

Amendment to Plan of Benefits

For Employees of: **ABBINGTON MANAGEMENT CORP.**

**Master Services Agreement/Administrative Services Agreement/Administrative Services Contract
No.: 287250**

Effective January 1, 2022, the following changes have been made to your Booklet. The **Filing a claim** section has been revised. If you are in a plan that uses **network providers** and you see a **network provider**, that office will usually send us a detailed bill for your services. If you see an **out-of-network provider** or are in a plan that does not use a network of providers, you may receive the bill (proof of loss) directly. This bill forms the basis of your post-service claim. If you receive the bill directly, you or your **provider** must send us the bill within 12 months of the date you received services, unless you are legally unable to notify us. You must send it to us with a claim form that you can either get online or contact us to provide.

Amend: 1779

Issue Date: November 4, 2021



Grace Lewicki
Senior Consultant
860-273-6805
AN34

Date: November 2021

RE: TIMELY FILING OF CLAIMS

To Our Valued Customer:

We've changed the standard non-participating timely filing limits from 27 to 12 months for medical claims that don't involve the use of a network provider. The updated limits will:

- Be effective starting January 1, 2022
- Maintain dental limits at 27 months
- Match Centers for Medicare & Medicaid Services (CMS) standards
- Allow you to realize reduced medical cost spend for aged claims
- Align our non-par provider claim timely filing policy with that of CMS

Nothing else in the policy is changing. Providers will begin seeing denials in 2023. All policy exceptions to timely filing today will apply after this change and will be supported as they are today.

Example: a claim from a non-participating provider (no policy exceptions apply) with a date of service January 1, 2022 will need to be received by January 1, 2023 to be allowed. If that claim is received on January 2, 2023 it will be denied for timely filing.

Claims with dates of service prior to January 1, 2022 will continue to have the 27-month filing period.

Attached is an amendment to your Summary Plan Description (SPD) describing this change. In order for this policy to become effective for your plan, it must be communicated to members. If your SPD is available on your company website, this amendment should also be made viewable on that site.

If you have any questions, please contact your Aetna Account Representative.

Sincerely,

A handwritten signature in cursive script that reads "Grace Lewicki".

Grace Lewicki
Senior Consultant

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