



HEALTH TRUST NEWS

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

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Guiding You Through Surgery BRIDGEHEALTH CARE COORDINATORS HELP FROM START TO FINISH

Your Plan's BridgeHealth benefit gives you the option of having planned, non-urgent surgery performed at one of the nation's top-tier hospitals at no cost to you. Along with high-quality surgical care, you can expect fewer complications, shorter recovery times and healthier outcomes.

To help you understand your treatment options, compare hospitals, select a surgeon, and more, a dedicated Care Coordinator guides you through the entire process and:

- Handles plan approvals and precertifications.
- Matches you with a top-rated surgeon and surgical facility for your procedure.
- Books appointments, from preoperative visit through discharge.
- Makes your travel arrangements, if necessary. BridgeHealth pays for your airfare (first-class) and hotel for you and a companion.
- Processes medical bills. You'll never see a bill from your surgeon, surgical facility, or anesthesiologist. All costs for your surgery are covered at 100%.
- Acts as a liaison between you and your surgical team.

BridgeHealth covers many types of general surgery, as well as hip, knee, shoulder, back, heart and women's health surgeries.

For more information, and to find out if your procedure is covered, call 888-387-3909 or visit bridgehealthmedical.com; enter company code ASEAL, then click on "Contact a BridgeHealth Care Coordinator."

BRIDGEHEALTH BASICS

When your surgery is coordinated through BridgeHealth, there's no cost to you and you control all of your care decisions throughout the process. The BridgeHealth benefit:

- Covers all surgical costs: you do not pay a deductible, copay or coinsurance.
- Pays for your travel expenses, including airfare, lodging and food.
- Pays the travel expenses for a companion (whom you choose) to go with you as your caregiver.

When you return home, all follow-up care will be covered by your Health Plan as a regular medical expense subject to your plan's deductible, copay or coinsurance. This includes doctor visits, medications, tests, physical therapy, etc. To keep your out-of-pocket costs down, be sure to use PPOs within the Municipality of Anchorage.

Open Enrollment Begins in May

CHOOSE YOUR BENEFITS FOR THE NEXT PLAN YEAR

Here's how to make the most of this opportunity to choose your benefits for the 2019/2020 Plan Year.

1 Watch for your Open Enrollment packet in the mail in May to learn about Plan changes and costs for the next Plan Year.

2 Consider all of your options and choose the best plan for you and your family.

3 If you have questions, get answers. Call the Health Trust Administrator (Zenith American Solutions) at 866-553-8206.

4 Enroll online at aseahealth.org. Beginning May 20, click **Open Enrollment** on the home page and follow the directions.

5 If you want to have a HCRA for the 2019/2020 Plan Year—even if you currently have one—you must enroll in a HCRA during Open Enrollment.

The deadline to enroll is June 7, 2019: Enter it on your phone or calendar so you don't forget!

DOES YOUR SPOUSE'S EMPLOYER OFFER MEDICAL BENEFITS?

You may enroll your legally married spouse in the Plan. However, if your spouse is eligible for medical coverage through his or her employer, enrolling in that plan may save you money. Take the time to compare the costs and benefits of all the options available to you.

You'll pay a \$125 per month surcharge, if you enroll your spouse in Plan A and he or she is eligible for other employer-sponsored medical coverage but does not enroll in it. (If your spouse is not eligible for other employer-sponsored medical coverage, there is no surcharge.)

CHOOSE THE BEST HEALTH PLAN FOR YOU

Find out how your other coverage will work with the ASEA Health Plan before you enroll in Plan C.

NEW FOR THE 2019/2020 PLAN YEAR

The Trust is pleased to announce that there will be no rate changes for the next Plan Year. In addition, an important new benefit will be effective July 1, 2019:

Teladoc for Virtual Behavioral Health Visits

Virtual care will be available for mental health visits. Teladoc healthcare professionals can help you with stress and anxiety, relationship and family problems, emotional difficulties, work pressures, grieving issues and trauma resolution.

You can speak with a licensed counselor, therapist, psychologist or psychiatrist by phone, web or mobile app seven days a week. The cost for this service will be subject to regular deductibles and coinsurance.

Save With a HCRA

TAKE A FEW MINUTES TO ESTIMATE YOUR SAVINGS

If you are expecting to have \$2,700 or more in out-of-pocket health care costs in the next Plan Year, you could save about \$330, by using a Health Care Reimbursement Account (HCRA).

Because you don't pay taxes on the money you put into your HCRA, your taxes are lower, and that puts more money in your wallet.

Your HCRA can be used to pay eligible expenses for yourself, your spouse and your dependents including:

- Deductibles, copays, coinsurance
- Billed amounts that exceed the Plan's allowed amount
- Certain medical expenses the Plan does not cover, like orthodontia and laser eye surgery

Visit the Health Trust website at aseahealth.org. Click **Your Benefits**,

then **HCRA** to access a worksheet to help identify and estimate your eligible expenses and decide how much to put into a HCRA. Estimate carefully if you

enroll: If you don't use it, you may lose it. Beginning in the 2019-2020 Plan Year, you may roll over up to \$500 to the next Plan Year.

HOW A HCRA ADDS UP

Here is an example of how a HCRA could increase annual net pay for a married couple filing jointly:

	WITH A HCRA	WITHOUT A HCRA
Annual Income	\$40,000	\$40,000
Contribution to HCRA	\$2,700	\$0
Taxable Income	\$37,300	\$40,000
Estimated Taxes <i>2018 Federal Tax Table—Married Filing Jointly</i>	\$4,092	\$4,422
After-tax Expenses	\$0	\$2,700
Net Pay (after health care expenses)	\$33,208	\$32,878
Savings	\$330	\$0

Skin Cancer Q & A

A LITTLE PRECAUTION CAN REDUCE YOUR RISK

Skin cancer is more common than all other types of cancer. If you've ever had a serious sunburn that caused blisters, even as a child, you have an increased risk for skin cancer. Your risk is also higher if you have fair skin that easily burns or a family member with skin cancer, are over age 50—or simply spend a lot of time in the sun.

What causes skin cancer?

Harmful ultraviolet (UV) rays from sunlight cause skin damage, which can lead to skin cancer. Getting sunburns, tanning outdoors and too much sun exposure can cause skin damage. Indoor

tanning devices (tanning beds, tanning booths, sun lamps) also expose you to intense UV radiation and damage your skin. In addition, certain medical conditions and drugs can result in skin cancer, even in areas that are not exposed to sunlight.

How can I reduce my risk?

The best way to prevent skin cancer is to protect your skin from damage:

- Avoid outdoor activities or stay in the shade between 11 a.m. and 3 p.m.
- Use sunscreen every day and stay away from indoor tanning devices.

- Wear a wide-brimmed hat, and UV-protective clothing and sunglasses.

What should I watch for?

Look for new moles or any change in a mole that you already have. Use the "ABCDE rule" to identify suspicious moles:

A for Asymmetry: When divided in half, it doesn't look the same on both sides.

B for Border: Blurry or jagged edges.

C for Color: Multiple colors or changes in color.

D for Diameter: Larger than ¼-inch in diameter.

E for Elevation: Raised above the skin, with an uneven surface.

Should I have a skin exam?

If you have an increased risk for skin cancer, you should have regular skin exams by a dermatologist, even if you don't have any concerns. Everyone should check their own skin regularly; if you see any suspicious moles, get them checked right away.

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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Healthy Reminders

ASEA WELCOMES PSEA MEMBERS

Earlier this year, ASEA Health Trust members voted to allow a change in the Trust Agreement that allows other public sector health plans to join the ASEA Health Benefits Trust. The Public Safety Employees Association (PSEA) members will be enrolling in ASEA Health Benefits Trust effective July 1. We're pleased to extend a welcome to these public safety professionals who serve the State of Alaska, the City of Ketchikan and the City of Fairbanks.

The additional members strengthen the ASEA Health Benefits Trust by increasing the participant base, which

keeps costs down and helps maintain strong benefits for everyone. Eligible PSEA members will participate in this year's Open Enrollment, with coverage beginning on July 1, 2019.

PREVENTIVE CARE SAVES LIVES

More than 100,000 lives would be saved each year, if everyone in the US got the checkups, screenings and immunizations recommended by the US Preventive Services Task Force. Preventive care helps you stay healthy and detects serious issues early, when they are most effectively treated.

When you schedule these services, verify the appointment is booked and billed

as "preventive care," so you don't pay anything—not even a copay or the deductible. Be sure to check your Explanation of Benefits (EOB) to confirm the Plan paid your claim correctly.

COLORECTAL CANCER SCREENING UPDATE

The Plan covers colorectal cancer screenings performed by Aetna providers beginning at age 45, following the American Cancer Society's updated recommendations. The Plan covers screenings performed by all other providers starting at age 50, following the US Preventive Services Task Force (USPSTF) guidelines.