



AUTOMOBILE MECHANICS' LOCAL 701 WELFARE FUND

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IMPORTANT BENEFIT PLAN CHANGES

The Trustees of the Automobile Mechanics' Local No. 701 Union and Industry Welfare Fund have made certain changes to the **Premier Plus**, **Premier**, and **Pre-Medicare Retirees** plans (collectively, "Plans") as documented in the applicable combination Summary Plan Description and Plan Documents ("SPD/Plan") that was previously provided to you. Each change is summarized below and is effective as of the date indicated below.

1. Effective January 1, 2026, the Plans were amended to provide for an increase in the number of annual rehabilitative physical therapy limits and clarify that rehabilitative occupational therapy is a covered benefit.
2. Effective January 1, 2025, the Plans were amended to remove the limits for habilitative speech and physical therapy and add habilitative occupational therapy as a covered benefit without visit limits.
3. Effective September 1, 2025, the Plans were amended to add a new copay assistance benefit administered by SaveOnSP. This will result in some changes to the handling of certain specialty drugs, which was previously communicated to you. The Plans made some clarifying changes to the Plans as a result of these changes.

SUMMARY OF MATERIAL MODIFICATIONS

This document, referred to as a “summary of material modifications,” is intended to supplement the SPD/Plan. You should retain this summary of material modifications with your copy of the SPD/Plan. If you have any questions, you may contact the Fund Office at 708-482-0110.

1. Increase in Rehabilitative Physical Therapy Limits and Clarification of Rehabilitative Occupational Therapy as a Covered Benefit

The Plans increased the annual rehabilitative physical therapy allowance from 20 visits per person per year to 30 visits per person per year and clarified rehabilitative occupational therapy as a covered service up to 30 visits per person per year, subject to a Physician’s order and preauthorization from the Plans’ case management and utilization review company, Conifer, prior to the first visit. Accordingly, effective January 1, 2026, the Schedule of Benefits tables in the SPD/Plans were updated to reflect this change as follows:

Calendar Year Plan Maximums	
• Rehabilitative Physical Therapy ⁵	20 30 visits per person ⁵
• <u>Rehabilitative Occupational Therapy</u> ⁵	<u>30 visits per person</u>

⁵ A Physician’s order and preauthorization from Conifer is required prior to the first visit.

~~⁵ Rehabilitative Physical Therapy will be approved in excess of the Calendar Year Plan Maximum if approved in advance by pre-certification, case management, and utilization review. To ensure you receive the maximum benefits available under the Plan, you should ask your Physician to contact Conifer prior to receiving treatment.~~

2. Removal of Limits for Habilitative Speech and Physical Therapy and Addition of Habilitative Occupational Therapy Without Visit Limits

The Plans removed the limits for habilitative speech and physical therapy and added habilitative occupational therapy without imposing any visit limits, subject to a Physician’s order and preauthorization from the Plans’ case management and utilization review company, Conifer, prior to the first visit. Accordingly, effective January 1, 2025, the Schedule of Benefits tables in the SPD/Plans were updated to reflect this change as follows:

Calendar Year Plan Maximums	
• <u>Habilitative Speech Therapy</u> ⁵	<u>No Visit Limit</u>
• <u>Habilitative Physical Therapy</u> ⁵	<u>No Visit Limit</u>
• <u>Habilitative Occupational Therapy</u> ⁵ Outpatient Physical and Speech Therapy	30 visits for Speech Therapy or a combined 70 visits for Speech and Physical Therapy <u>No Visit Limit</u>

⁵ A Physician’s order and preauthorization from Conifer is required prior to the first visit.

~~⁵ Rehabilitative Physical Therapy will be approved in excess of the Calendar Year Plan Maximum if approved in advance by pre-certification, case management, and utilization review. To ensure you receive the maximum benefits available under the Plan, you should ask your Physician to contact Conifer prior to receiving treatment.~~

In addition, the Covered Medical Expenses subsection in the SPD/Plans is revised to clarify that habilitative physical, speech and occupational therapies will be covered if certain criteria are met and will read as follows:

- Habilitative and developmental Physical, ~~and~~ Speech and Occupational Therapy will be covered if all of the following criteria are met:
 - The treatment is for the correction of a Congenital Anomaly or neurological disorder;
 - The treatment is ordered by a Physician and is provided pursuant to a treatment plan that requires the services of a licensed and skilled therapist specializing in the area of services provided;
 - There is an expectation that treatment will result in measurable improvement in a reasonable and predictable period of time for the particular diagnosis and phase of recovery; and
 - There is a demonstration of measurable, objective, and functional progress as a direct result of treatment.

3. Copay Assistance Benefit Administered by SaveOnSP

We previously informed you about the new copay assistance benefit administered by SaveOnSP. There was a typo in the previously issued SMM which indicated that Non-Essential Health Benefits (“NEHB”) Specialty Medications are subject to 100% co-insurance instead of the correct amount of 30%. In addition, a few clarifying changes are also being made. Therefore, effective September 1, 2025, the Specialty Drugs section under the Prescription Drug Benefits portion of the Schedule of Benefits table in the SPD/Plans is revised to read as follows:

Specialty Drugs	Non-Essential Health Benefits (“NEHB”) Specialty Medications are subject to 100% 30% co-insurance. Call the Fund Office at 708-482-0110 for a list of specialty drugs included in the copay assistance benefit drug list <u>through SaveOnSP</u> .
	<u>However, when enrolled with SaveOnSP¹² you will be paying \$0 for specialty drugs.</u>
	For Non-NEHB Specialty Medications, the co-insurance defaults to the tiered structure in the Schedule of Benefits. 100% co-insurance. If co-insurance assistance is unavailable for a drug, the co-insurance defaults to the tiered structure shown above.

¹² Refer to the Specialty Pharmacy Program for more information on the SaveOnSP copay assistance benefit and the handling of specialty drugs.