

HealthMatters



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I Have a Question Who Do I Call?



Getting help when you experience issues or have questions can be confusing. With so many phone numbers out there, where does one start? Here are some guidelines to help you decide when to contact HealthSmart/Envision and when to contact the Division of Retirement and Benefits:

Call **HealthSmart Customer Service** at (877) 517-6370 for questions about these topics:

- **ID cards** – to request additional or replacement cards.*
- **Benefits** – for specific questions regarding your medical, dental, vision, or audio benefits; for example, to find out whether or not a particular medical procedure is covered by your plan.
- **Providers** – to locate a network provider in your area.* Doing research beforehand and using in-network providers helps everyone save money.

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Preparing for Your Next Visit to the Doctor

Are you prepared for your next doctor's appointment? Do you know what questions to ask to ensure you understand your condition and what needs to be done to improve your health?

Before you go:

- If you want to locate a preferred provider, go to **AlaskaCare.gov**, click the "Find a Provider" button to get a list of in-network providers.
- Let your physician's office know ahead of time if you have any special needs.

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Understanding the ABC's of Medicare

Medicare consists of four parts – A, B, C, and D – and knowing those parts is key to having a smooth transition to Medicare, avoiding late enrollment penalties, and receiving full benefits from your AlaskaCare Retiree Health Plan.

Part A covers inpatient hospital stays, skilled nursing care, home health care, and hospice care. It is generally provided free of charge beginning at age 65. If you are receiving Social Security benefits at age 65, you will be automatically enrolled in Part A. If not, you must contact Social Security in the three months before your 65th birthday to ensure your Medicare Part A begins promptly when you turn 65.

Part B covers outpatient provider services, emergency room care, diagnostic testing and preventive care. The 2013 premium for Part B is \$104.90 (some exceptions apply for high income members). As with Part A, you will be automatically enrolled in Part B if you are receiving Social Security at age 65 and the premium will be withheld from your Social Security benefit. If you are not receiving Social Security, you must enroll in Part B during the 3 months before your 65th birthday, at the same time as you enroll in Part A, and arrange to pay the premium directly.

Part C plans are Medicare Advantage plans provided by private insurers for members who live outside the State of Alaska. They cover the same services as Medicare Part A and B combined as well as some supplemental benefits but are Preferred Provider Organizations (PPO) or Health Maintenance Organizations (HMO). These plans may not be the best choice for AlaskaCare members who already have the Retiree Plan to supplement Medicare.

Part D provides prescription drug coverage through private insurers. AlaskaCare members have prescription drug coverage which is as good as, and in most cases, better than Part D.

AlaskaCare **Retiree** Health Plan members need both Medicare Parts A and B at age 65 because the Retiree Health Plan becomes supplemental to Medicare at that time (per State statute). When paying a claim, the health plan will assume the member has coverage under Parts A and B and will deduct the amount Medicare would have paid prior to making payment. This is true even if the member has another health plan provided through the employment of the member or the spouse. Without Part A and B, the Retiree Plan member will be responsible for the portion Medicare would have paid, regardless of any other coverage they have. (Members who are not eligible for premium-free Part A should obtain a confirmation letter from Social Security and the Retiree Health Plan will remain primary for Part A expenses.)

AlaskaCare Employee Health Plan members may enroll in Part A as soon as they are eligible and it will pay secondary to the Employee Plan. They can delay enrolling in Part B until they terminate employment but must do so immediately when their employee health coverage ends in order to avoid a penalty or a delay in the start of Part B and less than full benefits from the Retiree Plan if they are moving to that plan.

More information about the impact of Medicare on your AlaskaCare coverage can be obtained by contacting the Division at (800) 821-2251, (907) 465-4460 or doa.drb.benefits@alaska.gov. Information regarding Medicare is available from the Alaska Medicare Information Office at (800) 478-6065 or (907) 269-3680. ♦

More Generic Drugs Available Every Day

Generic medications are more widely available than ever before. Why is this important? While these brand-name equivalents contain the same active ingredients as popular branded medication, they offer tremendous savings to you and the AlaskaCare Health Plan.

Some newly available generic drugs include Atorvastatin (Lipitor), Pioglitazone (Actos), Escitalopram (Lexapro), Montelukast (Singulair), and Clopidogrel (Plavix).

If you are taking one of the brand name drugs listed, talk to your doctor about switching to a generic to save money on your copay and the amount billed to the health plan. It's estimated that switching to the generic on these medications alone could have save the AlaskaCare Health Plans a total of

\$10 million in 2012. Please give it some thought if you haven't already.

Many more FDA-tested generics will be coming to the market in 2013, there is no better time to talk to your local pharmacist about generic medication options for you.

For active members, your copay at a local participating pharmacy is 20% of the drug cost so reducing the drug cost reduces your copay. For retired members, your generic drug copay is \$4, one-half the copay for brand name drug. And you can even save more if you consider using Costco's Mail Order Pharmacy. ♦

More information at AlaskaCare.gov, enter search keyword: Generics, mail order pharmacy

Employee Health Plan Benefits 101



As a State employee, why am I required to have a health plan?

State statute requires permanent full-time or permanent full-time seasonal employees and their spouses and eligible dependent children to have health coverage. In addition, for those groups who are in a union, contracts with the unions require health insurance. A large portion of the cost of your health premium, called a Benefit Credit, is paid on your behalf monthly by the State of Alaska as your employer. The Benefit Credit as well as the health plan coverage itself is a significant part of your monthly benefit package as a State of Alaska employee.

Permanent part-time or permanent part-time seasonal employees are not required to select a health plan – if they do select one, the State contributes one-half the Benefit Credit it provides to full-time employees.

Even if you don't use your health plan today or haven't used it very much in the past, one of the reasons to have the coverage is in case you experience an unexpected health need that could otherwise be financially devastating.

What is self-insurance and how does it work?

Self-insurance means the premiums are deposited into a group health fund which is maintained and invested by the State. The State uses those funds to pay the cost of claims and administration of the plan. If the fund runs out of money, the State is liable for the cost.

How does it differ from “normal” insurance?

In an indemnity plan, a “normal” health plan, premiums for coverage are set by the insurer to cover all the same things but the insurer takes the risk. If the insurer doesn't ask for enough premiums and runs out of money, the insurer is liable for the excess costs.

What is the claims administrator's role?

HealthSmart is a claims administrator, called a third party administrator, or TPA. They are paid an administrative fee per covered employee/per month to process claims, provide access to their network of doctors and pharmacies, and provide reports required to administer the plan.

How are health premiums determined?

Health insurance premiums are determined by calculating the following:

1. **Claim cost:** how much the plan paid in claims in the past on behalf of all covered persons.
2. **Claim trend:** the amount you expect that cost to increase or decrease.
3. **Reserve:** the amount held “just in case” to pay large claims, for claims received but not yet paid, or claims that have not yet been received although the service has already been provided.
4. **Administrative cost:** the amount paid to a company to process the claims, printing forms and booklets, and staff salaries.

Of the four items, claim cost is the largest amount of the premium—administrative cost is the smallest. The division works with a health actuarial consultant, who is trained to make these types of calculations and provide premium recommendations each year. Since the state is self-insured, the claims administrator is not involved in setting premiums.

What is the Benefit Credit and how is it determined?

The Benefit Credit is the amount the State contributes toward the cost of your health insurance. For members of various unions, it is collectively bargained or negotiated between the State and the union as a portion of your compensation. For employees not covered by collective bargaining, it is set by the State. The credit is generally equal to the combined cost of the Economy Medical and Preventive Dental coverage. ♦



Ask  KYP

Know Your Plan

features information to help you better understand the AlaskaCare Health Plans, what they cover and how to use the benefits to your best advantage.

Visit my **Ask KYP** blog at AlaskaCare.gov.

February is National Heart Health Month

Wear Red on Friday, February 1 to Show Support



According to the Centers for Disease Control and Prevention (CDC) “cardiovascular disease is the leading cause of death in the United States; one in every three deaths is from heart disease and stroke, equal to 2,200 deaths per day.” In a 2008 Population Risk Analysis performed by Buck Consulting, AlaskaCare plan data revealed that heart disease and precursor conditions – hyperlipidemia (high cholesterol) and hypertension (high blood pressure) represented 12.2% of our total claimants resulting in \$6.8M in claims.

The Department of Health and Human Services (HHS), with the Centers for Medicare Services, and the CDC co-lead a Million Hearts™, a national initiative aimed to prevent 1 million heart attacks and strokes in the U.S. by the end of 2016 by empowering Americans to make healthy choices and to improve care for people who need treatment.

Did you know that heart disease kills more women than ALL cancers combined? As a result, the American Heart Association, along with the National Heart, Lung and Blood Institute created National Wear Red Day® to raise awareness of this critical issue. Each year, on the first Friday in February, millions of women and men come together to wear red, take action and commit to fighting this deadly disease. This event encourages women to learn about their risk for heart disease and use tools to reduce their personal risk. On February 1, 2013 people are encouraged to wear red to show support.

Since the first National Wear Red Day 10 years ago, tremendous strides have been made in the fight against heart disease in women, including:

- 21% fewer women dying from heart disease
- 23% more women aware that it's their No. 1 health threat
- Publishing of gender-specific results, established differences in symptoms and responses to medications and women-specific guidelines for prevention and treatment
- Legislation to help end gender disparities ♦

Take Part in Heart Health Month at Alaska Regional

As a leader in cardiac healthcare, Alaska Regional Hospital is dedicated to educating Alaskans about preventing heart disease – the number one cause of death in the United States. The most common type is coronary heart disease, which often appears as a heart attack.

Alaska Regional is planning a month's worth of heart education, including free evening seminars and an annual heart health fair. Visit AlaskaRegional.com or the Alaska Regional Facebook page for updates. ♦

A Fair of the Heart

Saturday, February 23

8 a.m. to noon

Alaska Regional Hospital's main lobby

A Fair of the Heart offers two floors of exhibits and booths with information about the signs, symptoms and treatment of heart disease. Talk one-on-one with staff, have your blood pressure checked, or attend our mini seminars. To detect potential health risks, blood tests will be offered. Standard lipid profile, blood sugar and HbA1c (a test that measures your average blood sugar level for the past 3 months) will be offered for free. ♦

Request for Proposal for AlaskaCare Health Plans TPA Under Way



The Division of Retirement and Benefits is required to put a contract out to bid for a Third Party Administrator (TPA) for

the AlaskaCare Health Plans every five years according to procurement law. The TPA is the organization that members interact with most frequently. They are responsible for processing all claims, providing case management, utilization management, coordinating pharmacy benefits, and executing other fundamental processes of the health care plan. The current TPA is HealthSmart, while past TPAs include WellsFargo, Premera Blue Cross, Aetna, and others.

The current TPA contract runs through the end of June 2013 and the Division put out a Request For Proposals (RFP) for organizations interested in bidding on the contract. The contract(s) is scheduled to be awarded within the next several months. We will be sure to communicate any information to our members once it comes available. ♦

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I Have a Question, Who Do I Call?

- **Claims or Explanation of Benefits (EOB) statements** – for questions regarding status, denials, and other information about how your claim was processed.
- **Precertification and preauthorization** – for any inpatient stay, MRIs of the knee or spine, travel, or mental health treatment.
- **COBRA/Direct Bill** – for enrollment and premium payment/deduction questions.
- **Student verification** – semi-annual validation of student eligibility status for dependent children aged 19-23 is necessary for the AlaskaCare Retiree Health Plan.

In Juneau or Anchorage you can receive in-person customer service from HealthSmart at the following locations:

Anchorage
1500 W. Benson Boulevard, 2nd Floor

Juneau
400 Willoughby Avenue, Suite 202

For Pharmacy Questions contact:

- To locate a participating pharmacy, call the Envision 24-hour pharmacy help desk at (800) 361-4542, available 365 days a year.*
- For pharmacy mail order assistance or refills, call Costco Mail Order at (800) 607-6861.*

For Employee Assistance Plan Questions/Services, contact:

- (800) 478-2812, open 24/7 for emergency assistance

Call the **Division's Member Services Section** for questions about the following:

- How much are my health insurance premiums?
- To verify you or your dependents eligibility.
- Questions regarding enrollment in the health insurance plan?
- When can I elect different coverage?
- Name and address changes for retirees. (Active employees need to contact the Division of Personnel, Payroll Service Center.)
- **Long-Term Care Advocate** – to receive additional assistance in navigating the Long-Term Care system
- **Long-Term Care** – to initiate a claim or to request information, staff will answer your Long-Term Care (LTC) questions, and will give you additional information if you need to file a claim for LTC benefits.

Call Member Services toll-free at (800) 821-2251, option 1, in Juneau at (907) 465-4460, or email doa.drb.benefits@alaska.gov. ♦

*Also available at AlaskaCare.gov.

More information at AlaskaCare.gov, enter search keyword: idCards, LTC

2013 Retiree Premiums

The 2013 premiums for the AlaskaCare Retiree Health Plan went into effect January 1, 2013. Medical premiums only apply to Tier II and III retirees who do not receive medical coverage paid by the retirement system, referred to as system-paid medical. Dental-Vision-Audio premiums apply to all retirees who have elected the DVA coverage. New premiums for medical and DVA which should have been deducted from January checks are listed below:

	Medical Premium (for Tier II/III without system-paid medical)	DVA Premium
Retiree only or survivor	\$823	\$70
Retiree and spouse or same-sex partner	\$1,647	\$139
Retiree and child(ren)	\$1,163	\$125
Retiree and family	\$1,987	\$198

Life insurance premiums remain unchanged but are recalculated each January based on the member's age on January 1. As members change age brackets, their premiums will increase. Current life premiums are available at AlaskaCare.gov. ♦



Long-Term Care Liaison Announced

Members seeking information about their Long-Term Care (LTC) services now have an additional resource. Barbara Ferguson is the Long-Term Care Liaison a new position developed to assist members in accessing services under their Long-Term Care plan. If you or someone you know would benefit from assistance navigating the Long-Term Care system, please contact the Division at (800) 821-2251 outside of Juneau, (907) 465-4460 in Juneau or email doa.drb.benefits@alaska.gov. ♦

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Preparing for Your Next Visit to the Doctor

- Consider taking a close friend or family member with you who is willing to take notes of your conversation and offer you support.
- Make a list of your questions and concerns.
- Remember to bring along your AlaskaCare ID card(s)
- Always keep a current list of your medications.

When you are at your appointment:

- Be prepared to share your symptoms – no matter how uncomfortable it may be to tell your doctor about embarrassing bodily symptoms, it can't be worse than having the condition progressing and ending up in an emergency room.
- Be honest with your doctor about your diet, physical activity, smoking, alcohol, or drug use, and sexual history.
- Don't be afraid to talk about sensitive topics – your doctor's office has heard it all!
- Be aware of and prepared to discuss any allergies.
- Ask questions about tests and test results. Make sure

you know the instructions to prepare for future tests. Ask about dangers or possible side effects and how long it will take to get the results.

- There are no dumb questions - ask questions about your condition or illness.
- Ask about the treatments your doctor recommends. What options do you have? How long should you expect treatment to last and are there any side effects?
- Ask questions about medications being prescribed. Do you know how to take this medication? What if you miss a dose? Are there any foods, other medications, or allergies that might interact with your new medication's effectiveness? Is there a generic option available?

After your appointment:

- Call HealthSmart Customer Service at (877) 517-6370 to find out if the treatment options are covered.

Being well informed about your condition or illness gives you the ability to be in control of and educated about your recovery. ♦

Your Pharmacy Can Coordinate Your Claims

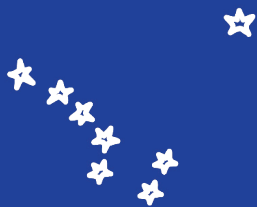


You may have more than one AlaskaCare Health Plan (if you're covered by your own plan and your spouse's plan),

but your pharmacist often does not have this information. Make sure to give **both** AlaskaCare ID cards to the pharmacy and ask them to **coordinate your benefits**. They will file the prescription claim under the primary plan and the copay under the secondary plan. You pay nothing and have no claims to file. But remember your pharmacist must know you have more than one health plan. If AlaskaCare is your primary plan, but you have secondary insurance with another carrier, it is still important to provide that information to the pharmacy so they can accurately process your claims.

Pharmacies needing assistance with this process should be encouraged to call the Envision Help Desk at (800) 361-4542. Information is available at AlaskaCare.gov as is a locator to find a participating pharmacy near you. ♦

More information at AlaskaCare.gov, enter search keyword: COB Pharmacy



HEALTHY ALASKANS 2020

A JOINT PROJECT OF THE ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES & THE ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Healthy Alaskans 2020 Survey Now Open

What health issues are priorities in your community? Obesity? Suicide? Cancer? The state of Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium have partnered to conduct a survey of all Alaskans on their wants, needs and vision for the future of health and health care in Alaska.

The project, known as Healthy Alaskans 2020, is designed to provide a framework to improve health for all Alaskans and their communities. Healthy Alaskans 2020 is part of the national Healthy People 2020 project to provide science-based, 10-year national objectives for ambitious yet achievable goals for improving the health of all Americans.

The second survey reaching out to Alaskans to hear their health priorities opened on January 15 and will close on February 28, 2013.

There was excellent participation in the first survey, with more than 1,500 surveys completed. Some of the leading health concerns from that survey were alcohol abuse, cost of healthcare, and obesity. The overall Healthy Alaskans 2020 process consists of a series of surveys which will be factored in to the overall decision-making process. The end result is to identify a short list of leading health priorities, setting targets for improvement between now and 2020, and listing some evidence-based strategies to help reach those targets.

All Alaskans are invited to participate in the process by completing the survey at www.HA2020.alaska.gov. The site also has a wealth of information on the Healthy Alaskans 2020 project as well as other resources. You are also encouraged to register for the program's email distribution list to receive updates and notices of opportunities to stay involved. ♦



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(907) 465-2805

doa.drb.benefits@alaska.gov

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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Find AlaskaCare Health Plans on Facebook

The AlaskaCare Employee Health Plan and the AlaskaCare Retiree Health Plan are now on Facebook. "Like" our page to stay up to date on the latest happenings at AlaskaCare. You'll find posts on upcoming events, healthy recipes, health-related news, and tips for using your health plan.



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