



CARPENTERS TRUSTS

of Western Washington

Health and Security Retirement Vacation Industry Fund

Carpenters Health and Security Trust of Western Washington

Summary of Material Modification January 31, 2017

This notice describes changes to the Carpenters Health and Security Plan of Western Washington. These changes do *not* apply to retirees or their dependents who are eligible for Medicare, except for the change to domestic partnership.

New Non-Network Coinsurance Rate Effective April 1, 2017

Aetna Choice POS II is the preferred provider network for the Carpenters Health and Security Plan. This is a nationwide network that contracts with a wide variety of providers from all provider specialties. Using a network provider reduces your out-of-pocket expenses because network providers have agreed to discount their fees.

Currently, the plan pays 90% of the contracted rate (network) or the usual and customary fee (non-network) for most covered expenses until the annual out-of-pocket coinsurance maximum (\$2,300/person and \$4,600/family) is reached; then the plan pays 100% for the rest of the calendar year.

The coinsurance rates and out-of-pocket maximums for network providers is not changing. However, effective for dates of service on and after April 1, 2017, covered expenses received from a non-network provider – a provider that is not signatory to the Aetna Choice POS II network – will be processed at 80% of the usual and customary fee. These services will require 20% coinsurance and these coinsurance expenses will not apply toward the annual \$2,300/person or \$4,600/family coinsurance maximum, or toward the annual \$4,000/person or \$8,000/family combined out-of-pocket maximum.

The following exceptions apply:

- If you receive services from an emergency department at a non-network hospital for an emergency medical condition, the plan will pay covered expenses at 90%/100% of the usual and customary fee and coinsurance expenses will apply toward the annual coinsurance and out-of-pocket maximums.
- If you receive services that are not available from a network provider or hospital, the plan will pay covered expenses at 90%/100% of the usual and customary fee and coinsurance expenses will apply toward the annual coinsurance and out-of-pocket maximums. You must submit proof that the services were not available from a network provider or hospital.
- If you receive services from a non-network provider, and you had no choice in the selection of the provider or knowledge that the provider was a non-network provider, the plan will pay covered expenses at 90%/100% of the usual and customary fee and coinsurance expenses will apply toward the annual coinsurance and out-of-pocket maximums. You must submit proof that you had no choice in provider selection or knowledge of the use of a non-network provider.

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The following guidelines remain unchanged:

- The office visit copayment is \$20 for a non-network provider and \$10 for a network provider.
- The non-network provider may charge more for a procedure or service than the plan allows. You are responsible for the amount that exceeds the plan's maximum allowable fee.
- The non-network provider may not obtain the required approval for a service that requires pre-certification. There are penalties for failing to obtain approval on certain services.

Bariatric Surgery Effective April 1, 2017

Surgical procedures for morbid obesity including Roux-en-Y gastric bypass (RYGB), FDA-approved adjustable gastric banding, or sleeve gastrectomy are covered. All procedures must be precertified with Aetna and are subject to the criteria set forth in Aetna Clinical Policy Bulletin (CPB) 017 (please see Aetna.com for details). Aetna will also review the pre-surgical treatment plan to ensure the patient meets the plan's medical criteria. Aetna will provide coordination and facilitation of treatment plan components as necessary. To initiate the precertification process, your physician must contact Aetna.

Currently, these services are covered at 80% with a \$15,000 annual maximum, and coinsurance expenses do not apply toward the annual coinsurance and out-of-pocket maximums. Effective for dates of service on and after April 1, 2017, these services will only be covered if provided by a network provider. Covered expenses will be paid at 90% until the annual out-of-pocket coinsurance maximum is reached; then the plan pays 100% for the rest of the calendar year. There will be no annual maximum benefit. All other requirements for bariatric surgery remain unchanged. **Bariatric surgery is not available under Retiree Coverage.**

Telehealth Consultations Effective January 1, 2017

Effective for dates of service on and after January 1, 2017, benefits are provided for telephone or online consultations with a covered provider for treatment of certain medical conditions requiring immediate but non-emergent care such as cold or flu symptoms, allergies, urinary tract infections, bronchitis, ear infections, and certain skin conditions. To be covered, the medical consultation must be:

- Online or by telephone.
- A live discussion or video exchange with ongoing participation by the patient and the provider throughout the visit.
- Diagnostic and treatment focused.

These services are subject to the annual deductible (\$200), the office visit copayment (\$10 for a network provider and \$20 for a non-network provider) and coinsurance (90% for a network provider and 80% for a non-network provider). Routine calls with your physician's office are not covered.

Domestic Partners Effective April 1, 2017

Effective April 1, 2017, domestic partners and their eligible children will no longer be covered dependents under the Carpenters Health and Security Plan. Domestic partners and the children of domestic partners who were properly enrolled in the plan prior to April 1, 2017 will continue to be eligible under the plan until coverage would otherwise terminate.

Questions?

If you have questions about these changes to the Carpenters Health and Security Plan, please contact a Customer Service Representative in the Claims Department at Carpenters Trusts: (800) 552-0635.