

Puget Sound Electrical Workers Healthcare Trust

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Administered by
Welfare & Pension Administration Service, Inc.

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TO: All Eligible Plan Participants
Puget Sound Electrical Workers Healthcare Trust

RE: Benefit Changes

This is a Summary of Material Modification describing changes to your health plan adopted by the Board of Trustees. Please be sure that you and your family read it carefully and keep this document with your Summary Plan Description Booklet.

Cologuard Screening

Effective **July 1, 2020**, Cologuard screenings will be covered as a Preventive Care benefit with no cost share for in-network providers. For out of network providers, benefits will be subject to the Plan deductible and coinsurance and be limited to the Usual, Reasonable and Customary allowance. Cologuard is an at-home colon cancer screening test which includes a patented DNA analysis that screens for DNA markers associated with colon cancer. Cologuard will be covered once every three years starting at age 50 for average risk participants or for participants under the age of 50 with an increased risk of colon cancer due to their family history.

For Medicare eligible retirees the testing must meet Medicare coverage guidelines in order to be covered by the Trust's Medicare retiree plan.

Breast Cancer Preventive Medications

Effective November 1, 2020 the Plan will cover prescribed breast cancer prevention medications for participants. This benefit will allow asymptomatic participants over the age of 35 who are at increased risk for breast cancer and at low risk for adverse medication effects to be prescribed one of the following drugs at no cost:

- Tamoxifen
- Raloxifene (Evista)
- Anastrozole
- Letrozole
- Exemestane

Spinal Manipulation Benefits

Effective January 1, 2021, the Calendar Year maximum limit for Acupuncture and Chiropractic Care combined will increase to 24 visits per Calendar Year.

Outpatient Rehabilitation Benefits

Effective January 1, 2021, the Plan will cover up to 45 outpatient rehabilitation visits per Calendar Year subject to Plan terms including medical necessity, deductible and coinsurance provisions. The \$60 per visit limit is removed.

COVID-19 Vaccine

During the Public Health Emergency (“PHE”) declared by the United States Department of Health and Human Services (“HHS”), the Plan will cover reasonable costs of the COVID-19 vaccine without cost sharing when provided by an in-network or out-of-network provider or pharmacy.

When HHS declares the PHE ended, the Plan will provide coverage for the COVID 19 vaccine as a Preventive Care benefit. Preventive Care benefits provided by an in-network Provider will be paid in full and will not be subject to the Calendar Year deductible or coinsurance. Preventive Care Services provided by an out-of-network Provider will be subject to the Plan deductible and coinsurance. Covered costs include the vaccine administration fee by a health care provider or pharmacy.

Dental Personal Protective Equipment – Temporary Extension of Coverage

Effective May 1, 2020 **through March 31, 2021**, the Plan will cover up to \$20 per visit for personal protective equipment (“PPE”) when billed by dental providers in conjunction with other covered in-office dental services.

Telemedicine – Temporary Extension of Coverage

Effective March 1, 2020 **through March 31, 2021**, the Trust will cover medically necessary charges for telephonic, online, or other consultations where the patient is not physically present with the physician or other Covered Provider at the time of the consultation as any other office visit. The temporary waiver will allow coverage for telephonic or other virtual care visits subject to the annual deductible and coinsurance benefits, as follows:

1. For a real-time interactive telephone or audio/video consultation (telehealth/telemedicine) to be covered, the consultation must be diagnosis and treatment focused via a live discussion or video exchange with ongoing participation by the patient and the provider throughout the visit.
2. Reimbursed up to the Allowed Amount as defined in the Summary Plan Description.
3. Reimbursed at 100% of the Allowed Amount for all telephone or audio/video visits related to COVID-19 testing.

As a reminder, active participants and non-Medicare retirees and their eligible dependents have access to 24/7 care via telephone or video chat through Teladoc at no cost to the participant. To schedule a consultation, visit www.Teladoc.com/Premera or call (855) 332-4059.

If you have questions regarding the contents in this notice, please contact the administration office at (866) 314-4239, option 1.

Board of Trustees Puget Sound Electrical Workers Healthcare Trust