

February 5, 2013
Via Email and First Class Mail

MEMORANDUM

TO: Participating Employers and Labor Organizations

FROM: Administrative Office

RE: New Medical Plan Preferred Provider Organization

The Washington Teamsters Welfare Trust is pleased to announce that, effective March 1, 2013, Cigna Open Access Plus will become its medical plan preferred provider network of hospitals and physicians. Cigna will also begin providing the nurse line as well as inpatient pre-certification, utilization and case management and mental health and chemical dependency pre-authorization, utilization and case management.

For more information, please refer to the enclosed copies of two notices being mailed to participating employees and members on or about the following dates:

- o February 8 Initial notice
- o February 22 New healthcare ID card

Employees' and members' questions should be directed to the applicable websites and numbers in the notices or to the Trust Administrative at 800-458-3053.

New medical Summary Plan Descriptions will be available after March 1.

If you have any questions, please feel free to call Dean McInnes at (206) 726-3254.

DM:dj Enclosures

cc: Board of Trustees Trust Consultant Trust Co-counsel



New Medical Plan Preferred Provider Organization Effective March 1, 2013

Dear Medical Plan Participants,

The Trustees of the Washington Teamsters Welfare Trust are pleased to announce that effective March 1, 2013 the Plan will begin using **Cigna** as its preferred provider organization nationwide. Participants will have access to the Cigna network called Open Access Plus or OAP. The Cigna OAP network will replace First Choice and its affiliated networks as the provider network for physician and hospital services and replace MHN for behavioral health and chemical dependency services. Cigna will also provide related care management services (hospital inpatient precertification, case management, etc.) currently provided by Qualis Health.

Why is the Plan making this Change?

Health care costs continue to increase much faster than general inflation. Nationwide, medical costs are increasing 7% to 9% annually. In making these changes, the Trustees anticipate savings due to the Cigna provider network having better discounts and the Participants having better access to providers. In addition, the Trustees anticipate the consolidation of these services to Cigna will result in both you and the Trust benefiting from overall lower costs through improved network discounts and integrated tools that can help you manage your health care. After conducting an in-depth analysis of available networks, the Trustees chose Cigna due to:

- A higher level of discounts through the Cigna OAP network when compared to the Trust's current network
- Cigna's OAP network is broader than the Trust's current network, meaning more providers are part of the Cigna network
- Access to additional Cigna programs to help you manage your health care

What Will Stay the Same?

This change will not affect your Plan's medical benefits, deductible, copays, coinsurance, or out-of-pocket maximum, etc. Your medical benefits will remain the same. It will also not affect your prescription drug benefits or pharmacy network, dental benefits or dental network, vision benefits or vision network, or wellness program through StayWell. Northwest Administrators, the Trust's current Plan administrator, will continue to pay claims and provide customer service.

What Will Change?

Cigna will become the network for medical, behavioral health, and chemical dependency services and will provide pre-certification, case management, nurse line, and other health care management programs. You are not required to use the network, but use of network providers will result in less out-of-pocket expenses.

What Do I Need to Do?

Prior to the effective date of these changes, you will receive a new ID card. It is very important that you continue to use your current medical ID card through February 28, 2013. THE NEW CARD WILL NOT BE VALID UNTIL MARCH 1, 2013. Beginning with services you receive March 1 you must use your new card for claims to be processed and for services to be authorized appropriately.

Prior to March 1, you should check to see if your current doctor and other health care providers are part of the Cigna OAP network. If you are scheduling a surgery or other health care services on or after March 1, please check to make sure the providers are part of the Cigna OAP network. Utilizing non-network providers may result in a lower benefit level. If your health care provider is not currently a member of the Cigna OAP network and they are interested in joining, please have them call Cigna at 800-882-4462.

If you have already pre-authorized a hospital stay for after March 1, 2013 you will NOT need to get the stay re-authorized with Cigna. If you are currently engaged with Qualis Health or MHN on a hospital pre-authorization or other medical management issue, Qualis Health and MHN will coordinate with Cigna to ensure your care is transitioned smoothly.

Is My Doctor in the Cigna Network?

The Cigna provider directory is available online at http://cigna.benefitnation.net/sarOAP/. If you do not have access to a computer you can check with your doctor's office prior to March 1, or call Cigna at 855-402-0272 after March 1, 2013. Again, if you find your doctor is not in the Cigna network, you can talk to your doctor about joining.

Watch For Additional Information!

Additional information about this change, along with new ID cards, will be sent to you prior to March 1, 2013. Please watch your mail for them.

Sincerely,

Board of Trustees Washington Teamsters Welfare Trust



Dear Trust Participant:

Attached is a new insurance identification card. Your benefits are not changing, however, **effective March 1, 2013** the Trust is replacing First Choice Health, Beech Street, and MHN with Cigna Open Access Plus (OAP) for its hospital and physician network. In addition, Cigna will begin providing the 24/7 nurse advice line and be replacing Qualis Health for inpatient precertification, hospital utilization review, and medical case management. Updated plan books will be mailed to you in March reflecting these changes.

Please destroy your old card and begin using the new card effective March 1, 2013 when obtaining any medical, prescription drug, dental, and/or vision services covered under the Trust. Codes are listed on your card to indicate which of these coverages you have.

- o "Y" next to a type of coverage means YES; you have this coverage under the Trust. For the specific details of that coverage please refer to your plan book.
- o "N" means NONE; you do not have this type of coverage under the Trust.

As the subscribing employee, your identification number is to be used as the identification number for all eligible family members.

See back of this notice for more details. If you have any questions about the card or need to report a problem or request additional cards, please contact customer service at 1-800-458-3053.

Trust Administrative Office

More information about the changes effective March 1, 2013

Hospital and physician preferred provider organization (PPO) network

- Your medical benefits are not changing, however, effective March 1 the Cigna Open Access Plus (OAP) network replaces First Choice Health and Beech Street to provide improved network discounts and integrated tools to help you manage your health care.
- Cigna OAP provides access to network providers across the country. Most of the providers in the former networks are already in the Cigna network so it is likely you will not need to change providers to stay in-network.
- To find out if your provider is in the Cigna network prior to March 1 go on-line to http://cigna.benefitnation.net/sarOAP/ or check with your provider. After March 1 you may call Cigna toll-free at 855-402-0272, or go to www.cignasharedadministration.com If your provider is not in the Cigna network, you may nominate the provider or the provider may call Cigna about joining at 800-882-4462.
- You are not required to use Cigna OAP network providers, however use of in-network providers provides you with better benefits and less out-of-pocket expenses.

Mental health and chemical dependency program

- Your mental health and chemical dependency benefits are not changing and preauthorization continues to be required, however, Cigna OAP will replace MHN as the mental health and chemical dependency network of providers and utilization manager.
- Northwest Administrators will replace MHN as the claims administrator.
- Follow the same procedures as above to see if a provider is in the Cigna OAP network.
- If you or a family member is currently receiving treatment, a transition plan will automatically be initiated between MHN and Cigna.
- If you previously obtained pre-authorization for treatment from MHN, you do not need to get new pre-authorization from Cigna.
- After March 1 call 855-402-0272 toll-free for pre-authorization of any new treatment.

Hospital inpatient pre-certification, utilization review, and medical case management

- All inpatient admissions will still require pre-certification prior to admission or within 48-hours of an emergency admission, however, Cigna will replace Qualis Health for these services.
- If you previously obtained inpatient pre-certification through Qualis Health, you do not need to obtain new pre-certification from Cigna. After March 1 call 855-402-0272 toll-free for new inpatient admissions that have not been pre-certified by Qualis Health.
- If you or a family member is currently inpatient or in case management, a transition plan will automatically be initiated between Qualis Health and Cigna.

Nurseline

• Access to nursing advice remains available 24/7, however, effective March 1, 2013 begin using the new toll-free number, 855-402-0272, when seeking nursing advice.

The following benefits, service providers, and networks are not changing

- Medical and disability/time loss claim processing, COBRA administration, customer service, and eligibility inquiries through Northwest Administrators
- Pharmacy network and prescription dug benefits through MedImpact and Union Center Pharmacy
- Tobacco cessation, lifestyle and disease management coaching through StayWell
- Dental provider network, dental benefits, and dental claims administration through Washington Dental Service (Delta Dental)
- Weight-loss benefits and programs through Sound Health Connects
- Vision provider network, vision benefits, and claims administration through NBN

WASHINGTON TEAMSTERS WELFARE TRUST

Cigna. OPEN ACCESS PLUS

Rx

AWAY FROM HOME CARE S

Washington Dental Service

NBN

ngton Dental Service Med**impact**

Subscriber:	John Doe	ID No:	899999999
COVERAGE 1	GROUP NO.	PROVIDER NETWORK	SUBMIT CLAIMS

Medical Y 3336854

Dental Y 9086

Vision Y 12

Cigna Healthcare
OAP Effective Date 3/1/13
Delta Dental Premier
NBN
MedImpact

SUBMIT CLAIMS TO
PO Box 188004 Chattanooga TN 37422
Electronic Claims: Cigna Payor 62308
PO Box 75983 Seattle WA 98175
2323 Eastlake Ave E Seattle WA 98102
Pharmacy submits - BiN 003585

¹Y = Yes (family - see plan details); N = None

PCN 38151

No REFERRAL REQUIRED

HOSPITAL INPATIENT PRE-CERTIFICATION REQUIRED - CALL (855) 402-0272

Benefits, eligibility and claim inquiries contact nwadmin.com (800) 458-3053

Prescription claims, network pharmacy listing medimpact.com (800) 788-2949

Mail-Order prescription drug claims and refills unioncenterpharmacy.com (800) 441-9174

Inpatient pre-certification (855) 402-0272 24-hour Nurse Line (855) 402-0272

Dental claims, benefits, network provider listing DeltaDentalWA.com (800) 554-1907

Vision claims, benefits, network provider listing nwadmin.com (800) 732-1123

OAP network hospital and physician listing cignasharedadministration.com (855) 402-0272

Health coaching & tobacco cessation programs wateamsters.online.staywell.com (888) 388-8259

Obesity treatment and weight loss programs soundhealthconnects.com (866) 779-4730

Mental health & chemical dependency treatment, pre-authorization (855) 402-0272





We encourage you to use a primary care physician as a valuable resource and personal health advocate.

THIS CARD DOES NOT GUARANTEE ELIGIBILITY OR BENEFITS

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