

Carpenters' Local No. 491
Health and Welfare Plan
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SUMMARY OF MATERIAL MODIFICATIONS

July 2017

- **Effective Oct. 1, 2016** – The Plan has been amended as follows:

In order to become eligible for full Plan coverage during a coverage quarter (3 months), an employee must work in covered employment for a participating employer a minimum of 250 hours in the appropriate quarter, 450 hours in two calendar quarters, 700 hours in three calendar quarters, or 950 hours in four calendar quarters as follows:

<u>250 Hours Worked During the Period</u>	<u>450 Hours Worked During the Period</u>	<u>700 Hours Worked During the Period</u>	<u>950 Hours Worked During the Period</u>	<u>Eligible Period</u>
January 1 – March 31	October 1 – March 31	July 1 – March 31	April 1 – March 31	July 1 – September 30
April 1 – June 30	January 1 – June 30	October 1 – June 30	July 1 – June 30	October 1 – December 31
July 1 – September 30	April 1 – September 30	January 1 – September 30	October 1 – September 30	January 1 – March 31
October 1 – December 31	July 1 – December 31	April 1 – December 31	January 1 – December 31	April 1 – June 30

In order to become eligible for partial Plan coverage during a coverage quarter (3 months), an employee must work in covered employment for a participating employer a minimum of 175 hours in the appropriate quarter, or 350 hours in two calendar quarters as follows:

<u>175 Hours Worked During the Period</u>	<u>350 Hours Worked During the Period</u>	<u>Eligible Period</u>
January 1 – March 31	October 1 – March 31	July 1 – September 30
April 1 – June 30	January 1 – June 30	October 1 – December 31
July 1 – September 30	April 1 – September 30	January 1 – March 31
October 1 – December 31	July 1 – December 31	April 1 – June 30

Further, the Plan's Spendthrift provision has been amended to prevent any assignment of benefits to a doctor, hospital, or other person or institution from which an employee, dependent or beneficiary received medical, hospital or other services for which such benefits are payable. This was the only change made to the previous Spendthrift provision.

- **Effective January 1, 2016** – The Plan has been amended to increase the deductible and out-of-pocket maximums for shop Employees as follows:

Deductible (per calendar year, combined annual deductible on all medical, surgical, mental health and substance abuse disorder benefits)	
Per exhibitor Employee	\$250
Per shop Employee	\$500

Per family (where Employee works for an exhibitor).....	\$500
Per family (where Employee works for a shop).....	\$1,000

For Active Participants who Satisfy the Eligibility Requirements for Full Coverage and for Employees of Employers who are Covered by a Participation Agreement, the Coinsurance is as follows:

Coinsurance.....after deductible, Plan pays 80% up to a participant out-of-pocket maximum of \$6,600 (\$3,600 for medical and \$3,000 for prescription) per individual per year where the Employee works for an exhibitor and a maximum of \$6,850 (\$3,850 for medical and \$3,000 for prescription) per individual per year where the Employee works for a shop or \$13,200 (\$7,200 for medical and \$6,000 for prescription) per family per year where the Employee works for an exhibitor and \$13,700 (\$7,700 for medical and \$6,000 for prescription) where the Employee works for a shop, if applicable

For Active Participants who Satisfy the Eligibility Requirements for Partial Coverage, the Coinsurance is as follows:

Coinsuranceafter deductible, Plan pays 40% up to a participant out-of-pocket maximum of \$6,600 (\$3,600 for medical and \$3,000 for prescription) per individual per year where the Employee works for an exhibitor and a maximum of \$6,850 (\$3,850 for medical and \$3,000 for prescription) per individual per year where the Employee works for a shop or \$13,200 (\$7,200 for medical and \$6,000 for prescription) per family per year where the Employee works for an exhibitor and \$13,700 (\$7,700 for medical and \$6,000 for prescription) where the Employee works for a shop, if applicable

- **Effective January 1, 2015** – The Plan has amended its Prescription Drug Schedule to state as follows:

Prescription Drugs

- Paid in Full, after a \$5.00 co-payment for generic drugs for a 30-day supply,
- \$10.00 co-payment for generic drugs for a 90-day supply,
- 25% co-payment for brand drugs,
- Maximum of \$75.00 for a 30 day supply,
- Maximum of \$150.00 for a 90 day supply,
- 40% co-payment for compound drugs and non-formulary brand drugs,
- There is a mandatory mail order for maintenance drugs,
- Three prescription fills are allowed at a pharmacy and the fourth fill must be through mail order,
- Maintenance drugs through mail order are for a 3-month supply for the price of two co-payments.

Further, an eligible person must pay 20% coinsurance of all covered expenses after the deductible has been satisfied, up to a yearly maximum of \$6,600 (\$3,600 for medical and \$3,000 for prescription). The family coinsurance amount is 20% of all covered expenses after the deductible has been satisfied, up to a yearly maximum of \$13,200 (\$7,200 for medical and \$6,000 for prescription).

Finally, for non-preventive care doctor visits, eligible employees and dependents must pay a \$25.00 co-payment for each doctor visit, with such co-payment applying towards the out-of-pocket maximum (coinsurance limits).

- **Effective December 1, 2014** – The Plan has been amended to cover the use of a hospital facility and anesthesia where impacted wisdom teeth are removed. However, any dentists’ fees relating to the removal of impacted wisdom teeth will apply towards the annual maximum for the dental benefit and based upon the dental fee schedule.