



P.O. Box 1090  
Great Bend, KS 67530  
(888) 290-0616  
(620) 793-1199 FAX  
www.achia.com

Administered by Benefit Management, LLC.

## IMPORTANT NOTICE

- **Premium Rate Change Effective January 1, 2022**
- **Coverage Options for 2022**
- **How to Renew Your ACHIA Coverage or Buy New Coverage for 2022**

Your Current Plan is:

<plan>

Dear <Name>

This letter contains important information about your **premium rate change effective January 1, 2022** and **how to renew your ACHIA coverage or purchase new coverage for 2022.**

You can keep your ACHIA coverage or purchase new coverage either through the Marketplace or directly from an insurance company. ACHIA premiums may continue to be higher than premiums in the market so we strongly encourage you to look at your options. Please read this information carefully and contact us at 1-888-290-0616 if you have any questions or need assistance.

### **2022 ACHIA Premium Rates**

Your ACHIA monthly premium rate is changing effective January 1, 2022. By law, we are required to base our rates on what other carriers in the state charge for similar benefits. Please consult the enclosed rate chart and your corresponding age to confirm your new rate.

## Coverage Options for 2022

Several key provisions of the health reform law went into effect on January 1, 2014 that changed health coverage for individuals and families. These changes provide ACHIA enrollees with additional options for coverage since insurance companies are no longer able to deny coverage or charge more just because you have a pre-existing condition.

### Here are some important things to know about these changes and your 2022 coverage options:

- **You can keep your ACHIA coverage or buy new coverage.**
  
- **You may purchase new coverage through the Marketplace - or directly from an insurance company.**
  - You can't be turned down or charged more because you have a pre-existing condition.
  - New coverage may only be purchased during defined open enrollment periods. The open enrollment period for 2022 ACHIA coverage is November 1, 2021 – December 31, 2021. The open enrollment period through the Marketplace is November 1, 2021 – December 15, 2021.
  - You may find new coverage that meets your needs at a lower cost than ACHIA. These savings may be even greater if you qualify for federal tax credits available for coverage purchased through the Marketplace.
  
- **Federal tax credits are only available for coverage purchased through the Marketplace.**
  - Tax credits are not available for ACHIA coverage or coverage purchased directly from an insurance company – they are only available for coverage purchased through the Marketplace and then only if you are qualified.

## How to Renew Your ACHIA Coverage or Buy New Coverage for 2022

Step 1	<p><b>Review the enclosed ACHIA 2022 Monthly Premium Rates.</b></p>
Step 2	<p><b>Find out if you are eligible for federal tax credits to purchase new coverage offered through the Marketplace.</b></p> <p>Contact the Health Insurance Marketplace at 1-800-318-2596 or visit <a href="http://www.Healthcare.gov">www.Healthcare.gov</a> to find out if you qualify for federal tax credits or financial help for plans offered through the Marketplace. They will also check to see if you are eligible for Medicaid.</p> <ul style="list-style-type: none"> <li>• If you are eligible for tax credits, you may find coverage in the Health Insurance Marketplace that meets your needs at a much lower cost than ACHIA coverage.</li> <li>• Federal tax credits are <u>not</u> available for ACHIA coverage or coverage purchased directly from an insurance company.</li> </ul>
Step 3	<p><b>Compare your options.</b> Compare your ACHIA coverage and 2022 premium to new coverage options available through the Health Insurance Marketplace or directly from an insurance company. When comparing plans, be sure to also look at their provider network and prescription drug formulary. Out-of-pocket costs can be substantially higher if you use out-of-network providers or non-formulary prescription drugs.</p> <p><b>Help is available!</b></p> <p>Health Insurance Marketplace customer support is available by phone, or in person through local organizations, insurance brokers or agents. <b>Call 1-800 318-2596.</b></p> <p>ACHIA Customer Service is also available to help answer your questions or direct you to those who can. <b>Call ACHIA Customer Service at 1-888-290-0616.</b></p>
Step 4	<p><b>To renew your ACHIA coverage or switch ACHIA plans:</b></p> <ol style="list-style-type: none"> <li>1. Fill out and return the enclosed (Blue) Eligibility Verification Form <u>by December 31<sup>st</sup>, 2021.</u></li> <li>2. If you decide to switch to a different ACHIA plan, please make sure that you have indicated your choice on the form prior to mailing the form back.</li> </ol> <p><b><u>OR</u></b></p> <p><b>To cancel your ACHIA coverage and buy new coverage:</b></p> <ol style="list-style-type: none"> <li>1. Please contact ACHIA Customer Service by telephone or mail to let us know you are cancelling your ACHIA coverage.</li> <li>2. Contact the Marketplace at 1-800 318-2596 or visit <a href="http://www.Healthcare.gov">www.Healthcare.gov</a> or an insurance company to enroll in new coverage.</li> </ol>

## Enclosures In the Packet Include:

- **2022 ACHIA Premium Rates**
- **Eligibility Verification Form** (Blue Paper) – **MUST BE RETURNED BY December 31<sup>st</sup>** if you intend to continue ACHIA coverage. If you plan to cancel your plan, please contact the number listed in this letter. **NOTE: Not returning the Eligibility Verification Form will not automatically cancel you plan.**
- **ACHIA Highlights and Comparison Chart**
- **ACHIA Plan Comparison Worksheet**

If you have questions or need assistance during this year's ACHIA open enrollment, please call ACHIA Customer Service at 1-888-290-0616. Updated information is also available at our website at [www.ACHIA.com](http://www.ACHIA.com).

Information for the Marketplace is available at [www.Healthcare.gov](http://www.Healthcare.gov) or by calling 1-800-318-2596.

**ALASKA COMPREHENSIVE HEALTH INSURANCE ASSOCIATION (ACHIA)**

**MAJOR MEDICAL PLANS**

**2022 Monthly Individual Premium Rates**

<b>Plan Type:</b>	<b>Traditional Non-PPO</b>	<b>PPO</b>	<b>PPO</b>	<b>Traditional Non-PPO</b>	<b>PPO</b>	<b>PPO</b>	<b>PPO</b>
<b>Attained Age<sup>1</sup></b>	<b>\$1,000 Ded Plan F</b>	<b>\$1,000 Ded Plan A</b>	<b>\$2,500 Ded Plan C</b>	<b>\$5,000 Ded Plan ??</b>	<b>\$5,000 Ded Plan D</b>	<b>\$10,000 Ded Plan E</b>	<b>\$15,000 Ded Plan G</b>
<b>0-18</b>	\$441	\$401	\$320	\$284	\$258	\$189	\$167
<b>19</b>	\$698	\$635	\$507	\$450	\$409	\$299	\$264
<b>20</b>	\$706	\$641	\$512	\$455	\$414	\$302	\$267
<b>21</b>	\$713	\$648	\$518	\$460	\$418	\$305	\$270
<b>22</b>	\$720	\$655	\$523	\$465	\$422	\$308	\$273
<b>23</b>	\$733	\$666	\$532	\$472	\$429	\$314	\$277
<b>24</b>	\$745	\$677	\$541	\$480	\$437	\$319	\$282
<b>25</b>	\$757	\$688	\$550	\$488	\$444	\$324	\$286
<b>26</b>	\$769	\$699	\$559	\$496	\$451	\$329	\$291
<b>27</b>	\$782	\$710	\$568	\$504	\$458	\$335	\$296
<b>28</b>	\$799	\$726	\$580	\$515	\$468	\$342	\$302
<b>29</b>	\$816	\$741	\$593	\$526	\$478	\$349	\$309
<b>30</b>	\$834	\$758	\$606	\$538	\$489	\$357	\$316
<b>31</b>	\$853	\$775	\$619	\$550	\$500	\$365	\$323
<b>32</b>	\$871	\$792	\$633	\$562	\$511	\$373	\$330
<b>33</b>	\$898	\$816	\$652	\$579	\$526	\$385	\$340
<b>34</b>	\$926	\$842	\$673	\$597	\$543	\$397	\$351
<b>35</b>	\$956	\$869	\$694	\$616	\$560	\$409	\$362
<b>36</b>	\$986	\$896	\$716	\$636	\$578	\$422	\$373
<b>37</b>	\$1017	\$924	\$739	\$656	\$596	\$436	\$385
<b>38</b>	\$1056	\$960	\$767	\$681	\$619	\$452	\$400
<b>39</b>	\$1095	\$996	\$796	\$706	\$642	\$469	\$415
<b>40</b>	\$1137	\$1033	\$826	\$733	\$667	\$487	\$430
<b>41</b>	\$1180	\$1072	\$857	\$761	\$692	\$505	\$447
<b>42</b>	\$1225	\$1114	\$890	\$790	\$718	\$525	\$464
<b>43</b>	\$1274	\$1158	\$926	\$822	\$747	\$546	\$482
<b>44</b>	\$1326	\$1205	\$963	\$855	\$777	\$568	\$502
<b>45</b>	\$1379	\$1253	\$1001	\$889	\$808	\$591	\$522
<b>46</b>	\$1434	\$1303	\$1041	\$925	\$841	\$614	\$543
<b>47</b>	\$1491	\$1355	\$1083	\$962	\$874	\$639	\$565
<b>48</b>	\$1565	\$1422	\$1137	\$1009	\$918	\$670	\$592
<b>49</b>	\$1643	\$1494	\$1194	\$1060	\$964	\$704	\$622
<b>50</b>	\$1724	\$1567	\$1253	\$1112	\$1011	\$739	\$653
<b>51</b>	\$1810	\$1645	\$1315	\$1168	\$1061	\$775	\$685
<b>52</b>	\$1900	\$1726	\$1380	\$1225	\$1114	\$814	\$719
<b>53</b>	\$1982	\$1801	\$1440	\$1278	\$1162	\$849	\$750
<b>54</b>	\$2068	\$1879	\$1502	\$1334	\$1212	\$886	\$783
<b>55</b>	\$2157	\$1960	\$1567	\$1391	\$1265	\$924	\$817
<b>56</b>	\$2250	\$2045	\$1635	\$1451	\$1319	\$964	\$852
<b>57</b>	\$2347	\$2133	\$1705	\$1514	\$1376	\$1006	\$889
<b>58</b>	\$2434	\$2212	\$1768	\$1570	\$1427	\$1043	\$922
<b>59</b>	\$2524	\$2293	\$1833	\$1628	\$1480	\$1081	\$956
<b>60</b>	\$2617	\$2378	\$1901	\$1688	\$1534	\$1121	\$991
<b>61</b>	\$2712	\$2465	\$1970	\$1750	\$1590	\$1162	\$1027
<b>62</b>	\$2813	\$2556	\$2043	\$1814	\$1649	\$1205	\$1065
<b>63</b>	\$2902	\$2638	\$2108	\$1872	\$1702	\$1244	\$1099
<b>64+</b>	\$2542	\$2702	\$2160	\$1918	\$1744	\$1274	\$1126

<sup>1</sup>Age/Rate is calculated as age upon effective date, then attained age each year on January 1st, thereafter.



**ACHIA**  
 A L A S K A  
 COMPREHENSIVE  
 HEALTH INSURANCE  
 ASSOCIATION

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Completed 2022 Plan Change & Eligibility  
 Verification Form is  
**Due Prior to December 31, 2021**

«First» «Last»  
 «Addr»  
 «Addr2»  
 «City», «ST» «Zip» **Policy Number:** «Partic»

1. Are you currently a resident of the State of Alaska? **Yes / No (circle one)**
2. Have you become eligible to participate in Medicare, Medicaid, Denali Kid Care or Indian Health Services?

**Yes / No (circle one)** If yes, please enter effective date: \_\_\_\_\_  
**Medicare Part A effective date:** \_\_\_\_\_ **Medicare Part B effective date:** \_\_\_\_\_

3. Have you been declared disabled by social security?

**Yes / No (circle one)** If yes, please enter eligibility date: \_\_\_\_\_

4. Are you currently *eligible* for employer group insurance or any other health insurance?

**Yes / No (circle one)** If yes, please enter eligibility date: \_\_\_\_\_

5. Please provide your Social Security Number: \_\_\_\_\_

6. If the any of the above information is incorrect, please indicate the necessary changes below.

Physical Address of your current residence - Required		Mailing Address if different than physical address	
Name		Name	
Address		Address	
City		City	
State & Zip		State & Zip	
<b>Telephone Number:</b>	«CAPHONE»	<b>Email Address:</b>	
<b>Cell Number:</b>	( )		

**Plan Change request: Your Current Plan is: «Plan»**

If you wish to change your deductible effective January 1, 2022, please indicate below your choice of plan. Please note: You may increase your deductible as high as you feel necessary, but you may only lower your deductible one (1) deductible level. If you wish to remain on your current plan, please write "No Change" below.

I hereby request a change to plan \_\_\_\_\_ Effective January 1, 2022

This form **must be** returned to us **PRIOR TO December 31, 2021** at the above address. For your convenience we have enclosed a pre-addressed envelope. You may fax your response to us for faster processing at (620) 793-1199. Please do not send the form more than one time.

Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Office use only

<input type="checkbox"/> Elig	<input type="checkbox"/> LX
<input type="checkbox"/> SS	<input type="checkbox"/> CS
By _____	

# Alaska Comprehensive Health Insurance Association

## Health Insurance Policy Highlights and Comparison

The following table is NOT a complete summary or explanation of policy benefits.

Please refer to your policy for complete details of benefits.

Benefits	Policy Type Non-PPO \$1,000	Policy Type Non-PPO \$5,000	Policy Type PPO \$1,000	Policy Type PPO \$2,500	Policy Type PPO \$5,000	Policy Type PPO \$10,000	Policy Type PPO \$15,000
<b>Deductible, per Calendar Year</b>	\$1,000	\$5,000	\$1,000	\$2,500	\$5,000	\$10,000	\$15,000
<b>In Network Co-Insurance</b>	20%	20%	20%	20%	20%	20%	20%
<b>Out of pocket Max</b>	\$2,500	\$6,500	\$2,500	\$5,000	\$10,000	\$15,000	\$25,000
<b>Out of Network Co-Insurance</b>	20%	20%	40%	40%	40%	40%	40%
<b>Benefit % payable After Ded &amp; Co-ins</b>	100%	100%	100%	100%	100%	100%	100%
<b>Individual lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Prescriptions</b>	20% after Deductible 100% after OOP	20% after Deductible 100% after OOP	20% after Deductible 100% after OOP	20% after Deductible 100% after OOP	20% after Deductible 100% after OOP	20% after Deductible 100% after OOP	20% after Deductible 100% after OOP

ACHIA 2022 OE Non-Medicare Comparison Chart

# Should I change my plan to a higher/lower deductible?

- What will I save in premium payments if I increase my deductible?
- How much will the premium increase if I decrease my deductible?
- Based on my financial situation would it be beneficial to change to a lower/higher deductible?

These are just a few questions you should consider before making a change to your plan. To assist you in determining your change in premium, please use the outline below:

2022 Premium for current plan - \_\_\_\_\_

2022 Premium for increased/decreased deductible plan - (+/-) \_\_\_\_\_

Premium savings or extra cost- \_\_\_\_\_

When comparing plans, you need to consider not only the change in premium but also your liability for the out of pocket expenses for deductible and coinsurance. Your premium may be lower if you change to a higher deductible plan, but you will have an increase in out of pocket expenses and vice versa.

Please keep in mind that the decision to change to a different plan should be based upon your circumstances including past claims use as well as your anticipated future health needs. You may find it beneficial to contact your accountant or financial planner if you have specific questions regarding your personal financial situation.

Please call and speak with an ACHIA customer service representative 1-888-290-0616 with any questions you may have.