



Dear RPEA Members,  
The Retiree Health Plan Advisory Board (RHPAB) is having frequent, ongoing meetings to review lists of possible changes to the retiree health plans that the Division of Retirement and Benefits (DRB) is providing them asking for feedback.

*Examples of changes DRB is considering:*

**Increased yearly deductible**

**Increased yearly out-of-pocket:**

The plan currently has an \$800.00 yearly out-of-pocket max.; when this has been met the plan will pay at 100% instead of 80/20%.

DRB's proposal could more than double the yearly-out-of-pocket amount you will have to pay before the plan pays at 100%.

**Implant coverage:**

*Currently:*

The plan allows implants to be covered under the medical plan if needed due to accident or disease (disease includes periodontal disease), and because it's part of the medical plan pays at 80/20% unless you've reached your \$800 yearly out-of-pocket max., at which time it will pay at 100%.

The cap that then goes on top of the implanted post falls under the dental plan as a class III service paying at 50% of either the negotiated network rate or the recognized charge rate as determined by Moda Health if your dentist is out-of-network.

Implants that do not meet the medical plan criteria for coverage can be covered under the dental plan paying as a Class III service.

*DRB Proposed Change:*

Implants needed due to periodontal disease would be moved to the dental plan paying as a Class III service as described above.

The cap that goes on the implanted post would remain under the dental plan paying as a Class III service as described above.

Implants needed due to accident would remain under the medical plan.

*Reason DRB gives for proposed change:* The TPAs (third party administrators: Aetna is the medical TPA and Moda Health is the dental TPA) are having a difficult time coordinating the benefits and this change would eliminate confusion making it easier for the TPAs and DRB.

The reason that DRB gives for this proposed change collapses, though, because implants needed due to accident would remain under the medical plan, and if there is confusion, it would continue to exist.

**Managing the TPAs and assuring that benefits are paid correctly is a DRB administrative function and should not impact retiree benefits.**

*Impact to Retirees of Proposed Change:*

Eliminating implants needed due to periodontal disease from the medical plan and moving it to the dental plan would result in much less of the total cost being covered due to 1) being paid as a Class III service, and 2) the \$2,000/year dental plan cap (\$4,000.00 cap if you are double covered).

**This change will likely result in far fewer retirees being able to afford to receive current, best practices care when implants are needed due to periodontal disease.**

**Increased copay for some brand-named drugs:**

Currently retirees pay an \$8.00 copay for brand named drugs, \$4.00 for generics and \$0 for mail order.

DRB has proposed a \$16.00 copay for brand named drugs that do not appear on the OptumRx preferred drug list, a list that is controlled by OptumRx, unless the retiree can establish medical necessity for a brand-named drug.

**This is just a sample of the types of changes being considered by DRB. You can access full lists at the Retiree Health Plan Advisory Board webpage:**

<http://doa.alaska.gov/drb/alaskacare/retiree/advisory.html>

It is important that you review DRB's proposals and send your feedback to the Retiree Health Plan Advisory Board at [AlaskaRHPAB@alaska.gov](mailto:AlaskaRHPAB@alaska.gov). The Advisory Board is retirees' voice at the table, and they need your feedback as they go through DRB's proposals for plan changes.

**It is also important to know that requests for additions to the plan of benefits that have never been a part of the plan will result in a reduction or elimination in one of the existing plan benefits.**

All of the Retiree Health Plan Advisory Board meetings have teleconference available. There is opportunity for comment at the beginning of each meeting. Call-in information is listed on the agenda for each meeting, and can be found on the Retiree Health Plan Advisory Board webpage listed above.

Please let me know if there are questions.

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