



A Guide to Your Health Benefits 2009-2010

Effective July 1, 2009



Anchorage School District
Educating All Students for Success in Life

Enhancements for 2010-11

The benefit enhancement below replaces the information on page 4 & 5 of this document

Mental Health Enhancements Deductable Waived for Outpatient Visits Benefit Maximum Limits Removed	
PreferredCare	Non-Preferred Care
Inpatient 20%	Inpatient 40%
Out Patient \$30 Office Visit Copay	Outpatient \$30 Office Visit Copay
The member cost sharing applies to all covered benefits incurred during a member's stay or visit	
Substance Abuse Enhancements Deductible Waived for Outpatient Visits Benefit Maximum Limits Removed	
PreferredCare	Non-Preferred Care
Inpatient 20%	Inpatient 20%
Out Patient \$30 Office Visit Copay	Outpatient \$30 Office Visit Copay
The member cost sharing applies to all covered benefits incurred during a member's stay or visit	

ANCHORAGE SCHOOL DISTRICT QUESTIONS?

BENEFITS WEBSITE	www.asdk12.org/HR/Benefits
------------------	--

PROVIDER QUESTIONS?

BENEFIT	CARRIER	ADDRESS AND TELEPHONE	WEB SITE
MEDICAL Group #658742	Aetna	P.O. Box 14089 Lexington, KY 40512-4089 877-204-9186 Disease Management: 866-269-4500	www.aetna.com
PRESCRIPTION DRUGS Group #658742	Aetna Pharmacy	P.O. Box 14024 Lexington, KY 40512-4024 800-238-6279 Mail Order: Aetna Rx Home Delivery P.O. Box 417019 Kansas City, MO 64179-9892 866-612-3862 (phone) 800-416-9264 (fax)	www.aetnapharmacy.com www.aetnarxhomedelivery.com
DENTAL Group #658742	Aetna	P.O. Box 14094 Lexington, KY 40512-4094 877-238-6200	www.aetnadental.com
VISION	Vision Service Plan (VSP)	Out-of-Network Claims P.O. Box 997105 Sacramento, CA 95899-7105 800-877-7195	www.vsp.com

**PLEASE SEE PAGE 8 FOR
MEDICARE PART D NOTICE.**

WHAT'S INSIDE

Anchorage School District (ASD) offers a comprehensive and valuable benefits program designed with the health and wellness of you and your family in mind. Please take a few minutes to read through this guide, which highlights your health benefit options, including medical, prescription drug, dental and vision coverage. If you have any questions about the plan and programs available to you, please call the benefit plan providers directly or log on to their Web sites for more details. Provider contact information is listed on the inside front cover of this guide.

WHO'S ELIGIBLE

If you are in one of the following employee groups and you work 30 or more hours per week as a classified employee, you are eligible for the benefits described in this guide.

- Exempt employees
- ACE (non-exempt management and technical employees)
- APA (principals)
- TOTEM (hourly clerical/teacher assistant employees)
- Teamsters Food Service (hourly student nutrition employees)
- Teamsters Maintenance (hourly maintenance/warehouse employees)
- Non-represented employees

Your benefits will begin on the first day of the month following a 90 calendar day waiting period.

You can also enroll your eligible dependents for coverage. Eligible dependents include your legal spouse or same-sex domestic partner and your unmarried children up to age 19 (or up to age 25 if the child is enrolled in and attending school).

WHEN TO ENROLL

You can enroll for coverage within 31 days of your eligibility date or during the annual open enrollment period. Outside the open enrollment period, the only time you can change your coverage is within 31 days after you experience a qualified change in status. (See "Changing Coverage During the Year" for details.)

CHANGING COVERAGE DURING THE YEAR

You can change your coverage during the year only when you experience a qualified change in status, such as marriage, divorce, birth, adoption, or placement for adoption.

You must notify the ASD Benefits Department of a qualified change within 31 days of the event, and the election change must be consistent with the event. For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.



Medical Coverage

STAY HEALTHY WITH MEDICAL COVERAGE

As a foundation for your good health, Anchorage School District provides you with an Aetna Open Choice PPO medical option that offers quality, flexibility and value. The plan allows you to visit preferred or non-preferred providers each time you need care. However, you will save money when you visit providers in the Aetna network. You can search for an Aetna Open Choice PPO provider on DocFind® at www.aetna.com.

Here is a brief summary of the medical plan:

FEATURES	PREFERRED CARE	NON-PREFERRED CARE
Calendar year deductible	\$600/individual; \$1,800/family	
Out-of-pocket limit (excludes deductible, copays, and penalty amounts)	\$4,000/individual	
Lifetime maximum	\$2 million (includes \$20,000 annual restoration provision)	
Preexisting conditions rule	90-day lookback period (prior to enrollment date/probationary period start date); excluded amount is \$4,000; maximum exclusion period is 365 days	
PREVENTIVE CARE		
Routine adult and well child exams/immunizations and gynecological exams (1 exam per calendar year). Age/frequency schedule may apply.	\$30 copay; deductible waived	\$30 copay; deductible waived
Routine mammograms	Covered 100%; deductible waived	Covered 100%; deductible waived
Routine digital rectal exam/prostate-specific antigen test (for covered males age 35 and over)	Member cost sharing is based on the type of service performed and the place of service where it is rendered; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered; deductible applies
Colorectal cancer screening (for members age 50 and over)	Member cost sharing is based on the type of service performed and the place of service where it is rendered; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered; deductible applies
PHYSICIAN SERVICES		
Office visits (non-surgical)	\$30 copay; deductible waived	\$30 copay; deductible waived
Office visits for surgery	20% copay after deductible	20% copay after deductible
Maternity OB visits	Covered same as office visit for initial visit only; thereafter, covered 100%; deductible waived	20% copay after deductible
Allergy testing and injections	Member cost sharing is based on the type of service performed and the place of service where it is rendered; deductible waived	20% copay after deductible
DIAGNOSTIC PROCEDURES		
Diagnostic laboratory and X-ray	20% copay after deductible	20% copay after deductible
If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.		
EMERGENCY MEDICAL CARE		
Emergency room	\$200 copay; deductible waived; non-emergency care: 20% after deductible	\$200 copay; deductible waived; non-emergency care: 20% after deductible
Ambulance	20% copay after deductible	20% copay after deductible
HOSPITAL CARE		
Inpatient hospital	20% copay after deductible	40% copay after deductible
Outpatient hospital (includes surgery)	20% copay after deductible	40% copay after deductible

FEATURES	PREFERRED CARE	NON-PREFERRED CARE
MENTAL HEALTH SERVICES		
Inpatient (limited to 15 days/year)	50% copay after deductible	50% copay after deductible
Outpatient(limited to 40 visits/year)	50% copay after deductible	50% copay after deductible
ALCOHOL/DRUG ABUSE SERVICES		
Inpatient	20% copay after deductible	20% copay after deductible
Outpatient	20% copay after deductible	20% copay after deductible
Benefit maximum (inpatient and outpatient combined)	Limited to \$12,715 per calendar year and \$25,425 per lifetime	
OTHER SERVICES		
Convalescent facility (limited to 120 days/year)	20% copay after deductible	20% copay after deductible
Home health care (limited to 130 visits/year)	20% copay after deductible	20% copay after deductible
Hospice care – inpatient	20% copay after deductible	20% copay after deductible
Hospice care – outpatient	20% copay after deductible	20% copay after deductible
Private duty nursing – outpatient (limited to 70 eight hour shifts/year)	20% copay after deductible	20% copay after deductible
Outpatient short-term rehabilitation (includes speech, physical, and occupational therapy)	\$30 copay; deductible waived	\$30 copay; deductible waived
Spinal manipulation therapy (limited to 30 visits/year)	\$30 copay; deductible waived	\$30 copay; deductible waived
Durable medical equipment	20% copay after deductible	20% copay after deductible
Diabetic supplies	Covered same as any other medical expense	Covered same as any other medical expense
Contraceptive drugs and devices not obtainable at a pharmacy (includes coverage for contraceptive visits)	20% copay after deductible	20% copay after deductible
Transplants	20% copay after deductible (IOE contracted facility)	40% copay after deductible (non-IOE contracted facility)
FAMILY PLANNING		
Infertility treatment	Member cost sharing is based on the type of service performed and the place of service where it is rendered	
Voluntary sterilization	Member cost sharing is based on the type of service performed and the place of service where it is rendered	
PRESCRIPTION DRUGS		
Retail: up to 30-day supply Tier 1 (generic) Tier 2 (formulary brand) Tier 3: (non-formulary brand)	Up to \$15 copay 20% coinsurance (up to \$120 cap) 20% coinsurance (up to \$240 cap)	
Mail order: up to 90-day supply Tier 1 (generic) Tier 2 (formulary brand) Tier 3: (non-formulary brand)	Up to \$30 copay 20% coinsurance (up to \$80 cap) 20% coinsurance (up to \$160 cap)	Non-preferred provider will not be covered
Mandatory Generic with DAW (dispense as written) override – the member pays the applicable copay only, if the physician requires brand. If the member requests brand when generic is available the member pays the applicable copay plus the difference between the generic price and the brand price.		

Important note: This plan has exclusions and limitations to coverage. Please refer to your plan documents to determine which health care services and supplies are covered and to what extent they are covered.

Medical Coverage

TAKE YOUR MEDICINE WITH PRESCRIPTION DRUG COVERAGE

The Anchorage School District prescription drug plan through the Aetna pharmacy provides prescription drug coverage for a wide selection of drugs available at pharmacies nationwide.

RETAIL PRESCRIPTION DRUGS

Your retail prescription drug copay varies depending on the type of prescription:

- **Generic Drugs:** \$15 copay (or cost of prescription if less than copay) for a 30-day supply
- **Brand Name Formulary Drugs:** 20% coinsurance (up to \$120 maximum per prescription) for a 30-day supply
- **Brand Name Non-Formulary Drugs:** 20% coinsurance (up to \$240 maximum per prescription) for a 30-day supply

Aetna Rx Home Delivery

The Aetna Rx Home Delivery program provides an additional option for ordering your maintenance medications.

Your doctor can fax your initial prescription to 800-416-9264, and you can refill your prescriptions at www.AetnaRxHomeDelivery.com or by calling 866-612-3862 (TDD: 800-201-9457).

Go to www.aetnapharmacy.com to view the prescription drug formulary (a list of preferred drugs), locate a participating pharmacy, or use the online tools. To reach an Aetna Pharmacy customer service representative, please call 800-238-6279.

MAIL ORDER PRESCRIPTION DRUGS

You can save money and time by purchasing your maintenance medications—prescription drugs you use on a regular basis—through the Aetna Rx Home Delivery program. And, you enjoy the convenience of having your medications delivered right to your doorstep.

This program allows you to purchase up to a 90-day supply of generic prescription drugs at two times the retail copay (i.e., \$30), and a 90-day supply of brand name drugs at the following prices:

- **Brand Name Formulary Drugs:** 20% coinsurance (up to \$80 maximum per prescription)
- **Brand Name Non-Formulary Drugs:** 20% coinsurance (up to \$160 maximum per prescription)

Mandatory Generic with DAW (Dispense as Written) Override: If you request a brand name prescription when a generic prescription is available, you must pay the applicable copay plus the difference between the generic price and the brand name price.



IMPORTANT INFORMATION ABOUT HEALTH COVERAGE

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As required by the Women's Health and Cancer Rights Act of 1998, the medical plan offered by the Anchorage School District provides benefits for mastectomy-related services.

These services include the following:

- Reconstruction and surgery to achieve symmetry of the breasts
- Prostheses
- Treatment for complications resulting from all stages of a mastectomy, including lymphedema

MINIMUM MATERNITY STAYS

As required by federal law, the medical plan offered by the Anchorage School District will not restrict benefits (either for the mother or newborn child) for any hospital stay in connection with childbirth to less than

- 48 hours following a normal (vaginal) delivery, or
- 96 hours following a cesarean section.

COBRA Coverage

If you or your covered dependents lose your Aetna health insurance coverage, you may continue ASD group health benefits for up to 36 months, depending on your qualifying event. You must pay for the full cost of the plan. Please contact the Benefits Department at 742-4200 to request a COBRA packet.



Important Notice

Important Notice from Anchorage School District about Your Prescription Drug Coverage and Medicare

Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Anchorage School District and prescription drug coverage now available for people with Medicare, called Part D. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Medicare Part D prescription drug coverage is now available to everyone with Medicare.

The Anchorage School District has determined that the prescription drug coverage offered by the District's Aetna Health Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered creditable coverage.

Read this notice carefully—it explains the options you have under Medicare Part D prescription drug coverage, and can help you decide whether or not you want to enroll.

Prescription drug coverage is available to everyone with Medicare through Medicare Part D prescription drug plans. All Medicare Part D prescription drug plans will provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for a higher monthly premium.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage, decline to enroll in Medicare prescription drug coverage, and not pay extra if you later decide to enroll in Medicare coverage.

You may have heard about Medicare's prescription drug coverage, and wondered how it would affect you. The Anchorage School District has determined that your prescription drug coverage with Aetna is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay. This is called "creditable coverage."

Annually, you will have the opportunity to enroll in a Medicare Prescription Drug Plan during the Medicare enrollment period (between November 15 and December 31). If you decline the prescription drug coverage and elect to enroll in the prescription drug coverage during a later year, you will not have to pay a higher premium for the Medicare prescription drug coverage, assuming you continue in the District's Aetna Health Plan coverage listed above. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP), because you lost creditable coverage, to join a Medicare Part D plan.

Note that your current health plan coverage pays for other health expenses in addition to prescription drugs. You do not have the option to drop your prescription drug coverage only. If you choose to enroll in a Medicare prescription drug plan, you will still be eligible to receive all of your current health and prescription drug benefits.

You should also know that if you drop or lose your coverage with the Anchorage School District and do not enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage; your monthly premium will go up at least one percent per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19 percent higher than what most other people pay. You will have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until next November to enroll.



For more information about your current prescription drug coverage...

Call Aetna Pharmacy 800-238-6279

Note: You may receive this notice at other times in the future, such as before the next period you can enroll in Medicare Part D prescription drug coverage, and if this coverage changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is available in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

- Visit www.medicare.gov for personalized help.
- Call the Alaska’s State Health Insurance Assistance Program 907-269-3680 or 800-478-6065.
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call the SSA at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare that offers prescription drug coverage, you may need to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: October 1, 2009

Name of Entity/Sender: Anchorage School District

Contact-Office: Benefits Department

Address: 5530 E. Northern Lights Blvd., Anchorage, AK 99504-3135

Phone Number: 907-742-4200





AETNA PROGRAMS AND SERVICES

As an Aetna medical plan member, you can enjoy many valuable programs and services at no additional cost to you. Following is a summary of these programs and services. For more details, go to www.aetna.com.

AETNA NAVIGATOR®

Here are just some of the things you can do on the Aetna Navigator self-service site at www.aetna.com:

- Print temporary ID cards
- Use the DocFind® search engine (in English or Spanish) to find a doctor or hospital
- Review explanations of benefits (EOBs) or claim status
- Check dependent coverage
- E-mail customer service with your benefit questions or concerns
- View the up-to-date prescription drug formulary
- Print the Aetna Rx Home Delivery order form and patient registration form
- Access the award-winning Aetna IntelliHealth® Web site, which features consumer health information from Harvard Medical School
- Link to the Healthwise® Knowledgebase to research your health concerns



How to Print Temporary ID Cards

If you need medical/dental services or prescription drugs before you receive an ID card in the mail, you can print a temporary ID card to show your provider. Just log on to Aetna Navigator and click on "ID Card" under the shortcuts menu on the left side bar. Then, click on "Medical Temporary Identification," and select the covered member that you wish to view. Click "Continue," and use the print function on your tool bar to print the card. If you need assistance, call the Aetna Help Desk at 800-225-3375.

STEPS ON HOW TO REGISTER FOR AETNA NAVIGATOR:

- Go to www.aetna.com
- Click on "Member Log In" +
- Enter User Name & Password and click on "Log In" then click "OK"
- Click on "Go" under "First-Time User I'm ready to register"
- Make a selection by clicking on subscriber and press "Next"
- To finalize the registration process complete all required fields and click on "Next"
- Please keep your User ID and password you created in a secured location
- Call Aetna at 800-225-3375 if you have problems registering

STEPS ON HOW TO PRINT A TEMPORARY ID CARD:

(after you are logged into Aetna Navigator)

- Look under Related Shortcuts on the left side of the screen & click on “ID Card”
- Click on “Medical Temporary Identification”
- Next select the covered member you wish to view, and click “Continue”
- Use the Internet browser to print the “Temporary Member Identification” image

INFORMED HEALTH® LINE

You can reach a registered nurse for help with your health concerns any time of the day or night at 800-556-1555. By calling this same phone number, you can also access the Audio Health Library, which is a recorded collection of thousands of health topics. One phone call may save you a trip to the doctor.

AETNA HEALTH CONNECTIONS— DISEASE MANAGEMENT PROGRAM

The Aetna Health ConnectionsSM Disease Management Program can help you learn how to get the treatment you need, manage your chronic condition (e.g., diabetes, heart disease, high cholesterol), make necessary lifestyle changes, and identify your risks for other health problems or conditions. Nurses and clinicians are there to support you every step of the way. You're also provided with a variety of educational materials, which are mailed to your home, online resources, and nurse case management (if you're a high-risk patient).

Aetna's CareEngine[®] system continuously scans and compares your personal health data with current guidelines and helps identify errors in care, reminds you to visit your doctor for preventive care, and flags potentially dangerous drug interactions.

SIMPLE STEPS TO A HEALTHIER LIFE[®]

The Simple Steps to a Healthier Life program is an interactive online program that helps you take the right steps to achieve your health goals.

Step 1: Identify your health needs

Step 2: Get a customized health report and action plan

Step 3: Participate in recommended Healthy Living programs, such as Healthier Diet, Weight Loss, Stress Relief, Smoking Cessation, Healthy Heart and much more

Easy-to-use interactive tools, such as the Fitness Planner, Diet Manager, and Walking Tracker are also available to you. Take the first step to a healthier you by going to www.simplestepslife.com.

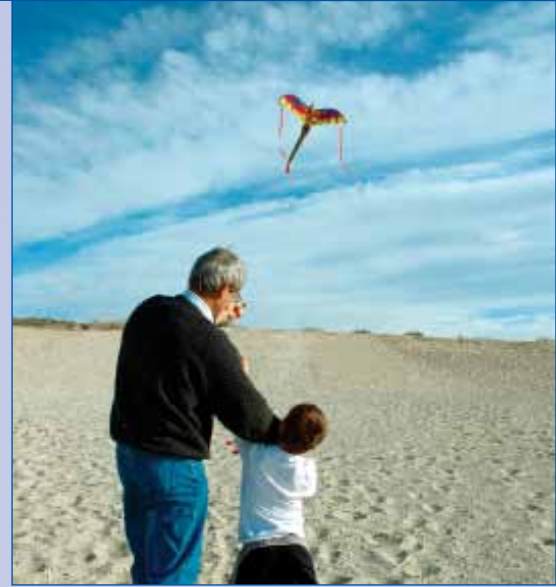


Dental Coverage

ENHANCE YOUR SMILE WITH DENTAL COVERAGE

Strong teeth and gums are an important part of good health, which is why the Anchorage School District offers you and your eligible dependents comprehensive dental coverage through the Aetna Open Choice PPO Dental Plan. This comprehensive plan helps you pay for most necessary dental services and supplies, including diagnostic and preventive care (such as exams, cleanings, and X-rays), and basic and major restorative services (such as fillings, crowns, and dentures).

You can choose any dentist you wish each time you need care. However, you will typically pay less out-of-pocket when you visit an Aetna Dental PPO network dentist because network dentists agree to Aetna's Usual & Customary (U&C) fees. They won't balance bill over Aetna's approved amount for covered services. If you visit a non-network dentist, you may be required to pay the entire amount of the bill in advance and wait for reimbursement. To find an Aetna PPO dental provider, use the online directory—DocFind®—at www.aetna.com.



Review the chart below for a comparison of dental features.

PLAN FEATURES	AETNA OPEN CHOICE PPO DENTAL PLAN	
	PPO DENTISTS	NON-PPO DENTISTS*
ANNUAL DEDUCTIBLE Individual Family	(applies to Basic & Major care only) \$25 \$75	
TYPE A EXPENSES: DIAGNOSTIC & PREVENTIVE CARE Exams: 2 visits per calendar year Cleanings: 2 treatments per calendar year Bitewing X-rays: 1 set per calendar year Complete X-rays: 1 set every 3 years	100%	100% of U&C fees
TYPE B EXPENSES: BASIC & RESTORATIVE CARE Fillings Extractions Root Canals Periodontal Scaling and Surgery	80%	80% of U&C fees
TYPE C: MAJOR CARE Crowns Bridges Dentures	50%	50% of U&C fees
ORTHODONTIA	Not covered	
CALENDAR YEAR MAXIMUM PER PERSON	\$3,000	

**If you choose to visit non-PPO dentists, you may be balance billed by the provider. Balance billing is the difference between the dentist's charge and Aetna's allowable charge.*

Advance Claim Review

If your dental care is expected to cost \$350 or more, ask your dentist to complete and submit a claim form to Aetna Dental for a predetermination of benefits. Aetna will let you and your dentist know what procedures are covered, the amount that will be paid toward the treatment, and your financial responsibility.

SEE CLEARLY WITH VISION COVERAGE

The Anchorage School District provides you and your covered family members with VSP vision benefits that allow you to visit any licensed provider for your care. The plan covers eye exams, prescription lenses and frames or contact lenses as shown below:


PLAN FEATURES	VSP VISION PLAN	
	VSP DOCTORS	NON-VSP PROVIDER
COPAY (applies to exams, lenses, and frames)	N/A	N/A
EXAM (once every 12 months)	100%	Up to \$45
LENSES (every 12 months) Single vision Lined bifocal Lined trifocal	100%	Up to \$45 Up to \$65 Up to \$89
FRAMES (every 24 months)	100% up to \$180, plus 20% off out-of-pocket costs	Up to \$47
CONTACTS (every 12 months in lieu of lenses and frames)	100% up to \$170, with 15% off the cost of contact lens exam (fitting and evaluation)	Medically Necessary: Up to \$210 Elective: Up to \$170

To save money—and ensure quality care—visit a VSP doctor. You can find VSP doctors at www.vsp.com or by calling 800-877-7195. Make an appointment and inform the doctor that you are a VSP member at the time of your visit. Your doctor will file your claim for you.

IF YOU VISIT A NON-VSP PROVIDER...

...you should pay for your vision expenses at the time of service and submit an out-of-network reimbursement claim to VSP. You will then be reimbursed up to plan allowances. Claim forms are available online at www.vsp.com. When choosing your provider, keep in mind that VSP guarantees services provided by VSP doctors only.





This communication highlights some of your Anchorage School District benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. Anchorage School District reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

©2009 Communication Partners, Inc. www.commpart.com

