



Medical plan serviced by Aetna doctors starting June 1

With more than 674,000 primary care doctors and specialists, it's likely that your current doctor is part of the Aetna network.

The Carpenters Health and Security Plan will transition to an Aetna provider network for dates of service on and after June 1, 2015. This change applies to all carpenters, spouses and dependents except those on Medicare.

The **Aetna Choice POS II** network lets you visit any doctor, hospital or other provider. You are not required to use Aetna network providers, but there are definite advantages for doing so.

Option 1: Visit a network doctor. Network doctors contract with Aetna to offer rates that are often much lower than their regular fees. This helps you save money. You could end up paying a lot more if you use an out-of-network provider.

You don't have to choose a primary care physician (PCP), but you may want to. For one thing, PCPs do more than give checkups. They know you and your medical history, so they're in a good position to guide you on important health decisions and direct your care.

Summary of Material Modifications

Carpenters Health and Security Plan of Western Washington

This newsletter advises you of changes made to the Carpenters Health and Security Plan effective June 1, 2015.

When using a PCP or other network provider, remember:

- Your out-of-pocket expenses will be less.
- The provider files your claims.
- The provider handles preauthorizations, preadmissions, and second surgical opinions that are required by your health plan (see Page 3).

Option 2: Go to a doctor outside the network. You can visit any licensed doctor or specialist without a referral. If you select a doctor or hospital outside the Aetna Choice POS II network, you'll probably get a discounted rate anyway, thanks to Aetna's **National Advantage Program (NAP)**. The NAP discount will likely be smaller than the discount from a network provider, but you'll save some money nonetheless.

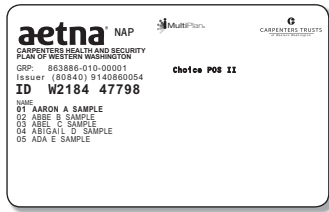
Even so, keep this mind: Out-of-network providers may charge more than the amount the health plan will cover. Sometimes they charge a lot more. And because they are not under contract with Aetna, the health plan may or may not be able to negotiate with them. Regardless, the patient is responsible for the difference between the amount charged and the amount paid by the plan.

Here are a few more disadvantages of using out-of-network providers:

- Patients may have to file their own claims.
- Patients are responsible for obtaining preauthorizations, preadmissions, and second surgical opinions if required by the plan (see Page 3).

Did you receive your Aetna ID cards?

Participants will receive their Aetna/Carpenters ID cards by mail. If you are eligible for coverage and have not received your new ID cards, call the Trust Office at **1-800-552-0635** to speak with a Claims Service Representative. Take your new card to your next doctor's appointment so the provider can update your insurance information. Each dependent will be listed on your ID card(s). You should throw away your old card.



Aetna Navigator® finds doctors, info and much more

Aetna Navigator is the best way to locate health care providers on the **Aetna Choice POS II** network. Aetna Navigator is a simple, secure website for Aetna users, with lots of helpful tools for managing your health and health benefits. A Spanish version is also available.

Registration is required, but it's also quick and easy. Once registered, you can search Aetna's online provider directory and access lots of other useful features.

- **Find a doctor.** Sign in to Navigator to use **DocFind**, the secure online directory. As a registered user, you'll get search results that are specific to the Aetna Choice POS II network. You can search by name, zip code, condition, procedure or specialty. You'll also find maps, directions and more.
- **View your ID card.** This is a handy feature when you're in the doctor's office and need to show your ID card. If you have a smart phone or other web-enabled mobile device, you can log on to Navigator and pull up your ID card. You can print copies of your ID card too.

- **Research treatments.** The **Healthwise® Knowledgebase** is the place to find information about health conditions, tests, procedures and treatment options. Aetna Navigator also gives you tools to help you make more informed health care decisions.
- **View your health history.** Using claims information, Navigator maintains a personal **Health History Report** that you can view or print at any time. It's a useful record of medical services received during a specific period of time.
- **Ask Ann, the virtual assistant.** Ann is not a real person but she can be really helpful nonetheless. Have a question? Need assistance? Just type a question or a few keywords. **Ask Ann** can help you find a doctor, estimate the cost of services, answer questions about ID cards and even help you sign up for Aetna Navigator.
- **Get discounts.** The Aetna Discount Program can help you save money on health-related products and services.

Aetna Navigator®: Here's how to register

1. Go to **www.aetna.com** and click **Login/Register**.
2. On the Member Log In page, click **Register now**.
3. Enter your Member ID Number, followed by your name, date of birth and zip code. Your member number is on your Aetna/Carpenters ID card.
4. Create a user name and password.
5. Log in.

Is your doctor an Aetna provider?

With 5,589 hospitals nationwide and more than 674,000 primary care doctors and specialists, it's very likely that your current doctor is part of the **Aetna Choice POS II** network. But do you know for sure? Here's how you can find out.

Contact your provider's office. Ask if they are a preferred provider with the Aetna Choice POS II network.

Use the online directory on Aetna Navigator®. Information is subject to change, so it might be wise to confirm network participation with the provider.

If you find out that your doctor is not a preferred provider and need help finding a new one, call the Trust Office at **1-800-552-0635** and ask to speak to the Participant Advocate.

Finally, remember to take your Carpenters/Aetna ID card to your appointment so the provider can update your insurance information.

Aetna doctors handle required approvals for their patients

If you've had Carpenters health coverage for any length of time, you probably know that certain services and supplies require prior approval from the Trust Office. Until recently, approvals were always the patient's responsibility. Starting June 1, 2015, your provider is responsible—but only if it is an Aetna network provider.

- **If you use an Aetna network provider,** your provider is responsible for getting prior approval, whether it's a preadmission certification, second surgical opinion or preauthorization. If your provider fails to obtain an approval required by the plan and it is determined that the service

was not medically necessary, the provider's reimbursement will be limited and the provider cannot pass those costs on to you.

- **If you use an out-of-network provider,** your provider may or may not obtain the required approvals on your behalf. They are not contractually obligated to do so. Preauthorization is the patient's responsibility, and it's wise to do it so you know what will and won't be covered. If the service is not approved and it is determined that the service was not medically necessary, no benefits will be paid. If the service is medically necessary, benefits will be paid according to the plan, without network discounts.

Read on for more details about services requiring authorization and the advantage of using Aetna providers.

Preadmission certification

Preadmission certification verifies the medical necessity of an inpatient hospital admission and the appropriate length of that admission *before* you are admitted. The patient, physician, facility and the health plan know, in advance, that the services are considered medically necessary and what the length of stay will be.

To receive benefits, the services and supplies must be covered by this plan. If your Aetna provider fails to precertify an inpatient admission and it is determined that the service is not medically necessary, the provider's reimbursement will be limited and the provider cannot pass those costs on to you. Previously, the patient was responsible for penalties if the admission was not precertified.

Preadmission certification is required for the following inpatient admissions:

- Surgical and nonsurgical
- Skilled nursing facilities
- Rehabilitative facilities
- Inpatient hospice
- Maternity and newborn confinements that exceed the standard length of stay

Reminder

If you worked with **Qualis Health** to obtain a preadmission certification or second surgical opinion for an upcoming admission or procedure, you are not required to work with Aetna to obtain approvals for the same admission or procedure.

Second surgical opinion

If your Aetna network provider fails to obtain a required second opinion for a surgery and it is determined that the surgery is not medically necessary, the provider's reimbursement will be limited and the provider is not allowed to bill you for the difference. In addition to surgeries listed below, the plan reserves the right to request a second opinion for any surgery.

- Breast surgery (excluding needle biopsy), including breast cyst removal, mammoplasty and mastectomy
- Hysterectomy (removal of the uterus)
- Knee surgery by either surgical incision or arthroscope
- Nasal surgery, including submucous resection and septoplasty
- Spinal surgery, including laminectomy and spinal fusion
- Orthognathic surgery

Preauthorization

Likewise, your Aetna network provider is required to preauthorize certain services and supplies with Aetna. Failure to do so will lower the provider's reimbursement and restrict him or her from billing you for the difference if the services and supplies are not medically necessary. The following are a few examples of services and supplies that must be preauthorized:

- Ambulance transportation by fixed-wing aircraft (plane)
- Electric or motorized wheelchairs and scooters

- Hyperbaric oxygen therapy
- Limb prosthetics
- Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint
- Reconstructive or other procedures that may be considered cosmetic
- Spinal procedures, including artificial intervertebral disc surgery, cervical, lumbar and thoracic laminectomy/laminotomy procedures, and spinal fusion surgery
- BRCA and other genetic testing
- Organ transplants

Bariatric surgery

The Carpenters Health and Security Plan already covers two types surgery for morbid obesity: Roux-en-Y gastric bypass (RYGB) and adjustable gastric banding or sleeve gastrectomy. With the transition to the Aetna provider network, the plan will cover two additional surgery types:

- Biliopancreatic diversion (BPD)
- Duodenal switch (DS) procedures

In addition, obesity surgery may be approved for adolescents who have completed bone growth (generally age 13 in girls and age 15 in boys) and have the presence of obesity with severe comorbidities.

Finally, this reminder: routine cholecystectomy is considered medically necessary when performed in concert with elective bariatric procedures. Coverage will fall under normal plan benefits and will not apply to the bariatric surgery benefit. The maximum benefit payable each calendar year under the bariatric surgery benefit is \$15,000.

These benefit changes are effective for dates of service on and after June 1, 2015.



Aetna Mobile App

Download your FREE app
Scan the QR code or text 23862
www.aetna.com/mobile

Health plan adds travel benefit for transplants

Through Aetna, health plan members have access to the **Institutes of Excellence (IOE)** transplant network. This is a select group of facilities and physicians designated by Aetna to provide transplants and transplant-related services, including evaluation and follow-up care. To qualify for the in-network benefit, health plan members must use IOE facilities for transplant-related services.

If the IOE facility is more than 100 miles from patient's residence, certain travel and lodging expenses for the patient and one companion may be reimbursed if preauthorized by Aetna. Travel is reimbursed between the patient's home and the IOE for round trip (air, train or bus) transportation costs (coach class only). If traveling by auto to the IOE, mileage, parking and toll costs are reimbursed.

To be eligible for travel and lodging reimbursement, the patient (or provider) must preauthorize evaluation and treatment. In addition, the patient must utilize an IOE facility and obtain preauthorization for travel and lodging.

- Lodging reimbursed at a rate of \$50 per night per person (maximum \$100 per night).
- Overall travel and lodging reimbursement limited to \$10,000 for any one procedure treatment or type.

This benefit change is effective for dates of service on and after June 1, 2015.

Reimbursement limited to "reasonable and customary"

If you use an out-of-network provider, the plan will not reimburse more than the "reasonable and customary" charge for services as determined by the plan.

Mail your paper claims to Aetna

Most Aetna providers submit claims electronically for patients. But if you use an out-of-network provider, you might have to do your own paperwork. Whether it's a medical or vision claim, you'll need to complete an Aetna form. Medical and vision forms are available on the Carpenters website (www.ctww.org/forms). **Do not mail claims to the Trust Office.** Paper claims must be mailed to Aetna for processing. The mailing address is on the back of your Aetna/Carpenters ID card.

Important notice about "grandfathered" status

The Carpenters Health and Security Trust of Western Washington believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that 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 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 plan administrator at PO Box 1929, Seattle, WA 98111-1929. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor, at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.



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Aetna nurse line replaces Mayo Clinic on June 1

Ever been up at 3 a.m. with a feverish infant? Had trouble sleeping because of health-related worries? You don't have to wait until the sun rises to take action.

Beginning June 1, 2015, Aetna's **Informed Health Line (800-556-1555)** invites covered health plan members to call any time, day or night, if they want to speak with a registered nurse about a health or wellness issue.

As an alternative, you can you listen to the Audio Health Library. It explains thousands of health conditions in English and Spanish. Callers can transfer to a registered nurse at any time.

The Informed Health Line does not provide treatment advice. It offers information to help you make informed healthcare decisions.

Directory of services

Medical Benefits & Claims

Carpenters Health and Security Trust of Western Washington

Seattle Area: (206) 441-6514

Toll Free: (800) 552-0635

Web: www.ctww.org

Prescriptions

Express Scripts

Toll Free: (800) 251-7706

Web: www.express-scripts.com

Dental and Orthodontia Benefits & Claims

Delta Dental of Washington

Toll Free: (800) 554-1907

Email: cservice@deltadentalwa.com

Web: www.DeltaDentalWA.com

24-Hour Nurse Line

Aetna

Toll Free: (800) 556-1555

Find a Doctor or Other Provider

Aetna

Web: www.aetna.com