

ASEA/AFSCME LOCAL 52 HEALTH BENEFITS TRUST
111 West Cataldo, Suite 220
Spokane, WA 99201-3201

SUMMARY OF BENEFIT PLAN CHANGES
Updated July 2018

The Board of Trustees for the ASEA/AFSCME Local 52 Health Benefits Trust adopted the following Plan changes. *Please keep this summary with your Plan booklet until the current booklet is updated.*

Plan Changes Effective July 1, 2018

- ✓ **Annual Maximum for Dental Benefits**
Benefits paid for preventive dental care (up to 2 visits per year) will no longer apply to the \$2,000 annual dental benefit maximum. Preventive care may include exams, cleaning, fluoride, x-rays and sealants. Only benefits paid for restorative care or prosthetic services will apply to the annual maximum.
- ✓ **Prescription Drug Benefit - \$1,500 Claim Threshold**
Prescriptions for non-specialty drugs that cost more than \$1,500 will be reviewed by a CVS/caremark pharmacist prior to allowing benefits for the medication.
- ✓ **Prescription Drug-Exclusions and Limitations**
 - Artificial saliva products and select skin or topical barriers are excluded from coverage.
 - Diabetic test strip quantities are limited up to 200 strips per month or up to 300 strips per month following prior authorization.
- ✓ **Coordination of Benefits Clarification**
When the ASEA Health Plan is the secondary plan, this Health Plan's allowable expense will be limited to the expense that is allowed by the primary plan. In the event the primary plan's allowed expense has been reduced because you did not follow its plan rules and procedures, the ASEA Health Plan will not pay the amount of the reduction.
- ✓ **Health Reimbursement Account (HCRA)**
For Plan participants electing a HCRA, the maximum contribution is increased to \$2,650 of pre-tax income for the 2018/2019 Plan Year.
- ✓ **Appeals - Anti-Assignment Language**
No claimant shall at any time, either during

the time in which he/she is a covered participant in the Plan, or following his/her termination as a covered participant, in any manner, have any right to assign his/her right to sue to recover benefits under the Plan, to enforce rights due under the Plan to appeal a denial of benefits, or to any other causes of action which he/she may have against the Plan or its fiduciaries

Plan Changes Effective July 1, 2017

- ✓ **Teladoc**
The Plan added a new telemedicine benefit providing access to board certified physicians by phone, online video or mobile app for non-urgent care through Teladoc. This benefit is provided at no cost to participants.
- ✓ **BridgeHealth**
The Plan added BridgeHealth as another option for surgery outside of Alaska. When arrangements are made through BridgeHealth, the Plan covers all medial costs with no deductible or coinsurance for surgery. Also included are airfare, lodging, food and travel expenses for you and a companion to accompany you as your caregiver.
- ✓ **Prescription Drug Benefit Changes**
New formulary exclusions: CVS/caremark drug formulary is a list of generic and brand name prescription drugs that are evaluated by a committee of experts and chosen for their safety and effectiveness. Drugs that are not in the formulary are excluded from coverage.

Brand-Name Drugs When Generic is Available
If you purchase a brand-name prescription when a generic equivalent is available (even if your doctor's prescription does not allow a substitution), the Plan will pay 80% of the generic equivalent. The difference in cost between the

brand name and generic will not apply to your out-of-pocket total.

Plan Changes Effective July 1, 2015

✓ **Plan A Spousal Surcharge**

The Plan added a spousal surcharge of \$125 per month for a spouse enrolled in Plan A who is also eligible for medical coverage through his/her employer and who opts out of that coverage.

✓ **Treatment of Gender Dysphoria**

The Plan will cover medically necessary treatment of gender dysphoria including surgery and related medical treatment necessary for gender reassignment.

ASEA/AFSCME LOCAL 52 HEALTH BENEFITS TRUST

Updated July 2018

Notice of Group Health Plan's Exemption from the Mental Health Parity Act

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and Local governmental employers that sponsor health plans, including plans that are offered as part of a collective bargaining agreement, to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. The Board of Trustees of the ASEA/AFSCME Local 52 Health Benefits Trust, with the approval of the ASEA Local 52 has elected to exempt ASEA/AFSCME Local 52 Health Benefits Trust from the following requirements: **Parity in the application of certain limits to mental health benefits.** Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must be sure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

The exemption from these Federal requirements will be in effect for Plan Years beginning July 2011 through June 2019. If you have any questions or concerns about this notice, contact the ASEA Health Trust Administrator at 866-553-8206.

Health Care Reform Notice

The Trust believes this Plan is a "grandfathered health plan" under the Affordable Care Act. As permitted by the Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on essential benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the ASEA Health Trust Administrator at 866-553-8206. You may also contact the U.S. Department of Health and Human Services at <https://www.healthcare.gov/>.

For questions call the Health Trust Administrator at 866-553-8206.