

Northwest Ironworkers Trust Funds

Physical Address 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address PO Box 34203, Seattle, WA 98124
Phone (206) 441-7226 or (866) 986-1515 • Fax (206) 505-9727 • Website www.ironworkerstrust.com

Administered by
Welfare & Pension Administration Service, Inc.

December 28, 2017

To: All Eligible Plan Participants in the Comprehensive Medical Benefits Plan

Re: Plan Changes Effective March 1, 2018

*This is a summary of material modifications describing changes to your health plan adopted by the Board of Trustees.
Please be sure that you and your family read this notice carefully and keep this document with your 2009 Summary Plan Description Booklet*

The Trustees adopted the following changes to the Northwest Ironworkers Health and Security Plan ("Plan"). Unless otherwise stated, the changes are effective for services received on or after March 1, 2018. This notice does not describe benefits or changes under the Alaska Shop Employees Health Plan.

ACTIVE EMPLOYEE ELIGIBILITY

HOURS CREDIT IN CASE OF DISABILITY (Page 12)

Hours credit in the case of disability and the continuation coverage it provides, as described in the Plan booklet, applies only to Collectively Bargained employees; Associate employees are not eligible for this benefit.

BENEFITS AFTER TERMINATION OF COVERAGE (EXTENDED COVERAGE) (Page 13)

This provision is eliminated. The Plan will no longer extend coverage at no cost based on Total Disability. If you commenced extended coverage prior to March 1, 2018 based upon Total Disability you will be allowed to continue such coverage for Covered Expenses incurred as a result of the disabling Injury or Illness through: the period of Hospital confinement existing on the date of termination or commencing within 90 days thereafter; or the calendar year of termination and the next following calendar year. However, the extended coverage will terminate earlier if you are no longer Totally Disabled. If you lose coverage due to total disability, you may elect COBRA continuation coverage.

COMPREHENSIVE MEDICAL BENEFITS

COMPLEMENTARY AND ALTERNATIVE MEDICAL BENEFITS

This benefit is replaced by the following three benefits:

Spinal Manipulation Services

Professional fees for spinal manipulation are covered for treatment of an Illness or Injury as follows:

- For PPO providers in an office setting, you pay a \$20 copay per visit, not subject to the annual deductible. Also, lab and x-rays in conjunction with an office visit are covered at 100%, not subject to the annual deductible.
- For PPO providers outside an office setting, benefits are subject to the annual deductible and the standard coinsurance percentage of 20%.
- For non-PPO providers, benefits are subject to the annual deductible and the standard coinsurance percentage of 40% of the Usual, Customary and Reasonable charges, 20% Out of Area.

- For Retirees and their dependents who are eligible for Medicare, benefits are subject to the annual deductible and standard coinsurance percentages above.

Benefits for spinal manipulation, acupuncture and naturopathic services are limited to a combined maximum benefit of 24 visits per person per calendar year. The visit limit applies regardless of the type of provider providing the services (e.g., doctor of chiropractic medicine, doctor of osteopathy).

Acupuncture

Professional fees for acupuncture are covered as follows when acupuncture treatment has been recommended by a Physician for pain management based upon the Physician's diagnosis.

- For PPO providers in an office setting, you pay a \$20 copay per visit, not subject to the annual deductible. Also, lab and x-rays in conjunction with an office visit are covered at 100%, not subject to the annual deductible.
- For PPO providers outside an office setting, benefits are subject to the annual deductible and the standard coinsurance percentage of 20%.
- For non-PPO providers, benefits are subject to the annual deductible and the standard coinsurance percentage of 40% of the Usual, Customary and Reasonable charges, 20% Out of Area.
- For Retirees and their dependents who are eligible for Medicare, benefits are subject to the annual deductible and standard coinsurance percentages above.

Benefits for acupuncture, naturopathic and spinal manipulation services are limited to a combined maximum benefit of 24 visits per person per calendar year. The visit limit applies regardless of the type of provider providing the services (e.g., doctor of chiropractic medicine, doctor of osteopathy).

Naturopathic Services

Professional fees for naturopathic services are covered for the examination, diagnosis and treatment of an Illness or Injury, as follows:

- For PPO providers in an office setting, you pay a \$20 copay per visit, not subject to the annual deductible. Also, lab and x-rays in conjunction with an office visit are covered at 100%, not subject to the annual deductible.
- For PPO providers outside an office setting, benefits are subject to the annual deductible and the standard coinsurance percentage of 20%.
- For non-PPO providers, benefits are subject to the annual deductible and the standard coinsurance percentage of 40% of the Usual, Customary and Reasonable charges, 20% Out of Area.
- For Retirees and their dependents who are eligible for Medicare, benefits are subject to the annual deductible and standard coinsurance percentages above.

Benefits for naturopathic, acupuncture and spinal manipulation services are limited to a combined maximum benefit of 24 visits per person per calendar year. The visit limit applies regardless of the type of provider providing the services (e.g., doctor of chiropractic medicine, doctor of osteopathy).

PREVENTIVE CARE (JUNE 10, 2015 INSERT)

This benefit is revised as follows:

Preventive Care Services are covered with no deductible or coinsurance when provided by a PPO Provider. Preventive Care Services provided by non-PPO Provider are covered subject to the annual deductible and standard coinsurance percentage of 40% of the Usual, Customary and Reasonable charges, 20% Out of Area.

Preventive Care Services are limited to Medically Necessary and appropriate services. Recommendations regarding coverage or frequency for Preventive Care Services will be followed. If no guidance on coverage or frequency is given the Plan may adopt or utilize reasonable medical management techniques to determine the coverage and frequency limit. The following services are covered:

- Evidence-based tests or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force. These recommendations include blood pressure and cholesterol screening, diabetes screening for individuals with hypertension, various cancer and sexually transmitted infection screenings, and counseling in defined medically appropriate areas. A complete list of these services and screenings can be found at www.uspreventiveservicestaskforce.org.

- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention with respect to the individual involved. Current ACIP recommendations and immunization schedules can be found at www.cdc.gov/vaccines.
- For infants, children and adolescents, evidence informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration
- With respect to women, such additional preventive care and screenings not described above as provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA). These guidelines describe recommended coverage of items such as mammograms and cervical cancer screenings. A complete list of these services can be reviewed at www.hrsa.gov/womens-guidelines.
- Physician's office services for smoking cessation. Drugs to ease nicotine withdrawal that require a written prescription are covered under the Prescription Drug Benefit (see page 59).

Unless otherwise agreed to by the Board of Trustees, any additions to the above list of preventive services will be effective on the first day of the plan year beginning 12 months after the new preventive service is listed.

CLAIM FILING

Currently, no claim will be accepted unless it is filed within 12 months from the date the service is incurred (page 106).

Effective March 1, 2018, no claim will be accepted unless the claim **and all required documentation** is received within 12 months from the date the service is incurred.

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If you have any questions regarding the information contained in this notice, please contact the Administration Office at (206) 441-7226 or (866) 986-1515, option 1.

Board of Trustees
Northwest Ironworkers Health and Security Fund