

**IMPORTANT NOTICE CONCERNING CHANGES TO THE
4TH DISTRICT IBEW HEALTH FUND**

Flexible Choice Plan

This Summary of Material Modification (SMM) is being provided to inform you of important changes to the 4th District IBEW Health Plan (the "Plan"). Please take the time to read this notice carefully and keep it with your records. If you have any questions regarding these changes, please contact the Fund Office.

The Plan was amended effective January 1, 2015 to comply with provisions of the Patient Protection and Affordable Care Act applicable to non-grandfathered plans.

Effective January 1, 2015, the language in Section 3 of the Summary Plan Description under "Self-Funded Schedule of Benefits-Comprehensive Major Medical Benefit" on page 2.1 shall be deleted and the following replacement language shall be added:

3. Family Calendar Year Out-Of-Pocket Maximums

	Actives	Actives	Retirees	Retirees
	Single	Family	Single	Family
In-Network:				
Medical Out-Of-Pocket Maximum	\$5,000	\$5,000	\$2,000	\$4,000
Prescription Drug Out-Of-Pocket Maximum	\$1,600	\$8,200	\$4,600	\$9,200
Combined Out-Of-Pocket Maximum	\$6,600	\$13,200	\$6,600	\$13,200
Out-Of-Network:				
Medical and/or Prescription Drug Out-Of-Pocket Maximum	No Limit	No Limit	No Limit	No Limit

(The Out-Of-Pocket Maximum includes the deductible expense and amounts applied to the out-of-network out-of-pocket maximum will apply to the in-network out-of-pocket maximum.)

Effective January 1, 2015, the section entitled “Preventive Care Benefit” on pages 2.35 through 2.37 of the Summary Plan Description is amended to add the following covered services:

Covered Preventive Services for Adults

- **Fall prevention** physical therapy and vitamin D supplements in adults age 65 or older who are living in a community dwelling and are at increased risk for falls
- **Hepatitis B** screening in persons at high risk
- **Hepatitis C** screening in persons at high risk and persons born between 1945 and 1965
- **Lung Cancer** Screening annually by low dose computed tomography in adults age 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit in the last 15 years.

Covered Preventive Services for Children

- **Skin Cancer** behavioral counseling for young adults age 10 to 24 who have fair skin about minimizing their exposure to UV radiation.
- **Tobacco use** interventions to prevent initiation of tobacco use in school-aged children and adolescents.

All other listed covered services remain unchanged.

Coverage for preventive care services only applies to those services rendered by a provider in the Anthem Blue Cross Blue Shield network. No benefits are payable for services of a provider outside the network.

BENEFITS WILL NOT BE PROVIDED UNDER THIS PREVENTIVE CARE BENEFIT FOR THE TREATMENT OF ANY ILLNESS OR INJURY.

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Effective February 1, 2015, the section entitled "Vision Benefit" on page 2.39 of the Summary Plan Description is amended to replace the current language contained in the first section with the following:

**VISION BENEFIT
ACTIVES, RETIREES AND DEPENDENT ONLY CLASSES**

This program is administered by Vision Service Plan (VSP).

Under this plan you may use any vision provider to obtain coverage for you and your eligible dependents. However by using a participating VSP provider your benefits are greatly improved. VSP has negotiated discounts with vision providers throughout your area and the entire U.S. VSP providers have agreed to accept discounted fees for exam services and offer lenses and frames at significant discounts.

Each eligible participant and their covered dependents are entitled to one vision examination each calendar year.

The benefit entitles you to a paid in full exam.

For NON-PANEL providers, you will be required to pay the provider retail charges at the time of service and VSP will reimburse you up to \$30 for the cost of an exam

The balance of the language in the Vision Benefit provision remains unchanged.