

May 6, 2016

TO: All Plan A PPO Participants
FROM: Board of Trustees
RE: Summary of Material Modifications - Cataract Surgery/Network Provider Information

Cataract Lens Replacement Surgery:

Effective June 1, 2016 the PPO Plan has been amended to establish a maximum payable amount of \$10,000 per eye for medically appropriate cataract surgery to replace the initial corneal lens performed while covered under the Plan. The maximum payable amount is intended to cover all expenses related to the procedure including, but not limited to, the cost of the surgeon, anesthesia, facility, laser incision process, and a standard single vision lens.

A cataract lens replacement is routinely considered to be medically appropriate if sight in the eye with a cataract cannot be corrected by glasses or contact lenses to see better than 20-40. However, there may be other circumstances that could qualify the procedure as being medically appropriate.

If there are any questions as to this procedure being medically appropriate or the procedure itself please contact the Trust Office (x-702).

Sutter Health Facilities No Longer a PPO Network Provider:

Sutter Health facilities and providers, which are largely in Northern California, are known to be **considerably more expensive** than other hospitals, medical centers and medical groups in the same geographic area.

Please be advised that **effective January 1, 2017** Sutter Health medical facilities and medical groups **will no longer be recognized as PPO network providers** for this Plan. However, *for other than urgent or emergency care* prior to that date you may wish to consider alternate PPO hospitals, medical centers and/or medical groups in order to avoid any interruption of service come January 1, 2017.

Should a participant utilize a Sutter Health facility on or after January 1, 2017 all eligible expenses will be processed by the Plan at a much lower co-insurance percentage (routinely 60% of what network pricing would have been) and, more importantly, **the participant will be responsible to Sutter Health for the full balance due for charges expected to be higher than their discounted pricing as a network provider.** Further, there would be no point during a calendar year that the Plan would pay 100% of out of network provider charges, thus there will always be a balance due for charges from an out-of-network provider.

Reverso en Español

It is very important to always be sure that all medical providers or facilities from which you or a dependent will be treated are active participant in the Plan's PPO network at the time services are to be rendered. However, PPO network Physician's offices should be aware of their responsibility to refer patients to only PPO network providers and/or facilities. It is also possible to verify a provider is in the PPO network by calling 1-888-685-7774 or go to www.anthem.com/ca.

REMINDERS!:

USE ONLY PINNACLE PROVIDERS FOR MEDICAL/DENTAL SERVICES IN MEXICO

All employees and eligible dependents covered under Plan A PPO may now access medical and dental care in Mexico at **NO OUT-OF-POCKET COST** so long as only Pinnacle panel providers in Algodones, San Luis, Mexicali and Tijuana are used. There are no co-pays or deductibles, schedule your services today! Further, Plan A/B Kaiser participants with Plan A dental benefits may also access dental care in Mexico under this program. To access services, simply present your Pinnacle healthcare ID card and your picture ID with any of the medical or dental providers contracted by Pinnacle.

IF ANY COVERED EMPLOYEE OR DEPENDENT USES A MEDICAL OR DENTAL PROVIDER IN MEXICO OTHER THAN A PINNACLE PANEL PROVIDER THERE WILL BE NO COVERAGE UNDER THE PLAN AND THE PARTICIPANT WILL BE RESPONSIBLE FOR ALL BILLED CHARGES FROM THE SERVICE PROVIDER.

IMPORTANT - A separate plastic Pinnacle ID Card, which is NOT the black/white Anthem Blue Cross ID Card, must be presented to a Pinnacle medical/dental provider along with a pictured ID in order to receive covered services in Mexico. Further, the employee or dependent must be covered by the Plan at the time services are rendered.

Let Pinnacle take care of you, call Isabel Jaime at 760.355.3943, x 7343, or contact the Trust Office at x310.

BEST DOCTORS SAVES LIVES AND MONEY

The Best Doctors program is available to all Covered Persons in the Plan A PPO Plan and all Kaiser Plans (Plans A, B & C). As a reminder, under the PPO Plan there are certain incentives for participants who contact Best Doctors and complete the Inter-Consultation process. For Plan A PPO Covered Persons their calendar year deductible will be waived. Further, for services performed by and at a PPO Provider, all Eligible Expenses pertaining to the performance of any of the following elective surgical procedures will be paid at 100% (with no out-of-pocket cost) if a Best Doctors "Inter-Consultation" is completed **before** the procedure is performed: *back, hysterectomy, knee and hip replacement, obesity or bariatric, coronary artery by-pass graft, heart valve replacements, prostatectomy and lumpectomy/mastectomy.*

If you receive a recommendation for one of these specified elective surgeries from a physician, or any other significant surgical procedure or medical diagnosis, please **contact Best Doctors at 1-866-904-0910**. You may also call for a referral to an expert physician or to ask any type of medical related questions.

IMPORTANT - You must be covered under Plans A, B or C at the time in order to qualify to receive the Best Doctors services offered by the Plan, as well as when any of the above elective surgical procedures are performed, at no cost to the participant.

Please contact your claims examiner at the Trust Office (x-702) with any questions relative to this program.

Thank you.