

Summary of Material Modification Applicable to Participants in Arkansas Plan

Accident and Sickness Benefit Changes

Effective January 1, 2019,

- The Weekly Accident and Sickness Benefit will be \$200/week.

In all other respects the Plan of Benefits remain the same.

This Summary of Material Modification should be kept with your Summary Plan Description. If you have any questions, please contact the Fund Office, (314) 652-8175.

Fraternally,
Trustees International Association of Sheet Metal, Air, Rail and Transportation Workers
("SMART") Local Union No. 36 Welfare Fund

756912.doc/October 23, 2018

The International Association of Sheet Metal, Air, Rail and Transportation Workers ("SMART") Local Union No. 36 Welfare Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

If you believe that SMART Local Union No. 36 Welfare 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 file a grievance with: Ms. Buffi Gass, Civil Rights Coordinator, 2319 Chouteau Ave, Suite 300, Saint Louis, MO 63103, phone 314-652-8175, bgass@sheetmetal36.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ms. Buffi Gass, Civil Rights Coordinator is available to help you.

You can also 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-314-652-8175.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-314-652-8175.

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjeļok wōñāān. Kaalok 1-314-652-8175.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-314-652-8175。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-314-652-8175.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-314-652-8175.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-314-652-8175

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-314-652-8175.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-314-652-8175.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-314-652-8175.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-314-652-8175번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-314-652-8175.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-314-652-8175 まで、お電話にてご連絡ください。

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-314-652-8175 पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-314-652-8175.

Summary of Material Modification Applicable to Participants in Arkansas Plan

Prescription Drug Benefit Changes

Effective November 1, 2018,

- The plans are amended to reflect that LDI is now doing business as CastiaRX.
- The mandatory mail provisions are eliminated. Members and Dependents may continue to obtain 90-day fills of maintenance medication through mail order or they may fill a 90-day prescription at any CastiaRx maintenance Pharmacy. Most in network pharmacies, such as Walgreens or CVS, are in the CastiaRx maintenance network.

Effective January 1, 2019,

- The Plan will implement the CastiaRx Premium Formulary. To the extent this will cause disruption for certain individuals they will be separately notified. The Plan will allow for override with prior authorization.
- The co-pay structure for the prescription drug benefit will be:
 - Generic co-pay: \$10 for 30-day supply
 - Generic co-pay: \$25 for 90-day supply
 - Tier 2 (preferred formulary brand): \$50 for 30-day supply
 - Tier 2 (preferred formulary brand) \$125 for 90-day supply
 - Tier 3 (non-preferred formulary brand) 50% co-pay per-Rx with no cap
- Non-formulary drugs will not be covered except with prior-authorization in unique situations.
- A 90-day supply of medication will only be available after 2 fills of 30-day supplies.
- Opioid Medications will be limited to four (4) weeks per acute injury or illness and any single fill of a prescription will be limited to a seven (7) day quantity. The applicable copayment will apply to each seven (7) day fill. With prior authorization, override will be available only in end of life situations.
- Proton pump inhibitors (PPI) will no longer be covered because these medications are available OTC.

- No eyeglass or contact lens benefits will be payable for that covered person for a period of ten (10) years from the date of the original Lasik procedure.
- ✓ The following services and materials are excluded from coverage:
 - Lenses that can be obtained without a prescription;
 - Orthoptic, vision training, or subnormal vision aids;
 - Refractions; and
 - Services or supplies not listed in the schedule.
 - **The Plan does not cover vision services provided through Walmart or Sams Club.**

Vision benefits provided through the Welfare Plan are separate from the Plan's medical benefits. You will have the opportunity to opt out of the Welfare Plan's vision care benefit upon commencement of your coverage and prior to the beginning of each plan year. Any election to opt out of vision care benefits must be submitted to the Welfare Fund Office in writing. There is NO monthly or annual premium for vision care benefits with the Welfare Plan and you will not receive any money or thing of value for opting out of such coverage.

Hospital Room Benefit Change

The Plan provides that benefits paid for room and board charges will not exceed the daily semi-private room and board rates for that Hospital.

Effective January 1, 2019, if there is no semi-private room rate or the patient's medical condition requires patient isolation, then the private room rate or isolation room rate will be paid. Benefits in intensive care units (ICUs) will be paid at the percentages applicable to the facility and will not be subject to the semi-private room rate.

Speech Therapy Benefit Change

Effective January 1, 2019, Coverage includes services of a licensed speech therapist under direct supervision of a Physician for restorative speech therapy for speech loss or impairment due to an illness or injury, or due to surgery performed on account of an illness or injury. **Any other speech therapy treatment, including for habilitative or educational purposes, will not be covered.**

Vision Benefit Changes

Effective January 1, 2019 the Vision Benefits will be amended as follows:

Vision Exam	\$60 Maximum
Single Vision Lens	\$80 Allowance
Bifocal Lens	\$100 Allowance
Trifocals	\$120 Allowance
Lenticular Lens	\$120 allowance
Polycarbonate lenses (members only)	An additional \$100 allowance for extra costs related to polycarbonate lenses is available to members only
Frames	\$150 allowance (once every calendar year)
Contact Lens	\$230 Allowance (for up to a 12-month supply)
Lasik Surgery	after \$200 Deductible paid at 90% to Maximum \$1000/eye – subject to limitations

- ✓ Note: The vision program is self-funded through the Sheet Metal Local 36 Welfare Fund using the Plan's provider network but is separate from the medical benefit
 - These benefits do not apply to any of the Out-of-Pocket Maximums in the Plan.
 - There is not a deductible amount (except for Lasik) or co-insurance, although the member will be responsible for a copayment for eye exams and for all amounts above the coverage limit.
 - Charges above the allowance are your responsibility and do not apply to the medical Calendar Year Deductible or the Out-of-Pocket Maximum.

- ✓ Claims should be submitted the same as any other medical claim. All network providers and some other providers will accept assignment and allow us to pay them directly; however, non-network providers are not required to do so. If your provider will not accept assignment you will need to pay the bill in full and submit the receipt to the benefit office for reimbursement. Benefits are limited for each covered person to payment for one exam, one pair of lenses, and one pair of frames (or one set of contact lenses in place of frames and lenses) in any calendar year.
 - The Plan does not cover contact lenses and frames in the same calendar year.

- ✓ LASIK. The Plan covers LASIK procedures, subject to the following restrictions:
 - Coverage is limited to one procedure per eye per covered person's lifetime.
 - After a \$200 deductible, benefits are payable at the applicable rates depending on the network participation of the provider. The maximum benefit per eye is \$1,000, including Physician's bill, surgery center and anesthesia.

Summary of Material Modification

Applicable to Participants in Arkansas Plan

The Trustees of the International Association of Sheet Metal, Air, Rail and Transportation Workers ("SMART") Local Union No. 36 Welfare Fund (your Welfare Plan) periodically review the benefits provided by your Welfare Plan and make changes so that your Welfare Plan can continue to provide the richest benefits possible while maintaining Plan assets, keeping down your out-of-pocket costs, and maintaining, to the extent possible, the contribution rates.

This SMM describes a number of changes to the Arkansas Plan benefits:

- Vision Benefit
- Semi-Private Hospital Room Benefit
- Speech Therapy Benefit
- Prescription Drug Benefit
- A&S Benefit

The Trustees of the SMART Local 36 Welfare Fund believe that the plan of benefits currently provided to Arkansas Members and their eligible dependents is a "grandfathered health plan" under the Patient Protection and Affordable Care Act, also known as the Affordable Care Act (ACA).

As permitted by the ACA 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 plan may not include certain consumer protections of the ACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the ACA, 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 the Fund Office. 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.