Indiana/Kentucky/Ohio Regional Council of Carpenters' Fringe Benefit Funds

P.O. Box 969, Troy, MI 48099-0969
(800) 700-6756

November 2023

To: All Participants of the Indiana/Kentucky/Ohio Regional Council of Carpenters' Welfare Plan

From: Board of Trustees of the Indiana/Kentucky/Ohio Regional Council of Carpenters' Welfare Plan

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Please read this Notice carefully. It contains important information about changes to the Indiana/Kentucky/Ohio Regional Council of Carpenters' Welfare Plan (Plan). Please keep this notice with your Indiana/Kentucky/Ohio Regional Council of Carpenters' Welfare Fund Summary Plan Description (SPD).

1. CHANGES TO APPEAL PROCESS FOR MEDICAL CLAIMS EFFECTIVE JANUARY 1, 2023

With the switch to Independence Administrators, the appeals process for medical benefits also changed. As of January 1, 2023, all medical appeals have been handled by Independence Administrators or an External Review Organization (ERO), where applicable.

Effective January 1, 2024, the procedure will be modified, as summarized below:

- There are two types of appeals: Complaints and Grievances.
- Grievances are appeals arising from the denial of claims for lack of "medical necessity." (To be covered by the Plan, all services received must be medically necessary, as defined by the Plan. A claim is denied if it does not meet this standard.)
- Complaints are all other appeals. This would include claims denied for lack of eligibility, plan exclusions, etc.
- For both Grievances and Complaints, there are two levels of appeal, as follows:
    - Grievances (i.e., claims denied for lack of Medical Necessity)
        - First level appeals must be filed within 180 days of the claim denial and sent to Independence Administrators, Appeals Department, PO Box 21974, Eagan, MN 55121. Instructions for filing a first level appeal will be included on a participant's Explanation of Benefits (EOB).

- If Independence denies the first level appeal, a second level appeal may be submitted to an External Review Organization (ERO). When a participant receives a first level denial from Independence, it will include instructions on how to file a second level appeal with an ERO. Second level appeals must be filed within 180 days of the first level appeal denial.

- If the ERO denies your appeal, you will have the right to bring a civil action under ERISA within 180 days of the ERO appeal denial. Independence Administrators will send a letter confirming the ERO decision and providing further information on the right to bring a civil suit, as applicable.

- Complaints (Claims denied for reasons other than lack of Medical Necessity)

  - First level appeals must be filed within 180 days of the claim denial and sent to Independence Administrators, Appeals Department, PO Box 21974, Eagan, MN 55121. Instructions for filing a first level appeal will be included on a participant's Explanation of Benefits (EOB).

  - If Independence denies the first level appeal, a second level appeal may be submitted to the Board of Trustees of the Indiana/Kentucky/Ohio Regional Council of Carpenters' Welfare Plan, c/o BeneSys Inc., 700 Tower Drive., Suite 300, Troy, MI 48098. Second level appeals must be filed within 60 days of the first level appeal denial.

  - If the Board of Trustees denies the second level appeal, a participant will have the right to bring a civil action under ERISA within 180 days of the Board's appeal denial. A participant will receive a letter from the Fund Office, on behalf of the Board, explaining its decision on appeal and the right to bring a civil suit, as applicable.

2. PRECERTIFICATION REQUIREMENTS EFFECTIVE JANUARY 1, 2023

Under the terms of the Plan, certain hospital admissions and procedures must be reviewed prior to delivery to ensure medical necessity and other requirements of coverage are met. This is known as "precertification."

Normally, the precertification process is handled by your prescribing physician. However, it is ultimately your responsibility to ensure that precertification occurs.

Attached to this notice please find the current list of items or services that must be precertified under the terms of the Plan.

If precertification is denied, you may appeal that decision as set forth above.

3. TELEDOC FOR TELEMEDICINE SERVICES EFFECTIVE JANUARY 1, 2024

Effective January 1, 2024, Teladoc will replace MDLive as the Fund's telemedicine provider. Teladoc is a program that allows Covered Persons to contact a Physician online (with a webcam) or through a smartphone 24 hours a day, 7 days a week, for non-emergency issues. Teladoc is accessible at www.TeladocHealth.com via telephone at: 1-800-835-2362. Visits through Teladoc are covered 100% (in-network only).

4. COVERAGE FOR WEIGHT LOSS DRUGS

Certain weight loss drugs are covered under the Plan's Prescription Drug Program. There are different criteria that must be met to obtain coverage, depending on the drug prescribed. In general, the following criteria must be met to be approved for coverage initially:

(1) At least 18 years of age; and
(2) Engage in behavioral modification and a reduced-calorie diet (may be required prior to starting drug coverage); and
(3) Have a Body Mass Index (BMI):
    - Equal or greater than 30; or
    - Equal or greater than 27 and at least one of the following risk factors:
        - Type 2 diabetes;
        - Hypertension;
        - Dyslipidemia; obstructive sleep apnea, or
        - Cardiovascular disease.

For more information, please contact the Fund Office at: 800-700-6756

5. IMPORTANT PHONE NUMBERS

Here is a list of important phone numbers:

Medical Claims:	Contact Independence Administrators (IA) at 1-833-242-3330
All Benefit Questions Other than Medical:	Contact BeneSys at 800-700-6756.
Eligibility:	Contact BeneSys at 800-700-6756.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE FUND OFFICE AT 800-700-6756.

Services that require precertification

Core Precertification List Effective: 7/1/2023

This applies to services performed on an elective, non-emergency basis. Because a service or item is subject to precertification, it does not guarantee coverage. The terms and conditions of your benefit plan must be reviewed to determine if any of these services or items are excluded. For your reference, we have published a list of medical codes for services that require precertification, which is available on our Medical Policy Portal.Some services or supplies in this list may not be covered by your benefits plan. Please check your benefit plan documents.

Inpatient services

- Acute rehabilitation admissions
- Elective surgical and nonsurgical inpatient admissions
- Elective inpatient hospital-to-hospital transfers
- Inpatient hospice admissions
- Long term acute care (LTAC) facility admissions
- Skilled nursing facility admissions

Procedures

- Obesity surgery

Reconstructive procedures and potentially cosmetic procedures

- Blepharoplasty/blepharoptosis repair
- Bone graft, genioplasty, and mentoplasty
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, insertion and removal of breast implants
- Canthopexy/canthoplasty
- Cervicoplasty
- Chemical peels
- Dermabrasion
- Excision of subcutaneous skin and/or subcutaneous tissue
- Gender reassignment surgery
- Genetically and bioengineered skin substitutes for wound care
- Hair transplants
- Injectable dermal fillers
- Keloid removal
- Lipectomy, liposuction, or any other excess fat removal procedure
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar revision
- Skin closures including:
  - Skin grafts
  - Skin flaps
  - Tissue grafts
- Surgery for varicose veins, including perforators and sclerotherapy

Experimental or investigational

Any procedure, device, or service that may be considered experimental or investigational including:

- New emerging technology/procedures, as well as existing technology and procedures applied for new uses and treatments

Day rehabilitation programs

Elective (nonemergency) ground, air, and sea ambulance transportation, including inpatient hospital-to-to hospital transfers

Outpatient private-duty nursing

Home-Care Services

- Enteral feeding therapy (tube feeding)
- Home health care
- Home infusion therapy
- Hospice

Prosthetics/orthoses

- Custom ankle-foot orthoses
- Custom knee-ankle-foot orthoses
- Custom knee braces
- Custom limb prosthetics including accessories/ components
- Repair or replacement of all prosthetics/orthoses that require precertification

Select Durable medical equipment (DME)

- Bone growth stimulators
  - Low intensity ultrasound noninvasive bone growth stimulation
  - Other than spinal noninvasive electrical bone growth stimulation
- Bone-anchored (osseointegrated) hearing aids
  - Bone conduction hearing aids
  - Cochlear implants
- Dynamic adjustable and static progressive stretching devices (excludes CPMs)
- Electric, power, and motorized wheelchairs including custom accessories
- Insulin pumps
- Manual wheelchairs with the exception of those that are rented
- Negative pressure wound therapy
- Neuromuscular stimulators
- Power operated vehicles (POV)
- Pressure reducing support surfaces including:
  - Air fluidized bed
  - Non-powered advanced pressure reducing mattress
  - Powered air flotation bed (low air loss therapy)
  - Powered pressure reducing mattress
- Push rim activated power assist devices
- Repair or replacement of all DME items that require precertification

- Speech generating devices

Medical foods

Hyperbaric oxygen therapy

Transplants

All transplant procedures, with the exception of corneal transplants

Mental health/serious mental illness/ substance abuse

- Mental health and serious mental illness treatment (inpatient/partial hospitalization programs/intensive outpatient programs)
- Repetitive transcranial magnetic stimulation (rTMS)
- Substance abuse treatment (inpatient/partial hospitalization programs/intensive outpatient programs)

Autism spectrum disorders

Applied behavioral analysis

Specialty drugs that require precertification

All listed brands and their generic equivalents or biosimilars require precertification. This list is subject to change.

Amyotrophic Lateral Sclerosis agents

- Qalsody ™ (tofersen)
- Radicava™ (ravulizumab)

Antineoplastic agents/Chemotherapy

- Abraxane® (paclitaxel protein-bound particles)
- Adcetris® (brentuximab vedotin)
- Adstiladrin® (nadofaragene firadenovec)
- Alimta® (pemetrexed disodium)
- Alymsys® (bevacizumab) (except for ophthalmological conditions)
- Avastin®‡ (bevacizumab) (except for ophthalmological conditions)
- Blincyto® (blinatumomab)
- Cyramza® (ramucirumab)
- Darzalex® (daratumumab)
- Darzalex Faspro™ (daratumumab/hyaluronidase-fihj)
- Elahere® (mirvetuximab soravtansine-gynx)
- Enhertu (fam-trastuzumab-deruxtecan-nxki)
- epcoritamab*
- Erbitux® (cetuximab)
- Erwinaze® (asparaginase *Erwinia chrysanthemi*)
- glofitamab*
- Herceptin®‡ (trastuzumab)
- Herceptin Hylecta™ Trastuzumab
- Herzuma ® (trastuzumab-pkrb)
- Imjudo® (tremelimumab)
- Kadcyla® (ado-trastuzumab emtansinel)
- Kanjinti™ (trastuzumab-anns)
- Kimmtrak®(tebentafusp-tebn)
- Kyprolis® (carfilzomib)
- Lumoxiti™ (moxetumomab pasudotox-tdfk)
- Lunsumio™ (mosumetuzumab-axgb)
- Margenza™ (margetuximab)
- mirvetuximab soravtansine*
- Monjuvi® (tafasitamab-cxix)
- mosunetuzumab*
- Mvasi™ (bevacizumab- awwb) (except for ophthalmological conditions)
- Ogivri™ (trastuzumab-dkst)
- Ontruzant® (trastuzumab-dttb)
- Opdualag™ (nivolumab and relatlimab-rmbw)
- oportuzumab monatox*
- Padcev™ (enfortumab vedotin-ejfv)
- Pemfexy™ (pemetrexed)
- Perjeta® (pertuzumab)
- Phesgo™ (pertuzumab/trastuzumab/hyaluronidase-zzxf)
- Polivy™ Polatuzumab vedotin-piiq
- Poteligeo™ (mogamulizumab)
- Provenge® (sipuleucel-T)
- Riabni™ (rituximab-arrx)
- Rituxan®‡ (rituximab)
- Rituxan Hycela™ (rituximab/hyaluronidase human)
- Ruxience™ Rituximab-pvvr
- Rybrevant (amivantamab-vmjw)
- Rylaze™ (asparaginase *Erwinia chrysanthemi* [recombinant]-rywn)
- Sarclisa® (isatuximab-irfc)
- SH-111*
- Taclanits* (paclitaxel injection concentrate for suspension)
- teclistamab*
- Tecvayli™ (teclistamab)
- Tivdak™ (tisotumab vedotin-tftv)
- Trazimera™ (trastuzumab-qyyp)
- tremelimumab*
- Trodelvy™ (sacituzumab govitecan-hziy)
- Truxima® (rituximab-abbs)
- Vegzelma® (bevacizumab-adcd) (excect for ophthalmological conditions)
- Yervoy™ (ipilimumab)
- Zepzelca™ (lurbinectedin)
- Zirabev® (except for ophthalmological conditions)
- Zynlonta™ (loncastuximab tesirine)

Anti-PD-1/ PD-L1 human monoclonal antibodies/Chemotherapy**

- balstilimab*
- Bavencio® (avelumab)
- Imfinzi™ (durvalumab)
- Jemperli (dostarlimab-gxly)
- Keytruda™ (pembrolizumab)
- Libtayo® (cemiplimab-rwlc)
- Opdivo® (nivolumab)
- penpulimab*
- retifanlimab*
- sintilimab*
- Tecentriq™ (atezolizumab)
- tislelizumab*
- toripalimab*

Bone-modifying agents

- Evenity® (romosozumab-aqqg)
- Prolia® (denosumab)
- Xgeva® (denosumab)

Botulinum toxin agents

- Botox® (onabotulinumtoxinA)

Chemotherapy-induced nausea and vomiting (CINV) agents

- Sustol® (granisetron extended-release for injection)

Chimeric antigen receptor (CAR-T) therapies/Chemotherapy**

- Abecma™ (idecabtagene vicleucel)
- Breyanzi® (lisocabtagene maraleucel)
- Carvykti™ (ciltacabtagene autoleucel)
- Kymriah™ (tisagenlecleucel)
- Tecartus™ (brexucabtagene autoleucel)
- Yescarta™ (axicabtagene ciloleucel)

Endocrine/metabolic agents

- Acthar H.P. ® (corticotropin)
- cosyntropin depot*
- Makena® (hydroxyprogesterone caproate)
- Sandostatin® LAR (octreotide) **/chemotherapy**
- Somatuline® depot (lanreotide) **/chemotherapy**

Enzyme replacement agents**

- Aldurazyme® (laronidase)
- Brineura™ (cerliponase alfa)
- Cerezyme® (imiglucerase)
- cipaglucosidase alfa*
- Elaprase® (idursulfase)
- Elelyso® (taliglucerase alfa)
- Fabrazyme® (agalsidase beta)
- Kanuma® (sebelipase alfa)
- Lamzede® (velmanase alfa-tycv)
- Lumizyme® (alglucosidase alfa)
- Mepsevii™ (vestronidase alfa-vjbk)
- Naglazyme® (galsulfase)
- Nexviazyme® (avalglucosidase alfa)
- pegunigalsidase alfa*
- Revcovi™ (elapegademase-lvlr)
- Vimizim™ (elosulfase alfa)
- VPRIV® (velaglucerase alfa)
- Xenpozyme® (olipudase alfa)

Gene Replacement/Gene Editing therapy**

- beremagene

‡ Precertification requirements apply to all FDA-approved biosimilars to this reference product.

* Pending FDA approval.

** All drugs that can be classified under this header require precertification. This includes any unlisted brand or generic names or biosimilars, as well as new drugs that are approved by the FDA in that class during the course of the benefit year.

Specialty drugs that require precertification

(continued)

All listed brands and their generic equivalents or biosimilars require precertification. This list is subject to change.

- geperpavec*
- etranacogene dezaparvovec*
- Luxturna™ (voretigene neparvovec-rzyl)
- Roctavian* (valoctocogene roxaparvovec)
- Skysona™ (elivaldogene autotemcel)
- Zolgensma® (onasemnogene abeparvovec-xioi)
- Zynteglo® (betibeglogene autotemcel)

Hemophilia/Coagulation factors**

Hyaluronate acid products

- Durolane®
- Euflexxa™
- Gel-One®
- Gelsyn-3™
- GenVisc 850®
- Hyalgan®
- Hymovis®
- Supartz®
- Synojoynt™
- Triluron™
- TriVisc™
- VISCO-3®

Immunological agents

- Actemra® IV (tocilizumab)
- Avsola™ (infliximab-axxq)
- Benlysta® IV (belimumab)
- Entyvio™ (vedolizumab)
- Ilumya™ (infliximab-dyyb)
- Inflectra™ (tildrakizumab- asmn)
- Infliximab (unbranded)
- Ixifi™ (infliximab-qbtx)
- mirikizumab*
- Orencia® IV (abatacept)
- Remicade®‡ (infliximab)
- Renflexis™ (infliximab- abda)
- Saphnelo™(anifrolumab)
- Simponi® Aria (golimumab for infusion)
- Skyrizi ® IV*(risankizumab-rzaa)
- Spevigo® (spesolimab)
- Stelara® IV (ustekinumab)

Intravenous Immune Globulin/ Subcutaneous Immune Globulin (IVIG/SCIG)**

Multiple sclerosis agents**

- Lemtrada® (alemtuzumab)
- Ocrevus™ (ocrelizumab)
- Tysabri® (natalizumab)
- ublituximab*

Neutropenia

- efbemalenograstim*
- Fulphila™ (pegfilgrastim- jmbd)
- Fylnetra® (pegfilgrastim-pbbk)
- Lapelga*
- Neulasta®‡ (pegfilgrastim)
- Neulasta Onpro™ (pegfilgrastim body injector kit)
- Neupogen® (filgrastim)
- Nivestym™ (filgrastim-aafi)
- Nyvepria™ (pegfilgrastim-apgf)
- plinabulin*
- Releuko ™ (filgrastim-ayow)
- Rolvedon™ (eflapegrastim)
- Stimufend® (pegfilgrastim-fpgk)
- Udenyca ™ (pegfilgrastim-cbqv)
- Ziextenzo® (pegfilgrastim-bmez)

Ophthalmic agents

- abicipar*
- aflibercept (high-dose)*
- Beovu® (brolucizumab-dbll)
- bevacizumab-vikg*
- Byooviz™ (ranibizumab-nuna)
- Cimerli™ (ranibizumab-eqrn)
- Eylea®‡ (aflibercept)
- Lucentis®‡ (ranibizumab)
- Susvimo™ (ranibizumab injection, port delivery system)
- Tepezza™ (teprotumumab-trbw)
- Vabysmo® (faricimab-svoa)

Pulmonary arterial hypertension**

- Flolan® (epoprostenol GM)
- Remodulin® (treprostinil)
- Revatio® (sildenafil)
- Trevyent* (treprostinil)
- Tyvaso® (treprostinil)
- Veletri® (epoprostenol AS)
- Ventavis® (iloprost)

Respiratory agents

- Cinqair® (reslizumab)
- Synagis® (respiratory syncytial virus [RSV], monoclonal antibody, recombinant)
- Tezspire™ (tezepelumab-ekko)
- Xolair® (omalizumab)

Respiratory enzymes (Alpha-1 antitrypsin)**

- Aralast
- Glassia™
- Prolastin®
- Zemaira®

Miscellaneous therapeutic agents

- Adakveo® (crizanlizumab-tmca)
- Amvuttra™ (vutrisiran)
- Cosela® (trilaciclib)
- Crysvita® (burosumab-twza)
- donislecel*
- Enjaymo (sutimlimab-jome)
- Evkeeza™ (evinacumab)
- Gamifant® (emapalumab-lzsg)
- Givlaari® (givosiran)
- Ilaris® (canakinumab)
- Krystexxa® (pegloticase)
- Leqvio® (inclisiran)
- narsoplimab*
- Onpattro ™ (patisiran)
- Oxlumo ® (lumasiran)
- Reblozyl® (luspatercept-aamt)
- Remune*
- Rethymic™ (allogeneic processed thymus tissue-agdc)
- Soliris®‡ (eculizumab)
- Spinraza™ (nusinersen)
- teplizumab*
- Tzield™ (teplizumab)
- Ultomiris ™ (ravulizumab-cwvz)
- Uplizna™ (inebilizumab)
- Vyepti™ (eptinezumab-jjmr)
- Vyvgart™ (efgartigimod alfa-fcab)
- Xiaflex®

‡ Precertification requirements apply to all FDA-approved biosimilars to this reference product.

* Pending FDA approval.

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