

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
LOCAL #38 HEALTH & WELFARE FUND BENEFIT PLAN**

**FIRST SUMMARY DESCRIPTION OF MATERIAL MODIFICATION TO  
THE MAY 1, 2022 SUMMARY PLAN DESCRIPTION**

**Coverage for Autism Spectrum Disorders and Transgender Surgery and Treatment**

The Board of Trustees wishes to announce the following changes to the “I.B.E.W. Local No. 38 Health and Welfare Summary Plan Description/Plan Document For Active Inside, Residential, and Teledata Electricians” (hereinafter, the “SPD”) dated May 1, 2022. This document should be read in conjunction with the SPD, which was provided to you previously. Information contained in this Summary Description of Material Modification (hereinafter “Summary Description”) supersedes what is contained in the SPD. However, this Summary Description materially modifies only those provisions of the SPD to which it specifically refers. The remaining provisions of the SPD remain unaltered. The changes set forth in this Summary Description of Material Modifications are effective on the date indicated below.

**I. Autism Spectrum Disorder Coverage**

This change to your plan is effective June 1, 2022 and changes the Plan to cover therapy for autism spectrum disorders. Prior to this change, only services necessary to evaluate and diagnose autism spectrum disorders were covered by the Plan. The services related to the treatment of autism spectrum disorders were expressly excluded from coverage under the Plan. After this change, therapy for autism spectrum disorders, including Applied Behavior Analysis therapy, will be covered by the Plan. Accordingly, effective June 1, 2022, Subsection 17 of Section F of Article IV of the SPD is amended to read as follows:

**17. Mental Health Care Services**

The following are Covered Services for the treatment of Mental Illness.

- a. individual and group psychotherapy;
- b. electroshock therapy and related anesthesia only if given in a Hospital or Psychiatric Hospital;
- c. psychological testing;
- d. therapy for autism spectrum disorders (including Applied Behavior Analysis therapy);
- e. counseling with family members to assist with diagnosis and treatment. This coverage will provide payment for Covered Services only for those family members who are considered Covered Persons under this Plan Document/Summary Plan Description. Charges will be applied to the Covered Person who is receiving the family counseling services, not necessarily the patient.
- f. In addition, as provided in the PPO Provider’s medical policy guidelines, certain behavioral assessment and intervention services for individual, family and group psychotherapy will also be covered for a medical Condition.

**Residential care rendered by a Residential Treatment Facility is not covered.**

Inpatient admissions to a Hospital must be preauthorized. The telephone number for preauthorization is listed on the back of your identification card. Contracting Hospitals in Ohio will assure this preauthorization is done, and since the hospital is responsible for obtaining the preauthorization, there is no penalty to you if this is not done. For Non-Contracting Hospitals or Hospitals outside of Ohio, you are responsible for obtaining preauthorization. If you do not preauthorize a Hospital admission and it is later determined that the admission was not Medically Necessary or not covered for any reason, you will be responsible for all Billed Charges.

Moreover, effective June 1, 2022, Exclusion #23 of Section H of Article IV, which had previously excluded treatment of autistic disease of childhood is deleted in its entirety.

## II. Transgender Surgery and Treatment Coverage

This change to your plan is also effective June 1, 2022 and changes the Plan to cover services related to treatment of gender dysphoria, including surgical intervention when Medically Necessary. **This change was adopted to comply with federal government requirements.** Prior to this change, surgery or any treatment leading to or in connection with transgender surgery was expressly excluded from the plan. After this change, surgery and treatment leading to or in connection with transgender surgery will no longer be excluded from coverage by the Plan. Accordingly, effective June 1, 2022, Subsection 27 of Section F of Article IV of the SPD is amended to read as follows:

### 27. Surgical Services

- a. **Surgery** – Coverage is provided for Surgery. In addition, coverage is provided for the following specified services:
  - i. Sterilization, regardless of Medical Necessity;
  - ii. anoscopy for all causes;
  - iii. direct laryngoscopy;
  - iv. tooth extraction related to accidental injury;
  - v. maxillary or mandibular frenectomy;
  - vi. pain control;
  - vii. unlimited casting applications;
  - viii. reconstructive Surgery following a mastectomy, including coverage for reconstructive Surgery performed on a non-diseased breast to establish symmetry as well as coverage for prostheses and physical complications in all stages of mastectomy, including lymphedemas;
  - ix. Surgery to correct functional or physiological impairment which was caused by disease, trauma, birth defects, growth defects or prior therapeutic processes as determined by the Trustees or the PPO Provider, subject to any appeal process.
  - x. Treatment of gender dysphoria, including Medically Necessary Surgery to change gender.

Moreover, Exclusion #18 of Section H of Article IV is amended to read as follows:

18. For Surgery and other services primarily to improve appearance or to treat a Condition through a change in body form (including cosmetic Surgery following weight loss or weight loss Surgery) except as specified elsewhere;

Lastly, Exclusion #29 of Section H of Article IV, which had previously excluded treatment of transexual Surgery or any treatment leading to or in connection with transexual Surgery, is deleted in its entirety.

## III. CONCLUSION

As stated in the Introduction, this Summary Description should be read in conjunction with the SPD. Information contained in this Summary Description supersedes what is contained in the SPD. However, this Summary Description changes only the provisions to which it specifically refers and any other provisions in the SPD have not been materially modified.

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**Please keep this notice with your SPD booklet, and if you have any questions regarding this notice, please contact the Fund's administrative office at 1-216-642-7565.**

**Spanish (Español): Para obtener asistencia en Español, llame al 1-216-642-7565.**

**Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-216-642-7565.**

**Board of Trustees  
International Brotherhood of Electrical Workers Local No. 38  
Health and Welfare Fund**