

LAKE COUNTY INDIANA N.E.C.A. – I.B.E.W.

HEALTH & BENEFITS PLAN

7200 MISSISSIPPI ST., SUITE 300 • MERRILLVILLE, INDIANA 46410 • 219-845-4433

SUMMARY OF MATERIAL MODIFICATION

INFUSION THERAPY

Precertification and Site-of-Care Requirements

Effective Date: December 1, 2026

Dear Participant:

The Board of Trustees has amended the Lake County Indiana, NECA – IBEW Health and Benefit Plan to establish requirements concerning the administration of covered infusion therapy.

This Summary of Material Modification (“SMM”) explains the change. It supplements and modifies the **Summary Plan Description (“SPD”)** and should be kept with your SPD for future reference.

What Is Changing?

Effective **December 1, 2026**, infusion therapy covered by the Plan will generally require:

- **Precertification before the infusion therapy is provided; and**
- **A site-of-care review** to determine the appropriate setting in which the infusion therapy may be administered.

These requirements are subject to applicable law and the terms of the Plan.

What Infusion Therapy Remains Covered?

The Plan continues to provide benefits for **medically necessary infusion therapy**, subject to the Plan's applicable terms, conditions, limitations, exclusions, and benefit levels.

The purpose of the new site-of-care requirement is **not to eliminate or substantially reduce coverage for medically necessary infusion therapy**. Rather, the requirement is intended to ensure that covered infusion therapy is provided in a clinically appropriate, safe, and cost-effective setting when an appropriate alternative to a hospital or hospital-affiliated facility is reasonably available.

Where May Infusion Therapy Be Provided?

When clinically appropriate and otherwise permitted under the Plan, infusion therapy will generally be provided at an **approved site of care**.

Approved sites may include:

1. Your home

Through a home-infusion provider approved by the Plan; or

2. An approved independent infusion center

A freestanding infusion center approved by the Plan that is not owned, operated, controlled by, or otherwise affiliated with a hospital or hospital system.

The Plan may approve other sites when appropriate under the circumstances.

What If My Infusion Must Be Given at a Hospital?

A hospital or hospital-affiliated outpatient facility may be appropriate when, for example:

- The hospital setting is medically necessary;
- An appropriate alternative site is not reasonably available;
- The medication or treatment cannot safely or appropriately be administered elsewhere;
- Required monitoring, equipment, personnel, or other services are not reasonably available at an alternative site;
- An appropriate alternative provider cannot provide the treatment within a medically appropriate period;
- Geographic accessibility or other circumstances make an alternative site unavailable;
- Continuity of care or other clinical considerations make an alternative site inappropriate; or
- Your individual clinical circumstances otherwise warrant an exception.

The Plan will consider relevant clinical, geographic, provider-access, and other circumstances applicable to you when determining whether an alternative site is reasonably available.

Important: Approval of the Treatment Does Not Automatically Approve Every Site

Approval of an infusion medication or treatment does **not**, by itself, mean that the treatment is approved for administration at every possible site of care.

The Plan or its designated clinical administrator will evaluate the proposed site and determine whether it is clinically appropriate, satisfies the Plan's site-of-care requirements, and whether an appropriate alternative site is reasonably available.

What Happens If I Choose a Non-Approved Site?

You may choose to receive otherwise covered infusion therapy at a hospital or hospital-affiliated facility even when the Plan has determined that an appropriate alternative site is reasonably available.

However, when you voluntarily choose a non-approved site under those circumstances, the Plan's payment will generally be based on the amount the Plan would have paid for the approved alternative site.

Ordinarily, the Plan will determine the applicable reimbursement benchmark in the following order:

1. The amount payable for clinically appropriate home infusion; or
2. If home infusion is not clinically appropriate or reasonably available, the amount payable for administration at an approved independent, freestanding infusion center.

This means that **choosing a hospital or hospital-affiliated facility when an appropriate alternative is reasonably available may result in additional amounts being your responsibility, to the extent permitted by applicable law and the Plan.**

Amounts attributable solely to your voluntary selection of a non-approved site that exceed the Plan's payment are not additional benefits payable by the Plan and will not count toward an applicable deductible, out-of-pocket maximum, or other cost-sharing limit, except where required by law or expressly provided by the Plan.

When Does the Site-of-Care Payment Limitation NOT Apply?

The site-of-care payment limitation will not apply when the Plan determines that:

- Hospital or hospital-affiliated administration is medically necessary;
- An appropriate alternative site is not reasonably available;
- The medication or treatment cannot safely or appropriately be administered at an alternative site; or

- Another exception applies under the Plan or applicable law.

When one of these circumstances applies, the hospital or hospital-affiliated facility will be treated under the Plan's otherwise applicable benefit provisions, including applicable network status, deductible, copayment, coinsurance, and out-of-pocket provisions.

Can I Request an Exception?

Yes.

You or your treating provider may request an exception to the site-of-care requirement.

An exception may be requested based on circumstances such as:

- Medical necessity;
- Patient safety;
- Clinical complexity;
- Required monitoring or equipment;
- Geographic accessibility;
- Provider availability;
- Scheduling or timely access to treatment;
- Your individual clinical circumstances; or
- Other circumstances that make an alternative site inappropriate.

The Plan will consider relevant clinical information submitted with an exception request.

What If the Plan Makes a Decision I Disagree With?

If a determination under this provision adversely affects your entitlement to benefits, the determination will be administered in accordance with the Plan's applicable **claims and appeals procedures** and applicable law.

You retain all rights available to you under the Plan's claims and appeals procedures and applicable federal and state law. Where applicable, you may designate an authorized representative to act on your behalf.

Important Information About Your Rights

This provision will be administered in accordance with applicable federal and state law.

Nothing in this SMM or the Plan provision is intended to waive, limit, or modify any protection available to you under applicable law, including protections relating to emergency services, surprise billing, balance billing, cost-sharing, continuity of care, or other legally protected services.

If applicable law requires the Plan to provide coverage, payment, cost-sharing treatment, or another protection that differs from this provision, the Plan will comply with the applicable law.

What You Should Do

If you or a covered dependent is receiving, or expects to receive, infusion therapy:

Before treatment begins, contact 1-855-295-1160 to determine:

1. Whether precertification is required;
2. Whether the proposed infusion therapy is covered;
3. Whether a site-of-care review is required;
4. Which sites of care are approved; and
5. Whether an exception may be appropriate based on your individual circumstances.

Do not assume that approval of the medication or treatment automatically means that the location where you receive the treatment is approved.

Questions?

If you have questions regarding this change, please contact:

The Lake County Indiana, NECA – IBEW Health and Benefit Plan
7200 Mississippi Street, Suite 300
Merrillville, Indiana, 46410
219-845-4433
www.ibew697benefits.org

Please retain this SMM with your current Summary Plan Description.

IMPORTANT NOTICE

This SMM is intended to summarize the changes to the Plan regarding infusion therapy. It does not replace the Plan document or Summary Plan Description. If there is any conflict

between this SMM and the Plan document, the Plan document, as interpreted and administered in accordance with its terms and applicable law, will govern.

The Board of Trustees reserves the right to interpret and administer the Plan in accordance with the Plan document and applicable law.