



# Alaska Electrical Trust Funds

PENSION FUND – HEALTH AND WELFARE FUND – LEGAL FUND  
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April 2015

Re: Alaska Electrical Health & Welfare Fund  
Summary of Material Modifications

Dear Plan Participant,

The Board of Trustees has made the following revisions to your medical plan:

### **NEW NATIONWIDE MEDICAL PREFERRED PROVIDER (PPO) NETWORK**

Effective May 1, 2015, the Fund will be changing its medical PPO network from MultiPlan to Aetna’s Choice POS II. This change to Aetna provides you, your Dependents and the Fund with access to discounted pricing from providers that are part of the Aetna network.

Soon you will be receiving new ID cards with the Aetna logo. You should present this card whenever you get medical care services. When you receive your new cards, please discard any old one(s). Contact the Administrative Office for additional cards.

**Please note that this change does not mean that the Fund is moving to Aetna insurance, we are just using Aetna’s network of preferred providers.**

For services within the Anchorage/Mat-Su area, plan requirements to use the following providers **have not changed**:

- |                          |                            |
|--------------------------|----------------------------|
| Alaska Regional Hospital | Ascension Physical Therapy |
| Mat-Su Regional Hospital | Alaska Hand Rehabilitation |
| Chugach Physical Therapy |                            |

As a reminder, if you do not use these providers for Covered Services as described in the Plan booklet, your rate of reimbursement may be reduced.

### **MEDICAL PRE-AUTHORIZATION**

Aetna will also provide Medical Management (Hospital Preauthorization, Utilization Review/Case Management) services beginning May 1, 2015. Medical providers who are part of the Aetna network are subject to certain pre-authorization requirements, meaning they are responsible for contacting Aetna to obtain pre-authorization before performing certain services. These requirements do not apply to non-Aetna providers. **HOWEVER, the Fund requires that you obtain pre-authorization for the following services regardless of the provider’s PPO affiliation:**

- |  |  |
|--|--|
| Inpatient admission                          | Home Health Care                           |
| Bariatric surgery (surgery to treat obesity) | Home infusion therapy                      |
| Botox injection                              | Hyperbaric treatment                       |
| Breast surgery (nondiagnostic)               | Lithotripsy (fragmenting of kidney stones) |
| CT scan for virtual colonoscopy              | Panniculectomy                             |
| Eyelid surgery, such as blepharoplasty       | Varicose veins surgery/sclerotherapy       |

Contact the Administrative Office for assistance in obtaining pre-authorization of these procedures.

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In addition to the change to the Fund's PPO network, the Trustees have approved the following benefit changes, effective for costs incurred on and after the dates noted below:

**EFFECTIVE JANUARY 1, 2015:**

**HEARING AIDS**

A new hearing aid benefit was added to medical plans 500, 552, 553 and 554. The Plan now pays up to \$500 in a three year period towards the cost of hearing aids. The reimbursement will be at the regular plan percentage, after your annual deductible has been met.

**EFFECTIVE JULY 1, 2015:**

**NEW EMERGENCY ROOM DEDUCTIBLE**

There is a \$100 emergency room deductible. This deductible will be waived if the patient is admitted directly into the hospital.

**COALITION HEALTH CENTER/WELLNESS AND MINOR CARE CLINICS**

The copayments for visits by you and/or your family will be increasing from \$10 to \$20 per visit per person and from \$25 to \$50 per visit if three or more family members visit at the same time.

**PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH THERAPY**

The current plan benefit for these therapies has been expanded to include expenses related to neurodevelopmental disorders.

**DURABLE MEDICAL EQUIPMENT**

You are **no longer required** to preauthorize durable medical equipment exceeding \$1,500. However, since the Plan does not cover services or supplies which are not medically necessary, you may still request preauthorization from the Administrative Office to ensure that your costs will be covered.

**PRESCRIPTION DRUG COORDINATION OF BENEFITS**

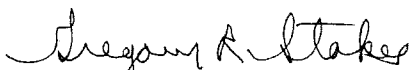
The Plan will no longer coordinate prescription drug benefits with other coverage.

**ADDING A NEW DEPENDENT**

If you acquire a new Dependent, you should complete a new enrollment form and submit it to the Administrative Office within 60 days. In no case will coverage for new Dependents apply before the later of the date the individual became your dependent or the date that is 365 days before the date the Administrative Office receives the enrollment form.

Please contact the Administrative Office if you have any questions. Thank you.

Sincerely,



Gregory R. Stokes  
Administrator