SHEET METAL WORKERS LOCAL UNION NO. 292 HEALTH FUND
Summary of Material Modifications

A Summary Plan Description was distributed to participants in September 2015 which described the benefits provided by the Health Fund as of September 2015. The SPD has continued to be distributed to new participants. If you have not received one, contact the Fund Office.

Since the September 2015 Summary Plan Description was distributed, the Board of Trustees has changed the Health Fund's Plan in the following material respects:

Effective March 1, 2016, the Fund's eligibility for Loss-of-Time benefits was amended to provide that, when a Participant suffers an illness that results in either in-patient or out-patient hospitalization, Loss-of-Time benefits shall commence on the first day of disability.

Effective June 1, 2016, the Plan was amended to provide that the maximum HRA account balance for Journeymen and Apprentices will be $6,000 and the maximum HRA account balance for Classified Workers will be $3,000. Once the Participant's HRA account balances reaches the applicable limit, no further credit shall be granted to that Participant. Credit will begin to accrue once the Participant's HRA account balance is less than the applicable limit based on usage. Account balances in excess of the maximum, as of June 1, 2016, will be forfeited.

Effective June 1, 2016, the Plan was amended to provide that the portion of the hourly employer contribution that is credited to a Participant's HRA will be reduced by $0.60 per hour (from $1.65 per hour to $1.05 per hour for Journeymen and Apprentices, and from $1.35 per hour to $0.75 per hour for Classified Workers).

Effective June 1, 2016, the Plan was amended to provide that during periods where the Fund has zero or less months of reserves, as determined by the Plan Manager, no HRA credit shall be credited to any Participant.

Effective March 1, 2017, the Life Insurance and Accidental Death and Dismemberment benefit will be provided by Union Labor Life Insurance Company (Ullico). While the Fund has decided to change the insurance provider of these benefits, ***please be advised that your benefit has not changed.***

Effective June 1, 2018, the Fund has engaged Ulliance to be the new Employee Assistance Program (EAP) provider. The Ulliance Life Advisor Employee Assistance Program is designed to help each member and their family deal with the many personal and family issues. The Life Advisor Employee Assistance Program provides completely confidential, free assistance in many areas, including: Relationship and family concerns; Death of a loved one; Stress, anxiety and depression; Substance Abuse; Eldercare or childcare referrals; Financial or legal referrals.

Effective September 1, 2018, for Active and pre-Medicare eligible retirees , the copay for in-network office visits will be $40 per visit (previously $30). This copay is required whenever you visit your in-network primary care provider, specialist or urgent care clinic.***Note:*** the copay amounts for out-of-network providers have not changed.

Effective for work months beginning September 1, 2018, for Active Classified Workers only, the number of hours of work with employer contributions required to continue eligibility will be 140 per month (previously 125).The corresponding initial eligibility requirements for Classified Workers will be 420 hours with contributions during any six consecutive months or less (previously 375).

Effective January 1, 2019, for Active and pre-Medicare eligible retirees, the copay for emergency room visits will increase to $150 (previously it was $50).This copay is required whenever you visit an emergency room provider.***Note:*** the copay amount is the same for in-network and out-of-network providers and is waived if you are admitted to the hospital.

Effective January 1, 2019, the self-pay rate for pre-Medicare eligible retirees will be increased by about 15%.The exact amount of the change will depend on your years of credited service.The notification of the new rate was provided with the December 2018 self-pay invoice.This rate has not been increased since year 2015.

Sheet Metal Workers Local Union No. 292 Health Fund
All Participants in the Sheet Metal Workers Local No. 292 Health Fund
March 2021

Effective January 1, 2019, the self-pay rate for Medicare eligible retirees will be increased by about 20%. The exact amount of the change will depend on your years of credited service. The notification of the new rate was provided with the December 2018 self-pay invoice. This rate has not been increased since year 2004.

Effective January 1, 2019, the 2019 Calendar Year out-of-pocket maximus for Active and pre-Medicare eligible retirees are: (i) for Self-only coverage: $4,000 for medical and $3,900 for prescription drugs and (ii) Other than self-only coverage: $8,000 for medical and $7.800 for prescription drugs.

Effective April 1, 2019, for Active and pre-Medicare eligible retirees, the insurance the Fund purchases from Blue Cross Blue Shield of Michigan will change from the "Community Blue PPO" product to the "Simply Blue PPO" product. You were previously provided with a "Benefits at a Glance" and a "Summary of Benefits and Coverage" documents for the Simply Blue product, which details many of the benefits and cost-sharing requirements for Simply Blue.

Effective April 1, 2019, for Active and pre-Medicare eligible retirees, the Fund the will institute a facility coinsurance requirement of 20%, (previously 0%) which means that the Fund will cover 80% of facility costs (i.e. inpatient hospital care, surgeries, etc.) and you will be responsible for the remaining 20% of these costs.

Effective April 1, 2019, for Active and pre-Medicare eligible retirees, the copay for in-network office visits will be reduced to $30 per visit (previously $40). This copay is required whenever you visit your in-network primary care provider, specialist or urgent care clinic. ***Note:*** the copay amounts for out-of-network providers have **not** changed.

Effective for work months beginning April 1, 2019, for all participant classifications, the number of hours of work with employer contributions required to continue eligibility will be 140 per month (previously 125 or 140 hours and contributions depending on your classification). In addition, the initial eligibility requirements for all classifications will be 420 hours with contributions during any six consecutive months or less. The requirement for reinstatement will be 140 hours with contributions in a month within twelve months of the effective date of the termination.

Effective April 1, 2019, the maximum number of hours that all participant classifications may accrue in their Hourly Reserve Banks will be ***reduced to 420 hours or three months' of coverage.*** Banks currently in excess of 420 hours for all classifications will not be grandfathered and will be immediately reduced to 420 hours. As a result, this means that the period a participant may self-pay at subsidized rates after exhausting the Hourly Reserve Bank, through the HRA or otherwise, will also be reduced to three months.

Effective January 1, 2021, the Fund engaged Blue Cross Blue Shield of Michigan to provide fully insured prescription drug benefits (previously self-insured and administered by EnvisionRx) to both Active participants and pre-Medicare eligible retirees. The copays for prescription drug benefits have also changes as follows: Generic medications - $15 copay for 30 day supply and $30 Copay for 90 day supply (previously 30% coinsurance); Preferred Brand medications - $50 copay for 30 day supply and $100 Copay for 90 day supply (previously 30% coinsurance); Non-preferred medications - the greater of $70 copay or 50% coinsurance (up to a maximum of $100) for 30 day supply and the greater of $140 copay or 50% coinsurance (up to a maximum of $200) for a 90 day supply (previously 30% coinsurance) Generic or preferred brand specialty medications – 20% coinsurance (up to a maximum of $200) for 30 day supply (previously not covered) and Non-preferred brand specialty medications – 25% coinsurance (up to a maximum of $300) for 30 day supply (previously not covered). In addition, if you are using an out-of-network pharmacy, you will be responsible for an addition 25% of the cost you would have been responsible if you had used a network pharmacy.

Effective January 1, 2021, the 2021 Calendar Year out-of-pocket maximums for both Active participants and pre-Medicare eligible retirees are: (i) for Self-only coverage: Combined Medical and Prescription Drugs - $6,850 (previously $4,000 for medical and $3,900 for prescription drugs) and (ii) Other than self-only coverage: Combined Medical and Prescription Drugs - $13,700 (previously $8,000 for medical and $7.800 for prescription drugs). The out-of-pocket maximums for out-of-network expenses are tow times the in-network ones.