

ASEA/AFSCME LOCAL 52 HEALTH BENEFITS TRUST

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SUMMARY OF BENEFIT PLAN CHANGES Updated October 2020

The Board of Trustees for the ASEA/AFSCME Local 52 Health Benefits Trust adopted the following Plan changes. *Please keep this summary with your Plan booklet until the current booklet is updated.*

Plan Change Effective January 1, 2020

- ✓ OTC medications and menstrual supplies are covered under HCRA and HRA accounts

As part of the CARES Act, you may now obtain reimbursement from your Health Care Reimbursement Account (HCRA) or Health Reimbursement Arrangement (HRA) for menstrual supplies and over-the-counter medications without a prescription.

Alaska Regional Hospital is still the primary in-network facility; however, Providence is temporarily being added. If services are received at Providence Hospital instead of Alaska Regional Hospital during this period, the non-PPO penalties will not apply and Providence will give our health plan preferred pricing.

Note: In most cases, the cost of services at Alaska Regional Hospital will be better than the cost of services at Providence. Alaska Regional Hospital remains the lowest cost option for you and for the health plan.

The Trust thanks both Providence and Alaska Regional Hospitals for their exceptional service to our community and for their flexibility and willingness to work with our health plan during this difficult time.

Plan Change Effective March 1, 2020

- ✓ Telemedicine

Due to COVID-19, the Plan will allow Participants to use audio, video or both for their telemedicine visits with providers. This benefit is separate from the services provided through Teladoc.

Plan Changes Effective March 26, 2020 (Temporary Changes)

- ✓ COVID-19 related testing
COVID-19 testing will be covered with no participant cost share, pursuant to federal law.
- ✓ COVID-19 related in-patient admissions
For Participants on Plan A, B and D, inpatient admissions at in-network facilities for care related to COVID-19 will be covered with no participant cost share.

Plan Change Effective July 1, 2020

- ✓ Travel Benefit
Food and lodging expenses will not be subject to the deductible and will be reimbursed at 100% of the Allowable Expense for participants in Plans A, B, and D. Food and lodging will be reimbursed at 20% of the ALLOWABLE Expense for participants in Plan C. The maximum Allowable Expense for food and lodging is \$90 per day or \$55 per day, if overnight lodging is not needed. If a parent or legal guardian accompanies an incapacitated adult, the Plan pays up to an additional \$55 per day.

Plan Change Effective April 1, 2020 – December 31, 2020 (Temporary Change)

- ✓ Non-PPO Penalties at Providence Hospital
Due to the unusual circumstances of COVID-19, Providence Hospital in Anchorage will be considered an in-network facility for the period April 1, 2020 through December 31, 2020, for Plans A, B and D.

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Updated October 2020

Notice of Group Health Plan's Exemption from the Mental Health Parity Act

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and Local governmental employers that sponsor health plans, including plans that are offered as part of a collective bargaining agreement, to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. The Board of Trustees of the ASEA/AFSCME Local 52 Health Benefits Trust, with the approval of the ASEA Local 52 has elected to exempt ASEA/AFSCME Local 52 Health Benefits Trust from the following requirements: **Parity in the application of certain limits to mental health benefits.** Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must be sure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

The exemption from these Federal requirements will be in effect for Plan Years beginning July 2011 through June 2021. If you have any questions or concerns about this notice, contact the ASEA Health Trust Administrator at 866-553-8206.

Health Care Reform Notice

The Trust believes this Plan is a "grandfathered health plan" under the Affordable Care Act. As permitted by the Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on essential benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the ASEA Health Trust Administrator at 866-553-8206. You may also contact the U.S. Department of Health and Human services at <https://www.healthcare.gov/>

For questions call the Health Trust Administrator at 866-553-8206.