

Alaska United Food and Commercial Workers Trust Funds

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Administered by
Welfare & Pension Administration Service, Inc.

October 31, 2014

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

Re: Summary of Material Modification – Benefit Changes

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

This notice should be considered an insert to your January 2010 Summary Plan Description and Plan Document.

Overall Out-of-Pocket Maximums

Medical (page 4) – Effective January 1, 2015, the annual out-of-pocket maximum for preferred provider (PPO) medical expenses will be \$4,500 per person and \$9,000 per family. Pursuant to requirements of the Affordable Care Act (ACA), certain out-of-pocket expenses that previously did not count toward the in-network maximum now do (such as your annual deductible). The out-of-pocket maximum for non-preferred provider medical expenses is unchanged.

- **Prescription Drug** (page 38) – Also pursuant to the ACA, out-of-pocket costs for in network covered prescription drugs also must be considered. Effective January 1, 2015, there will be an in-network out-of-pocket maximum for covered prescription drugs of \$2,100 per person and \$4,200 per family.

The Plan's overall out-of-pocket maximum is set at the limit allowed by the ACA, and will adjust annually. For 2015, the ACA Maximum out of pocket limit is \$6,600 per individual and \$13,200 per family. The Plans combined Medical and Prescription Drug out of pocket maximums are equal to the ACA limit.

Individuals or families who reach the new overall out-of-pocket maximum during the plan year for services received from PPO providers will not be subject to further out-of-pocket expenses for in network services for the remainder of the calendar year.

Dietary/Nutritional Counseling (page 27)

The Plan eliminated the \$500 lifetime maximum benefit and replaced it with a 10-visit per lifetime limit for nutritional counseling when provided by a licensed dietician as part of a treatment plan prescribed by a physician to treat a covered illness.

Managed Behavioral Health

As part of the change to Aetna in September, the Trust implemented Aetna's Managed Behavioral Health. Enclosed with this notice is a list of services which require pre-certification. ***Note: Not all conditions mentioned on the enclosed list are covered by the Plan. Non-covered items are noted on the attached list.*** You or your doctor must contact Aetna at (800) 624-0756 for pre-admission approval for hospital and outpatient services, as only services determined to be medically necessary are covered. The pre-admission contact phone number is also listed on the reverse side of your Aetna Medical Plan ID Card.

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.

Behavioral Health Precertification List

Services Requiring Precertification*/Authorization

To obtain precertification/authorization for mental health, substance abuse or behavioral health services, refer to the member's ID card for the toll-free Member Services or Aetna Behavioral Health phone number.

Applies to: Aetna Choice® POS, Aetna Choice POS II, Aetna Golden Choice™, Aetna Golden Medicare Plan®, Aetna HealthFund®, Aetna Open Access® Elect Choice, Aetna Open Access HMO, Aetna Open Access Managed Choice, Elect Choice® HMO, Managed Choice®, Quality Point-of-Service® (QPOS®) and USAccess® benefits plans and all products associated with the Aexcel® network.**

Traditional Choice® and Open Choice®/PPO plans require precertification for inpatient care and Residential Treatment Care. Some may also require precertification for the additional services listed to the right.

*The term precertification means the utilization review process to determine whether the requested service or procedure meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully insured HMO and PPO members.

**Not all plans are offered in all service areas. Aetna HealthFund PPO, Aetna HealthFund Managed Choice, Aexcel, Choice POS, Choice POS II, Golden Medicare Plan, Open Access Managed Choice, QPOS, and USAccess benefits plans may include the option for members to elect to go outside the network and receive reduced benefits.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company, Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna Health Administrators, LLC, Cofinity, and Strategic Resource Company. Aetna Behavioral Health refers to an internal business unit of Aetna. EAP is administered by Aetna Behavioral Health, LLC and Aetna Life Insurance Company (Aetna).

Behavioral health services requiring precertification/authorization

This applies only to services covered under the member's benefits plan.

- Inpatient admissions
- Residential Treatment Center (RTC) admissions
- Partial Hospitalization Programs (PHPs)
- Intensive Outpatient Programs (IOPs)
- Psychological testing
- Neuropsychological testing
- Outpatient Electroconvulsive Therapy (ECT)
- Biofeedback
- Amytal interview
- Psychiatric home care services
- Outpatient detoxification
- Applied Behavior Analysis (ABA) **Not Covered by the Alaska UFCW Plan**



Exceptions to this policy

This policy applies to all Aetna plans with the exception of:

- Behavioral health benefits plans that we administer, but do not manage
- Self-funded plans with plan sponsors who have expressly purchased precertification requirements

There may be plan sponsors whose plans require preauthorization for all outpatient services. Please ask your patients if they are covered under a plan with this requirement.

**Call toll-free:
1-800-624-0756**



www.aetna.com

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