October 2017

SUMMARY OF MATERIAL MODIFICATIONS

This notice describes important changes to the Idaho Pipe Trades Health & Welfare Plan and Summary Plan Description dated January 1, 2017 (“SPD”). Please keep this notice with your SPD booklet and other Plan records.

Claims Procedures – Medical, Dental, Hearing Aid and Vision Benefits

In general, there is a two-level appeal process for claims under the Plan’s Medical, Dental, Hearing Aid and Vision Benefits. Previously, BCI was the Claims Administrator for both appeal levels. Effective August 2017, BCI is the Claims Administrator for first-level appeals and the Board of Trustees is the Claims Administrator for second-level appeals. Second-level appeals must be submitted to:

Board of Trustees, Idaho Pipe Trades Trust  
c/o Blue Cross of Idaho Claims Control  
Blue Cross of Idaho  
P.O. Box 7408  
Boise, ID 83707

All other rules continue to apply. For example, the deadline for submitting a second-level appeal is 60 days after you receive notice that your first-level appeal was denied. And if your second-level appeal is denied, you have the option of requesting a third-level appeal hearing before the Trustee Appeals Committee. See Section XI. of the SPD for details. If you have any questions, please call BCI at (800) 627-1188.

Certain medical benefit claims have a one-level appeal procedure (i.e., claims that were denied due to failure to meet the Plan’s eligibility or enrollment requirements, and pre-certification claims involving urgent care). Those rules have not changed. And there are no changes to the procedure for appealing a claim under the Plan’s Prescription Drug Benefit. See Section XI. of the SPD.

Claims Procedures - Disability Claims

The SPD describes the procedures for filing a disability claim or appealing a denied disability claim. (A rescission of coverage is also considered a denied claim.) Those
procedures will change as follows, effective for disability claims and appeals filed in 2018 or later:

- If your disability claim or appeal is denied, the denial notice will discuss the decision, including the basis for any disagreement with the views of certain health care or vocational professionals, or with the Social Security Administration’s disability determination (if presented to the Plan). You will be provided the specific internal rules, guidelines, protocols, standards or other similar criteria of the Plan that were relied upon in the decision, or be notified that they do not exist. You may also, free of charge upon request, have reasonable access to and copies of Relevant Documents.
- If you appeal a denied disability claim, you will be provided, free of charge, any new or additional evidence considered, relied upon, or generated by or at the direction of the Plan in connection with your claim, as well as any new or additional rationale on which the appeal decision is based. You’ll be provided with this information as soon as possible and sufficiently in advance of the date the appeal decision is required to be issued so that you have a reasonable opportunity to respond prior to that date.
- On pages 53-54, the SPD describes general provisions that currently apply only to medical benefit claim determinations (for example, rules regarding deemed exhaustion of the claims review process). Disability claim determinations will become subject to these general provisions.

However, these changes will take effect only to the extent required by Department of Labor regulations.

**Notice Regarding Wellness Programs**

This notice applies to wellness programs that involve disease-related inquiries or medical examinations. These programs may ask you questions about your health-related activities and behaviors and whether you have or had certain medical conditions. For example, if you take BCI’s Health Assessment, BCI will ask health-related questions in order to provide you with a personalized report. For details on the information that may be requested in connection with a particular program, please contact the provider of that program. Contact information can be found in the SPD.

Wellness programs are completely voluntary. If you choose to participate, the health information you provide to these programs is protected by federal law, including HIPAA. The Board of Trustees respects your right to keep your health information private and only accesses, uses and discloses your health information for certain limited purposes. See Section XII. of the SPD for more information. In no event will the health information you provide to these programs be used to discriminate against you, nor will you be subject to retaliation if you choose not to participate.

**Other Changes or Clarifications**

Effective for claims incurred in 2018 or later, the Plan covers pregnancy and maternity benefits for Covered Dependent children to the same extent as for Participants and Covered Spouses.
In addition, the Plan provides benefits as required by law, notwithstanding anything in the SPD to the contrary. For example, the list of covered Preventive Care services and supplies changes from time to time, according to published guidelines under Health Care Reform.

Finally, the Board of Trustees may take action to terminate, replace or amend any part of the Plan. Such action may impact, for example, Plan coverage, retiree coverage, benefits and/or eligibility for benefits. Such action will be taken in accordance with the applicable provisions of the Trust Agreement.