



HEALTH TRUST NEWS

SERVING THE PARTICIPANTS OF THE ASEA/AFSCME LOCAL 52 HEALTH BENEFITS TRUST

Know Your PPOs

A FEW FAQs HELP YOU MAKE THE MOST OF YOUR BENEFITS

Within the Municipality of Anchorage, the Health Trust partners with several Preferred Provider Organizations (PPOs) who charge a discounted rate for Health Trust participants, keeping your costs down while delivering professional care.

If you receive health care services from a non-PPO facility or physical therapy provider, you will pay an out-of-network penalty ... and that means you'll usually pay more.

What services are provided by the Municipality of Anchorage PPOs?

All surgical services (including outpatient), as well as:

- Inpatient/outpatient hospital services
- Lab tests (blood tests, urine tests, tissue cultures, etc.)
- Imaging (X-rays, CAT scans, MRIs, mammography, etc.)
- Physical therapy

Who are the Health Trust's PPOs in the Municipality of Anchorage?

Hospitals and Surgery Centers

- Alaska Regional Hospital
- Surgery Center of Anchorage (or Anchorage Surgicenter)

Specialty Clinics

- Alaska Center for Ear Nose and Throat

- Anchorage Fracture and Orthopedic Clinic
- Geneva Woods Birth Center Physical Therapy
- Ascension Physical Therapy
- Alaska Hand Rehabilitation
- Chugach Physical Therapy

Other Health Trust PPO providers outside of the Municipality of Anchorage include:

- Mat-Su Regional Hospital in the Mat-Su Borough
- Aetna network of providers

(Note: In the Municipality of Anchorage, Alaska Regional Hospital, the Surgery Center of Anchorage, and Geneva Woods Birth Center are the only PPO facilities. The physical therapy providers listed above are the only PPO physical therapy providers.)

What is the out-of-network penalty?

The Plan charges an out-of-network penalty if you go to a non-PPO facility or physical therapy provider for services within the Municipality of Anchorage that are available at a PPO. The Plan usually pays 60% of the allowed amount, instead of the PPO discounted rate of 80%. (For outpatient services, the allowed amount is the PPO case rate, or 50% of the billed amount.) You pay 100% of the billed amount that exceeds the allowed amount.

INSIDE THIS ISSUE

Know Your PPOs.....	1
Health Fairs are Coming.....	2
Easy-Breezy Summer Care.....	2
A Prescription for Savings.....	3
Healthy Reminders.....	3

BOARD OF TRUSTEES

- Mike Williams, Chairman
- Jacob Lauten
- Shawn Staker
- Terry Roth
- Chelsea Sieh
- Brittany Staker

Health Fairs Are Coming

GET SCREENED AT NO COST TO YOU

Pre-register for health screening tests at coalitionhealthfair.org beginning August 7. Non-fasting lab tests are available at the Anchorage, Fairbanks and Juneau health fairs; if you do not plan to fast for 12 hours prior to your test at one of these locations, please schedule a late-morning appointment.

These tests are available to you and your enrolled dependents 18 years and older:

- Chemistry/Hematology Profile (a comprehensive blood test)
- Thyroid Screen (determines how well the thyroid is working)
- Prostate Disease Screen (measures PSA levels in men)
- Vitamin D Screen (measures your Vitamin D levels)

Seasonal quadrivalent flu vaccines are available for participants 9 years and older. The high dose flu vaccine is not available.

2019 Dates (8 a.m.–Noon)

ANCHORAGE

Saturday & Sunday, October 5 & 6

Ted Stevens Int'l Airport / 4600 Postmark Dr.

FAIRBANKS

Saturday & Sunday, September 14 & 15

Carlson Center • 2010 Second Avenue

JUNEAU

Saturday, October 19

Centennial Hall • 101 Egan Drive

MAT-SU VALLEY

Saturday, September 21

Mat-Su Regional Medical Center •
2500 South Woodworth Loop (Palmer)

SOLDOTNA

Saturday, October 19

Central Peninsula Hospital • 250 Hospital Place

The Health Fairs are brought to you by your Health Plan through its participation in the Pacific Health Coalition (the PHC).



Easy-Breezy Summer Care

MAKE THE COALITION HEALTH CENTER (CHC) YOUR GO-TO HEALTH PROVIDER

Summertime activities can result in bumps and bruises ... the CHC is ready to take care of them and get you right back to summer fun.

- **For non-urgent care**, make an appointment by phone or online. Same-day appointments are often available, and the CHC is now open for Saturday appointments, too.
- **For urgent care**, walk in without an appointment Monday-Friday, 8:30 a.m.–4:30 p.m. Urgent care means prompt treatment is needed, but it's not a life-or-death situation.
- **For preventive care**, schedule annual exams and preventive services for adults and children (ages 5+ in Anchorage; 2+ in Fairbanks), including school physicals, work physicals, immunizations and flu shots.

There is no cost to you: no copay and no deductible.

Make an appointment by phone or online at coalitionhealthcenter.com. Open Monday–Friday, 7:30 a.m.–6:30 p.m., and Saturdays, 8:00 a.m.–2:00 p.m. by appointment only.

- **Anchorage:** 907-264-1370, 2741 DeBarr Road, Suite C 210 (at Alaska Regional Hospital)
- **Fairbanks:** 907-450-3300, 575 Riverstone Way, Unit 1 (in the Ridgeview Business Park)

Please cancel your appointment if you are unable to keep it.

TRY TELADOC, TOO

Talk to a doctor virtually—by phone, online video or mobile app—within minutes and from anywhere. There is no cost to you—no copay and no deductible—to use Teladoc.

- **For non-urgent care**, the doctor can diagnose and prescribe medication (if necessary) for common conditions like flu symptoms, allergies, digestive issues, skin rashes and eye infections.
- **NEW! Behavioral health care** is now covered, giving you access to virtual counseling sessions.

Learn more at teladoc.com or call 800-835-2362. Teladoc is not available to Medicare participants.

A Prescription for Savings

BE A SAVVY SHOPPER

Through your prescription drug benefit, you have convenient access to prescription medications.

- **Retail:** Obtain medications at participating network pharmacies, including CVS/Caremark pharmacies within Target stores.
- **Mail Order:** CVS/Caremark will deliver maintenance medication to your home. To use mail order, log in to caremark.com.

Whenever possible, use generic medications. Generics are approved by the U.S. Food and Drug Administration (FDA) as safe and effective. They are usually less expensive than brand-name drugs. 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.

MANAGING COSTS FOR THE TRUST

The Trust has implemented programs to help control the cost of expensive prescription drugs:

1 Some medications require prior authorization, including specialty medications, some compound medications, and other medications above a specific price threshold. Your doctor may need to call CVS/Caremark to obtain prior authorization before the medication can be dispensed.

2 Quantities for some prescriptions may be limited. For example, specialty medications are limited to a 30-day supply per fill.

3 The 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 may be excluded from coverage.

4 Starting October 1, 2019, the Plan will exclude from coverage any new drug or any new indication for an existing drug approved by the FDA with an incremental cost-effectiveness ratio greater than:

- \$100,000 per additional quality-adjusted life-year for drugs not indicated in rare conditions
- \$150,000 per additional quality-adjusted life-year for drugs indicated in rare conditions, unless the drug or indication has been granted breakthrough therapy designation by the FDA

The Plan or CVS/Caremark determines which drugs or indications exceed the incremental cost-effectiveness ratio threshold using the following resources:

- Reports issued by the Institute for Clinical and Economic Review or similar organization
- Peer-reviewed, published cost-effectiveness analysis
- Consultation with qualified health care professionals
- Other unbiased sources

If you have questions about your prescriptions or coverage, log into caremark.com or call 866-818-6911.

Healthy Reminders

VOTE FOR TRUSTEES WHO REPRESENT YOU

This fall (August 6–September 5), ASEA Local 52 members in good standing will elect a Trustee to serve on the ASEA Health Benefits Trust Board for the Statewide (At-Large) position. Only ASEA members-in-good-standing are eligible to vote. (The PSEA Trustee position is selected by PSEA; therefore, PSEA members will not vote in this election.) Watch your mail for details or learn more at aseahealth.org.

IMPROVED SECURITY ADDED

The Contact Us link on the Health Trust website (aseahealth.org) is improved. Now, when you send a message through Contact Us to the ASEA Health Trust Administrator, you may securely view a history of your messages and the Administrator's responses.

NEW ID CARDS MAILED

New Health Plan ID cards will be mailed in mid-August. If you do not receive your new card, please contact the Trust Administrator at 866-553-8206. Tip: You can also print an ID card anytime from the Health Trust website at aseahealth.org.

Where to Go for Answers

GET KEY CONTACT INFORMATION ONLINE

The Health Trust website puts benefit information at your fingertips. And if you're looking for the phone number or website of a service provider (like Zenith or Aetna), it has that, too. Go to the Health Trust website at www.aseahealth.org and under Support, click Key Provider Contacts.

Note: Not everyone has access to email, so the Health Trust mails this newsletter to ensure that all participants receive it.

Health Trust News provides general information about the ASEA/AFSCME Local 52 Health Benefits Trust. For more information, please refer to the Benefits Plan Booklet available on the Health Trust website or call Zenith. In the event of conflicting information, Plan documents and Plan Booklet will govern.



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KNOW YOUR PPOs

Continued from page 1

CHECK OUT THE PPO CHECKLIST

Our PPO Checklist can help you avoid paying thousands of dollars in out-of-network penalties. Find it on the Health Trust website at aseahealth.org: click on the **In-Network Checklist** slide on the homepage.

PSEA MEMBERS

If you are currently in a treatment plan with a non-PPO provider, please contact the Health Trust Administrator at 866-553-8206 *before* you receive additional services.

Please note that Providence Hospital in Anchorage is not a PPO in the ASEA Health Benefits Trust. If you receive services at Providence, you will be charged the out-of-network penalty.

HOW THE OUT-OF-NETWORK PENALTY ADDS UP

	PPO—ALASKA REGIONAL HOSPITAL	NON-PPO HOSPITAL
Billed Amount	\$30,000	\$30,000
Discount Amount	\$15,000	\$0 (no PPO discount)
Allowed Amount	\$15,000	\$15,000 (Non-PPO penalty reduces the allowed amount to the PPO allowed amount)
Plan Payment	\$13,800 (80% of the allowed amount until the \$1,200 out-of-pocket limit is reached; 100% thereafter)	\$12,600 (60% of the allowed amount until the \$2,400 non-PPO out-of-pocket limit is reached; 100% thereafter)
Amount You Pay	\$1,200 (Allowed amount minus Plan payment)	\$17,400 (Billed amount minus Plan payment)

This example for Plans A or B assumes you have met the annual deductible. Please refer to the Plan Booklet on aseahealth.org for your Plan's specific reimbursement rates and other provisions.