, I am a very disappointed, frustrated and angry retiree. You have abused me and violated my trust that the State wants to care for its employees and residents.

I want the State to:

1. Replace any and all funds to the Trust Account (where our retiree premiums go) which were used to set up the Legacy Plan, which should never have been shut down in the first place.

2. Stop using any funds from the Trust Account to pay for any more costs incurred by the State because the Courts found in favor of retirees.

3. Pay RPEA all attorney fees and costs because of the case related to the diminishment of retiree dental/visual/audio services which the Court charged the State to pay.
Thank you for your attention to these matters. I would appreciate a response so that I know you have read and heard what I, as a retiree, have to say about how I am being treated.

Sincerely,
Judith Anderegg

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From: Susan Blalock
Sent: Sunday, December 29, 2019 7:31 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Legacy Plan

No ey should NOT be stolen from our premium fund to pay for illegally depriving us our rightful dental plan. SHAME ON THE PEOPLE WHO ARE BEHIND THIS MOVE. We served our state for over 20 years and GREED seeks to deprive us of our health. Dental health is Paramount for the elderly. This dishonest activity should be criminal.

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From: Carol Johnson
Sent: Friday, December 27, 2019 5:03 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Retiree DVA insurance

Dec. 27, 2019

It has come to my attention that DRB is using retiree’s money incorrectly. Payments made by retirees for the purpose of covering dental / visual / audio expenses are to be used for that purpose — dental / visual / audio related expenses. They are not to be confiscated by DRB administration to re-implement the legacy plan. The standard dental plan that DRB has been using has been found to be illegal, and the court has ordered that these funds be returned.

Let my voice be added to those who request that the $200,000+ be returned to the DVA Premium account.

Concerned Retiree,
Carol

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From: Mary Ann Borchert
Sent: Friday, December 27, 2019 3:37 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Alaska retiree DVA coverage
I have just read information from RPEA saying that the DRB is paying expenses from the DVA premium trust account to implement the court-ordered 'legacy' plan for retiree DVA coverage. I agree with RPEA on the following:

"We have today delivered a letter to the Commissioner of Administration as the first step in 1) requesting that the DRB immediately refund to the DVA trust account all premium money used to correct its unconstitutional 2014 dental plan, 2) to discontinue paying any further costs from the DVA premium trust account needed to comply with the Court's April decision, and 3) to immediately pay RPEA the attorneys fees and costs awarded by the Court--but not out of any DVA trust funds."

Sincerely, Mary Ann Borchert

Mary Ann Borchert
Educational Consulting

From: Con Dietz
Sent: Friday, December 27, 2019 3:35 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Cc: sharonhoffbeck@gmail.com
Subject: Illegal Action

It is troubling to see the consistent effort of state employees to act in a way that is contrary to the interests of state law, current and past employees. There could be consequences to such actions.

Thanks much to Sharon Hoffbeck and RPEA for keeping the state legal and conscientious of its responsibilities.

From: Donna White
Sent: Friday, December 27, 2019 1:31 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: DRB Actions

I am incredulous that the state is using funds not authorized to pay for their ongoing mistakes. I encourage you to fight to have the money returned to the trust fund and the payment of legal fees.

Donna White

From: Anne Stadnichenko
Sent: Friday, December 27, 2019 12:34 PM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: The Retired Public Employees of Alaska, Inc. v. Kelly Tshibaka, Commissioner; Case No. 3AN-16-04537 CI

Dear Board Members,

The referenced case number was brought to my attention by the RPEA (of which I am a member), specifically regarding the December 26, 2019 letter written to Commissioner Tshibaka. After going to countless meetings regarding our 2020 DVA health plan, listening to the State Town Hall conference calls, reading DRB handouts, and finally attending RPEA sponsored meetings on the plan, I am appalled by the Department of Administration’s lack of transparency and questionable legal shenanigans with using our funds from the DVA premium account for fees itemized in the Dec. 26 letter.

The RPEA exists to protect the rights and benefits of Alaska’s retired state and municipal government employees and teachers, and to support a fiscally sound retirement system. Ignoring a payment of $289,386.96 awarded by the Court for attorney fees and costs is unacceptable. RPEA has to hire lawyers to help them write all these lawsuits and follow-up letters. It very much appears to me that the State DRB is stalling at every turn of this case and is not conducting business in the best interests of retired employees.

I'm writing this email to advise you that as a legitimate PERS retiree I completely support all that RPEA has been doing to uphold their mission statement, including all assertions made in their December 26, 2019 letter to Commissioner Tshibaka. It is IMPOSSIBLE for individual retirees to scrutinize every cost and policy associated with our health plan on our own. We rely on RPEA's ongoing work to do that for us.

Thank you,
Anne Stadnychenko, retired CBJ employee

From: Jerome B. Johnson
Sent: Friday, December 27, 2019 10:37 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: DRB actions to reduce Alaska retiree’s constitutionally protected health benefits.

I am writing to express my objection to the Alaska’s Division of Retirement and Benefits (DRM) refusal to pay attorneys fees and also to charge the retiree DVA premium account for their work to implement the court’s ruling to reimplement our legacy plan. I am deeply disturbed by DRB’s actions to reduce our health coverage and then to charge their costs in implementing court ordered redress to the DVA premium trust account that retirees pay for DVA coverage. I also object to the DRB unilaterally making changes to constitutionally protected retiree health coverage without first consulting we retirees. It is egregious that DRB first forces us through the Retired Public Employees of Alaska (RPEA) to take DRB to court to force redress and then force RPEA to return to court to force implementation of redress. And, then not only not pay RPEA attorney fess as awarded by the court, but to then charge our retiree account for DRB’s work to implement the redress plan. These cost belong to DRM and the State of Alaska and shouldn’t be shipped to the retirees. I expect better of DRB.
No way should the DVA premium account pay this cost. Why should we pay the cost of an effort to screw us.
I started work and in this retirement system 1982 and retired 1995. Since MODA took over have seen my
dental benifits for implants reduced each year.

Who ever thought this up should be removed from their position.
David N Donald

Please investigate the use of DVA funds to develop and implement the legacy plan. The newer "standard plan" was unconstitutional and the State Administration should be financially responsible.

After reading about the states latest avoidance of cost and court orders in the states lost RPEA moda lawsuit I cannot help but wonder who is the clown responsible for wasting the states time and soon court ordered funds. Is it some commissioner or administrator trying to prove his or her importance by Losing lawsuits and then ducking and dodging to prove importance. If I was his or her boss it would be out the door it doesn't take a rocket scientist to lose. Is this what Alaska want. Would look very closely at job performance and see if there is actually any wisdom in decisions.

Ps Remember hopefully you will all be looking at retirement from the other side of the door. Is this the attitude you want to face.
From: Debbie
Sent: Friday, December 27, 2019 9:10 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Encourage DRB to comply

I recently read where the DRB has been using inappropriate funding sources to pay for the DVA conversion. Also that they have not paid RPEA attorney fees as mandated by the Court. I encourage you to oversee this responsibility of the State of Alaska and remedy the situation. Thank you. Deborah S Boyd

From: Doug Norton
Sent: Friday, December 27, 2019 8:44 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Concern about improper use of DVA premium funds

I agree with RPEA that "use of premium monies to re-implement the dental plan that the DRB unconstitutionally diminished in 2014 is in violation of the 3 statutes that control the trust, and that it violates the State’s fiduciary duty to use the funds solely to pay for dental benefits and legitimate administrative costs."

I was assuming that the monies that have been accumulating in that fund since 2013 would be used to reimburse us for the charges we have had to pay out of pocket for the last six years.

Thank you very much for all the time and effort the Board puts into protecting our constitutionally promised health benefits.

Sandra Smith-Norton

From: Cheryl Gilmour
Sent: Friday, December 27, 2019 8:42 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: DVA

I am saddened and greatly disappointed that the SOA would use retirement account funds to pay for administration legal fees occurred during court case with RPEA. This appears to be a fraudulent use of retirement trust funds. I suspect this use of retiree funds is not within the spirit of the law; when the court order required the state to pay legal fees and make the Dental plan whole. It is unreasonable to expect retirees to pay for legal action in which the court found the SOA provided a substantial diminishment of dental benefits.

Sincerely
Cheryl Finney -retiree

From: Susan Shaffer
Sent: Friday, December 27, 2019 7:54 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Subject: Stop taking money from your retired employees to pay YOUR fees for screwing up

TWIMC —

I have been informed that you are now charging the Legacy Plan in our retirement insurance account over two hundred thousand dollars as a fee to fix the illegal changes you made back in 2013 and for which you were fined by the courts. It is not coincidence in my view that the amount you are taking from our account is almost as much as the court awarded us, which you have yet to pay!

You are in violation of the State Constitution and State law. How dare you steal from accounts that we have built over the years. I implore you to do two things: Pay your court fine and return our money.

Individuals have to pay for their mistakes. States do too, especially when they abuse their retirees and survivors accounts. So said the courts. Do we have to take you to court yet again, simply to get what the court has already awarded us? You will lose again. You have been told that our retirement medical account is not your piggy bank, and if you do not pay what you owe, the court will undoubtedly fine you even more for deliberately stalling should we have to go back to court again. You need to just suck it up, apologize, and simply pay your bills! — Susan Shaffer

From: Bill Burgess
Sent: Friday, December 27, 2019 7:48 AM
To: Alaska Retiree Health Plan Advisory Board (DOA sponsored) <alaskarhpab@alaska.gov>
Cc: Sharon Hoffbeck RPEA <sharonhoffbeck@gmail.com>
Subject: DVA Premium Account Misappropriation of Funds

I am a State of Alaska retiree. I am 78 years old and have been witnessing the outrageous corruption in our Federal Government. Now it seems the great State of Alaska is also becoming or has always been corrupt.

How dare you try and sneak mis-appropriating my DVA Premium account funds.

You not only disregard the State's Supreme Court decisions but are doing it in a routine way. You have disregarded three court decisions that I am aware of (attempt to reduce my dental benefits, get retirees to pay for setup of reduction coverage plan and not paying your legal fees to RPEA).

PLEASE HONOR THE STATE'S CONSTITUTION ESPECIALLY WHEN IT COMES TO US RETIREES.

I served the State of Alaska as an employee in and honorable way, please you serve the State in the same way.

It saddens me to have to write a letter like this one.

Sincerely,

William Burgess
Kathleen McCrossin pdf

Letter received in Juneau.

Betsy Wood
Deputy Health Official | (907) 465-3413
Division of Retirement & Benefits | State of Alaska
To: Retiree Health Plan Advisory Board

From: Kathleen McCrossin

Re: Chiropractic Care

Date: December 29, 2018

This is a request to the Retiree Health Plan Advisory Board to investigate the way that Aetna and the AK State Division of Retirement and Benefits are denying chiropractic and massage therapy claims and to quickly direct both organization to fulfill their obligation to retirees to provide them with that care.

On a walk with a former colleague and retiree, I asked about her chiropractic care; her answer was: "I don’t get chiropractic care anymore. I’m still trying to work out the problems from last year and can’t add to that snafu.”

The way that Aetna deals with chiropractic claims prohibits people from accessing a benefit that they have earned and from getting the care that they need.

This is what is happening:

• After visit number 24, Aetna demands that the doctor and patient prove that the care is “medically necessary” for every visit.

This number appears nowhere in our policy.

This demand to prove medically necessary is for EVERY visit after magic number 24. This means that for every visit until I die, I must prove that the visit is medically necessary.

Because proving medical necessity—as described later—is so litigious, Aetna has in essence imposed a lifetime limit on chiropractic care.

• Proving “medically necessary” does not in any way match the way that chiropractic care happens.

It means that the doctor must document:
1. “the initial evaluation,
2. the last three progress summaries,
3. the last five daily therapy notes
4. and documentation for supporting the need for ongoing supervised therapy, including dates of surgery or invasive procedure or a change of diagnosis.”

I would venture that most people use chiropractic care when an incident has occurred, they have slipped on the ice, dip netted for salmon in a rushing waterfall, or simply tilted their neck when reading, and this results in an issue. The patient takes that problem to the chiropractor, it is treated in one or two or three visits and, bingo, you're good to go. There are no three progress summaries, five daily therapy notes or ….

The demand for these notes does not take into account how often a patient uses these services. What I am trying to say is that if the plan administrator suspects that the patient is abusing the benefit, they have reason to require this documentation; however, Aetna does not examine the patient record. For myself, I've thought, “Well, they'll pay this; I haven't been to the [redacted] is months,” but no, no, no, that doesn't happen.

*Aetna has basically eliminated chiropractic care and massage therapy from our policy.*

• Aetna's policy on chiropractic care drives us costs.

How much is spent to deny claims? How much is spent to appeal claims at all the levels?

I am certain that many people just pay out-of-pocket for their care. (That is what my doctor tells me.) But some do not. I choose to use a provider who does not handle insurance; the result of that is that my [redacted] is $50.00. (If I went to the other office in town that does handle insurance, it would be in excess of $80.00-$100.00.)

That means that I send in the paperwork. Most of my claims go through all the levels of appeal and consume time with people at the office of retirement and benefits. The end result is that there is a huge cost attached to me getting my fifty dollar claim paid. (I tried to trade shrimp and fish for this service, but my provider doesn't eat those things.) That is Aetna's choice under the direction of DRB.

*The paperwork nightmare that Aetna and the division have created is itself driving up the costs of our healthcare and the costs to the state.*
• This policy is affecting the relationship between patient and provider negatively.

At first, I tried to get my provider to do the notetaking. When I realized how cumbersome and costly the notetaking was, I tried to compensate her otherwise. Quickly, I learned that she preferred not to have these discussions, and I felt that there was no benefit to her to helping me. It seems that she is serving the noninsured at a reasonable rate and is quite successful at that, so there is no need for her to navigate this mess. I backed off when I realized that I could lose the best chiropractor in town and a huge asset to my wellness. Now, I just try to manage this by appealing on the basis that this process conflicts with the policy that describes my benefits.

The policy decisions regarding chiropractic care are destroying the patient-provider relationship.

• The timeliness of the process makes it impossible to manage the claims and the resulting medical bills.

After a treatment, a patient might get an EOB that says that Aetna is requesting notes. This could go on for three or more treatments.

Weeks or months later, the patient learns that the claims have been refused. Notes are submitted. Notes are denied. Notes are resubmitted. Notes are denied. NO clear communication is sent to the patient. NO clear explanation is sent to the patient. The patient is left with a huge bill. The provider doesn’t understand. The patient doesn’t understand.

The system that Aetna has designed is focused on delaying payment until the patient gives up and keeping the patient in the dark with language that is unintelligible to even the educated, processes that are vague or change depending on who you’re talking with or with noncommunication. It is obfuscation at its best.

To end, a representative of the health care plan manager at the division of retirement and benefits told me after an “escalated” conversation about this topic, that maybe I should just start taking it easy. Needless to say, that comment escalated the conversation further. Taking a common sense approach and fiscally responsible approach to health care, we all know that it is essential to stay active to stay well; in light of the recent opioid crisis, we all know that dulling the pain with medication only needs to other problems that cost far more than the initial issue.
Physical therapy, chiropractic care, and massage therapy help people stay well and drive the costs of health care down.

I plead with the board to take this issue on and fix it so that we can all stay well.
Dear Sir/ Madame:
So the new pharmacy benefits are supposed to be just as good as what we had with Aetna … well someone forgot to tell OptumRx what we had before …You are diminish my benefit and my ability to submit a request for reimbursement.

With Aetna, I had the ability to both Fax in my pharmacy claims and also email them to an associate to have them processed…. You would think that both means would be preferable to mailing them in.. it would save time for processing and also postage on my part.

I just got off the phone with an associate with OptumRx and they have advised me that there is no way to email the claim and they do not allow any faxing of claim /requests for reimbursement… So much for replicating what Aetna provided… The service to retirees continues to be degraded by the State of AK all in the name of saving money with little to no regard to how it affects Retiree’s..

Additionally, Aetna had a fillable form that allowed one to electronically fill out a form such that it was very clear as to the data… there is nothing on the OptumRx web site that even comes close to a fillable form. Again poor service…but that’s ok the state is Saving money… It is just the Retiree’s that have to suck it up… so much for taking care of us in our old age.

All of this should have been fixed well before January 1st. Now is not the time for the Retiree’s to find all the bugs in their system and then wait six months for you folks to kick them in the butt to get them to fix it.

I am not happy at all with the change and not at all with the service… I will mail in my recent claim and don’t expect to see it processed for 30 days… In the mean time it would be beneficial if you can get someone at OptumRx to see about establishing a Fax number so we can avoid postage every time we need to send in a claim. That along with a fillable reimbursement form… that should be pretty easy for someone to put together and post to the Web site…. (I made that request back in December with an Associate before January 1st but that went nowhere).

Many thanks for your service!!

EAM
My wife retired from the company 14 months ago. We elected to use her benefits and I am covered under Alaska Care DB as her spouse.

We are continually shocked by how poor the coverage is compared to benefits for active employees. It is as though these benefits have not been updated since they were first implemented.

It seems like every time we turn around we find out something basic is not covered as a retiree that was covered as an active employee. The latest examples are:

Annual flu shot administered at a pharmacy is not covered.

Ten year colonoscopy is not covered.

Annual wellness visit/physical is not covered.

Maybe some of this will improve when we become eligible for Medicare. But it still begs the question: how can the above possibly be good policy or cost effective? These are preventative items aimed at keeping costs in the long run lower for the plan.

Thank you,

Mark Wolbers
RHPAB
Today I put in the mail a letter to RHPAB, and hopefully my request can be taken up at the next meeting on Feb. 6. I’ve decided to email this request to you as well, since the meeting is only a week away and I live out of state.

I have attached a pdf of my 2-pg. letter and a pdf of information I had received from the National Keratoconus Foundation.

I also put a copy in the mail to the Sharon Hoffbeck at RPEA.

Thank you for taking the time to address my letter.
Beverly
January 28, 2019

RHPAB
Retiree Health Plan Advisory Board
P.O. Box 110203
Juneau, AK 99811-0203

Dear RHPAB Members:

The advances we have witnessed in the field of medicine have been, and continue to be, truly amazing. With the 2017 creation of RHPAB, the State of Alaska recognized a need to facilitate engagement and coordination between Retirees, the Alaska Retirement Management Board and the Commissioner of Administration in the implementation of the Retiree Health Plan.

I write this letter today to address a medical disease of the eyes, Keratoconus, that needs to be evaluated by RHPAB for a more appropriate interpretation within the context of our insurance plan.

I have attached a copy of a letter I received back in 2014 from the National Keratoconus Foundation in which Catherine Warren most appropriately described the disease. "Keratoconus is a progressive, debilitating bilateral eye disease in which degenerative thinning of the cornea results in complex irregular bulging of the normal round, spherical cornea..." "resulting in a ghosting and glare, photophobia, halos around lights, decreased vision, and monocular diplopia (double vision)."

"...most keratoconus patients can achieve functional vision with specially designed therapeutic contact lenses......Keratoconus is one of the few conditions where contact lenses are not cosmetic, but are "Medically Necessary."

My 2003. Since 2008, he has been wearing specially-designed and measured hybrid lenses called Synergeyes KC. They are indeed therapeutic and he is able to see more clearly. Prior to 2008, he wore hard contacts lenses. According to him, there is simply no comparison. It’s also important to note that with the use of these contact lenses, his medical condition has stabilized. We are grateful since we did not want to face corneal transplants. This would certainly be a greater expense for the State of Alaska.

Each year we go to the Ophthalmologist where eyes are professionally examined and reevaluated for Keratoconus. This Office Visit is appropriately filed "Medically".

The Prescription is then sent off to the Synergeyes lab to be made. Historically, the claim for Medically-Necessary Contacts Lenses can only be processed under my "Dental-Vision-Audio" plan. The reimbursement is given for "single vision" eyeglass lenses and the amount is substantially less than I receive for my bifocal lenses. Additionally, I am eligible to get frames every other year.
Synergeyes KC lenses last 6 months so each year after the exam, an order is placed for 4 lenses. In 2008 the cost of these specialty contact lenses was $750. Last year we paid $900. Next annual visit is in April and the provider has advised the cost will be $1,200.

Considering the severity of this Medical Disease, I had always thought these contacts would be covered under "Durable Medical Equipment" since they are "Medically-Necessary". I was dumbfounded when I found out they weren't. Certainly it would be cheaper for the Plan to cover these lenses under "Durable Medical Equipment" than the cost of Corneal Transplants.

The 2003 Alaska Care Retiree Insurance Information Booklet states as follows:

p. 78-79: "COVERED VISION AND OPTICAL SERVICES"
"One pair of contact lenses required following cataract surgery or because visual acuity is correctable to 20/70 or better only with the use of contact lenses. The maximum lifetime amount payable for necessary contact lenses is $400. After you reach this maximum, necessary contacts are covered the same as cosmetic contacts."

p. 79: "VISION AND OPTICAL SERVICES NOT COVERED"
"Services or supplies that are not necessary for diagnosis or treatment of vision condition as determined by the Claims Administrator even if prescribed, recommended, or approved by a vision professional."

I cannot question the insurance company, since they are following the stipulations of the plan. I can question the need to update our policy as we continue to face advances in medicine and healthcare. My 2003 Alaska Care Retiree Insurance Information Booklet is over 15 years old.

When I early-retired in 1996, I was told that was the only opportunity I would have to select the Long Term Care option and I would not have an opportunity to sign up later. It was now or never. Then in 2000, the State of Alaska recognized the changes in healthcare and opened up "LTC" enrollment to those who were retired and hadn't selected that option. It was the right thing to do. What I didn't see was a credit for those of us who had paid into LTC prior to 2000 and hadn't used it.

In retrospect, I have always looked upon my tenure with the State of Alaska as one of the most rewarding experiences of my life. I was proud to be a State of Alaska Employee, and now I am proud to be a Retiree of the State of Alaska.

I sincerely hope that at your 2.6.2019 meeting you will consider my request to have specially-designed and measured Therapeutic Contact Lenses that are "Medically Necessary" be covered "Medically" under "Durable Medical Equipment". It is indeed, the Right Thing To Do.

Sincerely,

Beverly Malley

Enclosure

cc: RPEA – Sharon Hoffbeck
RE: Keratoconus and Contact Lenses

Keratoconus is a progressive, debilitating bilateral eye disease in which degenerative thinning of the cornea results in complex irregular bulging of the normally round, spherical cornea (the clear covering in front of the eye). Keratoconus results in grossly distorted vision similar to looking through a windshield while driving in a rainstorm without using windshield wipers. Keratoconus is characterized by thinning and protrusion of the central cornea, resulting in a ghosting and glare, photophobia, halos around lights, decreased vision, and monocular diplopia (double vision). While the early stages of keratoconus can be treated with spectacles, those with moderate-to-severe keratoconus suffer from decreased vision which cannot be corrected with spectacles or conventional contact lenses. However, most keratoconus patients can achieve functional vision with specially designed therapeutic contact lenses.

Keratoconus is one of the few conditions where contact lenses are not cosmetic, but are medically necessary according to the 1999 AMA definition of Medical Necessity, which is now the standard of care (other conditions include unilateral aphakia, post corneal transplant, and a very high myopia). It is well-documented that specially designed contact lenses: rigid gas permeable (RGP), scleral, hybrid or a combination of a rigid gas permeable lens riding on a soft lens configuration (called tandem or piggyback) are the treatment of choice for moderate-to-severe keratoconus. Hybrid lenses are uniquely designed with a rigid lens center surrounded by a soft skirt providing crisp vision and comfort. Scleral lenses are especially helpful in rehabilitating keratoconus and post corneal transplant vision because they vault over the graft-host interface avoiding any pressure on this delicate tissue. These specially designed keratoconic lenses improve vision by providing a clear optical lens that masks the distorted areas of the cornea creating a smooth, regular optical surface over the patient’s very irregular, cone-shaped cornea. By masking the distorted vision caused by keratoconus, these lenses can provide the required visual acuity necessary to perform daily routines. Without these corrective lenses, these patients are visually handicapped. They would not be able to perform even the simplest tasks of daily life: read, drive a car, attend school, or even recognize a face across the room.

Spectacles cannot achieve these results. The lenses in a pair of glasses are too far away from the optical surface of the cornea to create the smooth refractive surface necessary to translate the image clearly to the back of the eye and therefore to the brain.

These therapeutic contact lenses are not cosmetic. They are specially designed devices that treat a medical problem. Just as a leg brace helps a lame patient to walk, these therapeutic contact lenses provide treatment to allow those with keratoconus to have clear vision.

Based on the above information about keratoconus, we trust that you will deem these corrective lenses medically necessary, and worthy of insurance coverage for the diagnosis of keratoconus according to this patient’s plan provisions for medically necessary contact lenses.

For more information about keratoconus visit our website at: www.nkcf.org. If you have questions or wish further information about keratoconus contact me by email at: warrenc@nkcf.org or by phone at (800) 521-2524.

Sincerely,

Catherine Warren, RN
Executive Director, NKCF

NATIONAL KERATOCONUS FOUNDATION
6222 Wilshire Blvd., Suite 260, Los Angeles, CA•310 623-4466•800 521-2524•fax 310 623-1837•www.NKCF.org