ACHIA
ALASKA COMPREHENSIVE HEALTH INSURANCE ASSOCIATION

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, 2023**
- **Eligibility Verification Form - DUE December 15, 2022**

Dear Member:

This letter contains important information about your **premium rate change that is effective January 1, 2023** and **Eligibility Verification Form that must be returned to us by December 15, 2022 to renew your ACHIA coverage.**

2023 ACHIA Premium Rates, Benefits & Cost-Sharing

Your ACHIA monthly premium rate is changing effective January 1, 2023. 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.

Eligibility Verification Form Due December 15, 2022

ACHIA combines the yearly eligibility verification requirement with this notice to simplify the process of returning this important information to us.

Please RETURN the enclosed Eligibility Verification Form (blue paper)
BY December 15, 2022.

Enclosures in This Packet:

- **2023 ACHIA Premium Rates**

- **Eligibility Verification Form** (Blue Paper) – **MUST BE RETURNED BY December 15th** if you intend to continue ACHIA coverage. ***If you plan to cancel your plan, please contact the number listed in this letter. Not returning the Eligibility Verification Form will not automatically cancel you plan.***

- **ACHIA Highlights and Comparison Chart**

Questions?

If you have questions or need assistance during this year's ACHIA open enrollment, please call ACHIA Customer Service at **1-888-290-0616.**

Alaska Comprehensive Health Insurance Association
ACHIA

MEDICARE SUPPLEMENT - PREMIUM RATES			
2023 MONTHLY PREMIUM RATES			
Attained Age*	Plan A	Plan F	Plan G
0-64	$359	$540	$398
65	$178	$268	$198
66	$183	$276	$206
67	$191	$289	$214
68	$199	$300	$226
69	$207	$312	$239
70	$217	$326	$243
71	$223	$336	$251
72	$230	$349	$260
73	$239	$360	$268
74	$246	$370	$278
75	$253	$381	$289
76	$262	$393	$300
77	$268	$404	$311
78	$277	$416	$322
79	$285	$427	$333
80+	$303	$456	$364

MEDICARE CARVE-OUT PLAN	
2023 Monthly Individual Premium Rates	
Attained Age	Rates
0-18	$124
19+	$350

**Age/Rate is calculated as age upon effective date, then attaind age each year on January 1 thereafter.*

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«F_Name» «LName»
«address»
«address2»
«c_s_z» ,

Completed 2023 Plan Change & Eligibility Verification Form is
Due Prior to December 15th, 2022

Policy Number: «ID_Number»

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 enrolled or plan to enroll in Medicare Part D?

   Yes / No (circle one) If yes, please enter effective date: _____
4. Have you been declared disabled by social security?

   Yes / No (circle one) If yes, please enter eligibility date: _____
5. Are you currently *eligible* for employer group insurance or any other health insurance?

   Yes / No (circle one) If yes, please enter eligibility date: _____
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	
Telephone Number:		**Email Address:**	
Cell Number: ( )			

Plan Change request: **Your Current Plan is: «Plan»**
If you wish to change your Medicare Supplement Plan effective January 1, 2023, please indicate below your choice of plan. If you wish to remain on your current plan please write "No Change."

I hereby request a change to plan _____ Effective January 1, 2023.

This form **must be** returned to us **PRIOR TO DECEMBER 15, 2022** at the above address. For your convenience we have enclosed a self-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 _____

Date of Birth_____

Office use only
☐ Elig ☐ LX
☐ SS ☐ CS
By _____

ACHIA Medicare Plans - Secondary Payer to Medicare (M/C) for Eligible Expenses and Covered Services

Service/Benefit	Carveout (under 65 only)	Supplement PLAN A	Supplement PLAN F	Supplement PLAN G
Medicare Part A Inpatient Hospital, days 1-60	Covered at 80% after ACHIA $1,000 annual deductible, and 100% after ACHIA out of pocket maximum of $2,500 has been met.	No coverage for Part A or Part B deductible. No Benefit.	We will pay the M/C Part A deductible amount per M/C Benefit period.	We will pay the M/C Part A deductible amount per M/C Benefit period.
Medicare Part A Inpatient Hospital, days 61 - 90	Covered at 80% after ACHIA $1,000 deductible, and 100% after ACHIA out of pocket maximum of $2,500 has been met.	We pay Part A M/C Eligible Expenses to the extent not covered by M/C.	We pay Part A M/C Eligible Expenses to the extent not covered by M/C.	We pay Part A M/C Eligible Expenses to the extent not covered by M/C.
[1]Medicare Lifetime Reserve days used	We pay hospitalization to the extent not covered by M/C for each Lifetime Reserve Day used.			
Exhausted hospital inpatient coverage including Lifetime Reserve Days Used	Covered at 80% after ACHIA $1,000 deductible, and 100% after ACHIA out of pocket maximum of $2,500 has been met.	Paid at the Diagnostic Related Group (DRG) outlier per diem or other appropriate standard of payment, subject to a lifetime payment, subject to a lifetime maximum benefit of an additional 365 days.		
[2] Part B Deductible	N/A	No coverage	We pay deductible amount per calendar year regardless of hospital confinement.	No coverage
Part B Medicare - Only Medicare Eligible expenses	We will pay coinsurance amount for eligible expenses under Part B regardless of hospitalization. M/C generally pays 80%; ACHIA's Carveout Plan Pays 80% of the 20% patient responsibility. ACHIA's Supplement Plans A & F usually pay 100% of the remaining 20% patient responsibility. Services may include physician services, inpatient or outpatient medical and surgical services and supplies, physical or speech therapy, diagnostic tests and durable medical equipment.			
Part B Excess Charges	Covered at 80% after ACHIA $1,000 deductible, and 100% after ACHIA out of pocket maximum of $2500 which includes deductible has been met.	No coverage	We will pay the difference between the actual M/C Part B charge as legally billed, not to exceed any charge limitation established by M/C or state law, and the M/C approved Part B charge.	We will pay the difference between the actual M/C Part B charge as legally billed, not to exceed any charge limitation established by M/C or state law, and the M/C approved Part B charge.
Blood	We will pay benefits under M/C Parts A & B for the reasonable cost of the first 3 pints of blood for equivalent quantities of packed red blood cells as defined under federal regulations unless replaced in accordance with federal regulations.			
Home Health	Covered at 80% after ACHIA $1,000 deductible, and 100% after ACHIA out of pocket maximum of $2,500 has been met. Max of 270 visits per calendar year. Other limitations & rules apply.	No coverage unless Medicare Pays as Primary	No coverage unless Medicare Pays as Primary	No coverage unless Medicare Pays as Primary
Skilled Nursing Facility	Covered at 80% after ACHIA $1,000 deductible, and 100% after ACHIA out of pocket maximum of $2,500 has been met. Pays up to 120 days per calendar year.	No coverage unless Medicare Pays as Primary	We pay coinsurance amount from 21st - 100th day, for post-hospital stay. Hospital & skilled nursing facility stay must begin after ACHIA policy is effective unless it occurs within 6 months of initial Part B eligibility.	We pay coinsurance amount from 21st - 100th day, for post-hospital stay. Hospital & skilled nursing facility stay must begin after ACHIA policy is effective unless it occurs within 6 months of initial Part B eligibility.

Please see other side.

Service/Benefit	Carveout (under 65 only)	Supplement PLAN A	Supplement PLAN F	Supplement PLAN G
Foreign Travel Medical Emergency Care	Covered at 80% after ACHIA $1,000 deductible, and 100% after ACHIA out of pocket maximum of $2,500 has been met. Other limitations & rules apply.	No coverage	We will pay 80% of the billed charges not covered by M/C incurred for medically necessary emergency care subject to limitations & $50,000 lifetime max.	We will pay 80% of the billed charges not covered by M/C incurred for medically necessary emergency care subject to limitations & $50,000 lifetime max.
ACHIA Deductible	$1,000 per calendar year with 4th quarter carryover.	Not applicable	Not applicable	Not applicable
ACHIA Out of Pocket	Out of pocket Max- $2,500 including Deductible	Not applicable	Not applicable	Not applicable
ACHIA Coinsurance	We pay 80% after M/C pays on most eligible expenses after deductible and 100% after out of pocket has been met.	Not applicable	Not applicable	Not applicable
ACHIA Lifetime Max	Lifetime Max- $3 Million	Not applicable	Not applicable	Not applicable
Routine Expenses	We pay for certain Mammograms, Pap Smears & Prostate Exams. Refer to Policy.	Not Covered unless M/C pays Primary	Not Covered unless M/C pays Primary	Not Covered unless M/C pays Primary
Mental & Nervous	Out patient pays at 50%, $4,000 calendar year max. In patient pays at 50%, no out of pocket max. Payments made by you do not count toward out of pocket max & no out of pocket max applies to inpatient. Subject to deductible.	Not Covered unless M/C pays Primary	Not Covered unless M/C pays Primary	Not Covered unless M/C pays Primary
Outpatient Drug Abuse & Alcoholism	Limit of $16,380 in 2 consecutive calendar years. Lifetime Limit is $32,750.	Not Covered unless M/C pays Primary	Not Covered unless M/C pays Primary	Not Covered unless M/C pays Primary
Drugs	Not Covered	Not Covered	Covered only if covered by M/C Part B.	Covered only if covered by M/C Part B.

If you are not enrolled in M/C Part B, benefits will be paid by ACHIA as if you were enrolled and as if Medicare paid benefits.
All benefits are subject to the Plan Lifetime maximum. Payment is only made on eligible, medically necessary services that are "Covered Benefits."
All of Medicare program standards, conditions, limitations and exclusions apply unless specifically stated other wise in the ACHIA Policy.
All claims submitted for payment must include a copy of the Medicare EOB.
Hospital stays that occur prior to the effective date of this Policy are not covered.

Note: If you have enrolled in this plan within 6 months of initially becoming eligible for benefits under M/C Part B, the requirement that your hospital stay begin on or after the effective date of this policy does not apply. In no event, however will any benefit be paid for any period of hospital stay that occurs prior to the effective date of the Policy.

[1] You have a lifetime reserve of 60 days for Medicare Part A inpatient hospital care. These days may be used whenever more than 90 days of hospitalization occurs in a M/C Benefit period.

[2] This is the amount you pay each Calendar year before Part B of Medicare pays benefits for Part B Medicare eligible expenses.

Please note: This comparison chart is for reference only. In situations where this comparison and the Policy differ the Policy is the governing legal document. Benefits will be paid by ACHIA subject to all terms and conditions of the Plan.

Please see other side.