

# **SHEET METAL WORKERS LOCAL NO. 33 YOUNGSTOWN DISTRICT HEALTH & WELFARE FUND**

Telephone (330) 270-0453  
Toll Free 1-800-589-8041

Office Location  
33 Fitch Boulevard  
Austintown, Ohio 44515



## **MEMORANDUM**

**TO:** Plan Participants  
**FROM:** Board of Trustees  
**DATE:** September 22, 2009

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Attached you will find the following updates to the Summary Plan Description:

- Replacement pages 1 and 2. The only revision made is to the Preventative Care section on page 1 to reflect the correct age limits
- New pages regarding the Medical Reimbursement Plan which were inadvertently omitted for the booklet recently mailed

## **XXV. MEDICAL REIMBURSEMENT ACCOUNTS**

### **Establishment and Maintenance of Medical Reimbursement Accounts**

The Trustees have established medical reimbursement accounts for Employees for whom contributions are made pursuant to collective bargaining agreements between the Union and an Employer.

Spouses and Dependents of deceased Employees may continue to be reimbursed for medical care expenses up to an amount equal to the unused reimbursement amount remaining at the time of death.

These contributions shall not create or constitute a vested benefit.

### **What Medical Expenses Are Eligible**

Reimbursable medical expenses are those medical expenses identified in Internal Revenue Code ("Code") §213 which have not been paid under the Sheet Metal Workers Local 33 Youngstown District Health and Welfare Fund or other plan or arrangement. Such expenses, to the extent the participant has funds in his/her individual Medical Reimbursement Account, include, but are not limited to:

- Deductibles and co-payments applied to covered medical expenses under the Sheet Metal Workers Local 33 Youngstown District Health and Welfare Fund or a qualified plan of a dependent spouse;
- Self-payments to maintain eligibility under the Sheet Metal Workers Local 33 Youngstown District Health and Welfare Fund or premium or other payments required to maintain coverage under the Plan of an Employee's Spouse;
- Unreimbursed prescription medicines (prescribed by a doctor), including co-pays;
- Unreimbursed medical services fees (from doctors, chiropractors, dentists, surgeons, registered nurses, specialists, and other medical practitioners)
- Unreimbursed special items (artificial limbs, eyeglasses, contact lenses, hearing aids, crutches, wheelchair, etc.);
- Unreimbursed treatment at a drug or alcohol center (includes meals and lodging provided by the center);
- Unreimbursed dental expenses;
- Any other medical expenses identified in Internal Revenue Code §213.

### **What Medical Expenses Are NOT Eligible**

Unreimbursable medical expenses are those medical expenses excluded by Internal Revenue Code ("Code") §213. Such expenses include, but are not limited to:

- Expenses for which the Employee claims or will claim a medical expense deduction on the Employee's tax returns;

- Expenses incurred before the Employee became Initially Eligible for medical benefits under this Sheet Metal Workers Local 33 Youngstown District Health and Welfare Fund;
- Expenses incurred after termination of employment and eligibility.

Medical Expenses will be reimbursed only to the extent that reimbursement for such Medical Expenses is not available to the Eligible Person under any health insurance policy or plan provided through any employer of the Eligible Person. If there is such a policy or plan in effect, providing for reimbursement or payment in whole or in part, then to the extent of the coverage under such other policy or plan, the Plan shall be relieved of any liability hereunder.

### **How to Obtain Reimbursement**

When an Eligible Employee or Dependent has unreimbursed medical expenses and a balance in the Employee's Medical Reimbursement Account, the Employee should submit proof of such out-of-pocket expenses on forms available (see Appendix III) from the Fund Office to Sheet Metal Workers Local 33 Youngstown District Health and Welfare Fund, 33 Fitch Boulevard, Austintown, Ohio 44515; (330) 270-0453; (800) 435-2388. Separate bills may be itemized on the same claim form. Forms must be accompanied by receipts for bills. The Plan will send reimbursement checks quarterly. Claims for medical expense reimbursement must be filed no later than twelve (12) months following the date of service. The Plan may assess an administrative fee against the Eligible Person's Account for processing reimbursement claims. Any unused balances in the Employee's Medical Reimbursement Account will be carried over to the next Plan Year, subject to provisions below about "Cancellation of Account" and "Changes."

### **Earnings**

Periodically, the Trustees shall credit interest or other earnings, less administrative expenses, to Eligible Employees Medical Expense Reimbursement Accounts.

### **Cancellation of Account**

The account of any participant who is no longer working under the terms and conditions of the Sheet Metal Workers Local No. 33 Collective Bargaining Agreement and who is otherwise available for employment as a sheet metal worker shall be canceled and the balance of his/her account shall revert to the Plan's sub-trust for medical reimbursement.

### **Changes**

This Medical Reimbursement Account Program is based on existing law, as currently interpreted. If there are legislative changes, governmental announcements or financial considerations which affect this Program, the Trustees reserve the right to change or cancel the Program, including cancellation of existing Medical Reimbursement Accounts. If the Program is to be discontinued or changed, the Trustees will provide Eligible Persons with as much written notice as possible.