



**Office of Procurement and Property Management
Division of Administration**

**Request for Quotes (RFQ)
RFQ # 22.08**

Addendum 1

**City of Juneau, Alaska
Mailing and Printing Services**

Date of Issue: September 7, 2021

The RFQ Package is hereby clarified or changed as follows:

1. Submittal deadline has been changed to: September 10, 2021 at 2:00p.m. AKST
2. Questions and Answers

The questions and answers begin on page two. This Addendum is hereby made part of the RFQ and is a total of 21 pages.

All other terms and conditions for this RFQ remain unchanged.

Issued by: Brandy L. Halverson
Procurement Specialist III
Email: doa.oppm.procurement@alaska.gov

Questions and Answers

Question 1: Do you have electronic, redacted samples of the products to be produced for the State? If so, please provide guides, letter and post cards from 2020, if they are same/similar.

Answer 1: Samples are attached hereafter (19 pages).

Question 2: Other than addressing is there NO variable content in salutation or body of documents for the plans, post cards, or letters.

Answer 2: Annual benefit statement: There is no variable date, however each of 32,000 statements is unique. The State will provide a unique PDF for each individual statement. Open enrollment materials: There is no variable date except for the addresses.

Question 3: If there no PII do you mail content Standard Mail or First-Class Mail?

Answer 3: Due to the constraints for producing these pieces, they must be mailed first class.

Bidders must acknowledge receipt of this addendum prior to the hour and date set for bid opening.

The bid documents require acknowledgment individually of all addenda to the drawings and/or specifications. This is a **mandatory requirement** and any bid received without acknowledgment of receipt of addenda may be classified as not being a responsive bid.

End of Addendum

AlaskaCare Retiree DVA Plan:

2020 Dental Benefit Comparison



AlaskaCare retiree Dental-Vision-Audio (DVA) plan members have a choice between the Standard Dental Plan and the Legacy Dental Plan for the 2020 benefit year. You can choose the plan that works best for you and your family.

This comparison provides an overview of the two plans and highlights some, but not all, of the benefit provisions. For complete coverage details, please consult the plan booklets available at www.AlaskaCare.gov.

2020 Retiree DVA Plan Monthly Premiums

Coverage	Standard	Legacy
Retiree Only	\$66	\$73
Retiree and Spouse	\$131	\$145
Retiree and Child(ren)	\$119	\$132
Retiree and Family	\$187	\$207

Plan Structure, Annual Deductible, Coinsurance, and Maximum Benefit

	Standard (Current)	Legacy (Prior to 2014)
Covered household member options	✓ Retiree only Retiree and spouse Retiree and child(ren) Retiree and family	✓ Retiree only Retiree and spouse Retiree and child(ren) Retiree and family
Plan funding	✓ 100% funded by member-paid premiums.	✓ 100% funded by member-paid premiums.
Annual deductible	✓ \$50 per individual. Applies to class II (restorative) and class III (prosthetic) services.	✓ \$50 per individual. Applies to class II (restorative) and class III (prosthetic) services.
Coinsurance	✓ Class I (preventive): 100% Class II (restorative): 80% Class III (prosthetic): 50%	✓ Class I (preventive): 100% Class II (restorative): 80% Class III (prosthetic): 50%
Annual individual benefit maximum	✓ Plan will pay up to \$2,000 for dental services each benefit year.	✓ Plan will pay up to \$2,000 for dental services each benefit year.

Network Provisions

	Standard (Current)	Legacy (Prior to 2014)
Access to a broad network of dental providers	✓ Yes	✓ Yes
Access to an additional exclusive network of preferred dental providers who accept reduced fees for the same services.	✓ Yes	✗ No
Recognized charge: In-Network	✓ Lesser of 100% of negotiated fees, billed charges, or covered expense.	✓ Lesser of 100% of negotiated fees, billed charges, or covered expense.
Recognized charge: Out-of-Network	✓ 75% of the 80th percentile; members may be billed for additional charges.	✓ 100% of the 90th percentile; members may be billed for additional charges.

Dental Necessity Requirement

	Standard (Current)	Legacy (Prior to 2014)
To be eligible for coverage, dental services and supplies must meet these dental necessity requirements and be a covered service or supply under the plan.	✓ The Retiree Standard Dental Plan covers dental services and supplies when performed by a dentist or dental care provider and when determined to be dentally necessary.	✓ The Retiree Legacy Dental Plan does not provide benefits for dental services or supplies that are not necessary for diagnosis or treatment of dental condition as determined by the claims administrator even if prescribed, recommended, or approved by a dental professional.

This document is to supplement, but not replace, the information in the AlaskaCare plan documents. Should there be a conflict between this document and the relevant plan document, the plan document prevails.

Covered Dental Services: Class I - Preventive

	Standard (Current)	Legacy (Prior to 2014)
Diagnostic		
Oral exam	✓ Covered 2 times per benefit year.	✓ Covered
Complete series x-rays/panoramic	✓ Covered once every five years.	✓ Covered if required for diagnosis; not more than one full mouth or series per year.
Bitewing x-rays	✓ Covered once per benefit year.	✓ Covered
Diagnostic casts & study models	✗ Not covered	✓ Covered
Preventive		
Cleanings (prophylaxis)	✓ Covered 2 times per benefit year; additional cleanings available for persons with diabetes, periodontal disease, or in last trimester of pregnancy. Other exceptions allowed.	✓ Covered
Periodontal maintenance	✓ Covered as a class I service at 100% and no deductible. 2 times per benefit year; additional cleanings available for persons with diabetes, periodontal disease, or in last trimester of pregnancy. Other exceptions allowed.	✓ Covered as a class II service at 80% and \$50 deductible.
Topical fluoride: 18 years or younger	✓ Covered 2 times per benefit year.	✓ Covered
Topical fluoride: 19 years or older	✓ Covered 2 times per benefit year if recent periodontal surgery or high risk of decay due to chemotherapy or medical disease.	✓ Covered
Sealants: 18 years or younger	✓ Covered once every five years with tooth limitations.	✓ Covered
Sealants: 19 years or older	✓ Covered once every five years with tooth limitations.	✗ Not Covered
Space maintainers	✓ Covered for 14 years and younger, once per tooth space with tooth limitations.	✓ Covered as a class II service at 80% and \$50 deductible.

Covered Dental Services: Class II - Restorative

	Standard (Current)	Legacy (Prior to 2014)
Restorative		
Fillings	✓ Covered	✓ Covered
Inlays	✓ Covered, considered an optional service. Alternate benefit of composite filling. Covered as a class II service at 80% and \$50 deductible.	✓ Covered as a class III service at 50% and \$50 deductible.
Crown buildups	✓ Covered as a class II service at 80% and \$50 deductible if necessary for tooth retention.	✓ Covered as a class III service at 50% and \$50 deductible.
Oral Surgery		
Extractions (including surgical)	✓ Covered	✓ Covered
Alveoplasty (procedure to smoothen or re-shape jaw bone)	✓ Covered when performed as part of other covered service. Not covered as a separate charge.	✓ Covered
Brush Biopsy	✓ Covered 2 times per benefit year.	✓ Covered
Endodontic		
Root canal & treatment	✓ Covered; retreatment not covered for same tooth by same dentist within 24 months. Initial service should include retreatment within this timeframe if necessary.	✓ Covered
Pulpal therapy (pulp capping)	✓ Covered when pulp is exposed.	✓ Covered

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Covered Dental Services: Class II - Restorative Continued

	Standard (Current)	Legacy (Prior to 2014)
Periodontic		
Gum disease and supporting tissue treatment	✓ Covered	✓ Covered
Periodontal maintenance	✓ Covered as a class I service, 100% and no deductible. Two per benefit year; additional cleanings available for persons with diabetes, periodontal disease, or in last trimester of pregnancy. Other exceptions allowed.	✓ Covered as a class II service at 80% and \$50 deductible.
Periodontal scaling & root planing	✓ Once per quadrant in any 2 year period.	✓ Covered
Periodontal splinting	✗ Not covered	✓ Covered
Full mouth debridement	✓ Covered once in a 3-year period if no cleaning (prophylaxis) occurred within preceding 24 months.	✓ Covered
Anesthesia		
Nitrous Oxide	✓ Covered	✓ Covered
General anesthesia/ IV sedation	✓ Covered for surgical procedures only or if needed due to a medical condition.	✓ Covered
Other		
Palliative care	✓ Covered	✓ Covered
Apicoectomy (surgical removal of root tip)	✓ Covered	✓ Covered
Denture repair	✓ Covered as a class III service, 50% coverage and \$50 deductible.	✓ Covered
Denture reline	✓ Covered as a class III service, 50% coverage and \$50 deductible.	✓ Covered
Denture adjustments	✓ Covered as a class III service, 50% coverage and \$50 deductible.	✓ Covered
Tissue conditioning	✓ Covered as a class III service, 50% coverage and \$50 deductible.	✓ Covered

Covered Dental Services: Class III - Prosthetic

	Standard (Current)	Legacy (Prior to 2014)
Restorative		
Crowns (cast restoration)	✓ Covered once in 7 year period on any tooth.	✓ Covered
Onlays (cast restoration)	✓ Covered once in 7 year period on any tooth.	✓ Covered
Lab veneers (cast restoration)	✓ Covered once in 7 year period on any tooth.	✓ Covered
Inlays	✓ Covered, considered an optional service. Alternate benefit of composite filling. Covered as a class II service at 80% and \$50 deductible.	✓ Covered as a class III service at 50% and \$50 deductible.
Crown buildups	✓ Covered as a class II service at 80% and \$50 deductible if necessary for tooth retention.	✓ Covered as a class III service at 50% and \$50 deductible.
Porcelain restorations	✓ Covered for visible teeth. Coverage limited to cost of metallic prosthetic if placed on upper second or third molars or lower first, second, or third molars.	✓ Not covered if tooth can be restored with amalgam (metallic) filling. Coverage limited to appropriate charges for amalgam or similar material.
Prosthodontic		
Bridges	✓ Covered once in 7 year period if tooth, tooth site, or teeth have not received a cast restoration benefit in last 7 years.	✓ Covered

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Covered Dental Services: Class III - Prosthetic Continued

	Standard (Current)	Legacy (Prior to 2014)
Prosthodontic		
Dentures full & partial	✓ Covered once in 7 year period if tooth, tooth site, or teeth have not received a cast restoration benefit in last 7 years.	✓ Covered once every 5 years if previous dentures cannot be made serviceable or if previous denture was temporary and installed within previous 12 months.
Dentures temporary	✓ Partial denture covered if placed within 2 months of anterior tooth extraction. Additional limitations may apply.	✓ Covered
Denture adjustment	✓ Covered twice in 12-month period, unless received within first 6 months of initial placement (this is included in the initial placement charge).	✓ Covered as a class II service, 80% coverage and \$50 deductible.
Denture repairs	✓ Covered unless received within first 6 months of initial placement (this is included in the initial placement charge).	✓ Covered as a class II service, 80% coverage and \$50 deductible.
Denture reline	✓ Covered once in 12-month period, unless received within first 6 months of initial placement (this is included in the initial placement charge).	✓ Covered as a class II service, 80% coverage and \$50 deductible.
Tissue conditioning	✓ Covered twice per denture in a 36-month period.	✓ Covered as a class II service, 80% coverage and \$50 deductible.
Implants	✓ Covered. Limited to once per lifetime per tooth space. Some implant charges may be eligible for coverage under medical plan. Associated cast restoration over implant and other implant related procedures are covered as a Class III prosthetic service.	✗ No coverage for implants under dental plan. Some implant charges may be eligible for coverage under medical plan. Associated cast restoration over implant and other implant related procedures are covered as a Class III prosthetic service.
Other		
Athletic mouthguards	✓ Covered once per year if 15 or younger; covered once every 2 years if 16 or older.	✗ Not covered

Other Services and Benefits

	Standard (Current)	Legacy (Prior to 2014)
Orthodontics	✗ Orthodontics services are not covered in the AlaskaCare Dental Plan.	✗ Orthodontics services are not covered in the AlaskaCare Dental Plan.
Vision Benefits	✓ No changes to plan benefits.	✓ No changes to plan benefits.
Audio Benefits	✓ No changes to plan benefits.	✓ No changes to plan benefits.

This document is to supplement, but not replace, the information in the AlaskaCare plan documents. Should there be a conflict between this document and the relevant plan document, the plan document prevails.

For questions about how specific services may be covered under each plan, please contact Delta Dental.

For more information about the DVA Plan, contact:

Dental: Moda/Delta Dental of Alaska
Toll Free (855) 718-1768

Vision and Audio: Aetna Concierge
Toll Free (855) 784-8646

www.AlaskaCare.gov/DVA

Contact the Member Services Contact Center:

Juneau: (907) 465-4460
Outside Juneau: (800) 821-2251
Email: doa.drb.benefits@alaska.gov
PO Box 110203 Juneau, AK 99811-0203

Monday - Thursday: 8:30 a.m. to 4 p.m. (Alaska Time)
Friday: 8:30 a.m. to 3 p.m. (Alaska Time)

AlaskaCare Retiree DVA Plan:

2020 Dental Benefit Enrollment Guide



Effective January 1, 2020, eligible AlaskaCare retirees will have a choice between the current dental plan (standard plan) and the dental plan in place prior to 2014 (legacy plan) as part of their Dental, Vision, and Audio (DVA) coverage. You can choose the plan that works best for you and your family for the upcoming benefit year.



The Division of Retirement and Benefits will host a retiree DVA plan open enrollment period from October 16 through November 27, 2019.

Open enrollment was originally set to begin November 6. We know this process is new, so we expanded the enrollment window to begin October 16. The enrollment period for the 2020 benefit year will begin early to give you more time to consider your options and make your choice! We want you to make an informed decision and choose the option that best meets your needs.

This enrollment guide contains information about your choices, and instructions for participating in open enrollment. It is designed to answer questions about your options and how to enroll.

Open enrollment is a four step process:

1. **Learn:** Learn about the open enrollment process
2. **Verify:** Verify your eligibility to participate in open enrollment
3. **Compare:** Compare your options for dental benefits in the DVA plans
4. **Enroll:** Enroll in the plan of your choice

**DVA Open Enrollment Period:
October 16 through
November 27, 2019**

Find the online enrollment form at
www.AlaskaCare.gov/DVA

For more information about the DVA plan, to view the FAQs, or to sign up for the AlaskaCare Retiree e-newsletter visit:
www.AlaskaCare.gov/DVA

Need more information?

There are additional Frequently Asked Questions (FAQ) on our website. You can find answers to questions retirees have asked. Check our FAQ page often, new questions are added regularly!
www.AlaskaCare.gov/retiree/faqs

Send us an email at doa.drb.benefits@alaska.gov or call us toll-free at (800) 821-2251 or in Juneau at (907) 465-4460.

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Frequently Asked Questions



What are some of the similarities between the standard plan benefits and the legacy plan benefits?

- Both plans have the same annual benefit maximum: \$2,000.
- Both plans provide coverage for dental preventive, restorative, and prosthetic services.
- Both plans have the same coinsurance levels:
 - Class I (Preventive): 100%
 - Class II (Restorative): 80%
 - Class III (Prosthetic): 50%
- Both plans have the same annual deductible: \$50 per individual (Class II and III Services).
- Both plans are fully funded by member premiums.
- Vision and audio benefits are the same.

Can I see any dentist?

Yes, both the standard plan and the legacy plan let you see any licensed dentist you want. Both plans give you access to a wide network of dental providers that will save you money. If you choose the legacy plan and see an out-of-network provider, the plan will cover a greater portion of the charges so you may pay less for out-of-network services. If you choose the standard plan, you have access to an additional network of providers that offer deeper discounts, saving you more money, but you may pay more if you use out-of-network dentists.

Remember, if you use an out-of-network dentist, you may receive additional bills for charges that the plan will not cover.

Why are monthly premiums different for the two plans?

The dental plan monthly premiums are set to reflect the overall value of each plan across all enrolled members. The value of each plan varies based on differences in benefit design, network access, and how much the plan pays out-of-network providers. The rates are not impacted by how many people elect one plan or the other.

What are some of the differences between the standard plan benefits and the legacy plan benefits?

Standard Plan

- Features an additional dental network with deeper discounts that save you more money when you use a network dentist. This allows you to receive coverage for more services before you reach your annual benefit maximum.
- Supports evidence-based coverage limitations, including those developed by the American Dental Association, such as frequency and age limitations for exams, cleanings, and periodontal maintenance.
- Pays less if you visit an out-of-network dentist.
- Has lower premiums.

Legacy Plan

- Does not have pre-determined frequency or age limitations on most services.
- Features a wide dental network that saves you money when you use a network dentist.
- Pays out-of-network dentists at a higher rate.
- Has higher premiums.

Some dental procedures fall into different service classes, depending on which plan you elect. If you would like to know how a specific service would be covered under each plan, call Delta Dental of Alaska at (855) 718-1768.

Please consult the AlaskaCare Retiree DVA Plan: 2020 Dental Benefit Comparison for more details about the differences between the plans. The AlaskaCare Retiree Insurance Information Booklets will contain the complete benefit provisions for both the standard and legacy dental plans.

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Is the DVA Open Enrollment mandatory?

Open enrollment is not mandatory, but it is the time period during which you can make changes to your dental benefits. **We encourage all eligible AlaskaCare retirees to review the plan options and participate in open enrollment.** If you currently have AlaskaCare DVA coverage and do not make a plan selection during open enrollment, you will remain enrolled in your current dental plan (standard plan).

If I have dental services scheduled before the end of 2019 will this impact my benefits?

The benefit election you make during open enrollment will become effective January 1, 2020. This means that the coverage you have today will still apply through December 31, 2019, including any claims for services provided before the end of 2019. If you are not currently enrolled in the DVA plan but are eligible to do so during open enrollment, your coverage under the plan does not take effect until the new benefit year beginning January 1, 2020.

Can I change my plan next year?

You will be able to change your dental plan during the open enrollment period for as long as the State offers two dental plans. Outside of the open enrollment period, you will not be able to make changes to your selections unless you have a qualifying life event or would like to decrease your coverage. You may decrease your coverage at any time by contacting the Division.

Remember, if you are a current DVA plan member and do not take action during open enrollment, you will remain enrolled in your current dental plan (standard plan). **We encourage all eligible AlaskaCare retirees to review the plan options and participate in open enrollment.**

Will I get a new ID card?

Yes, you should expect to receive a new dental benefit ID card in early January 2020. **You can continue to use your current card until your new card arrives, even if you changed dental plans.**

I am currently enrolled in the DVA plan with coverage for myself and my dependent spouse. Can I choose the legacy plan, and can my spouse choose the standard plan?

No, a retiree may only select one plan for themselves and any covered dependents. However, if you and your spouse each have a separate AlaskaCare DVA policy, you may select different plans and cover each other as dependents.

I don't currently have DVA coverage but am eligible to enroll during the upcoming open enrollment period. Will I have another opportunity to enroll?

If you retired on or after January 1, 2014 and did not elect DVA coverage at the time of retirement, or you disenrolled from DVA coverage on or after January 1, 2014, the fall 2019 open enrollment is a one-time opportunity for you to enroll in DVA coverage. If you elect coverage during this year's open enrollment, you can change your coverage options at every open enrollment going forward.

Key Terms

- ☐ **Deductible** is the amount you pay each benefit year before a portion of your costs are paid by the dental plan. The deductible for both the standard and legacy retiree dental plans is \$50 for class II and III services.
- ☐ **Coinsurance** is the percent of covered expenses paid by AlaskaCare once you meet your deductible. Coinsurance levels vary depending on the class of service.
- ☐ **Annual Benefit Maximum** is the total amount that the plan will pay for dental services you receive during that benefit year. The annual maximum for both the standard and legacy retiree dental plans is \$2,000.

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Ready to Enroll?

Find the Online Enrollment Form at www.AlaskaCare.gov/DVA

You can make elections 24 hours a day, 7 days a week from **October 16, 2019 through November 27, 2019** at 5 p.m. Alaska Time.

Online Enrollment Instructions

- **Open your web browser** and **navigate** to www.AlaskaCare.gov/DVA
- Click on the enrollment link: **“Ready to Enroll? Click Here!”** You will be taken to the Retiree DVA Plan Open Enrollment online form.
- The online enrollment form is completed in four easy steps. Click on **Get Started** to begin!

Step 1. Learn

Open enrollment begins with important reminders about your plan options, eligibility information, and where to find answers if you have questions. After reviewing the information, click the **Next** button to move on.

Step 2. Verify

You will be prompted to enter information to verify that you are eligible to enroll. Enter the information and click on **Check Eligibility**

- If your eligibility was confirmed, you will see the message **Eligibility Verified!** Confirm or update your contact information and click the **Next** button.
- If your eligibility was not confirmed, you will see the message **Unable to Verify**
- *If the system is unable to verify your identity, please contact the Division at (800) 821-2251 or (907) 465-4460 in Juneau as soon as possible so we can help.*

Step 3. Compare

Review the monthly premium rates, the benefit comparison table, and your plan booklet to decide which plan is best for you. After reviewing the information, click the **Next** button to move on.

Step 4. Enroll

Make your plan election, choose your coverage level, and click **Enroll**

- Please print the confirmation page for your records.

- If you need to update your dependent information, complete the Retiree Health Dependent Change Form provided on this page and submit it to the Division of Retirement and Benefits.
- If you click on the **Exit to AlaskaCare webpage** button, you will close the enrollment site. Congratulations! You have successfully completed your AlaskaCare DVA open enrollment!
- You may change your plan election at any time during the open enrollment period by filling out the online enrollment form. The last election you make before open enrollment closes on November 27 at 5:00 p.m. Alaska Time will determine your plan election for the 2020 benefit year.

If you need assistance to complete your enrollment, or if you need a paper enrollment form contact:

Member Services Contact Center:

Juneau: (907) 465-4460 | Outside Juneau: (800) 821-2251
Email: doa.drb.benefits@alaska.gov
Monday - Thursday: 8:30 a.m. to 4 p.m. (Alaska Time)
Friday: 8:30 a.m. to 3 p.m. (Alaska Time)

If you have questions about how a specific service would be covered under each plan, contact Delta Dental of Alaska at (855) 718-1768.



Department of Administration
Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203

IMPORTANT! ANNUAL STATEMENT ENCLOSED





THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Department of Administration

DIVISION OF RETIREMENT AND BENEFITS

6th Floor State Office Building
333 Willoughby Avenue
P.O. Box 110203
Juneau, AK 99811-0203
Phone: (907) 465-4460
Toll-Free: (800) 821-2251
FAX: (907) 465-3086
Alaska.gov/drb

September 9, 2019

Dear AlaskaCare Retiree Dental Plan Member,

More dental benefit options are headed your way! **Effective January 1, 2020, AlaskaCare Retiree Dental Vision and Audio (DVA) plan members will have a choice between the current plan (the standard plan) and the dental plan that was in place prior to 2014 (the legacy plan).** You can choose the plan that works best for you and your family.

Here's what you need to know:

- **You don't need to do anything today.**
- You will have a choice between two dental plans effective January 1, 2020.
- In October 2019 you will get more information including plan benefit and premium comparison charts.
- In November 2019 you can select the plan of your choice during the first annual open enrollment period.
- Your vision and audio benefits are not affected.

You may have heard about a current lawsuit related to this plan. In 2014, in an effort to protect you from rising premiums and to preserve the value of your benefits, the Division updated the dental portion of the DVA plan to align with best dental practices and reduce the cost of services through an expanded dental network. This sought to preserve the plan's value while maintaining members' access to care and averting premium increases.

In January 2016, a lawsuit was filed contesting the Division's efforts. In April 2019, the Alaska Superior Court ruled in favor of the plaintiff. The State is appealing the decision but will offer members two dental plan options to reduce uncertainty caused by ongoing litigation and to comply with the Court's order.

The Division of Retirement and Benefits is dedicated to providing affordable, valuable, and sustainable dental benefits to retirees. The AlaskaCare retiree Dental, Vision, and Audio plan is fully funded by your monthly premium payments, and the Division works hard to maximize the benefits you receive while keeping premiums affordable.

We know you will have questions. We will send you more information over the coming months, and more details are available on our website at ***AlaskaCare.gov***.

You can also contact the Division toll-free at (800) 821-2251, in Juneau at (907) 465-4460, or by email at doa.drb.benefits@alaska.gov.

Sincerely,

A handwritten signature in cursive script that reads "Ajay Desai".

Ajay Desai, Director
Division of Retirement and Benefits



AlaskaCare Retiree Dental, Vision, and Audio Open Enrollment Period

October 20 through November 25, 2020

October 20, 2020
Open Enrollment
Begins

November 25, 2020
Open Enrollment
Ends

January 1, 2021
New Benefit
Elections Take Effect

Choose the dental plan that works
best for you and your family for 2021!



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

DVA Open Enrollment Period:
October 20 - November 25, 2020

All eligible AlaskaCare retirees are encouraged to make a dental plan election for the 2021 benefit year.

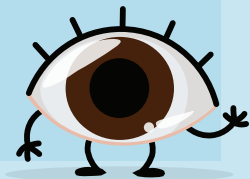


Enroll today using the online enrollment form at
AlaskaCare.gov/DVA

For more information about the DVA Plan, contact:

Dental: Delta Dental of Alaska
Toll Free (855) 718-1768

Vision and Audio: Aetna Concierge
Toll Free (855) 784-8646



AlaskaCare.gov/DVA

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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 2021!

We want to hear from you!

The Division will be sending an online survey to employees during Open Enrollment to gather feedback from our members about your benefits and how we can serve you better. Look for a survey link via e-mail in November!



Enrollments must be made online.
If you need assistance while trying to enroll, contact the Member Services 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
SurgeryPlus: (855) 715-1680
PayFlex: (888) 678-8242



Voluntary Supplemental Benefits Enrollment

Take the time to understand your options and learn about the Voluntary Supplement Benefits (VSB) administered by MetLife by visiting www.metlife.com/stateofalaska.

The site will provide you with answers on how to file a claim, along with detailed plan summaries on each benefit offered to you.

To enroll in your Voluntary Select Benefits (life insurance, critical illness, short-term/long-term disability), visit Alaska.gov/drb/benefits/employee/VSBs/. If you have questions about enrolling in the voluntary benefits, contact State of Alaska Voluntary Benefits Support (BenefitFocus) at (844) 939-0543.

Benefit Spotlight: Teladoc®

Ever wake up with a mild health concern in the middle of the night? Something too small to be an emergency, but can't wait until your next doctor visit? Try Teladoc®!

General medical consults and dermatology consults are free!

The Division partnered with Teladoc® to provide you with a convenient and affordable way to receive quality medical care.

To utilize this benefit, begin by registering your Teladoc® account. This service is provided through your health plan, and is free to register.

For more information about Teladoc®, covered services, fees, and how to enroll, visit Alaska.gov/drb/alaskacare/employee/teladoc.html or call (855)-TELADOC (835-2362).

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



AlaskaCare
Employee Health Plan
2021 Open Enrollment Guide
November 2020

Leading the way
to better healthcare



Getting Started

Dear AlaskaCare member,

As we near the end of a challenging year, we say “goodbye” to 2020 and look ahead to 2021, with both hope for and uncertainty about the future. It’s difficult to see far ahead on the path, but we can focus on taking our next steps with sure footing, led by our shared goal: to keep our employees and their families on the path to good health. Choosing the right AlaskaCare plan for you is one step you can take now to prepare for a healthy new year. 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 learn about what’s new in the upcoming year and review your benefit elections to make sure they are still the best fit. In 2021 we are making your care more affordable by:

- Reducing the Standard medical premiums
- Increasing your network hospital choices in the Anchorage area to include both Alaska Regional Hospital and Providence Alaska Medical Center
- Lowering out-of-pocket prescription specialty drug costs by offering you options to pay \$0 for certain high-cost specialty drugs

The Open Enrollment period for the 2021 plan year (January – December 2021) **begins Wednesday, November 4 and ends Wednesday, November 25, 2020**. Now is the time to make changes for the upcoming benefit year!

Open Enrollment Checklist

- ☐ **See what’s new for 2021.** See page 3 for plan changes 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/drb/OpenEnrollment](https://alaska.gov/drb/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 2021.** 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, 2021.
- ☐ **Make your Voluntary Supplemental Benefit (VSB) elections.** This includes life insurance, critical illness, and long & short-term disability. This year, your VSB elections will roll over to the 2021 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.

How to Enroll

You can access the Online Benefits Enrollment portal to make open enrollment elections 24 hours a day, 7 days a week from Wednesday, November 4, 2020, through Wednesday, November 25, 2020 at 5 p.m. Alaska Time.

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.

- Visit myRnB.alaska.gov. This is the myRnB portal.
- 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.
- 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**.
- On the myRnB page, under Self-Service Tools, select **AlaskaCare Health Benefits Open Enrollment**.

2. Review your dependents enrolled under the health plan.

- Click **Health Dependent Enrollment**.
- Make sure all your eligible dependents are listed. If not, click **Add Dependent**, fill in the blanks, and click Save Changes.
- If there are ineligible dependents listed, select the dependent from the list on the left side of the page. Click **Edit**, then **Terminate Dependent**.
- 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.
- 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.
- 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.*
- Once your review is complete, click **Back to Benefits Enrollment** at the top of the page.

Continued >>

Is a Health Flexible Spending Account the right choice for you?

The Health Flexible Spending Account (HFSA) provides an opportunity for you to save by setting aside money for health care on a pre-tax basis. You can then use these funds to pay for qualified health care expenses not covered by the plan. You decide the amount to contribute each month, up to the allowed limit.

During the benefit year, you file claims and are reimbursed with the tax-free dollars from your account. You benefit because you don't pay taxes on the dollars you contribute to your account. You also may carry up to \$550 forward from year to year, but otherwise you must spend down the account for qualified expenses in each benefit year. You have until March 31 of the following year to file claims for the current benefit year.

Streamlining

If you do not have any other health coverage, you can elect to have your HFSA account set up to "streamline." This means that any unpaid portion of a claim you incur during the plan year (deductible, your portion of the co-insurance, etc.) is directed to your HFSA. You may not elect streamlining if you have other coverage that will coordinate with AlaskaCare.

Please refer to the AlaskaCare Employee Health Plan booklet, section 6.8 *Submitting Claims for Reimbursement*, for additional information.

Your Choice: Once a Year, Every Year!

An HFSA might be a great choice for you—but here are some things to keep in mind:

- You must elect this benefit each open enrollment period. Your HFSA does not automatically continue from one benefit year to the next.
- You cannot enroll in, cancel, or change your HFSA amount at any time during the year except during Open Enrollment or a qualifying household event.
- You must use the money in your HFSA for qualified expenses incurred during the benefit year
- The benefit year runs from January 1 to December 31. You must budget contributions carefully. This amount will be in addition to any new benefit year amount you select as deductions in your pay.

Read more about the HFSA benefit online at [Alaska.gov/drb/benefits/employee/health/hfsa.html](https://alaska.gov/drb/benefits/employee/health/hfsa.html).

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 2020 will not carry over to 2021.**

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 2020, and you do not complete the opt-out process during Open Enrollment for 2021, 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.**

Important Reminders

- After Open Enrollment ends, you will not be able to make changes to your health plans or voluntary supplemental benefits in 2021, and will need to wait until the next Open Enrollment period for 2022. However, you can make changes mid-year if you have a qualifying change in household status.
- 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 2020, you must go online to re-enroll for 2021.
- 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 2020, but do not take action during Open Enrollment for 2021, you will be re-enrolled in the economy plans by default. Read more about the waiver of coverage on page 6.
- If you do not take action during this period and/or your new enrollment elections are not received by the November 25, 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, 2021. See page 7 for enrollment instructions.

New in 2021!

1. **Decreased premiums for 2021!** Our goal is to deliver health benefits that offer the best value for your money. We are pleased to reduce premiums for the Standard medical plan options. See page 5 for details about 2021 premiums.
2. **More network hospital options in the Anchorage area!** AlaskaCare is expanding its hospital provider network in the Anchorage area! Beginning January 1, 2021 you have more options for care – Alaska Regional Hospital, Providence Alaska Medical Center, and many Anchorage-area ambulatory surgical centers will be in network for AlaskaCare members.
3. **\$0 copayments for certain specialty medications!** Members taking certain specialty medications can reduce their drug copayments for those medications to \$0. AlaskaCare can help you eliminate your out-of-pocket costs for certain specialty medications through the Variable Copay Solution program by applying rebates that are available from drug manufacturers. If you or someone in your household has one or more specialty prescriptions, contact Optum Specialty pharmacy at (855) 427-4682 to find out if your medication is eligible for a \$0 copay and to learn more about how to enroll in this program.
4. **Better prices for specialty medications!** We are bringing you deeper discounts on high-cost specialty medications by partnering with Optum Specialty pharmacy to serve as the sole network specialty pharmacy. If you are currently filling your specialty medications through a different pharmacy, OptumRx will be in contact with you soon to help you transition your prescriptions to Optum Specialty pharmacy. You can still fill your non-specialty medications at the network pharmacy of your choice.

What are Specialty Medications?

Specialty medications are high-cost prescription drugs that include injectable, infusion, and oral drugs. They are usually used to treat complex or chronic conditions like rheumatoid arthritis, cancer, or multiple sclerosis.

Wednesday, November 4 to Wednesday, November 25, 2020
Enroll online at [Alaska.gov/drb/OpenEnrollment](https://alaska.gov/drb/OpenEnrollment)

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 [Alaska.gov/dr/0penEnrollment](https://alaska.gov/dr/0penEnrollment) 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 Health Plan booklet available at [AlaskaCare.gov](https://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.

Keywords: Important Health Benefit Terms

Deductible is the amount you pay each benefit year before a portion of your eligible costs are paid by your medical plan. You pay the full cost of your eligible health expenses until you meet your deductible. Your deductible amount depends on the plan you select.

Coinsurance is the percent of covered expenses paid by AlaskaCare once you meet your deductible.

Out-of-pocket limit is a cap AlaskaCare sets to protect you from large expenses. If you reach the out-of-pocket limit, AlaskaCare will then pay 100% of your eligible expenses for the rest of the benefit year. A separate out-of-pocket limit applies to medical benefits and pharmacy benefits.

Health Reimbursement Arrangement (HRA) is a tax-free medical reimbursement plan funded by the employer for members enrolled in the Consumer Choice plan. Your HRA covers the first \$750 (for individuals) or \$1,500 (for families) of your deductible so that you don't have to!

Copayments, or copays, are a fixed fee for certain health care services, such as office visits or prescription fills at a pharmacy. Members enrolled in the Standard or Economy plans only have to pay a flat copay for primary or specialty care, even before they meet their deductible! Copays don't count toward your deductible, but they do count towards your annual out-of-pocket limit.

AlaskaCare 2021 Employee Premiums

Health Premiums for the following employee groups:

AVTECTA – AK Vocational Teachers (TA)
APEA – Confidential (KK)
APEA – Supervisory (SS)
ACOA – Correctional Officers (GC)
TEAME – Mt. Edgecumbe Teachers (TM)
Employees not covered by collective bargaining (Exempt)

Standard medical plan premiums have decreased for 2021! Decreased premiums are noted in the tables below.

	Employee Only	Employee and Family
Standard Medical Plan	\$120 (reduced)	\$290 (reduced)
Economy Medical Plan	\$60	\$160
Consumer Choice Medical Plan	\$24	\$68
Standard Dental Plan	\$35	\$98
Economy Dental Plan	\$0	\$0
Managed Vision Plan	\$14	\$38

Health Premiums for the following employee groups:

MEBA – Marine Engineers (BB)
IBU – Inlandboatmen (MM)

	Employee Only	Employee and Family
Standard Medical Plan	\$120 (reduced)	\$290 (reduced)
Economy Medical Plan	\$0	\$0
Consumer Choice Medical Plan	\$24	\$68
Standard Dental Plan	\$35	\$98
Economy Dental Plan	\$0	\$0
Managed Vision Plan	\$14	\$38

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).



Department of Administration
DIVISION OF RETIREMENT AND BENEFITS
P.O. Box 110203
Juneau, AK 99811-0203

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ADDRESS SERVICE REQUESTED

**TIME SENSITIVE
OPEN ENROLLMENT
INFORMATION ENCLOSED**

☒ **1** Review the enclosed information
and enrollment instructions

☒ **2** Enroll!

NEW!
Information on Your Dental Plan
Options for the AlaskaCare Retiree
Dental, Vision, and Audio Plan
Enclosed

Alaska Public Employees' Retirement System

2014 Annual Benefit Statement



JOHN DOE
1234 MAIN ST
JUNEAU, AK 99801-1234

The account and service information contained in this statement is based on data reported by your employer(s). Please contact your employer(s) about any discrepancies. The benefit information shown is an estimate. While every effort has been made to ensure the accuracy of your statement, please know it does not have the force and effect of the law, rule, or regulations governing the payment of benefits. All benefits will be paid under the provisions of the applicable Alaska Statutes and Federal law.

The Alaska Division of Retirement & Benefits is pleased to provide you with this personalized benefit statement highlighting the financial security you are building for the future. It also summarizes the protection you and your family have against financial losses that may occur because of your disability or death. This statement is produced using data as of 6/30/2014. Please review the statement carefully, verifying total years of service and personal data such as birth date, marital status, etc.

Your benefits are a significant portion of your compensation package. The value of your benefits will continue to increase over time and you will want to compare this statement with those you receive in the future to measure your progress. Most financial planners suggest you need 85% to 100% of your current monthly income to maintain your standard of living at retirement. When you are three years away from retirement, visit our website or contact the Division of Retirement and Benefits to enroll in a retirement planning seminar.

Personal Information

Name: JOHN DOE
Retirement ID Number: R000XXXXXX
Birth Date: 1/2/1900 Marital Status: M

Account Summary as of 6/30/2014

- Our records indicate you are in Tier 0
- Your total service is 0.00000 years
- You are not vested in PERS
- Your estimated average monthly earnings are \$00
- You currently have no service indebtedness

Annual Contribution Summary

7/1/2013 Account Balance:	\$00.00
Mandatory Contributions Made:	\$0.00
Mandatory Interest Earned:	\$0.00
6/30/2014 Account Balance:	\$00.00

Projected Retirement Summary

Your current PERS status means that you must be 60 years old and be vested or have 30 years of service to be eligible for normal retirement.

Monthly plan benefits shown on this statement were estimated under the normal retirement option, which provides you with a monthly income for your lifetime. Surviving beneficiaries are eligible to receive money from the PERS. If a retiree was eligible for health insurance benefits at the time of death, their surviving spouse may continue to be eligible for the same health insurance benefits.

Other Retirement Benefits

Insurance Benefits

Medical Coverage: When you retire, you and your eligible dependents will have access to medical benefits through the AlaskaCare Retiree Health Plan. At age 60, if you have at least 10 years of credited service, the retirement system will pay your AlaskaCare medical premium. If you retire before age 60 with at least 30 years of membership service (or 25 years of peace officer/firefighter), your AlaskaCare medical premium will be paid by the retirement system. If you are not yet eligible for system-paid medical, you may pay the premium coverage.

Note: The medical benefits available under the AlaskaCare Retiree Health Plan become supplemental to Medicare at age 65. You must pay the premium for Medicare part B when you enroll. If you don't enroll in Medicare at age 65, you may pay a larger part of your medical bill.

Dental-Vision-Audio (DVA): You may elect to pay for this plan either at retirement or during an annual open enrollment. However, the open enrollment option is available only if you are electing medical for the first time during that open enrollment. When you become eligible for the retirement system to pay your medical premium, you will be offered a final opportunity to elect DVA if you do not have either medical or DVA at that time.

Optional Life Insurance: If you are enrolled in the state sponsored plan at retirement, you may continue your coverage.

Long-Term Care: Election must be made before your retirement date.

Pre-Retirement Survivor Benefits

If you die before you retire, your designated beneficiary will be eligible to receive benefits from the PERS.

Reductions at Retirement

If you are married when you retire, your benefit will be reduced to provide your spouse with a continuing benefit in the event of your death, unless your spouse waives the Survivor Option.

If at any time during your PERS employment you did not contribute to Social Security, your Social Security benefit may be reduced. Contact the Social Security Administration for more information at 1-800-772-1213 or on the Internet at <http://www.ssa.gov>.

Beneficiaries

Who will receive your benefits if you die?

There are valuable benefits to be paid to your beneficiaries if you die. All members are required to complete beneficiary designation forms. Be sure to keep your beneficiary information updated.

Up-to-date account information is available on the Internet using Member Services. Member Services is your doorway to a wealth of personalized information related to your retirement benefits and other valuable benefits offered to you by the Division. Information is at your fingertips seven days a week, 24 hours a day. The web address for Member Services is: www.doa.alaska.gov/drb (click on MyRnB Portal).

The account and service information contained in this statement is based on data reported by your employer(s). Please contact your employer(s) about any discrepancies. The benefit information shown is an estimate. While every effort has been made to ensure the accuracy of your statement, please know it does not have the force and effect of the law, rule, or regulations governing the payment of benefits. All benefits will be paid under the provisions of the applicable Alaska Statutes and Federal law.