

# PLUMBERS' WELFARE FUND LOCAL 130, U.A.

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## **SUMMARY OF MATERIAL MODIFICATIONS** **PLUMBERS' WELFARE FUND, LOCAL 130 U.A.**

The Board of Trustees of the Plumbers Welfare Fund, Local 130, U.A. (the "Active Plan") is writing to inform you that they have made the following changes to the Active Plan. This Notice describes these modifications and includes other minor changes and clarifications and is considered to be a "Summary of Material Modifications" or "SMM" altering the terms of the current Summary Plan Description for each of these benefit changes. In addition, the Board of Trustees has the discretion to interpret the provisions of the Plans and this SMM.

The Plumbers' Welfare Fund, Local 130, U.A., which governs benefits for "active employees," has been changed in the following ways:

### **Skin Removal Following Gastric Bypass Surgery- Effective January 1, 2019**

The Fund will cover panniculectomy surgery to remove excess skin following significant weight loss, having reached a BMI of 30 or less and maintained a stable weight for at least six months. The Fund will also cover panniculectomy surgery due to functional impairment or infection.

### **Increasing the Infertility Benefit Lifetime Maximum- Effective January 1, 2019**

The lifetime prescription coverage maximum for infertility treatments will increase to \$20,000, with a maximum of three attempts (formerly two attempts) to achieve conception per person per lifetime. If there has been a live birth as a result of the infertility treatment, at the discretion of the Board, an additional two attempts may be permitted.

### **Increased Death Benefit Amount- Effective November 1, 2018**

The Death Benefit set forth in Section 4.1 of the Plan/Summary Plan Description is increased from \$25,000 to \$100,000, for the eligible beneficiary of a covered employee who dies on or after November 1, 2018.

### **Addition of Dependent Coverage for Children Subject to Legal Guardianship- Effective October 1, 2018**

The definition of "child" set forth in the definition of Dependent in Article XXI is revised to include any eligible child (by blood or marriage) for whom an Employee has legal guardianship.

### **Expansion of Extended Coverage in the Event of the Death of a Covered Employee- January 1, 2019**

Section 3.4 of the Plan/Summary Plan Description is revised to provide that in the event of the death of an Employee for any reason who prior to his death was eligible for benefits under the Active Plan, that Employee's surviving spouse and eligible Dependents will remain covered under the Active Plan with no self-pay contributions (except applicable cost-sharing obligations such as deductibles, and coinsurance), until any of the following occurs: 1) the surviving spouse remarries; 2) the surviving spouse becomes eligible for health insurance coverage through his/her employer or Medicare; and 3) the Dependent(s) reach age 26.

### **Revised Procedures to Filing Appeals for Claims Involving Disability Benefits- Effective April 1, 2018**

The Department of Labor has issued new regulations for administering claims and appeals for a disability benefits under the Active Plan.

In addition to the rules already set forth in your Summary Plan Description, if your claim for a disability benefit is denied, or an appeal of the claim denial is denied, the Fund Office will provide you with an explanation for not following or disagreeing with the following:

1. The views presented by you to the Active Plan of the health care professionals treating you and vocational professionals who evaluated you;
2. The views of medical or vocational experts whose advice was obtained on behalf of the Active Plan in connection with an adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination; and
3. A disability determination presented by you to the Active Plan made by the Social Security Administration.

In addition, you will be provided either the specific internal rules, guidelines, protocols, standards or other similar criteria the Active Plan relied upon in making the adverse determination or, alternatively, a statement that such rules, guidelines, protocols, standards or other similar criteria of the Plan do not exist.

During the time an appeal of a claim denial for a disability benefits is being considered, the Fund Office will provide you, free of charge, with any new or additional evidence or rationale considered, relied upon, or generated by the Active Plan, insurer or other person making the benefit determination in connection with the claim and you will be given a reasonable opportunity to respond prior to that date.

The statute of limitations for bringing a lawsuit is one year from the date you have exhausted the Active Plan's review procedures. Any lawsuit must be filed in the United States District Court for the Northern District of Illinois.

Finally, it should be noted that this Summary of Material Modifications only summarizes the changes required under the new regulations. You should review the Summary Plan Description if you are filing a claim for any benefits or filing an appeal of a claim denial.

Should you have any questions concerning this SMM, please contact the Fund Office at (312) 226-5000.