

**IMPORTANT NOTICE CONCERNING CHANGES TO THE  
4<sup>TH</sup> DISTRICT IBEW HEALTH FUND**

**Building Trades Plan**

This Summary of Material Modification (SMM) is being provided to inform you of important changes to the 4<sup>th</sup> 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**

	<b>Actives Single</b>	<b>Actives Family</b>	<b>Retirees Single</b>	<b>Retirees Family</b>
<b>In-Network:</b>				
Medical Out-Of-Pocket Maximum	\$3,750	\$3,750	\$2,000	\$4,000
Prescription Drug Out-Of-Pocket Maximum	\$2,850	\$9,450	\$4,600	\$9,200
Combined Out-Of-Pocket Maximum	\$6,600	\$13,200	\$6,600	\$13,200
<b>Out-Of-Network:</b>				
Medical Out-Of-Pocket Maximum	\$7,500	\$7,500	\$7,500	\$7,500
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.)

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Effective January 1, 2015, the section entitled "Preventive Care Benefit" on pages 2.33 through 2.34A 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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