

I.B.E.W. Local 688 Health & Welfare Plan

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SUMMARY OF MATERIAL MODIFICATIONS FOR THE SUMMARY PLAN DESCRIPTION (SPD) OF THE I.B.E.W LOCAL 688 HEALTH & WELFARE PLAN

This is a notice of changes made to the I.B.E.W Local 688 Health & Welfare Plan and is being furnished to you as provided by law. This Notice should be kept with your Summary Plan Description booklet.

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Effective June 1, 2014 the Plan's Pre-existing Conditions Provisions shall not be applicable to the claims of adults under the newly organized rules.

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Effective June 1, 2014 the Dependent Coverage provisions as defined under the Patient Protection and Affordable Care Act will be changed to "Plan coverage is available to all children up to the age of 26 years regardless of student status, marital status, support tests or the availability of employer based coverage to such children."

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Effective June 1, 2014 the weekly Disability benefit is increased from \$225 weekly to \$400 weekly.

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In addition, questions have arisen regarding coverage for injectable and self-injectable prescription drugs for eligible participants, eligible retired participants (non-Medicare eligible), eligible dependents of eligible participants, surviving spouses and surviving dependents. The only injectable and self-injectable prescription drugs which are covered are insulin, Glucagon, Imitrex, Enbrel and injectables to prevent anaphylactic shock such as Epi-pen. However, Enbrel is only covered if it is being prescribed to treat psoriasis.

For more information contact the Plan Administrator at 33 Fitch Boulevard, Austintown, Ohio 44515 (phone: 1-800-435-2388).

Please keep this information with your Summary Plan Description. As always, if you have any questions regarding these changes, please contact the Fund Office.

BOARD OF TRUSTEES
I.B.E.W Local 688 Health & Welfare Plan

March 3, 2014

This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, 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 your plan may not include certain consumer protections of the Affordable Care Act 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 Affordable Care Act, 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, 33 Fitch Blvd., Austintown, Ohio 44515. 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.