

Sheet Metal #10 Benefit Fund

OFFICE OF THE ADMINISTRATOR
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January 2019

IMPORTANT ANNOUNCEMENT FOR RETIRED PARTICIPANTS

Summary of Material Modifications

The Trustees of the Sheet Metal #10 Benefit Fund announce the following changes to the Plan for Retired Participants. The changes are effective March 1, 2019.

1. Prescription Drug Benefit – Pages 38-40

The following provisions regarding the Prime Therapeutics Classic Network, prior authorization, and quantity level limits, are added to the end of the provisions for Prescription Drug Benefits on Page 40.

Prime Therapeutics Classic Network

The Plan has adopted the Prime Therapeutics Classic Network of approved pharmacies which takes advantage of Prime Therapeutics strategic alliance with Walgreens. Therefore, to fill your prescription, you must go to a pharmacy in Prime's Classic Network.

The Classic Network includes all Walgreens pharmacies, many chain pharmacies as well as independent pharmacies. The Prime Classic Network excludes certain other independent pharmacies and certain other national pharmacy chains such as CVS. This means if you currently have prescriptions filled at CVS (or other non-network pharmacy) you will have to make a change. You can determine if your pharmacy is in the Classic Network by visiting www.MyPrime.com.

Prior Authorization

The Plan has implemented a prior authorization program applicable to a certain subset of prescription drugs. Prior authorization is required on these medications before your prescription will be covered by the Plan.

If your prescription drug requires prior authorization, your physician must submit a prior authorization request form to Prime Therapeutics for approval.

- If authorization is granted, your prescription will be filled.
- If authorization is not granted, you have two choices:

- You may still have the prescription filled by paying the entire retail cost of the prescription drug yourself; or
- You may ask your doctor to prescribe an alternate drug covered by the Plan, if available.

To see a listing of drugs in the prior authorization program, log onto the website listed on the back of your Sheet Metal #10 Benefit Fund ID card.

Quantity Level Limit Program

The Plan has implemented a quantity limit program for certain drugs based upon dosing limits established by the FDA. Quantity limits are applied to the number of units dispensed for each prescription. If there is a quantity limit for a specific drug you've been prescribed, and you need to exceed that quantity limit, your physician must submit a quantity limit override request form to Prime Therapeutics for a possible waiver of the quantity limit.

If you have questions regarding these changes to the Plan's Prescription Drug Benefit, you can contact Wilson McShane at 1-800-535-6373

STATEMENT OF NONDISCRIMINATION

The Sheet Metal #10 Benefit Fund ("Fund") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. The Fund does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

The Fund provides free aids and services to people with disabilities to effectively communicate with us, such as:

- Qualified sign interpreters
- Written information in other formats (large print, audio, and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need any of the above noted services, contact the Plan Administrator at 952-854-0795.

If you believe that the Fund has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can contact the Plan Administrator at 952-854-0795 or you may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, DC 20201
 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Minnesota/North Dakota/South Dakota Languages

Language	Translation
English	Attention: If you speak (insert language), language assistance services, free of charge, are available to you. Call 1-952-854-0795.
Spanish	Atención: Si usted habla (español), tenemos disponible para usted el servicio de ayuda en su idioma sin costo alguno. Llame al 1-952-854-0795.
Hmong	Faj Seeb: Yog hais tias koj hais (Hmoob), kev pab cuam pab txhais lus, dawb tsis tau them, yeej muaj muab rau koj. Hu 1-952854-0795.
Cushite	Hubachiisa: Yoo kan afaan Oromoo dubbattan ta'e tajaajilli gargaarsa hiikoo afaanii ni argattu. Lakk. 1-952-854-0795 tiin bilbilaa.
Vietnamese	Nếu quý vị nói (tiếng Việt), chúng tôi có dịch vụ hỗ trợ ngôn ngữ sẵn sàng phục vụ quý vị miễn phí. Vui lòng gọi: 1-952-854-0795
Chinese	请注意：如果您讲中文，则您可以获得免费的语言协助服务。请致电：1-952-854-0795。
Russian	Внимание: Если Вы говорите на (Русском), услуги лингвистической поддержки доступны Вам бесплатно. Звоните 1-952-854-0795.
Laotian	ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທຫາ 1-952-854-0795.
Amharic	ማሳሰቢያ: የሚናገሩት (አማርኛ) ቋንቋ ከሆነ ከክፍያ ነጻ የሆነ የቋንቋ እገዛ አገልግሎት ማግኘት ይቻላል። በስልክ ቁጥር 1-952-854-0795 ይደውሉ።
Karen	w>'k;oh.ng=erh>uwdR (unDusdm)< usdmw>rRpXRw>zH;w>rRwz.< vXwvXmbl;vJ< td.vXe*D>M.vDRI ud;vD wJpdql 1-952-854-0795 wuh>I
German	Hinweis: Wenn Sie (Deutsche) sprechen, stehen Ihnen kostenlose Sprachhilfsdienste zur Verfügung. Rufen Sie unter 1-952-854-0795 an.
Cambodian	ចំណាំ: ប្រសិនបើអ្នកនិយាយ (ភាសាខ្មែរ) សេវាកម្មជំនួយខាងភាសាដោយឥតគិតថ្លៃនឹងមានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅកាន់ 1-952-854-0795 ។
Arabic	ملاحظة: إذا كنت تتحدث (العربية)، فيرجى العلم بأنه يمكنك الاستفادة من خدمات المساعدة اللغوية مجاناً. اتصل بالرقم: 0795-854-952-1.
French	Attention : Si vous parlez (Français), des services langagiers vous sont offerts gratuitement. Veuillez composez le 1-952-854-0795.
Korean	참고: 한국어 지원 서비스를 무료로 제공합니다. 문의전화 1-952-854-0795

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. This website has a table summarizing which protections do and do not apply to grandfathered health plans.