

Health Matters



January 2009



HealthTracks:

\$100 incentive for better health

(for active employees only)

As a step on the path to better health, the ALASKACARE Employee Health Plan, as of January 1, 2009, began to offer *active employees* a **\$100 incentive** to complete a Personal Health Assessment. As part of the new **HealthTracks Health Improvement Program** sponsored by ALASKACARE, the HealthQuotientsm Personal Health Assessment (PHA) provides you with a summary of your health and will help you understand your personal health strengths and areas you can target for improvement. It will also customize the **WebMD**® Personal Health Manager, allowing you to make better use of the available health management tools.

WebMD®
Health Manager

ALASKACARE Employee Health Plan members can log in to the

WebMD® portal at: www.webmdhealth.com/sponsors/alaskacare.htm.

This portal is a personalized web page featuring tools and resources that support assessment, education, and positive lifestyle changes that can enhance the quality of your life.

By now, you should have received a letter from Commissioner Kreitzer about the new **HealthTracks** program, along with complete log-in instructions for registering and accessing the **WebMD**® Personal Health Manager.

To qualify for the \$100 incentive, you must complete the PHA **no later than February 15, 2009**. (Your spouse, enrolled same-sex partner and eligible dependents age 18 and over are also encouraged to participate in the program, but the \$100 incentive is available only to you, the ALASKACARE Employee Health Plan subscriber.) And remember, all information in the assessment and the Personal Health Summary is personal, confidential, and protected by state and federal law; your employer will *never* see your individual results.



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 Medicare Corner

Medicare Part D— Prescription Drug Coverage and You

Remember, when it comes to prescription drug coverage, as a member of AlaskaCare you already have comprehensive prescription drug benefits through your ALASKACARE Health Plan.

Medicare Part D is intended to provide prescription drug coverage for those who either have no coverage or whose coverage is inadequate for their needs.

Your ALASKACARE Health Plan provides, on average, prescription drug benefits that are at least as good as the benefits offered under Medicare Part D.

If you enroll in Medicare Part D:

- You will pay an additional estimated monthly premium of \$29
- ALASKACARE becomes your secondary prescription drug plan

See pages 6 and 7 for a complete description of your prescription drug program and Medicare.

“Medicare Corner”
is a regular feature
of **Health Matters**.



Introducing Cameryn Flynn— HealthTracks Program Coordinator

Premera has hired Cameryn Flynn to work as the **HealthTracks** Program Coordinator. She will act as Premera's liaison with the State and will be the point person for answering any questions and concerns about the Personal Health Assessment or the **HealthTracks** Program.

Born and raised in the foothills of the Montana Bitterroot Mountains, Cameryn attended Gonzaga University in Spokane to obtain her degree in Business Administration. She also holds a Masters in Psychology from Antioch University. Cameryn's prior work history includes working in city government, social services, as well as the hospital and insurance industries.

To stay in shape, Cameryn enjoys cycling on her Trek mountain bike, hiking, kayaking and cross country skiing. She moved to Juneau from Seattle in 2006.

To contact Cameryn, call her at 907-523-3415 or email her at Cameryn.Flynn@Premera.com.

For more information and to answer some of the questions you may have about the **HealthTracks** program, please view the frequently asked questions (FAQs) at this web link:

<http://www.state.ak.us/dr/ghlb/insurancebenefitsactive.shtml>



ALASKACARE

Retiree Health Plan



Premiums Increase for Retiree Health Plan

Retiree health plan premiums for plan year 2009 will increase. The new premiums for medical and dental-vision-audio (DVA) coverage, effective January 1, 2009, are listed below:

	Medical Premium	DVA Premium
Individual only	\$631	\$57
Individual & spouse or same-sex partner	\$1,262	\$113
Individual & child(ren)	\$891	\$102
Individual, spouse or same-sex partner, and child(ren)	\$1,523	\$160

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) ensures that you and/or your dependents have the opportunity to continue your health coverage in certain circumstances where it would otherwise end. You are eligible to purchase the same coverage you had at the time your coverage ended. Below are the Retiree COBRA premiums, which will increase for plan year 2009.

Retiree COBRA Health Continuation Premiums:

	Medical Premium	DVA Premium
Individual only	\$643.75	\$58.25
Individual & spouse or same-sex partner	\$1,287.25	\$115.25
Individual & child(ren)	\$909.00	\$104.00
Individual, spouse or same-sex partner, and child(ren)	\$1,553.50	\$163.25

NOTE: All of the premiums listed above are effective January 1, 2009. Premiums are subject to change.



Routine Physical Exam a Great Employee Benefit

Did you know that, as an active member of the ALASKACARE **Employee** Health Plan, one annual routine physical exam is covered each plan year as part of your health benefit? Only 20 percent of employee members took advantage of this benefit last year. Also covered are any labs, procedures or tests ordered by the physician as part of the exam and completed within 30 days of the exam date.

If you have already met your annual deductible when you have your exam, the plan will pay the appropriate coinsurance amount. If you have met **both** your deductible and out-of-pocket limit, the allowed amount of the exam will be covered. The average cost of an annual exam as of this writing is \$270, depending on your location and other variables.

Preventive care can lead to better health by finding and treating possible health problems early and may also help you keep your health care costs under control.

For a description of the routine physical exam coverage provided by your health plan, please see page 45 in your *Select Benefits Insurance Information Booklet*.

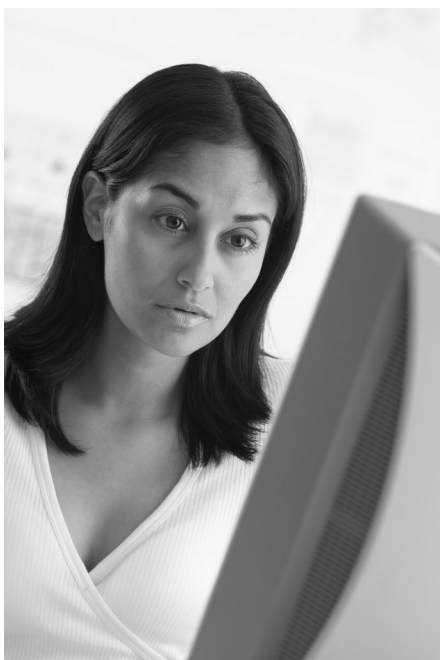
Notice— Statement of Rights Under the Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that you, your physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, you may be required to obtain precertification for any days of confinement that exceeds 48 hours (or 96 hours). For information on precertification, contact your plan administrator.





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 *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 (known as COBRA) 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— 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 implants);
- 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 Premiera Customer Service at 877-762-9597.

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 secondary 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 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 \$29 per month.

Prescription Drug Benefits Provided by the Medicare Part D plan:

Benefit Stages	Coverage Ranges		Percent Covered by Part D	Your Cost	Your Cumulative Cost
	From	To			
Annual Deductible	\$0	\$295	0%	\$295	\$295
Initial Coverage Limitation	\$295.01	\$2,700	75%	\$601	\$896
Coverage Gap	\$2,700.01	\$6,154	0%	\$3,454	\$4,350
Catastrophic Coverage	\$6,154.01	NO MAX.	95%	Greater of 5% or \$2.40 generic and \$6 brand	Varies depending on the amount of drugs you purchase

You should also know that if you 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 continuous days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium may go up at least 1 percent per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium may always be at least 19 percent higher than what many other people pay. You may 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.



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The Alaska Department of Administration complies with Title II of the 1990 Americans with Disabilities Act (ADA). This health newsletter is available in alternative communication formats upon request. To make necessary arrangements, contact the ADA Coordinator for the Division of Retirement and Benefits, at (907) 465-4460 or contact the TDD for the hearing impaired at (907) 465-2805.

Disclaimer:

Information in this newsletter summarizes the plan provisions, is supplemental only, and does not supersede the applicable Information Booklet's provisions.

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FIRST CLASS MAIL
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RETIREMENT
AND BENEFITS

Prescription Drug Coverage and Medicare Notice— (cont'd from page 7)

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



Take Good Care of Yourself!

1-888-899-3060
24/7 Health Line

to speak with a registered nurse about
your nonemergency health concerns

Free to ALASKACARE members