



# 2024 Open Enrollment

October 15, 2023 through November 18, 2023

Dear Member,

This Open Enrollment period provides you with an opportunity to change your coverage options, effective January 1, 2024, under one of the specific Plan Levels described below as well as the opportunity to enroll or dis-enroll dependents under the Alaska Teamster-Employer Welfare Plan.

If you do not wish to make changes during this Open Enrollment period, your coverage will remain at the Plan Level you are currently enrolled in, unless you qualify for a Special Enrollment, your next opportunity to change your coverage designation will be during the next annual Open Enrollment period for coverage effective January 1, 2025. All enrollments and changes requested herein are subject to the specific terms and conditions described in the Plan's Summary Plan Description Booklet.

**Only on-time enrollments will be accepted. The last day to submit an Open Enrollment form or online enrollment changes is Saturday, November 18th, 2023.**

To make changes to your Plan Level online during this Open Enrollment period, simply go to [www.959trusts.com](http://www.959trusts.com) and select the Open Enrollment Link or you may submit an Open Enrollment Form to the Alaska Teamster-Employer Welfare Trust at 520 E 34<sup>th</sup> Ave., Suite 107 Anchorage, AK 99503.

If you have any questions regarding Open Enrollment, feel free to contact the Trust office at 907-751-9700 or toll free at 800-478-4450.

Sincerely,

ALASKA TEAMSTER-EMPLOYER  
WELFARE TRUST

## TABLE OF CONTENTS

<i>Employee Dollars Bank.....</i>	<i>2</i>
<i>BeneSys Now Mobile App .....</i>	<i>2</i>
<i>Transcarent Surgery Care. ....</i>	<i>3</i>
<i>Coalition Health Centers .....</i>	<i>3</i>
<i>Preferred Provider Hospitals .....</i>	<i>4</i>
<i>VSP Benefits .....</i>	<i>5</i>
<i>Where to Call.....</i>	<i>6</i>



## **Employee Dollars Bank**

Funds properly contributed to the Trust by an Employer pursuant to a Collective Bargaining Agreement or Written Agreement are credited to the Employee's Dollars Bank account. Funds in your Dollars Bank account are used solely to pay for the monthly cost for coverage under the Plan at your Plan Level.

In your Dollars Bank, you can accumulate and retain up to six times the monthly cost of the Plan Level in which you are enrolled. If you change Plan Levels, your maximum Dollars Bank amount will be adjusted at the time of that change.

An Active Employee who has met the initial eligibility requirements will be automatically enrolled in Employee-Only coverage. Enrollment of a spouse and/or children under the Employee-Plus or Family coverage levels requires a timely and properly completed enrollment form. Otherwise, the Eligible Employee will remain enrolled in Employee-Only coverage until a change at the Plan's next Open Enrollment or (if available) a change at Special Enrollment.

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### **How much is the Cost of each Plan Level?**

<i>Employee Only:</i>	<b><i>\$1,187.00 per month</i></b>
<i>Employee &amp; Spouse:</i>	<b><i>\$2,281.00 per month</i></b>
<i>Employee &amp; children:</i>	<b><i>\$1,882.00 per month</i></b>
<i>Employee, Spouse &amp; Children:</i>	<b><i>\$3,193.00 per month</i></b>

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## ***BeneSys Now***

The mobile app designed for easy access to your  
Health and Pension Plan info!



### **Eligibility & Medical ID Cards**

View dependent enrollment information.

Check current Eligibility status, as well as one year of history.

Access to an electron Medical ID card.

### **Pension**

See your Defined Benefit summary and pension detail by plan year, including your most recent calculated accrued benefit.

### **Claims Information \***

Track your family's annual deductibles.

Individual accumulator information for each family member.

Access 12 months of Explanation of Benefits (EOB).

*\*Family members age 18 and over must register individually.*

### **Contributions**

View your last 12 months of contributions.

BridgeHealth is now....

## Transcarent Surgery Care

**Need Surgery? With Transcarent Surgery Care, you pay \$0.**

Formerly known as BridgeHealth, Transcarent Surgery Care and the Alaska Teamster-Employer Welfare Trust are committed to providing you optimal care at a lower out-of-pocket cost. Surgery costs are covered at 100%. There is no deductible or coinsurance when you choose a Transcarent provider.

Surgery costs paid through Transcarent include:

- Preoperative surgeon appointment
- Surgery (all facility, anesthesia, surgical staff, and surgeon charges)
- In-patient services, if a hospital stay is required
- Postoperative surgeon appointment



Surgical procedures include Cardiac, General, Neurological, Orthopedic, Spine, Vascular and Women’s Health. Contact a Care Coordinator at [\(888\) 387-3909](tel:888-387-3909) for additional information.



# transcarent

## SURGERY CARE

### The Coalition Health Center – Now serving Teamsters at 3 great locations!

*The Coalition Health Centers welcome members of the Alaska Teamster-Employer Welfare Trust and their eligible dependents. Primary care providers at the Coalition Health Centers focus on injury and illness treatment, disease prevention, health promotion, patient education, wellness and preventative care including DOT physicals.*

*Contact the location nearest you to schedule an appointment today. Walk-ins welcome!*

*By Appointment: Mon—Fri 7:30 a.m.—6:30 p.m.  
Walk-in Appointments: Mon—Fri 8:30 a.m.—6:30 p.m.*

#### **ANCHORAGE**

710 East Tudor, Suite 120  
907-264-1370  
*Ages 5+*

#### **MAT-SU**

1700 East Bogard Road  
Building A, Suite 103  
907-206-4601  
*Ages 5+*

#### **FAIRBANKS**

570 Riverstone Way, Unit 3  
907-450-3300  
*Ages 2+*

## Frequently Asked Questions (FAQs)

**Q: What facilities are considered non-preferred facilities?**

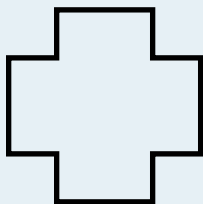
**A:** *There are several non-preferred provider facilities in the Anchorage area, including but not limited to Providence Hospital, Alaska Surgery Center, Alpine Surgery Center and Creekside Surgery Center to name a few. For more information, please call (907) 751-9700.*

**Q: My doctors are all on the Providence campus. Do I now have to find new doctors?**

**A:** *No. Most doctors have privileges at both hospitals so you should continue seeing your current doctor or doctors. If you need inpatient or outpatient care at a hospital, make sure your doctor schedules your stay at Alaska Regional or Mat-Su Regional.*

**Q: What about outside of Anchorage or services are unavailable at Alaska Regional and Mat-Su Regional?**

**A:** *If the services are not available at Alaska Regional or Mat-Su Regional or if a participant goes to a hospital that is located more than 75 miles from Alaska Regional or Mat-Su Regional, the reduced reimbursement rates and additional \$1,000 deductible will not apply. Covered expenses, in such cases, are payable at 80%; the Plan's normal reimbursement rate.*



## ***Preferred Provider Program—Hospitals in Alaska***

Covered Expenses at Anchorage's **Alaska Regional Hospital** and Palmer's **Mat-Su Regional Medical Center**, the Preferred Provider hospitals are payable at 80%.

If a participant goes to a hospital within a 75-mile radius of **Alaska Regional Hospital** and **Mat-Su Regional Medical Center** for inpatient services, the reimbursement rate will be 60% of the negotiated rate with Alaska Regional Hospital and Mat-Su Regional, and an additional \$1,000 deductible will apply to each scheduled non-preferred hospital admission.

If a participant goes to a hospital or outpatient facility within a 75-mile radius of **Alaska Regional Hospital** and **Mat-Su Regional Medical Center**, for outpatient services, the reimbursement rate will be 60%, after a 50% penalty reduction is applied.

The Preferred Provider Program applies to inpatient hospital services, outpatient hospital services, maternity care and surgical services. Remember that any coinsurance will not apply towards your annual Out-of-Pocket Limit.

**If you are traveling to Anchorage, the preferred hospital facility is Alaska Regional Hospital. If you are traveling to the Mat-Su region, the preferred hospital facility is Mat-Su Regional Medical Center.**

### **ALASKA REGIONAL HOSPITAL**

2801 Debarr Road  
Anchorage, AK  
www.alaskaregional.com  
(907) 276-1131

### **MAT-SU REGIONAL MEDICAL CENTER**

2500 S Woodworth Loop  
Palmer, AK  
www.matsuregional.com  
(907) 861-6000

# Your VSP Vision Benefits Summary

ALASKA TEAMSTER-EMPLOYER WELFARE TRUST and VSP provide you with an affordable vision plan.



YOUR COVERAGE WITH A VSP PROVIDER			
<b>WELLVISION EXAM</b>	Focuses on your eyes and overall well-ness	\$10	Every 12 months
<b>PRESCRIPTION GLASSES</b>		\$25	See frame and lenses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$170 featured frame brands</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
<b>CONTACTS (INSTEAD OF LENSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; co-pay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>PRIMARY EYECARE</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a Well Vision exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.</li> </ul>		As needed

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS		
<i>Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.</i>		
Exam.....up to \$50 Frame.....up to \$70 Single Vision Lenses...up to \$50	Lined Bifocal Lenses.....up to \$75 Lined Trifocal Lenses.....up to \$100	Progressive Lenses....up to \$80 Contacts.....up to \$105
Find a network provider in your area at <a href="http://www.vsp.com">www.vsp.com</a>		

INFORMATION NEEDED	WHERE TO CALL
<p><b>Eligibility Information</b>  <b>Enrollment Forms</b>  <b>Claims Information:</b>  <b>Life Insurance and AD&amp;D</b>  <b>Vacation Plan</b>  <b>Medical Plan</b>  <b>Prescription Drug Benefit</b>  <b>Dental Care Benefit</b>  <b>Time Loss Benefit</b></p>	<p><b><u>Trust Customer Service Office</u></b>  Alaska Teamster-Employer Welfare Trust  520 E. 34th Avenue Suite 107  Anchorage, AK 99503-4116  (907) 751-9700 or (800) 478-4450</p> <p>Trust Email Address:  <u><a href="mailto:benefits@959trusts.com">benefits@959trusts.com</a></u></p> <p>Website: <u><a href="http://www.959trusts.com">www.959trusts.com</a></u></p>
<p><b>Surgery Benefit Manager</b></p> <p>An enhancement program to the standard medical plan which provides access to a wide range of educational tools and resources.</p>	<p><b><u>Transcarent Surgery Care</u></b>  (formerly Bridge Health)  (888) 387-3909</p> <p>Website: <u><a href="http://www.member.transcarent.com">www.member.transcarent.com</a></u>  To register: click on <i>Plan Member Login</i>  Web Access Code: SLWMB</p>
<p><b>Prescription Drug Program Pharmaceutical Provider:</b></p> <p><b>Network Retail and Mail Order Pharmacy Program:</b></p>	<p><b>Costco Health Solutions</b>  Customer Care Services (877) 908-6024  Website: <u><a href="http://costcohealthsolutions.com">costcohealthsolutions.com</a></u></p> <p><b>Costco Mail Order Pharmacy</b>  (800) 607-6861  Website: <u><a href="http://pharmacy.costco.com">pharmacy.costco.com</a></u></p>
<p><b>Vision Care Benefit Information and Forms</b></p>	<p><b><u>Vision Service Plan</u></b>  P.O. Box 385018  Birmingham, AL 35238-0518  (800) 877-7195</p> <p>Website: <u><a href="http://www.vsp.com">www.vsp.com</a></u></p>