

# SUMMARY OF MATERIAL MODIFICATIONS

*If you have questions about this report, please call (907) 751-9700 or (800) 478-4450*

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## SUMMARY OF PLAN CHANGES EFFECTIVE OCTOBER 1, 2018

Please read this important notice summarizing changes to your health Plan.

### SECTION 5.14 – PROFESSIONAL SERVICES AND SUPPLIES – CHIROPRACTIC AND ACUPUNCTURE

Chiropractic and Acupuncture limits are being changed from ten (10) visits in a calendar year to fifteen (15) visits in a calendar year – annual deductibles and out-of-pocket maximums still apply.

### SECTION 5.4 – PREFERRED PROVIDER PROGRAM

Emergency services provided by a non-Preferred Provider facility or professional are payable as follows: services at facilities located within 75 miles from a Preferred Provider facility are covered at 80% of the Preferred Provider rate for the same service; and services at facilities located more than 75 miles from a Preferred Provider facility are covered at 80% of the greater of the Preferred Provider rate for the same service or the UCR charge.

For non-emergency outpatient services rendered at a non-Preferred Provider facility, the reimbursement rate will be 60% and will apply to each hospital admission and outpatient procedure.

### SECTION 18 – GENERAL PLAN DEFINITIONS

The term “Emergency Services” is defined under the Health Care Reform law, but generally means services at a medical facility for an emergency medical condition, and any further services that are necessary to stabilize the patient.

### SECTION 5.8 – SURGICAL SERVICES

The Plan covers expenses for non-emergency orthopedic or podiatric surgery expenses *only* if provided through BridgeHealth or a Preferred Provider. This clarifies that effective October 1, 2018, the Plan treats non-emergency podiatric surgery as not covered and will not be paid unless the service is provided by BridgeHealth or a Preferred Provider.

### SECTION 5.11 – TRANSPORTATION AND EXPENSES FOR MEDICALLY NECESSARY TREATMENT

Orthopedic or podiatric surgeries that are not performed by an approved BridgeHealth provider or a Preferred Provider of this Plan are not covered at all by this Plan, unless provided in an emergency. A portion of the lodging and incidental expense benefits provided through the BridgeHealth program may be subject to income tax.

### SECTION 7 – EXCLUSIONS AND GENERAL LIMITATIONS

No Plan Benefits are extended for services and associated expenses for non-emergency orthopedic or podiatric surgery, except if provided through BridgeHealth or a Preferred Provider. All other Plan exclusions and limitations remain in effect.

### SECTION 18 – GENERAL PLAN DEFINITIONS

“Orthopedic Surgery” means surgical procedures to treat conditions involving the musculoskeletal system, other than spinal surgery.

### SECTION 6.9 – CASE MANAGEMENT

Effective October 1, 2018, the Plan’s Disease Management Program may authorize coverage of care by a non-Preferred Provider at the reimbursement rate for a Preferred Provider, in cases where the case manager has determined that the care was urgently needed to treat a serious medical condition, and treatment by a Preferred Provider was not reasonably available to the Participant or dependent. Any such reimbursement may not exceed the applicable UCR rate, and all other conditions and limitations on Plan benefits continue to apply.



**Alaska Teamster  
Employer Welfare Trust**  
invites you and your eligible dependents to the  
Coalition 2018 Health Fairs  
8am – 12 noon

Lab tests are available to adults over age 18. Test results will be mailed to you directly. **Pre-registration** for lab tests and flu shots **opens on August 8th** at [www.coalitionhealthfair.org](http://www.coalitionhealthfair.org). **Juneau members call the Trust office at 907-751-9700 or 800-478-4450 to pre-register.**

Please visit the pre-registration website for more information on the following tests:

**CHEMISTRY / HEMATOLOGY PROFILE:** No cost to you – 100% paid by your Health Plan

**THYROID SCREEN:** No cost to you – 100% paid by your Health Plan

**PROSTATE DISEASE SCREEN:** No cost to you – 100% paid by your Health Plan

**VITAMIN D TEST:** No cost to you – 100% paid by your Health Plan

**FLU SHOTS:** The Quadrivalent flu vaccine will be offered to eligible participants age 9 and over at no cost to you – 100% paid by the Coalition (pending availability of flu vaccine).



**ALASKA TEAMSTER-EMPLOYER**

WELFARE TRUST

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**PRE-REGISTRATION CLOSING SUNDAY BEFORE THE FAIR\***

You must pre-register for the following fairs. Space may be limited to some locations:

Fairbanks – September 22	Carlson Center, 2010 Second Avenue
Mat-Su Valley – September 22	Mat-Su Regional Medical Center, 2500 S. Woodworth Loop- Palmer
Anchorage – October 13 & 14	Ted Stevens Int'l Airport – North Terminal, 4600 Postmark Drive
Soldotna – October 27	Central Peninsula Hospital, 250 Hospital Place
Anchorage – November 3	Ted Stevens Int'l Airport – North Terminal, 4600 Postmark Drive
Juneau – October 27th	Juneau members call the Trust office to pre-register.

**\*Pre-registration may close early if a date hits max capacity**

**ENHANCED MEMBER PORTALS**

Members can now access their pension hours and contributions, a pension estimate, health and welfare hours and contributions, dollars bank balances and Explanation of Benefits within the new member portal. ([www.ourbenefitoffice.com/akt/benefits](http://www.ourbenefitoffice.com/akt/benefits))  
If you would like to register and haven't received your new member portal access letter, contact the Trust office at 907-751-9700 or 800-478-4450.