

Recommended Cover Page for Dental Appeals

I am appealing the denial of coverage for _____
provided to me on _____, 20____.

The State of Alaska provides health benefits for individuals, including retirees, who are entitled to coverage under applicable statutes. These benefits are described in the Retiree Benefits Booklet and include benefits under DVA for retirees who elect coverage. The benefits provided under this coverage cannot be diminished without an equal or greater offset of enhanced benefits.

- When I (or my spouse) retired in _____ (date of retirement) I/we opted for DVA coverage.
- Since I was a retiree entitled to benefits under PERS/TRS, I was entitled to elect DVA coverage.
- DVA coverage is described in the 2003 Retiree Insurance Information Booklet along with other medical coverage.
- I paid for DVA coverage through monthly withholdings from my monthly retirement payment.
- The DVA plan included _____ treatment as a covered benefit in _____, 20____ (year of retirement when coverage was elected) when I elected coverage.
- PERS/TRS retirement benefits, including medical benefits, are vested, constitutionally protected rights that cannot be diminished without an equal or greater enhancement.
- DOA has unilaterally diminished benefits available under the DVA plan described in the 2003 Retiree Benefits Booklet such as treatment for _____, and has not provided any enhanced benefits to the DVA plan to offset these diminished benefits.

Attached are the details of my appeal, and supporting documents