



TEAMSTERS SECURITY FUND FOR SOUTHERN NEVADA – HOTEL AND CASINO WORKERS: SUMMARY OF MATERIAL MODIFICATIONS

TO: All Plan Participants

FROM: Board of Trustees

RE: Plan Benefit Updates for January 1, 2023

DATE: January 2023

The Board of Trustees of the Teamsters Security Fund for Southern Nevada – Hotel and Casino Workers would like to inform you of the following benefit changes **effective January 1, 2023**:

- Medical PPO Plan benefits:
 - Coverage for certain over-the-counter and prescription drugs
 - Colon cancer screenings
 - Cervical cancer screenings
- Coverage for bariatric surgery (weight loss surgery) and dietitian services
- Access to Mayo Clinic Complex Care Program

Please keep reading to learn more about these changes.

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MEDICAL PPO PLAN BENEFITS

The following over-the-counter (OTC) and prescription drugs are payable under the Medical PPO Plan, at no charge to you, when purchased at an in-network retail pharmacy location.

Drug Name	Who Is Covered?	Payment Parameters (in addition to a prescription from your provider)
Aspirin	<ul style="list-style-type: none"> • Pregnant women who are at high risk for preeclampsia (a pregnancy complication) • Low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults age 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years 	<ul style="list-style-type: none"> • For pregnant women at high risk for preeclampsia: The Plan covers daily low-dose aspirin (81mg) as preventive medication after 12 weeks of gestation • For non-pregnant adults: Since dosage is not established by the U.S. Preventive Services Task Force (USPSTF), the Plan covers up to one bottle of 100 generic tablets every 3 months • The use of aspirin is recommended when the potential benefit outweighs the potential harm of an increase in gastrointestinal hemorrhage

Drug Name	Who Is Covered?	Payment Parameters (in addition to a prescription from your provider)
FDA-approved contraceptives for females, such as birth control pills, spermicidal products and sponges	All females	Up to a month's supply of contraceptives per purchase (or a 3-month supply of certain 90-day dosed contraceptives, like Seasonale) is payable under the Plan's Prescription Drug Program for females younger than age 60. Generic FDA-approved contraceptives are at no cost to the participant. Brand contraceptives are payable only if a generic alternative is medically inappropriate as determined by the patient's attending physician or health care practitioner, or is unavailable
Folic acid supplements	All females planning or capable of pregnancy should take a daily folic acid supplement	Excludes products containing more than 0.8mg or less than 0.4mg of folic acid. Plan covers generic folic acid up to one tablet per day
Tobacco cessation products	Individuals who use tobacco products	FDA-approved tobacco cessation drugs (including both prescription and over-the-counter medications) are payable under the Plan's Prescription Drug Program, up to two 90-day courses of treatment per year, which applies to all FDA-approved products
Fluoride supplements	For children age 6 months to 5 years when recommended by provider because primary water source is deficient in fluoride	Plan covers generic versions of systemic dietary fluoride supplements (tablets, drops or lozenges), available only by prescription for children to age 5. Excludes products for individuals age 5 and older, topical fluoride products like toothpaste or mouthwash, and brand-name fluoride supplements
Preparation products for a colon cancer screening test	For individuals receiving a preventive colon cancer screening test	Plan covers the over-the-counter or prescription strength products prescribed by a physician as preparation for a payable preventive colon cancer screening test, such as a colonoscopy for individuals age 45 to 75
Breast cancer preventive medication	Women who are at increased risk for breast cancer and at low risk for adverse medication effects	Plan covers generic breast cancer preventive drugs such as tamoxifen, raloxifene, or aromatase inhibitors
Statin preventive medication	Adults age 40 to 75 with no history of cardiovascular disease (CVD), one or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater	<p>For adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke), the Plan covers a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met:</p> <ul style="list-style-type: none"> • they are age 40 to 75; • they have one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and • they have a calculated 10-year risk of a cardiovascular event of 10% or greater. <p>Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening (a lab test) in adults age 40 to 75</p>

Drug Name	Who Is Covered?	Payment Parameters (in addition to a prescription from your provider)
Pre-exposure Prophylaxis (PrEP)	Persons at increased risk of HIV acquisition	Plan covers pre-exposure prophylaxis (PrEP) with effective antiretroviral therapy to persons at increased risk of HIV acquisition

The following OTC and prescription drugs are no longer covered:

- Iron supplements
- Vitamin D supplements

Colon Cancer Screening

A colon cancer screening is payable for adults age 45 to 75, including annual fecal occult blood tests, annual stool DNA testing, AND a screening colonoscopy every 10 years, or any of these tests once every 5 years:

- Virtual colonoscopy
- Double-contrast barium enema
- Flexible sigmoidoscopy

No charge for the bowel prep medication prescribed for use prior to a screening colonoscopy or for the cost of polyps removed during a screening colonoscopy, pathology exam, anesthesia, and follow-up colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization test.

Cervical Cancer Screening

Certain additional preventive care expenses are payable for all covered females (as listed on the government websites at [hrsa.gov/womensguidelines](https://www.hrsa.gov/womensguidelines) and [healthcare.gov/what-are-my-preventive-care-benefits](https://www.healthcare.gov/what-are-my-preventive-care-benefits)), including but not limited to well-woman office visits, screening for gestational diabetes, BRCA breast cancer gene test, cervical cancer screening/HPV testing, counseling on sexually transmitted infections, annual HIV screening and counseling, breastfeeding equipment and supplies needed to operate pump, and lactation support (while breastfeeding).

BARIATRIC SURGERY

Precertification

The Plan is adding coverage for bariatric surgery (weight loss surgery). Bariatric surgery (e.g., sleeve gastrectomy, gastric banding, and gastric lap band) must be precertified by the utilization review and case management company. Bariatric surgery must be received at an in-network bariatric center of excellence facility to be covered by the Plan. Benefits are limited to one bariatric surgery per lifetime per covered member, regardless of the procedure received (e.g., sleeve gastrectomy, gastric banding, or gastric lap band).

Prior notification does not mean benefits are payable in all cases. Coverage depends on the services that are actually provided, your eligibility status at the time service is provided, and any benefit limitations.

Dietitian Services

Benefits are payable for dietary counseling to assist individuals with their nutritional health and dietary needs. Services can be used for assistance with food choices after bariatric surgery or when diagnosed with diseases such as high blood pressure, cardiac disease, diabetes, high cholesterol, allergies, kidney disease, etc. Services of

a registered dietitian or licensed or certified nutritionist are payable to a maximum of five visits per person per calendar year. Benefits are available from in-network providers only.

MAYO CLINIC

Precertification

Services received in the Mayo Clinic Complex Care Program must be precertified by contacting the Clinical Director (at the Administrative Office). Coverage is available for travel and lodging expenses up to allowable limits as provided by law when participants use the Mayo Clinic Complex Care Program benefit.

Prior notification does not mean benefits are payable in all cases. Coverage depends on the services that are actually provided, your eligibility status at the time service is provided, and any benefit limitations.

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We are distributing this summary of material modifications (SMM) to outline changes affecting your benefits under the Plan. This SMM is only intended to provide a brief overview of changes made to the Plan. The terms of the Plan are governed by the Plan Document.

If you have any questions regarding these changes, or regarding your eligibility and other benefits, please contact the Trust Fund Office at **702-734-8601**.