



October 2020

SUMMARY OF MATERIAL MODIFICATIONS

TO: ALL SOUND HEALTH & WELLNESS TRUST PLAN PARTICIPANTS

As communicated in Notices sent previously, the Board of Trustees of Sound Health & Wellness Trust (“Trust”) has adopted certain temporary benefit changes to help Participants who may be impacted by COVID-19 keep health coverage during this time. **The Board has decided to extend these changes through September 2020 hours.** Please see below for specific information.

This summary of material modifications describes the coverage extension as well as changes to the rehabilitation benefit. You should keep it with your Summary Plan Description (“SPD”).

1. The following language is added to the end of the “Continuation of Eligibility” Section on page 16 of the Sound PPO Plan SPD, page 12 of the SoundPlus PPO Plan SPD, page 16 of the Sound Kaiser Permanente Plan SPD and page 12 of the SoundPlus Kaiser Permanente Plan SPD:

COVID-19 TEMPORARY EXTENSION OF COVERAGE

If you stopped working or worked reduced hours in March, April, May, June, July, August or September 2020 due to one or more of the COVID-19 related reasons listed below and will lose coverage in May, June, July, August, September, October or November 2020, your coverage for May-November 2020 may continue.

In order to continue your coverage you must be able to demonstrate to the Trust Office that you stopped working or worked reduced hours in March-September 2020 because you were:

- (1) subject to a federal, state, or local quarantine or isolation order that is related to COVID-19;
- (2) advised by a health care provider to self-quarantine due to COVID-19, including if doctor says that pre-existing condition presents undue risk of working;
- (3) experiencing symptoms of COVID-19 and seeking medical attention;
- (4) providing necessary care for an individual subject to a quarantine order or who has been advised to self-quarantine by a health care provider;
- (5) caring for your child and the child’s school or place of care is closed or the child care provider is unavailable due to COVID-19;

- (6) experiencing other similar conditions specified by the Secretary of Health and Human Services;
- (7) considered high risk, as defined in Proclamation 20-46 by the Washington State Governor or Washington State law; or
- (8) employed by an employer that closed or reduced staff subject to a federal, state, or local quarantine isolation order that is related to COVID-19 and your employer continues to make contributions on your behalf. Contributions would be calculated based on the employee's average monthly hours.

PLEASE CONTACT THE TRUST OFFICE IMMEDIATELY IF YOUR WORK WAS REDUCED FOR ANY OF THESE REASONS.

2. Effective September 16, 2020, under the Section entitled “Rehabilitation Services” on page 62 of the Sound Kaiser Permanente Plan SPD and page 56 of the SoundPlus Kaiser Permanente Plan SPD, the first bulleted item is revised to read as follows:

- Inpatient physical, occupational, speech, pulmonary and cardiac therapy to restore function following illness, injury or surgery, including services for neurodevelopmentally disabled children, are covered for up to 30 days combined per condition per calendar year. Preauthorization is required if a community provider is utilized.

3. Effective September 16, 2020, under the Section entitled “Neurodevelopmental Therapy” on page 60 of the Sound PPO Plan SPD and page 53 of the SoundPlus PPO Plan SPD the section is deleted entirely. Neurodevelopmental therapy includes speech, physical, and occupational therapy. These services are covered subject to the conditions described under the Rehabilitation Section on page 63 of the Sound PPO Plan SPD and page 55 of the SoundPlus PPO Plan SPD.

4. Effective September 16, 2020, under the Section entitled “Rehabilitation” on page 63 of the Sound PPO Plan SPD and page 55 of the SoundPlus PPO Plan SPD the section has been revised to read as follows:

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 and meet specific plan criteria; contact the Trust Office for those criteria.

The Plan covers the following Medically Necessary rehabilitation services for disabling conditions to restore or significantly improve function that was lost due to acute injury or illness or related to congenital conditions that impede function:

- Inpatient rehabilitation coverage requires preauthorization (see page 41). Coverage will be provided at the appropriate level of care (hospital, skilled nursing facility, and outpatient). Guidelines include, but are not limited to, the following:

- The patient's condition must require 24-hour availability of a physician with training and/or experience in rehabilitation
 - The physician's involvement must be greater than is normally provided in a skilled nursing facility
 - If the medical condition does not allow the patient to obtain outpatient services, the patient must require and receive at least three hours of physical, speech or occupational therapy each day for at least five days per week
 - Services must be provided in an approved rehabilitation facility; the facility must not be one that primarily provides general care for the elderly, custodial care or because the patient lives alone
 - When rehabilitation follows acute care in a continuous inpatient stay, inpatient rehabilitation benefits start on the day care becomes primarily rehabilitative.

- Outpatient rehabilitation coverage is limited to a maximum of 45 outpatient visits per condition per calendar year for all types of therapy combined. All outpatient rehabilitation must have a treatment plan submitted to the Trust Office in advance. Benefits are subject to the following:
 - The patient must not be confined in a hospital or other medical facility
 - The therapy must be part of a formal written treatment plan prescribed by the patient's physician
 - Services must be provided by an approved hospital, physician or physical, occupational or speech therapist
 - Services must be reasonably expected to significantly improve self-sustaining function within 90 days of the date outpatient therapy begins
 - The Plan does not cover services considered maintenance or custodial, or when no further improvements are expected
 - Speech therapy is only covered when required because of brain or nerve damage caused by trauma, disease, stroke, or congenital conditions that impede speech or swallowing for services necessary for the diagnosis and treatment of swallowing disorders (dysphagia) and for individuals who have had speech disorders or deficits, due to other systemic illness or injury, which are Medically Necessary and conform to all other requirements for coverage under the Plan.

- Occupational therapy

- Physical therapy

- Massage therapy (must be ordered by a physician as part of a physical therapy program)

- Biofeedback for the treatment of pain

- Cardiac therapy for patients with documented diagnosis of acute myocardial infarction within the preceding 12 months, for patients who have had coronary

bypass surgery, and for patients with coronary occlusions or stable angina pectoris. Treatment is covered when care is:

- Prescribed, provided and monitored by a covered provider, as defined by the Plan, under the supervision of a physician
 - Provided at an approved rehabilitation facility or hospital
 - Targeted to cardiac deficiencies documented by medical tests and expected levels of recovery
 - Initiated within 12 weeks after acute care treatment for the medical condition ends
- Pulmonary therapy for patients with a documented diagnosis within the preceding 12 months. Treatment is covered when care is:
 - Prescribed, provided and monitored by a covered provider, under the supervision of a physician
 - Provided at an approved rehabilitation facility or hospital
 - Targeted to pulmonary deficiencies documented by medical tests and expected levels of recovery
 - Initiated within 12 weeks after acute care treatment for the medical condition ends

The plan does not cover the following:

- Services for palliative, recreational, relaxation or maintenance therapy
- Services for on-the-job injuries or work-related injuries or illnesses
- Services provided by a registered or licensed therapist who resides in your home or is related by blood or marriage

5. Effective March 18, 2020 through December 31, 2020, the following language is added to the end of the “General Eligibility” subsection of the Section entitled “Eligibility” on page 9 of the Sound PPO Plan SPD, the SoundPlus PPO Plan SPD, the Sound Kaiser Permanente Plan SPD, and the SoundPlus Kaiser Permanente Plan SPD:

If you are a Pensioner under the Sound Retirement Trust, until December 31, 2020 you are able to return to work in any employment in the industry and continue to collect your pension, regardless of the number of hours you decide to work. However, if you are a Pensioner and decide to work in Covered Employment during this period you will not become eligible for benefits from the Sound Health & Wellness Trust based on the covered work you perform.

We will update you of any new developments and if you have any questions about this notice, please contact the Trust Office at 206.282.4500 or 800.225.7620.