

Automotive Industries Welfare Fund

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To: All Direct Pay Plan Participants under the Automotive Industries Welfare Fund

From: Board of Trustees

This Participant Notice will provide you with a summary of your available preventive care benefits. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

PREVENTIVE CARE BENEFITS

The wellness/preventive services payable by the Fund are designed to comply with Health Reform regulations and the current recommendations of the United States Preventive Services Task Force (USPSTF), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC). The following websites (which are periodically updated by government agencies) list the types of covered preventive services for non-grandfathered medical plans like ours:

- <https://www.healthcare.gov/what-are-my-preventive-care-benefits>
- <http://www.uspreventiveservicestaskforce.org/BrowseRec/Index>,
- <http://www.hrsa.gov/womensguidelines/> and
- http://www.cdc.gov/vaccines/schedules/index.html?s_cid=cs_001

Since January 1, 2011, our Fund has implemented a comprehensive list of preventive care for all Participants in accordance with health reform. The original list of preventive services payable by our Plan has been expanding in accordance with updates from government agencies. We thought it would be helpful to provide you with a reminder of your covered preventive care benefits **currently covered**.

Preventive care services (that are required to be covered under Health Care Reform) **obtained from a PPO provider** are payable at 100% (no deductible, copay or coinsurance).

Most preventive services received from a Non-PPO provider are **not covered** (unless there is no PPO provider who can provide the service). **The only exceptions to this are payment by the Plan for non-PPO providers who perform these screening services: colonoscopy and sigmoidoscopy.** If a colonoscopy or sigmoidoscopy is performed at a Non-PPO facility and/or by a Non-PPO Physician, the screening service will be reimbursed at the normal Non-PPO allowance for your medical plan option.

Covered Preventive Services for Adults

- Abdominal Aortic Aneurysm one-time ultrasonography screening for men ages 65-75 who have ever smoked;
- Alcohol Misuse screening and counseling for adults age 18 and older. Clinicians to provide such screening and interventions to reduce alcohol misuse;
- Blood Pressure screening in adults age 18 and older. Blood pressure screening is not payable as a separate claim, as it is included in the payment for a physician/health care provider office visit;
- Cholesterol screening for men aged 35 and older; men aged 20-35 if they are at increased risk for coronary heart disease; and women ages 20 and older if they are at increased risk for coronary heart disease;
- Colorectal Cancer screening using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults beginning at age 50 and continuing until age 75. The Fund will not impose cost-sharing with respect to a polyp removal during a colonoscopy performed as a screening procedure;

- Colorectal Cancer screening using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults beginning at age 50 and continuing until age 75. The Fund will not impose cost-sharing with respect to a polyp removal during a colonoscopy performed as a screening procedure;
- Depression screening for adults;
- Type 2 Diabetes screening for asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg.;
- Diet counseling for adults at higher risk for chronic disease;
- HIV screening for all adolescents and adults ages 15 to 65 and for younger and older participants who are at higher risk;
- Obesity screening (including measurement of BMI) and intensive counseling and behavioral interventions to promote sustained weight loss for obese adults;
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk;
- Tobacco Use screening for all adults and cessation interventions for tobacco users. This includes screening for tobacco use; and for tobacco users, at least two tobacco cessation attempts per year. A “tobacco cessation attempt” includes coverage for **four (4) tobacco cessation counseling sessions** of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization. See the chart at the end of this announcement for coverage of FDA-approved tobacco cessation drugs; and
- Syphilis screening for all adults at increased risk of infection.
- Counseling for young adults to age 24 who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.
- Exercise or physical therapy to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.
- Effective January 1, 2015, screening for hepatitis C virus (HCV) infection in persons at high risk for infection and a one-time screening for HCV infection in adults born between 1945 and 1965.
- Effective January 1, 2015, annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack/year smoking history and currently smoke or have quit within the past 15 years.

See also the coverage for certain over the counter drugs later in this document.

Covered Preventive Services for Women, Including Pregnant Women

- Well woman office visits for women ages 21 to 64, for the delivery of required preventive services;
- Anemia screening (iron deficiency) on a routine basis for asymptomatic pregnant women;
- Bacteriuria screening for pregnant women. Screening for asymptomatic bacteriuria with urine culture for pregnant women is payable at 12 to 16 weeks’ gestation or at the first prenatal visit, if later;
- BRCA counseling about genetic testing for women at higher risk. Women whose family history is associated with an increased risk will receive a referral for counseling. The Fund will also cover BRCA 1 or 2 genetic tests without cost-sharing (at a PPO provider) if appropriate as determined by the woman’s health care provider;
- Breast cancer screening mammography for women with or without clinical breast examination and with or without diagnosis, every year for women aged 40 and older;
- Breast cancer chemoprevention counseling for women at higher risk. The Fund will pay for counseling by physicians with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention, to discuss the risks and benefits of chemoprevention. In addition, beginning on January 1, 2015, for women at increased risk for breast cancer and at low risk for adverse medication effects, risk-reducing medications such as tamoxifene or raloxifene will be covered;
- Breastfeeding counseling: Comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment. The Fund may pay for purchase of breastfeeding equipment instead of rental, if deemed appropriate by the Administrative Office;
- Cervical cancer screening for sexually active women ages 21-65 once every 3 years;
- Human papillomavirus (HPV) testing for women ages 30 and older with normal Pap smear results, once every three years as part of a well woman visit;

- Chlamydia Infection screening for all sexually active non-pregnant young women aged 24 and younger, and for older non-pregnant women who are at increased risk, as part of a well woman visit. For all pregnant women aged 24 and younger, and for older pregnant women at increased risk, chlamydia infection screening is covered as part of the prenatal visit;
- FDA-approved contraceptives methods, sterilization procedures, and patient education and counseling for women of reproductive capacity. FDA-approved contraceptive methods, include barrier methods, hormonal methods, and implanted devices, as well as patient education and counseling, as prescribed by a health care provider. The Fund will cover a generic drug without cost sharing (and a brand drug if a generic is medically inappropriate). Services related to follow-up and management of side effects, counseling for continued adherence, and device removal are also covered without cost sharing. Folic acid supplements for women who are planning or capable of pregnancy are covered (see chart outlining coverage of over-the-counter drugs);
- Gonorrhea screening for all sexually active women, including those who are pregnant, if they are at increased risk for infection provided as part of a well woman visit. The Fund will pay for the most cost-effective test methodology only;
- Counseling for sexually transmitted infections, once per year as part of a well woman visit;
- Counseling and screening for HIV, once per year as part of a well woman visit, and for pregnant women, including those who present in labor who are untested and whose HIV status is not known;
- Hepatitis B screening for pregnant women at their first prenatal visit;
- Osteoporosis screening for women age 65 and older (younger women will be eligible for screening if their risk of fracture is equal to or greater than that of a 65-year old woman). The Fund will pay for the most cost-effective test methodology only;
- Rh Incompatibility screening for all pregnant women during their first visit for pregnancy related care, and follow-up testing for all unsensitized Rh (D) negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D) negative;
- Screening for gestational diabetes in asymptomatic pregnant women between 24 and 28 weeks' gestation and at the first prenatal visit for pregnant women identified to be at risk for diabetes;
- Tobacco Use screening and interventions for all women, as part of a well woman visit, and expanded counseling for pregnant tobacco users;
- Syphilis screening for all pregnant women or other women at increased risk, as part of a well woman visit;
- Screening and counseling for interpersonal and domestic violence, as part of a well woman visit;

Covered Preventive Services for Children

- Well baby and well child visits from ages newborn through 21 years as recommended for pediatric preventive health care by "Bright Futures/American Academy of Pediatrics." Visits will include the following age-appropriate screenings and assessments: Developmental screening for children under age 3, and surveillance throughout childhood, behavioral assessments for children of all ages, medical history, blood pressure screening, depression screening for adolescents ages 11 and older, vision screening, hearing screening, height, weight and body mass index measurements for children, autism screening for children at 18 and 24 months, alcohol and drug use assessments for adolescents, critical congenital heart defect screening in newborns, hematocrit or hemoglobin screening for children, lead screening for children at risk of exposure, tuberculin testing for children at higher risk of tuberculosis, dyslipidemia screening for children at higher risk of lipid disorders, sexually transmitted infection (STI) screening and counseling for sexually active adolescents, cervical dysplasia screening at age 21 and an oral health risk assessment;
- Newborn screening tests recommended by the Advisory Committee on Heritable Disorders in Newborns and Children (such as hypothyroidism screening for newborns and sickle cell screening for newborns);
- Prophylactic ocular topical medication for all newborns for the prevention of gonorrhea;
- Screening for oral fluoride supplementation at currently recommended doses (based on local water supplies) to preschool children older than 6 months of age whose primary water source is deficient in fluoride;
- Screening for iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia;

- Obesity screening for children aged 6 years and older, and counseling or referral to comprehensive, intensive behavioral interventions to promote improvement in weight status; and
- HIV screening for adolescents ages 15 and older and for younger adolescents at increased risk of infection.
- Counseling for children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.***
- Effective January 1, 2015, interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.

Immunizations

Routine immunizations are covered for participants and dependents who meet the age and gender requirements and who meet the CDC medical criteria for recommendation:

- Immunization vaccines for adults including diphtheria/tetanus/pertussis, measles/mumps/rubella (MMR), influenza, human papillomavirus (HPV), pneumococcal (polysaccharide), zoster, hepatitis A, hepatitis B, meningococcal and varicella.
- Immunization vaccines for children from birth to age 18 including hepatitis B, rotavirus, diphtheria, tetanus, pertussis, haemophilus influenzae type b, pneumococcal, inactivated poliovirus, influenza, measles, mumps, rubella, varicella, hepatitis A, meningococcal, human papillomavirus (HPV)

Office Visit Coverage

When both preventive services and diagnostic or therapeutic services occur at the same visit, you pay the cost share (e.g. copay, coinsurance and deductible) for the diagnostic or therapeutic services but not for the preventive services. When a preventive visit turns into a diagnostic or therapeutic service in the same visit, then cost-sharing (e.g. copay, coinsurance and deductible) will apply to the diagnostic or therapeutic services provided.

For example, if a person has a cholesterol screening test during an office visit, and the doctor bills for the office visit and separately for the lab work associated with the cholesterol screening test, the Fund will charge a copayment for the office visit but not for the lab work. If a person sees a doctor to discuss recurring abdominal pain and has a blood pressure screening during that visit, the Plan will charge a copayment for the office visit because the blood pressure check was not the primary purpose of the office visit.

Well child annual physical exams recommended in the Bright Futures Recommendations are treated as preventive services and paid at 100%.

Coverage of Certain Over-the-Counter (OTC) Drugs

In accordance with Health Reform, **certain over-the-counter (OTC) drugs** are payable with no cost sharing when prescribed by a Physician or Health Care Practitioner. **For an over-the-counter drug to be covered by the Fund, the drug must be:**

1. obtained through the outpatient Prescription Drug Program at a **participating network retail pharmacy** and
2. presented to the pharmacist **with a prescription for the OTC drug from your Physician or Health Care Practitioner.**

(Note that while these OTC drugs require a prescription, certain types of insulin are payable by the Fund without a prescription).

OTC Drug Name *	Who Is Covered for this Drug?	Payment Parameters for Generic OTC Drugs
Aspirin	Generic aspirin products are covered for both men (ages 45-79) and women (ages 55 to 79).	Since dosage is not established by USPSTF, plan covers up to one bottle of generic 100 tablets every 3 months
OTC Contraceptives for females, such as spermicidal products and sponges.	All females	Generic FDA approved contraceptives are no cost. Brand contraceptives are payable only if a generic alternative is medically inappropriate.
Folic acid supplements containing 0.4 - 0.8mg of folic acid	All females planning or capable of pregnancy should take a daily folic acid supplement.	Since dosage is not established by USPSTF, plan covers up to one bottle of 100 tablets every 3 months

OTC Drug Name *	Who Is Covered for this Drug?	Payment Parameters for Generic OTC Drugs
Iron supplements	For children ages 6-12 months who are at increased risk for iron deficiency.	OTC coverage excludes intravenous iron products and bulk iron products.
Vitamin D supplements	For adults age 65 and older who are at increased risk for falling.	Since dosage is not established by USPSTF, plan covers up to one bottle of 100 tablets every 3 months
Tobacco cessation products	Individuals who use tobacco products.	Two 12-week courses of treatment per year, which applies to all products.
Fluoride supplements	For preschool children older than age 6 months when recommended by provider because primary water source is deficient in fluoride.	Plan covers generic versions of dietary fluoride supplements (tablets, drops or lozenges) available only by prescription for children to age 6 years.
Preparation "prep" Products for a Colon Cancer Screening Test	For individuals receiving a preventive colon cancer screening test	Plan covers the over-the-counter or prescription strength products prescribed by a physician as preparation for a covered preventive colon cancer screening test, such as a colonoscopy.
Breast cancer medications for risk reduction for primary breast cancer in women effective January 1, 2015	Women who are at increased risk of breast cancer	Fund covers risk-reducing medications, such as tamoxifen or raloxifene.

*Where the information in this document conflicts with newly released Health Reform regulations affecting the coverage of OTC drugs, this Fund will comply with the new requirements on the date required.



Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions, you may call the Fund Office at (800) 635-3105.

Sincerely,

Board of Trustees

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding this Plan change, please contact the Fund Office.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. .

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