



SHEET METAL WORKERS LOCAL 292

FRINGE BENEFIT FUNDS

P.O. Box 189
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September 2021

TO: All Active Eligible Participants and Non-Medicare Eligible Retirees in the Sheet Metal Workers Local No. 292 Health Fund

RE: Health Plan Benefit Changes

The Board of Trustees continuously reviews the financial status of the Fund to ensure it can continue to provide benefits essential to participants while also maintaining the financial integrity of the Fund. After careful review and consideration of the Fund's improved financial status, the Board of Trustees is pleased to announce a decrease to the annual deductible and prescription drug copays under the Blue Cross Blue Shield PPO Plan effective October 1, 2021.

ANNUAL DEDUCTIBLE DECREASE

Effective October 1, 2021, the annual deductible for in-network and out-of-network services will decrease at the single and family levels as indicated below.

Deductible	Current Plan Design	As of 10/1/2021
In-Network Deductible	\$3,000 single / \$6,000 family	\$2,500 single / \$5,000 family
Out-of-Network Deductible	\$6,000 single / \$12,000 family	\$5,000 single / \$10,000 family

PRESCRIPTION DRUG CO-PAY CHANGES

Effective October 1, 2021, the prescription drug copays for Generic, Preferred Brand, Non-Preferred Brand and Specialty – Generic/Preferred Brand drugs will also decrease. The changes are as follows:

Tier	Current Prescription Drug Copay		As of 10/1/2021	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Generic	\$15 copay	\$15 copay plus 25% of the BCBSM approved amount for the drug	\$10 copay	\$10 copay plus 25% of the BCBSM approved amount for the drug
Preferred Brand	\$50 copay	\$50 copay plus 25% of the BCBSM approved amount for the drug	\$40 copay	\$40 copay plus 25% of the BCBSM approved amount for the drug
Non-Preferred Brand	\$70 or 50%, maximum \$100	\$70 or 50%, maximum \$100 plus 25% of the BCBSM approved amount for the drug	\$80 copay	\$80 copay plus 25% of the BCBSM approved amount for the drug
Specialty – Generic/Preferred Brand	20%, max \$200	20% up to \$200 plus an additional 25% of BCBSM approved amount for the drug	15%, max \$150	15%, max \$150 plus 25% of the BCBSM approved amount for the drug

If you have any questions or concerns, please contact the Fund Office at (248) 641-4992.

Sincerely,

*Board of Trustees
Sheet Metal Workers Local No. 292 Health Fund*