



SOLANO AND NAPA COUNTIES
ELECTRICAL WORKERS BENEFIT FUNDS



Date July, 2013

To: All Active Participants, Retirees and their Dependents, including COBRA beneficiaries, of the Solano-Napa Counties Electrical Workers Health and Welfare Trust Fund

From: Board of Trustees

This Participant Notice will advise you of certain material modifications that have been made to the Solano-Napa Counties Electrical Workers Health and Welfare Trust Fund effective September 1, 2013 to comply with the Health Care Reform law. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

PREVENTIVE SERVICES

Effective September 1, 2013, Kaiser will begin to pay 100% of the cost of certain preventive services *when those services are provided by a network provider*. This means that certain preventive services are not subject to any deductible or copay, and you will not have to pay any cost sharing. **Preventive care services provided by an out-of-network provider are not covered.**

The preventive services required under Health Care Reform include services that are recommended by the U.S. Preventive Services Task Force (for example, screening mammography every 1-2 years for women age 40 and older, colorectal cancer screening at specified intervals for adults age 50 to 75, and certain over the counter drugs if a prescription is received). In addition, certain pediatric preventive services (for example, well baby and well child visits at specified intervals), will be covered. You will also have coverage for immunizations for infants, children, adolescents, and adults as recommended by the federal Centers for Disease Control and Prevention. Lastly, "well woman" office visits, prenatal visits, FDA approved contraceptives for all females, female sterilization procedures, and breast feeding supplies and counseling will also be covered with no cost sharing from in-network providers.

To find out if a particular preventive service will be paid at 100%, contact Kaiser. The following website lists the types of payable preventive services, including immunizations that are required to be covered by our Plan.

<https://www.healthcare.gov/what-are-my-preventive-care-benefits/>

EMERGENCY ROOM SERVICES

For treatment of a medical emergency on or after September 1, 2013, charges for the emergency room will be paid the same whether you use a Kaiser emergency room or an out-of-network emergency room. As a reminder, there is no requirement to precertify the use of a hospital-based emergency room visit. Additionally, the plan will pay a reasonable amount for hospital-based emergency services performed by a non-network emergency room, in compliance with Health Care Reform regulations.

ENHANCED CLAIM APPEAL PROVISIONS

Starting on September 1, 2013, you will receive additional information on your explanation of benefits (EOB) following a claim decision, including information on how to seek assistance from a state consumer assistance plan or how to file a request for an external review of your claim (discussed below). Further, if you do not understand English and have questions about a claim denial, you will be offered assistance in your non-English language. You will be offered the opportunity for a full and fair review on your appeal, and the Fund will automatically provide you with any and all new information generated in connection with your appeal. Also, you will now be offered an External Review opportunity free of charge. External reviews are performed by an Independent Review Organization (“IRO”). You may seek external review if your appeal involves a question of medical judgment, decisions about medical necessity, appropriateness, health care setting, level of care, effectiveness of a covered benefit, a determination that a treatment is experimental or investigational, or a denial due to a rescission of coverage (meaning a retroactive termination of coverage).

External review is not available for any other types of denials, including claims relating to eligibility, or claims relating to death benefits or disability benefits.

Generally, you may only request external review after you have exhausted the Plan’s usual internal claims and appeals process. A copy of the Fund’s external review procedures is available upon request.

PCP SELECTION AND OB/GYN DIRECT ACCESS

Kaiser generally recommends and allows the designation of a primary care provider. You have the right to designate any primary care provider (PCP) who participates in the Kaiser network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the primary care providers in the network, contact Kaiser.

Under Kaiser, you also do not need prior authorization and/or referral from the Trust Fund or from any other person (including a primary care provider) to receive care from a health care professional who specializes in obstetrics or gynecology. The health care professional, however, may be required to obtain prior authorization for certain services and follow a pre-approved treatment plan, or procedures for making referrals.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

As a result of these benefit changes, Kaiser will be sending you an updated SBC (Summary of Benefits and Coverage).

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Fund Office at (866) 544-9880.

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Fund Office.

In accordance with the reporting requirements of the Employee Retirement Income Security Act of 1974, as amended, this document serves as your Summary of Material Modifications to the Plan.

This document has been uploaded and is available on the participant website at

www.ibew180benefitfunds.org