

Northwest Ironworkers Trust Funds

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Administered by
Welfare & Pension Administration Service, Inc.

July 24, 2024

**To: All Participants
Northwest Ironworkers Health and Security Trust**

RE: IMPORTANT Changes to your Health Plan

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 2019 Summary Plan Description Booklet.

Habilitative Therapy Services – Effective March 1, 2024

The Plan provides benefits for habilitative care services when medically necessary to treat mental health disorders identified in the current International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Effective March 1, 2024, the Plan will also provide benefits for habilitative care services to treat physical or structural defects.

To be covered, services must be prescribed and documented to either improve function or maintain function where significant deterioration in function would result without therapy. Function means the ability to execute skills required for activities of daily living which would be normal and expected based on the age of the patient. The patient must be under the care of a physician during the time the habilitative services are being provided, and all services must be provided by a provider acting within the legal scope of their license. A formal treatment plan may be required upon request and will be required after the 25th visit. Periodic re-evaluations will also be required.

Covered Services under this benefit include:

- Neurological and psychological testing, evaluations and assessments.
- Speech, occupational and physical therapy when provided as part of a formal written treatment plan.
- Neurodevelopmental therapy when provided as part of a formal written treatment plan.
- Psychotherapy, which may include ABA services

Dialysis Treatment – Effective July 1, 2024

The Plan is changing its benefits for non-emergency kidney dialysis.

Effective July 1, 2024, all inpatient and outpatient kidney dialysis performed by a PPO provider will be covered at 80% of the PPO Amount after the deductible.

All inpatient and outpatient kidney dialysis performed by a non-PPO provider for the initial three months (or other designated period) in Washington and Alaska will be covered at 300% of the Medicare rate after the deductible but not subject to coinsurance. After the initial three months of service (or other designated period), the Plan will reimburse all inpatient and outpatient kidney dialysis performed by a non-PPO provider at 125% of the Medicare rate with no deductible or coinsurance.

Eligible Individuals diagnosed with end stage renal disease (ESRD) may be eligible for Medicare by nature of the diagnosis. Enrolling in Medicare when eligible may offer some protection from balance billing by the provider of dialysis services. In order to ensure the correct coordination of claim payments between the Plan and Medicare, an Eligible Individual is required to provide the Administration Office with a copy of their Medicare card showing the effective date of Medicare Part A and Part B coverage. If you or your Dependent is diagnosed with kidney failure or ESRD contact the Administration Office for assistance.

Weight Loss Medication – Effective April 1, 2024

The Plan currently excludes coverage for weight loss medication. Due to this exclusion, effective April 1, 2024, the Plan will require prior authorization for certain medications (such as Ozempic, Mounjaro, Trulicity) that can be used for the treatment of Type 2 diabetes to ensure that the medication is being appropriately prescribed. This means that your provider will need to submit documentation of certain requirements (a medical diagnosis and prior attempted treatment options) for the drug to be approved. Participants who are currently taking these medications as of April 1, 2024, will have a one-year grace period to obtain prior authorization.

Dental Crowns – Effective January 1, 2023

The Plan currently excludes crowns and other restorations done solely to correct vertical dimension or to restore occlusion, including restoration of tooth structure lost from attrition. Effective January 1, 2023, the Plan will cover restorations that correct vertical dimension or restore occlusion or tooth structure lost from attrition when the following criteria are met:

- a. Anterior Tooth - The tooth must demonstrate at least 50% loss of structure and affect one or both incisal angles. For cuspids, the tip of the cusp must be affected.
- b. Posterior Tooth - The tooth must have significant missing structure (greater than 50%) including loss of or undermining of one or more cusps and a compromised mesial or distal marginal ridge.

If you have questions about these changes, please contact the Administration Office at (866) 986-1515.

Board of Trustees

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