

Northwest Roofers & Employers Health & Security Trust Fund

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Administered by
Welfare & Pension Administration Service, Inc.

February 16, 2018

TO: All Participants of the Northwest Roofers & Employers Health & Security Trust Fund (the “Plan”)

RE: Plan Benefit Changes

This is a summary of material modification describing benefit changes adopted by the Board of Trustees.

Please be sure that you and your family read it carefully and keep this document with your Summary Plan Description Booklet.

The Trustees took recent action to make the following changes to the Plan:

Coverage of Transgender Healthcare Services

Effective **January 1, 2018**, the Plan will cover medically necessary transgender healthcare services for Gender Dysphoria (also called Gender Identity Disorder), as generally described below. *For more information on coverage requirements for transgender healthcare services, please contact the Administration Office at (800) 732-1121, option 1. You and/or your service provider(s) should submit information to the Plan for a coverage determination prior to beginning treatment. Certain inpatient services are subject to the Health Management Program provisions of the Plan.*

Services covered by the Plan include:

- Counseling
- Hormone Therapy
- Gender reassignment surgery
- Services typically associated with one sex, which may continue to be required after transition
- Prescription drugs (as covered under the Prescription Drug Program of this Plan)

To be eligible for coverage you must:

- Be 18 years of age or older,
- Have a well-documented diagnosis of Gender Dysphoria or Gender Identity Disorder meeting the diagnostic criteria of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) made by a qualified mental health professional,
- Agree to coordination of care through the Trust’s designated Behavioral Health Case Management Program, and
- In the event of gender reassignment surgery or hormone therapy, have no medical contraindications and complete specific evaluation and recommendation requirements.

The Plan does not cover services that are considered cosmetic, not medically necessary and/or are otherwise excluded under the Plan. This includes, but is not limited to:

- Rhinoplasty or nose implants
- Face-lifts
- Lip enhancement or reduction
- Facial bone reduction or enhancement
- Blepharoplasty (eyelid surgery)
- Breast Augmentation
- Liposuction

- Reduction thyroid chondroplasty (Adam 's Apple reduction)
- Hair removal
- Voice modification surgery or training
- Skin resurfacing
- Travel expenses

Prosthetic Devices

Effective January 1, 2018, the requirement for a prosthetic device to replace natural limbs and eyes lost while covered under the Plan is modified and Plan language is modified as follows:

Other Covered Services and Supplies

Other covered services and supplies are:

- Prosthetic devices.

Please keep this important notice with your Plan Document/Summary Plan Description for easy reference to all Plan provisions. If you have any questions about these changes, please contact the Administration Office at (800) 732-1121, option 1. For additional Plan information and forms visit the trust's website at www.nwrooferstrust.com.

Board of Trustees

Northwest Roofers & Employers Health & Security Trust Fund