

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

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SUMMARY OF MATERIAL MODIFICATIONS FOR THE SUMMARY PLAN DESCRIPTION (SPD) OF THE SHEET METAL WORKERS LOCAL NO. 33 YOUNGSTOWN DISTRICT HEALTH & WELFARE FUND

The Trustees have made **changes** to the Plan to comply with the requirements of the Mental Health Parity Act. These changes include elimination of visits per calendar year for outpatient mental health services and inpatient drug and alcohol abuse treatments and payment for in-network outpatient drug and alcohol abuse treatment at 80% after deductible.

In addition, the maximum annual benefit per individual has increased to \$1,250,000 in accordance with health reform legislation.

The attached pages reflect these changes and should be kept with your SPD.

As always, if you should have any additional questions, please contact the Fund Office.

BOARD OF TRUSTEES

SHEET METAL WORKERS LOCAL NO. 33
YOUNGSTOWN DISTRICT HEALTH AND
WELFARE FUND

December 29, 2011

	In-Network benefits*	Out-of-Network benefits*
Physical Therapy ¹	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Chiropractic Services ²	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Inpatient medical care visits	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Maternity Care		
Physician care and delivery	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Initial Newborn Exam ³	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Hospital Services ³	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Abortion Services	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Hospital Services		
Pre-admission testing	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Post-discharge testing	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Organ transplant (heart, heat-lung, kidney, liver, pancreas)	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Emergency Services; Accident related	The Plan pays 80%	
Non-emergency accident/illness	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Physical Therapy ¹	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Hospice Care		
Up to six months of life expectancy	100% up to \$5,000 inpatient care 30 days (including respite care)	
Mental Health and Nervous Disorders		
Inpatient coverage	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Outpatient coverage	The Plan pays 80% after deductible	The Plan pays 70% after deductible

¹Treatments will be reviewed for medical necessity

²Spinal manipulations limited to \$1,000 per calendar year per person

³Benefits not provided for dependent's children

*See page 3

I. MEDICAL SCHEDULE OF BENEFITS
(Effective January 1, 2012)

FOR ELIGIBLE EMPLOYEES (Includes Eligible Retirees under Age 65, unless otherwise indicated)

	In-Network benefits*	Out-of-Network benefits*
General Plan Provisions		
Annual Deductibles	\$400 Single \$800 Family	\$800 Single \$1,600 Family
Co-Insurance	80%	70%
Annual out-of-pocket limit (includes deductible)	\$1,500 Single \$3,000 Family	\$3,000 Single \$6,000 Family
Maximum annual benefit per individual	\$1,250,000	
Dependent Age Limit	26 for dependents	
Preventive Care		
Physician Office Visit (including routine physical, mammogram, hearing tests, and PAP); pediatric immunizations from age 1 to age 15	100% of covered expenses up to \$150 per person maximum per calendar year (not subject to deductibles)	
Well-baby, child care, immunizations birth to age 1	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Physician's Services		
Second and Third surgical opinions	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Surgery	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Allergy Testing	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Allergy Injections	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Emergency Services: accident related	The Plan pays 80% After In-Network Deductible	
Non-emergency accident/illness	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Diagnostic tests	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Diagnostic x-ray	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Anesthesia	The Plan pays 80% after deductible	The Plan pays 70% after deductible

*See page 3

II SUPPLEMENTAL SCHEDULE OF BENEFITS

	Eligible Employees	Eligible Retirees Under Age 65	Eligible Retirees Over Age 65
Life Insurance Benefits			
Coverage	Eligible Participant Only	Eligible Participant Only	Eligible Participant Only
Amount	\$6,000.00	\$1,500.00 ¹	\$1,500.00 ²
Accidental Death & Dismemberment Benefits			
Coverage	Eligible Participant Only	Not Available	Not Available
Accidental Death Amount	\$6,000.00	Not Available	Not Available
Loss of Both Hands	\$6,000.00	Not Available	Not Available
Loss of Both Feet	\$6,000.00	Not Available	Not Available
Loss of Both Eyes	\$6,000.00	Not Available	Not Available
Loss of One Hand and One Foot	\$6,000.00	Not Available	Not Available
Loss of One Hand and One Eye	\$6,000.00	Not Available	Not Available
Loss of One Foot and One Eye	\$6,000.00	Not Available	Not Available
Loss of One Hand	\$3,000.00	Not Available	Not Available
Loss of One Foot	\$3,000.00	Not Available	Not Available
Loss of One Eye	\$3,000.00	Not Available	Not Available
Weekly Sickness Benefits			
Maximum Weekly Benefit Amount (Net Benefit)	\$300.00 per week	Not Available	Not Available
Maximum Duration	26 weeks	Not Available	Not Available
Vision Care Benefits³	\$250 charges @ 80% \$200 maximum per person per calendar year		Not Available
Dental Care Benefits³ (subject to annual review) See page 35 and Appendix I	\$1,000 charges @ 80% \$800 maximum per family per calendar year		Not Available

¹If Retiree is under the age of 65 and eligible for but not participating in the pre-retirement funding program, benefit increases to \$6,500.00

²Retiree must have been an active participant in the Fund immediately preceding his/her retirement date

³Vision Care Benefits and Dental Care Benefits are not subject to the Plan's Medical deductible

	In-Network benefits*	Out-of-Network benefits*
Drug and alcohol abuse treatment		
Inpatient coverage	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Outpatient coverage	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Other Services		
Ambulance	The Plan pays 80% after deductible	
Durable medical equipment ⁴	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Skilled Nursing Facility	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Home Health Care ⁵	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Private Duty Nursing	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Speech therapy ¹	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Chemotherapy	The Plan pays 80% after deductible	The Plan pays 70% after deductible
Podiatry	The Plan pays 80% after deductible	The Plan pays 70% after deductible

⁴Rentals limited to purchase price of equipment

⁵ limited to \$10,000 per calendar year

*In-Network and Out-of-Network Benefits are reimbursed based upon PPO contractual obligations and no benefits are paid for services over UCR.