

**FIRST SUMMARY DESCRIPTION OF MATERIAL MODIFICATION OF  
THE INSULATORS LOCAL 84 HEALTH CARE PLAN  
SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT**

**I. INTRODUCTION**

This document is designed to describe modifications to the May 2011 Summary Plan Description/Plan Document (hereinafter "SPD") of the Insulators Local 84 Health Care Plan (hereinafter "the Plan"). This document should be read in conjunction with the SPD, which was provided to you previously. Information contained in this Summary Description of Material Modification (hereinafter "Summary Description") supersedes what is contained in the SPD. However, this Summary Description materially modifies only those provisions of the SPD to which it specifically refers. The remaining provisions of the SPD remain unaltered.

**II. INCREASE IN MAXIMUM RESERVE HOURS**

The Trustees have amended the Plan to increase the maximum reserve hours. Previously, the Plan permitted participants to build up \$7,000 of reserve contributions or the equivalent of 12 months of eligibility for coverage as Reserve Hours by working more than 140 hours during the initial eligibility period or more than 140 hours in a month thereafter. The Board of Trustees has determined to increase the maximum amount of contributions held in reserve to \$10,800, which is the equivalent of 18 months of eligibility for coverage. Accordingly, effective June 1, 2012, Article II, Section D of the SPD is amended to read as follows:

**D. Reserve Hours**

For each calendar month in which you are credited with fewer than the required number of hours, you will lose one (1) month of eligibility for benefits unless you have sufficient credited hours in reserve (Reserve Hours) to satisfy the monthly requirement of one hundred twelve (112) hours. You may accumulate Reserve Hours as follows:

- (1) all hours in excess of one hundred forty (140) credited during the initial eligibility period; and
- (2) all hours in excess of one hundred forty (140) credited during any one (1) calendar month after the initial eligibility period.

The maximum amount of Reserve Hours that you may accumulate is the Reserve Hours equivalent of \$10,800 in contributions, calculated at the hourly rate established in the current collective bargaining agreement.

Reserve Hours will be used to provide continuous eligibility only, and will not be used to establish or reestablish initial eligibility. The Board of Trustees may, in its sole and absolute discretion, adjust the number of Reserve Hours or eliminate Reserve Hours, and its decision will be final and binding. Reserve Hours are not a vested or an accrued benefit and may be lost under certain conditions determined by the Board of Trustees.

**NOTE:** There is no carryover of any Reserve Hours you may have previously accrued under the National Asbestos Workers Medical Fund.

If you retire under the National Asbestos Workers Pension Plan or the Insulators Local 84 Pension Plan, you may use your Reserve Hours to maintain your eligibility under this Plan. Further, if you have insufficient Reserve Hours to satisfy the monthly requirement of one hundred twelve (112) hours and fail to maintain your eligibility through timely self-contributions in the invoiced amount, your Reserve Hour balance will be forfeited.

### **III. INCREASED DENTAL COVERAGE**

The Board of Trustees has also amended the Plan to increase coverage for routine dental services by removing the annual limitation and increasing the coverage for services such as dental examinations and cleanings. A four hundred dollar (\$400.00) annual limitation remains in effect for all other dental services such as orthodontia, teeth whitening and other cosmetic procedures as well as procedures necessary to remedy injury to teeth, cavities, and tooth decay. Previously, the Plan provided an annual limit of four hundred dollars (\$400.00) per year for all dental services and covered eighty percent (80%) of the services provided. Now, effective June 1, 2011 for children under age 19 and effective June 1, 2012 for all other participants and eligible dependents, the Plan will cover reasonable and customary charges for dental cleanings and examinations once every six months at 100%. Coverage for all other dental services including, but not limited to, orthodontia, cosmetic dentistry, and teeth whitening as well as the procedures necessary to remedy injury to teeth, cavities, and tooth decay remains to be covered at eighty percent (80%) and subject to a four hundred dollar (\$400.00) annual maximum. Accordingly, the provision entitled "Dental Benefits, Eligible Active Employees, Dependents, and Retirees" in Article V, Section A at the bottom of page 31 of the SPD is amended to read as follows:

#### **Dental Benefits Eligible Active Employees, Dependents and Retirees**

The Plan will pay 100% of the Reasonable and Customary Charge for dental examinations and cleanings (once every 6 months per person). All other dental services, including but not limited to teeth whitening and orthodontia as well as any procedures necessary to address tooth injury, cavities and tooth decay associated with dental examinations are subject to a \$400.00 per person annual limit and are covered at 80% of covered services.

### **IV. CONCLUSION**

As stated in the Introduction, this Summary Description should be read in conjunction with the SPD. Information contained in this Summary Description supersedes what is contained in the SPD. However, the changes set forth in this Summary Description are limited to the provisions specifically identified herein, and the remainder of the SPD has not been materially modified.

#### **DISCLOSURE OF GRANDFATHERED STATUS**

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 preventative 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's Third Party Administrator at 33 Fitch Boulevard, Austintown, Ohio 44515, or toll free at (800) 435-2388. 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.