

# Puget Sound Electrical Workers Healthcare Trust

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Administered by  
Welfare & Pension Administration Service, Inc.

October 12, 2022

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

**RE: Plan Benefit Changes – Hearing Aids, Transgender Health Services, Dental Personal Protective Equipment, and Telehealth**

***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.***

## Hearing Aid Benefits

Effective October 1, 2022, the Plan covers hearing aid benefits for Active and non-Medicare Retiree participants. Dependents are not eligible for this benefit, except for cochlear implants described below. The Plan will provide benefits for the following covered hearing care expenses:

- One routine hearing exam and one routine hearing test from a licensed hearing provider once per three-year period. Plan deductibles are waived for the routine hearing exam and test and standard coinsurance and out-of-pocket limits apply. If you use a non-PPO provider the Allowed Amount will be subject to Usual, Customary and Reasonable charges.
- Hearing aid devices are covered up to \$500 per ear during any three-year period and are not subject to the deductible. Cochlear implants are covered without regard to the \$500 limit.
- Coverage of hearing aid devices includes:
  - Hearing aid devices prescribed by a licensed Physician or a licensed hearing provider; if the examining practitioner certified in writing (within three consecutive calendar months immediately before the purchase of the device) that you are suffering a hearing loss and the device may serve to lessen that loss.
  - Replacement of hearing aid devices, if you meet the above requirements and a three-year period has elapsed since you received your last hearing aid device.
  - The charges for a hearing aid device prescribed and ordered prior to termination of your eligibility and delivered within 30 days following your date of termination are covered.
  - Charges for implantation of a U.S. Food and Drug Administration (FDA)-approved cochlear implant device are covered for adults with severe to profound bilateral sensorineural hearing loss who otherwise meet required medical criteria and children (under age 18 for this purpose) who meet required medical criteria. To be covered, the person must have tried standard hearing aids but had limited or no benefit from their use. Preauthorization is required for cochlear implantation.

The Plan does not provide benefits for batteries or other ancillary equipment not obtained at the time the hearing aid device was purchased. The Plan also excludes from coverage addition, repairs, servicing, or alteration of a hearing aid device. Finally, the Plan excludes from coverage over-the-counter hearing aids obtained without a licensed Physician's or licensed hearing provider's prescription.

### **Transgender Healthcare Services**

The Plan provides benefits for Medically Necessary transgender healthcare services for Gender Dysphoria (also called Gender Identity Disorder). Certain benefits are subject to preauthorization by the Plan. Services covered by the Plan include:

- Counseling
- Hormone Therapy
- Gender reassignment surgery
- Services typically associated with one sex, which may continue to be medically necessary after transition
- Prescription Drugs (as covered under the Prescription Drug program of this Plan)

In order to be eligible for any transgender surgical benefits, the participant must:

- Be 18 years of age or older
- Have a documented diagnosis of Gender Dysphoria or Gender Identity Disorder meeting the diagnostic criteria of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), and
- In the event of gender reassignment surgery, have no medical contraindications and complete
- specific evaluation and recommendation requirements.

The Plan covers services to treat Gender Dysphoria if they are specific to feminization, masculinization or non-binary treatment. The Plan does not cover services that are considered cosmetic, not Medically Necessary, or otherwise excluded by the Plan. The Plan continues to exclude services that are considered Cosmetic, for the purpose of enhancing features which are already clearly recognized as feminine, masculine, or non-binary, or for the purpose of reversing the appearance of normal aging.

**For more information on coverage requirements for transgender healthcare services, please contact the Administration Office at (866) 314-4239, option 1.**

### **Dental Personal Protective Equipment – Temporary Extension of Coverage**

Effective **through December 31, 2022**, 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 **through June 30, 2023**, 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](http://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**

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