Inland Empire Teamsters Trust
PO Box 5433
Spokane, WA 99205
www.Teamsterbenefits.com

June 27, 2023

To: All Participants

RE: Summary of Material Modification – Maternity, Home Birth Coverage

Effective on and after January 1, 2023, the Board of Trustees has added the following benefit to the coverage provided under the Inland Empire Teamsters Trust's health care Plan. The Plan now provides Maternity, Home Birth coverage as follows:

Maternity, Home Birth

A patient encounter in a home setting for delivery. Attending provider** as used in this benefit means a provider such as a physician (MD or DO), a physician's assistant, a certified nurse midwife (CNM), a licensed midwife or an advanced registered nurse practitioner (ARNP) providing care within their licensing. If the attending provider bills a global fee that includes prenatal, delivery and/or postpartum services received on multiple dates of service, this plan will cover those services as it would any other surgery. Please see the Surgery benefit for details on surgery coverage. Home Birth Kits including the medically necessary supplies needed for a home birth.

Preferred Provider:	Plan pays 80% of PPO Allowed Charges, after Deductible, Coinsurance Maximum
Non-Preferred Provider:	Plan pays 80% of the Usual & Customary Amount, after Deductible, Coinsurance Maximum

**Doula Services are not a covered benefit under this plan.

If you have any questions about this revision or the changes in benefits for yourself, spouse or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com

Inland Empire Teamsters Trust
PO Box 5433
Spokane, WA 99205
www.Teamsterbenefits.com

Date: June 12, 2023

To: All Participants

RE: Benefit Changes to Your Health Care Plan

Effective on and after September 1, 2023, the Board of Trustees has approved the following benefit revisions to the Plan's prescription drug benefits. These benefits are administered through Allegiant Rx.

SUMMARY OF BENEFIT REVISIONS EFFECTIVE SEPTEMBER 1, 2023

- Prior Authorization required for GLP-1 Diabetes Prescription coverage.
- Omnipod Coverage provided under the Prescription Drug Program
- Dexcom Continuous Glucose Monitoring System Coverage under the Prescription Drug Rx Program

Prior Authorization Required for Diabetes Medications GLP-1

Prior Authorization for Glucagon-Like-Peptide (GLP-1) use is required.

If you are currently prescribed a GLP-1 medication, you will be contacted to provide information to verify the diagnosis and treatment you are receiving meets Plan coverage requirements. If you are prescribed a GLP-1 medication on or after September 1, 2023, please be aware you will need to obtain prior authorization through Allegiant for a determination of Plan coverage.

Prior authorization will require that a patient or their provider submits:

1. Diagnosis of type 2 diabetes mellitus; and
2. One of the following:
   a. Submission of medical records confirming the patient has one of the following:
      i. History of atherosclerotic cardiovascular disease (ASCVD)
      ii. ASCVD risk score greater than 7.5%
      iii. Established kidney disease.
      iv. Heart failure
   b. All the following:
      i. Submission of medical records (e.g., chart notes) confirming patient has a Hb A1C in the previous 3 months greater than 7%
      ii. Paid claims or submission of medical records (e.g., chart notes) confirming patient has been receiving metformin at the maximally tolerated dose for the past 3 out of 5 months.
      iii. Paid claims or submission of medical records (e.g., chart notes) confirming no duplication of therapy with both of the following:
         1. Other GLP-1 agonists (e.g., dulaglutide, exenatide, semaglutide)
         2. SGLT2 inhibitor therapy (e.g., canagliflozin, dapagliflozin, empagliflozin); unless needed for treatment of CKD, heart failure, or for patients at high risk for ASCV.
            a. Submission of medical records (e.g., chart notes) confirming the requested drug is not being utilized for weight loss purposes in the absence of type 2 diabetes mellitus.

A diagnosis of Prediabetes does not meet the Prior Authorization requirement. The GLP-1 medications are not FDA approved for prediabetes and the American Diabetes Association guidelines recommend Metformin for the treatment of prediabetes in select patients.

Omnipod 5 and Omnipod Dash Coverage under Rx Program

Insulin pumps have traditionally been covered under the DME (durable medical equipment) medical benefit. Recently, the manufacturer of Omnipod 5 and Omnipod Dash, changed the billing code that allows these pumps to be covered under the medical benefit. On and after September 1, 2023, these claims will be processed for coverage via the Plan's pharmacy benefit.

1. Coverage will require prior authorization through Allegiant Rx.
2. Coverage is restricted to participants with Type I diabetes; and
3. Coverage for replacement pumps will be allowed no more frequently than once every 3 years.

Dexcom G6 Continuous Glucose Monitoring System

The Dexcom G6 Continuous Glucose Monitoring System was previously covered under the medical benefit. On and after September 1, 2023, claims for the Dexcom G6 Glucose Monitoring System will be processed under the Plan's pharmacy benefit through Allegiant Rx.

Prior authorization for coverage will be managed through Allegiant Rx.

If you have any questions about these revisions or the changes in benefits for yourself, spouse, or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com.

Sincerely,
Administrative Agent on behalf of the Board of Trustees

Inland Empire Teamsters Trust
PO Box 5433
Spokane, WA 99205

December 21, 2022

To: All Participants

RE: Summary of Material Modification (SMM) – Eligibility Improvements

At their November 15, 2022, meeting, the Board of Trustees approved a change to the eligibility requirements for coverage, effective for hours worked on and after January 1, 2023. The Plan is healthy, and the Trustees are taking this opportunity to improve eligibility requirements. These improvements include a shortened wait time for new participant Initial Eligibility and a lag month of coverage added for active participants.

The current eligibility provisions are updated as follows:

Initial Eligibility

The Plan was last updated on August 1, 2019, requiring three months of employer contributions within a nine-month period to establish Initial Eligibility. (See, Summary of Material Modification, September 11, 2019.)

Effective with hours worked on and after January 1, 2023, Initial Eligibility will be established when the employer has submitted contributions on behalf of an employee for **two** months within a nine-month period. Upon receipt of the second month of employer contributions, the Trust Office will notify the newly eligible participant with enrollment information, and coverage will be effective retroactive to the first day of the month in which the second month of contributions were received.

Continued Eligibility

Currently, once an employee becomes eligible, he or she shall continue to be eligible on a monthly basis, as long as the monthly eligibility requirements of the Agreement are met, and the required Employer contribution is paid to the Plan. Such employment and the contribution payment provides eligibility for benefits in the following month.

Effective with hours worked on and after January 1, 2023, participants who have already met initial eligibility and are active in the Plan will receive an additional month of coverage upon the first month of contributions submitted by their employer in 2023. The Trust office will credit these active participant accounts with this additional month of coverage, which will be the "lag month."

Addition of Lag Month for Active Participants

Prior to this Plan update, your hours worked in January 2023 would have provided you coverage in February 2023.

Inland Empire Teamsters Trust
PO Box 5433
Spokane, WA 99205

Beginning in January 2023, hours worked will provide coverage in the second month following the month in which hours were worked. To make this change, the Trustees have granted a month of coverage to all currently active participants who remain active in 2023. This means that your January 2023 hours worked will provide you coverage in March 2023 and February becomes the lag month. The Trustees have approved a one-time grant of a month of coverage for the lag month, which in this example is for the participant's February 2023 coverage. If you are an active participant in the Plan now, and continue as an active participant in 2023, upon the first month your employer submits the monthly contribution on your behalf, your account will be credited with the lag month of coverage.

If you have any questions about this revision or the changes in benefits for yourself, spouse, or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com.

Thank you,

Administrative Agent on behalf of the Board of Trustees

Inland Empire Teamsters Trust
PO Box 5433
Spokane, WA 99205

September 19, 2022

To: All Participants

RE: Summary of Material Modification (SMM) – Re: No Surprises Act Update to Plan

The Federal government passed the Federal No Surprises Act to protect patients receiving care or services from out of network providers from "surprise medical bills" in certain emergency and nonemergency treatment settings. This law requires that patients be held harmless from liability for costs other than cost sharing that would have been charged had the services been provided by an in-network provider or facility. This change applies to certain claims such as:

- out of network emergency care;
- out-of-network air ambulance;
- certain ancillary charges by out-of-network providers of service in in-network facilities;
- out-of-network care provided at an in-network facility without informed consent;

The Inland Empire Teamsters Trust defines Allowed Charges and Non-Preferred (Out-Of-Network) Providers as follows:

Allowed Charge is the maximum allowance for specific services or supplies. This allowance is based upon many factors, including:
A Provider's fee schedule with a Preferred Network; the allowable amount for Non-Preferred Providers as determined by the Plan; or a negotiated payment amount. If the services rendered are a plan exclusion, or if the Provider is Non-Preferred, the Provider may not be obligated to accept the allowed charge as payment in full and you may, therefore, be billed the full amount."

Non Preferred Provider Is defined as a Provider which does not have a current contract with a Preferred Provider Organization (PPO) with whom the Inland Empire Teamsters Trust is contracted to provide health care services. Services provided by a Non-Preferred Provider shall be reimbursed according to the plan's Non-Preferred Provider benefit level. Any balance remaining after a Plan payment shall be the responsibility of the Participant."

Your network provider, Premera, will review and identify claims that meet the criteria of the Federal No Surprises Act. For claims which fall under the Federal No Surprises Act, the **Allowed Charge** will be determined by the greater of the Usual and Customary ("UCR") or Qualified Payment Amount ("QPA") pursuant to the No Surprises Act. Further, for these claims subject to this new legislation, if the provider has not given notice of the provider's network status within 72-hours of receiving the out-of-network care and the patient has consented to that care, the patient will not be responsible for any balance billing.

If you have any questions about this revision or the changes in benefits for yourself, spouse or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com

Thank you,

Administrative Agent on behalf of the Board of Trustees

Inland Empire Teamsters Trust
PO Box 5433
Spokane, WA 99205

July 18, 2022

To: All Participants

RE: Summary of Material Modification (SMM) – Re: Establishing Eligibility

When a participant in the Health Plan is not working due to lay off and loses coverage, the Plan allows a participant to renew eligibility in the Plan without meeting initial eligibility requirements in the event the gap in employment does not exceed eight months.

At their June 3, 2022, meeting, the Board of Trustees approved an extension of this time period in certain circumstances. For participants who have been eligible under this Plan for at least twelve consecutive months, a period of unemployment of up to twelve months will be allowed when the absence from work is due to a work-related injury which results in coverage for the employee provided by Labor and Industries, without requiring the employee to meet initial eligibility in the Plan.

Effective June 1, 2022, the following language is added to the Plan:

In the event a participant has been eligible for at least twelve consecutive months becomes ineligible due to layoff as a result of a Labor and Industries-related injury, and then returns to work with a signatory employer no later than the first day of the thirteenth month following lost eligibility, the participant may reinstate his or her eligibility by working the required number of hours in a calendar month and coverage will be effective on the first day of the next succeeding month.

If you have any questions about this revision or the changes in benefits for yourself, spouse, or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com.

Thank you,

Administrative Agent on behalf of the Board of Trustees

Inland Empire Teamsters Trust
PO Box 5433
Spokane, WA 99205

July 18, 2022

To: All Participants

RE: Summary of Material Modification (SMM) – Re: Dental Open Enrollment Change

You are receiving this letter as the dental plan open enrollment period has been changed. The open enrollment period for dental has been moved to begin December 1 through December 31, 2022, for a January 1, 2023, effective date. During Open Enrollment, you and your family have the option to either:

1. Stay with the plan you are currently enrolled in; or
2. Move between the Trust Dental Plan or Willamette Dental Group.

If you choose (or are currently enrolled in) the Trust Dental Plan, you may seek services from any dentist of your liking and your dental benefits will be paid according to the Trust's Dental Benefit Schedule beginning on page 38 of the Summary Plan Description. If you select the alternative Willamette Dental Group coverage, you must receive care from a Willamette Dental dentist or specialist and your dental benefits will be paid according to the Willamette Dental Group Summary of Benefits. If you are referred to an outside dentist or specialist by your Willamette Dental dentist your coverage will be extended to that referral. If referred to an outside dentist or specialist, your copayments will remain the same as shown in the Willamette Dental Group Summary of Benefits, designed exclusively for Teamsters participants.

If you have any questions about this revision or the changes in benefits for yourself, spouse, or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com.

Thank you,

Administrative Agent on behalf of the Board of Trustees

Inland Empire Teamsters Trust

PO Box 5433
Spokane, WA 99205

DENTAL PLAN BENFITS

CONFIRMATION OF DENTAL HOSPITAL BENEFIT

Dental Plan Hospital Benefits

December 21, 2020

To: All Participants

RE: Summary of Material Modification – Dental Plan Hospital Benefits

At their November 2020 meeting, the Board of Trustees determined the Dental Plan Hospital benefit was not stated in the Summary Plan Description effective February 1, 2014.

This confirms the Plan provides a dental hospital benefit as follows:

Hospital Benefits

In addition to foregoing benefits, the Plan will pay for hospitalization of an employee or eligible dependent but only if such hospitalization is necessary exclusively for dental treatment and is certified as necessary by the treating dentist. In such event, the Plan will pay a maximum amount of up to $300 per hospitalization.

If you have any questions about this revision or the changes in benefits for yourself, spouse or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com

Inland Empire Teamsters Trust
PO Box 5433
Spokane, WA 99205

March 30, 2020

To: All Participants

RE: Summary of Material Modification (SMM)

The Trustees have made several changes to your Health Plan. Benefits under the Inland Empire Teamsters Trust have been modified as follows:

Expansion of Coverage for Telehealth and Virtual Care

1. Effective April 1, 2020, the Plan will cover services provided by telemedicine and virtual care under the Office Visit definitions in the Plan. These services will be covered subject to deductibles, copays and coinsurance and PPO and non-PPO cost-sharing. This benefit improvement also applies to individual patient outpatient sessions or "Visits" for mental health conditions as described at page 24 of the Plan booklet.

The Plan language is amended at page 24 as follows:

Office Visit – in addition to in-person care at a provider's office or facility, the definitions of Office Visit for Primary Care Physician (PCP) and Specialists at page 24 of the Summary Plan Description will include:

A direct interview between the provider and the patient in real-time interactive telephone or audio/video consultation (telehealth/telemedicine). Services must be diagnostic and treatment focused via a live discussion or video exchange with ongoing participation by the patient and the provider throughout the visit. This does not include other routine calls to a provider.

2. In addition to adding telehealth coverage for your visits with your providers, the Trustees have also approved a TELADOC benefit. TELADOC is a secure, on-demand 24/7 access to board certified physicians from your telephone or computer, wherever you may be. **PLEASE WATCH YOUR MAIL IN THE NEXT 30 TO 60 DAYS FOR MORE INFORMATION ON THIS BENEFIT.**

Extension of Coverage in the Event of Layoff, Termination or Reduction of Hours

The Trustees are temporarily allowing an extension of coverage for participants who experience a layoff, termination or reduction in work hours on or after March 1, 2020 which affects your active coverage under the Plan. The Plan will extend your coverage for up to three months, without premium. The following eligibility section is added to the Plan:

Continuation of Coverage During the COVID-19 Crisis

Participants who are terminated, laid off or have work hours reduced below the monthly coverage threshold required for active coverage during the COVID-10 public health emergency may receive an extension of coverage for up to three months in order to maintain eligibility under the Plan. This extension of coverage will be on a month-to-month basis upon confirmation the participant does not otherwise have enough work hours for eligibility and does not have other health coverage.

Dental Coverage - Increase in Annual Maximum Benefit

Effective January 1, 2020, the Trustees have increased the annual benefit maximum for dental coverage to $1,500.

This increase in the annual benefit is without additional premium cost, and the same scheduled benefit levels for procedures will apply.

We are all hopeful this COVID-19 crisis is soon behind us. You can get updates regarding COVID-19 including what to do if you are sick and steps to prevent illness at www.cdc.gov. Please continue to practice social distancing and wash your hands frequently to decrease the spread of germs.

If you have any questions about this change, please contact the Trust Office at (509) 534-0600 or 800-872-8979.

Be Well,

Administrative Agent on behalf of the Board of Trustees

Inland Empire Teamsters Trust

www.Teamsterbenefits.com

October 23, 2019

Dear All Participants:

The Trustees of the Inland Empire Teamsters Trust are pleased to announce effective January 1, 2020, OptumRx replaced Express Scripts as your pharmacy provider for Retail, Mail Order, and Specialty prescriptions.

Pharmacy Benefit Manager:
Allegiant Rx has partnered with OptumRx and will remain your Pharmacy Benefit Manager. Allegiant RX will continue to handle any of your pharmacy related questions. In early November 2019, you will be receiving a postcard in the mail from OptumRx announcing this partnership with Allegiant Rx.

Retail:
You may continue to use your current pharmacy. You will be issued a new ID card later this year, which you will need to use for any prescriptions on or after January 1, 2020. OptumRx will be reaching out to participants in November if their current prescriptions are impacted by this change.

Specialty Prescriptions:
Specialty medications currently filled through Accredo Specialty Pharmacy will be filled by OptumRx Specialty Pharmacy beginning January 1, 2020. OptumRx Specialty Pharmacy will also be reaching out to participants currently receiving Specialty medications via mail and/or telephone prior to January 1, 2020.

Mail Order:
Your prescriptions that have remaining refills at Express Scripts Mail Order will be transferred to OptumRx Mail Order Pharmacy. For the transfer to occur, your prescription must not be expired and must be refillable. **Be sure to refill your prescriptions prior to December 31, 2019, so you do not run out of medications.**

What to Expect:
While the Trustees are making this change to OptumRx to provide the best prescription coverage to you, with minimal disruption, the coverage is not identical to the current prescription coverage. Coverage for some prescriptions may change and some currently covered medications may be excluded under the new coverage with OptumRx. If your prescribed medication is affected, you will receive a letter in mid-November advising you of your options. We encourage you to speak to your physician if you are notified by OptumRx of an impact on your current prescriptions.

Please continue to use your current ID card through December 31, 2019. The Trust will send you a new ID card prior to January 1, 2020. **THE NEW CARD WILL BE EFFECTIVE JANUARY 1, 2020. Beginning January 1, you must present your new ID card to your retail pharmacy the first time you fill your prescription in 2020**.

You can expect a "Welcome Kit" from OptumRx. Your new ID cards will arrive mid-December. Your ID cards will be mailed separately from your Welcome Kit.

If you have any questions regarding this change in benefits for yourself, spouse or dependents, please contact the Trust Office at 509.534.0600 or 800.872.8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com.

Inland Empire Teamsters Trust
PO Box 5433
Spokane, WA 99205

September 11, 2019

SUMMARY OF ELIGIBILITY REVISIONS EFFECTIVE August 1, 2019

Initial eligibility is established after an employer has made contributions on behalf on an employee for 3 months within a 9-month period

To: All Participants

RE: Summary of Material Modification
Initial Eligibility

At their May 2019 meeting, the Board of Trustees approved a change to the requirements an employee must meet to establish Initial Eligibility under the Plan. This change is effective on and after August 1, 2019.

The Plan currently requires four months of contributions in a nine month period to establish Initial Eligibility under the Plan. The four months do not have to be consecutive. An employer is required to submit the monthly contribution when an employee works at least the minimum required hours per month, according to the employer's collective bargaining agreement.

Effective August 1, 2019, Initial Eligibility will be established after the employer has submitted contributions on behalf of an employee for **three** months within a nine-month period. The three months do not have to be consecutive.

If you have any questions about this revision or the changes in benefits for yourself, spouse or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com

Thank you,

Administrative Agent on behalf of the Board of Trustees

Inland Empire Teamsters Trust
PO Box 5433
Spokane, WA 99205

SUMMARY OF BENEFIT REVISIONS EFFECTIVE January 1, 2019

Physical Therapy annual benefit maximum increase.

March 4, 2019

To: All Participants

RE: Summary of Material Modification – Revised Physical Therapy Benefit

At their November 2018 meeting, the Board of Trustees approved changes to the Physical Therapy Benefit to increase the annual maximum benefit as of January 1, 2019. The benefit change was discussed further at their February 2019 meeting and modifications were made to enhance the benefit.

Prior to January 1, 2019, the Plan covered an annual maximum of 20 physical therapy visits. Effective for services rendered on and after January 1, 2019, the Plan's annual benefit for physical therapy services is increased. This benefit will cover 40 physical therapy visits per year with a 20-visit limit per condition.

The Plan is updated as follows:

Revised Benefit Effective January 1, 2019

Rehabilitation Therapy, Outpatient **Major Medical Only**

Outpatient Rehabilitation includes services and supplies required to improve or restore lost bodily function that was previously normal. Benefit includes but is not limited to Occupational Therapy, Speech Therapy and Physical Therapy.

Physical Therapy benefits only are limited to forty (40) visits per calendar year, with a limit of 20 visits per condition.

Preferred Provider:	Plan pays 80% of PPO Allowed Charges, after Deductible, Coinsurance Maximum
Non-Preferred Provider:	Plan pays 80% of Usual & Customary Amount, after Deductible, Coinsurance Maximum

If you have any questions about this revision or the changes in benefits for yourself, spouse or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com

Inland Empire Teamsters Trust

PO Box 5433
Spokane, WA 9905

Date: July 6, 2017

To: All Participants

RE: Change in Continued Eligibility Based on Total Disability (Waiver of Premium)

From: Board of Trustees

SUMMARY OF BENEFIT REVISIONS

EFFECTIVE July 1, 2017

- The Continued Eligibility Based on Total Disability, Waiver of Premium benefit will be expanded to cover medical, dental, vision, time loss, life and prescription drug benefits for qualified Employees and their eligible dependents.

At their last meeting, the Trustees reviewed the current Plan coverage regarding Continued Eligibility Based on Total Disability (Waiver of Premium) found on page 13 of your Summary Plan Description (SPD). The Trustees have modified the Plan and updated the Plan language to expand this benefit to include full family coverage for medical, dental, vision, time loss, life, and prescription drugs. The new Plan language effective July 1, 2017, for an eligible participant is as follows:

NEW BENEFIT, Effective July 1, 2017

Continued Eligibility Based on Total Disability (Waiver of Premium)
An Employee who becomes ineligible because of total disability, whether occupational or non-occupational shall have his or her medical, dental, vision, time loss, life and prescription drug benefits continued during the term of the disability up to a maximum of 90 days. Total disability shall be established by qualifying for weekly income disability under the Worker's Compensation Act or by providing the Trust with satisfactory proof of disability. For purposes of this section, evidence that the Employee is physically unable to perform any and every duty of his/her occupation and does not engage in any other occupation for wage or profit shall constitute satisfactory proof of disability. This coverage will also continue for the Employee's eligible dependents as long as the Employee qualifies for this benefit.

It is important to remember that the benefits provided to you by the Trust are self-funded. The Trustees continue to closely manage your benefit plan and explore new ways to continue providing a high level of benefits. If you have any questions about this revision or the changes in benefits for yourself, spouse or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com

The following Plan Exclusions are removed:
Conduct Disorder: Including but not limited to, under socialized and socialized conduct disorders; impulse control disorders such as pathological gambling, kleptomania and pyromania; explosive or aggressive outburst disorder; oppositional disorders in childhood adolescence; and hyperkinetic conduct disorder (this exclusion does not include Attention Deficit Disorder, with a without hyperactivity, which is covered under the Mental or Neuropsychiatric section of this Plan). **Developmental Delays**: Evaluation, habilitative treatment, education, or training services or supplies for dyslexia. **Mental or Neuropsychiatric Conditions - Outpatient Services, Light Therapy**: Treatment for Seasonal Affective Disorder by the use of light. **Mental or Neuropsychiatric Conditions – Outpatient Services, Group/Family**: Group/Family treatment for Mental or Neuropsychiatric Conditions.

Only the benefits listed above have been revised. All other Plan limitations and exclusions listed in the most recent Summary Plan Description and subsequent notices remain unchanged.

If you have any questions about this revision or the changes in benefits for yourself, spouse or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com.

Inland Empire Teamsters Trust
PO Box 5433
Spokane, WA 99205

SUMMARY OF BENEFIT REVISIONS
EFFECTIVE June 1, 2017

SPD Language clarifications which:

- Add Habilitation Services
- Define Mental or Neuropsychiatric Condition/Chemical Dependency
- Revise and remove Plan Exclusions

Date: June 2017

To: All Participants

RE: Benefit Changes to Your Health Care Plan

At their last meeting, the Board of Trustees approved Plan clarifications in accordance with the Mental Health Parity and Addition Equity Act (MHPAEA). While the coverage changes required under MHPAEA were adopted and incorporated into the Summary of Benefits and Coverage (SBC) in 2014 and 2015, the following definitions and clarifications are made to the Summary Plan Description (SPD).

The following is added to Medical Benefits:

Habilitation Services
Coverage for services and supplies required to improve or maintain bodily function, which would otherwise deteriorate, including all medically necessary occupational, physical, speech and Applied Behavioral Analysis (ABA) therapies. Function means the ability to execute skills required for activities of daily living which would be normal and expected based on the age of the patient.

Preferred Provider:
Plan pays 80% of PPO Allowed Charges, after Deductible, Coinsurance Maximum

Non-Preferred Provider:
Plan pays 80% of Usual & Customary Amount, after Deductible, Coinsurance Maximum

The following is added to Definitions:

Mental or Neuropsychiatric Condition / Chemical Dependency – any condition or disease, regardless of cause, listed in the most recent edition of the International Classification of Disease (ICD) and/or the Diagnostic and Statistical Manual of Mental Disorders (DSM) as a mental disorder. Items not included in the definition are conditions and diseases specifically excluded from the Plan.

The following Plan Exclusion is revised to read:

Custodial Care: Regardless of where such care is rendered, convalescent care when the need for definitive medical treatment no longer exists, or for any portion of confinement that becomes convalescent or Custodial Care.

Inland Empire Teamsters Trust

PO Box 5433
Spokane, WA 9905
www.Teamsterbenefits.com

Date: August 1, 2016

To: All Participants

RE: Benefit Changes to Your Health Care Plan

SUMMARY OF BENEFIT REVISIONS EFFECTIVE
August 1, 2016

- Coverage for treatment related to Gender Transformation when determined to be medically necessary.
- Coverage for preventive prenatal care for a dependent child.

At their last meeting, the Board of Trustees approved benefit changes required to comply with federal healthcare reform legislation, commonly referred to as the Affordable Care Act (ACA).

Gender Transformation and Non-Discrimination

Earlier this year, the U.S. Department of Health and Human Services (HHS) published the final rule to implement Section 1557 of the ACA which prohibits discrimination based on race, color, national origin, sex, age, or disability under covered entities. The final rule, which applies to discriminatory practices based on several categories, specifically addresses health plan coverage for gender transformation. The rule requires covered entities to treat individuals consistent with their gender identity and prohibits the denial or limitation of services ordinarily available to one gender based on the fact that the individual's gender at birth or gender identity is different than the one which such services are ordinarily for. Furthermore, the rule prohibits any explicit or categorical exclusion of coverage for all health services related to gender transformation. However, a covered entity may still limit coverage based on medical necessity. The following table shows the current benefit provision and new provision effective August 1, 2016.

The Inland Empire Teamsters Trust Summary Plan Description, on page 36, under Medical Plan Exclusions:

BENEFIT FEATURE	CURRENT	EFFECTIVE August 1, 2016
Sexual Disorders:	Services, supplies and procedures for sexual disorders, defects, and/or inadequacies, whether or not consequences of illness, disease or injury. Disorders, defects, and/or inadequacies shall include, but not be limited to impotency, frigidity, sterility, reversal or surgical sterilization, or gender transformations.	Services, supplies and procedures for sexual disorders, defects, and/or inadequacies, whether or not consequences of illness, disease or injury. Disorders, defects, and/or inadequacies shall include, but not be limited to impotency, frigidity, sterility, reversal or surgical sterilization
Gender Transformations	None	Services, supplies and procedures related to gender transformation unless such treatment is determined to be medically necessary under the Plan.

Maternity Care for a Dependent Child

The Department of Labor (DOL), HHS and the Treasury issued Frequently Asked Questions (FAQs) offering guidance regarding preventive maternity care for dependent children. Specifically, the guidance states that the ACA requires non-grandfathered group health plans to cover specified recommended preventive care services without cost sharing for all participants and beneficiaries under a group health plan. If the plan covers dependent children, such dependent children must be provided the preventive services applicable to them based on age and development, including prenatal care. The Plan is operationally compliant with this requirement, but is revising the provision in the table shown below, effective August 1, 2016, for clarity.

The Inland Empire Teamsters Trust Summary Plan Description, on page 36, under Medical Plan Exclusions:

BENEFIT FEATURE	CURRENT	EFFECTIVE August 1, 2016
Maternity:	Dependent Child: Maternity services for a dependent child (not Subscriber or Subscriber's Spouse)	Dependent Child: Labor/delivery coverage for a dependent child (not Subscriber or Subscriber's Spouse). **This does not include preventive services applicable to the dependent child based on age and development, including routine prenatal care.**

Only the benefits listed above have been revised. All other Plan limitations and exclusions listed in the most recent Summary Plan Description and subsequent notices remain unchanged.

If you have any questions about these revisions or the changes in benefits for yourself, spouse or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com.

INLAND EMPIRE TEAMSTERS HEALTH & WELFARE TRUST

POST OFFICE BOX 5433
SPOKANE, WA 99205

Date: August 2015

To: All Participants

RE: Benefit Changes to your Health Care Plan

SUMMARY OF BENEFIT REVISIONS EFFECTIVE August 1, 2015

- Preventive Obesity Care.
- New annual out-of-pocket maximum for in-network services.
- Dependent Pre-natal Care

At their last meeting, the Board of Trustees approved benefit changes required to comply with the federal healthcare reform legislation, commonly referred to as the Affordable Care Act (ACA). ACA regulations require that health plans provide coverage for Preventive Services which the U.S. Preventive Task Force (USPSTF) has rated an A or B. The USPSTF has rated obesity screening and counseling a B, that all adults be screened for obesity, and has found that body mass index (BMI) is an acceptable measure for identifying adults with excess weight. These preventive guidelines for obesity are required for those with a BMI greater than or equal to 30. The following table shows the current benefit provisions and new provisions effective on August 1, 2015.

BENEFIT EXCLUSION FEATURE	CURRENT	EFFECTIVE August 1, 2015
Obesity – Other	Non-surgical services for the treatment of obesity. This provision does not include professional surgical services.	Non-surgical services for the treatment of obesity are excluded, *except for services required by the Affordable Care Act (ACA) regarding Preventive Care Coverage.* This provision does not include professional surgical services.

Annual Out-of-Pocket Limit

Pursuant to the ACA, all non-grandfathered plans such as this Trust, must have an overall annual Out-Of-Pocket (OOP) maximum. This maximum includes all payments made by you when using a preferred provider including your deductible, coinsurance and copays for medical care or prescription drugs. You were previously informed of this change for 2014.

Effective August 1, 2015, the dollar amount of annual OOP maximum will be raised and will be expanded to include both prescription drug and medical charges under one annual maximum. Beginning August 1, 2015, your annual OOP maximums will be:

Medical Deductible	Medical In-Network Coinsurance OOP	Total In-Network Medical Maximum OOP	Prescription Drug Maximum OOP*
$300 per person/ $900 per family	$2,200 per person/ $4,100 per family	$2,500 per person/ $5,000 per family	$4,100 per person/ $8,200 per family

**This is the only part of this provision which has been revised*

Please note: annual out-of-pocket costs when combined for medical and prescription drug will not exceed $6,600 for an individual or $13,200 per family. Amounts paid to out-of-network providers and the monthly premium payments do not count toward the annual OOP maximum total.

All other Plan limitations and exclusions listed in the most recent Summary Plan Description and subsequent notices remain unchanged.

Non-Spousal Dependent Pre-Natal Care

Benefits for eligible non-spousal dependents, for pre-natal care, will be provided in accordance with the ACA requirements for Essential Health Benefits, and in accordance with Plan co-pays, co-insurance and deductible, if applicable. Children born of non-spousal dependents are not eligible for coverage under this Plan.

If you have any questions about this revision or the changes in benefits for yourself, spouse or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com.

Inland Empire Teamsters Trust

www.Teamsterbenefits.com

Dear Dental Eligible Participants:

Beginning August 1, 2014, the Trustees of the Inland Empire Teamsters Trust began offering Willamette Dental Group as an additional dental coverage option. You and your family have the option to either: 1) stay with the current Trust Dental Plan, or 2) move to Willamette Dental Group.

If you choose to stay with the current Plan, you may seek services from any dentist of your liking and your current dental benefits will remain the same. If you select the alternative Willamette Dental Group coverage, you **must** receive care from a Willamette Dental dentist or specialist. If you are referred to an outside dentist or specialist by your Willamette Dental dentist your coverage will be extended. If referred to an outside dentist or specialist, your copayments remain the same as shown in the Summary of Benefits, designed exclusively for Teamsters participants. Accompanying this announcement, you will find the Summary of Benefits.

If you decide the dental coverage through Willamette Dental Group is the right fit for you and your family, please fill out the attached Willamette Open Enrollment Form. If you wish to remain on the Trust Dental Plan, no action is needed and the Trust Dental Plan will remain your default option for benefits. **Two items to Note:**

1. **If you decide to elect the dental coverage through the Willamette Dental Plan, you *cannot* change coverage back to the Trust Dental Plan until the next annual open enrollment period, which is July 1st through July 31st.** Please carefully review the available dental services and locations before making a switch of coverage.
2. You and each of your dependents must be eligible for coverage under the Inland Empire Teamsters Trust in order to be eligible to elect coverage through this Willamette Dental Plan. While the Willamette enrollment form indicates the option to enroll a Domestic Partner, please be reminded that Domestic Partners are ***not*** eligible for coverage under the Inland Empire Teamsters Trust and may not be enrolled. Willamette utilizes this single form for all of their plan enrollments and it is not specific to the coverage available to you under the Inland Empire Teamsters Trust. We apologize for any confusion this form might cause.

For more information regarding Willamette Dental Group, please call 1.855.4DENTAL or visit www.willamettedental.com to read about their dentists and to select a provider at the location nearest you.

Please retain a copy of this notice for your records. If you have any questions or concerns, please feel free to contact the Trust office at 1.800.872.8979 or 509.534.0600 or at rehn@rehnonline.com.

Thank you,

Administrative Agent on behalf of the Board of Trustees

Teamsters Trust Dental Plan Summary of Benefits

BENEFITS	COVERAGE
Individual / Family Deductible Per Plan Year	$50 (preventive charges subject to $10 deductible, all other charges are subject to $40 deductible (or $50 if no preventive charges during the calendar year)
Calendar Year Maximum Per Person*	$1,500; $2000
Class I - Diagnostic and Preventive Services - Subject to $10 Deductible	
Fluoride Treatments - (1 treatment every 6 months no age limit)	90% of UCR Schedule
Other Examination	90% of UCR Schedule
Prophylaxis - (routine cleaning) - Once every 6 Months	90% of UCR Schedule
Routine Examination - Once every 6 Months	90% of UCR Schedule
Sealants - Permanent Molars ONLY to age 16 (Replacement every 5 years)	90% of UCR Schedule
Space Maintainers, Adult and/or Child	90% of UCR Schedule
X-Rays Bitewings/Adult and/or Child - Usual and Customary	90% of UCR Schedule
X-Rays, Full Mouth - Usual and Customary	90% of UCR Schedule
X-Rays, Panorex - Usual and Customary	90% of UCR Schedule
X-Rays, Other X-Rays	90% of UCR Schedule
Class II - Basic Dental Services - Subject to Deductible	
Anesthesia Services (this includes, general sedation, IV sedation and nitrous) - No limits as long as a covered dental service is performed	90% of UCR Schedule
Full Dentures (installation and repair) - 5 Year Replacement Clause	90% of UCR Schedule
Endodontics	90% of UCR Schedule
Fillings/Restorations	90% of UCR Schedule
Occlusal Guard - Adult and/or Child (covered for harmful habits only) - **Need written narrative**	90% of UCR Schedule
Oral Surgery - All	90% of UCR Schedule
Periodontal Maintenance - After active treatment covered but limited to once every 3 months	90% of UCR Schedule
Periodontics/Regular (Gum Surgery)	90% of UCR Schedule
Periodontal scaling and root planning - Usual and Customary	90% of UCR Schedule
Periodontics/Surgical (Gum Surgery)	90% of UCR Schedule
Simple Extractions	90% of UCR Schedule
Surgical Extractions	90% of UCR Schedule
Class III - Major Dental Services (Prosthodontics) - Subject to Deductible	
Bridges (installation and repair) - 5 Year Replacement Clause	75% of UCR Schedule
Crowns (installation and repair) - 3 Year Replacement Clause	75% of UCR Schedule
Implants - Included in $1500/$2000* Max	75% of UCR Schedule
Implant Final Restorations - Included in $1500/$2000* Max	75% of UCR Schedule
Inlays/Onlays	75% of UCR Schedule
Partial Dentures (installation and repair) - 5 Year Replacement Clause	75% of UCR Schedule

*The Calendar Year Maximum Per Person will depend on your Collective Bargaining Agreement. Please check with your employer.

SUMMARY OF BENEFITS

Inland Empire Teamsters Trust - WA416 - 1/01/2023

Willamette Dental Group

COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	$25 per Visit
DIAGNOSTIC & PREVENTIVE SERVICES	
Routine & Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per Tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
RESTORATIVE DENTISTRY	
Fillings	You pay a $35 Copay
Porcelain-Metal Crown	You pay a $300 Copay·
PROSTHODONTICS	
Complete Upper or Lower Denture	You pay a $450 Copay**
Bridge (per Tooth)	You pay a $300 Copay**
ENDODONTICS & PERIODONTICS	
Root Canal Therapy - Anterior	You pay a $90 Copay
Root Canal Therapy - Bicuspid	You pay a $115 Copay
Root Canal Therapy - Molar	You pay a $140 Copay
Osseous Surgery (per Quadrant)	You pay a $200 Copay
Root Planing (per Quadrant)	You pay a $65 Copay
ORAL SURGERY	
Routine Extraction (Single Tooth)	You pay a $35 Copay
Surgical Extraction	You pay a $80 Copay
ORTHODONTIA TREATMENT	
Pre-Orthodontia Treatment	You pay a $150 Copay**
Comprehensive Orthodontia Treatment	You pay a $2,500 Copay
DENTAL IMPLANTS	
Dental Implant Surgery	Implant benefit maximum of $1,500 per calendar year
MISCELLANEOUS	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You pay a $40 Copay
Specialty Office Visit	$30 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of $100

*Benefits for TMJ, implant surgery, and orthognathic surgery have a benefit maximum, if covered. **Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. ***Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

Underwritten by Willamette Dental of Washington, Inc.

Presented are just some of the most common procedures covered in your plan. The certificate of coverage contains a complete description of covered benefits and copays.

Administrative Office: 6950 NE Campus Way, Hillsboro, OR 97124

028-WA(7/20)a

EXCLUSIONS AND LIMITATIONS

Willamette Dental Group

This is only a summary. The certificate of coverage contains a complete description of the limitations and exclusions.

Exclusions

- Bone grafting.
- Bridges, crowns, dentures, or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.
- The completion or delivery of treatments or services performed or initiated prior to the effective date of coverage.
- Cone beam CT X-rays and tomographic surveys.
- Dental implant-supported prosthetics or abutment-supported prosthetics (crowns, bridges, and dentures).
- A dental implant surgically placed prior to the member's effective date of coverage that has not received final restoration or a dental implant for treatment of a primary or transitional dentition.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Eposteal, transosteal, endodontic endosseous, or mini dental implants.
- Exams or consultations needed solely in connection with a service not listed as covered.
- Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees.
- Maintenance, repair, replacement, or completion of an existing implant that was started or placed by a non-participating provider without a referral from a Willamette Dental Group provider.
- Maintenance, repair, replacement, or completion of an existing implant that was started or placed prior to the member's effective date of coverage.
- Maxillofacial prosthetic services.
- Nightguards.
- Orthognathic surgery, unless listed as covered in the contract.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services, which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and pre-medications.
- Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.
- Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- Replacement of sound restorations.
- Services and related exams or consultations that are not within the prescribed treatment plan or are not recommended and approved by a Willamette Dental Group dentist.
- Services and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.
- Services by any person other than a licensed dentist, denturist, hygienist, or dental assistant.
- Services for the diagnosis or treatment of temporomandibular joint disorders, unless listed as covered in the contract.
- Services for the treatment of an injury or disease that is covered under workers' compensation or that are the employer's responsibility.
- Services for treatment of injuries sustained while practicing for or competing in a professional athletic contest.
- Services for treatment of intentionally self-inflicted injuries.
- Services for which coverage is available under any federal, state, or other governmental program, unless required by law.
- Services not listed as covered in the contract.
- Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

Limitations

- If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group dentist is covered.
- Services listed in the contract, which are provided to correct congenital or developmental malformations which impair functions of the teeth and supporting structures will be covered for dependent children if dental necessity has been established.
- The retreatment of root canal therapy performed by a Willamette Dental Group dentist will be covered as part of the initial treatment for the first 24 months. The retreatment of root canal therapy performed by a non-participating provider will be subject to the applicable copays.
- General anesthesia is covered with the copays specified in the contract, if: performed in a dental office, provided in conjunction with a covered service, and dentally necessary because the enrollee is under the age of 7, developmentally disabled, or physically handicapped.
- The services provided by a dentist in a hospital setting must meet the requirements in the contract to be covered.
- The replacement of an existing denture, crown, inlay, onlay, or other prosthetic appliance is covered if the appliance is more than 5 years old and replacement is dentally necessary.
- Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.

OFFICES & SPECIALTY LOCATIONS

Willamette Dental Group

Visit our website at willamettedental.com
for up-to-date information about our dental offices and providers, including addresses, directions, hours and patient ratings & comments.

WASHINGTON OFFICES

Bellevue
626 120th Avenue NE,
Suite B210
Bellevue, WA 98005
General Dentistry
Orthodontics

Bellingham
4164 Meridian Street, Suite 300
Bellingham, WA 98226
General Dentistry
Endodontics
Implants
Orthodontics

Everett
3216 Norton Ave
Everett, WA 98201
General Dentistry
Endodontics
Orthodontics

Kent
510 Washington Ave N
Kent, WA 98032
General Dentistry
Implants
Orthodontics

Longview
1461 Broadway Street, Suite A
Longview, WA 98632
General Dentistry

Mountlake Terrace
6505 216th Street SW,
Suite 200
Mountlake Terrace, WA 98043
General Dentistry

Olympia
4550 3rd Ave SE,
Lacey, WA 98503
General Dentistry
Dentures
Endodontics
Implants
Orthodontics
Periodontics

Pullman
1646 S Grand Avenue
Pullman, WA 99163
General Dentistry
Orthodontics

Puyallup
702 South Hill Park Drive,
Suite 201
Puyallup, WA 98373
General Dentistry
Orthodontics

Richland
1426 Fowler Street
Richland, WA 99352
General Dentistry
Implants
Endodontics
Oral Surgery
Orthodontics
Periodontics

Seattle
133 Dexter Avenue N
Seattle, WA 98109
General Dentistry

Seattle – Northgate Specialty
11011 Meridian Ave North,
Suite 104
Seattle, WA 98133
Endodontics
Implants
Orthodontics
Periodontics

Silverdale
3505 NW Anderson Hill Road
Silverdale, WA 98383
General Dentistry

Spokane – Northpointe
9717 N Nevada
Spokane, WA 99218
General Dentistry

Spokane Valley
9019 E Mission Avenue
Spokane Valley, WA 99212
General Dentistry
Endodontics
Implants
Oral Surgery
Orthodontics

Tacoma
3866 S 74th Street, Suite 200
Tacoma, WA 98406
General Dentistry
Dentures
Endodontics
Implants
Oral Surgery
Orthodontics
Periodontics

Tumwater
6120 SE Capitol Blvd.
Tumwater, WA 98501
General Dentistry

Vancouver – Hazel Dell
910 NE 82nd Street
Vancouver, WA 98665
General Dentistry
Orthodontics

Vancouver – Mill Plain
9609 E Mill Plain Blvd.
Vancouver, WA 98664
General Dentistry

Yakima
1200 Chesterly Drive, Ste 230
Yakima, WA 98902
General Dentistry
Implants
Orthodontics

IDAHO OFFICES

Boise
8950 W Emerald Street,
Suite 108
Boise, ID 83704
General Dentistry
Implants
Orthodontics

Coeur d'Alene
943 W Ironwood Drive,
Suite 200
Coeur d'Alene, ID 83814
General Dentistry
Orthodontics

Idaho Falls
2860 Valencia Drive
Idaho Falls, ID 83404
General Dentistry
Implants
Orthodontics

Meridian
1075 S Wells Street
Meridian, ID 83642
General Dentistry
Endodontics
Oral Surgery
Orthodontics

Twin Falls
452 Cheney Drive West,
Suite 150
Twin Falls, ID 83301
General Dentistry
Implants
Orthodontics

For Appointments or Customer Service, please call 1.855.433.6825

Rev 8.8.2022

OFFICES & SPECIALTY LOCATIONS

Willamette Dental Group

Visit our website at willamettedental.com
for up-to-date information about our dental offices and providers, including addresses, directions, hours and patient ratings & comments.

OREGON OFFICES

Albany
2225 Pacific Blvd. SE, Suite 201
Albany, OR 97321
General Dentistry

Beaverton
4925 SW Griffith Drive
Beaverton, OR 97005
General Dentistry
Orthodontics
Pediatric Dentistry

Bend
62968 O.B. Riley Road, Suite 12
Bend, OR 97703
General Dentistry
Implants
Orthodontics

Corvallis
2420 NW Professional Drive, Suite 150
Corvallis, OR 97330
General Dentistry
Orthodontics

Eugene
2703 Delta Oaks Drive, Suite 300
Eugene, OR 97408
General Dentistry
Implants

Grants Pass
702 SW Ramsey Ave, Suite 224
Grants Pass, OR 97527
General Dentistry

Gresham
1107 NE Burnside Road
Gresham, OR 97030
General Dentistry

Hillsboro
5935 SE Alexander Street
Hillsboro, OR 97123
General Dentistry
Dentures

Lincoln City
1105 SE Jetty Avenue, Suite B
Lincoln City, OR 97367
General Dentistry

Medford
773 Golf View Drive
Medford, OR 97504
General Dentistry
Implants
Orthodontics

Milwaukie
6902 SE Lake Road, Suite 200
Milwaukie, OR 97267
General Dentistry

Portland – Jefferson
1933 SW Jefferson Street
Portland, OR 97201
General Dentistry

Portland – Lents
8931 SE Foster Rd.,
Portland, OR 97266
General Dentistry
Endodontics
Oral Surgery
Orthodontics

Portland – Stark 1
13255 SE Stark Street
Portland, OR 97233
General Dentistry
Dentures

Portland – Stark 2
405 SE 133rd Avenue
Portland, OR 97233
General Dentistry

Salem – Lancaster
3490 NE Lancaster Drive
Salem, OR 97305
General Dentistry
Implants
Endodontics
Oral Surgery
Orthodontics

Salem – Liberty
142 Pembrook Street SE
Salem, OR 97302
General Dentistry

Springfield
2510 Game Farm Road
Springfield, OR 97477
General Dentistry
Implants

Springfield Specialty
2530 Game Farm Road
Springfield, OR 97477
Endodontics
Oral Surgery
Orthodontics

Tigard
7095 SW Gonzaga Street
Tigard, OR 97223
General Dentistry
Endodontics
Implants
Oral Surgery
Periodontics

Tualatin
17130 SW Upper Boones Ferry Road
Durham, OR 97224
General Dentistry

For Appointments or Customer Service, please call 1.855.433.6825

Rev 8.8.2022

WILLAMETTE DENTAL
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This notice takes effect November 6, 2020, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We use and disclose protected health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use and disclose your protected health information to provide, manage and coordinate your dental coverage.

Payment: We may use and disclose your protected health information to conduct payment related activities, such as determinations of eligibility and coverage, billing, administration and coordination of benefit payments.

Healthcare Operations: We may use and disclose your protected health information in connection with our healthcare operations. Healthcare operations include, but are not limited to, establishment of premium rates; activities relating to the creation, renewal or replacement of a dental plan; performing quality assessment and improvement activities; licensing or accreditation activities; responding to and resolving complaints and appeals; plan communications; and facilitating your enrollment in and renewal of your dental plan and value-added services. We will not use or disclose any of your protected health information that contains genetic information for underwriting purposes.

To You, Your Personal Representatives and Plan Sponsor: We must disclose your protected health information to you, as described in the Member Rights section of this Notice, and to a parent of a minor under the age of consent or legal guardian as necessary to help with your healthcare or with payment. We may disclose your protected health information to the sponsor of your dental plan.

Family and Friends: We may disclose protected health information about you to your family members or friends if we obtain your verbal authorization to do so, or if we give you an opportunity to object and you do not object. We also may disclose protected health information to your family or friends if we can infer from the circumstances, based on our reasonable judgment, that you would not object, for example if your spouse is a covered member with you under your dental plan.

Marketing Health-Related Services: We may use or disclose your protected health information for marketing purposes with your written authorization.

Required by Law: We may use or disclose your protected health information when we are required to do so by federal, state or local law or legal process, for example, subpoena, court order, administrative order, warrant, or summons; and pursuant to workers' compensation laws.

Abuse or Neglect: We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your protected health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Plans in Oregon – Willamette Dental Insurance, Inc.
Plans in Washington – Willamette Dental of Washington, Inc.
Plans in Idaho – Willamette Dental of Idaho, Inc.

Plan Sponsors: If your coverage is through an employer sponsored dental plan, we may disclose certain protected health information to the plan sponsor or its authorized representative(s) to perform plan administration functions.

Governmental Officials and Law Enforcement: We may disclose to authorized governmental officials protected health information required for lawful investigation; military authorities, the protected health information of Armed Forces personnel; and a correctional institution or law enforcement officials having lawful custody of protected health information of an inmate or patient under certain circumstances.

Authorization: Other uses and disclosures of your protected health information will be made only with your, or your Personal Representative's, written authorization. You may revoke such authorization at any time by written request, but we cannot take back any uses or disclosures already made with your permission.

MEMBER RIGHTS

Access: You have the right to look at or get copies of your protected health information, with limited exceptions. You must request access by sending us a letter to the address at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies, postage and staff time. If you request an alternative format that we can practicably provide, we will charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fees.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before November 6, 2014. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request in writing that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation how account information will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Breach Notification: You have the right to receive notice if the security of your unsecured protected health information is breached.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive a paper copy of this Notice upon request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you by alternative means or at alternative locations, you may submit a complaint to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your protected health information. You will not be penalized in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Member Rights Information:
Willamette Dental Member Services
6950 NE Campus Way
Hillsboro, Oregon 97124
(855) 433-6825, Option 2

Complaints:
Willamette Dental Privacy Officer
6950 NE Campus Way
Hillsboro, Oregon 97124
(855) 433-6825

11/2020

Plans in Oregon – Willamette Dental Insurance, Inc.
Plans in Washington – Willamette Dental of Washington, Inc.
Plans in Idaho – Willamette Dental of Idaho, Inc.

Willamette Dental
Corporate Privacy Statement

At Willamette Dental Management Corporation and its affiliated companies, Willamette Dental Group, P.C., Willamette Dental Insurance, Inc., Willamette Dental of Washington, Inc., and Willamette Dental of Idaho, Inc., ("Willamette Dental", collectively) we value the trust subscribers and patients ("customer or customers", collectively) have placed in us. That is why we welcome this opportunity to describe the steps we take to protect customer information. This Statement provides details about these policies and procedures.

- We do not sell customer information.
- We do not share customer information with outside persons or companies for unrelated purposes such as selling their products or services.
- We do not share customer health information provided as part of a dental record, insurance application or claim, with outside persons or companies, except for legally authorized purposes.
- We maintain security standards and procedures designed to protect customer information.
- We require outside persons or companies that validly need our customer information to protect the confidentiality and prohibit independent use of customer information.
- We afford prospective and former customers the same protections as existing customers with respect to the use of customer information.

INFORMATION COLLECTION

The primary reason that we collect and maintain customer information is to serve and administer customer relationships. This information may be collected from a variety of sources, such as the following:

- Information provided to us on applications or forms, such as names, addresses, dates of birth, and phone, social security, insurance and account numbers; and
- Information resulting from dental treatment, and dental account transactions, obtained from within Willamette Dental and from non-affiliated companies we work with to administer our business, including such information as health history, dental records, payment history and credit history.

HEALTH INFORMATION CONFIDENTIALITY

We will not disclose health information to anyone without authorization unless the law permits or requires us to do so. Our contractual relationships with health care providers, as well as state and federal laws require the providers to keep customer health information confidential. Willamette Dental, its health care providers and payers (including self-funded employers) require access to customers' medical/dental information for a number of necessary reasons. These reasons include underwriting, claims payment, fraud prevention, case management, delivery of care, quality assessment, utilization review, compliance with state and federal requirements, data collection and reporting, accreditation, and statistical research. Customer authorization as well as federal and state laws permits these disclosures.

INFORMATION USE AND DISCLOSURE WITHIN WILLAMETTE DENTAL

We use and share customer information within Willamette Dental to provide products, services and administer our business. The information we maintain about customer relationships helps us verify identity, provide insurance benefits and dental treatment, and administer claims. Within Willamette Dental, we share the customer information we collect with our affiliates as reasonably necessary, including to provide dental care, dental insurance, enrollment, eligibility, claims management, billing and accounting.

WITH OUTSIDE COMPANIES OR PARTIES

We share information outside Willamette Dental only for necessary and appropriate business purposes. We require these non-affiliates to keep customer information confidential. We may disclose customer information to the following types of outside companies or parties:

- Insurers, insurance administrators, benefit administrators, dentists and health care providers;
- Companies that perform services on our behalf, such as check printing, preparation of account statements, and product marketing;
- Government, credit, and collection agencies and other outside entities as permitted or required by federal and state law. These disclosures are made for specific limited purposes, such as to verify identity, credit and accounts, collect debts or respond to a court order or subpoena; and
- Others, such as technical consultants engaged to program our computer systems to help us provide, track, analyze and market our services and products.

INFORMATION CONFIDENTIALITY AND PROTECTION PRACTICES

Willamette Dental is committed to preventing others from unauthorized access to customer information, and we maintain procedures and technology designed for this purpose. We take steps to protect the customer information we have, including the following:

- We update our technology in accordance with federal and state privacy regulations to improve the protection of customer information; and
- We have internal procedures that limit access to customer information, such as procedures requiring an employee to have a business need to access customer information. We maintain policies to provide security of workplaces and records.

INFORMATION INTEGRITY MEASURES

At Willamette Dental, we work hard to ensure customer information is complete and accurate. We have procedures and processes for updating our customer information. We protect the integrity and survivability of customer information through measures such as maintaining backup copies of account data in the event of power outages or other business interruptions, using computer virus detection and eradication software on systems containing customer information, upgrading computer hardware and software, and employing other technical means to protect against unauthorized computer entry into systems containing customer information.

COMMUNICATION

To contact Willamette Dental, write to:

Willamette Dental Privacy Officer
Willamette Dental Management Corporation
6950 NE Campus Way
Hillsboro, Oregon 97124

INLAND EMPIRE TEAMSTERS
HEALTH & WELFARE TRUST

POST OFFICE BOX 5433
SPOKANE, WA 99205

Date: July 9, 2014

To: All Participants

RE: Benefit Changes to Your Health Care Plan

SUMMARY OF BENEFIT REVISIONS EFFECTIVE August 1, 2014

- Remove annual visit limits on Mental or Neuropsychiatric and Chemical Dependency benefit.
- New annual out-of-pocket maximum for in-network services.

At their last meeting, the Board of Trustees approved benefit changes required to comply with federal healthcare reform legislation, commonly referred to as the Affordable Care Act (ACA). The following table shows the current benefit provisions and new provisions effective on August 1, 2014.

BENEFIT FEATURE	CURRENT	EFFECTIVE August 1, 2014
Mental or Neuropsychiatric Conditions – Inpatient Services	Visit Limit – 30 per year	Unlimited
Mental or Neuropsychiatric Conditions – Outpatient Services	Visit Limit – 25 per year	Unlimited
Chemical Dependency – Inpatient & Outpatient Services	Visit Limit – 30 Combined	Unlimited

Annual Out-of-Pocket Limit

Your current annual out-of-pocket maximum will remain in place. In additional, the ACA requires the Trust to add a new annual out-of-pocket limit that includes charges for essential health benefits not included in the plan's current limit, such as in-network office visit copays. Effective August 1, 2014 the Plan will add a new overall annual out-of-pocket maximum for deductible and in-network coinsurance costs (the 20% you pay) is not changing – your limit for these items will remain $2,500 per person. Effective August 1, 2014, in-network office visit copays, which are not currently applied to the coinsurance maximum, will begin applying towards the new overall annual out-of-pocket limit. This new limit will also include the deductible and coinsurance amounts you are currently responsible to pay. Services incurred at an out-of-network provider do not apply to the new annual out-of-pocket limit. Employee contributions (premiums) do not count toward the new annual out-of-pocket limit.

Example:

Only the benefits listed above have been revised. All other Plan limitations and exclusions listed in the most recent Summary Plan Description and subsequent notices remain unchanged.

If you have any questions about this revision or the changes in benefits for yourself, spouse or dependents, please contact the Trust Office at (509) 534-0600 or 800-872-8979. Also, you may review your individual benefits at the Trust website: www.teamsterbenefits.com.

Nondiscrimination and Accessibility Requirements

The Inland Empire Teamsters Trust complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Inland Empire Teamsters Trust does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Inland Empire Teamsters Trust:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Rehn & Associates.

If you believe that the Inland Empire Teamsters Trust has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.