Health

AlaskaCare Health Plans

November 2007

INSIDE

Employee Assistance Program—
Help When You Need It for Work/Life Issues

Are you an employee who is facing work/life issues that are causing you stress (job pressures, marital conflicts, grief, financial worries)? Did you know that your Select Benefits Health Plan includes a counseling service that can offer you help?

The Employee Assistance Program (EAP) is available to **active employees in Select Benefits*** at no cost. When you a call, an experienced counselor at ComPsych will assist you and refer you to a local counselor or other resources in your community that can help.

Employee Assistance Program
Confidential Consultation on Personal Work/Life Issues
866-301-9552
Online: guidanceresources.com
Enter organization ID: **VY3678C**

Find out more about the EAP on the Division's website. Click on "Employee Links" under **Insurance Benefits/ AlaskaCare**. Then, under "Active Employees," click on ComPsych. Or, contact the Division and ask for a ComPsych brochure.

*Employees in union health trusts should check with their trust for vendors who offer a counseling service.

"*Medicare Corner*" is a regular feature of **Health *Matters***, focusing on issues related to Medicare.

Medicare Corner

Foreign Travel & Medical Coverage—What You Should Know

Are you traveling outside of the United States and wondering what to do if you need medical care while in a foreign country? In most cases, if you receive care outside the United States, Medicare does not cover your expenses and AlaskaCare will take this into account. **Your claims for covered services will be paid under AlaskaCare just as they were before you had Medicare.** This is also the case if you are living abroad. (Please note that Medicare may pay for emergency services provided in Canada and Mexico.)

When you need health care outside the U.S., follow these simple steps:

1. If you need non-emergency medical care, call BlueCard at 1-800-810-2583 or 1-011-804-673-1177. The BlueCard Worldwide Service Center is available 24/7 and is staffed with multilingual representatives. They can help coordinate hospital care or make an appointment with a doctor for you.

2. Visit the BlueCard Worldwide provider and show your member ID card.

3. For all outpatient care or office visits, you pay the provider and submit a claim to Premera Blue Cross Blue Shield of Alaska (PBCBS AK).

4. For inpatient hospital care that was arranged by the BlueCard Worldwide Service Center, the provider will file the claim. You only pay the out-of pocket expenses required by your plan (deductible, copayments, coinsurance, and any non-covered services). If the hospitalization was not arranged by BlueCard Worldwide, you pay the provider and submit a claim to PBCBS AK.

Note: For **emergency care** outside of the U.S., go to the nearest hospital. Call BlueCard at 1-800-810-2583 or 1-011-804-673-1177 as well as the toll-free customer service number on the back of your ID card if you're admitted.

Take Good Care of Yourself!

1-888-899-3060

24/7 Health Line

to speak with a registered nurse about your non-emergency health concerns

Free to AlaskaCare members

BestBeginnings—

BestBeginnings is a pregnancy education and support program for AlaskaCare members. If you become pregnant, you can call Premera Customer Service at 1-877-762-9597 and choose **BestBeginnings** (option 3). You will receive information about how to have a healthy pregnancy and will be sent a pregnancy questionnaire/assessment to identify any potential risks. This maternity program also helps you locate useful resources such as the "Staying Healthy" website at Premera.com.

Questions & Answers—about your health plan

Q: What is the benefit of using a network provider and how does it affect me?

A: A Participating Provider Organization (PPO) is a contracted **network** of doctors, hospitals, and other health care providers who agree to provide their services at a reduced fee to members of a particular health plan (AlaskaCare, for example). Premera brings their own PPO to our members as part of their service agreement.

If you purchase services from a network provider (also referred to as a PPO provider, contracted provider or participating provider) anywhere in the United States, your cost will be lower than if you see a health care professional who is not a network provider.

Select Benefits (employee) AlaskaCare members are required to use a network facility if they go to a hospital in the Municipality of Anchorage or the lower 48 states. (The network hospital in Anchorage is Providence.) If they do not use a network hospital the plan reduces the benefit paid for services by 20% and their out-of-pocket maximum **doubles**. This is called "steerage" because members are "steered" financially to a network provider so the health plan will realize a cost savings.

Retirees covered under AlaskaCare are not assessed a penalty if they use an "out-of-network" provider or facility. However, if a retiree **does** use a network provider or facility, the plan realizes the same savings as when an active employee does. The retiree arrangement is called a "passive" PPO. When a retiree purchases the services of a network provider or facility it **always** means savings to the plan and also may mean savings to the retiree in reduced out-of-pocket expense.

Q: What should I say when a provider asks me what kind of insurance I have?

A: Your response should be "AlaskaCare," or "a self-funded health plan (called AlaskaCare) administered by the State of Alaska." **Do not** say, "Blue Cross Blue Shield." (Premera Blue Cross Blue Shield is the **claims administrator**, **not** your insurance plan.)

Q: How long does it take for my claim to get to Premera?

A: Premera receives claims from Alaska providers an average of **40 days** after the date a health care service was provided. Ask your provider when they will send in your claim for a better idea of when to expect your EOB.

Q: Why do I keep getting duplicate EOBs?

A: Federal law requires that an EOB be generated **each time** the third-party administrator (Premera) receives a claim. Your provider may be submitting multiple claims for the same service until they receive payment and close your claim. This can cause confusion, especially if you receive a duplicate EOB before the original one that shows what was actually paid. Be aware that a duplicate EOB will say "duplicate" on it and will also say the member is responsible for payment in full (even if that is not the case).

Remember—

Your health plan is AlaskaCare* **not** Blue Cross Blue Shield.

*A self-funded health plan administered by the State of Alaska.

(Premera Blue Cross Blue Shield of Alaska administers the claims for AlaskaCare members.)

Online Resources and Tools You Can Use
How to find the Medco drug form

In our continuing series about where to find helpful resources on the Division's website we'll focus on:

- **Medco By Mail Form (for prescription drugs by mail order)**

The easiest way to access the **Medco form** is via the link titled Premera's Website on the Division's home page, www.state.ak.us/drb. Then, follow these easy steps:

- Click on Premera's Website (under **Programs**, and then **Insurance Benefits/ AlaskaCare**)
- Click on Member Forms (in list on left side of screen), or click on Access forms and documents under **What Do You Want to Do?** You will now be on a web page titled "Forms and Documents for AlaskaCare members."
- Click on Mail-Order Prescription Drug Forms. This takes you to a pdf of the form which you can download and print. (You will need Adobe Reader to download a pdf. If you don't have Adobe Reader, you can go to Adobe's website at www.adobe.com.)

When you first order drugs by mail, you must fill out and submit the "**Health, Allergy & Medication Questionnaire**" (listed right under the mail-order form, also as a pdf) so that Medco will have a better understanding of your prescription needs. **This questionnaire need only be filled out once** in order for Medco to complete your customer profile.

If you don't have access to the Internet, both the Medco By Mail Order Form and the questionnaire were in your **AlaskaCare Welcome Kit**. If you need additional copies, you may request them from Premera by phone or mail or from the Division.

AlaskaCare Retiree Health Plan

No Change to Retiree Premiums—

There will be **no change** to the **retiree** health plan premiums (medical and dental-vision-audio) for the plan year 2008.

Notice– Women's Health and Cancer Rights Act

Signed into law in October 1998, the Women's Health and Cancer Rights Act (WHCRA) includes protections for persons who elect breast reconstruction in connection with a mastectomy.

Under the AlaskaCare health plan, any person who receives benefits for a medically necessary mastectomy may also receive benefits for:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical or balanced appearance;
- prostheses (or breast implant);
- treatment of physical complications of all stages of mastectomy, including lymphedemas.

If you have questions about coverage of a mastectomy and reconstructive surgery, please call Premera Customer Service at 877-762-9597.

Notice– Special Enrollment Rights

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you are able to enroll your new dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you have a change in family status you may also be eligible to make new elections. Please see page 9 of the Select Benefits Insurance Information Booklet or page 8 of the Alaska Retiree Insurance Information Booklet for a listing of Changes in Status recognized by the plan.

If you or your covered dependents lose your health coverage, you also have the right to continue the same level of coverage you had at the time coverage terminated, provided you pay the premiums. Call your Plan Administrator toll-free at 800-821-2251 or at 907-465-8600 for more information.

Notice–Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with AlaskaCare and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher premium. **If you purchase Medicare prescription drug coverage, your AlaskaCare plan will become your supplemental prescription drug plan.**

2. The State of Alaska has determined that the prescription drug coverage offered by the AlaskaCare plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered creditable coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep your AlaskaCare coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiaries leaving employer coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan. Medicare prescription drug coverage, if elected, would become your primary coverage for prescription drugs and your AlaskaCare prescription drug plan would become the secondary coverage. **There is no additional premium cost for prescription drug coverage for those who elect to remain covered by AlaskaCare.**

Benefits Provided by your AlaskaCare Prescription Drug Plan (active plan):

All drugs	Up to 30-day supply	31-90 day supply
Copay	20%	20%
Minimum	$8.00	$16.00
Maximum	$50.00	$100.00

Benefits Provided by your AlaskaCare Prescription Drug Plan (retiree plan):

Per 90-day or 100-unit supply	
Brand	$8.00
Generic	$4.00
Brand Mail Order	$0.00
Generic Mail Order	$0.00

The Medicare Part D prescription drug benefit uses a drug formulary to determine which drugs are covered and at what rate they are paid. The additional premium cost for prescription drug coverage under Medicare Part D is estimated to be $37 per month.

Prescription Drug Benefits Provided by the Medicare Part D plan:

Benefit Stages	Coverage Ranges From	To	Percent Covered by Part D	Your Cost	Your Cumulative Cost
		MAX.		and $5 brand	drugs you purchase

See April 2008 issue of Health *Matters* for correct 2008 Medicare Part D amounts.

You should also know that if you drop or lose your coverage with AlaskaCare and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about this notice or your current prescription drug coverage

Contact the Division of Retirement and Benefits for further information at 907-465-8600 or toll free at 800-821-2251. **NOTE:** You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through AlaskaCare changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov,
- Call your State Health Insurance Assistance Program (1-800-478-6065 toll free or in Anchorage at 269-3680) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available.

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ALASKACARE Health Plans

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TDD hearing impaired:
(907) 465-2805
email: Benefits@alaska.gov

Alaska Division of Retirement and Benefits
PO Box 110203
Juneau, AK 99811-0203

Prescription Drug Coverage and Medicare Notice—

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Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

ALASKACARE—Plan Administrator
1-800-821-2251