



JESS Participants

BENEFITS FOR NEW HIRES

and Summary of Material Modifications

September 1, 2022 – August 31, 2023

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please read the Individual Creditable Coverage Disclosure notice for more information. If you have questions about your options, please contact the Plan Administrator.

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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. For specific tax or legal advice, please consult with your own tax or legal advisor for assistance. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact the Plan Administrator.

WELCOME TO APEA/AFT HEALTH AND WELFARE TRUST

As an employee of the Juneau Education Support Staff (JESS), welcome to APEA-AFT Health and Welfare Trust. The Trust is committed to providing a comprehensive Employee Benefit Program that will meet the overall health care needs for you and your family.

Your health care claims are processed by Welfare & Pension Administration Service, Inc. (WPAS), however the money used for claims is funded by the premiums paid by both you and the Juneau School District.

This guide provides information about the enrollment process as well as other required notices. Please take a few minutes to review this important information so you can make the best health care coverage decisions for you and your family.

Initial and Open Enrollment

Your initial election will be in place for the remainder of the plan year, which will end on August 31, 2023. Open Enrollment, typically during the summer months, is the time of year to add or remove coverage for any eligible family members. If you do not enroll an eligible spouse or child now because s/he has coverage through another employer, you may only add that person on our plan during next year's Open Enrollment period, unless you experience a qualified family status change. Please refer to the Making Mid-Year Election Changes section later in this document (page 3).

The Affordable Care Act

PLAN STATUS UNDER HEALTH CARE REFORM

This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that our plan does not include all identical requirements found in non-grandfathered plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other requirements in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which requirements apply and which requirements do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 1-800-732-1121, option 0.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

What Do I Have To Do?

- Complete an enrollment form within **31 days of hire date**.
- Part-time employees may enroll for coverage, and your monthly employee contributions must be paid on an after-tax basis each month, directly to the Trust Administration Office.
- Full-time employees may elect to waive coverage through the Trust.
- All forms must be completed and returned to the Trust Administration Office, postmarked within 31 days after date of hire.
- If forms are not postmarked within 31 days of the date of hire, the default election for employees is no coverage.
- Elections will become effective the first of the month after completing the waiting period.

ALL FORMS MUST BE COMPLETED AND RETURNED TO ENROLLMENT@WPAS-INC.COM OR YOU CAN MAIL COMPLETED FORMS TO THE ADDRESS BELOW.

Contact Information

For changes and new enrollees, please return completed Enrollment Form, Salary Reduction Agreement Form and required documentation to:

APEA-AFT Health & Welfare Trust
Plan Administrator
PO Box 34203
Seattle, WA 98124-1203
Telephone: (800) 732-1121

Or scan and email to: enrollment@wpas-inc.com

Be sure to include APEA-AFT in the subject line of your email.

Documentation is Required For All Dependents

To enroll your dependent spouse and dependent children, you must provide documentation that they are eligible dependents. If you have already provided this information, you do not have to provide it again. No claims will be paid on your dependents until we receive acceptable documentation.

Examples of dependent documentation are:

- Spouse – copy of marriage certificate
- Natural Child – copy of birth certificate listing the employee as mother or father; or
- Qualified Medical Child Support Order
- Adopted Child – proof of legal adoption or placement with you in anticipation of adoption
- Stepchild – copy of birth certificate listing your spouse as mother or father
- Foster children or children for whom you have legal responsibility – proof of legal custody or guardianship

How Much Do I Have To Pay?

The following contributions are effective September 1, 2022. These contributions are for full-time employees. If you are a part-time employee, please contact the Plan Administrator for your contribution amount.

| | Your Contribution |
|--------------------------------|--------------------|
| Employee | \$77 per paycheck |
| Employee and spouse | \$110 per paycheck |
| Employee and child(ren) | \$110 per paycheck |
| Employee and family | \$143 per paycheck |

Please note that when your contributions are taken out of your paycheck on a pre-tax basis, as allowed by Section 125 of the Internal Revenue Code, IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status. This means you may not drop coverage for a dependent during the year unless there is a qualified change in family status.

Making Mid-Year Election Changes

The IRS allows distinct tax advantages to you and to the Trust by not considering the value of your employer's contribution as taxable income. In return, the Trust is subject to strict IRS rules on when it may allow mid-year election changes. Elections made during Open Enrollment must apply for the rest of the Plan Year unless you experience a qualifying event and timely request a change in election because of that qualifying event. Any change you make to your election must also be consistent with the qualifying event. Examples of qualifying events include:

- Marriage, birth or adoption of a child, divorce, death of a dependent
- Dependent ceases to be eligible or gains eligibility
- Loss, gain, or significant change in spouse's coverage
- Changing from full-time to part-time status or vice versa

To change your election, you must submit proof of the qualifying event and a revised enrollment form to the Trust Administration Office within 31 days of the qualifying event.

What Are My Benefits?

The plan utilizes the Aetna preferred provider network. Please review the Summary of Benefits and Coverage for additional information.

| | |
|--|-------------------|
| Deductible Individual / Family | \$800 / \$2,400 |
| Out of Pocket Maximum Individual / Family | \$1,500 / \$4,500 |
| Preventative Care | Covered at 100% |
| Coinsurance (most services) | Covered at 80% |

Appealing Your Election

You have the right to appeal your plan election to the Board of Trustees. Because your election impacts your payroll, the Trustees have accelerated the timeline for appealing election choices. If you wish to appeal, you must do so within 45 days after your first payroll deduction resulting from the plan election choice. IRS Revenue Regulations limit the circumstances under which election changes can be made, and the Board of Trustees must abide by those regulations when deciding enrollment appeals. You should use great care in making an enrollment election, as the circumstances for changing your election after the close of Open Enrollment is severely limited.

Where Do I Go If I Have Questions?

CONTACT INFORMATION:

APEA-AFT Health & Welfare Trust
Plan Administrator
PO Box 34203
Seattle, WA 98124-1203
Telephone (800) 732-1121

APEA-AFT HEALTH & WELFARE TRUST WEBSITE

APEA-AFT Health and Welfare Trust has established a website to provide you with immediate access to your plan information. The site located at www.apea-aftrust.com includes Trust Fund related material such as forms, plan booklets, links to Health Plan Provider Networks and access to paid claims information. We encourage you to visit and use the Trust website.

IMPORTANT LEGAL INFORMATION

Healthcare Reform

The healthcare reform law (or Affordable Care Act (ACA) or Obamacare) is complicated and you may have questions about how it impacts you, your family and your benefits. There are three items you should know.

First, the individual mandate (the requirement that all individuals have health insurance) remains in place. What has changed is the penalty associated with it. As of January 1, 2019, the ACA tax penalty is repealed and you won't have to pay anything if you don't enroll.

Second, the Health Insurance Marketplace still exists. You can shop for and enroll in insurance plans through the exchange and still apply for income-based subsidies.

Third, for most people, the plans we offer are considered affordable and neither you nor any family members are eligible for the federal subsidies available in the Health Insurance Marketplace, even if you choose not to enroll in APEA's plan.

Please refer to your Notice of Health Insurance Marketplace Coverage for general information. or additional information on Marketplace options in your area and subsidy calculators, go to www.healthcare.gov or call 1-800-318-2596.

Annual Reminders

Notice Regarding the Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact the Plan Administrator for more information.

HIPAA Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes your rights with regard to your personal health information. You received a copy of the APEA/AFT Health and Welfare Trust Group Health Plan Privacy Notice when you were hired. This notice describes how medical information about you may be used and disclosed, and how you can access that information.

If you have any questions regarding the HIPAA Privacy Notice, or would like another copy, please contact the Plan Administrator.

COBRA

COBRA continuation coverage is a temporary continuation of coverage under our employee benefit plan. Please contact the Plan Administrator for a copy of the General Notice of COBRA Continuation Rights. This notice explains your rights and obligations to receive COBRA benefits.

We are not always aware when a COBRA event takes place, unless notified by you. The most common examples are divorce, or when a child exceeds the maximum age. When such an event occurs, the Notice of Qualifying Event must be postmarked within 60 days of the qualifying event for the affected person to be eligible for COBRA continuation. If you have questions about COBRA please contact the Plan Administrator.

Important Notice from APEA/AFT Health and Welfare Trust about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with APEA/AFT Health and Welfare Trust and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. APEA has determined that the prescription drug coverage offered by the APEA/AFT Health and Welfare Trust Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

Plan Participants who also are eligible for Medicare have the following three options concerning prescription drug coverage:

- You may stay in the Plan and not enroll in the Medicare prescription drug coverage at this time. You will be able to enroll in the Medicare prescription drug coverage at a later date without penalty, either (1) during a Medicare prescription drug open enrollment period (October 15–December 7 of each year); or (2) if you lose Plan coverage. This is the best option for most Plan participants who are eligible for Medicare.
- You may stay in the Plan and also enroll in Medicare prescription drug coverage at this time. The Plan will pay prescription drug benefits as the primary payer in most instances. Medicare will pay benefits as a secondary payer,

and thus the value of your Medicare prescription drug coverage will be greatly reduced. Your current coverage under the Plan pays for other health benefits as well as prescription drugs and will not change if you choose to enroll in Medicare prescription drug coverage.

- You may reject all coverage under the Plan and choose coverage under Medicare as your primary and only payer for all medical and prescription drug expenses. If you do so, you will not be able to receive coverage under the Plan, including prescription drug coverage, unless and until you are eligible to reenroll at the next enrollment period for which you are eligible, if any. Your current coverage pays for other types of health expenses, in addition to prescription drugs, and you will not be eligible to receive any of your current health and prescription drug benefits if you reject coverage under the Plan and choose to enroll in Medicare, including a Medicare prescription drug plan, as your primary and only payer.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with APEA and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information about this Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through APEA changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 1, 2022
Name of Entity/Sender: APEA/AFT Health and Welfare Trust
Contact—Position/Office: Plan Administrator
Address: PO Box 34203
Seattle, WA 98124-1203
Phone Number: 800-732-1121

Premium Assistance under Medicaid and the Children’s Health Insurance Program

If you or your children are eligible for Medicaid or the Children’s Health Insurance Program (CHIP) and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility.

ALABAMA-Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA-Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS-Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA-Medicaid

Website: Health Insurance Premium Payment (HIPP) Program <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA-Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA-Medicaid

A HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1GA CHIPRA Website:
<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: (678) 564-1162, Press 2

INDIANA-Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584

IOWA-Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS-Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884

KENTUCKY-Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA-Medicaid

Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE-Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-442-6003
TTY: Maine relay 711

Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: -800-977-6740.
TTY: Maine relay 711

MASSACHUSETTS-Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840

MINNESOTA-Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI-Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA-Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA-Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA-Medicaid

Medicaid Website: <http://dhcftp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE-Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext 5218

NEW JERSEY-Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK-Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA-Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA-Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA-Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON-Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA-Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND-Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347,
or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA-Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA-Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS-Medicaid

Website: <http://gethiptexas.com/>
Phone: 1-800-440-0493

UTAH-Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT-Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA-Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON-Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA-Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP
(1-855-699-8447)

WISCONSIN-Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING-Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Service
www.cms.hhs.gov
1-877-267-2323, menu option 4, ext. 61565



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-331-6158. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-800-331-6158 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|---|
| What is the overall deductible ? | \$800 per person / \$2,400 per family. | Generally, you must pay all of the costs from provider up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible . |
| Are there services covered before you meet your deductible ? | Yes. Preventive care services are covered before you meet your deductible . | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. |
| Are there other deductibles for specific services? | Yes. \$50 for Emergency room. \$50 per person/ \$150 per family for dental expenses. There are no other specific deductibles . | You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services. |
| What is the out-of-pocket limit for this plan ? | \$1,500 per person / \$4,500 per family. | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| What is not included in the out-of-pocket limit ? | Premiums , deductibles , copayments , balance billed charges , and health care this plan does not cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit . |
| Will you pay less if you use a network provider ? | Yes. See www.aetna.com/docfind and select Aetna Choice® POS II (Open Access) network for a list of network providers . In Anchorage/Mat-Su, the preferred provider facilities are Providence Medical Center and Mat-Su Regional Hospital. BridgeHealth-non-emergency surgery outside Alaska www.bridgehealth.com or 844-249-8108. For Teladoc see www.Teladoc.com or call 800-835-2362. | This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |
| Do you need a referral to see a specialist ? | No. | You can see the specialist you choose without a referral . |

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|--|--|--|--|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | 20% coinsurance | 20% coinsurance | Teladoc consultations are covered as regular office visits. Acupuncture services limited to 12 visits/calendar year. Rehabilitation therapy (massage, physical and occupational) limited to 45 visits/calendar year combined. Routine physicals limited to one per year age 2 and older. Birth to 1 st birthday 6 exams, 1 st to 2 nd birthday 2 exams. Routine labs, x-rays and screenings as recommended by the American Cancer Society. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. |
| | Specialist visit | | | |
| | Preventive care/screening/immunization | No charge Deductible does not apply | No charge Deductible does not apply | |
| If you have a test | Diagnostic test (x-ray, blood work) | 20% coinsurance | 20% coinsurance | You will pay 50% for use of a non-PPO facility. Preauthorization is required. Refer to Medical Rehab Consultants at 1-800-827-5058. You will pay 50% for use of a non-PPO facility. There is no coverage for services that are not preauthorized and are found to be not Medically Necessary . |
| | Imaging (CT/PET scans, MRIs) | 20% coinsurance | 20% coinsurance | |
| If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.caremark.com . | Generic drugs | \$10 copay /prescription retail \$20 copay /prescription mail order | \$10 copay /prescription retail \$20 copay /prescription mail order | Non-formulary drugs may not be covered without approval through the prior-authorization process. To review preferred prescription drugs , see the formulary at www.caremark.com . Covers up to a 30-day supply (retail prescription); up to a 90-day supply (mail order prescription). You must pay in full for prescriptions purchased at a non-PPO pharmacy and then file a claim with Caremark for reimbursement. |
| | Preferred brand drugs | \$25 copay /prescription retail \$50 copay /prescription mail order | \$25 copay /prescription retail \$50 copay /prescription mail order | |
| | Non-preferred brand | \$45 copay /prescription | \$45 copay /prescription | |

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.apea-afitrust.com.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|--|---|---|--|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| | drugs | retail \$90 copay /prescription mail order | retail \$90 copay /prescription mail order | Specialty medications limited to a 30-day supply; preauthorization is required. Step Therapy is required. Visit www.CVSCaremarkSpecialtyRx.com or call 1-866-814-5506 for more information. |
| | Specialty drugs | \$25 copay /prescription preferred; \$45 copay /prescription non-preferred | \$25 copay /prescription preferred; \$45 copay /prescription non-preferred | |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | 20% coinsurance | 50% coinsurance | Preauthorization is required for all inpatient and outpatient surgeries (except those done in a doctor's office). Refer to Medical Rehab Consultants at 1-800-827-5058. There is no coverage for services that are not preauthorized and are found to be not Medically Necessary . |
| | Physician/surgeon fees | 20% coinsurance | 20% coinsurance | |
| If you need immediate medical attention | Emergency room care | \$50 deductible/visit plus 20% coinsurance | \$50 deductible/visit plus 50% coinsurance | \$50 deductible waived if admitted to hospital. Non-PPO applies to hospitals in Anchorage and lower 48 only. |
| | Emergency medical transportation | 20% coinsurance | 20% coinsurance | None. |
| | Urgent care | 20% coinsurance | 20% coinsurance | None. |
| If you have a hospital stay | Facility fee (e.g., hospital room) | 20% coinsurance | 50% coinsurance | Preauthorization is required; refer to Medical Rehab Consultants at 1-800-827-5058. There is no coverage for services that are not preauthorized and are found to be not Medically Necessary . Non-PPO applies to hospitals in Anchorage and lower 48 states only. |
| | Physician/surgeon fees | 20% coinsurance | 20% coinsurance | None |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | 20% coinsurance | 20% coinsurance | You will pay 50% for use of a non-PPO facility. |
| | Inpatient services | 20% coinsurance | 50% coinsurance | Preauthorization is required; refer to Medical Rehab Consultants at 1-800-827-5058. |
| If you are pregnant | Office visits | 20% coinsurance | 20% coinsurance | Cost sharing does not apply for preventive services . Depending on the type of services, |

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.apea-afttrust.com.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|---|--|--|---|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| | Childbirth/delivery professional services | 20% coinsurance | 20% coinsurance | coinsurance may apply. No coverage for child of a dependent child |
| | Childbirth/delivery facility services | 20% coinsurance | 50% coinsurance | |
| If you need help recovering or have other special health needs | Home health care | 20% coinsurance | 20% coinsurance | <u>Preauthorization</u> is required; refer to Medical Rehab Consultants at 1-800-827-5058. Limited to 130 visits per calendar year. There is no coverage for services that are not preauthorized and are found to be not <u>Medically Necessary</u> . |
| | Rehabilitation services | 20% coinsurance | 20% coinsurance | Rehabilitation services limited to 45 (combined) visits for occupational, massage and physical therapy. |
| | Habilitation services | 20% coinsurance | 20% coinsurance | Must be <u>Medically Necessary</u> , prescription and treatment plan required. |
| | Skilled nursing care | 20% coinsurance | 50% coinsurance | <u>Preauthorization</u> is required; refer to Medical Rehab Consultants at 1-800-827-5058. Limited to 120 days per calendar year. There is no coverage for services that are not preauthorized and are found to be not <u>Medically Necessary</u> . |
| | Durable medical equipment | 20% coinsurance | 20% coinsurance | Rental to purchase; prescription required. |
| | Hospice services | 20% coinsurance | 50% coinsurance | <u>Preauthorization</u> is required; refer to Medical Rehab Consultants at 1-800-827-5058. Limited to 10 days (inpatient) or six months (outpatient) per calendar year. There is no coverage for services that are not preauthorized and are found to be not <u>Medically Necessary</u> . |
| If your child needs dental or eye care | Children's eye exam | \$25 copay /exam plus costs above the VSP schedule | \$25 copay /exam plus costs above the VSP schedule | Vision benefits provided through Vision Service Plan. Contact www.vsp.com or 1-800-877-7195. Eye exam limited to one every 12 months. Glasses limited to 1 set of lenses every 24 |
| | Children's glasses | Costs above the VSP | Costs above the VSP | |

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.apea-afttrust.com.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|----------------------|----------------------------|--|--|--|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| | | schedule | schedule | months and frames are limited to 1 every 24 months. |
| | Children's dental check-up | No cost for preventive services | No cost for preventive services | Limited to two examinations in a 12-month period. |
| | Children's orthodontia | | | Orthodontia for children and adults is reimbursed at 50% up to a lifetime maximum of \$2,000 per person. |

Excluded Services & Other Covered Services:

| Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .) | | |
|---|--|---|
| <ul style="list-style-type: none"> • Cosmetic surgery • Infertility treatment | <ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S. | <ul style="list-style-type: none"> • Routine foot care |

| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.) | | |
|--|---|---|
| <ul style="list-style-type: none"> • Acupuncture (limited to 12 visits per calendar year) • Chiropractic care | <ul style="list-style-type: none"> • Dental care (Adult) • Hearing Aids (limited to \$800) • Obesity treatment | <ul style="list-style-type: none"> • Private-duty nursing (limited to 70 visits per calendar year) • Routine eye care (Adult) |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform and Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. You may also contact the Trust Administration Office at 1-800-331-6158.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-331-6158.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-331-6158.

About these Coverage Examples:

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$800
- [Specialist coinsurance](#) 20%
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

| | |
|---------------------------|-----------------|
| Total Example Cost | \$12,700 |
|---------------------------|-----------------|

In this example, Peg would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|----------------|
| Deductibles | \$800 |
| Copayments | \$10 |
| Coinsurance | \$1,500 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$60 |
| The total Peg would pay is | \$2,360 |

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$800
- [Specialist coinsurance](#) 20%
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

| | |
|---------------------------|----------------|
| Total Example Cost | \$5,600 |
|---------------------------|----------------|

In this example, Joe would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|----------------|
| Deductibles | \$800 |
| Copayments | \$500 |
| Coinsurance | \$200 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$20 |
| The total Joe would pay is | \$1,520 |

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$800
- [Specialist coinsurance](#) 20%
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

| | |
|---------------------------|----------------|
| Total Example Cost | \$2,800 |
|---------------------------|----------------|

In this example, Mia would pay:

| <i>Cost Sharing</i> | |
|-----------------------------------|----------------|
| Deductibles | \$800 |
| Copayments | \$10 |
| Coinsurance | \$400 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$0 |
| The total Mia would pay is | \$1,210 |

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

APEA-AFT Health and Welfare Trust Enrollment Form

P60J (JESS Employees)

New Enrollment Open Enrollment Declining Coverage (Complete and return the Waiver of Health Coverage Form)

EMPLOYEE INFORMATION

| | | |
|-------------------------------|--|--|
| SOCIAL SECURITY NUMBER | EMPLOYEE NAME (Last, First, Middle Initial) | <input type="checkbox"/> I AM A FULL TIME EMPLOYEE |
| | | <input type="checkbox"/> I AM A PART TIME EMPLOYEE |

MAILING ADDRESS (Street or PO Box, City, State, Zip)

| | | | | |
|-------------------------------|--|--|---------------------|-----------------------|
| EMPLOYEE DATE OF BIRTH | MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | PHONE NUMBER | E-MAIL ADDRESS |
|-------------------------------|--|--|---------------------|-----------------------|

DEPENDENT INFORMATION

| | |
|--|---|
| I WISH TO ENROLL MY DEPENDENTS: <input type="checkbox"/> YES, If yes, list dependents below <input type="checkbox"/> NO, I waive coverage for my dependents | <i>In order to cover a spouse or child, documentation of relationship must be on file at the Trust Administrative Office. Please refer to your open enrollment guide for acceptable forms of documentation.</i> |
| PLEASE ENROLL ME IN THE FOLLOWING CATEGORY: <input type="checkbox"/> EMPLOYEE ONLY <input type="checkbox"/> EMPLOYEE/SPOUSE <input type="checkbox"/> EMPLOYEE/CHILD(REN) <input type="checkbox"/> EMPLOYEE/SPOUSE/CHILD(REN) | |

LIST FAMILY MEMBERS TO BE ENROLLED: Should you require additional lines, please use the reverse side of this form.

| NAME (Last, First, Middle Initial) | SOCIAL SECURITY NUMBER | DATE OF BIRTH | SEX | RELATIONSHIP | |
|------------------------------------|------------------------|---------------|-----|--------------|------------------|
| SPOUSE | | | | SPOUSE | DATE OF MARRIAGE |
| CHILD | | | | | |

OTHER INSURANCE INFORMATION

Are you, your spouse, or other dependents covered by any other group medical insurance plan including Medicare? Yes No
 If "yes," please provide the information requested. If Medicare, copy of Medicare ID card must be on file with the Administrative Office. If separate coverage applies to different dependents, please write additional coverage information on reverse of form.

| | | | |
|--|-------------------------------|-----------------------|---|
| NAME OF SUBSCRIBER WITH OTHER COVERAGE | SOCIAL SECURITY NUMBER | POLICY OR ID # | Other Insurance covers: <input type="checkbox"/> Subscriber <input type="checkbox"/> Spouse <input type="checkbox"/> Children |
| NAME AND ADDRESS OF OTHER INSURANCE COMPANY | | | Coverage includes: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision |

ACKNOWLEDGEMENT AND SIGNATURE

I hereby certify that all information on this enrollment form is true and complete, and that I am an eligible participant of the Plan. I UNDERSTAND THAT MISSTATEMENT, OMISSION OF INFORMATION OR FAILURE TO DISCLOSE ANY INFORMATION MAY BE USED AS A BASIS FOR RESCISSION OF COVERAGE FOR ME AND FOR MY DEPENDENTS, AND THAT I WILL BE GUILTY OF INSURANCE FRAUD. I understand that the coverage applied for will not become effective unless and until the required contributions have been paid and the Trust unconditionally approves and accepts the application. I authorize deductions, if any, from any earnings toward the cost of the coverage.

Furthermore, I authorize any licensed physician, medical practitioner, hospital or other medical related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records of information regarding me or my family or our health, to disclose to WPAS any such information. A copy of this authorization shall be as valid as the original.

| | |
|--------------------------|--|
| DATE OF SIGNATURE | SIGNATURE OF EMPLOYEE X |
|--------------------------|--|

RETURN A COPY TO: APEA-AFT Health & Welfare, P.O. BOX 34203, SEATTLE, WA 98124
or Scan and e-mail to: Forms@wpas-inc.com or Fax to: (206) 505-9727
RETAIN A COPY FOR YOUR RECORDS