



220 S 27th St #B * Tacoma WA 98402
(253) 474-1214 or (800) 223-2449
Fax: (253) 474-7180
E-mail: staff@unitedemployees.org
www.unitedemployees.org

Notice of Plan Changes Effective January 1, 2025

Please read this notice and keep it with your benefits plan booklet.

The United Employees Benefit Trust will be making the following Plan changes effective January 1, 2025. The page reference refers to the 2023 Plan Booklet. If you need a copy of the Plan Booklet you can view it online or contact the Trust Office.

Dental Plan D8

Dental Plan 8, p. 49

The annual maximum is increasing to \$2,500 per individual per calendar year, for services provided on or after January 1, 2025.

Medical Plans A5, A6, AV8 and AV9

Cardiac Rehabilitation, page 21

The plan is adding Pulmonary Rehabilitative Care as a covered benefit.

Cardiac and Pulmonary Rehabilitative Care

Services for a cardiac rehabilitation program prescribed by a physician following defined cardiac events are covered up to a maximum of 36 sessions in a single 12-month period. Similarly, pulmonary rehabilitation services prescribed by a physician and provided by a respiratory therapist are covered for a maximum of 2 one-hour sessions per day, up to 36 in 36 weeks.

Dialysis (Outpatient), page 22

The Plan is changing its benefits for non-emergency kidney dialysis.

Dialysis

Effective January 1, 2025, all inpatient and outpatient kidney dialysis performed by a PPO provider will be covered at 80% of the PPO Amount after the deductible and 100% after the annual out-of-pocket maximum is met.

All inpatient and outpatient kidney dialysis performed by a non-PPO provider for the initial three months (or other designated period) in Washington and Alaska will be covered at 300% of the Medicare rate after the deductible. After the initial three months of service (or other designated period), the Plan will reimburse all inpatient and outpatient kidney dialysis performed by a non-PPO provider at 125% of the Medicare rate with no deductible.

Eligible Individuals diagnosed with end stage renal disease (ESRD) may be eligible for Medicare by nature of the diagnosis. Enrolling in Medicare when eligible may offer some protection from balance billing by the provider of dialysis services. In order to ensure the correct coordination of claim payments between the Plan and Medicare, an Eligible Individual is required to provide the Administration Office with a copy of their Medicare card showing the effective date of Medicare Part A and Part B coverage. If you or your Dependent is diagnosed with kidney failure or ESRD contact the Administration Office for assistance.

Durable Medical Equipment, page 24

The plan is adding a wig benefit, therapeutic shoes or inserts and compression garments under Durable Medical Equipment as covered benefits.

The Plan will provide coverage for one wig up to \$500 every calendar year for members who have undergone chemotherapy, radiation therapy or been diagnosed with Alopecia. A wig is a full cranial hair prosthesis to use as a hair loss solution or hair replacement.

The Plan will cover therapeutic shoes or inserts for individuals with diabetes who have severe diabetes-related foot disease when prescribed by a physician and received from an in-network provider. The benefit is limited to the furnishing and fitting of either one pair of custom-molded shoes and inserts or one pair of extra-depth shoes each calendar year. The plan also covers 2 additional pairs of inserts each calendar year for custom-molded shoes and 3 pairs of inserts each calendar year for extra-depth shoes. The plan will cover shoe modifications instead of inserts.

This Plan will cover compression garments (standard and custom-fitted) for individuals who have been diagnosed with lymphedema when prescribed by your physician and received from an in-network provider. Standard or custom daytime and nighttime gradient compression garments; gradient compression wraps; accessories such as zippers, linings, paddings, or fillers, necessary for the effective use of a gradient compression garment or wrap and compression bandaging systems and supplies are covered. Daytime compression garments are limited to 3 garments per affected extremity every 6 months and Nighttime compression garments are limited to 2 garments per affected extremity.

Gender Reassignment, page 25

The phrase Gender Reassignment is being changed to Gender Affirming Care. This is a wording change only.

Physical Exam/Preventive Care, page 28.

The plan is adding clarification and amending the frequency of a preventive colonoscopy.

Preventive Care

Colonoscopies for preventive or surveillance reasons are covered as preventive services up to a maximum of one per calendar year, when deemed medically necessary.

Summary of Benefits and Coverage for 2025

Per the Affordable Care Act, a Summary of Benefits and Coverage (SBC) is available annually to participants under a Group Health Plan. This document is also provided with the Plan Booklet which all new participants receive upon Trust Enrollment.

The 2025 Summary of Benefits and Coverage is posted on the UEBT website and is available free of charge upon verbal or written request.

- You can view or download the SBC from the Trust's website; www.unitedemployees.org,
- Or you can contact the Trust office at (253) 474-124 or staff@unitedemployees.org and request a paper copy be mailed to you.

Questions

If you have questions contact your Trust Office (253) 474-1214.