

# Sheet Metal #10 Benefit Fund

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OFFICE OF THE ADMINISTRATOR  
1681 East Cope Ave, Suite B, Maplewood, MN 55109  
651-770-0991 Fax 651-770-1351 1-800-396-2903

**May 2015**

## **IMPORTANT ANNOUNCEMENT FOR ACTIVE AND RETIRED PARTICIPANTS**

### **Summary of Material Modifications**

The Trustees of the Sheet Metal #10 Benefit Fund announce the following changes to the Plan for Active Participants. The changes are effective on the dates indicated below.

#### **1. Major Medical Expense Benefits – Active Page 51 #31, Retired Page 39 #32**

Effective August 1, 2015, the Plan is amended to provide coverage for a prophylactic mastectomy and oophorectomy as follows:

A prophylactic mastectomy will be covered when an eligible person has:

- a. Tested positive for the BRCA 1 or BRCA 2 gene mutation; or
- b. A history of cancer in the contralateral breast; or
- c. A strong family history of breast cancer.

A prophylactic oophorectomy and/or hysterectomy will be covered when an eligible person has:

- a. Tested positive for the BRCA 1 or BRCA 2 gene mutation; or
- b. A strong family history of ovarian cancer.

A strong family history means that at least two of your first degree relatives or three of your second-degree relatives have been diagnosed with such cancer. The term “first degree relatives” means your mother or sisters. The term “second degree relatives” means your aunts or grandmothers.

### **Notice Regarding “Grandfathered” Status**

This notice must accompany any Plan materials that are sent to participants.

The Sheet Metal #10 Benefit Fund believes its plan of benefits is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Sheet Metal #10 Benefit Fund may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at Sheet Metal #10 Benefit Fund, Attn: Plan Administrator, 1681 East Cope Avenue, Suite B, Maplewood, MN 55109; (651) 770-0991. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

# Sheet Metal #10 Benefit Fund

OFFICE OF THE ADMINISTRATOR  
1681 East Cope Ave, Suite B, Maplewood, MN 55109  
651-770-0991 Fax 651-770-1351 1-800-396-2903

May 1, 2015

Dear Sheet Metal Worker;

As a Sheet Metal Worker in a specific Sheet Metal Workers International Association, Local #10 area, you may have expanded choices regarding your participation in the Sheet Metal Workers #10 Benefit Fund ("the Fund"). Depending on your employment classification, you may have the choice of a lower-cost, reduced benefit option, as well as the opportunity to choose either single or family coverage.

## Lower Cost/Reduced Benefit Plan Option, Plan B:

Effective October 1, 2006, a reduced benefit medical plan with a lower hourly contribution rate became available, and it is known as Plan B. The regular Fund coverage described in the Summary Plan Description is Plan A. Plan B options may be available to you depending on your employment classification. You will need to refer to the applicable wage/fringe for your area to determine your Plan B options available to Journeymen, Apprentices, Pre-Apprentices etc.

Electing Plan B vs. Plan A has significant implications. The following table summarizes the Plan B benefits as compared to the current Plan (Plan A).

	<b>Plan A</b>	<b>Plan B</b>
Annual Deductible	\$125 per Individual \$375 per Family	\$545 per Individual \$1,635 per Family
Annual Out-of-Pocket Maximum	\$980 per Individual \$2,940 per Family	\$1,635 per Individual \$4,905 per Family
Weekly Accident & Sickness Benefits	Included	Not Included for 10/1/06-4/30/2009  Included after 5/1/2009
<b>Subsidized Retiree Coverage</b>	<b>Included</b>	<b>Not included</b>

All other Plan A benefits and rules are in Plan B.

## Single / Family Coverage Option:

All classifications of employment will have the opportunity to elect Single Coverage or Family Coverage:

- Any reduction in hourly contribution will result in a corresponding increase or decrease in your taxable base pay, but will not change your current total wage and benefit package.
- For other classifications of employment, the employer will contribute the hourly contribution for Plan B Single Coverage. You will have the opportunity to elect a base salary reduction for Family Coverage.

If you elect Plan B, the difference in the hourly contribution for Family Coverage is NOT taxable to you, but will result in a lower taxable base.

Hourly Contribution Rates:

The Plan A and Plan B option(s) available to you are outlined above. The hourly employer contribution rates for each level of coverage are as follows:

	Plan A	Plan B
Single Coverage	\$7.52*	\$2.69**
Family Coverage	\$9.02*	\$6.54**

\* Plan A: The \$1.50 difference between single coverage (\$7.52) and family coverage (\$9.02) will be paid as an increase in the taxable base which **IS** taxable to you.

\*\* Plan B: The \$3.85 difference between single coverage (\$2.69) and family coverage (\$6.54) will be paid by you as a reduction in the taxable base which is **NOT** taxable to you.

You may elect a change to either Plan A or Plan B upon an Event as defined in the Summary Plan Description, or upon the annual Open Enrollment period which is from November 1 through November 30 for effective date of January 1. It is very important to fully understand how an election choice for either Plan A or Plan B affects you and your family.

Please call the Fund Office at 651-770-0991 or 1-800-396-2903 if you have any questions regarding this information.

Sincerely,

Sheet Metal #10 Benefit Fund

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OFFICE OF THE ADMINISTRATOR  
1681 East Cope Ave, Suite B, Maplewood, MN 55109  
651-770-0991 Fax 651-770-1351 1-800-396-2903

**September 2014**

## **IMPORTANT ANNOUNCEMENT FOR ACTIVE PARTICIPANTS**

### **Summary of Material Modifications**

The Trustees of the Sheet Metal #10 Benefit Fund announce the following changes to the Plan for Active Participants. The changes are effective on the dates indicated below.

#### **1. Dollar Bank – Page 22**

Effective July 1, 2014, the Plan is amended to provide for an annual increase in the maximum amount a participant may accrue in their Dollar Bank of \$1,000 per year starting July 1, 2014 through the year starting July 1, 2018. Per this amendment, a participant will be able to accrue up to the following maximums the next five years. As of July, 1, 2018, the maximum a participant may accrue in the dollar bank is \$30,000.

<b>Year</b>	<b>Dollar Bank Maximum</b>
7/1/2014	\$26,000
7/1/2015	\$27,000
7/1/2016	\$28,000
7/1/2017	\$29,000
7/1/2018	\$30,000

#### **2. Dollar Bank – Page 23**

Effective January 1, 2015, the last paragraph of the Dollar Bank section on page 23 of the Summary Plan Description and Plan Document is deleted and replaced with a new last paragraph which will provide as follows:

Dollar Bank Conversion to Retiree HRA Account: When you retire, coverage for you and your Dependents will end under the active plan at the end of the month with your last day worked unless you use Dollar Bank reserves to continue active coverage for a maximum of three months. Thereafter, your Dollar Bank will be converted to a Retiree HRA Account to be administered under the Retiree HRA Account Plan section of the Sheet Metal #10 Benefit Fund for Retired Participants (Retiree Plan). Under the Retiree Plan you can use your Retiree HRA Account to pay for coverage under the Sheet Metal #10 Benefit Fund's Retiree Plan. You may be eligible for retiree coverage if you meet the Retiree Plan's eligibility requirements or you can elect COBRA Continuation Coverage.

### 3. Skilled Nursing Care – Page 4

Effective May 19, 2014, the Plan is amended to expand Skilled Nursing Care from 30 days to 90 days.

<b>Skilled Nursing Care</b> Daily Room and Board  Confinement Maximum	100% of Reasonable and Customary  90 days; must have at least 60 days in between related confinements
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### 4. Online Care Anywhere

Effective September 1, 2014, the Plan is amended to provide a benefit called “Online Care Anywhere.” Online Care Anywhere is an online service available 24 hours a day, seven days a week that allows a covered person to visit a physician online from their home. Online Care is covered by the Fund at 100% not subject to the deductible.

To access and use the service, participant’s must take the following steps:

1. Go to: [www.OnlineCareAnywhereMN.com](http://www.OnlineCareAnywhereMN.com);
2. Register and enter their health summary;
3. Choose a doctor; and
4. Click connect.
5. Participants can also download the Online Care Anywhere app to their smart phone.

Once a participant has connected, they can discuss an array of medical conditions such as sinus or ear infections, pink eye, cold or flu symptoms, allergies, depression or anxiety, rashes, urinary tract infections and other medical conditions.

### 5. Prescription Drug Benefit – Page 53

Effective November 1, 2014, the following provisions are added to the end of the Prescription Drug Benefit Section on page 53:

#### ***COMPOUND DRUGS***

Certain compound drugs will be subject to prior authorization from the Plan’s Pharmacy Benefit Manager Prime Therapeutics and will be excluded from coverage under the Plan unless determined to be Medically Necessary.

The categories of compound drugs subject to this rule are: Musculoskeletal Therapy, Analgesics – Anti Inflammatory, Nasal Agents – Systemic and Topical, Anticonvulsants, Pain Agents, Ulcer Drugs, Skin Disorders and Addrogens.

## **6. Erectile Dysfunction Drugs – Page 64**

Effective June 1, 2014, exclusion No. 14 on page 64 regarding erectile dysfunction drugs is amended to provide as follows:

14. Lifestyle and cosmetic drugs are not covered, except drugs prescribed specifically for the treatment of acne and erectile dysfunction drugs. Erectile dysfunction drug coverage is limited to fifteen (15) unit doses per month per Participant. However, erectile drugs in low dose form taken on daily basis, will not be subject to the above noted fifteen (15) day limit.

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651-770-0991 Fax 651-770-1351 1-800-396-2903

January 2014

## IMPORTANT ANNOUNCEMENT FOR ACTIVE PARTICIPANTS

### Summary of Material Modifications

The Trustees of the Sheet Metal #10 Benefit Fund announce the following changes to the Plan for Active Participants. These changes, in addition to those provided in the November 2013 Summary of Material Modifications are, in most instances, required by the Affordable Care Act and are enhancements of the benefits the Plan provides.

These changes are effective on the dates indicated below.

**1. Change of Employee Assistance Program Provider from CIGNA to Total Employee Assistance Management, Inc. (T.E.A.M., Inc.)**

Effective February 1, 2014, the Plan has changed Employee Assistance Program providers from CIGNA to Total Employee Assistance Management, Inc. (T.E.A.M., Inc.). The language on page 60 of the SPD will now provide as follows:

***Eligible Employees and Dependents***

The Employee Assistance Program is a confidential resource that helps address various kinds of personal concerns. The program offers consultation, support, information and planning as well as referrals to professional resources in your community. Services include face-to-face counseling, telephone consultations, and support and educational materials for issues such as:

- Marital conflicts
- Legal issues
- Financial issues
- Family and relationship concerns
- Alcohol and/or drug dependency
- Emotional and psychological issues
- Spiritual concerns
- Occupational/vocational issues and rehabilitation

The Program is administered by Total Employee Assistance Management, Inc. (T.E.A.M., Inc.).

Several key points about this service:

- All Counseling by T.E.A.M., Inc. has been prepaid by The Fund. However, when a referral is made to another care provider, the cost will be handled according to the rules of the Plan.

- Every Consultation is confidential. No information will be given to either your employer or the Union unless you specifically request it.
- This Counseling is available to you and your eligible Dependents.

T.E.A.M., Inc. offices are located throughout the Twin Cities and confidential assistance is available 24 hours a day by calling: (651) 642-0182 or (800) 634-7710.

If you live outside the Twin Cities Area, T.E.A.M., Inc. will arrange for either themselves or another provider in your area to assist you. Please call T.E.A.M., Inc. for further information.

## 2. Vision Benefits

Effective January 1, 2014 the Plan's Vision Benefit is amended to increase the benefit to \$350 over a two year calendar year period. The first two-year period is 2014-15 and the second two-year calendar year period is 2016-17. Previously this benefit was \$175 annually.

Additionally, for Dependents under age 19, there will be the following vision benefits:

- 100% coverage on the first \$350 of Vision Benefits and 50% thereafter.
- Coverage for one set of contact lenses or one pair of eyeglasses every two years, subject to the above noted coinsurance requirements.
- One routine eye examination per year is provided without any co-insurance.

Additionally, effective February 1, 2014, the Plan's vision benefit discount network will change from EyeMed to Vision Service Plan (VSP) Vision Care. VSP Vision Care is the largest network in the nation of private practice doctors. For information regarding VSP Vision Care you can visit their website at [www.vsp.com](http://www.vsp.com).

As a result of the above noted changes, the new Schedule of Benefits of Vision Benefits will provide as follows:

Vision Benefit (See page 58)	Coverage – Plan A	Coverage - Plan B
Two Year Maximum for individuals 19 and older (the two year periods are 2014-2015 and then 2016 -2017):	\$350 (in 2014-15 and another \$350 in 2016-17).	\$350 (in 2014-15 and another \$350 in 2016-17).
For Individuals under age 19:	100% coverage on the first \$350. Thereafter the plan pays 50%. The Plan provides one set of contact lenses or one pair of eyeglasses every two years subject to the above noted coinsurance requirements. The above noted coinsurance requirements do not apply to one routine eye exam per year.	100% coverage on the first \$350. Thereafter the plan pays 50%. The Plan provides one set of contact lenses or one pair of eyeglasses every two years subject to the above noted coinsurance requirements. The above noted coinsurance requirements do not apply to one routine eye exam per year.
<b>LASIK Eye Surgery</b>	\$500	\$500

### 3. Chiropractic Benefit

Effective January 1, 2014 the Plan has removed the twenty-five (25) annual visit maximum for Chiropractic Benefits. The Plan has retained the \$30 maximum per visit payment.

The Schedule of Benefit will provide as follows:

<b>Chiropractic Treatment</b> Office Visit Maximum	80% after annual deductible up to a maximum of \$30 per visit.	80% after annual deductible up to a maximum of \$30 per visit.
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### 4. Dental Benefits (For Dependents under age 19 only)

Effective January 1, 2014, the \$2,500 dollar maximum every two years applicable under Dental Benefits Coverage A, B and C and will not apply to Dependents under age 19. Additionally, the lifetime maximum for Coverage D for non-cosmetic orthodontic services will not apply for Dependents under age 19.

The Schedule of Benefits will provide as follows:

<b>Dental Benefit (see page 54)</b>	<b>Coverage – Plan A</b>	<b>Coverage – Plan B</b>
Maximum every two Calendar Years  This maximum will not apply to an individual under age 19 for Dental Benefits under Coverage A, B and C.	\$2,500	\$2,500
Lifetime Maximum for D services (unless medically necessary). This maximum will not apply to an individual under age 19 for non-cosmetic orthodontic services.	\$2,500	\$2,500

### 5. Hearing Care (For Dependents under Age 19 only)

Effective January 1, 2014 the Plan has amended its Hearing Care Benefit to provide that the maximum benefit provisions for the Plan's Hearing Care Benefit do not apply to Dependents under age 19.

The Schedule of Benefits will provide as follows:

<b>Hearing Care</b> Plan Coinsurance  Maximum Benefit For: One Examination Per Two Consecutive Calendar Years* Two Hearing Aid Instruments Per Five Consecutive Calendar Years*  *Maximum Benefit does not apply to individuals under age 19 (coinsurance does apply).	80% of Reasonable and Customary  \$150 \$1,000 per hearing aid	80% of Reasonable and Customary  \$150 \$1,000 per hearing aid
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## 6. Health Education – Page 3

Effective January 1, 2014, the Plan has amended its Health Education Benefit to eliminate the calendar year maximum.

The new schedule of benefits is provided below:

<b>Health Education</b> Plan Coinsurance	80% of Reasonable and Customary	80% of Reasonable and Customary
Lifetime Maximum	\$6,000 per person	\$6,000 per person

## 7. Definition of Dependent

Effective January 1, 2014 the Plan's definition of Dependent for both Active and Retiree Coverage is amended to remove the language providing that Dependents under age 26 were ineligible for coverage if they were eligible for other employer provided coverage or if they were married and eligible to enroll in their spouse's coverage by virtue of the spouse's employment. As of January 1, 2014 any Dependent child under the age of 26 is eligible for coverage under the Plan. The definition of Dependent will now provide as follows:

**Dependent:** a Dependent includes any of the following persons who are eligible for coverage under this Plan as a covered Dependent (if enrolled in the Plan), provided they are not also an eligible covered employee:

1. The eligible employee's lawful spouse or surviving spouse from whom the eligible employee is not divorced or legally separated;
2. Each child who has not yet reached age 26, including:
  - A. A natural child, a lawfully adopted child, or a child placed for adoption (unless placement is disrupted prior to legal adoption and the child is removed from placement). Health evidence for the adopted child is not required.
  - B. Either of the following in a regular parent-child relationship with the eligible employee:
    - I A stepchild only for the duration of the marriage of the eligible employee and the stepchild's parent;
    - II A child who is named as an alternate payee in a Qualified Medical Child Support Order (QMCSO) entered by a court of proper jurisdiction or administrative agency. The QMCSO must be approved by the Plan. The Plan has adopted procedures for QMCSOs. These procedures are available upon request from the Fund Office.

In addition, a Dependent does not include the spouse of a married child.

## **Important Note – Retiree Opt-Out Rule**

Effective December 1, 2013, the Plan has broadened its provisions allowing Retirees to opt-out of coverage under the Retiree Plan. Specifically, as a Retiree with coverage under the Plan you have the right to exercise an opt-out from coverage if you have other coverage available to you. Other coverage could be coverage through your spouse, another employer, a State or Federal Exchange, the Veteran's Administration or other private insurance. You may want to consider this option as you approach the time you wish to retire as an active participant and transition your coverage to the Retiree Plan.

Very Truly Yours

Board of Trustees

### **Notice Regarding "Grandfathered" Status**

This notice must accompany any Plan materials that are sent to participants.

The Sheet Metal #10 Benefit Fund believes its plan of benefits is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Sheet Metal #10 Benefit Fund may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at Sheet Metal #10 Benefit Fund, Attn: Plan Administrator, 1681 East Cope Avenue, Suite B, Maplewood, MN 55109; (651) 770-0991. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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# Sheet Metal #10 Benefit Fund

OFFICE OF THE ADMINISTRATOR  
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651-770-0991 Fax 651-770-1351 1-800-396-2903

November 2013

## IMPORTANT ANNOUNCEMENT FOR ACTIVE and RETIRED PARTICIPANTS

### Summary of Material Modifications

The Trustees of the Sheet Metal #10 Benefit Fund announce the following changes to the Plans for both Active Participants and Retired Participants. These changes are effective on the dates indicated below.

#### 1. Dollar Banks

Effective September 1, 2013, the Plan has amended its Dollar Bank provisions on pages 22 and 23 of the Summary Plan Description through the addition of the following paragraph:

*Dollar Bank Usage – Transition to Non-Bargaining Unit Employee*

If you switch from being a Bargaining Unit Employee to a Non-Bargaining Unit Employee and continue to work for a signatory employer, you will be allowed to either (1) continue to use your Dollar Bank to pay for Plan coverage; or (2) freeze your Dollar Bank. To freeze your Dollar Bank you must provide written notice to the Fund Office of your desire to freeze your Dollar Bank.

#### 2. Elimination of the Plan's Annual Limit.

Effective January 1, 2014, the Plan (Coverages A and B) has amended its Schedule of Benefits on page 2 to eliminate the Annual Maximum for Essential Health Benefits of \$300,000 for Coverage in both Plan A and Plan B.

Effective January 1, 2014, the Retiree Plan has amended its Schedule of Benefits on page 6 to eliminate the \$500,000 Annual Maximum Benefit for Essential Health Benefits for Retirees.

#### 3. Elimination of the Pre-Existing Condition Exclusion

Effective January 1, 2014, the Plan has removed the Pre-Existing Condition definition on page 16 of the Summary Plan Description and the provisions regarding Pre-Existing Conditions on page 20 and 21 from the Plan for Active Participants. The Plan no longer has any pre-existing condition exclusions.

*Prior to January 1, 2014, the Plan did have a pre-existing condition exclusion applicable to covered persons age 19 and older which provided that the Plan would pay a maximum of \$10,000 during the first twelve months of coverage under the Plan.*

#### **4. Changes to the Plan's Exclusions – Voluntary Termination of Pregnancy**

Effective January 1, 2014, the Plan has amended General Exclusion and Limitation No. 10 on Page 63 of the SPD for Active Participants to provide as follows:

10. Voluntary termination of pregnancy, except when the pregnancy is a life-threatening medical condition for the covered female Participant or eligible dependent. Medical documentation verifying the life-threatening condition to the Participant or eligible dependent is required. Complications resulting from a voluntary termination of pregnancy are also covered.

#### **Summary of Benefits and Coverage**

Included with this notice you will find your Summary of Benefits and Coverage (SBC) for 2014.

The SBC is required under the Patient Protection and Affordable Care Act (PPACA) and provides you with a summary of your benefits under the Plan. The SBC must be issued annually as well as any time the Plan makes a change that impacts the information contained in it. For example, you will note that the SBC reflects the change in item No. 2 above regarding the elimination of the Plan's annual maximum benefit.

This document is a summary of your benefits under the Plan. If you wish to more fully understand your benefits under the Plan you should refer to the Plan's Summary Plan Description (SPD) for full details.

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OFFICE OF THE ADMINISTRATOR  
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651-770-0991 Fax 651-770-1351 1-800-396-2903

**August 2013**

## IMPORTANT ANNOUNCEMENT FOR ACTIVE PARTICIPANTS

### Summary of Material Modifications

The Trustees of the Sheet Metal #10 Benefit Fund announce the following changes to the Plan (Coverages A and B for Active and Retired Participants) which are effective on August 1, 2013.

#### 1. Changes to the Plan's Deductibles

Effective August 1, 2013, the Plan has increased the deductibles for Coverage A and Coverage B in the Schedule of Benefits for both individuals and families as further indicated below:

Eligible Employees and Dependents Major Medical Expense Benefit	Coverage – Plan A	Coverage – Plan B
<b>Annual Deductible</b> Before the Plan pays for most covered expenses, you pay	\$125 per person each year; \$375 family maximum	\$545 per person each year; \$1,635 family maximum

*Previously, the deductible for Coverage A was \$115/individual and \$345/family and for Coverage B was \$500/individual and \$1,500/family.*

#### 2. Changes to the Plan's Out-of-Pocket Maximums

Effective August 1, 2013, the Plan has increased the out-of-pocket maximum benefit for Coverage A and Coverage B in the Schedule of Benefits, for both individuals and families as further indicated below:

Eligible Employees and Dependents		
Major Medical Expense Benefit	Coverage – Plan A	Coverage – Plan B
<b>Annual Out-Of-Pocket Maximum</b>		
Plan Pays 100% of Covered Charges for the remainder of the year, once you reach your Out-Of-Pocket Maximum:		
Individual Out-Of-Pocket Maximum	\$980 per person	\$1,635 per person
Family Out-Of-Pocket Maximum	\$2,940 family maximum	\$4,905 family maximum
Annual Out-Of-Pocket Maximum does not include your deductible		

*Previously, the out-of-pocket maximums for Coverage A were \$900/individual and \$2,700/family and for Coverage B were \$1,500/individual and \$4,500/family.*

### 3. Orthotics Benefit

The Plan is amended to clarify that an orthotics benefit is provided in the Schedule of Benefits as indicated below. This change is effective February 1, 2013 and coincides with the issuance of the Summary Plan Description effective February 2013.

<b>Orthotics</b>	
Calendar Year Maximum	\$100 per person
Plan Coinsurance	80% of Reasonable and Customary

Very Truly Yours,

Board of Trustees

+++++

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This notice must accompany any Plan materials that are sent to participants.

The Sheet Metal #10 Benefit Fund believes its plan of benefits is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the Sheet Metal #10 Benefit Fund may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at Sheet Metal #10 Benefit Fund, Attn: Plan Administrator, 1681 East Cope Avenue, Suite B, Maplewood, MN 55109; (651) 770-0991. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.