

Puget Sound Electrical Workers Healthcare Trust

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Administered by
Welfare & Pension Administration Service, Inc.

October 9, 2020

**TO: Active Participants and non-Medicare Retirees
Puget Sound Electrical Workers Healthcare Trust**

RE: Benefit Changes and Extension of Plan Deadlines

This is a summary of material modification describing benefit changes 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.

Continuation of Telehealth Temporary Extension of Coverage

Effective July 31, 2020, the Trust will continue to 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 **through December 31, 2020**. The temporary coverage will allow for telephonic or other audio/video visits subject to the annual deductible and coinsurance, as follows:

- For a real-time interactive telephone or audio/video consultation (telehealth/ telemedicine), 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.
- Reimbursed up to the Allowed Amount as defined in the Summary Plan Description.
- 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. After December 31, 2020, only telemedicine/telehealth treatments provided by Teladoc will continue to be covered.

Gene and Cellular Therapy

The Plan covers non-experimental Gene and Cellular Therapy services from an approved facility and/or provider when determined to be medically necessary. Benefits are subject to all applicable Plan terms, including deductibles, coinsurance, annual out-of-pocket maximums, and general Plan limitations and exclusions. To be covered, Gene and Cellular Therapy services must be provided by a facility or provider that is in the Plan's PPO network or has otherwise been approved by the Plan.

Gene and Cellular Therapy services require preauthorization under the Plan's Health Management Program as outlined in the Plan's Summary Plan Description. The allowed amount is reduced by 25%, up to \$1,200, if the preauthorization requirement is not followed.

Gene and Cellular Therapy includes gene and cellular based therapy techniques that modify and/or use a person's genes or cells to treat or cure disease. Gene Therapy, as defined by the Plan, includes medically necessary gene and cellular based therapies provided by an approved Physician, Hospital or other Provider. These therapies may include, but are not limited to:

- Cellular immunotherapies;
- Genetically modified oncolytic viral therapy;
- Other types of cells and tissues from and for use by the same person (autologous) and cells and tissues from one person for use by another person (allogenic) for certain therapeutic conditions.;
- All human gene therapy that seeks to change the function of a gene or alter the biologic properties of living cells for therapeutic use. Examples include therapies using:
 - Luxturna® (Voretigene neparvovec)
 - Zolgensma® (Onasemnogene abeparvovec-xioi)
 - Spinraza® (Nusinersen)
- Products derived from gene editing technologies, including CRISPR-Cas9;
- Oligonucleotide-based therapies. Examples include:
 - Antisense. An example is Spinraza (Nusinersen)
 - siRNA
 - mRNA
 - microRNA therapies

If you have any questions concerning your benefits or eligibility for coverage, you should contact the Administration Office at 1-866-314-4239, option 1 for Claims, option 4 for Eligibility, or visit the Trust website at www.psewtrusts.com.

Board of Trustees
Puget Sound Electrical Workers Healthcare Trust

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