

Teamsters Local Union 966 Health Fund

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November 2023

SUMMARY OF MATERIAL MODIFICATION TO THE LOCAL 966 HEALTH FUND – METROPOLITAN RECLAMATION SERVICES

Dear Participants and Covered Spouse and Dependents:

This notice, referred to as a Summary of Material Modifications (“SMM”), announces changes to the Local 966 Health Fund – Metropolitan Reclamation Services (the “Fund”). You should take the time to read this SMM carefully and keep it with the Fund’s Summary Plan Description (“SPD”) that was previously provided to you. If you have any questions regarding these changes, please contact the Fund Office at 888-490-8800.

CHANGE OF PARTICIPATING PROVIDER NETWORK **EFFECTIVE JANUARY 1, 2024**

The Trustees of the Fund have decided to change the Fund’s Aetna network of provider, which is currently the AETNA CHOICE POS II, to the **AETNA APCN** provider network, **effective January 1, 2024**.

It is likely that your current Aetna network provider is also an Aetna APCN network provider, but we recommend that you check to be sure so that you can make an educated decision about what provider to see and what your benefits are. Please refer to the instructions below to see if your provider is in this network and to find a provider who is in the network.

The Trustees chose to move to the AETNA APCN network to generate savings that are critical to maintaining the financial integrity of the Fund. The Trustees feel that the change to the Aetna APCN network will be a positive one for the Fund and its participants and beneficiaries.

As before, you do not need a referral to see a specialist, and you do not need to select a Primary Care Physician.

The Fund will continue to provide all the comprehensive benefits it always has, including, in most cases, benefits when you visit either an in-network or out-of-network provider. **However, as always, you will pay more if you receive treatment from an out-of-network provider and so we strongly encourage you to use in-network providers.** In addition, some services require the provider be “in-network” or the services will not be covered. Please check the Fund’s SPD for details.

How to Find an Aetna APCN Provider

Follow the instructions below to find a provider or to determine if your provider is in the Aetna APCN network. You may also contact the Fund Office at **888-490-8800** and they can assist you.

Step 1: Visit Aetna’s website at www.aetna.com/docfind

Step 2: On the right side of the page, under “**Continue as a Guest**” enter the Zip code or City, State you would like to “find a Provider”. You may adjust the distance from zero to one hundred miles. Click “SEARCH.”

Step 3: Select your plan: you may type the name of your plan (*i.e.*, “*Managed Choice (Open Access)*” or “*Savings Plus*”) in the box or scroll down to the appropriate category and then click on the appropriate plan name:

DocFind Plan selection is...
Category = <u>Aetna Premier Care network</u> Plan Name = Aetna Premier Care Network (APCN) – Choice POS II

We also encourage all members to sign up for the Aetna member portal. Via the member portal on Aetna.com, members can select “Find Care and Pricing” to see in-network providers based on the plan they are enrolled in.

CHANGE IN PHARMACY BENEFIT MANAGER (PBM) **EFFECTIVE JANUARY 1, 2024**

The Trustees of the Fund are pleased to announce that the Fund is transitioning its Pharmacy Benefits Manager (currently Elixir) to the **CVS/Caremark** network, **effective January 1, 2024**. This decision was also made to generate necessary savings for the Fund and to provide what the Trustees expect will be enhanced services to the Fund and to you.

To see what prescription drugs are covered under CVS/Caremark, please visit www.caremark.com to review their formulary.

You must fill your prescriptions at a pharmacy that participates in the Prescription Drug Program. You may use any CVS store, but—except as provided under the **Maintenance Prescription Drug Program**—you are not limited to CVS stores, as most chains and independent pharmacies also participate in the CVS/Caremark program. The Fund also offers mail order delivery, described below and in the SPD.

When filling prescriptions for maintenance drugs, you are permitted to receive up to a 90-day supply at a reduced coinsurance rate, provided you utilize either the Caremark mail order facility or a local CVS Pharmacy. “Maintenance drugs” are drugs that are prescribed for an extended period and are necessary to sustain good health. Examples are drugs used to treat high blood pressure, high cholesterol, diabetes, and arthritis.

NEW ID CARDS AND CLAIMS SUBMISSION PROCEDURES

In the next couple of months, you will receive a new identification card from the Fund. Starting January 1, 2024, you will need to use this card for all medical care received, as well as for the purchase of prescription drugs. The new card includes important information about the Aetna APCN network and the CVS/Caremark prescription drug benefit.

Please begin to use your new card as of January 1, 2024, and destroy your old card.

These cards are for identification only and are not a guarantee of eligibility for benefits. Benefits are limited to your plan of benefits described in the Fund SPD. The Fund requires pre-certification of hospital admissions. Please note these requirements, some of which are indicated on the back of the card and are explained more fully in the SPD.

If you do not receive a new card, or if you have any questions or require assistance, please contact the Fund Office at 888-490-8800.

BENEFIT CHANGES **EFFECTIVE JANUARY 1, 2024:**

The DEDUCTIBLE *for in-network covered services* will increase from \$200 to \$400 individual and from \$300 to \$600 per family.

The DEDUCTIBLE *for out-of-network covered services* will increase from \$300 to \$600 individual and from \$700 to \$1,400 per family.

The OUT-OF-POCKET medical expense limit *for in-network covered services* will increase from \$1,500 to \$1,750 individual and from \$3,000 to \$3,500 per family.

The CO-PAYMENTS for any service listed in the SPD or SBC as being \$15 per visit will increase for \$25 per visit, including but not limited to:

- All office visits (including maternity care visits)
- Urgent care
- Physician, surgeon, and professional fees
- Home health care
- Rehabilitation services
- Skilled nursing care
- Durable medical equipment

The CO-PAYMENTS listed in the SPD or SBC as being \$0 per visit will increase to \$15 per visit, including but not limited to:

- Diagnostic tests (x-rays, blood work)
- CT/Pet Scans
- MRIs

- Emergency medical transportation (ambulance services)
- Hospital room admission fees (including childbirth and delivery facilities)
- Hospice services

Preventative services under the Affordable Care Act will continue to have a \$0 copay, as required by law.

The Fund will cover the following services 100% with no DEDUCTIBLE or CO-PAYMENTS if provided *in-network* and 75% after meeting the DEDUCTIBLE if provided *out-of-network*:

- Habilitative services (including occupational therapy, physical therapy, and speech therapy)
- Outpatient behavioral health services (including ABA and non-ABA treatments for autism)

Lastly, for your information, the Fund imposes the same-cost sharing on so-called gene therapy, known under the Plan as Gene-based, Cellular and other Innovative Therapies (“GCIT”), as other medical treatments currently covered by the Fund. The Fund will cover 100% of the costs for GCIT following a \$25 CO-PAYMENT.

Please see accompanying SBC for more information.

We suggest that you keep this SMM with your SPD. If you should have any questions about the coverage provided under the Teamsters Local Union 966 Health Fund, the SPD, or these changes, please contact the Fund Office at 888-490-8800. This SMM does not restate all of the terms and provisions of the Fund and does not affect any benefit other than the ones discussed above. All other terms of the Fund, as set forth in the SPD, remain in effect. The Board of Trustees reserves the right, in its sole and absolute discretion, to interpret and decide all matters under the Fund. The Board also reserves the right, in its sole and absolute discretion, to amend, modify, or terminate the Fund or any benefits provided under the Fund (or eligibility for such benefits), in whole or in part, for all participants and beneficiaries, at any time and for any reason.

Sincerely,

The Board of Trustees

SMM November 2023