

All Alaska Longshore Health & Welfare Trust

November 2022

PLAN YEAR 2022 OPEN ENROLLMENT

Please Read This Material Carefully

The **open enrollment dates for the 2023 Plan Year are November 1 through November 30, 2022**. During this period, you have an opportunity to review and determine if you wish to make any changes to your coverage (add or delete dependents). Changes made to your coverage during the annual enrollment period will be effective January 1, 2023. All changes must be received in the Trust office on or before November 30, 2022. Please refer to page 2 on how to initiate an open enrollment change if you wish to make any change.

Enclosed you will find information on the following:

- Important Plan information/Reminders - **please read**
- Premium Rates for 2023
- How to initiate an open enrollment change
- A 2023 Summary of Benefits and Coverage (SBC)
- Beneficiary Designation Form

Important Plan Information/Reminders

NEW MONTHLY RATES EFFECTIVE FOR JANUARY 1, 2022 COVERAGE

State	Carrier	2022 Rate	2023 Rate	2023 COBRA*
All States	Trust PPO Plan (Premera BCBS of Washington & Alaska) Medical & MODA Rx, Trust Dental/Vision	\$1,726	\$1,768	\$1,821 -Full \$1,716 -Med only

**Full = Medical/Dental/Vision/RX benefits; Med Only = Medical/RX benefits*

CHANGES IN 2023

The Trustees are pleased to announce that all benefits will remain for 2023, with the exception of one small change.

ICM Nurse Line for Trust PPO Participants is ending on December 31, 2022.

Alternatively, Trust PPO Plan Participants continue to have access to **Teladoc**.

Teladoc benefits include:

- **\$0 co-pay** for any Teledoc visit or session. The \$0 co-pay has been made an indefinite feature of this benefit. There is no limit on the number of visits or sessions you attend.

Services available include:

- **General Medical.** (seasonal illnesses, infections, minor injuries and more). Board-certified doctors and pediatricians available 24/7/365.
 - **Dermatology** (skin problems, ongoing or severe such as psoriasis, eczema, acne and more)
 - **Behavioral Health** (initial and ongoing consultations for anxiety, depression, relationship/family issues and more.)
- To contact a Teladoc doctor anytime, simply go to www.Teladoc.com/Premera, call 1-855-332-4059 or download the app. You will need your ID number, which begins with INB, from your Premera PPO ID card when contacting Teladoc or downloading the app.

HOW TO INITIATE AN ENROLLMENT CHANGE:

If you would like to initiate a change in covered dependents you may:

- Go to the IBU website at www.ibubenefits.org
- Obtain a new enrollment form, print, complete and return that form to the Trust Office (if adding a spouse, include a copy of your marriage certificate, if adding a child, enclose a copy of the birth certificate);
- Scan or electronically capture your completed enrollment form and securely upload via the IBU website. (You must be logged into your account first.);
 - Under Member Benefits, go to Documents to Submit
 - Choose Document type
 - Browse and select location of document on your device
 - Click Submit, and the Trust Office will securely receive your document; or,
- Fax your completed enrollment form (with applicable certificates) to 503-228-0149, Attn: IBU Health on the fax cover sheet; or,
- Send via regular mail to the Trust Office address below.

Enrollment forms must be returned to the Trust no later than November 30, 2022

Change in Family Status

Members who experience a ***change in family status must contact the Trust office of the change in status.*** A new enrollment form needs to be completed along with corresponding documentation, to add or delete dependent(s) as warranted by circumstance.

Changes in family status with the needed documentation are listed below:

- Marriage – include a copy of your marriage certificate;
- Establishment or dissolution of a Domestic Partnership – Contact the Trust Office for the documents needed to enroll the domestic partner, or send written notification of the date of dissolution of the domestic partnership;
- Adoption or placement for adoption – Include legal adoption affidavit from the court;
- Birth of a child – Send proof of birth/birth certificate;
- Dependent's loss of other coverage – Send certificate of coverage with termination date of other insurance; and
- Divorce – Include a copy of the divorce decree

Failure to report these changes in a timely manner may result in having to wait until the following open enrollment period to enroll your dependents or may cause overpayment in claims in which refunds will be requested.

Refresher on Using Your (Blue Card) PPO Network

Members who are enrolled in the IBU Trust Self-Funded Plan may utilize the Premera Blue Cross Blue Shield Network of providers. In utilizing network doctors and hospitals, members and the Trust benefit by the provider discounts.

In order to have your claims submitted and processed easily, please be sure to:

- Supply your providers with your ID card (all ID numbers begin with the letters INB);
- Make sure your provider submits your claim directly to Premera (if you live in Washington or Alaska) or submit your claim to your local Blue Cross (Regence in Oregon, Anthem in California etc.) who will price the claim for their network discount then they will forward it to Premera. Premera will prepare the claim and forward it to the Trust Office for processing and payment.
- The Trust holds your eligibility and benefits, therefore all member or provider questions on medical, dental, or vision claims should be directed to the Trust office. Our phone number is on the back of your ID card listed under "Member Customer Service" which is (503) 224-0048 extension 1651.
- Premera should only be contacted if you need assistance obtaining a network "medical" provider. You may call their customer service line or visit www.premera.com to search for a provider as a visitor and use the "Blue Card PPO Network" when asked for network information.

Supplemental Account

Please be reminded that Supplemental Accounts are funded every year effective March 1st for Participants with active coverage. Annually letters are sent noting the funding of accounts up to the limit of \$5,000. Also, at that time, you are also given the opportunity of electing an automatic or on-demand reimbursements. If you have on-demand reimbursements you are

sent a monthly recap letter of claims processed by the Trust, and you must sign and timely return to the Trust Office to receive reimbursement or you must manually submit a claim form. You can receive reimbursement for many out-of-pocket expenses such as co-pays, coinsurance and amounts not covered by the Plan. To see a full listing of amounts you may claim for reimbursement, please see the All Alaska Longshore Health & Welfare Trust Summary Plan Description. You have until March 31st, to submit claims incurred through February 28th. If you need a Supplemental claim form, please go to the website to download a copy or contact the Trust Office.

SUMMARY OF BENEFITS AND COVERAGE

The Trust is federally required to provide you with a Summary of Benefits and Coverage (SBC) document with a standardized summary about the Plan's medical benefits and coverage. You may view or print the SBC from the Trust website:

www.ibubenefits.org or www.alaskalongshorebenefits.org

- Doc > Health Care

If you do not have access to the website, you may request a copy from the Trust Office at no charge. For additional copies or if you have questions about the SBC or the Glossary of Terms it refers to, please contact the Trust office at one of the numbers listed below. If you have any questions, feel free to contact the Trust office.

Sincerely,

The Trust Office

Receipt of this letter does not guarantee benefits or provide current enrollment for you and/or your dependents. Please see the Summary Plan Description for details of eligibility requirements, covered benefits and exclusions.