

September 2019

Notice of Benefit Changes

The following changes to your benefits will take effect on **January 1, 2020**. Please keep this notice with your copy of the Plan's Summary Plan Description (SPD). For more information please refer to the SPD, available at www.sagafraplans.org/healthspd. Changes outlined in this notice include:

1. Coinsurance and out-of-pocket maximum changes
2. Annual increase in minimum requirements for eligibility
3. Prescription drug changes – Express Scripts SaveonSP program

How does this affect how I use benefits?

If you currently receive care from an out-of-network provider - either a physician, hospital, laboratory or other healthcare provider not in the Anthem network – you will pay more. We encourage you to select in-network providers only to ensure that you have the lowest copay and coinsurance. To find in-network providers, visit www.sagafraplans.org/docsearch. See #1 below for more information.

The new SaveonSP program can save you money on certain specialty drugs by utilizing manufacturer rebates that are currently in place. For more information, see #3 on page 3 of this notice.

How does this affect how I become eligible for benefits?

Beginning January 1, 2020 you will need to earn more to qualify for Plan I and Plan II. To qualify for Plan II using the number of days worked, you will need to work two additional days. For more information, see #2 on page 2 of this notice.

1. Coinsurance and Out-of-Pocket Maximum Changes

- The Plan's comprehensive out-of-pocket maximum for in-network services is set at the ACA-required levels. Effective January 1, 2020, it will increase from \$7,900/person; \$15,800/family to \$8,150/person; \$16,300/family.
- Further benefit changes are included in the table below:

Benefit	Plan	Current	New - Effective 1/1/2020
Professional (Medical) Out-of-Network Coinsurance	Plan I	70% of Plan's Allowance	60% of Plan's Allowance
	Plan II	60% of Plan's Allowance	50% of Plan's Allowance

Behavioral Health Out-of-Network Coinsurance	Plan I	70% of Plan's Allowance	70% of Plan's Allowance (same as current)
	Plan II	60% of Plan's Allowance	60% of Plan's Allowance (same as current)
Professional (Medical) Out-of-Network Out-of-Pocket Max	Plan I	\$2,500/person; \$5,000/family	\$5,000/person; \$10,000/family
	Plan II	\$3,000/person; \$6,000/family	\$6,000/person; \$12,000/family
Behavioral Health Out-of-Network Out-of-Pocket Max	Plan I	\$2,500/person; \$5,000/family	\$2,500/person; \$5,000/family (same as current)
	Plan II	\$3,000/person; \$6,000/family	\$3,000/person; \$6,000/family (same as current)
In-Network Hospital and Professional Out-of-Pocket Max (Including Behavioral Health)	Plan I	Hospital \$1,750/person; \$3,500/family Professional \$1,000/person; \$2,000/family	Combined Hospital & Professional \$2,750/person; \$5,500/family
	Plan II	Hospital \$2,000/person; \$4,000/family Professional \$1,200/person; \$2,400/family	Combined Hospital & Professional \$3,200/person; \$6,400/family

2. Eligibility Changes

Annual increase in minimum requirements for eligibility

Per page 9 of the SPD, the minimum requirements for earned eligibility will increase by 2% each year, with the exception of Plan II Age and Service earnings requirement, which increased by more than 2% in 2018 with no additional increases scheduled through 2020. For eligibility beginning on or after January 1, 2020, the minimum earnings thresholds will increase as follows:

Eligibility Type	Current Eligibility Requirements	For Eligibility Beginning on or after January 1, 2020
Plan I	\$34,330	\$35,020
Plan II	\$17,690	\$18,040
Plan II – Age and Service*	\$13,000	\$13,000
Plan II – Alternative Days	82 days	84 days

*Note: Although the Age and Service eligibility requirement is scheduled to remain at \$13,000 through 2020, the Plan reserves the right to amend the eligibility requirements at any time.

3. Prescription Drug Changes

The Plan will be enrolling in the Express Scripts SaveonSP program effective January 1, 2020. This program allows the Plan and its participants to take advantage of manufacturer rebates on specialty drugs. If you are taking a qualifying drug, you will be contacted by SaveonSP to enroll in the manufacturer rebate program. You will have no out-of-pocket cost for the drug. To implement this program, the Trustees adopted Utah as the Health Plan's benchmark state.

Here is some additional information about the program:

- The plan is implementing SaveonSP, a specialty pharmacy copay assistance program
- Certain specialty pharmacy drugs are considered non-essential health benefits under the plan and the cost of such drugs will not be applied toward satisfying the participant's out-of-pocket maximum. A list of non-essential specialty drugs will be provided once it becomes available
- Although the cost of the program drugs will not be applied towards satisfying a participant's out-of-pocket maximum, the cost of the program drugs will be reimbursed by the manufacturer at no cost to the participant
- Copays for certain specialty medications may be set to the max of the current plan design or any available manufacturer-funded copay assistance

Notice of Availability of HIPAA Privacy Notice

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires periodic reminders of your right to receive a copy of the Plan's HIPAA Privacy Notice. This notice explains how your private health insurance information is used by the Plan and your rights under HIPAA. You can find the Plan's HIPAA Privacy Notice on the Plan's website www.sagafttraplans.org or you may request a copy by contacting the Plan.

Women's Health and Cancer Rights Act of 1998 Annual Notice

As required by the Women's Health and Cancer Rights Act of 1998, the Health Plan provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). For more information contact the Plan.