



## Health plan now covers telemedicine

The Carpenters Health and Security Plan now provides benefits for telephone or online consultations with a covered provider.

This type of service is called a telehealth consultation, or telemedicine. It means delivering health care services through the use of interactive audio and/or video technology that permits real-time communication between a patient and doctor.

Even though the consultation doesn't take place with patient and doctor in the same physical location, the purpose is the same as an office visit with a primary physician or trip to an urgent care clinic. It's 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 telehealth 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

Like a regular office visit, a telehealth consultation is 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).

A telehealth consultation can be useful for individuals who become ill or need medical attention during evening or weekend hours. It can be especially

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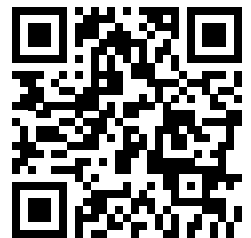
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convenient if you're on the road, on a jobsite, or cannot get to a clinic for some other reason.

### Know your benefits

Under terms of the Employee Retirement Income Security Act of 1974 (ERISA) the **Carpenters Health and Security Plan** is required to inform eligible participants and dependents of plan rules regarding eligibility, enrollment, benefits and other provisions. An updated version of the plan booklet was recently distributed to eligible participants. Please keep in mind that plan provisions are subject to change. It is not cost effective to revise and reprint booklets each and every time there is a change.

That is why we maintain an online version of the plan booklet on our website ([www.ctww.org](http://www.ctww.org)). The online version is updated any time there is a change. We highly recommend reviewing this online version prior to receiving any healthcare services. Scan the QR code (right) for the online version.



### Men's Health Month

Listen up, guys. It's time for some preventive maintenance—on the body, not the truck. Want to keep it simple? Make an appointment for a standard blood draw. Knowing your cholesterol, triglycerides, glucose and blood pressure can help prevent heart disease, the leading cause of death for men 45 and older. Preventive exams from your network physician are covered 100% (no out-of-pocket) for eligible carpenters and dependents. June is also **National Safety Month**, which is a good time to remember that unintentional injuries are the leading cause of death for males younger than 45. Be safe, not a statistic.

# Don't be surprised by non-network providers at network hospitals

The **Aetna Choice POS II** network is a preferred provider organization (PPO). It allows Aetna to negotiate fees with health care providers and make those discounts available to health plans, such as the **Carpenters Health and Security Plan**. The discounts are passed along to participants and dependents when they need medical services and supplies, but only when receiving care from network providers.

This is how it's supposed to work:

1. Patient needs surgery.
2. Patient elects to have procedure at network hospital.
3. Network hospital preauthorizes surgery with Aetna.
4. Network hospital applies discounted rate for covered services and supplies.

At some network hospitals, however, emergency room, radiology and anesthesiology services are being delivered by physicians that aren't contracted with Aetna. This practice can have serious financial consequences for patients. More often than not, unfortunately, patients are not aware of it until long after their procedures.

When bills start showing up in mailboxes, patients are often shocked by the amount not covered by insurance and therefore owed to non-network providers. "How can this be?" they wonder. "My surgery was at a network hospital."

## Different providers, different rules

If a network hospital contracts a non-network provider for a specialty service, such as like radiology or anesthesia, the non-network provider is not obligated to discount fees like his or her Aetna-contracted colleagues. For the most part, the non-network provider can charge as much as he or she wants.

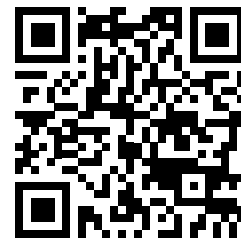
This is why the Carpenters Health and Security Plan has benefit limitations in place for non-network services. When a non-network provider submits a claim, benefits will be limited to the *maximum allowable fee* for the covered service. If a charge exceeds the maximum allowable fee, the provider can bill the patient for the portion of charges not covered, in addition to the patient's share of charges allowed by the plan.

## What can be done?

If you are billed for non-network services at a network facility, call **Carpenters Trusts** and speak with a Claims

representative (800-552-0635). We'll need a copy of the provider's billing statement before we can contact the provider to resolve the issue. We cannot guarantee that the issue will get resolved, but we will do our best to negotiate a reduction. We will pay the claim at the network percentage (90% instead of the usual 80% for covered services) but only for the amount allowed by the plan (i.e., maximum allowable fee).

Obviously, this makes out-of-pocket expenses hard to predict. Because of the uncertainty, participants and dependents might consider avoiding network hospitals that engage in this practice. For a list of hospitals that use non-network providers, scan the QR code with your smart phone or browse the News and Information area on our website: [www.ctawo.org](http://www.ctawo.org).



## Lower expenses using network providers

A plan change that took effect on April 1, 2017 makes it more costly to receive care from non-network providers. Covered services and supplies from a non-network provider are now paid at 80% of the maximum allowable fee. Previously, these were paid at 90%.

It's important to know the difference between a charge (the amount billed by a provider) and a *maximum allowable fee*, which is the plan's limit for a particular service. Conceptually, this is the difference between the retail price and wholesale cost of something in a store. Regardless of the amount charged, the plan will not pay more than 80% of the "going rate."

Remember, the 20% coinsurance for non-network services does not apply to the *annual coinsurance maximum*. That is the plan's cap on a patient's out-of-pocket expenses in a given calendar year. Once out-of-pocket expenses reach \$2,300 (individual) or \$4,000 (family), the plan starts paying 100% of covered services for the remainder of the calendar year. Unfortunately, this only applies to covered services from network providers.

Simply put, the more you use non-network providers, the more you have to pay out of pocket.

# Here's how to locate Aetna providers



**Aetna.com:** Use the Aetna website ([www.aetna.com](http://www.aetna.com)) to locate providers in your area. Register and log in to your secure account so search results are customized to your plan and location. Scan the QR code (left) to get started.

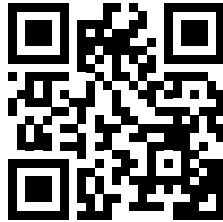
**Mobile:** Once you've created a secure account on aetna.com, you're good to go... literally.

Aetna's mobile app (for IOS and Android) offers a whole lot more than a just a provider directory for people on the move. Scan the QR code (right) for details and download information.

<http://aet.na/2qkSmGm>

## Participant Advocate:

Carpenters Trusts has a registered nurse on staff whose sole mission is helping participants (and dependents) make the best use of their healthcare benefits. As well as assisting with complicated medical conditions and situations, the Participant Advocate can help locate a network provider. Call 206-260-2204 or 800-552-0635.



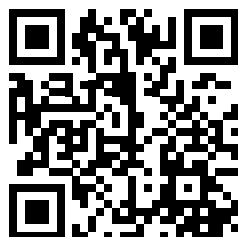
# Quit tobacco to live longer and save money

"Breaking the bank" might not be the expression used, but most smokers probably agree that the habit is costing more than anticipated when they first started.

Smokers also know the habit is costly in terms of life expectancy. Smokers die 10 years earlier than non-smokers, according to the U.S. Centers for Disease Control.

By quitting tobacco, you can put money in your pocket and add years to your life.

Through the Carpenters Health and Security Plan, eligible participants and dependents (retirees too) can enroll in **Quit For Life** (866-784-8454). It's a one-to-one coaching program, over the phone, with great on-line tools and support. It covers



the cost of nicotine replacement medications too. Don't give up if it doesn't work the first time. You can enroll in the program as many times as you need.

# Review beneficiaries to plan for the unexpected

According to number-crunchers at the Social Security Administration, a man that turns 50 in 2017 can expect to live until the age of 82. But reality could prove to be something altogether different. The final breath could be 30 days from now, or within the next 30 minutes.

Reviewing beneficiaries is essential to planning for the possibility of premature death. A beneficiary is the person who receives your vested benefits if you die before retiring under the plan. Do you know the name of your beneficiary? A quick call with a **Retirement Services** representative (800-552-0635) is a quick and easy way to refresh your memory and to request changes. Read on for quick summary of the beneficiary options.

## Carpenters Retirement Plan

- If you are married, your spouse is automatically the beneficiary of the pre-retirement death benefit, even if a non-spouse beneficiary is designated.
- If you are not married, you may designate any person(s) as your beneficiary. However, if you have one or more minor children and they qualify for the primary spouse's benefit, the children will be the beneficiaries, even if a non-child beneficiary is designated.

## Carpenters Individual Account Pension Plan

- If you are married, your spouse is automatically the beneficiary of the preretirement death benefit, even if a non-spouse beneficiary is designated.
- If you are not married, you may designate any person(s) as your beneficiary.
- If there is no valid beneficiary on file but you are survived by a spouse or children (whether natural, adopted or stepchildren) then the Trustees may deem the surviving spouse or children as beneficiaries. If there is no surviving spouse or child, then the Trustees will pay the preretirement death benefit to the personal representative of your estate or possibly, at their discretion, pay your burial expenses with all or a portion of the benefits.



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You don't have to wait for quarterly statements to look at your retirement accounts. Nor do you have to put up with a mailbox cluttered with medical claims and other mail from Carpenters Trusts. All of that information and more is available on **Healthy Wealthy Wise**, our online service center.

Healthy Wealthy Wise is a secure website offering access to personal information about your Carpenters Trusts benefits. Participants can look up hours, contributions, work history, and **Qualstar** transfers. Dependents can use it to look up medical eligibility, claims and out-of-pocket expenses. With the optional **eCommunications** service, you can cut down the amount of paper-based mail from Carpenters Trusts.

Healthy Wealthy Wise is a mobile friendly website, so you can log in anytime, anywhere. Go to [www.ctww.org](http://www.ctww.org) to register.



- Work History
- Dollar Bank Eligibility
- Medical Claims
- Medical Expenses
- Retirement Credits
- Pension Accounts
- Paperless Statements

