

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



AlaskaCare Employee Health Plan 2024 Open Enrollment Guide

November 2023



Make a Point of Prioritizing Your Health

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Dear AlaskaCare member,

Just as you prepare for Alaska winters by packing up your camping gear, putting on snow tires and brushing off skis, you can prepare for a healthy new year by thinking about your family's healthcare needs and planning ahead for 2024. This enrollment guide, along with a wealth of information on the AlaskaCare website, will give you the tools you need to make an informed choice.

AlaskaCare is committed to improving and expanding your benefits to help you stay healthy and affordably access the care you need, when and where you need it. We know AlaskaCare's nearly 6,000 employees and their families are unique. That's why we provide a range of options, including three medical plans, two dental plans and several additional benefits you can elect to participate in. You can choose the right mix of benefits to meet your needs.

During Open Enrollment, you can review your benefit elections to make sure they are still the best fit.

The Open Enrollment period for the 2024 plan year (January – December 2024) begins Wednesday, November 1 and ends Wednesday, November 22, 2023. Now is the time to make changes for the upcoming benefit year!

Open Enrollment Checklist

- Review Benefit Highlights.** See page 4 for benefit highlights and other important updates.
- Review your benefit choices and current elections.** This includes three options for medical coverage, two options for dental coverage, optional vision coverage, a health flexible savings account (HFSA), and several voluntary supplemental benefits (VSBs).
- Do the math!** Make sure your elections cover what you need. Check out the handy plan cost comparison tool on our website: Alaska.gov/drbb/OpenEnrollment
- Review your household information.** This includes you and your covered enrolled dependents. Double check that all names and Social Security numbers for your enrolled dependents are correct, to ensure your household's health coverage is accurately reported to the Internal Revenue Service as required by law.
- Confirm your health benefit elections for 2024.** Log in to MyRnB to make any changes to your health benefits. You may choose the same elections you have now, or make changes to take effect January 1, 2024.
- Make your Voluntary Supplemental Benefit (VSB) elections.** This includes life insurance, critical illness, and long & short-term disability. Your VSB elections will roll over to the 2024 benefit year if you do not make updates during Open Enrollment. For more information on offered benefits and instructions on how to participate in Open Enrollment, please visit the Division of Retirement and Benefits [Voluntary Benefits webpage](#).



Wednesday, November 1 to Wednesday, November 22, 2023

Enroll online at drb.alaska.gov/events/openenrollment.html

Important Reminders

- After Open Enrollment ends, you will not be able to make changes to your health plans or voluntary supplemental benefits in 2024, and will need to wait until the next Open Enrollment period for 2025. However, you can make changes mid-year if you have a qualifying life event.
- The AlaskaCare Health Flexible Spending Account (HFSA) allows you to pay for eligible health care expenses not covered by your medical, dental, or vision plans with pretax contributions. **To take advantage of this program, you must enroll annually during open enrollment.** Enrollment in the Health Flexible Spending Account does not roll over. Even if you are enrolled in 2023, you must go online to re-enroll for 2024.
- You can elect a waiver of coverage (opt-out), but this **must** be completed annually. **If you opted out of one or more benefits in 2023, but do not take action during Open Enrollment for 2024, you will be re-enrolled in the economy plans by default.** Read more about the waiver of coverage on page 8.
- If you do not take action during this period and/or your new enrollment elections are not received by the **November 22, 5 p.m.** deadline, your current benefit elections (except for HFSA or opt-out) will remain in effect through the benefit year ending December 31, 2024. See page 6 for enrollment instructions.

Overview

This enrollment guide outlines the choices available to you under the State of Alaska Select Benefits plan, commonly referred to as AlaskaCare. Because you may have different needs than your coworkers and friends, you can create a personal benefit program from a range of benefits and levels of coverage.

Check out the Open Enrollment webpage at Drb.alaska.gov/events/openenrollment.html for more detailed information about each plan option, Voluntary Supplemental Benefits (VSB), how to opt out of coverage, and FAQs. Use the Health Plan Cost Comparison Tool, also available on the website, to help you make informed choices about the best plan for your needs based on your anticipated costs for the coming year and the estimated cost of each plan.

If you make selections that require a monthly employee contribution, that amount will be taken through pretax payroll deductions. This means deductions are withheld from your pay before federal income taxes are applied. The monthly employee contribution amount is divided in half and deducted from the first two paychecks of each month throughout the year.

The online enrollment system will automatically calculate your monthly employee contribution amount as you make selections, allowing you to see what your costs may be as you change your elections.

For detailed coverage information, please refer to the AlaskaCare Employee Insurance Information Booklet available at AlaskaCare.gov.



Coordination Between State Employees' Health Plans

Under the authority of 2 AAC 39.920, AlaskaCare will only pay 30 percent of covered charges for your dependents if your spouse or children are covered by a State employee health trust and that coverage:

- has been waived,
- pays less than 70 percent of covered expenses, or
- has an individual out-of-pocket maximum, including deductible, of more than \$3,500.

If you have health coverage through AlaskaCare and your spouse or the parent of any of your children has other health coverage (for example, through a State employee health trust), the parent who has primary responsibility for covering your children must ensure they elect a plan that provides full family coverage. Failure to do so will result in less coverage for your dependents in the coming year.

Benefit Highlights

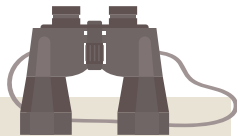
Teladoc® has been part of your AlaskaCare employee health plan since September 1, 2018. Providing you with a convenient and affordable way to receive quality general medical, mental health and dermatology care. AlaskaCare employee health plan members have access to Teladoc® for non-emergency conditions by web, phone, or mobile app 7 days a week, 365 days a year.

Services Offered:

- General Medical Consultations - \$0 Copay
- Dermatology Consultations - \$0 Copay
- Caregiver Consultations - \$45 Copay
- Mental Health Consultations - \$0 Copay

Short Term Disability

If you were to get injured or become ill, your ability to work and earn a full income could be impacted. Without your usual paycheck, how long would it take for your household finances to suffer? Enter short term disability insurance (STD). This type of coverage protects a portion of your income for a short period of time, such as if you are hurt, sick, or even recovering from the birth of a child. Coverage typically lasts up to 180 days, with benefits that begin in as little as 7 days after you've been disabled. The weekly benefit is 60% of your first \$962 earnings with a maximum of \$577, and minimum of \$20. Enroll today!



You can access the Online Benefits Enrollment portal to make open enrollment elections 24 hours a day, 7 days a week from:

Wednesday, November 1, 2023, through Wednesday, November 22, 2023 at 5 p.m. Alaska Time.



MetLife Pet Insurance

Employees have access to the State of Alaska's discount (10%) with MetLife Pet Insurance. Each policy is individualized, and MetLife Pet Insurance is the place to go with any and all questions related to this benefit.

1-800-GETMET8 (1-800-438-6388)

pet_info@metlife.com

[metlife.com/getpetquote](https://www.metlife.com/getpetquote)

You can also log into your Benefitfocus Marketplace account.



New in 2024: Acupuncture

Effective January 1, 2024, your AlaskaCare plan is adding coverage for acupuncture for certain indications such as pain management, headache, post-operative and chemotherapy-induced nausea and vomiting, low back pain, pain from osteoarthritis of knee/hip, and chronic neck pain when it's medically necessary and part of a written plan of care. This new acupuncture benefit was designed to help you receive the holistic care you need.

Is acupuncture right for me?

To determine whether you could benefit from acupuncture:

- Talk with your doctor. Your doctor can help you decide if acupuncture is right for your symptoms.
- Contact the Aetna Concierge at (855) 784-8646 to determine the conditions for which acupuncture is considered medically necessary.



Preventive Care—At No Cost

All AlaskaCare employee medical plan options will pay covered preventive services in full when received from an in-network provider. In-network preventive care services are not subject to deductibles or coinsurance.

This includes routine screenings, checkups, routine gynecological and well-child exams. It also includes counseling you get to prevent illness, disease or other health problems. Many of these services are covered as part of physical exams.

These services are generally not preventive if you get them as part of a visit to diagnose, monitor or treat an illness or injury. Then copays, coinsurance and deductibles may apply.

Aetna follows the recommendations of national medical societies about how often children, men and women need these services. Be sure to talk with your doctor about which services are right for your age, gender and health status.

Employee Assistance Program

For AlaskaCare eligible employees, the Employee Assistance Program (EAP) offers a confidential counseling service, free of charge to you and your dependents, administered by Aetna. This service provides assessment, treatment and referral services, and covers up to eight counseling sessions per problem per benefit year.

The program is geared to provide assistance with difficulties that you may encounter at: work, emotional problems, stress, family or relationship problems, and drug and alcohol abuse. Some of the areas the EAP can help with include personal balance, emotional wellness, communication skills, stress management, and grief issues. Your call or visit to the EAP counselor is completely confidential.

**EAP staff is available 24 hours a day,
7 days a week, 365 days a year.**



Health Flexible Spending Account (HFSA)

The Health Flexible Spending Account (HFSA) provides an opportunity for you to save by setting aside money for health care expenses on a pre-tax basis. You decide the amount you want to contribute each month, up to the Internal Revenue Service (IRS) limit. You can also use your HFSA to pay for qualified health care expenses not covered by your insurance.

How a HFSA Works

During each benefit year, you contribute a predetermined amount from each paycheck to the account. When you incur medical expenses, you file claims and are reimbursed with tax-free dollars from the account. You benefit from reduced taxes because you don't pay taxes on the dollars you contribute to your accounts.

How to Receive Reimbursement

To be reimbursed for eligible medical expenses, claims for reimbursement to the HFSA may be submitted in one of the following ways:

Streamlining

If you do not have any other health coverage, you can elect to have your HFSA set up with "streamlining." Streamlining automatically sends the unpaid portion of

your eligible medical claim (deductible, your portion of the coinsurance, etc.) directly to your HFSA account for reimbursement.

Non-Streamlining

Direct Claims Submission

With this option, you submit your claims to PayFlex on the Request for Reimbursement form after receiving your EOB from the plan or any other health plan in which you participate.

Over the Counter (OTC) Claims Submission

With this option, you submit claims to PayFlex on the HFSA OTC Claims form regardless of whether you have elected streamlined or direct claims submission.

Rates and Carryover Amounts

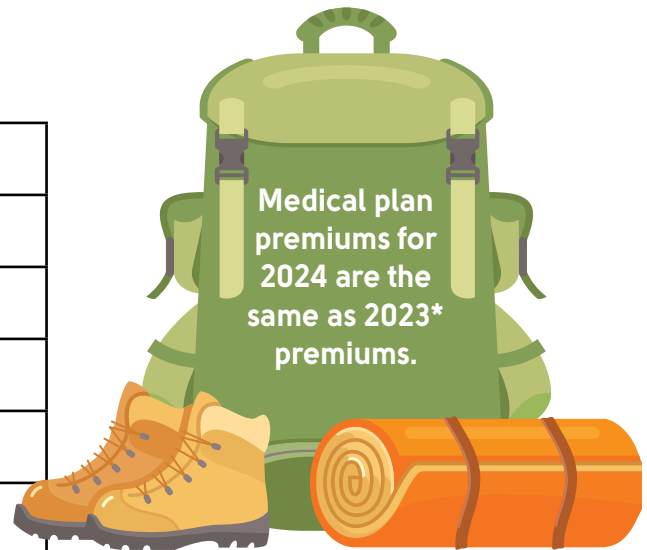
Rates: \$25 minimum/month to \$250 maximum/month.
\$3000 maximum annual.

Carryover: \$610 carryover into 2024.

Read more about the HFSA benefit online at drb.alaska.gov/employee/healthplans.html#hfsa

AlaskaCare 2024 Employee Premiums

	Employee Only	Employee and Family
Standard Medical Plan	\$125	\$303
Economy Medical Plan	\$63	\$167
Consumer Choice Medical Plan	\$25	\$71
Standard Dental Plan	\$37	\$102
Economy Dental Plan	\$0	\$0
Managed Vision Plan	\$15	\$40



* Inlandboatmen's Union premiums for the economy plan changed for plan year 2024. All other premiums remain the same.

Medical Plan provisions for ALL employee groups:

	Individual Deductible	Family Deductible	Coinsurance* (percentage of allowable amount paid by plan)	Individual Annual Out-of-Pocket Limit*	Family Annual Out-of-Pocket Limit*	In-Network Primary Care Office Visit Copay	In-Network Specialty Care Office Visit Copay
Standard Medical Plan	\$300	\$600	80%	\$1,750	\$3,500	\$25	\$45
Economy Medical Plan	\$500	\$1,000	70%	\$2,750	\$5,500	\$35	\$55
Consumer Choice Medical Plan	\$2,400 (first \$750 offset by HRA)	\$4,800 (first \$1,500 offset by HRA)	70%	\$5,400	\$10,800	N/A	N/A

*See section 2.1.1 Medical Benefit Schedule for a list of coinsurance and out-of-pocket maximum exceptions (such as 100% coinsurance for in-network preventive care, or greater out-of-pocket maximums that apply to charges from some out-of-network facilities).

How to Enroll


Eligible dependents

Dependents of eligible employees may be covered under the AlaskaCare benefit plans. Eligible dependents include your spouse, your children up to age 26, and your child age 26 and older who is permanently and totally disabled. Additional information is available in the AlaskaCare Employee Plan Booklet, under section 1.3.2 Eligible Dependents.

Changing your coverage before Open Enrollment ends

You may change your mind about any benefit choices as long as you re-enroll in your final choices before the enrollment deadline. Reminder—each time you re-enroll, a new enrollment is processed. The previous enrollment will no longer exist. Make sure to re-select each of your elections.





**Ready to Enroll?
Follow these
Instructions for
enrolling in health
benefits online:**

1. Log in to your myAlaska account.

- a. Visit myRnB.alaska.gov. This is the myRnB portal.
- b. On the right side of the page, choose **Login** using myAlaska. You will be directed to the myAlaska login page, where you will log in using your myAlaska ID and password. This is the same ID and password you use to apply for your PFD. If you do not currently have a myAlaska account, click on the second link to create a myAlaska account. After you log in to myAlaska, you will be redirected back to myRnB.
- c. If this is your first time logging on to myRnB, you may need to verify your last name, date of birth, and the last 4 digits of your SSN, then click on **Next**.
- d. On the myRnB page, under Self-Service Tools, select **AlaskaCare Health Benefits Open Enrollment**.

2. Review your dependents enrolled under the health plan.

- a. Click **Health Dependent Enrollment**.
- b. Make sure all your eligible dependents are listed. If not, click **Add Dependent**, fill in the blanks, and click **Save Changes**.
- c. If there are ineligible dependents listed, select the dependent from the list on the left side of the page. Click **Edit**, then **Terminate Dependent**.
- d. If you have not yet provided the Social Security

number (or other tax identification number) for each of your dependents that you have enrolled, please do so now. Select the dependent from the list on the left, then choose **Addition of Missing SSN** from the drop-down menu. Be sure to click **Save Changes** once you have added the information.

- e. Once your dependents are enrolled, click on the **Print and Sign Verification** button to open the signature verification form in a PDF document and print the verification form.
- f. Once the form is signed and dated, you may fax, mail, or email it to the Division per the information on the form. The dependent enrollment is not complete until the Division receives and processes your verification form.
- g. Once your review is complete, click **Back to Benefits Enrollment** at the top of the page.

3. Check your elections and make new elections as needed.

- a. Under **Change Reason**, select **Open Enrollment** from the drop-down menu, then click **Change Elections** button.
- b. Use the drop-down menus to make new elections. Certify your eligibility, then press **Continue**.

4. Review these elections and the updated premiums.

- a. Click **Back** to edit your elections, or
- b. Click **Submit Elections** to finalize enrollment.
- c. Print the confirmation page for your records.

You are all set for your health elections for 2024!

Waiver of Coverage (Opt-Out)

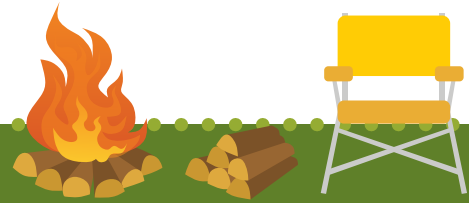
If you are an AlaskaCare Employee Health Plan covered employee with other medical coverage, you may elect to opt out of or waive coverage for yourself and your family for one or more of the medical, dental, and vision plans offered through AlaskaCare. You may also elect employee-only coverage while opting-out of coverage for your family from one or more of the AlaskaCare benefits.

If you want to waive any component of AlaskaCare coverage, you must elect to waive each component **and do so annually** during the open enrollment period. **A waiver of coverage for 2023 will not carry over to 2024.**

Opting Out is a two-step process:

1. Go online to myRnB.alaska.gov to make your elections/opt out.
2. Complete and sign the Opt-Out form [PDF], then scan and email it to doa.drb.benefits@alaska.gov or fax it to (907)465-3086

If you chose to opt out of the Medical plan in 2023, and you do not complete the opt-out process during Open Enrollment for 2024, you will be defaulted to the Economy Employee Only Plan or the Economy Employee and Family Plan (if you have active dependents listed). **Remember: you must annually elect to opt-out of coverage.**



**Enrollments must be made online.
If you need assistance while trying
to enroll, contact the Member
Education Center at:**

In Juneau: (907) 465-4460

Toll-free: (800) 821-2251

**Monday-Thursday: 8:30 a.m. to 4 p.m.
(Alaska Time)**

Friday: 8:30 a.m. to 3 p.m. (Alaska Time)

Email: doa.drb.benefits@alaska.gov

Aetna Concierge: (855) 784-8646

Delta Dental of Alaska: (855) 718-1768

OptumRx: (855) 409-6999

PayFlex: (888) 678-8242

