

## **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 two changes to the Arkansas Plan of Benefits.

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](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

#### **Medical Out-of-Pocket Maximums**

The Medical Out-of-Pocket Maximums in the Arkansas and Missouri Plan B Plans were:

- \$4,250 per year per Member
- \$4,250 per year per Spouse
- \$4,050 per year per dependent child

Effective January 1, 2019 the Medical Out-of-Pocket Maximums in the Arkansas and Missouri Plan B Plans will be lowered to:

- \$4,000 per year individual maximum
- \$8,000 per year family maximum

In addition to the Medical Out-of-Pocket Maximums there is a Prescription Drug Out-of-Pocket Maximum. The prescription drug maximums remain the same:

\$2,850 per year individual maximum  
\$5,700 per year family maximum

### **Emergency Room Coverage**

Effective January 1, 2019, Emergency Room charges will be covered at 80% after the Medical Calendar Year Deductible and a co-payment of \$115. Although in most situations the Plan only covers in-network providers, emergency care is covered both in-network and out-of-network. 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

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, St. Louis, MO 63103, phone 314-652-8175, email [bgass@sheetmetal36.org](mailto: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 jerbāl in jipañ ilo kajin ñe am ejjelok wōñān. 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.