

**Local Union No. 598 Plumbing & Pipefitting
Industry Health & Welfare Plan & Trust**

BeneSys, Inc.
1220 SW Morrison St., Suite 300
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Toll-Free 800-205-7002
Fax 503-228-0149
www.598benefits.aibpa.com

To: Employees, Dependents and COBRA Participants
From: Board of Trustees
Date: February 2017
Re: Summary of Material Modifications to the January 1, 2016 Benefit Booklet for the Local Union 598 Plumbing and Pipefitting Industry Health and Welfare Plan – Amendment #2

Introduction

The Employee Retirement Income Security Act requires a Summary of Material Modifications be distributed to describe any material changes to the information in the January 1, 2016 Benefit Booklet for the Local Union 598 Plumbing & Pipefitting Industry Health & Welfare Plan which describes Medical, Dental and Vision Benefits for Employees and Dependents, and Life Insurance, Savings Plan Benefits and Health Reimbursement Arrangement for Employees (the “Benefit Booklet”). This Summary of Material Modifications provides information concerning a change to the Benefit Booklet.

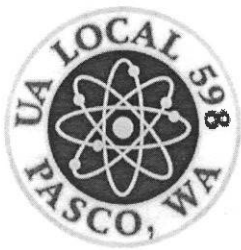
Description of the Change

Effective November 1, 2016, the material on page 38 of the Benefit Booklet is amended to read as follows:

BENEFIT	PPO PROVIDERS (In-Network)	NON-PPO PROVIDERS (Out-of-Network)
Telephonic/Video Physician Visit through Teladoc	100% of the charge is paid. Deductible waived. Must use the Teladoc network.	

Effective September 1, 2016, the following material on page 40 of the Benefit Booklet is amended to read as follows:

Organ Benefit	Transplant	80% of Negotiated Rate after Deductible. Must use an Aetna designated Institute of Excellence.	60% of Usual and Customary Charge or Global Charge after Deductible.



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Effective January 1, 2016, in order to correct a drafting error, the paragraph entitled **Non-PPO Provider Discounts** on page 43 of the Benefit Booklet is amended to read as follows:

Non-PPO Provider Discounts. The Trust and Aetna have arrangements with organizations that attempt to obtain discounts for Your medical bills if the Provider, Hospital, facility, or clinic is a Non-PPO Provider. For example, assume You have met Your Deductible for the Calendar Year and a Non-PPO Provider charged \$200. Under normal circumstances, You would pay forty percent (40%) of the Usual and Customary Charge or Global Charge of the bill (\$80.00) and the Trust would pay sixty percent (60%) of the bill (\$120). The Trust and Aetna may attempt to obtain a discount from the Non-PPO Provider who would, for example, agree to accept \$150 in full payment of the Covered Charge. Under this scenario, You would pay forty percent (40%) of the bill (\$60) and the Trust would pay sixty percent (60%) of the bill (\$90).

Effective November 1, 2016, the first paragraph below the heading **TELEPHONIC/VIDEO PHYSICIAN VISIT THROUGH TELADOC** on page 49 of the Benefit Booklet is amended to read as follows:

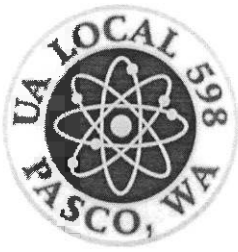
PPO In Network. The Trust pays 100% of the charge associated with the telephonic/video consultation with a Physician in the Teladoc network. The Deductible is waived.

Effective January 1, 2016, in order to correct a drafting error, the fourth paragraph on page 54 of the Benefit Booklet is amended to read as follows:

If a Covered Person is advised by a Physician to have a surgical procedure performed, the Trust will pay one hundred percent (100%) of the expense incurred for a second opinion to determine the need for the surgery (including x-ray and laboratory services). The Deductible will not apply for the second surgical opinion. If the second surgical opinion does not confirm that the proposed surgery is Medically Necessary, the Trust will pay in the same manner for a third opinion.

Effective September 1, 2016, the material below the heading **ORGAN TRANSPLANT** on pages 55 and 56 of the Benefit Booklet is amended to read as follows:

PPO In Network. Covered Services paid at eighty percent (80%) of the Negotiated Rate after the Deductible has been satisfied. In order to have a



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transplant covered at the PPO In-Network rate, the transplant must be performed at a Hospital Aetna has designated as an Institute of Excellence. The current Institutes of Excellence in Washington and Oregon are:

Seattle Children's Hospital (Seattle, Washington)
Seattle Cancer Care Alliance (Seattle, Washington)
Swedish Hospital Center (Seattle, Washington)
University of Washington Medical Center (Seattle, Washington)
Virginia Mason Medical Center (Seattle, Washington)
Legacy Good Samaritan Hospital (Portland, Oregon)
Oregon Health & Science University (Portland, Oregon)

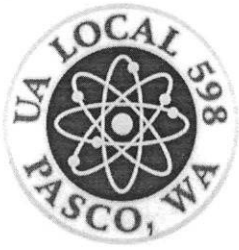
Non-PPO Out of Network. Covered Services paid at sixty percent (60%) of Usual and Customary Charge or Global Charge after the Deductible has been satisfied.

Covered Services. Covered Services for the organ transplant benefit for a Covered Person are limited to medical services, Hospital services, medical supplements, medications and prescription drugs while hospitalized, diagnostic modalities, and high dosage chemotherapy for stem cell/bone marrow transplants.

A transplant for purposes of the organ transplant benefit means a procedure or series of procedures by which an organ or tissue is either removed from the body of one person (the donor) and implanted in the body of another person (the recipient who is a Covered Person) or removed from and replaced in the Covered Person's body.

Covered Services for a donor are covered when the donor is not eligible for coverage of donation services under any other health benefit plan or government funding program. Covered Services for donors are:

- (a) Initial evaluation of the donor and related program administration costs;
- (b) Preserving the organ or tissue;
- (c) Transporting the organ or tissue to the transplant site;
- (d) Acquisition charges for cadaver or live donor;
- (e) Services required to remove the organ or tissue from the donor; and



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- (f) Treatment of medical complications directly relating to the surgery performed to obtain the organ or tissue.

The term “donor” means a person who undergoes a surgical operation for the purpose of donating an organ for transplant surgery into a Covered Person.

For purposes of the organ transplant benefit, the term “organ” means any of the following:

- (a) Kidney;
- (b) Heart;
- (c) Heart/lung;
- (d) Liver;
- (e) Pancreas (when condition not treatable by use of insulin therapy);
- (f) Bone marrow; and
- (g) Cornea.

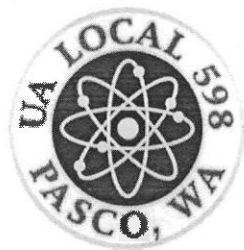
Effective August 8, 2016, the following heading and paragraph are added to page 106 of the Benefit Booklet immediately before the heading **GENDER AND NUMBER** to read as follows:

STATE BENCHMARK PLAN FOR DETERMINING ESSENTIAL HEALTH BENEFITS

The Trustees have adopted the Utah benchmark plan for determining essential health benefits for the Plan.

Effective January 1, 2016, the second paragraph on page 128 of the Benefit Booklet is amended to read as follows:

Each December, You will receive a statement from the Plan Administrator with the Benefit Credits in Your HRA account.



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Effective December 1, 2016, the material below the heading **BOARD OF TRUSTEES** on pages 159 and 160 is revised to read as follows:

Employer Trustees	Labor Organization Trustees
Mack Bland III Apollo Mechanical 1207 W. Columbia Drive Kennewick, WA 99336	Randall Walli Plumbers and Steamfitters Local 598 1328 Road 28 Pasco, WA 99301
Wayne Gohl, Jr. Northwest Refrigeration Contractors 3401 Ahtanum Road Yakima, WA 98903	James Millbauer Plumbers and Steamfitters Local 598 1328 Road 28 Pasco, WA 99301
Don Jarrett Apollo Mechanical 1207 W. Columbia Drive Kennewick, WA 99336	Mark Mokler 3604 South Dennis Kennewick, WA 99337
Mack Bland IV BNB Mechanical 918 West Canal Drive, Suite B Kennewick, WA 99336	Martin Gregg 4301 South Cascade Street Kennewick, WA 99337

Conclusion

If you have any questions regarding this Summary of Material Modifications, contact the Administrative Office. Please keep this Summary of Material Modifications with your January 1, 2016 Benefit Booklet.