

**SHEET METAL WORKERS LOCAL 104 HEALTH CARE PLAN  
(As revised January 2021)**

Amendment 23

Pursuant to the authority set forth in Article VII of the Agreement and Declaration of Trust, the Trustees hereby amend the Sheet Metal Workers Local 104 Health Care Plan as follows:

1. **Effective May 1, 2025, the “If You Become Disabled” section under “Continuing Plan Coverage” is revised to state as follows:**

**If You Become Disabled**

You will be considered a disabled employee under the Plan if the illness or injury makes you unable to engage in any work earning more than the gainful activity level per month as set by social security, after you have become disabled. You must report any income in excess of the gainful activity level in a month to the Trust Fund Office by each July 15 and January 15. This amount is set by Social Security and may change from time to time. The illness or injury must occur while your coverage is maintained by your Reserve Hour Bank, but need not occur while you are actually on the job.

If you are disabled, you and your dependents are eligible to receive an additional month of eligibility for every month of your disability, up to a maximum of 12 months, at no cost to you. You will be eligible for another 12 months of no-cost disability coverage after you have returned to work long enough to establish one month of eligibility by active hours.

The maximum period for which coverage will be provided for any one disabling condition and any one period of disability is 12 months. This rule will be waived if you return to work at least 12 consecutive months.

If you are totally or partially disabled, you may be eligible for coverage under the Plan as a retiree. See page 82 for details.

To be eligible, you must notify the Trust Fund Office of your disability within one year of becoming sick or injured. In addition, if the case of the disability is alcoholism or drug abuse, you must enroll for a course of treatment in either an outpatient or inpatient facility. You will be required to submit proof to the Trust Fund Office that you have enrolled in a course of treatment.

*The remainder of this section remains unchanged.*

2. **Effective May 1, 2025, the “ALCOHOL AND SUBSTANCE ABUSE PROGRAM BENEFIT” section under “Indemnity Health Plan Summary of Benefits” is revised to state as follows:**

ALCOHOL AND SUBSTANCE ABUSE PROGRAM BENEFIT

(Indemnity Plan Participants; Kaiser Participants must use Kaiser facility and providers for benefits)

Detoxification

Detoxification requires preauthorization from Blue Shield. The Plan pays up to 80% of the contract rate for PPO providers. Non-preferred providers are paid at 65% of UCR charges. Detoxification is paid under the medical plan and is therefore subject to the same Plan rules as any other hospitalization.

Inpatient Rehabilitation and Therapy

1st Occurrence

- PPO Provider 100% of contract rate
- Non-PPO Provider 65% of UCR charges

Subsequent Occurrences

- PPO Provider 80% of contract rate
- Non-PPO Provider 65% of UCR charges

Outpatient Treatment

- PPO Provider 100% of contract rate
- Non-PPO Provider 65% of UCR charges

Emergency care, as defined by the Plan, provided by a Non-PPO provider will be paid at the PPO rate, until the patient can be transferred to a PPO provider.

2. **Effective May 1, 2025, the “PREAUTHORIZATION GUIDELINES” section under “Important Cost Containment Information” is revised to read as follows:**

PREAUTHORIZATION GUIDELINES

The following is a summary of all benefits that require preauthorization. Please review the preauthorization guidelines carefully, as failure to obtain preauthorization could result in reduced or denied benefits.

1. INPATIENT HOSPITAL  
Call Blue Shield at 1-800-541-6652.
2. OUTPATIENT HOSPITAL  
Call Blue Shield at 1-800-541-6652.

3. OTHER COVERED SERVICES:

- Anything the Trust Fund Office deems necessary. This certification will be required after the treatment or procedure is provided but before the claim is paid, and will be pursued by the Trust Fund Office.
- Hospice Care (for any extension beyond 6 months)
- Skilled Nursing Facility
- Organ Transplants

Call Blue Shield at 800-541-6652.

4. ALCOHOL AND SUBSTANCE ABUSE SERVICES:

Detoxification: Call Blue Shield at 1-800-541-6652.

5. GASTRIC BYPASS SURGERY:

Call Blue Shield at 1-800-541-6652.

**3. Effective May 1, 2025, the “Alcohol and Substance Abuse Benefits” section is revised to state as follows:**

## Alcohol and Substance Abuse Benefits

The Indemnity Plan provides alcohol and substance abuse benefits through Blue Shield. Individuals enrolled in the Kaiser Plan must use Kaiser facilities and providers for services.

### DETOXIFICATION

Detoxification requires prior authorization from Blue Shield. Blue Shield must be contacted for approval on any treatment extending beyond the period of medically necessary detoxification.

Detoxification is paid under the medical plan and is therefore subject to the same Plan rules as any other hospitalization. If a PPO Provider, 80% of the contract rate. If a Non-PPO Provider, 65% of UCR charges.

### INPATIENT REHABILITATION AND THERAPY

First occurrence:

- PPO Provider: 100% of the contract rate
- Non-PPO Provider: 65% of UCR charges

Subsequent occurrences:

- PPO Provider: 80% of the contract rate
- Non-PPO Provider: 65% of UCR charges

## OUTPATIENT TREATMENT

Outpatient treatment by Blue Shield (PPO) provider is covered at 100% of contract rate. Outpatient treatment by a Non-PPO Provider is covered at 65% of UCR.

Emergency care, as defined by the Plan, provided by a Non-PPO provider will be paid at the PPO rate, until the patient can be transferred to treatment with a PPO provider.

4. **Effective May 1, 2025, the section “EAP Work/Life Benefits” is deleted.**
  
5. **Effective May 1, 2025, a new “Union EAP” section is added that reads as follows:**

## Union EAP

Union EAP provides care coordination for mental health and substance use disorder treatment as well as helpful resources for legal, financial, and childcare and elder care issues to all Plan participants and dependents, including those on the Indemnity Plan and Kaiser Plan.

Union EAP’s care coordinators are available 365/24/7 and are trained to respond to emotional and mental health crises and distress, and assess mental health and substance use disorders. The care coordinators will assist with determining the appropriate level of care needed, assist in finding an appropriate provider or facility, and help navigate the entire care process.

Union EAP contact information:

Phone: 855-500-1915

Website: [unioneap.com](http://unioneap.com)

Union EAP provides the following services:

### A. Mental Health and Substance Use Services

- a. **Mental Health and Substance Use Disorder Screen:** Union EAP will work with you by providing services including but not limited to conducting thorough screening and assessments; determining necessary level of care required; coordination and referral to pre-screened and evidence-based substance use detox treatment centers and other mental health facilities. *If enrolled in the Indemnity Plan, prior authorization is required through Blue Shield for detox treatment. Kaiser may also have prior authorization requirements for treatment.*
- b. **Post-Treatment Monitoring:** Assist you with choosing a substance use or other mental health monitoring program that will work best for your individualized needs.
- c. **Mental Health Counseling:** Assist you in finding pre-qualified licensed clinicians that are covered under your medical benefit plan, if available, for individual, couples, and family counseling.

- d. Testing: Assist you with arranging evaluations or diagnostic testing relating to learning disorders, developmental delays, and congenital and organic disorders; psychological and/or IQ testing.
- e. Psychiatric: Assist you with scheduling services related to medication management or medication consultation with a psychiatrist. It will also assist you with attaining medical level evaluations such as fitness for duty evaluations and threat of violence evaluations.

**B. Work/Life Services:** assist with finding resources and referrals for legal consultations, financial services consultations, and childcare and eldercare consultations.

IMPORTANT: UNION EAP DOES NOT PROVIDE INPATIENT OR OUTPATIENT TREATMENT SERVICES. UNION EAP WILL ASSIST PARTICIPANTS AND DEPENDENTS IN FINDING AN APPROPRIATE FACILITY OR PROVIDER THAT IS IN THEIR MEDICAL BENEFIT NETWORK (INDEMNITY OR KAISER). IT IS THE PARTICIPANT'S OR DEPENDENT'S RESPONSIBILITY TO CONFIRM THAT THE FACILITY AND/OR PROVIDER IS IN THEIR MEDICAL PLAN NETWORK. CHARGES NOT COVERED BY THE MEDICAL PLAN ARE THE PARTICIPANT'S OR DEPENDENT'S RESPONSIBILITY.

- 6. **Effective May 1, 2025, all references in the SPD to Beat It! and Health Advocate are deleted.**
- 7. **Effective May 1, 2025, the "PREFERRED PROVIDER ORGANIZATION (PPO)" section under "Definition of Terms" is revised to state as follows:**

#### PREFERRED PROVIDER ORGANIZATION (PPO)

Preferred provider means a doctor, hospital, outpatient surgical center or laboratory rendering services at reduced rates in accordance with the agreement with the Preferred Provider networks, including Blue Shield for the hospital and physician network, OptumRx for the pharmacy network, and Blue Shield for utilization review and case management.

No health care provider is an agent or representative of the Plan. The Plan does not control or direct the provision of health care services and/or supplies to plan participants and beneficiaries by anyone. The Plan makes no representation or guarantee of any kind concerning the skills or competency of any health care provider. The Plan makes no representation or guarantee of any kind that any provider will furnish health care services or supplies that are malpractice-free.

The foregoing statement applies to any and all health care providers, including both preferred and non-preferred providers under the terms of the Plan. The statement also applies to all entities (and their agents, employees and representatives) which contract with the Plan to provide utilization review or to offer HMO coverage, preferred provider networks or other health-related services or supplies to participants and beneficiaries, including but not limited to Blue Shield, OptumRx, and Kaiser Permanente.

Nothing in this Plan affects the ability of a provider to disclose alternative treatment options to a participant or beneficiary.

This Amendment 23 was adopted by the Board of Trustees on March 11, 2025. The Chairman and Co-Chairman were authorized by the Board of Trustees to execute this Amendment on their behalf. This Amendment 23 may be executed in counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same Amendment 23.

*Rick Werner*

Chairman

Date: 3/24/2025 | 7:10 PM EDT

*Sean O'Donoghue*

Co-Chairman

Date: 3/30/2025 | 3:59 PM PDT