



May 15, 2018

SUMMARY OF MATERIAL MODIFICATIONS

TO: ALL SOUND HEALTH & WELLNESS TRUST PLAN PARTICIPANTS

The Board of Trustees of Sound Health & Wellness Trust (“Trust”) has adopted the following changes to your Plan effective as stated below. The first two changes apply to claims filed after April 1, 2018. If your claim requires a determination of disability by the Trust, you will be entitled to receive additional information from the Trust if your claim or appeal is denied. This notice also clarifies that the rehabilitation benefit under your Plan includes podiatry services and removes exclusions regarding fees when a patient is not physically seen by a physician. Finally, this notice explains the coverage for 3-D mammograms. Please keep this document with your Summary Plan Description (“SPD”).

1. Effective for claims filed after April 1, 2018, the following language is added at the end of the “Notice of Denial” Subsection of the Section entitled “Submitting a Claim” on page 131 of the Sound PPO Plan SPD, page 128 of the SoundPlus PPO Plan SPD, page 120 of the Sound Kaiser Permanente Plan SPD, and page 118 of the SoundPlus Kaiser Permanente Plan SPD:

INITIAL CLAIM DENIAL INVOLVING DISCRETIONARY DETERMINATION OF DISABILITY BY THE TRUST

In the case of a denial of your claim for disability benefits that is based on a determination by the Trust (and not by a third party such as the Social Security Administration (SSA)), that you are not disabled under the Plan rules, the written notice of denial will include:

1. A discussion of the decision, including an explanation of the Trust’s basis for disagreeing with or not following:
 - (a) The views you presented to the Trust of health care professionals treating you and vocational professionals who evaluated you (if any);
 - (b) The views of any medical or vocational experts whose advice was obtained on behalf of the Trust in connection with the denial of your claim, even if the advice was not relied upon in making the determination; and

- (c) A disability determination made by the Social Security Administration, if you provided it to the Trust;
2. If the adverse determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Trust to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request;
3. A copy of the specific internal rules, guidelines, protocols, standards, or other similar criteria of the Trust relied upon in making the adverse benefit determination or, alternatively, a statement that such rules, guidelines, protocols, standards, or other similar criteria of the Trust do not exist;
4. A statement that you are entitled to receive, upon request, and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits; and
5. A statement of your right to bring an action under Section 502(a) of ERISA after you exhaust the Trust's appeal procedures, including a description of any contractual limitations period that applies to your right to bring an action, including the calendar date on which the contractual limitations period expires for the claim.

The written notice of denial will be provided in a culturally and linguistically appropriate manner clearly indicating how to access the language services provided by the Trust, if this applies to your claim. Additionally, a denial of your claim also includes a rescission of your disability coverage, unless it is attributable to a failure to timely pay required premiums or contributions towards the cost of coverage.

2. Effective for claims filed after April 1, 2018, the following language is added at the end of the "Contents of Decision" Subsection of the Section entitled "Filing an Appeal" on page 135 of the Sound PPO Plan SPD, page 132 of the SoundPlus PPO Plan SPD, page 124 of the Sound Kaiser Permanente Plan SPD, and page 122 of the SoundPlus Kaiser Permanente Plan SPD:

**DECISION ON APPEAL INVOLVING DISCRETIONARY DETERMINATION OF
DISABILITY BY THE TRUST**

Prior to issuing a denial of an appeal of a claim for a disability benefit that is based on a determination by the Appeals Committee or the Hearings Committee of the Board of Trustees (and not by a third party such as the Social Security Administration (SSA)), that you are not disabled under the Plan rules, the Trust Office will provide you, free of charge, with any new or additional evidence considered, relied upon, or generated by the Trust in connection with the claim, and/or with any new or additional rationale for denying the claim, as soon as possible and sufficiently in advance of the date the appeal is to be considered to give you a reasonable opportunity to respond prior to the date the appeal will be considered.

In the case of a denial of your appeal to the Appeals Committee or the Hearings Committee involving this type of disability benefits, you will receive a written notice of denial that includes all of the information provided in "Initial Claim Denial Involving Discretionary Determination of Disability by the Trust" (explained on page ##).

3. Effective March 15, 2018, the following language is added to the list of covered services under the Section entitled "Covered Medical Expenses" beginning on page 50 of the Sound PPO Plan SPD, page 42 of the SoundPlus PPO Plan SPD, page 49 of the Sound Kaiser Permanente Plan SPD, and page 43 of the SoundPlus Kaiser Permanente Plan SPD:

3-D Mammograms

The Plan covers 3-D mammograms every other year if you are over the age of 50.

4. Effective October 1, 2017, the following language under the "Physician Visits" Subsection of the Section entitled "Covered Medical Expenses" on page 61 of the Sound PPO Plan SPD and page 54 of the SoundPlus PPO Plan SPD is deleted:

- Phone or other consultation fees when a patient is not physically seen by a physician

5. Effective October 1, 2017, the fourth line under the Section entitled "Medical Exclusions and Limitations" on page 68 of the Sound PPO Plan SPD and page 61 of the SoundPlus PPO Plan SPD is revised to read as follows (deleted language shown in strikethrough):

- 4. Charges for missed appointments, ~~telephone consultations when a patient is not physically seen by a physician~~ or completion of claim forms.

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Sound Health & Wellness Trust
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6. Effective April 1, 2017, the following language replaces the first paragraph under the “Rehabilitation” Subsection of the Section entitled “Covered Medical Expenses” on page 63 of the Sound PPO Plan SPD and page 55 of the SoundPlus PPO Plan SPD:

Rehabilitation services are limited to a maximum of 45 outpatient visits per condition per calendar year. Inpatient stays are limited to a maximum of 30 days per condition per calendar year. Therapy must be by a referral from a physician, ARNP, or PA or podiatrist (DPM) for physical therapy and meet specific Plan criteria; contact the Trust Office for those criteria.

If you have any questions about this notice or want further information about these rules, please contact the Trust Office at 206.282.4500 or 800.225.7620.