

THE Nelson Trust
Changes Effective July 1, 2017
SUMMARY OF MATERIAL MODIFICATION
ACTIVE PARTICPANT PLAN

Please keep this Summary of Material Modifications ("SMM") with your Benefit Booklet. Together, these documents inform you of your rights and benefits under The Nelson Trust Active Participant Plan. An updated Benefit Booklet and all SMMs issued for The Nelson Trust are available from the Trust Office (see address below) or on-line at:

www.nelson.aibpa.com.

The Board of Trustees has made changes to Active Participant Plan effective July 1, 2017. These changes are summarized on the pages. You should carefully review this information, which may replace and/or change Benefit Booklet provisions. You should also review this information with any enrolled spouse and/or dependent(s). Also included with this SMM is an updated Summary of Benefit and Coverage (commonly called a "SBC"). The SBC provides a summary of important plan provisions in chart format. You should keep this SMM and updated SBC with your Plan booklet.

1. General Description of Plan Changes.

The Active Participant Plan is subject to all Affordable Care Act (sometimes called "ACA" or "Obamacare") provisions, starting July 1, 2017. Prior to this date the Active Participant Plan is a "grandfathered" plan, and is not subject to all ACA requirements. The Board of Trustees decided to waive grandfathered status as of July 1, 2017. In general, this means that the Active Plan will cover more services. This SMM and the attached SBC summarize plan provisions starting July 1, 2017.

2. Name Change. As a formality, the Board of Trustees officially changed the name of the plan sponsor to The Nelson Trust. The Nelson Trust has been used for years as a short-hard reference. The official name of the plan sponsor was previously Northwest Forest Products Association-Woodworkers District 1, IAM, AFL-CIO Health and Welfare Plan (The Nelson Trust).

3. No Action Required.

You do not have to take any action regarding your Active Participant Plan coverage after July 1, 2017. However, you will want to review the SBC regarding plan benefits and coverages if you decide to add or drop a dependent before the next open enrollment period.

4. Questions and Plan Information.

You should refer to this SMM and the attached SBC and your SPD if you have any questions. You may also contact the Trust Office, which administers the Active Participant Plan.

Trust Office: BeneSys, Inc.
1220 SW Morrison Street, Suite 300
Portland, OR 97205-2222
Phone: 503-222-7696 800-811-8853 Fax: 503-228-0149

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CHANGES TO PRESCRIPTION DRUG COVERAGE THROUGH EXPRESS SCRIPTS, Inc. ("ESI")

1. **Annual Out of Pocket (OOP) Limit.** Effective 7/1/2017 the prescription drug out of pocket maximum is \$2,600 for an individual and \$5,200 per family. There is no current limit, so this change is a benefit improvement. In addition, since the change starts mid-year the maximum is prorated for the period 7/1/2017 to 12/31/2017: \$1,300 per individual and \$2,600 per family.
2. **Co-Pays for Preventive Drugs.** Effective 7/1/2017 there is no copay for certain preventive prescriptions, listed on the following chart.

<u>Item</u>	<u>Current Coverage</u>	<u>\$0 Copay Feature: Criteria & Product Eligibility</u>
Aspirin	No Coverage	<i>Adults < 60 years old for the prevention of cardiovascular events and preeclampsia; generic, over the counter products; ≤ 325 mg</i>
Fluoride	Generic & brand drugs covered	<i>Children between 6 months through 5 years old; generic, over the counter products and Rx products</i>
Folic Acid	No Coverage	<i>Adults < 51 years old; generic, over the counter products and Rx products; 0.4 – 0.8 mg strengths</i>
Tobacco Cessation	No Coverage	<i>Adults ≥ 18 and who use tobacco products: generic, over the counter products, and Rx; (180-day supply restriction within 365 days)</i>
Vitamin D	No Coverage	<i>Adults ≥ 65 and older: generic, over the counter products and Rx products</i>
Women's Contraception	Limited to select generic & brand oral contraceptives	<i>Adults < 51 years: see ESI's Preferred List of contraceptive services and supplies covered at \$0 copay¹</i>
Bowel Preps	Generic & brand drugs covered	<i>Adults > 49 and < 76 (limit 2 per 365 days): generic only Rx and over the counter products</i>
Breast Cancer Prevention	Generic & brand drugs covered	<i>"High Risk" adults ≥ 35 with no previous diagnosis of breast cancer: generic Rx: Tamoxifen, Raloxifene and Soltamox</i>

¹ Contraceptive coverage is expanded to include over the counter products (spermicide, female condom, and sponge), legend diaphragms and cervical caps, generic oral and injectable hormonal agents, Nuvaring, generic over the counter products emergency contraceptives and Ella, Intrauterine contraceptives (Mirena and Paragard only) and Nexplanon.

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CHANGES TO MEDICAL COVERAGE THROUGH PREMERA

Service	Current Coverage	Coverage as of 7/1/17
<i>Manipulations (spinal and others)</i>	\$16 per visit benefit (no annual limit) Deductible and coinsurance apply	12-visit limit per year using standard fees (in-network). Deductible and coinsurance apply
<i>Nicotine Dependency Cessation Programs</i>	Not currently covered.	Covered in full (in-network)
<i>Maternity Prenatal, Delivery & Postnatal Care</i>	Coverage for subscriber and spouse. Deductible and coinsurance apply	Coverage for dependent daughter now covered (in-network). Deductible and coinsurance apply
<i>Obstetrical Care for Dependent Daughters</i>	Not covered	Covered in full (in-network). Deductible and coinsurance apply
<i>Contraceptive Methods & Counseling</i>	Covered, but deductible and coinsurance apply	Covered in full (in-network)