

# SMART LIVING



A PUBLICATION OF THE PUBLIC EDUCATION HEALTH TRUST



## BOARD OF TRUSTEE ELECTIONS

Public Education Health Trust is accepting nominations for Board of Trustees representatives to serve in Seats D and E from Jan. 1, 2023 to Dec. 31, 2025. This is an excellent opportunity to participate on a progressive board that represents the collective interests of the 16,000 Public Education Health Trust members.

### BENEFITS OF PARTICIPATING AS AN ELECTED TRUSTEE:

- Excellent training in:
  - Leadership and forward, progressive thinking
  - National conferences in self-funding health benefits
  - Healthcare costs and containment
  - Professional skills development
- No personal costs entailed
- Ability to make a difference
- Recognition associated with a high-performing board

Nominees must be a participant in the Public Education Health Trust and be eligible to receive benefits in one or more benefit programs under this plan, by virtue of status as an employee. A nominee must be participating in the health plan and have not waived coverage.

If you have an interest in serving, a willingness to lead and are highly accountable and willing to accept the responsibility of a trustee, the necessary education and training to serve will be provided.

The Board of Trustees meets quarterly. Some travel may be required.

If you are interested in serving as a trustee, please submit a biography of no more than 100 words. Biographies will not be taken over the telephone. The trust also needs to know the employing district.

**Please send biographies no later than Sept. 15, 2022, to the following:**

Public Education Health Trust  
Attention: Rhonda Prowell-Kitter, Chief Financial Officer  
2550 Denali St., Suite 1614  
Anchorage, AK 99503

Or, email the biography directly to [rpk@pehtak.com](mailto:rpk@pehtak.com).

**NOMINATIONS ARE OPEN AUGUST 1 THROUGH  
SEPTEMBER 15. THE ELECTION WILL TAKE  
PLACE SEPTEMBER 19 THROUGH OCTOBER 17.**

Contact Rhonda Prowell-Kitter at (907) 274-7526 or  
(888) 685-7526 if you have any questions.



## STAY MINDFUL OF YOUR HEALTH WITH GO365

Let Go365 help you stay focused on your health! Go365 is set up to help you become more self-aware of your health and wellness and help you take steps to improve. Focus on health and get to a higher status level all while earning more Bucks to spend in the Go365 Mall!

### GET FOCUSED! LEARN MORE ABOUT YOUR HEALTH THROUGH A BIOMETRIC SCREENING:

1. If you're enrolled in a PEHT medical plan, you have Go365 and are eligible for a biometric screening at no cost to you. Plus, you earn Go365 Points for completing your screening. To make completing your screening easier, we are offering at home biometric testing kits that you can order to have shipped directly to your house. Once the test is completed, return it in the mail for results to be processed and automatically loaded to Go365.
  - a. To order these kits, you will go to the Health and Wellness Professionals website at [participant.solutionsforyourwellness.com/product/peht/](https://participant.solutionsforyourwellness.com/product/peht/) and complete the request form. When you order the kit, you will pay up front, but will be reimbursed by the Public Education Health Trust once your results are received and processed by Health and Wellness Professionals.
2. Complete a biometric screening with your primary care physician. To find more information on completing this, log into your Go365 website page and click on Activities -> Prevention -> Biometric Screening.

Reminder that completing the biometric screening can earn you up to 4,000 Go365 Points!

### STAY HEALTH SELF AWARE! TAKE A MINUTE AND COMPLETE THE GO365 HEALTH ASSESSMENT\*\*

Complete the Go365 health assessment on the dashboard page of the Go365 website

([Go365.com](https://Go365.com)) or the Go365 mobile app. Just take a couple of minutes to complete at least one section of the health assessment to get to Bronze! The health assessment is broken down into six different sections to make it easy to answer each section in just a couple of minutes. Just answer the questions to the best of your knowledge. Once complete, Go365 will provide you with your Go365 age and your personal health report to give insight into where you currently are on your wellness journey and help you on your next steps.

*\*\*Health assessment responses are private health information that follows all HIPAA guidelines and are not shared. Adult children are not eligible to earn Points or Bonus Points for health assessment completion.*

### NOT REGISTERED FOR GO365 YET? GET STARTED AND REGISTER ON THE GO365 WEBSITE OR MOBILE APP:

1. Online at [Go365.com](https://Go365.com)
  - Go to [Go365.com](https://Go365.com)
  - Click 'Activate online profile'
  - Register using your Member ID\*, DOB and zip code
  - Create a username and password
2. Go365 Mobile App (available for download from the Apple Store or Google Play)
  - Download the Go365 mobile app
  - Click 'Register'
  - Register using your Member ID\*, DOB and zip code
  - Create a username and password

### DON'T MISS OUT ON YOUR OPPORTUNITIES TO ENGAGE IN YOUR WELL-BEING THROUGH THE GO365 PROGRAM!

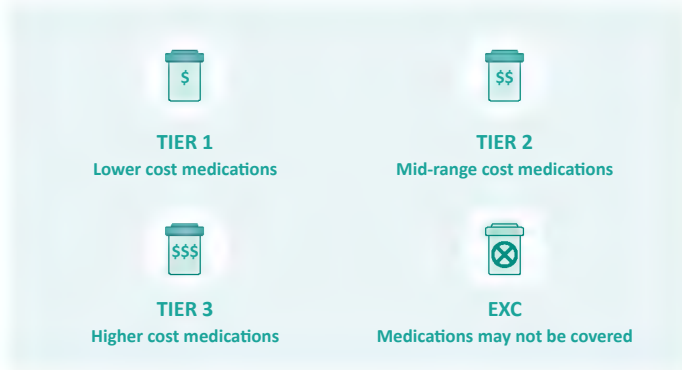


# PHARMACY BENEFITS UPDATES

## WHAT IS A FORMULARY?

A formulary is a list of your plan's covered medications and it:

- Has generic and brand-name drugs approved by the Food and Drug Administration (FDA)
- Is broken into cost levels called tiers
- Flags drugs with special coverage rules. These include prior authorization, step therapy and quantity limits



## WHEN DOES THE FORMULARY CHANGE?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when there is a generic for it.
- If a medication will no longer be covered, it takes place on January 1 or July 1 of each year.

When a medication changes tiers, the amount you pay changes, too.

## WHY ARE SOME MEDICATIONS NO LONGER COVERED?

A medication may no longer be covered by your plan when there is another covered drug that works the same and costs less or if there is an over-the-counter option.

## WHAT ARE QUANTITY LIMITS?

A quantity limit is the amount of medication the plan covers for a set amount of time. This helps lower waste and makes sure medications are used as prescribed. We update quantity limits based on medical and FDA guidance.

## SUMMARY BENEFIT AND FORMULARY CHANGES: JULY 1, 2022

This may not be a full list of changes.

THERAPEUTIC USE	MEDICATION NAME	CHANGE	LOWER-COST COVERED MEDICATIONS
<b>ANTIMIGRAINE AGENTS</b>	EMGALITY 120m/mL INJ	Tier 2 to EXC	AIMOVIG INJ, AJOVY INJ
	rizatriptan benzoate tablet and ODT	Quantity limit: 12 tablets/30 days	
<b>CARDIOVASCULAR AGENTS</b> • Drugs for heart and circulation conditions	carvedilol 20mg, 40mg, 80mg	Tier 1 to EXC	CARVEDILOL
<b>GASTROINTESTINAL AGENTS</b> • Drugs for acid reflux and ulcer	sucralfate susp 1gm/10mL	Tier 1 to EXC	sucralfate tablet 1gm
	sucralfate tablet 1gm	EXC to Tier 1	
<b>PNEUMOCOCCAL VACCINES</b>	Pevnar 20 (PCV20)	Will be covered as part of health care reform	
	Vaxneuvance (PCV15)		

**QUESTIONS?** Call the number on your ID card or go to [optumrx.com](https://www.optumrx.com).

# VIRTUAL SUPPORT CONNECT — CONFIDENTIAL GROUP SUPPORT

When you are dealing with a challenge at home or at work, group support can offer perspective, encouragement and most importantly, the reassurance that you are not alone. Virtual Support Connect (VSC) provides live, moderated sessions on a wide variety of topics via the desktop or mobile platform.

Confidentiality is key – you answer questions, participate in activities and provide feedback anonymously by exchanging texts with the moderator. When you join a session, only the moderator will be on video – you and all other users will participate via text. In addition to leading the session, the moderator will post tip sheets, exercises and links to other resources. You can also easily access individual, in-the-moment support or connect to the program web portal for additional services and information.

Virtual Support Connect session topics include:

- Avoiding addiction
- Caregiver support
- Coping with stress
- Grief
- Mindfulness
- Preventing burnout
- Self-care
- Sleep
- Fitness

Sign up for a Virtual Support Connect session by visiting the SupportLinc web portal at [supportlinc.com](https://www.supportlinc.com). Virtual Support Connect is located on the top toolbar in the upper right hand corner. Your group code is 'peht'.

Please remember, if you need "in-the-moment" assistance, SupportLinc is available 24 hours a day, 365 days a year, by calling (888) 881-LINC (5462).

# MAKE THE MOST OUT OF YOUR COVERAGE AND UNDERSTAND THE BENEFITS AVAILABLE TO YOU

A little research can go a long way...

## STAYING 'IN NETWORK' MAKES A HUGE DIFFERENCE

Insurance and provider networks can be complex, and we want to make sure you have the information and resources you need to make the best choices for you and your family. And this is important.

Always ensure that you are seeing a provider that is considered **'In Network'** for any of your upcoming services.



PEHT has a number of direct contracts with providers throughout Alaska – please be sure to check this list, either on [pehtak.com/direct-contracts/](http://pehtak.com/direct-contracts/) or on the EBMS miBenefits site at [miBenefits.ebms.com](http://miBenefits.ebms.com).

If the provider you are scheduled to see does not appear on that list, please visit the Aetna website – you can access this through miBenefits, or directly at [aetna.com/asa](http://aetna.com/asa). This will ensure that your claims will be processed at the most favorable benefit level for the eligible services you receive.

If you are not able to find a provider that is in network by the Direct Contracts or with Aetna, your claims will be processed at the non-preferred provider and facilities benefit.

Non-preferred providers such as Alaska Native Medical Center, Alaska Regional Hospital, or Sutter Health Network facilities or any of their providers will result in an amount payable up to 125% of the Medicare equivalent rate for that service.

There are some situations where the out of network benefit can be bumped up. Those exceptions are listed within your Benefit

Booklet (you will find the exceptions just prior to the Schedule of Benefits). Members can always call EBMS to speak with the Call Center team on any questions you may have.

## NON-EMERGENCY TRAVEL BENEFITS

Did you know that benefits are available for non-emergency medical travel and may be payable for transportation by commercial airlines? These are reserved for coach class only tickets, with at least a 14-day advanced fare as well as any ferry service needed from the place where the illness or injury occurred to the nearest area where treatment is available (unless the plan administrator finds a longer trip is necessary).

For reimbursement consideration, commercial airline flights may only be scheduled for departure 1-2 days in advance of the first appointment or 1-2 days after the last appointment related to the condition being treated.

Consideration for additional days may be given upon approval by the plan administrator.

All non-emergency commercial travel must be pre-approved by the plan administrator (or their designate) using the "Public Education Health Trust Non-Emergency Medical Travel Request Form" or no benefits will be provided. The form can be found at [pehtak.com](http://pehtak.com).

Contact the Health Trust by phone. In Anchorage call (907) 274-7526; outside of Anchorage call (888) 685-7526. Business hours are Monday-Friday, 8 a.m.-5 p.m. (AKDT).

## TRANSPORTATION BENEFITS

As Alaskans, we know how important transportation benefits can be when emergency or non-emergency travel is needed. We want to make sure you know the ins and out of what's covered and the details you need so that, if necessary, you can take advantage of this great benefit. First, transportation benefits are limited in any one calendar year to two round trips and apply only to the illness or conditions covered under this plan. They do not apply to dental care benefits, vision services, routine care or preventive care exams unless approved by the plan administrator.

A local physician must certify that needed services are not available locally and transportation benefits for any healthcare outside of the U.S. will not be covered, including Canadian healthcare.

Transportation benefits are also not given for diagnostic or second-opinion diagnosis unless diagnostic services cannot be provided locally and are deemed medically necessary by the plan administrator. In this case, the physician must provide written certification or detailed medical documentation of the existing condition in advance of the trip.





Non-emergency transportation charges will only be allowed for a covered patient, except for the following circumstances:

- If the patient is a covered person under 18 years of age, then the transportation charges of a parent or legal guardian accompanying the child will also be allowed.
- If the patient is a covered person over age 18 and has a mental disorder or physical disability that requires the assistance of a caretaker post-procedurally or during travel, the transportation charges of a parent, legal guardian or assigned caretaker accompanying the patient will also be allowed.

After the travel has occurred, a “Public Education Health Trust Non-Emergency Medical Travel Completed Form” must be submitted with the boarding passes and the receipts of the travel, signed off by the attending physician, or no benefits will be provided. And finally, by submitting all this information to EBMS, your travel costs will be reimbursed.

## MEDEVAC ALASKA

The direct contract with Medevac Alaska, an Alaskan-based emergency transportation provider, offers air emergency medical services to all Alaskan hospitals. With bases in Alaska, as well as in Arizona and Texas, Medevac Alaska can relocate patients to and from Alaska or any location within the U.S, Canada and Mexico.

Medevac Alaska continues to save health plan members and the PEHT health plan thousands of dollars annually. For instance, throughout the past three years, the average cost per mile for this type of service in Alaska cost \$132. Now, the contract is set at \$74 per mile. This saves an average of about \$14,000 per case.

In addition, the average take-off rate in Alaska is \$15,131. Yet, PEHT’s contract with Medevac Alaska is \$8,000. Plus, this contract leverages a 25 percent discount on all medical supplies and services for PEHT health plan members. And, since Medevac Alaska is in-network, members won’t receive balance bills!

Call Medevac Alaska 24/7 at 1-877-985-5022. Learn more at [medevacalaska.com](http://medevacalaska.com).

AIRCRAFT TYPE	BASE DESTINATION	APPROX. MILES
Light Jet	Anchorage-Seattle	1,435
Light Jet	Klawock-Anchorage	724
Light Jet	Yakutat-Anchorage	373
Turboprop	Dillingham-Anchorage	329
Turboprop	Dutch Harbor-Anchorage	795
Turboprop	Glennallen-Anchorage	156
Turboprop	Klawock-Anchorage	724
Turboprop	McGrath-Anchorage	220
Turboprop	Seward-Anchorage	79
Turboprop	Yakutat-Sitka	16

## AIR-AMBULANCE SERVICE

PEHT provides for air-ambulance service for necessary medical treatment. Per the benefits booklet, the allowable reimbursement amount is up to 125% of the Medicare-equivalent rate unless otherwise negotiated. No deductible applies. Charges in excess of this amount will not apply toward the covered person’s medical coinsurance maximum out-of-pocket amount or super global maximum out-of-pocket amount and will be considered the responsibility of the patient.

PEHT partners with EBMS’ CareLink to assist members with air-medevac needs.

Pre-notification is strongly recommended for members who require air-ambulance service. When this medical evacuation service is provided, the covered person, physician, or facility should contact CareLink. Call CareLink at (800) 228- 9118 for pre-notification of services and to coordinate and pre-negotiate allowable charges.

The charge for this service will be covered, at the allowable amount, if the air-ambulance service is to the nearest hospital or skilled nursing facility where necessary treatment can be provided. The plan administrator may approve a longer trip if it is medically necessary. The covered benefit is up to 125% of Medicare-equivalent rates unless otherwise negotiated. PEHT has standing negotiated contracts with **LifeMed** and **Medevac Alaska**.

PEHT does not have negotiated agreements with Guardian or AirLift Northwest. In our attempts to arrange an agreement, both firms have referred to their membership policies that individual families may purchase. We encourage all our members to review their materials and memberships for their family needs evaluation. We reimburse medically necessary, but non-negotiated medevac flights up to 125% of Medicare equivalent, which could leave the family with a financial obligation.

The plan also provides benefits for return transportation via air ambulance for a covered person when medically necessary.

More information on the air-ambulance benefit is available in the Medical Benefit Descriptions section on Ambulance and by calling (800) 228-9118 (the U.S. only) or (614) 582-9254. This number is also shown on the PEHT/EBMS identification card.



## PROVIDENCE INCREASING ACCESS WITH NEW MIDTOWN PRIMARY CARE, URGENT CARE CLINICS

Providence recently opened a new urgent care and primary care clinic in Midtown Anchorage. Rehabilitative therapy services in a new therapy gym will also be available at the Providence Medical Group (PMG) clinic. These new clinics along with the ExpressCare clinics already open in Anchorage, Eagle River and Wasilla are part of Providence's efforts to help ensure convenient care options are more available where and when our communities in Alaska need it.

**Providence Medical Group Primary Care Midtown** offers primary care for all ages with a team of experts working together providing care using the patient-centered medical home model to provide comprehensive primary care for children, adults and seniors. Primary care providers, pharmacists, case managers, social workers and health navigators create a care plan that fits a patient's life and helps them achieve and maintain optimal health. Integrated behavioral health services and a free after-hours nurse call line is available for established patients.

"Providence Medical Group is here to improve the long-term health of our community and we know that by providing better access to primary care, we help people stay healthier through routine care and preventative screenings," said Tamara Brown, Chief Executive Officer of Providence Medical Group. "Our caregivers are focused on caring for the whole person with quality and compassion. It's been exciting to see how this new clinic has been celebrated and welcomed by those who live in the area."

**Providence Urgent Care Midtown** is the first urgent care in Alaska and offers walk-ins and same-day scheduling for urgent, non-life-threatening illnesses and injuries available 7 a.m. to 7 p.m., seven days a week. The urgent care clinic will have capabilities including point-of-care labs and X-ray services. The clinic will be staffed with highly trained providers who are able to meet the urgent care needs of patients.

"Through great relationships with our leaders in Alaska, we've been able to collaborate and respond to the needs of the local communities," said Mike Waters, Executive Vice President and Chief Executive, Providence Ambulatory Care Network. "A great example is in a week roughly 500 patients can now get access to care through our ExpressCare clinics and Urgent Care clinic in Anchorage that would have not gotten access before or would have had to go to an emergency room department. We are providing access on consumers terms with affordable care for new and existing patients."

"The opening of these clinics allows us to continue our move toward providing increased access to primary care for Alaskans and lower cost alternatives to certain services that patients may have sought from an emergency department previously when that level of care was not needed, resulting in greater value for patients," said Preston M. Simmons, DSc., FACHE, Chief Executive of Providence Alaska.



## BRIDGEHEALTH SURGERY CARE IS NOW TRANSCARENT SURGERY CARE

**When you need surgery, you deserve the best. That's why the Public Education Health Trust offers you and your family access to high-quality surgery through Transcarent – the same great benefits you know about from BridgeHealth, just with a new name.**

When you choose Transcarent, **Public Education Health Trust pays for the surgery and your family never sees a bill. You pay \$0\***. Surgical procedures include bariatric, orthopedic, women's health, general, vascular, cardiac, neurological and spine. However, emergency, pediatric (under age 13), cancer, cosmetic, dental, diagnostic, vision and transplant procedures are not available through Transcarent Surgery Care. Call (855) 265-2874 to speak to a Care Coordinator to learn more about your surgical benefits.

Also, did you know that your Transcarent benefit includes access to virtual physical therapy for back, joint and muscle pain? Transcarent's virtual physical therapy is proven to work better than in-person physical therapy. Best of all, no referral is needed and there's no copay — so it's no cost or low cost\* to eligible members and family members 18+ enrolled in a Public Education Health Trust health plan.

Skip scheduling appointments, travel and waiting in crowded waiting rooms. You can get started with Virtual Physical Therapy when and where you want it, and it's available for free\*.

### To get started with Virtual Physical Therapy:

1. Visit [experience.transcarent.com/peht/vpt/](https://experience.transcarent.com/peht/vpt/)
2. Complete your profile. You will get matched with a physical therapist who you will meet via video call and who will design a customized program for you.
3. You'll receive a kit with a tablet and motion sensors to track your exercises.
4. Start your journey to feeling better! You'll connect with your physical therapist as needed.

\*If you are enrolled in a high deductible health plan and have not met your deductible, there may be a cost. Ask a Care Coordinator if a cost applies to you.

# SLEEP WELL

Here's a question: what's more important — a nutritious diet, regular exercise or getting a good night's sleep? You got it! These are all equally key to a healthy body and maintaining good mental health.

Summer is upon us. The days are getting longer, and we all know it's tempting to stay busier and stay up later, but here is the thing, the benefits of prioritizing and protecting your precious hours of sleep are endless. We'll talk about just a few of these and give you some good tips to make sure you're getting good, quality Zs.

## DID YOU KNOW THAT SLEEP SUPPORTS A HEALTHY IMMUNE SYSTEM?

Numerous studies have concluded that people who slept fewer than five hours a night are nearly five times more likely to catch a cold.

## SLEEP IMPROVES CONCENTRATION AND PRODUCTIVITY.

We all know our concentration and cognition suffer when we're sleep deprived, but studies even show that academic performance is significantly improved in children and young adults after a solid night in dreamland.

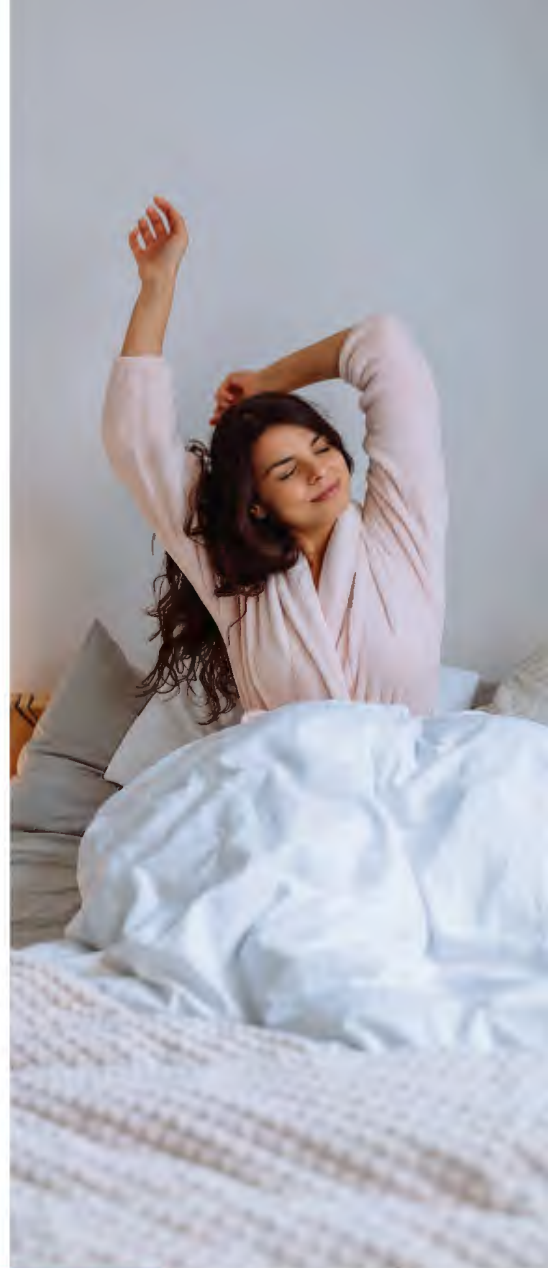
## SLEEP CAN SUPPORT WEIGHT LOSS.

There are several reasons for this, including sleep's impact on our hormones and our motivation to exercise, but also sleep deprivation makes us feel hungrier and crave more calories.

**Convinced yet? Here are some tips to make sure you're falling asleep, staying asleep and getting your rest.**

1. Set a sleep schedule, and stick to it
2. Don't go to bed hungry or stuffed
3. Integrate physical activity into your day – every day
4. Limit caffeine and avoid alcohol and nicotine
5. If you wake up in the middle of the night, don't watch the clock!

Bottom line — good sleep supports better health, a better mood and brighter days! Sweet dreams!



# MANAGE YOUR BENEFITS WITH THE MIBENEFITS PORTAL



Be an empowered healthcare consumer — manage your benefits online right from your browser with our miBenefits portal.

**Our latest technology allows you easier access to your healthcare information.**

- One login for everything – medical, dental, vision, prescription and HSA/FSA
- Simplified navigation – get 80% of what you need right from the home page
- Quick-links to find a physician, order an ID card and perform other common tasks

**Other features to check out:**

- Claims status in real time
- Separate tabs for each family member on your plan
- At-a-glance tracking of where you are in terms of deductibles and out-of-pocket maximums

Visit [miBenefits.ebms.com](http://miBenefits.ebms.com) to register today! Also available for Apple and Android.

## DID YOU KNOW?

Eligible members can get a continuous glucose monitor through their pharmacy benefit.

**For more information, contact the Trust at (907) 274-7526 or (888) 685-7526.**



P.O. Box 21367 • Billings, MT 59104-1367

This publication was created and sent to you by EBMS on behalf of the Public Education Health Trust.

# SMART LIVING

A PUBLICATION OF THE PUBLIC EDUCATION HEALTH TRUST



# WANT TO WIN \$50?

Visit [pehtak.com](http://pehtak.com) to access important documents, links and more. While you're there, be on the hunt for the link to be entered to WIN \$50! (Where's that link? Here's a hint: don't miss the important "notices" at [pehtak.com](http://pehtak.com).)



 Like us on Facebook  
**Public Education Health Trust**

 Follow us on Twitter  
**@PEHTAK**

MAY/JUNE WINNER:  
**REBECCA  
MIDGETT**