

Local 734 Welfare Fund / Pension Fund

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NOTICE TO ALL PLAN PARTICIPANTS

June 2024

To All Participants in the Local 734 Welfare Fund:

This notice is a summary of material modification (“SMM”) related to the terms of the Local 734 Welfare Fund Plan of Benefits (the “Plan”). An SMM acts as an amendment to the Plan’s summary plan description (“SPD”), a copy of which you already should have been provided. An SMM is provided after a material amendment to the Plan or a change to the terms of the SPD has been made. The primary purposes of this particular SMM are to describe changes made to the Plan as a result of changes in the law and to clarify certain existing provisions. Please keep this SMM with your SPD.

Services or Supplies Obtained from Non-PPO Provider Believed to be a PPO Provider

If the Plan or Blue Cross Blue Shield of Illinois mistakenly provides you incorrect information about whether a provider is an in-network provider and you rely upon that incorrect information and seek care from such provider, effective January 1, 2022, the Plan applies in-network cost-sharing to the claim, even if the provider is a non-network provider. In other words, benefits are paid as if the provider were, in fact, in the PPO network, subject to application of the in-network coinsurance/co-payment percentages, copayments, benefit maximums, deductibles and out-of-pocket limit.

Autism Assistance

As already noted in the SPD, the Plan provide coverage for ABA therapy. ABA therapy may be provided by either a licensed ABA therapist or a board-certified ABA therapy assistant.

Additionally, the Plan provides other coverage for autism assistance including early detection and Medically Necessary and appropriate treatment of autism spectrum disorder as follows:

- Diagnosis and screening by a Physician or psychologist;
- Physical therapy provided by a licensed physical therapist, when ordered by a Physician. or psychologist;
- Occupational therapy provided by a licensed occupational therapist, when ordered by a Physician or psychologist;
- Speech therapy by a licensed speech or language therapist when ordered by a Physician or psychologist; and
- Office visits, therapy, and counseling when ordered by a Physician or psychologist.

At Home Cancer Screening Kits

The Plan’s coverage for **FDA-approved home kits** that screen for cancer cells in the patient’s stool (such as Cologuard®) is now available for participants ages 45 through 75 when prescribed by a Physician.

CPAP Machines

CPAP machines are covered when prescribed by a Physician for treatment for a covered illness.

Disabled Dependent Children

An eligible employee's child will be covered after reaching the age of 26 if the child is disabled and meets other requirements as set forth in the SPD. As noted in the SPD, the Plan may require proof of the child's impairment or continued impairment. Additionally, the Plan may occasionally require proof of the child's financial dependency.

Gender Affirming Care Exclusion

The Plan generally excludes and will continue to exclude "gender affirming care," including but not limited to gender reassignment surgery. The Plan does cover therapy with a mental health practitioner to treat gender dysphoria or any similar condition recognized as a Mental or Nervous Disorder.

Orthopedic Shoes

The Plan's coverage for orthopedic shoes for children under one year of age is subject to precertification by the Plan's review organization (currently Valenz).

Clarifications re Coverage for Mental or Nervous Disorders and Substance Abuse

The requirement that a mental health or substance abuse practitioner have a master's degree has been eliminated, but they must be acting within the scope of their licenses in order for any treatment they render to be covered.

Coverage for Mental or Nervous Disorders and substance abuse includes coverage for treatment in an Intensive Outpatient or Partial Hospitalization program.

"Intensive Outpatient or Partial Hospitalization Program" is defined as a distinct and organized intensive ambulatory treatment service of less than 24-hour daily care specifically designed for the diagnosis and active treatment of a Mental or Nervous Disorder or substance abuse when there is a reasonable expectation for improvement or to maintain the individual's functional level and to prevent relapse or hospitalization. Programs must provide diagnostic services; services of social workers, psychiatric nurses, and staff trained to work with psychiatric patients; individual, group, and family therapies; activities and occupational therapies; patient education; and chemotherapy and biological treatment interventions for therapeutic purposes.

Nutritional Counseling

Coverage for nutritional counseling is available not just to treat "medical" conditions but is also available to treat Mental or Nervous Disorders.

Occupational and Speech Therapy

Occupational and speech therapy may be prescribed by a psychologist or a Doctor. The calendar year deductible does not apply to speech therapy.

Prenatal Genetic Testing

Prenatal genetic testing is covered provided that it is pre-certified by the Fund's review organization (currently, Valenz).

Preventive Care Benefits

The list of preventive care benefits covered by the Plan changes over time in accordance with federal guidance. As a result, the “List of Covered Preventive Services” currently found in the SPD is removed. The Plan will continue to provide coverage for services, supplies, and treatments required to be covered pursuant to the preventive services mandate under the Affordable Care Act.

Specialty Drugs: Impact of Manufacturer Co-Pay Assistance Programs

Co-pays for certain high-cost specialty drugs will vary if a manufacturer’s co-pay assistance program is available. Only the portion of the co-pay that you actually pay will apply to your prescription drug out-of-pocket limit.

Telehealth

Effective March 13, 2020, the Plan started providing coverage for telehealth (charges for one-on-one real-time consultations with covered providers for services that the Plan would have covered if the same services had been provided during a face-to-face consultation, provided that such services can be provided effectively virtually).

Clarification re Maximum Coverage while Traveling Abroad

The \$250 coverage limit that applies to charges incurred while traveling outside the United States of America, its Territories, and Canada applies to charges not only for medical treatment but also to charges incurred for dental, vision, and hearing treatment as well as prescription drugs. The \$250 limit does not apply to emergency room or hospitalization to treat an Emergency.

Vision Benefits

The \$500 maximum applicable to vision benefits does not apply to vision exams for individuals under age 19.

Retiree Death Benefit

Generally, as stated in the SPD, the retiree death benefit is payable only if the decedent was age 65 or older by retirement and in covered employment at retirement. However, this requirement does not apply if the decedent retired on or prior to September 1, 2019.

The change described in this SMM in no way reduces any benefits to which you otherwise are or would be entitled.

If you have any questions regarding these changes, please contact the Fund Office.