

**SIXTH AMENDMENT TO THE
MAY 1, 2020
COMBINED SUMMARY PLAN DESCRIPTION AND
PLAN DOCUMENT OF THE
OHIO CONFERENCE OF PLASTERERS' & CEMENT MASONS'
HEALTH & WELFARE PLAN**

WHEREAS, effective as of May 1, 2020, the Plan document of the Ohio Conference of Plasterers' & Cement Masons' Health & Welfare Plan (hereinafter, the "Plan") was amended and restated; and

WHEREAS, the right to further amend the Plan has been reserved to the Board of Trustees of the Plan and the Board of Trustees now desires to exercise such right; and

WHEREAS, the Board of Trustees have elected to amend the Plan to include coverage for certain hyaluronan injections to treat pain associated with osteoarthritis of the knee in accordance with the rules set forth below; and

NOW THEREFORE, the Board of Trustees hereby amends the Plan in the manner set forth below effective as of August 1, 2023:

1. The Plan is hereby amended by adding the following provision to the end of the Section entitled, "Basic Benefits," as set forth below:

Coverage for Hyaluronan Injections

Effective August 1, 2023, Covered Services include hyaluronan injections (i.e., viscosupplementation) to treat pain associated with osteoarthritis of the knee when the following conditions are met:

- There is documentation, supported by radiographic evidence, of a diagnosis of osteoarthritis and there is no evidence of inflammatory arthritis (e.g., rheumatoid arthritis); and
- There is documentation that the pain interferes with functional activities; and
- There is documentation of failure to respond adequately to at least three (3) months of conservative therapy which includes activity modification, home exercise, protective weight bearing, and analgesics (e.g., acetaminophen or non-steroidal anti-inflammatory drugs), unless the individual is unable to tolerate conservative therapy because of adverse side effects; and
- There are no contraindications to the injections (e.g., active joint infection, bleeding disorder).

A repeated course of intra-articular injections may be approved for the treatment of pain due to osteoarthritis of the knee for individuals who meet all the following criteria:

- The individual met all the criteria for an initial course of treatment; and
- Six (6) months or more has elapsed since the conclusion of a prior treatment cycle; and


- There is documentation that the prior course of treatment resulted in pain relief and improvement in functional status.

Coverage is limited to medication approved by the FDA and includes Euflexxa, Gel-One, Hyalgan, Gelsyn-3, Hymovis Monovics, Orthovisc, Sodium Hyaluronate 1%, Supartz Fx, Synvisc, Synvisc-One, Trivisc, Durolane, Triluron, Synjoynt, GenVisc 850, and Visco-3. Prior authorization may be required. The dosage and frequency should be consistent with FDA approved labeling. Dosages and frequencies that exceed FDA recommendations as per prescribing information are considered not reasonable and necessary and therefore not a Covered Service. Intra-articular hyaluronan injections for other conditions other than those listed above are not considered medically necessary due to insufficient evidence of therapeutic value.

IN WITNESS WHEREOF, this Sixth Amendment has been executed this 28th day of November 2023 but is effective on the dates set forth above.

**BOARD OF TRUSTEES OF THE
OHIO CONFERENCE OF PLASTERERS' & CEMENT MASONS'
HEALTH & WELFARE PLAN**

On Behalf of Employer Trustees:



Kevin Reilly, Secretary/Treasurer

On Behalf of Union Trustees:



Charles Wanat, Chairman