

mailed Feb 2019

**SUMMARY OF MATERIAL MODIFICATIONS
TO THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
OF THE
I.B.E.W. 292 HEALTH CARE PLAN
(2015 Restatement)**

IMPORTANT NOTICE TO PLAN PARTICIPANTS AND BENEFICIARIES

The Board of Trustees has amended the Plan Document and Summary Plan Description ("SPD"). This notice summarizes the change and its effective date.

Amendment No. 19, Effective Date September 19, 2018.

The SPD was amended to clarify the circumstances when the waiting period for Loss of Time benefits will be waived, correct the number of payable weeks per occurrence of Total Disability, and clarify the in-network Urgent Care copayment and coinsurance.

Amendment No. 20, Effective Date January 1, 2018.

The SPD was amended to provide credit towards the annual deductible for Participants and their spouses who complete the Health Dynamics annual Preventive Care Program Exam.

Please retain this notice with your current copy of the Plan Document and Summary Plan Description and insert the attached slip pages 21, 33, 33A, 76 and 77 to replace the current page of the same number. If you have any questions about the Plan, contact the Fund Office at (763) 493-8830 or 1-800-368-9045.

Deductible		
<p><i>A deductible is a predetermined amount, paid annually, before the Plan begins to provide payment. The medical deductible is on an individual and family basis. Two or more individual medical deductibles can be applied to the family medical deductibles. Deductibles do not apply to certain devices such as medication management or diagnostic testing. Deductibles are included in the maximum out-of-pocket expense limits. If you satisfy any portion of the out-of-network deductible, it may be applied toward the in-network deductible. However, you may not apply any paid portion of an in-network deductible toward the out-of-network deductible. Coinsurance for prescription drugs does not count toward any deductible.</i></p>		
	In-Network	Out-of-Network
Member or Employee	\$100*	\$400*
Each Dependent	\$100*	\$400*
Family Maximum	\$300*	\$1,200*
Copayments		
<p><i>Copayments are amounts which Eligible Individuals pay before receiving services such as urgent care, doctor office visits or prescriptions. Copayments do not count toward deductibles or maximum out-of-pocket limits.</i></p>		
	In-Network	Out-of-Network
Injections classified under the CDC guidelines as routine with the exception of the shingles vaccination (Zostavax®). The Plan will cover the shingles vaccination (Zostavax®) once per lifetime for Members who are 50 years of age and older.	None	None – but subject to deductible and coinsurance
Injections not classified as routine under the CDC guidelines	None	None – but subject to deductible and coinsurance
Office Visit (Specialist or Primary)	\$20	None – but subject to deductible and coinsurance
Urgent Care	\$30 plus 15% coinsurance	None – but subject to deductible and coinsurance
Online Care Anywhere, MinuteClinic (or other similar types of clinics)	\$10	None – but subject to deductible and coinsurance
Hospital Admissions	\$60	None – but subject to deductible and coinsurance

	(guaiac lab test, stool sample SNA test and/or fecal immunochemical test (FOBT)), biometric screening, skin cancer screening, immunizations and vaccinations.	
Health Dynamics Preventive Care Program Exam	<p>Health Dynamics provides an annual Preventive Care Exam at no cost to Participants and their spouses.</p> <p>Participants who complete the exam will receive a \$100 credit towards their annual Calendar Year deductible. If both a Participant and their spouse complete the exam within the same Plan Year, they will receive a \$300 credit towards their annual Calendar Year deductible.</p> <p>Deductible credits earned in one Calendar Year will be applied against the deductible for the Calendar Year following the Calendar Year in which the exams were completed. For example, if a Participant and spouse complete the Preventive Care Exam on October 1, 2018, they will receive a \$300 credit towards their annual deductible for the 2019 Calendar Year beginning January 1, 2019.</p>	
In-home healthcare visit for newborn Dependent (1 visit)	85% of Covered Expenses	75% of Covered Expenses
Women Age 40 and Over	100% of Covered Expenses for one health maintenance mammogram per Calendar Year	
Routine Colonoscopy (one screening every three years for Eligible Individuals who are age 50 or older or who have a clinical family history of colon disease)	85% of Covered Expenses	75% of Covered Expenses
Smoking Cessation Drugs	To receive smoking cessation benefits the Eligible Individual must be enrolled and actively participate in the Blue Cross Blue Shield of Minnesota Blue Print for Health Stop Smoking Program®. Prescription drugs for smoking cessation will be covered through the Plan's prescription drug benefit.	
Diabetes Management Education	Diabetes Management Education – up to a life time maximum of three courses of diabetes management or \$1,500.	
Celiac Disease	Celiac Disease Nutritional Education – a lifetime maximum of one course of up to a maximum of \$500	
Hearing Aids	After you meet the deductible, the Plan will pay 80% of the Covered Expenses for up to \$1,500 per ear every five Calendar Years if proven to be Medically Necessary by an audiogram*. (Replacement ear pieces are covered as Medically Necessary)	
Hearing Aid Screening	85% of a screening once per Calendar Year.	
*If an audiogram shows that more frequent replacement is necessary due to a change in medical condition, the cost for those replacements may be covered. An audiologist's report must be sent to the Fund Office before any hearing aid purchase will be authorized. Contact the Fund Office with any questions.		

	In-Network	Out-of-Network
Cochlear Implants	85% of Covered Expenses	75% of Covered Expenses
Cochlear Implant Processor Replacements	Replacement processors for cochlear implants are covered as long as the affected Eligible Individual trades in their old implant processor.	
Chiropractic and Acupuncture	\$500 combined per Calendar Year	
	In-Network	Out-of-Network
	85% of Covered Expenses	75% of Covered Expenses
Any medical expense benefit payments made on behalf of an Eligible Individual at any time during a Calendar Year under this Plan or any previous medical plans of the Fund for all chiropractic and acupuncture care will be used in determining the individual's remaining Chiropractic and Acupuncture Care Calendar Year Maximum Benefit.		

LOSS OF TIME BENEFITS (DISABILITY BENEFITS)

If you have questions about the Loss of Time Benefits available under the Plan, please call the Fund Office.

Eligibility for Benefits

To be eligible for weekly income benefits, an Eligible Employee must meet all of the following requirements:

- ◆ You must be Totally Disabled as a result of non-occupational Injury or Sickness and be completely unable to perform each and every duty of your occupation or employment.
- ◆ You must be covered under the medical and loss of time portions of the Plan on the date your Total Disability begins.
- ◆ You must be under the care of a physician of medicine for the Total Disability.
- ◆ You must have used all accrued benefits for sick leave.
- ◆ You must not be receiving salary, wages or unemployment compensation.

In the case of work-related Total Disability, to receive pension and/or health care Credits, the Fund Office also *must* receive a First Report of Injury (i.e., a doctor's determination of disability) and proof of your Worker's Compensation payments. In addition, to receive any loss of time benefits under this Plan, you must have used up all other loss of time benefits and/or disability benefits provided through your Employer (this includes compensation for loss of time such as salary continuation, sick leave and/or short-term disability benefits).

If an Eligible Employee becomes continuously Totally Disabled as the result of an occupational illness or Injury incurred while working in a non-covered position which has a lower wage rate than provided by the Plan, the benefit to be paid will be the difference between the Plan's regular loss of time benefit amount and the benefit amount payable to the Eligible Employee by the Workers' Compensation carrier for the Eligible Employees. Benefits will be determined as though Workers' Compensation coverage was in place, even if none was, if the Eligible Employee could have been covered. The requirement that an Eligible Employee must be Totally Disabled as a result of non-occupational Injury and/or Sickness and so be unable to perform each and every duty of the individual's occupation in order to receive Weekly Income Benefits will not act to limit this benefit. Such benefit will only be provided to Eligible Employees who were actively employed by a Contributing Employer on the date of the illness or Injury, or were available for work ("on the book") and have not refused more than two consecutive calls for work.

Schedule of Loss of Time Benefits

Weekly benefits are payable up to fifty-two (52) weeks per occurrence of Total Disability. Extensions of disability benefits beyond thirteen (13) weeks must be in writing and subject to the approval of the Board of Trustees, including, at the Trustees' discretion, examination of the Eligible Employee by a Physician of the Plan's choice. For continued

disability payments, you will be required to provide proof of application to Social Security at twenty-six (26) weeks and every six (6) months thereafter. If you do not provide this proof, disability payments will cease. This benefit is subject to a fifty-two (52) week cap per occurrence of Total Disability and a lifetime maximum of one hundred four (104) weeks. If you sustain an additional injury while collecting disability benefits the maximum benefit aggregate period for which you may receive loss of time benefits is fifty-two (52) weeks.

The amount of your weekly benefit is based on the cause of your Total Disability as shown below:

Work-Related Injury or Sickness

Disability Period	Maximum Rate
Second and Third Days of First Week	Reimbursed at the current Minnesota unemployment weekly rate provided the second and third days are not paid under Workers' Compensation

Non-Occupational Injury or Sickness

Disability Period	Waiting Period Before Benefits Will Be Paid	Maximum Rate
Weeks 1 Through 6	7 Days (If confined to a Hospital overnight because of Illness – None)	Paid at the lesser of: 65% of the Eligible Employee's actual weekly wage or 65% of current average journeyman wireman's weekly wage.
Weeks 7 Through 52	None	Paid at 100% of the current effective Minnesota unemployment compensation weekly rate for the Eligible Employee.

Social Security Offset

Loss of time benefits from the Plan will be reduced if the Eligible Employee receives disability benefits from the Social Security Administration while receiving loss of time benefits. That means if the award from Social Security is equal to or exceeds the benefits otherwise payable under the Plan, the Eligible Employee will not be entitled to weekly loss of time benefits under this Plan. In addition, if an Eligible Employee receives an award from the Social Security Administration for a period of time during which you had already received weekly loss of time benefits, the Eligible Employee will be required to refund to the Plan an amount equal to the lesser of:

- ◆ The amount of loss of time benefits you received under this Plan during that time; or
- ◆ The amount of Social Security disability benefits you received during that time.

For example, imagine Joe applies for Social Security disability benefits in January. He is already receiving loss of time benefits from the Plan in the amount of \$325 a week. The Social Security Administration approves benefits for him in the amount of \$100 a week on