

**December 2025**

## **SUMMARY OF MATERIAL MODIFICATIONS – ALASKA ELECTRICAL HEALTH AND WELFARE PLAN**

The Board of Trustees is providing you this notice with important information about changes in the Alaska Electrical Health and Welfare Plan that were approved at the October 2025 meeting. These include:

- A change to the Plan's non-emergency transportation benefit, effective January 1, 2026.
- Availability of virtual physical therapy through Transcarent™, effective January 1, 2026.
- Availability of primary care benefits through Teladoc Virtual Care™ (Teladoc) effective February 1, 2026.
- Availability of fertility support services through a new service provider, Progyny™ (Progyny), effective February 1, 2026.

### **NON-EMERGENCY TRANSPORTATION SERVICES**

The Trustees reviewed the non-emergency transportation services benefit described on pages 43-44 of the current Summary Plan Description and determined that it should be updated to make it more accessible and administrable.

Effective January 1, 2026, the language below replaces the language on the top of page 44, describing the Plan's benefit for such services.

#### **Non-Emergency Medical Transportation**

Non-Emergency transportation for you or your eligible dependents will be covered in the following situations:

1. If your condition cannot be treated locally (within 100 miles or 2 hours travel time from your home); or
2. For participants in Alaska who do not reside within 100 miles or two hours travel time of the Anchorage Borough, travel for any of the following treatments –
  - any cardiac, vascular, spinal, joint or similar surgeries that must be performed in a surgical facility and cannot be performed in a doctor's office;
  - any inpatient treatment (treatment requiring an overnight stay in a licensed treatment facility);
  - any infusions, imagery or similar treatment that must be performed in a hospital or similar specialized facility; or
3. For members using Transcarent or similar provider where travel expenses are included.

**Covered Travel Expenses** – Covered expenses for travel reimbursement shall include the following:

1. **Transportation:** Amounts paid for transportation primarily for, and essential to medical care. Transportation benefits are subject to coinsurance and deductible. Transportation benefits include:
  - Automobile, train, boat, or plane fares by a regularly scheduled commercial carrier from the participant's place of residence to the city where the treatment is provided. The Plan will cover the cost of documented travel expenses, not exceeding the cost of coach class commercial air transportation;
  - Taxi or ride share fares;
  - Transportation expenses of a parent who must accompany a minor child (under age 18) who needs medical care;
  - When recommended by a treating physician, the transportation expenses of a spouse, nurse or other person who is traveling to get medical care;
2. **Per Diem:** In addition to the foregoing, for every day of medically necessary travel, you are eligible for reimbursement of travel-related expenses up to the daily per diem amount of \$50 to defray the costs of food and lodging as well as other miscellaneous expenses. Per diem is subject to the following:
  - The per diem will be paid for every day transportation is reimbursed, for the day before a scheduled appointment, for the day of the scheduled appointment or treatment, and for days of physician-recommended recovery when travel is not advisable.
  - Per diem shall also be paid for a parent traveling with a child or a companion traveling. Per diem is not available for the patient for any day the patient is inpatient or residing in a care facility.

**Exclusions** – The following items are excluded:

- Vacations or travel where the primary purpose is not for medical treatment;
- Travel for a change in environment, improvement of morale, or general improvement of health even if the trip is made on the advice of a doctor;
- Transportation on a non-regularly scheduled commercial carrier;
- Travel for treatment in Hawaii or a country or territory outside the continental United States;
- First class airfare;
- Travel related to routine dental and vision care; and
- Travel expenses for which the member was not responsible to pay or which were not actually incurred (airfare purchased using frequent flyer miles, expenses reimbursed by other sources, etc.).
- Costs for food and lodging in excess of the per diem amount.

**Claims Procedure** – The following rules apply to requesting reimbursement for travel expenses:

1. All travel expenses must be actually incurred and paid out of pocket. Benefits will not be advanced prior to the date of travel.
2. Within 12 months after the travel is completed and the medical expenses have been incurred, the member that incurred covered travel expenses may request a travel reimbursement claim form from the Administration Office.
3. The claim form shall be completed and returned to the Administration Office within 12 months after the claim is incurred along with the following documentation:
  - An explanation of benefits, signed doctor or treatment notes, or medical bill showing the dates of service for the medical treatment and the location of the medical treatment; and
  - Itineraries, invoices and receipts showing the amounts incurred for which reimbursement is being sought.

Incomplete claim forms or claims with insufficient supporting documentation will be denied. Claims (including submission of supporting documentation that has been requested) submitted more than 12 months after the date the claims were incurred, will be denied.

4. Once a completed claim is submitted, the Administration Office will review the claim and make a determination whether the claim satisfies the criteria for reimbursement, as set forth above. Following this determination, the Administration Office will issue a decision either approving or denying the claim, in whole or in part. If approved, the approval shall include the reimbursement amount. If denied, the denial shall set forth the reason for the denial.
5. If a claim is denied, the participant may appeal to the Trust's Board of Trustees pursuant to the Plan appeal procedure set forth in the Summary Plan Description. An appeal must be submitted within 180 days of the date of the denial.
6. Participants are encouraged to contact the Administration Office before scheduling treatment if they have questions regarding the Plan's travel benefits.

## **NEW VIRTUAL PT BENEFIT THROUGH TRANSCARENT**

The Plan covers physical therapy for habilitative and rehabilitative services, as noted on page 41 of the Summary Plan Description. Beginning January 1, 2026, participants in need of medically necessary physical therapy services will have an additional option to receive these services virtually through the Plan's partnership with Transcarent. This new virtual physical therapy benefit is provided at no cost to you (Plan deductibles and copays do not apply).

You may already be familiar with Transcarent as the provider of the Plan's "planned surgery benefit." Additional information about this new offering will be mailed directly to all participants by Transcarent and will soon be added to the page on the AETF website describing Transcarent's offerings.

There is no change to the Plan's physical therapy benefit for in-person services at your service provider's office. Please note that in the Anchorage Metropolitan area, in-person physical therapy services are subject to the Plan's preferred provider provisions, which penalize claims for services provided at a non-Preferred Provider.

### **NEW PRIMARY CARE SERVICES AVAILABLE THROUGH TELADOC**

The Board has expanded the services available through the Plan's virtual care provider, Teladoc.

To date, participants and their families have been able to access Teladoc for a wide range of common acute medical issues, dermatology and mental health services. Beginning February 1, 2026, participants and their families can establish a primary care provider relationship with Teladoc's US board-certified doctors through Teladoc's Primary360 program. Similar to current Teladoc services, there will be no cost to you when you access virtual primary care through Teladoc.

The Primary360 program provides virtual access to primary care providers for participants age 18 and above. The Teladoc primary care providers can provide wellness and preventative care, diagnose illnesses, recommend and refer to other providers for additional and/or alternative services, schedule follow-up visits, and if necessary and appropriate, write a prescription or order laboratory tests and/or medical imaging services.

Note: There is no change to the Plan's coverage of in-person primary care services. You may continue to receive primary care at your doctor's physical office.

Additional information about this new offering will be mailed directly to all participants by Teladoc and will be published on the AETF website.

### **FERTILITY ASSISTANCE BENEFITS TO BE OFFERED THROUGH A NEW SERVICE PROVIDER – PROGNY**

The Plan presently provides assistance with infertility treatment subject to a lifetime maximum benefit of \$12,000, as described on pages 39 – 40 in the Summary Plan Description. Effective February 1, 2026, this benefit will be replaced with a fertility assistance benefit through the Fund's partnership with Progyny. The current \$12,000 lifetime maximum will no longer apply. Instead, participants will be provided up to one Progyny "Smart Cycle" per lifetime. A Smart Cycle can be used to cover various types of infertility treatments, allowing each participant to choose a treatment path that is right for them.

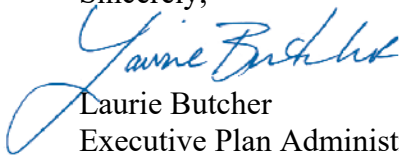
Progyny is a third-party provider offering a suite of services to assist in fertility and family building from preconception planning through post-partum. It employs a network of providers including both specialists and clinics. Services provided through Progyny will be subject to standard Plan deductibles, copays and coinsurance. Unlimited clinical education and navigation for each participant is also provided by Progyny at no additional cost.

Additional information about this new offering will be mailed directly to all participants by Progyny and will be published on the AETF website.

## QUESTIONS?

For information about how to use your Plan benefits, please review the information available on the [AETF website](#), which includes the current [Summary Plan Description and Summaries of Material Modification](#) and other helpful information. You may also contact the Administrative Office at (907) 276-1246 or (800) 478-1246, or at 701 E. Tudor Road, Suite 200, Anchorage, AK 99503. Thank you.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laurie Butcher". The signature is fluid and cursive, with a large initial "L".

Laurie Butcher  
Executive Plan Administrator