

AMENDMENT #12
to the Plan Document/Summary Plan Description for the
Teamsters Security Fund for Southern Nevada-Local 14
that was effective May 1, 2019

Effective January 1, 2025, the Plan Document/Summary Plan Description is amended as follows:

Article V. Schedule of Medical PPO Plan Benefits, Rehabilitation Services, is amended to delete the text in ~~strikethrough~~ and add the **highlighted** text as follows:

ARTICLE V. SCHEDULE OF MEDICAL PPO PLAN BENEFITS			
This chart explains the Benefits payable by the Plan. See also the Medical PPO Plan Exclusions and Definitions Articles of this document for important information. All Benefits are subject to the Deductible except where noted. *IMPORTANT: Out-of-Network providers are paid according to the "Allowable Expense", as defined in the Definitions Article, and could result in balance billing to you.			
Benefit Description	Explanation and Limitations	In-Network	Out-of-Network*
<u>Rehabilitation Services (Physical, Occupational & Speech Therapy)</u> <ul style="list-style-type: none"> Short term active, progressive Rehabilitation Services (Occupational, Physical, or Speech Therapy) performed by licensed or duly qualified therapists as ordered by a Physician. Inpatient Rehabilitation Services in an acute Hospital, rehabilitation unit or facility or Skilled Nursing Facility for short term, active, progressive Rehabilitation Services that cannot be provided in an outpatient or home setting. 	<ul style="list-style-type: none"> Rehabilitation services are covered only when ordered by a Physician. Inpatient Rehabilitation admissions and skilled nursing facility admissions are payable up to a combined maximum of 60 days per person per calendar year. The visit maximum does not apply to mental health diagnoses. Inpatient rehabilitation requires precertification. See the Utilization Review and Case Management Article for details. Outpatient physical therapy and speech therapy are payable to a maximum of 40 visits per person per calendar year. The visit maximum does not apply to mental health diagnoses. <ul style="list-style-type: none"> Habilitation services include speech therapy for developmentally delayed individuals payable to a maximum of 20 visits per person per calendar year. This Speech therapy requires precertification. See the Utilization Review and Case Management Article for details. Outpatient occupational therapy is payable to a maximum of 40 visits per person per calendar year. The visit maximum does not apply to mental health diagnoses. Maintenance Rehabilitation, coma stimulation services are <u>not covered</u>. See specific Exclusions relating to Rehabilitation in the Medical PPO Plan Exclusions Article and the Definition of Maintenance Rehabilitation in the Definitions Article. 	<p>Outpatient Visits: After Deductible met you pay a \$15 Copay per therapy modality.</p> <p>Home Visits: After Deductible met, you pay a \$10 Copay per therapy modality.</p> <p>Inpatient Rehabilitation: After the deductible is met there is an additional \$100 Inpatient Copay per admission then the member is responsible for 10% coinsurance up to the annual coinsurance/copay limit.</p>	<p>Outpatient Visits and Home Visits: After Deductible met the Plan pays 50% of allowable expenses.</p> <p>Inpatient Rehabilitation: Not covered.</p>

Article VII. Utilization Review and Case Management (UR/CM), Section D. Precertification (Preservice) Review, is amended to delete the text in ~~strikethrough~~ and to add the **highlighted** text as follows:

**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, (except where provided in relation to a mental health diagnosis).**
- (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 PPO Plan Exclusions, Section B. Exclusions Applicable to Specific Medical Plan Services and Supplies, subsection 16 is amended to add the **highlighted** text as follows:

(f) Expenses for speech therapy for functional purposes including, but not limited to a speech **impediment**, stuttering, lisping, tongue thrusting, stammering and conditions of psychoneurotic origin or for Childhood developmental speech delays and disorders which have not been surgically corrected, **except this Plan does cover speech therapy for functional purposes when such services are provided in relation to a mental health diagnosis.**

(g) Expenses for Habilitation services (to help individuals attain certain functions that they never have acquired), except this Plan does cover habilitative speech therapy for developmentally delayed individuals if precertified (see Rehabilitation Services row of the Schedule of Medical PPO Plan Benefits) **and when such services are provided in relation to a mental health diagnosis.**

Article XVII. Definitions, Section A. Definitions, subsection 180 is amended to delete the text in strikethrough as follows:

181. Speech Therapy: Rehabilitation directed at treating defects and disorders of spoken and written communication to restore or rehabilitate normal speech or to correct dysphagic or swallowing defects and disorders lost due to illness, injury or surgical procedure. ~~Speech therapy for functional purposes, including but not limited to a speech impediment, stuttering, lisping, tongue thrusting, stammering, conditions of psychoneurotic origin or Childhood developmental speech delays/disorders that have not been surgically corrected are excluded from coverage.~~

The undersigned Chairman and Co-Chairman of the **Teamsters Security Fund for Southern Nevada-Local 14** do hereby certify that the foregoing Amendment #12 to the 2019 **Plan Document/Summary Plan Description** was duly adopted by the Board of Trustees at a Meeting duly called and held on April 24, 2025.



Chairman

4/24/25

Date

Co-Chairman

Date