



Alaska Electrical Trust Funds

PENSION FUND – HEALTH AND WELFARE FUND – LEGAL FUND
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www.aetf.com



April 2016

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

Dear Plan Participant:

The Board of Trustees has made the following revision to your medical plan:

HEARING AID BENEFIT CLARIFICATION

Effective January 1, 2015, a new hearing aid benefit was added to all medical plans, including retiree plans. The Plan pays up to \$500 per ear in a three year period towards the cost of hearing aids. The reimbursement will be at the regular plan percentage, after your annual deductible has been met.

SERVICES REQUIRING PREAUTHORIZATION

Effective May 1, 2015, the Fund changed its PPO network to Aetna's Choice POS II. This change to Aetna provides you, your Dependents and the Fund with access to discounted pricing from providers that are part of the Aetna network. It also provides a robust structure for managing the healthcare costs.

The Fund only provides benefits for services that are determined to be Medically Necessary. Medically Necessary services must be prescribed by a Physician and considered by the Plan to be necessary and appropriate and within generally accepted health care practice, non-experimental, non-investigational and not in conflict with accepted medical standards. To assist in this process, the Plan requires preauthorization for all inpatient confinements in a Hospital, Skilled Nursing Facility, Alcoholism or Drug Abuse Treatment Facility or other treatment facility, as well as for some outpatient services. This program is intended to ensure you are hospitalized or receive certain outpatient services only when Medically Necessary, and for the appropriate length of stay when admitted.

If you use an Aetna network provider, your provider is responsible for obtaining necessary preauthorization for you. Because preauthorization is the provider's responsibility, if your provider fails to pre-certify required services, the provider's reimbursement will be limited and the provider cannot pass those costs on to you.

If you use a non-preferred provider, your provider may pre-certify for certain services on your behalf. If the provider fails to pre-certify those services, Aetna will review the medical necessity of those services when the claim is filed. If the service is not medically necessary and is not approved, no benefits will be paid. If the service is medically necessary, benefits will be paid according to the Plan.

IF YOU USE A NON-PREFERRED PROVIDER, IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR PHYSICIAN, SURGEON OR FACILITY COMPLIES WITH THE PREAUTHORIZATION REQUIREMENTS OF THE PLAN. FAILURE TO OBTAIN A PREAUTHORIZATION MAY RESULT IN SIGIFICANT FINANCIAL CONSEQUENCES TO YOU AND YOUR DEPENDENTS.

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

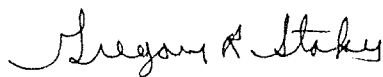
Effective June 1, 2016, preauthorization is required for the following types of medical expenses whether they are provided by an Aetna preferred provider or a non-preferred provider:

- Inpatient confinements (all) For Example:
 - Surgical and nonsurgical
 - Skilled nursing facility
 - Rehabilitation facility
 - Inpatient hospice
 - Maternity and newborn confinements that exceed the standard length of stay
- Observation stay more than 24 hours
- Ambulance transportation by fixed-wing aircraft (plane)
- Autologous chondrocyte implantation, Carticel
- Cochlear device and/or implantation
- Dental implants (to the extent covered by the medical plan)
- Dialysis visits
- Dorsal column (lumbar) neurostimulators: trial or implantation
- Electric or motorized wheelchairs and scooters
- Gastrointestinal tract imaging through capsule endoscopy
- Gender reassignment surgery
- Hip surgery to repair impingement syndrome
- The following Home Health Care related services
 - Private duty nursing
- Hyperbaric oxygen therapy
- Lower Limb prosthetics
- Drugs and medical injectables to the extent these services are provided in a doctor's office or medical facility. Please ask your provider to refer to Aetna's National Preauthorization List for a full listing of medications that should be precertified.
- Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint
- Osseointegrated implant
- Osteochondral allograft/knee
- Power morcellation with uterine myomectomy, with hysterectomy or for removal of uterine fibroids
- Proton beam radiotherapy
- Reconstructive or other procedures that may be considered cosmetic, including:
 - Blepharoplasty/canthoplasty
 - Breast reconstruction / breast enlargement
 - Breast reduction / mammoplasty
 - Cervicoplasty
 - Chemical peels
 - Excision of excess skin due to weight loss
 - Gastroplasty/gastric bypass
 - Injection of filling material
 - Lipectomy or excess fat removal
 - Sclerotherapy or surgery for varicose veins
- Spinal procedures, including:
 - Artificial intervertebral disc surgery
 - Cervical, lumbar and thoracic laminectomy/laminotomy procedures
 - Spinal fusion surgery
- Uvulopalatopharyngoplasty, including laser-assisted procedures
- Ventricular assist devices
- BRCA genetic testing
- Infertility services
- Organ transplants
- Pre-implantation genetic testing
- Pediatric congenital heart surgery
- Transthoracic echocardiogram

The preauthorization list is reviewed and updated regularly by Aetna. If you use a non-preferred provider, you or your provider should check the most recent Preauthorization List located on the Fund's website at www.aetf.com.

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

Sincerely,



Gregory R. Stokes
Administrator

GRS:lm