

WASHINGTON IDAHO OPERATING ENGINEERS HEALTH & SECURITY TRUST

ZENITH AMERICAN SOLUTIONS
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October 2015

TO: All Participants of the Washington-Idaho Operating Engineers and Employers
Health & Security Trust

FROM: Board of Trustees

RE: **Autism and Habilitative Care Coverage – Effective August 1, 2015**

This is a summary of material modification describing recent changes adopted by the Board of Trustees. Please be sure that you and your family read it carefully and keep this document with your Plan Booklet.

BENEFIT PLAN CHANGES - AUTISM AND HABILITATIVE CARE COVERAGE

1) *The Definitions section of the current SPD is amended to include the following:*

Habilitative Care - Physical therapy, occupational therapy and speech therapy prescribed by the attending physician to the extent that the therapy will help a person to improve function or maintain function where significant deterioration in function would result without the 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 continue under the care of the attending physician during the time the therapy is being provided. Services may be limited as described elsewhere in the Summary Plan Description. The Plan may periodically request a review of the services by a physician. Benefits will end when the Plan determines that no additional clinical improvement or maintenance of function is expected as a result of the therapy.

Rehabilitative Care - Physical therapy, occupational therapy and speech therapy prescribed by the attending physician to the extent that the therapy will significantly restore and improve a lost function(s) following an illness, injury or surgery. The services must be necessary to improve function or to maintain function where significant deterioration in function would result without the therapy. The patient must continue under the care of the attending physician during the time the therapy is being provided. Services may be limited as described elsewhere in the Summary Plan Description. The Plan may periodically request a review of the services by a physician. Benefits will end when the Plan determines that no additional clinical improvement is expected as a result of the therapy.

2) *On page 10 of the current SPD, the following definition is amended as noted below:*

Mental Disorders/Alcohol and Drug Abuse and/or Substance Abuse means any condition or disease, regardless of its cause, listed in the most recent edition of the International Classification of Diseases (“ICD”) and the Diagnostic and Statistical Manual of Mental Disorders (“DSM”) as a Mental Disorder. Items not included in this definition are conditions or diseases specifically excluded from the Plan.

3) On page 11 of the current SPD, the following definition is amended as noted below:

Physical Therapy means treatment for Habilitative and/or Rehabilitative Care by:

- A. manual manipulation or other physical means; and
- B. hydrotherapy; and
- C. heat; and
- D. biomechanical and neurophysiological principles and devices; used to:
 - 1. relieve pain; and
 - 2. restore and/or maintain bodily function; and
 - 3. prevent Disability arising from Injury or Sickness.

4) On page 12 of the current SPD, the following definition is amended as noted below:

Speech Therapy means treatment for the correction of a speech impairment resulting from an Injury, Sickness or surgery, or such treatment following surgery to correct congenital and developmental anomalies. Speech Therapy is covered only if there is a Physician's recommendation that Speech Therapy is required for a Covered Person and the therapy meets the definition of Habilitative and/or Rehabilitative Care.

5) On page 29 of the current SPD, the following benefit language is amended as noted below:

Speech Therapy

If while covered under the Plan a participant incurs Expenses for Speech Therapy, the Plan will pay benefits at 80% up to a maximum of \$1,200 per Calendar Year, subject to deductible, and only if the therapy meets the definition of Habilitative and/or Rehabilitative Care and Medical Necessity has been established.

6) The SPD is amended to add the following benefit language:

Applied Behavioral Analysis (ABA) Therapy

The Plan will pay for covered Charges for ABA Therapy treatment for Covered Persons diagnosed with Autism Spectrum Disorder (ASD). To be covered, the person must be referred for ABA therapy treatment by a Physician, and all ABA services must be medically necessary and pre-approved by the Plan.

7) The following exclusions listed on page 54 of the current SPD are amended/removed as noted below:

DD. Any Expense or charge for Custodial Care or Developmental Care, unless otherwise listed as a covered Expense.

JJ. is removed: ~~JJ. Any loss, Expense or charge related to Mental Health Sickness which are classified as sexual deviations or disorders.~~

QQ. Any loss, Expense or charge which results from services for developmental Disability, except for those services which are Medically Necessary and meet the definition of Habilitative Care. In addition, some services such as Prescription Drugs, x-rays and lab tests may still be covered if Medically Necessary and otherwise covered by the Plan. All bills should be routinely submitted for consideration.

NOTE: Receipt of this notice does not constitute a determination of benefits or your eligibility. If you wish to verify benefits or eligibility, or if you have any questions regarding medical benefit changes, please contact the Administration Office at (800) 351-6480 or (509) 624-3257.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. If you have any questions or need any additional information, please contact the Administration Office.

Sincerely,

Board of Trustees