NORTHERN CALIFORNIA TILE INDUSTRY HEALTH AND WELFARE PLAN
(As revised January 1, 2023)

FIRST AMENDMENT

Pursuant to the powers conferred upon them by Section 5.5 of Article V of the Restated Agreement and Declaration of Trust to adopt and from time to time amend, alter or otherwise change the Welfare Plan, the Board of Trustees, acting at its meeting of March 15, 2023, amended the Northern California Tile Industry Health and Welfare Plan as follows, to be effective on the date noted below, and authorized the Chairman and Secretary to authenticate the same by affixing their signatures thereto:

1. Effective March 15, 2023, amend Part 2, Article II, Section A.2 in its entirety to state as follows:

2. Prior Utilization Review: Prior Utilization Review is also required for the following services. This is not a complete list. All of the standard Blue Shield of California requirements for prior authorization and Utilization Review, as changed from time to time, apply. Call (800) 541-6652 for more information:

(a) Non-emergency Hospital Admission
(b) Outpatient Surgery
(c) Skilled Nursing Admission/Admission into an approved Hospice Program
(d) Non-PPO Home Health Care/Private Nursing/Outpatient Hospice Services
(e) Non-PPO Provider Home Infusion/Injectable Therapy
(f) Select Injectable Drugs, except injectable contraceptives (prior authorization not required) administered in the Physician office setting
(g) Durable Medical Equipment, including but not limited to motorized wheelchairs, insulin infusion pumps, and Continuous Glucose Monitoring Systems (CGMS), except breast pumps (prior authorization not required)
(h) Reconstructive Surgery
(i) Orthognathic Surgery of temporomandibular joint (TMJ) Services
(j) Hemophilia home infusion products and services
(k) The following radiological procedures when performed in an Outpatient setting on a non-emergency basis: CT (Computerized Tomography) scans, MRIs (Magnetic Resonance Imaging), MRAs (Magnetic Resonance Angiography), PET (Positron Emission Tomography) scans, and any cardiac diagnostic procedure utilizing Nuclear Medicine
(l) All Transplants
(m) All bariatric surgery
(n) Outpatient Behavioral Health Treatment, Outpatient Partial Hospitalization, Intensive Outpatient Care and Outpatient ECT Services for the treatment of Mental Health Conditions
(o) Medically Necessary dental and orthodontic Services that are an integral part of Reconstructive Surgery for cleft palate procedures
(p) Sleep disorder treatment
(q) Gene Therapy.

Utilization Review for the admissions and services listed above is provided by Blue Shield of California. The telephone number for the Blue Shield of California UR Program is (800) 541-6652. See Section C, Notification Guidelines, below for more information on how to obtain Utilization Review from Blue Shield of California.

The Blue Shield of California Utilization Review Program ("UR Program") provides preadmission review, concurrent review and discharge planning on hospital admissions.

1. Preadmission Review: review is performed for admissions for scheduled procedures, prior to admission.
2. Concurrent Review: review is performed for scheduled and nonscheduled admissions during confinement.
3. Discharge Planning: where necessary, arrangements are made to facilitate earliest dismissal possible which is consistent with the patient's medical condition.

Covered Medical Charges do not include charges which are not medically necessary, except for charges for Preventive Services as defined in Part 2, Article III, Section Z of these Rules if such services are provided by a PPO Provider.

Charges, other than charges for Preventive Services as defined in Part 2, Article III, Section Z of these Rules that are provided by a PPO Provider, which are determined by the UR Program to be not medically necessary are not Covered Medical Charges, and no benefits will be paid for such charges. This could include any or all days of inpatient hospital confinement.

2. Effective March 15, 2023, amend Part 2, Article III, to add a new subsection AC to state as follows:

AC. **GENE THERAPY**

The Plan covers gene therapy, as well as any drugs, procedures, or health care services related to the introduction of genetic material into a person, intended for the purpose of replacing or correcting faulty or missing genetic material. Only gene therapy approved by the Food and Drug Administration, including future products as determined by the Food and Drug Administration, are covered when determined to be Medically Necessary. Prior approval of the Utilization Review agency must be obtained before starting gene therapy.

IN WITNESS of the adoption of this amendment, the Chairman and Secretary hereby subscribe their names, on the dates indicated.

Richard Romanchi
Chairman

Date: 3-15-23

DocuSigned by:
Richard Hill
BE97F4C79AC840B...
Secretary

Date: 3/15/2023 | 4:19 PM EDT