



**To:** Members of the Inlandboatmen's Union of the Pacific National Health Benefit Trust PPO Plan

**From:** Board of Trustees

**Date:** May 2024

**Re:** PPO Plan Summary Plan Description – **No Action Required**

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Federal law requires that an updated Summary Plan Description for the Inlandboatmen's Union of the Pacific National Health Benefit Trust PPO Plan be distributed to all participants periodically. Enclosed is the recently updated Summary Plan Description for the Plan, which incorporates all changes made to the Plan through January 1, 2024. Please see the reverse side of this letter for a Summary of Key Benefit Changes.

The Summary Plan Description describes certain key features of the Plan, such as the Plan's eligibility requirements; medical benefits coverage and exclusions; dental, vision, time loss, and life insurance benefits; and how to file benefit claims and appeals.

Although the Summary Plan Description describes certain key features about the Plan, it does not provide detailed descriptions of all aspects of the Plan. If you have questions about specific Plan details or need assistance understanding your benefits, please contact the Plan administrator:

BeneSys, Inc.

Phone: (503) 224-0048

(800) 547-4457

Monday – Friday, 5 a.m.–5 p.m. Pacific Time

Web: [www.ibubenefits.org](http://www.ibubenefits.org)

## Summary of Key Benefit Changes

- Special Enrollment Rights (pages 11-13) – If you or your dependent(s) qualify for special enrollment rights, you will have 120 days to make the allowed change to coverage. (Previously the time period was 60 days.) See Special Enrollment Rights starting on page 11 of the enclosed booklet for details.
- Coverage for Surviving Spouses (page 11) – In the event of a covered employee's death, the surviving spouse's coverage will continue, as long as the spouse is eligible for a benefit, was enrolled in coverage at the time of the employee's death, and does not remarry.
- Prior Authorization (page 26) – Genetic testing is added to the list of services requiring prior authorization.
- Mental Health Benefit (page 30) – The definition of covered services is expanded to include treatment of eating disorders; physical, speech or occupational therapy provided for treatment of psychiatric conditions, such as autism spectrum disorders; and applied behavioral analysis (ABA).
- Home Health Care (page 33) – Speech therapy and physical therapy, when medically necessary, are added to the list of covered services.
- Exclusions (pages 43-44): Treatment of eating disorders is removed from the list of exclusions.
- Exclusions (page 44): The following exclusions are clarified:
  - Charges that are required as a result of complication from a service not covered under the Plan, unless expressly stated otherwise.
  - General anesthesia, nursing and related hospital expenses in connection with an inpatient or outpatient dental procedure.
  - Foot care, including treatment for weak, unstable or flat feet, bunions (unless an open cutting operation is performed), corns, calluses or toenails, unless at least part of the nail matrix is removed. This exclusion does not apply when treatment is medically necessary due to diabetes or peripheral vascular disease.