

4th DISTRICT IBEW HEALTH FUND

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IMPORTANT NOTICE ABOUT CHANGES TO THE PLAN

June 1, 2011

This Notice explains important changes that are being made to the 4th District IBEW Health Plan. The changes to the Plan described in this Notice are effective for claims incurred, based on date of service, on and after June 1, 2011. You are urged to carefully review this Notice and address any questions to the Benefit Office or the Board of Trustees. This Notice should be kept with your records of Plan activities.

Changes Required under the Patient Protection and Affordable Care Act

Benefit changes adopted by the Trustees effective June 1, 2011 result in the loss of “grandfathered” status as detailed in the Patient Protection and Affordable Care Act. As a result, the following additional change is required.

The following **preventive services** must be covered without your having to pay a copayment or co-insurance or meet your deductible. **This coverage applies only when these services are delivered by a network provider.**

Covered Preventive Services for Adults

Abdominal Aortic Aneurysm **one-time screening for men of specified ages who have ever smoked**

- **Alcohol Misuse** screening and counseling
- **Aspirin** use for men and women of certain ages
- **Blood Pressure** screening for all adults
- **Cholesterol** screening for adults of certain ages or at higher risk
- **Colorectal Cancer** screening for adults over 50
- **Depression** screening for adults
- **Type 2 Diabetes** screening for adults with high blood pressure
- **Diet** counseling for adults at higher risk for chronic disease
- **HIV** screening for all adults at higher risk
- **Immunization** vaccines for adults--doses, recommended ages, and recommended populations vary:
 - Hepatitis A
 - Hepatitis B
 - Herpes Zoster
 - Human Papillomavirus
 - Influenza
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Tetanus, Diphtheria, Pertussis

- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella
- **Iron** supplements for children ages 6 to 12 months at risk for anemia
- **Lead** screening for children at risk of exposure
- **Medical History** for all children throughout development
- **Obesity** screening and counseling
- **Oral Health** risk assessment for young children
- **Phenylketonuria (PKU)** screening for this genetic disorder in newborns
- **Sexually Transmitted Infection (STI)** prevention counseling and screening for adolescents at higher risk
- **Tuberculin** testing for children at higher risk of tuberculosis
- **Vision** screening for all children

This listing of covered preventive care services may change from time to time based upon the recommendations of the United States Preventive Services Force, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and the Health Resources and Services Administration.

The plan will rely on established techniques and the relevant evidence base to determine the frequency, method, treatment, or setting for which a recommended preventive service will be available without cost-sharing requirements.

Coverage for preventive care services only applies to those services rendered by a provider in the Anthem Blue Cross Blue Shield network. No benefits are payable for services of a provider outside of that network.