



Thank you for your continued support of Associated Employers Trust (AET).

Effective July 2010, the AET is implementing a new product portfolio aimed at providing more options and improved rating for its member companies and prospects.

Please review this document carefully to learn about the changes in products and business rules beginning July 2010.

The requirements to process renewals remain unchanged. To ensure that eligibility is active on the renewal date, please complete the AET Group Master Application and return it to Wells Fargo Insurance Services by the 15th of the month prior to the effective date.

Groups whose renewals are not received by the third Friday of the month prior to the effective date will be terminated and will cause coverage disruption if the renewal is received after that date.

INCLUDED IN THIS BULLETIN:

- **Summary of Medical and Prescription drug benefits renewal changes.**
- **Summary of Dental benefits renewal changes.**
- **Summary of Vision benefits renewal changes.**
- **Summary of Life and Disability benefits renewal changes.**
- **Wellness Program.**
- **Renewal Submission Requirements.**
- **New group Submission Requirements (IMPORTANT CHANGES).**
- **Associated Industries Third-Party Administration Updates and Changes.**
- **Updated AET Contact Information.**
- **Links to important AET 2010 Forms.**

AET SUCCESSES 2008-PRESENT

- **SURPASSED 10,000 MEMBERS IN 2009**
- **NEARLY 400 MEMBER COMPANIES STATE-WIDE**
- **JUNE 2008-JANUARY 2010 LARGEST SALES VOLUME FOR AET THAN ANY OTHER TIME**
- **40% OF MEMBER COMPANIES ELECT AET'S WASHINGTON DENTAL SERVICES DENTAL COVERAGE ALONG WITH MEDICAL PLAN.**
- **40% OF MEMBER COMPANIES ELECT AET'S VISION SERVICE PLAN HARDWARE COVERAGE ALONG WITH MEDICAL PLAN.**



MEDICAL AND PRESCRIPTION DRUG BENEFITS RENEWAL

UNITEDHEALTHCARE

July 2010 plan year changes are as follows:

New “Module” Benefit Plan Structure Replaces Existing Plans.

Choice Plus APEX- Current \$250, \$500, \$750, \$1000-80% and \$1500-80% deductible Choice Plus plans with minor changes.

Choice Plus CORE- New \$750, \$1000, \$1500, \$2000 and \$2500 deductible Choice Plus plans with more benefit limits and maximums than APEX plans.

Choice Plus FOUNDATION- New \$1500, \$2000, \$2500 deductible and 50%/50% Choice Plus plans with more benefit limits and maximums than APEX and CORE plans.

Consumer Driven High Deductible Plans- Current HSA and HRA plans with minor changes.

What can I do at **myuhc.com?**

- Find a doctor.
- Track my blood pressure.
- Find a great hospital.
- Track my weight.
- Look up my claims.
- Improve my health.
- Order my prescriptions online – and save.
- Chat with a nurse.
- Simplify my life.
- Learn about diabetes.
- Save money on services.
- Stay healthy.
- Replace my ID card.
- Record my health history.
- Keep track of my family's medical history.
- Estimate costs ahead of time.
- Embrace wellness.
- See my benefits.
- Keep track of my shots.
- And much, much more.

It all adds up to
peace of mind.



AET RENEWAL BULLETIN

FOR PRODUCERS & CONSULTANTS



JULY 2010

MEDICAL AND PRESCRIPTION DRUG BENEFITS RENEWAL CONTINUED

UNITEDHEALTHCARE

MODULE BENEFIT DIFFERENCES

Benefit Category	APEX	CORE	FOUNDATION
Deductible	Family 2x Individual	Family 3x Individual	Family 3x Individual
Out of pocket Maximum	Family 2x Individual	Family 3x Individual	Family 3x Individual
Non-Network Coinsurance	40% or 50%	50%	50%
Durable Medical Equipment	Limited to \$7,500 PCY.	Limited to \$5,000 PCY.	Limited to \$2,500 PCY.
Emergency Room Services	Subject to \$150 copay not subject to Ded/Coins for plans with an ER copay.	Subject to \$200 copay and network coinsurance. Deductible waived. Copay waived if member is admitted into the hospital.	Subject to \$250 copay and network coinsurance for plans with an ER copay. Deductible waived. Copay waived if member is admitted into the hospital.
Hearing Aids	Limited to \$5,000 per year.	Limited to \$5,000 per year.	Limited to \$2,500 per year.
Inpatient Hospital	Subject to Ded/Coins	\$250 per occurrence deductible (POD) in addition to annual Ded/Coins. POD will accumulate to the out of pocket maximum	\$300 per occurrence deductible (POD) in addition to annual Ded/Coins. POD will NOT accumulate to the out of pocket maximum
Minor Lab and X-ray	Choice Plus/HRA: Minor lab/x-ray performed during an office visit will be included in the OV copay HSA: Subject to Ded/Coins	Preventive Care: Minor lab/x-ray performed during a preventive care visit will be covered by the OV copay. Physicians Office Visit: Minor lab/x-ray performed during an office visit will be covered at Ded/Coins NOT by the OV copay.	Preventive Care: Minor lab/x-ray performed during a preventive care visit will be covered by the OV copay. Physicians Office Visit: Minor lab/x-ray performed during an office visit will be covered at Ded/c\Coins NOT by the OV copay.
Outpatient Rehab Services	Choice Plus: Includes 20 visits of Massage Therapy PCY HSA/HRA: Includes Massage Therapy and subject all therapy classes to a combined 45 visits PCY. Chiro is excluded from the combined 45 visit limit.	Includes Massage Therapy and subject all therapy classes to a combined 30 visit limit PCY. Chiro is excluded from the combined 30 visit limit.	Includes Massage Therapy and subject all therapy classes to a combined 20 visit limit PCY. Chiro is excluded from the combined 20 visit limit.
Outpatient Rehab Services - Chiropractic Services	Choice Plus: Limit to 24 visits PCY HSA/HRA: Limit to 18 visits per year	Limit to 18 visits PCY	Limit to 12 visits PCY
Prosthetics	Limited to \$7,500 PCY.	Limited to \$5,000 PCY.	Limited to \$2,500 PCY.
Vision Exam	Limit to one exam PCY	Limit to one exam every 3 years and cover at Ded/Coins	Limit to one exam every 3 years and cover at Ded/Coins

Program Management Provided by Wells Fargo Insurance Services, USA

600 Union Street, Suite 1300 Seattle, WA 98101 | aet.ins@wellsfargo.com | www.aetbenefits.com



MEDICAL AND PRESCRIPTION DRUG BENEFITS RENEWAL CONTINUED UNITEDHEALTHCARE

OTHER PLAN CHANGES: FEDERAL & STATE MANDATED CHANGES

Medical Plan Required Changes

This document is intended to highlight changes in benefits and should not be relied upon to fully determine coverage. If this document conflicts in any way with the plan documents, i.e., the Certificate of Coverage (COC) including Schedule of Benefits and Benefit Summary, the plan documents shall prevail. For a copy of plan documents, please refer to www.myuhc.com.

Federal Mandated Changes effective January 1, 2010					
Description	Bill #	Documents Impacted	Minimum Requirement	Current Benefit	New Benefit
Chemical Dependency Services – Inpatient and Intermediate	Federal Mental Health Parity	<ul style="list-style-type: none"> • Certificate of Coverage • Schedule of Benefits • Benefit Summary 	<ul style="list-style-type: none"> • Coverage substance use at the same level as any other inpatient or outpatient benefit. • Applies to groups of 51 or more employees. 	Benefit covered at a copayment or coinsurance and is limited to \$14,500 during any consecutive 24 months.	Benefit maximum eliminated for all groups
Chemical Dependency Services – Outpatient	Federal Mental Health Parity	<ul style="list-style-type: none"> • Certificate of Coverage • Schedule of Benefits • Benefit Summary 	<ul style="list-style-type: none"> • Coverage substance use at the same level as any other inpatient or outpatient benefit. • Applies to groups of 51 or more employees. 	Benefit covered at a copayment or coinsurance and is limited to \$14,500 during any consecutive 24 months.	Benefit maximum eliminated for all groups
Hearing Aid	Americans with Disability Act	<ul style="list-style-type: none"> • Certificate of Coverage • Schedule of Benefits • Benefit Summary 	<ul style="list-style-type: none"> • Coverage of hearing aids for groups of 15 or more employees • Offering of hearing aids for groups of 2-14 employees 	Excluded	<ul style="list-style-type: none"> • New category and benefit for coverage of Hearing Aids for all groups. • Benefit subject to coinsurance and is limited to the dollar maximum listed in the Certificate of Coverage
Mental Health Services – Inpatient and Intermediate	Federal Mental Health Parity	<ul style="list-style-type: none"> • Certificate of Coverage • Schedule of Benefits • Benefit Summary 	<ul style="list-style-type: none"> • Coverage mental health at the same level as any other inpatient or outpatient benefit. • Applies to groups of 51 or more employees. 	Benefit covered at a copayment or coinsurance	No change in benefit category
Mental Health Services – Outpatient	Federal Mental Health Parity	<ul style="list-style-type: none"> • Certificate of Coverage • Schedule of Benefits • Benefit Summary 	<ul style="list-style-type: none"> • Coverage mental health at the same level as any other inpatient or outpatient benefit. • Applies to groups of 51 or more employees. 	Benefit covered at a copayment or coinsurance	No change in benefit category
State Mandated Changes effective January 1, 2010					
Description	Bill #	Documents Impacted	Minimum Requirement	Current Benefit	New Benefit
Organ Transplant	SB 5725	<ul style="list-style-type: none"> • Certificate of Coverage • Schedule of Benefits • Benefit Summary 	Benefit cannot include a separate lifetime limit on transplants that are less than \$350,000	Non-network benefits are limited to \$30,000 per transplant	Non-network benefit maximum increased to \$350,000 per lifetime



DENTAL BENEFITS RENEWAL

WASHINGTON DENTAL SERVICES

Over the past 5 years AET has consistently delivered single digit rate increases. This year the rate increase is 0%. Benefit changes that have a minimal impact on our members.

2010 plan changes are as follows:

- Incentive Plans with the \$1,000 and \$2,000 annual maximums (0154-1 & 0154-2):
 - The AET is changing the Incentive plans from the Delta Dental Premier Network to the Delta Dental PPO network.
 - Most members on the current Premier Incentive Plans are already seeking care from a PPO dentist who is also a Premier dentist. There is nothing they need to do.
 - Some Members are currently seeing Premier dentists who are not PPO dentists.
 - How this impacts your clients:
 - To realize the best savings when using their dental benefits, members should seek care from a WDS contracted PPO dentist.
 - \$50 Deductible is waived on Class 1, Class 2 and Class 3.
 - Benefits paid at the same coinsurance level as they were in 2009.
 - Provider services are paid at the PPO contracted schedule. Members' plan maximums will last longer.
 - Members who do not seek care from a PPO dentist will see their benefits remain the same.
 - Subject to the \$50 Deductible on Class 2 and Class 3.
 - Benefits paid at the same coinsurance level as they were in 2009.
 - Provider services paid at the Premier contracted schedule. Members' plan maximums will not go as far as if they saw a PPO dentist.
- 100%/80%/50% PPO Plans with the \$1,000 and \$2,000 annual maximums (0155-1 & 0155-2):
 - No changes to these plans have been made.
- Orthodontia Rider for Adults and Dependent Children or Children Only
 - No changes to these riders have been made.

IF YOUR CLIENT DOES NOT HAVE DENTAL BENEFITS WITH AET, PLEASE REVIEW THE DENTAL RATES INCLUDED WITH THE RENEWAL CAREFULLY.



VISION HARDWARE BENEFITS RENEWAL

VISION SERVICES PLAN

VISION RATES AND BENEFITS REMAIN UNCHANGED IN 2010.

- Vision rates in the 2009 plan year were reduced by 20%.
- There is a 0% increase to the rate for the 2010 plan year.
- Take advantage of the low vision hardware rates that AET has to offer.
- **There are no changes to the vision hardware benefits through VSP.**

IF YOUR CLIENT DOES NOT HAVE VISION HARDWARE BENEFITS WITH AET, PLEASE REVIEW THE VISION RATES INCLUDED WITH THE RENEWAL CAREFULLY.

AET WELLNESS PROGRAM

ASSOCIATED EMPLOYERS TRUST

WARNING: Groups must submit their renewal or new group paperwork by the 15th of the month prior to their effective date. If paperwork is received after that date, they will not be able to participate in the wellness program the first month of their plan year. They will be required to wait until the next month to begin the program.

Participation in the 2009 Your Health Counts Wellness Program was a huge success. Many companies met the requirements of the program and realized significant health premium savings.

Don't miss your opportunity in 2010.

All groups are eligible. If your clients didn't meet the program requirements in 2009, they have another chance in 2010. If your client did and realized premium savings, they can increase their savings even more by participating again.

There are no changes to the wellness program. The familiarity of the program should help increase the success rate in 2010.

Even if your client participated in the program last year, it is still beneficial for them to continue with the program in 2010. Risk factors may change, this can help to stay ahead of the game and improve the health and wellness of your clients' employees.

LIFE, AD&D AND DISABILITY BENEFITS RENEWAL

UNITEDHEALTHCARE SPECIALTY BENEFITS

AET transitioned all life and disability products to Unimerica effective August 1, 2008. In an effort to align all lines of coverage renewals, we have extended rates through the 2010 plan year. The GMA requires that you indicate the life and disability benefits your client wishes to renew with.

SPECIAL NOTE: Groups effective December 1st, 2007 and prior must include the base Short-term Disability benefit (\$1.16 per employee). The Short-term Disability benefit is compulsory for groups effective December 1st, 2007 and prior. The rate is now unbundled from the medical price tag. Therefore, it will now appear as a separate line item on the 2010 renewal proposal and the billing statement from AET.

We encourage you to review the new life and disability options available.



JULY 2010

AET RENEWAL SUBMISSION REQUIREMENTS

WELLS FARGO INSURANCE SERVICES, USA

Renewal materials are due no later than the 3rd Friday of the month prior to the effective date. Please read the AET Wellness Program Section of this document for deadlines to participate in the first month of the group's renewal period.

Please submit renewal materials to:

Preferred Method: Email
programservices@wellsfargo.com

Or

Wells Fargo Insurance Services
ATTN: AET TEAM
601 Union Street, Suite 1300
Seattle, WA 98101

The following materials are required to process a renewal:

- Completed 2010 Group Master Application**
- For groups moving from single choice to dual choice:**
 - o Enrollment and change forms for employees moving to the new plan.
 - o No enrollment and change forms required for employees remaining on the in-force plan.

AET NEW GROUP SUBMISSION REQUIREMENTS

WELLS FARGO INSURANCE SERVICES, USA

New groups are required to be delivered to your assigned UnitedHealthcare Sales Representative by the 15th of the month prior to the effective date to ensure eligibility is loaded on the carriers' systems prior to the first of the month effective date. Groups wanting to participate in the Wellness Program must submit materials by the 10th of the month prior to be able to participate in the program the first month of their effective date.

IMPORTANT NEW GROUP SUBMISSION CHANGE IN 2010: GROUPS ELECTING 100% PARTICIPATION NEW PROCESS - NO EXCEPTIONS WILL BE MADE.

- For all groups indicating 100% participation of eligible employees, a copy (all pages, including grand totals) of the most recent state Quarterly Wage and Tax Report (QWR)/Form 5208 is required for all sold groups, unless eligible to submit payroll records as stated below.
- Employer must indicate employment or eligibility status for each employee listed on the submitted Form 5208: A (any employee submitting an Application), W (Waiving), P/T (Part-Time), T (Terminated/including termination date), S (Seasonal), and WP (Waiting Period).

PLEASE REFER TO THE NEW GROUP SUBMISSION CHECKLIST FOR FURTHER DETAILS.

Required materials must be submitted complete and include all of the information listed on the new group submission checklist (no partial submissions will be accepted).



THIRD-PARTY ADMINISTRATOR UPDATES AND CHANGES

ASSOCIATED INDUSTRIES ADMINISTRATIVE SERVICES

AET Provides COBRA Administration Services Free of Charge for all AET Member Companies.

AET Member Companies that qualify for COBRA per the federal law are administered by Associated Industries free of charge. There is no set up application, process or fees for this added service.

Third-party COBRA Administration Updates and Changes

Employer groups have the option to waive out of the default AET COBRA Administrative Services. To waive out of AET COBRA Administrative Services, employer groups must complete the Voluntary Waiver of AET COBRA Administrative Services. Please refer to the Third-party COBRA Administrator Requirements Document for more details.

Once the Voluntary Waiver of AET COBRA Administrative Services has been received, AET will provide plan information and rates directly to the assigned Third-party COBRA Administrator through the AET COBRA Employer Specification Worksheet.

All communications, enrollment updates, eligibility changes and premium payment must be directed to Associated Employers Trust only. Change requests or payments made directly to the carriers will delay enrollment and cause disruption in COBRA beneficiaries' coverage.

COBRA Election

When notified by the employer, member terminations will be processed by AET (no notifications or forms will be sent to the termed employee by AET). AET [COBRA Enrollment Forms](#) must be sent by the Third-party COBRA Administrator to the termed employee (No alternate forms can be accepted).

Please submit completed COBRA Enrollment Forms in an accurate and timely fashion. Copies of the COBRA election forms must be sent to Michelle at the address indicated on the Contact Sheet found on the web. AET will ensure enrollment information is forwarded to the appropriate carrier(s).

Open Enrollment

When employer groups renew, the AET will provide the Third-party COBRA Administrator an updated AET COBRA Employer Specification Worksheet. In the event new plan selections are required, the [COBRA Enrollment Forms](#) must be submitted to the AET in a timely manner.

Monthly Premium Payment

The AET will bill the Third-party COBRA Administrator directly for COBRA beneficiaries. Invoices will be provided to the Third-party COBRA Administrator, listing all active COBRA participants and the premium due. The invoice is generated the third Friday of the month for the next coverage month. Should there be any questions on the invoice, contact Michelle Walczak.

In the event premium payment is not received by AET by the due date, coverage will be terminated and notice will be sent to the Third-party COBRA Administrator. No reinstatements will be allowed after the third

AET ANNOUNCES NEW BILLING PROCEDURES

AET instituted some important invoicing changes intended to provide a more efficient billing system, bringing their procedures up to industry standards, and making the invoice easier to read.

Effective January 1, 2010, payment is due the first of the month as indicated on the Group Master Application. There will, however, be a 10-day grace period.

If payment is not received by the end of the month due, coverage will be terminated retroactive to the first of the month. Any claims incurred by an employee will then be the employee's responsibility.

Other procedure changes include the following:

- A reasonable late fee of 12% per annum will be charged for payments not received by the 10th of the month due. This fee will be implemented upon your 2010 renewal.
- A \$30 fee will be charged for NSF checks. Replacement funds must be paid by Cashier's Check within 10 business days of notice.

To make submitting your payments easier, an ACH payment option is now available.

Call AET for additional information
509.326.6892 or 800.274.5309

AET RENEWAL BULLETIN

FOR PRODUCERS & CONSULTANTS



JULY 2010

AET CONTACT INFORMATION

WELLS FARGO INSURANCE SERVICES, USA

For any questions or if you are submitting competitive quote information, please contact your assigned WFIS Program Manager.

Paul Baker

Paul.baker@wellsfargo.com
206.892.9573

For any other daily business with the AET, please refer to the 2010 contact sheet on the web at www.aetbenefits.com.

AET LINKS TO IMPORTANT 2010 FORMS

WELLS FARGO INSURANCE SERVICES, USA

www.aetbenefits.com

Group Master Application
Health Risk Questionnaire
Enrollment and Change Form

July 2010 Forms Library

THANK YOU VERY MUCH FOR YOUR CONTINUED PARTNERSHIP WITH THE AET.

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