



# Alaska Electrical Trust Funds

PENSION FUND – HEALTH AND WELFARE FUND – LEGAL FUND  
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January 2022

**Re: Alaska Electrical Health & Welfare Fund  
Summary of Material Modifications**

Dear Plan Participant:

The Board of Trustees has made the following revisions to your medical plan.

The change to the existing language in the plan booklets is highlighted below.

Page 17 – **Active Eligibility** is amended effective July 1, 2021, by the addition of the following:

## **ADULT DEPENDENT OPT-OUT**

If you are an Active Employee, your adult Dependents (over age 18) may elect to opt-out of Plan coverage by submitting a signed written request to the Plan. The opt-out will be effective for all claims incurred after the end of the month in which the opt-out notice is received by the Administrative Office. The opt-out will apply to all coverage, including medical, prescription drug, dental, and vision.

An opt-out of Plan coverage is not a COBRA qualifying event and a Dependent who opts out will not be eligible for COBRA Continuation Coverage. Additionally, a Dependent who opted out of coverage and is not enrolled in the Plan at the time of a COBRA qualifying event will not be eligible to re-enroll or to elect COBRA Continuation Coverage.

A Dependent who opts out of coverage may enroll again, provided you are an Active Employee who is eligible for coverage during the month for which re-enrollment is sought. The re-enrollment will be effective the first day of the month following the month in which the enrollment request is received by the Administration Office.

Employees may not unilaterally elect to remove an adult Dependent without the adult Dependent's written consent. A minor child cannot opt-out of Plan coverage and cannot be removed from the Plan by an Active Employee or spouse of an Employee.

Page 42–43 – The Preferred Provider Provisions **Within the Municipality of Anchorage** are amended effective January 1, 2022 to eliminate the penalties for physical and occupational therapy services provided by Aetna-contracted Providers outside of the Anchorage metropolitan area (99567,99577,99540 and 99587). All other penalties for services by a non-Preferred Provider within the Municipality of Anchorage continue to apply.

Page 53 – **Covered Medical Expenses** is amended effective July 1, 2021, by the addition of the following:

**Alternative Care Coverage.** Subject to the Trustees' prior written approval, a Covered Person may request, in writing, Alternative Care in lieu of specific regular Plan benefits. Alternative Care may only be covered if the Covered Person signs a release of his or her regular benefits. Alternative Care coverage may include an otherwise non-covered service, appliance, pharmaceutical or provider but will be considered only if, in the Trustees' sole discretion, the proposed treatment:

- Meets the medical community's accepted standards;
- Is considered medically necessary (without necessarily meeting the specific requirements of that defined term) or appropriate under the circumstances; and
- Results in no cost to the Medical Program above what it would have incurred if providing its regular benefits.

Please contact the Administrative Office if you have any questions. Thank you.

Sincerely,

A handwritten signature in blue ink, appearing to read 'R. Garcia', with a long horizontal stroke extending to the right.

Robert Garcia  
Administrator

***Please read this notice carefully and keep it with your benefit booklet or insurance records for future reference.***