

**AMENDMENT #9**  
**to the Plan Document/Summary Plan Description for the**  
**Teamsters Security Fund for Southern Nevada-Local 14**  
**that was effective May 1, 2019**

**Effective May 1, 2022, the Plan Document/Summary Plan Description is amended as follows:**

**Article V, Schedule of Medical PPO Plan Benefits, a new row entitled “Mayo Clinic Complex Care Program” is added to follow “Maternity Services”:**

Benefit Description	Explanations and Limitations	In-Network	Out-of- Network
<p><b>Mayo Clinic Complex Care Program</b></p>	<ul style="list-style-type: none"> <li>• Experimental or investigational services do not include services when recommended by the Mayo Clinic and received when participating in the Mayo Clinic Complex Care Program.</li> <li>• Proton Beam Therapy is covered if recommended by and provided at any Mayo Clinic location.</li> <li>• You must obtain authorization for services received in the Mayo Clinic Complex Care Program by contacting both the Clinical Director (at the Administrative Office) and the Utilization Management Company.</li> <li>• Precertification and/or prior authorization requirement is waived for Mayo Clinic when receiving care through the Mayo Clinic Complex Care Program</li> <li>• Travel expenses and lodging expenses up to allowable limits as provided by law when participants use the Mayo Clinic Complex Care Program benefit.</li> </ul>	<p style="text-align: center;">See the Hospital and Physician services rows of this Schedule.</p>	<p style="text-align: center;">N/A</p>

**Article VII, Utilization Review and Case Management (UR/CM), Section D. Precertification (Preservice) Review is amended with new language in italics:**

**WHAT SERVICES MUST BE PRECERTIFIED BY THE UTILIZATION REVIEW  
AND CASE MANAGEMENT COMPANY:**

- (a) Elective **Hospital admissions**, including admissions for medical or surgical care. (*Note: for pregnant women, precertification is required only for hospital stays that last or are expected to last longer than 48 hours for a vaginal delivery and 96 hours for a C-section*);
- (b) Elective Surgery to be performed in a Hospital-based **outpatient surgery center** or free-standing Ambulatory Surgical Facility/Center.
- (c) An **upcoming transplant** as soon as the Participant is identified as a potential transplant candidate;
- (d) Elective admissions to a **Skilled Nursing Facility or Subacute facility**.
- (e) Admissions to any type of Health Care Facility for **Inpatient Rehabilitation**.
- (f) Planned use of a **hospital or outpatient surgery facility for a Dental purpose**.
- (g) **Speech therapy**.
- (h) **Home Health Care**, Home Infusion Services and Enteral Therapy Services.
- (i) **These diagnostic tests** (MRI, CT scans, PET scans, CT angiography, MRA, diagnostic tests billed over \$500, and RAST and MAST allergy blood testing).
- (j) **Durable Medical Equipment over \$500 per item**.
- (k) **Non-emergency medical transportation services**.
- (l) **Implantable hearing devices**, such as a cochlear implant.
- (m) **Nondurable medical supplies needed for more than a 6-month period**.
- (n) **Autism Treatment, including Applied Behavioral Analysis (ABA) Therapy**
- (o) For individuals who will participate in a **clinical trial**, precertification is required in order to notify the Plan that routine costs, services and supplies may be incurred by the individual during their participation in the clinical trial.
- (p) Administration of a **class of drugs called "survival motor neuron-2 (SMN2)-directed antisense oligonucleotides,"** which includes drugs such as Spinraza (nusinersen).
- (q) Any technique that uses genes to treat or prevent disease (**gene therapy**) including but not limited to Kymriah, Yescarta, Luxturna, etc.

**Prior notification does not mean Benefits are payable in all cases.**

**Coverage depends on the services that are actually provided, your eligibility status at the time service is provided, and any benefit limitations.**

**There is no requirement to precertify the use of a hospital-based emergency room visit.**

***Precertification and/or preauthorization requirement is waived for Mayo Clinic when receiving care through the Mayo Clinic Complex Care Program***

**Article VIII, Medical Plan PPO Exclusions, Section A. General Exclusions, is amended to add the following new text in italics:**

**16. Non-Emergency Travel and Related Expenses:** Expenses for and related to non-emergency travel or transportation (including lodging, meals and related expenses) of a Health Care Provider, Covered Individual or family member of a Covered Individual or travel expenses related to a transplant, unless those expenses have been pre-approved by the UR Company. *Note – this exclusion does not apply to travel expenses and lodging expenses up to allowable limits as provided by law when participants use the Mayo Clinic Complex Care Program benefit.*

**Article XVII, Definitions, the definition for Experimental and/Investigational or Unproven is amended to add the following text in italics:**

*(f) Under this medical plan, experimental or investigational does not include services when recommended by the Mayo Clinic and received when participating in the Mayo Clinic Complex Care Program. Proton Beam Therapy is not considered experimental or investigational when recommended by and provided at any Mayo Clinic location. Precertification and/or prior authorization requirement is waived for Mayo Clinic when receiving care through the Mayo Clinic Complex Care Program.*

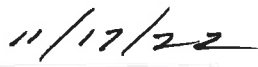
**Article V, Schedule of Medical PPO Plan Benefits, the row “Wellness (Preventive) Program: Adult Health Maintenance Examinations (Age 18 & up), Benefit Description is amended with the new text in italics and delete the text in strikethrough:**

**Colon cancer screening** is payable for adults age ~~50-45~~ and older, including fecal occult blood test annually, stool DNA testing annually, AND screening colonoscopy every 10 years, or any of these tests once every five (5) years: virtual colonoscopy, double contract barium enema, or flexible sigmoidoscopy. No charge for the bowel prep medication prescribed for use prior to a screening colonoscopy or for the cost of polyps removed during a screening colonoscopy.

The undersigned Chairman and Co-Chairman of the **Teamsters Security Fund for Southern Nevada-Local 14** do hereby certify that the foregoing Amendment #9 to the 2019 **Plan Document/Summary Plan Description** was duly adopted by the Board of Trustees at a Meeting duly called and held on November 17, 2022.



Chairman



Date



Sally Ihmels (Nov 18, 2022 10:25 PST)

Co-Chairman

Nov 18, 2022

Date