

# WASHINGTON IDAHO OPERATING ENGINEERS HEALTH & SECURITY TRUST

**ZENITH AMERICAN SOLUTIONS**  
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October 2016

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

FROM: Board of Trustees

RE: **Notice of Plan Changes – Effective February 1, 2017**

***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.***

**The Trustees continuously review Plan benefit design and procedures. In the course of their review of the Plan the Trustees have updated coverage and appeals procedures as follows:**

## **BENEFIT PLAN CHANGES**

### **1) Gender Transformation Coverage**

The Affordable Care Act's (ACA) final non-discrimination rule prohibits any explicit or categorical exclusion of coverage for all health services related to gender transformation. The Plan still requires that all services be determined medically necessary in order to be covered. Therefore, in compliance with the operation of the Plan and the ACA regulations, the Limitations/Exclusions section of the Plan is amended as follows:

KK. Any loss, Expense or charge for sex transformation except as determined medically necessary under the Plan.

### **2) Dosage Limit Waiver of Cialis for Treatment of BPH**

The Plan currently covers prescription drugs for the treatment of erectile dysfunction (ED) with a dosage maximum of 10 pills per month. The FDA has approved the ED drug Cialis for treatment of an enlarged prostate or benign prostatic hyperplasia (BPH). Based on the FDA approval, the Plan will now cover charges for Cialis beyond the maximum of 10 pills per month for the treatment of BPH. This coverage requires prior authorization under the Plan. The maximum dosage limitation will remain in place for all other ED drugs and for the treatment of ED.

## **Claims and Appeals Procedure Changes**

### **180-Day Statute of Limitations to File a Civil Claim**

The Plan contains a Claims and Appeals procedure for benefit claim denials. After exhaustion of this internal procedure, a claimant, if still unsatisfied with the determination, has the right to pursue his or her claim through civil litigation pursuant to section 502(a) of the Employee Retirement Income Security Act (ERISA). ERISA does not contain a statute of limitations for which a claimant may pursue civil litigation under section 502(a). However, a Plan may implement its own limitation for filing such claims. The Board of Trustees adopted a 180-day statute of limitations to file a civil claim based on an adverse benefit determination. Page 56 of the Plan is therefore amended to read as follows:

#### Appeal of Board's Decision

If the claimant is dissatisfied with the written decision of the Board of Trustees, he or she shall have 180 days from the date the decision is issued to pursue his or her claim through civil litigation pursuant to section 502(a) of ERISA. The standard of review on appeal shall be whether, in the particular instance, the Trustees 1) were in error upon an issue of law; 2) acted arbitrarily or capriciously in the exercise of their discretion; or 3) whether their findings of fact were supported by substantial evidence.

**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