



## ALASKA

### Double-Dipping: Insurance Companies Profit at Patients' Expense Copay Accumulator Adjustment Policies

#### Copay Accumulators 101

Patients with complex, chronic illnesses rely on specialty medications to maintain their health and often use copay assistance to help cover the cost of their copayments or coinsurance. But a recently-adopted federal rule allows insurance companies to keep the copay assistance provided to patients even when they do not count it toward a patients' annual deductible and out-of-pocket limit. These policies undermine patient access to life-saving prescription drugs, making it more difficult for people living with serious, complex, chronic illnesses to adhere to a treatment plan. More information about copay accumulators can be found [here](#).

#### Findings for Alaska 2021 Marketplace Plans

A new report by The AIDS Institute shows that **50% of the** issuers in Alaska have copay accumulator adjustment policies.

- Moda which offers plans in Anchorage and Fairbanks has a copay accumulator policy
- The only insurer that does not have a copay accumulator policy is Premera

In addition, information on these policies is very difficult to find. It is often buried in confusing language deep in plan documents that are hundreds of pages long. The report also shows that many times this information is not available in writing at all, leaving consumers unclear on how this policy affects them.

- Premera had no information available to consumers in plan documents on their website, and the copay accumulator policy had to be confirmed via a phone call to customer service representative

#### Need for State Action

Alaska can follow what other states have done to protect residents from these harmful practices by insurance companies and PBMs.

- AZ, GA, IL, VA, WV and Puerto Rico have enacted legislation that requires insurers to count third party payments, including copay assistance, toward patient cost-sharing limits.

The All Copays Count Coalition Suggests the following language for state legislatures attempting to combat this problem: *"When calculating an enrollee's overall contribution to any out-of-pocket maximum or any cost sharing requirement under a health plan, an insurer or pharmacy benefit manager shall include any amounts paid by the enrollee or paid on behalf of the enrollee by another person."*