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PLUMBERS 98 MCA Detroit
Mechanical Contractors Association of Detroit

PLUMBERS LOCAL 98 FRINGE BENEFIT FUNDS

P.O. BOX 159
TROY, MICHIGAN 48099-0159
(248) 641-4988 (866) 646-8919

To: Plumbers Local 98 Insurance Fund Participants
From: The Board of Trustees of the Plumbers Local 98 Insurance Fund
Re: Summary of Material Modification – KEEP WITH YOUR SUMMARY PLAN DESCRIPTION
Date: April 2025

Please read this Notice carefully as it contains important information about the Plumbers Local 98 Insurance Fund Plan document (the Plan). This document should be read carefully and attached to your Plumbers Local 98 Insurance Fund Summary Plan Document (SPD). If you have any questions about the information described in this Notice, please contact the Fund Office.

MEDICAL BENEFITS: PRE-CERTIFICATION, MEDICAL CASE MANAGEMENT, AND UTILIZATION REVIEW

As a reminder, your Pre-Certification, Medical Case Management, and Utilization Review provider is Hines & Associates, Inc. (Hines).

Pre-Certification means that a service must be approved BEFORE you receive the service, or your medical claim may be denied (unless such service is an emergency service, in which case you must obtain pre-certification within 48 hours of receiving the service). However, once pre-certified, all covered items and services remain subject to all other Plan terms, conditions, and exclusions (such as visit limits and other limitations).

The following is a list of services that must be pre-certified by Hines. **This list, however, may change from time to time, so please contact Hines (888-826-5769) or the Fund Office (248-641-4988 or 866-646-8919) if you have any questions as to whether a service requires pre-certification:**

- Acute Inpatient Admissions (medical, surgical, Mental Health, or Substance Abuse Disorder)
- Skilled Nursing Facility
- Mental Health, or Substance Abuse Disorder Residential Stays
- Select outpatient Surgeries:
 - Nasal Surgeries
 - Blepharoplasty
 - Ventral hernia repair
 - Varicose vein surgery
 - Bioengineered skin and soft tissue replacement
 - Partial or Full Joint Replacements
 - Osteochondral Autografts
 - Sclerotherapy

- Panniculectomy
- Abdominoplasty
- Breast Reduction
- Hysterectomies
- UP3/UPPP – uvulopalatopharyngoplasty
- Excess skin removal of arms, chests, and legs
- AV Fistula or graft access for dialysis
- Bariatric (weight loss) Surgery
- Shock wave lithotripsy for plantar fasciitis
- AICD and Biventricular device insertions
- Oncology related surgeries including Port Insertions
- Spinal surgeries (including spinal injections for pain management)
- Maxillo-facial surgery
- Biopsies as primary procedures
- Back or neck procedures including:
 - IDET (Intradiscal Electrothermal Annuloplasty)
 - Percutaneous Radiofrequency Neurotomy
 - Artificial Intervertebral Disk Implantation
 - Automated Percutaneous Lumbar Discectomy (APLD)
- Select Outpatient Diagnostic Testing Review:
 - CT Angiogram
 - CT Calcium screening
 - MRI of the heart
 - Capsule Camera Endoscopy
 - Virtual Colonoscopy
 - Oncology related PET, CT, or MRI
- Select outpatient infusion and injection therapies. Please also be aware that all outpatient infusion and injection therapies must be administered in a home, office, or free-standing infusion center setting to be covered, unless (1) it is Medically Necessary that the treatment be provided in a facility setting; (2) the medication is subject to limited distribution and is available only at certain facilities; or (3) the Covered Person would have to travel more than 50 miles from his or her home to receive services in an office or free-standing infusion center setting.

In addition, AmeriCare (248-509-7601) must pre-certify all Home Health and Nursing, and durable medical equipment (DME) exceeding \$500.00.

PRESCRIPTION DRUG BENEFITS: PRIOR AUTHORIZATION, MEDICAL NECESSITY LETTERS, AND STEP THERAPY

As a reminder, certain prescription drugs require prior-authorization, step therapy, or a letter of medical necessity to be covered.

- Prior-authorization means that the prescription drug must be approved BEFORE the prescription drug is dispensed. A list of prescription drugs requiring prior-authorization can be obtained from the Pharmacy Benefit Manager (Costco Health Solutions) Member Portal at members.costcohealthsolutions.com or the Fund Office (248-641-4988 or 866-646-8919). This list changes frequently. Please see attached “Member Portal Quick Guide” for step-by-step instructions on how to search for prescription drugs.

- A letter of medical necessity means that your treating physician must provide a written explanation describing the medical need for the prescription drug BEFORE the drug is dispensed. Compound drugs which require the Fund to pay over \$200.00 require a letter of medical necessity. Please contact the Pharmacy Benefit Manager (Costco Health Solutions) at members.costcohealthsolutions.com or the Fund Office (248-641-4988 or 866-646-8919) to determine whether a prescription drug requires a letter of medical necessity.

- Step Therapy means that you must be prescribed the most preferred drug therapy used to treat your medical condition and only, if necessary, progress to other therapies if the preferred drug therapy is ineffective. Please contact the Pharmacy Benefit Manager (Costco Health Solutions) at members.costcohealthsolutions.com or the Fund Office (248-641-4988 or 866-646-8919) if you have questions as to whether a prescription drug requires you to follow the step therapy program.

HEARING BENEFITS REMINDER

As you know, the Plan provides a \$3,000 allowance for hearing benefits every three years. As a reminder, these benefits are exclusively provided by TruHearing. In other words, no coverage for hearing aids or other hearing related service will be provided if you do not use TruHearing.

The terms and conditions of these hearing benefits are governed by the summaries and/or brochures provided by TruHearing. More information about this hearing program may be found at TruHearing.com/Plumbers98 or call TruHearing at 1-877-653-9559.

PLEASE CALL THE FUND OFFICE IF YOU HAVE ANY QUESTIONS ABOUT THE INFORMATION CONTAINED IN THIS NOTICE.

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TROY, MI 48099-0159**



Important Plan Information

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