

Puget Sound Electrical Workers Trust Funds

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Administered by
Welfare & Pension Administration Service, Inc.

July 1, 2014

**TO: All Active Plan 2 Participants and Beneficiaries
Puget Sound Electrical Workers Healthcare Trust (the “Plan”)**

RE: Plan 2 - Benefit Changes Effective August 1, 2014

This is a summary of material modification describing benefit changes adopted by the Board of Trustees. Please be sure that you and your family read it carefully and keep this document with your Summary Plan Description Booklet.

Effective August 1, 2014, the Plan is being amended to satisfy requirements of the Patient Protection and Affordable Care Act (ACA). The Plan is also implementing other benefit changes. All changes are summarized below.

Benefit	Current Benefit	Effective August 1, 2014
Annual Maximum Benefit	\$2,000,000 annual limit on essential health benefits.	There is no longer a maximum benefit on essential health benefits.
Acupuncture/Chiropractic	Combined benefit limited to \$250 annually.	Combined benefit limited to 5 visits annually.
Foot Orthotics	Limited to \$300 once every 4 years. Covered at 80% PPO/50% non-PPO	One pair every 4 years. Covered at 75% PPO/50% non-PPO
Diabetic educations	\$300 lifetime limit	2 visit limit per lifetime
Naturopath	Currently not a covered provider.	Naturopaths will be covered the same as any other provider, 75% PPO/50% non-PPO.
Neurodevelopmental Therapy	Covered for dependent children up to age 6 up to a \$5,000 annual maximum.	Limited to 52 visits per year, the age limit is removed.
Ambulance	Covered at 80% PPO/80% non-PPO	Covered at 75% PPO/75% non-PPO
Hearing	Covered at 80% PPO/50% non-PPO	Covered at 75% PPO/50% non-PPO
Skilled Nursing	Covered at 90% PPO/50% non-PPO	Covered at 75% PPO/50% non-PPO
Home Health Care	Covered at 90% PPO/50% non-PPO	Covered at 75% PPO/50% non-PPO
Rehabilitation Facility	Covered at 80% PPO/50% non-PPO	Covered at 75% PPO/50% non-PPO
Physical therapy	Covered at 80% PPO/50% non-PPO, limited to \$60 per visit.	Covered at 75% PPO/50% non-PPO Limited to \$60 per visit.
Hospice	Covered at 100%	Covered at 75% PPO/50% non-PPO

Overall Out-of-Pocket Maximum Changes

Currently, for in-network providers, the Plan has a \$5,000 per person out-of-pocket limit. For non-network providers there is no out-of-pocket limit. The existing co-insurance or out-of-pocket maximums under the Plan will remain in effect (Tier 1). Certain services such as acupuncture, chiropractic, home health care, foot orthotics, skilled nursing and deductible do not apply to this out-of-pocket maximum.

Pursuant to mandates in the Affordable Care Act, a new annual overall out-of-pocket maximum of \$6,350 per person, up to \$12,700 per family (Tier 2), will become effective for covered health benefit services received by in-network providers. The new out-of-pocket maximum will apply to:

- All in-network Coinsurance
- In-network Emergency Room (ER) Copays
- In-network Deductible
- Pediatric Dental and Vision Copays and Coinsurance

If an individual or family reaches the new Overall out-of-pocket maximum during the Plan year for services received in-network, then there will be no further out-of-pocket expenses for the individual or family respectively during the remainder of the year as it relates to the deductible, coinsurance, or emergency room visits for in-network services. Penalties for failure to follow the preauthorization requirements of the Plan do not apply to any out-of-pocket maximum.

All changes above are reflected on the enclosed Summary of Benefits and Coverage.

Coverage for Costs Associated with Certain Clinical Trials

ACA requires the Plan to cover certain costs associated with certain clinical trials. Effective August 1, 2014, the Plan will cover routine patient costs for items and services furnished in connection with an approved clinical trial that would otherwise be covered by the Plan. The Plan does not cover:

- The actual clinical trial or the investigational item, device or service itself,
- Items and services solely for data collection that are not directly used in the clinical management of the patient, or
- Services that are clearly inconsistent with widely accepted and established standard of care for a particular diagnosis.

An approved clinical trial is a phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition.

Summary of Benefits and Coverage

The Trust is required to provide a **Summary of Benefits and Coverage** (SBC) to all participants and beneficiaries. The enclosed SBC is for the Plan in which you are currently enrolled. *Please note, the SBC furnished to the participant will be considered provided to dependents unless the Plan has been advised of a different address for dependents.*

It is important to note that the SBC is only a **summary** and does not replace the Summary Plan Description (Plan booklet). Included in the SBC are "coverage examples", which estimate what the plan benefit would be under two common medical situations. If you are eligible or enrolled in Medicare or have primary coverage through another group health plan, this plan's benefits will be coordinated with that other plan and differ from what's indicated in the SBC, and the coverage examples. **The SBC is not intended to be a cost estimator and should not be used to estimate your actual costs.**

A **Uniform Glossary of Terms** has also been published by the government. This document is intended to describe terms commonly used in health insurance coverage, such as "deductible" and "copayment" Both the SBC and the Uniform Glossary of Terms have been posted to the Trust's website at www.psewtrusts.com or you can call the Administration Office at the number below.

SAVE THE DATE
COALITION HEALTH FAIR 2014
SATURDAYS FROM 8AM – 12 NOON

Spokane: October 4th
Red Lion Hotel at the Park
W. 303 North River Drive
Spokane, WA 99201

Bothell: October 25th
IUOE Local 302 Union Hall
18701 120th Ave NE
Bothell, WA 98011

Seattle: November 1st
IBEW Local 46 Electrician's Hall
19802 62nd Avenue South
Kent, WA 98032

The Puget Sound Electrical Workers will be participating again this year in the Health Care Cost Management Corporation (the Coalition) Health Fairs. These events give eligible plan participants and their dependents (age 18 and over) easy access to preventive care services and health screening tests. In addition, flu shots will also be available to eligible participants (age 9 and over) at no cost to you, 100% paid for by the Coalition. Be good to yourself and your family, save one of the dates listed above and attend the Health Fair that is most convenient for you. Watch your mail for more specific information in the coming weeks.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Administration Office toll free at 1-866-314-4239, option 1.

Board of Trustees
Puget Sound Electrical Workers Healthcare Trust

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Enclosures:

- SMM - External Review of Certain Medical Claim Decisions
- Summary of Benefits and Coverage
- Summary Annual Report