



LOCAL 36 BENEFIT FUNDS

2319 CHOUTEAU AVE., SUITE 300 · ST. LOUIS, MO 63103 · www.smw36benefits.org
Tel: (314) 652-8175 Toll-Free: (800) 741-9411 Fax: (314) 652-0338

November 21, 2018

Dear Member,

Enclosed you will find the following documents:

- 2019 Annual Claim Form – This form can be completed online by logging into your member page at www.smw36benefits.org. You can also complete and return the form to the Benefit Fund Office by mail, email, or fax using the contact information on the top of the form. Forms must be completed and returned by January 31, 2019.
- 2019 Summary of Benefits and Coverage – This is a very brief summary of benefits provided to you through the SMART Local 36 Welfare Plan.
- Summary of Material Modification – There has been a change to the SMART Local 36 Welfare Plan effective January 1, 2019 that is outlined in the summary.

Please feel free to call the Benefit Fund Office at 314-652-8175 with any questions you may have regarding any of the enclosed documents.

Respectfully,
Fund Office Staff

Summary of Material Modification

Applicable to Participants in Saint Louis 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.

The Saint Louis Plan is a non-grandfathered plan under the Affordable Care Act and provides all the benefits required for a non-grandfathered plan.

Elimination of Separate Calendar Year Deductible for Durable Medical Equipment

Effective January 1, 2019 there will no longer be a separate Calendar Year Deductible for Durable Medical Equipment purchased from a Tier One (CMR) provider or a Tier Two (First Health, out of area) provider. The separate Calendar Year Deductible will remain for Durable Medical Equipment purchased from a Tier Three (non-network) provider.

Durable Medical equipment purchased from a Tier One or Tier Two provider will be subject to the general Medical Deductible and the applicable co-insurance percentage.

Schedule of Benefits A (Active Members)

	Tier 1 - CMR	Tier 2 - First Health/Out of Area	Tier 3 - non-network
Durable Medical Equipment see Sec. 7.3(7)	Deductible then 80%	Deductible then 70%	Separate CYD* then 50%

Schedule of Benefits B (Office Employee Members)

	Tier 1 - CMR	Tier 2 - First Health/Out of Area	Tier 3 - non-network
Durable Medical Equipment see Sec. 7.3(7)	Deductible then 75%	Deductible then 70%	Separate CYD* then 45%

Schedule of Benefits 1C (Non-Medicare Retirees)

	Tier 1 - CMR	Tier 2 - First Health/Out of Area	Tier 3 - non-network
Durable Medical Equipment see Sec. 7.3(7)	Deductible then 80%	Deductible then 70%	Separate CYD* then 50%

* Unless otherwise indicated, amounts applied to the deductible apply to the Calendar Year Deductible (CYD) which only needs to be met once. For the separate CYD for Durable Medical Equipment, another deductible is charged even if the member has met the CYD, unless the Medical Out of Pocket Maximum has been reached in which case there will not be an additional DME deductible.

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

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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, (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>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 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。

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.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-314-652-8175.

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

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

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

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-314-652-8175.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 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.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetztscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-314-652-8175.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید. 1-314-652-8175

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-314-652-8175.

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

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