

AlaskaCare Benefit Clarification

Benefit Title	Chiropractic/Rehabilitative Coverage		Group Number	866219-All	
Effective Date	January 1, 2018		Date Submitted		
Applicable Benefit Plan (check all that apply):					
	Retiree	n Care			
Medical □	Dental Vision	Audio	Pharmacy Ot	ther	
Description: 4 modality limit claim adjudication policy					
 Retiree Jar reimburser AlaskaCar reimburser The AlaskaCare Elimit in the Alaska 	rance Information Book nuary 1, 2014 amendment ment policies e Employee Health Plan S ment policies Employee Health Plan limi aCare Retiree Health Plan esical therapy to no more the	Section 2 – Visits spinal manip	sit Limits and Section t Limits and Section pulations to 20 visits pipulations. Both the F	15 recognized per calendar y Employee and	d charge/Aetna year. There is no I the Retiree
Decision: Do not	apply 4 modality limit.				
Plan Administrator Approval:					
Signature (Amiesai	Title Direct Divisi Benef	on of Retirement and	Date I	1/1/18

Comments:

This benefit clarification applies to the AlaskaCare Employee Health Plan effective January 1, 2018 and the AlaskaCare Retiree Health Plan as amended January 1, 2018.

A benefit clarification is one mechanism by which the Plan Administrator provides guidance to the Third Party Administrator (TPA) as to the proper adjudication of a specific provision of the AlaskaCare Health Plan(s). A benefit clarification does not amend the AlaskaCare Health Plan(s); rather, it provides clarification as to the Plan Administrator's intent with regard to a specific provision of the plan document. No covered person will have any vested interest in a benefit clarification. The Commissioner of Administration, as administrator of the AlaskaCare Health Plans, reserves the right, in his sole discretion, to alter, amend, delete, cancel or otherwise modify this benefit clarification at any time and from time to time, and to any extent that he deems advisable.