

MEBA MEDICAL & BENEFITS PLAN
MEBA PENSION TRUST
MEBA TRAINING PLAN
MEBA VACATION PLAN

BENEFIT PLANS

1007 EASTERN AVENUE, BALTIMORE, MARYLAND 21202-4345 • (410) 547-9111

IMPORTANT NOTICE BEGINNING SEPTEMBER 1, 2011

Effective September 1, 2011 American Health Holding Inc. ("American Health") will become the MEBA Medical and Benefits Plan's Utilization Review provider and Large Case Manager.

The Plan requires you (or your dependents) to get precertification of an inpatient hospitalization and a second opinion before non-emergency surgery is performed. These requirements apply to both PPO and non-PPO providers, and it is your (or your dependents) responsibility to get any required precertification or second opinion.

The following Q&A addresses topics pertaining to the upcoming transition.

Q. Why is the Plan changing the Utilization Review provider?

A. The MEBA Medical & Benefits Plan's Utilization Review and Large Case Management Program is currently administered by Nationwide Better Health ("NBH"). NBH notified the Medical Plan that it will no longer provide utilization review services effective August 31, 2011. Accordingly, the Trustees reviewed other Utilization Review providers and selected American Health to administer the Medical Plan's Utilization Review and Large Case Management program starting September 1, 2011.

If you (or your dependents) need to precertify an admission before September 1, 2011, you (or your dependents) should contact NBH.

Q. When should I contact American Health?

- A. For services scheduled on or after September 1, 2011, you (or your dependents) should contact American Health to precertify:
 - An inpatient hospital admission or surgery;
 - An emergency hospitalization within 72 hours of the admission.

Q. Where do I call?

A. You should call American Health at 800-641-5566. The American Health number will also be located on the back of your new medical ID card, which you will receive soon.

- Q. Are the Utilization Review, Inpatient Hospital Precertification, and Large Case Management requirements and procedures the same as they were under Nationwide Better Health?
- A. Yes and No.

You are still required to precertify your and your dependents' admission to a hospital.

Active participants and their dependents must now precertify all inpatient treatment for substance/alcohol abuse as well as all inpatient care for mental health treatment.

Hospital admissions will continue to be monitored to identify potential large or catastrophic claims. Once identified, American Health professionals will work with the patient and their healthcare providers to facilitate the best form of treatment at a cost effective rate.

- Q. Does the new Utilization Review Provider offer additional services to the Plan and the Plan's Participants and are they mandatory?
- A. American Health does offer additional services that will help you (or your dependents) (1) manage claims dollars, (2) decide on the best treatment plan, and (3) facilitate the payment of claims. The following precertification services are **NOT** mandatory, but are available should you (or your dependents) choose to use them:
 - Outpatient treatment for substance/alcohol abuse
 - Outpatient elective surgery
 - Outpatient continuing care services which include:
 - Durable Medical Equipment and Prosthetics or Braces when cost of such items exceeds \$500;
 - > Home Health Care;
 - > Speech therapy;
 - Physical and Occupational therapy when necessitated by stroke, multiple sclerosis or radical mastectomy.

Precertification of these services by American Health will expedite the payment of claims for these services by eliminating the need to request statements of medical necessity before processing the claim for payment.

If you have any questions regarding these changes, contact the Member Services Department at the Plan Office by calling 410-547-9111 or 800-811-6322. Keep this notice with your SPD so that when you refer to the SPD you will be reminded of the changes described in this notice.

Allen R. Szymozak, Administrator