

Alaska United Food and Commercial Workers Trust Funds

2815 2nd Avenue, Suite 300 • P.O. Box 34203 • Seattle, Washington 98124
Phone (206) 441-7574 • Toll-Free (800) 478-8329 • Fax (206) 505-WPAS (9727)

Administered by
Welfare & Pension Administration Service, Inc.

November 13, 2013

To: All Active Eligible Plan Participants
Alaska United Food and Commercial Workers Health and Welfare Trust

Re: Eligibility and Benefit Changes Effective January 1, 2014

Important Information – Please be sure that you and your family read this notice carefully and keep it with your benefit booklet or important insurance papers for future reference.

Effective January 1, 2014 the Plan is being amended to reflect changes required pursuant to the Affordable Care Act and the Mental Health Parity and Addiction Equity Act. The changes are summarized below. This notice should be considered an insert to your January 2010 Summary Plan Description and Plan Document.

Eligibility

- *Coverage* (pages 12-14) – Beginning January 2014, your spouse will be entitled to enroll in the plan after your 24th month of coverage, or within 60 days following the end of the month in which you have completed your 1200th hour of covered employment. If your spouse qualifies for enrollment before your 25th month of coverage, a self-payment for the spouse coverage will be required until your 25th month of coverage. Beginning with the 25th month of coverage, the spouse coverage self-payment will no longer be required, and spouse coverage will be provided by the weekly employee payroll deduction required for spouse coverage.
- *Eligible Dependents* (page 11) – Under the Trust, your eligible dependents include your lawful spouse as determined under Federal Law and treated as a spouse under the Internal Revenue Code. Effective January 1, 2014, this will include a legally recognized same-sex spouse.

Prescription Benefits

- *Immunizations* (pages 38-40) – The flu shot and shingles vaccine, as well as many other vaccinations, are covered pursuant to the Affordable Care Act and available from your local pharmacy. The shingles vaccine is approved for participants and eligible dependents age 60 and over. To check for availability or to locate an Avia Custom Network Pharmacy go to www.aviapartners.com or call (800) 273-9166.

Medical Benefits

- *Outpatient Psychiatric Services* (pages 4, 22, and 33) – Effective with dates of service on or after January 1, 2014, treatment for mental health or substance abuse disorders will be covered the same as any other medical condition, including meeting medical necessity requirements. The specific Plan changes are as follows. These changes apply to Outpatient services only.
 - The visit limits for outpatient psychiatric services will be removed.
 - Psychiatric services will now be covered at 80% or 70% at the non-PPO hospital in Anchorage, AK.
- *Annual Maximum Benefit* (page 26) – For services incurred on and after January 1, 2014, the \$2 million annual maximum benefit on Essential Medical Benefits will be removed. Essential Medical Benefits are defined in accordance with Federal Regulations.
- *Women's Preventive Services* (page 26 – 35). Pursuant to the requirements of the Affordable Care Act, certain preventive services are covered without any cost sharing when the services are provided from a network provider. This includes specific services for women, including:
 - Well-woman visits.
 - Gestational diabetes screening.
 - Human papillomavirus DNA testing, every three years for women age 30 or older.
 - Sexually transmitted infections counseling for sexually-active women.
 - Human immunodeficiency virus (HIV) screening and counseling for sexually-active women.
 - Access to all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs.
 - Breastfeeding support, supplies, and counseling.
 - Interpersonal and domestic violence screening and counseling.

Maternity services are covered for participants' eligible dependent children to the extent the services are preventive services and services are obtained from a network provider and in accordance with applicable recommendations and guidelines.

- *Coverage for Certain Clinical Trials* (page 69) – The Affordable Care Act requires that coverage be available for certain approved clinical trials with respect to the treatment of cancer or another life-threatening disease or condition. Approved clinical trials must be performed by a network provider unless such a provider is not available in your region. All clinical trials must be preauthorized by Care Allies at (800) 327-6845.

The Plan's definition of Experimental and Investigational services on page 69 of the SPD has been revised to add:

A service or supply will not be considered experimental or investigational if it is part of an approved clinical trial. An approved clinical trial is one that meets the criteria in either Category 1 or 2 below:

Category 1

- The trial is a Phase III or Phase IV trial approved by the National Institutes of Health, the FDA, the Department of Veteran Affairs or an approved research center;
- The trial has been reviewed and approved by a qualified institutional review board; and
- The Facility and personnel have sufficient experience or training to provide the treatment or use the supplies.

Category 2

- The trial is to treat a condition too rare to qualify for approval under Category 1;
- The trial has been reviewed and approved by a qualified institutional review board;
- The facility and personnel have sufficient experience or training to provide the treatment or use the supplies;
- The available clinical or preclinical data provide a reasonable expectation that the trial treatment will be at least as effective as non-investigational therapy; and
- There is no therapy that is clearly superior to the trial treatment.

If you have any questions concerning this notice, please contact the Administration Office at (800) 478-8329, option 1.

Sincerely,

Board of Trustees

Alaska United Food and Commercial Workers Health and Welfare Trust

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Receipt of this notice does not constitute a determination of benefits or your eligibility. If you wish to verify benefits or eligibility, or if you have any questions regarding medical benefit changes, please contact the Administration Office at (800) 478-8329.