

January 17, 2025

**TO: All Active Plan Participants
NW Plumbers & Pipefitters Health Fund**

RE: Gene and Cellular Therapy

This is a Summary of Material Modification describing changes to your health plan adopted by the Board of Trustees. Please be sure that you and your family read it carefully and keep this document with your Summary Plan Description Booklet.

GENE AND CELLULAR THERAPY

Effective January 1, 2025, the Plan will cover FDA Approved, Medically Necessary Gene and Cellular Therapy services from a pre-authorized in-network facility/provider. Coverage is provided subject to the Plan's annual deductible, copays, coinsurance and annual coinsurance and out-of-pocket maximums. Gene and Cellular Therapy services and treatment must be pre-authorized to be covered. Coverage is subject to all other plan limitations and exclusions. This benefit requires the assistance of the Plan's medical management provider

Gene and Cellular Therapy — includes gene and cellular based therapy techniques that modify and/or use a person's genes or cells to treat or cure disease. Gene Therapy, as defined by the Plan, includes Medically Necessary gene and cellular based therapies provided by an approved Physician, Hospital or other Provider, including, but not limited to:

- Cellular immunotherapies;
- Genetically modified oncolytic viral therapy;
- Other types of cells and tissues from and for use by the same person (autologous) and cells and tissues from one person for use by another person (allogenic) for certain therapeutic conditions;
- All human gene therapy that seeks to change the function of a gene or alter the biologic properties of living cells for therapeutic use. Examples include therapies using:
 - Luxturna® (Voretigene neparvovec)
 - Zolgensma® (Onasemnogene abeparvovec-xioi)
 - Spinraza® (Nusinersen)
- Products derived from gene editing technologies, including CRISPR-Cas9;
- Oligonucleotide-based therapies. Examples include:
 - Antisense. An example is Spinraza (Nusinersen)
 - siRNA
 - mRNA
 - microRNA therapies

The Plan does not cover out-of-network cell and gene therapy services. Cell and gene therapy services are not available under the Plan's prescription drug benefit.

If you have questions regarding the contents in this notice, please contact the Administration Office at (866) 417-4240.

Board of Trustees

NW Plumbers & Pipefitters Health Fund

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Important Reminder - You must advise the Administration Office of any changes in your basic demographic data, including changes in your name, marital status, dependents, other insurance coverage available, designated beneficiary, home address, email address and telephone number. Provide information changes by completing and sending a new Enrollment Form to the Administration Office. If you have a change in dependents, divorce requires a complete filed copy of your divorce decree along with any accompanying court orders including the parenting plan. Marriage requires a copy of your marriage certificate, the parenting plan for stepchildren and their birth certificates. Failure to update your information on file may interfere with our ability to process your benefits and provide timely communication of important plan information.