



March 31, 2023

SUMMARY OF MATERIAL MODIFICATIONS

TO: ALL PARTICIPANTS IN THE PPO SOUND HEALTH & WELLNESS TRUST

The Board of Trustees of Sound Health & Wellness Trust (“Trust”) has adopted the following changes to your benefits. **Except as noted otherwise below, these changes are effective for claims incurred on or after June 1, 2022.** Please keep this document with your Summary Plan Description (“SPD”).

1. Your podiatry benefit for routine foot care has increased from \$20 to \$80. This replaces the fourth bullet point under the third paragraph of the “Annual Out-Of-Pocket Maximum For Essential Health Benefits” Subsection of the Section entitled “Medical Benefits” on page 45 of the Sound PPO Plan SPD and page 38 of the SoundPlus PPO Plan SPD:

→ Allowed amounts above the routine foot care podiatry \$80 allowed per visit;

The following language replaces the first paragraph of the “Podiatry” Subsection of the Section entitled “Medical Benefits” on page 62 of the Sound PPO Plan SPD and page 54 of the SoundPlus PPO Plan SPD:

Services by a podiatrist or physician for routine foot care are covered up to \$80 per visit (no more than one visit per day), and a maximum of 12 visits per calendar year.

2. Your chiropractic treatment benefit per visit has increased from \$30 to \$60. This replaces the third bullet point underneath the third paragraph of the “Annual Out-Of-Pocket Maximum For Essential Health Benefits” Subsection of the Section entitled “Medical Benefits” on page 45 of the Sound PPO Plan SPD and page 38 of the SoundPlus PPO Plan SPD:

→ Allowed amounts above the chiropractic \$60 allowed per visit;

3. The following language replaces the first paragraph of the “Chiropractic Treatment” Subsection of the Section entitled “Medical Benefits” on page 51 of the Sound PPO Plan SPD and page 44 of the SoundPlus PPO Plan SPD:

Benefits include treatment by a chiropractor for a musculoskeletal disorder (bone, muscle, joint and tendon) up to \$60 per visit, 20 visits per calendar year (not more than one visit per day).

4. Your vision benefit has improved. This replaces the chart in the “Covered Vision Expenses” Subsection of the Section entitled “Vision Care” on page 78 of the Sound PPO Plan SPD and page 71 of the SoundPlus PPO Plan SPD:

COVERED EXPENSE	IF YOU SEE A VSP PROVIDER THE PLAN REIMBURSES...
<i>Frames (once/24 months from last date of service)</i>	up to \$170
<i>Lenses</i> <ul style="list-style-type: none"> • <i>Progressive – standard</i> • <i>Anti-reflective coating</i> 	100% 100% after \$35 copay
<i>Contacts</i> <ul style="list-style-type: none"> • <i>Elective</i> 	100% up to \$170 for contacts

5. Your vision benefit now covers progressive multifocal lenses” and the “Vision Limitations and Exclusions” Subsection of the Section entitled “Vision Care” on page 80 of the Sound PPO Plan SPD and page 73 of the SoundPlus PPO Plan SPD is deleted.

6. Your dental benefit has been modified to remove the deductible requirement for “Class I” services, as described in the SPD. The chart below updates the chart in the “DDWA Preferred Dental Option” Subsection of the Section entitled “Dental Benefits” on page 84 of the Sound PPO Plan SPD and page 77 of the SoundPlus PPO Plan SPD:

<i>Each person per calendar year</i>	\$10 (waived for Class I services)
<i>Each family per calendar year</i>	\$30 (waived for Class I services)

7. Your hearing care benefit has been improved. The following language replaces the first paragraph of the “Hearing Care” Subsection of the Section entitled “Medical Benefits” on page 53 of the Sound PPO Plan SPD and page 46 of the SoundPlus PPO Plan SPD:

Benefits include hearing exams and hearing aids, up to a \$2,000 maximum in a period of three consecutive calendar years. Evaluations ordered by your physician, including hearing aid examinations and fittings, are also covered and will be treated as any other covered expense and will not count towards the \$2,000 hearing aid maximum.

8. Effective February 9, 2023, the following language replaces “Gender Dysphoria Treatment” in its entirety on page 52 of the Sound PPO Plan SPD and page 45 of the SoundPlus PPO Plan SPD:

Gender Dysphoria Treatment

Treatment of gender dysphoria will be considered a covered service, provided that all relevant terms of the Plan are met. All covered services must be Medically

Necessary and cosmetic procedures are not covered services under the Plan.

Preauthorization of all treatment services is required, and all requested services will be subject to review by Aetna or the Plan's current utilization management vendor utilizing evidence-based criteria. Covered services may include supportive mental health counseling and treatment of any additional co-morbid mental health conditions, hormonal treatment interventions including medications, orchiectomy, oophorectomy and hysterectomy, as well as genital reconstructive surgery, and certain surgical procedures including hair removal of the throat and face for participants who are assigned male or non-binary at birth and as otherwise required prior to reconstructive genital procedures, laryngoplasty and breast augmentation utilizing implants for participants assigned male at birth, mastectomy for those assigned female at birth. Facial contouring and other facial reconstructive surgeries and procedures including but not limited to hairline advancement and transplantation and collagen injections, liposuction, abdominoplasty, and other cosmetic procedures are not covered services under the Plan.

Reversal of procedures for previously performed genital surgery or surgery performed to alter secondary sex characteristics, voice modification surgery and speech therapy for the purposes of voice modification, additional cosmetic breast augmentation procedures beyond initially approved procedures and other cosmetic procedures are also not covered services under the Plan.

For services to be considered a covered service, patients must coordinate care through the Trust's designated Behavioral Health Case Management program. Your physician can begin the process by calling the Trust's utilization management vendor, Aetna, at (888) 632-3862 and selecting the Behavioral Health option.

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