

# ***SEAFARERS HEALTH AND BENEFITS PLAN***

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Dear Plan Level S Participant:

The Trustees of the Seafarers Health and Benefits Plan are pleased to announce that Plan Level S participants will be covered under our new Network Services Provider, CIGNA HealthCare effective July 1, 2007.

As stated in various LOG articles and other communications to Plan participants, the Seafarers Health and Benefits Plan (SHBP), under the direction of its Trustees, continuously evaluates methods of reducing costs, without placing any additional burden on our participants.

The Trustees completed an exhaustive search to improve network access, enhance access to state-of-the-art programs and ensure that quality service would be provided to participants. At the same time, it was critical that the network provider be able to provide greater network discounts and care management savings to ensure the Plan's fiscal integrity during these times that continue to challenge Benefit Plans throughout the country.

**This change to CIGNA is a very positive one for the participants and the Plan. It is anticipated that this network arrangement will reduce costs for the participant as well as the Plan.** CIGNA Healthcare's network of providers and hospitals is quite extensive. Eligible participants, as defined in the Rules and Regulations of the Plan, who use a provider or hospital within the CIGNA HealthCare Network, will incur no balance billing after their deductible and co-pays have been met; however, claims will still continue to be processed and paid in accordance with the Rules and Regulations of the Plan. If you use a network provider or participating hospital, in addition to the cost savings, you would not have to deal with paperwork because network doctors and hospitals will file your claims for you.

If your provider or facility is not in the CIGNA HealthCare network, then your claims will be processed and paid as out-of-network claims, in accordance with the Rules and Regulations of the Plan. Out-of-network claims are processed and paid at a reasonable and customary rate so you would not be able to take advantage of the network's discount arrangements with providers, and may result in a balance bill to you.

## **Additional Benefit Changes**

In accordance with bringing Plan Level S participants under this network, benefits were reviewed and some additional changes were made to this Plan effective July 1, 2007. Benefits that were previously payable at 66.7% of reasonable and customary will now be paid at **70% of the network allowed amount**. If you incur a claim out-of-network, it will be paid at 65% of reasonable and customary cost. Benefits payable under this section include:

- Surgery
- Visits by doctors while in the hospital
- Outpatient visits at the doctor's office

- Outpatient diagnostic tests and x-rays
- Maternity benefit for childbirth services. Your newborn child is not covered by the Plan.

Benefits that were previously payable at 100% of the reasonable and customary cost will now be paid at **100% of the network allowed amount**. If you incur a claim out-of-network, it will be paid at 70% of reasonable and customary cost. Benefits payable under this section include:

- Hospital room and board
- Hospital Extras
- Intensive Care Units
- Emergency Room treatment

### **Intensive Care Units**

Intensive Care Units, cardiac care units, burn units, and other special care units shall be paid at **100% of the charges allowed by the network (for in-network providers) for up to 15 days**. Beginning with the 16<sup>th</sup> day, confinements are covered in the same way as hospital room and board at a semi-private room rate. Benefits payable for all hospital expenses are limited to 31 days maximum or \$50,000 per hospitalization, whichever is reached first.

Intensive Care Units, cardiac care units, burn units, and other special care units shall be paid at **70% of the reasonable and customary charges for out-of-network providers for up to 15 days**. Beginning with the 16<sup>th</sup> day, confinements are covered in the same way as hospital room and board at a semi-private room rate. Benefits payable for all hospital expenses are limited to 31 days maximum or \$50,000 per hospitalization, whichever is reached first.

### **Emergency Room Treatment**

The Plan will pay toward the cost of emergency treatment at **100% of the charges allowed by the network (for in-network providers) and 70% of the reasonable and customary charges for out-of-network providers**. Emergency treatment is service that is needed immediately because of an accidental injury or a sudden unexpected illness requiring urgent medical attention. **If you receive emergency treatment for an illness that does not result in a hospital admission, you are responsible for paying the first \$300 in charges**. The Plan may deny payment for emergency treatment where a medical emergency did not exist.

### **Elective Abortion**

The Plan will pay toward the cost of an elective abortion. If you choose to have an abortion, and it is not medically necessary, the Plan will pay for no more than one such abortion during a 12-month period, up to a maximum of \$300, including all related charges. If an abortion is needed to preserve the health of the mother, the Plan will pay in the same way as for any other medical condition.

## **CIGNA HealthCare Network – Extensive Network Access**

The CIGNA program has in and out-of-network benefits. Under the CIGNA network, you do not need a referral to see a specialist and you do not need to select a Primary Care Physician.

Effective June 1, 2007, you can contact CIGNA at a special Seafarers' pre-enrollment number, 1-800-564-7642, to determine if your provider is in the CIGNA network. **Important Note: This phone number is only active from June 1 through June 30, 2007.** After July 1, 2007, you will contact CareAllies (subsidiary of CIGNA) at 1-800-768-4695 to obtain provider information.

You may also visit the CIGNA HealthCare website at: [www.cigna.com/SA-PPO2](http://www.cigna.com/SA-PPO2) to determine if your provider is in the CIGNA network. **Important Note: The second-to-last letter in the CIGNA web address is the capital letter "O" rather than a zero, and the web address is case-sensitive. CIGNA has different networks within its organization so you should type in the entire web address listed above rather than going to the CIGNA home page. You may also access the CIGNA link through: [www.seafarers.org/members](http://www.seafarers.org/members).**

If your doctor/provider is not in the CIGNA network and you would like CIGNA to contact your doctor, please request a Provider Nomination form from the Seafarers Claims Department at 1-800-252-4674.

## **New I.D. Cards and Claims Submission Procedures**

In order for providers to identify eligible participants in the Seafarers Health and Benefits Plan as participants in the CIGNA HealthCare Network, new Medical Benefit I.D. cards must be issued. **If you are an eligible participant in the Plan, a new CIGNA I.D. card will be sent to you in June. THIS CARD IS NOT VALID UNTIL JULY 1, 2007. You will need to use this card for all medical services rendered on and after July 1, 2007.** The new card includes important benefits and claims submission information for CIGNA Hospital and Medical Providers. If you do not receive a CIGNA I.D. Card by the end of June, and you believe that you are entitled to benefits under this Plan, please contact the Seafarers Claims Department at 1-800-252-4674. *Reminder: All claims with dates of service prior to July 1, 2007 should be sent to: Seafarers Health and Benefits Plan, P.O. Box 380, Piney Point, MD 20674.* **Important Note: You should destroy your SHBP Level S Medical I.D. card after July 1, 2007 as it will no longer be valid as of that date.**

## **Medical Care Management Enhancements through the CIGNA Program**

The following additional enhancements are available through the CIGNA program through a CIGNA subsidiary called CareAllies, the nation's leading provider of member-friendly, effective care management programs. These programs are intended to improve your health, make the benefits program more convenient and easier to use, help you access the right level of care, and help the Plan control future claims expenses. These CIGNA programs are available to you as of July 1, 2007.

**24-Hour NurseLine.** This program provides toll-free telephone access to medical care professionals 24-hours a day and 365-days a year. This voluntary, toll free line is perfect for new mothers with lots of questions, for parents looking for home care suggestions so that they may avoid a trip to the emergency room, for participants with questions on illnesses or health related news topics like how to treat the flu, treating a fever, etc. The telephone number for NurseLine is 1-800-768-4695, and is available to you on or after July 1, 2007.

**Maternity Management.** Our participants now have access to a voluntary maternity management program that works to achieve a healthy outcome for both mother and baby. As part of this program, participants receive valuable prenatal guidance and are given access to a toll-free, 24-hours a day, 365-days a year, answer line. A high-risk maternity screening is also conducted through this program and when necessary, maternity and prenatal care is subsequently coordinated and supported through a CIGNA Case Management nurse to increase the likelihood of a healthy delivery for mother and baby. Participants should call 1-800-768-4695 to access these services on or after July 1, 2007.

**myCareAllies.com:** There are several other unique services available to Plan participants through myCareAllies.com which we strongly encourage you to utilize. These services will enable you to:

- Visit an electronic Health Library to learn about medical conditions, check your symptoms, and helpful questions to ask your doctor, etc. You can also take a Health Risk Assessment to help you determine what medical conditions you are at risk of getting over time due to your personal habits and family history, and what to do to reduce the chances of getting these conditions.
- You can also review medications and their potential interactions and alternatives; review preventative care tips and gain access to tools to quit smoking, lose weight, and live a healthier life.
- Access to CIGNA's Healthy Rewards Program. **The program will provide participants with access to discounts on treatments and items that are not covered under the benefit levels of the Seafarers Health and Benefits Plan.** For example, effective July 1, 2007 participants will have access to discounts as high as 25%-50% for Lasik surgery, cosmetic items, massage therapy, fitness memberships, etc.
- On July 1, 2007, you may visit the myCareAllies.com website at: [www.myCareAllies.com](http://www.myCareAllies.com) . Our Plan specific password is Seafarers and it is not case sensitive.

### **Hospital Pre-Admission Certification Program**

The CIGNA program will include a Hospital Pre-Admission Certification Program. The hospital must contact CIGNA to pre-certify your inpatient stay **PRIOR** to the hospital stay. All inpatient stays will need to be pre-certified after July 1, 2007 with CareAllies (subsidiary of CIGNA). Failure to obtain pre-certification may affect benefits. In an emergency, seek care immediately, and then call your doctor as soon as possible for further assistance and direction on follow-up care within 48 hours. The pre-admission certification number is 1-800-768-4695.

### **Case Management**

The CIGNA program includes Case Management, which is a patient-focused program that is intended to provide assistance and care coordination to chronically or critically ill participants (i.e., cancer, serious spinal cord injury, diabetes, heart disease, etc). You may call CareAllies at 1-800-768-4695 to speak with a case manager to engage in this helpful voluntary program.

## Transition of Care

Transition of Care benefits are intended to provide coverage for participants with certain medical conditions for ongoing treatment with physicians who are not part of the CIGNA HealthCare network (non-participating) for a certain period of time. This allows coverage for continued, uninterrupted care until safe transfer of care to a participating physician or facility can be arranged. More information about this benefit, and the necessary forms to apply, will be included with the package you will receive in June. Some examples of acute medical conditions that may qualify for Transition of Care benefits include but are not limited to:

- Pregnancy in the second or third trimester as of July 1, 2007.
- Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy or reconstruction.
- Trauma.
- Recent major surgery.
- Acute conditions in active treatment such as heart attacks, strokes, unstable chronic conditions, etc.

If you believe that you may qualify for this benefit, and you want to review the eligibility requirements prior to receiving the June letter, please contact the Seafarers Claims Department at 1-800-252-4674 and they will forward the information to you. ***Important Note: Participants must apply for Transition of Care benefits on July 1, 2007 or no later than July 31, 2007.***

## Summary Plan Description Booklet

For questions about benefits specific to your covered benefit level, please consult your Summary Plan Benefit Description booklet. If you do not have a booklet, please call the Claims Department at 1-800-252-4674. We are in the process of revising the Summary Plan Description Booklet (SPD) to reflect the changes that will take effect July 1, 2007. A revised SPD will be mailed to participants in the near future. ***Important Note: You may have received this mailing even though you are not an eligible participant in the Plan at this time.***

The Trustees are very pleased to provide these many network and care management enhancements to you. You may contact CIGNA beginning on July 1, 2007 at 1-800-768-4695 for general information on the new program. Other participant questions on Claims or Benefits should be directed to Seafarers Health and Benefits Plan Claims Department at 1-800-252-4674. ***Important Note: If you are an eligible participant in the Plan, you will receive a package in June containing your new CIGNA I.D. card and additional information about the new network.***

This letter contains important information about your benefits. Read it carefully and keep it for future use.

We are confident that you will enjoy this new CIGNA program, and all of its enhancements.

Sincerely,

BOARD OF TRUSTEES