

Northern Minnesota-Wisconsin Area Retail Clerks Fringe Benefit Funds

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SUMMARY OF MATERIAL MODIFICATIONS TO THE PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION OF THE NORTHERN MINNESOTA-WISCONSIN AREA RETAIL FOOD HEALTH AND WELFARE FUND (2019 Restatement)

IMPORTANT NOTICE TO PLAN PARTICIPANTS AND BENEFICIARIES

The Board of Trustees has amended the Plan Document and Summary Plan Description (“SPD”). This notice summarizes the change and its effective date.

Amendment No. 1, Effective Date May 1, 2019.

The Plan Document was amended to include acupuncture as a covered service if it is deemed Medically Necessary by a qualified Health Care Professional. The annual payment limit for acupuncture services will be \$500.

Please retain this notice with your current copy of the Plan Document and Summary Plan Description and insert the attached slip pages 3, 13, 13A and 59 to replace the current page of the same number. If you have any questions about the Plan, contact the Fund Office at (218) 728-4231 or (877) 752-3863.

Bariatric Surgery	80%
Medically Necessary inpatient and outpatient Hospital or facility services, including Physician services (subject to prior authorization requirements and use of a Blue Distinction Center for Bariatric Surgery as stated in Section 2.4(H)).	
Immunizations	100%; no Deductible
Rehabilitative therapy Maximum per disability Physical and occupational therapy (combined benefit) Additional physical and occupational therapy per disability (combined benefit requires prior authorization)	15 visits; 80% 11 visits; 80%
Speech therapy	15 visits; 80%
Benefits for disabilities caused by stroke per disability – Physical and occupational therapy (combined benefit) Speech therapy	25 visits 25 visits
Ambulance	80%
Infertility treatment Maximum benefit per Eligible Person per Calendar Year (does not count toward the Out-of-Pocket Maximum, is a Non-Essential Health Benefit)	80% \$200
Durable Medical Equipment	80%
Acupuncture	\$500 annual payment limit

1.2 Preferred Provider Pharmacy Prescription Drug Benefits

Additional information is available in Section 4 (“Preferred Provider Pharmacy”)	
Deductible amount	
Per Eligible Person per Calendar Year	\$50
Per Family per Calendar Year	\$100
Prescriptions filled at non-participating pharmacies, Sam's Club, or Wal-Mart pharmacies are not covered under this Plan.	

equipment during the time the Participant's equipment is being repaired;

8. The following specified routine screenings: mammograms, PSA tests, and Pap tests. Benefits are payable at 100% with no Deductible requirement. These screenings are covered under this Section only if performed on a routine basis; and
9. The following smoking cessation services:
 - a. Over-the-counter nicotine replacement therapy;
 - b. Prescription drugs to help you quit smoking. Coverage for these prescription medications will be subject to the Preferred Provider Pharmacy Prescription Drug Benefits outlined in the Schedule of Benefits (Section 1.2); and
 - c. Coaching support.

These smoking cessation services are available at a reduced cost to you through the "Enhanced Stop Smoking" program sponsored by Blue Cross Blue Shield of Minnesota. More information on the Enhanced Stop Smoking Program is available in Section 3.2 ("Smoking Cessation Program"). If you enroll in the Enhanced Stop Smoking Program, the Plan will cover the entire cost of over-the-counter nicotine replacement therapy and coaching support provided through the program.

10. Acupuncture, payable if Medically Necessary for the management of pain; or for nausea or vomiting related to pregnancy or chemotherapy. Such Services must be rendered by a health care provider who is a legally qualified Health Care Professional practicing within the scope of his/her license.

H. Bariatric Surgery, subject to the following conditions:

To ensure that your "Bariatric Surgery" and any related surgeries subsequent to an approved Bariatric Surgery procedure, such as Panniculectomy (removal of loose skin), will be covered, you must first contact the Fund Office in advance of your surgery to learn if you meet the requirements for coverage under the Plan and if your procedure will be approved.

Approval of Bariatric Surgery will be based upon a number of factors including body mass index ("BMI"), morbid obesity, history of failure to sustain weight loss, the results of a mental health evaluation, patient expectations for the surgery, the patient's understanding of the risks, benefits and uncertainties of Bariatric Surgery and the patient's treatment plan, including pre- and post-operative dietary evaluations. These factors are subject to modification as technology changes.

You also must use a Blue Distinction Center for Bariatric Surgery for benefits to be payable. These are designated facilities within participating Blue Cross and/or Blue Shield companies that have been selected after a rigorous evaluation of clinical data measurers established in collaboration with leading doctors, medical

societies, and professional organizations. You can contact the Fund Office for a listing of the Blue Distinction Centers for Bariatric Surgery.

As technology changes, the Bariatric Surgery procedures, including related subsequent procedures, covered by the Plan will be subject to modifications in the form of additions or deletions as the Trustees deem appropriate. You can contact

- Q. Charges resulting from confinement, treatment, or Surgical Procedures in a Hospital owned and operated by the United States Government or agency thereof, or in a Hospital that makes charges that an Eligible Person is not obligated to pay, or any other supplies or services for which an Eligible Person is not legally required to pay;
- R. Expenses incurred as a result of an accident if a third party is legally responsible for the expenses;
- S. Charges incurred in excess of specified limitations provided in this Plan;
- T. Charges for Experimental surgery and treatments, services of clergy, and homeopathic remedies;
- U. Charges for rehabilitation services such as physical, occupational, and speech therapy that are not expected to make measurable or sustainable improvement within a reasonable period of time;
- V. Recreational or educational therapy or forms of non-medical self-care or self-help training, including health club memberships;
- W. Charges for hypnosis or biofeedback;
- X. Purchase of radioactive materials for x-rays, radium, or cobalt treatment;
- Y. Repair or replacement of Durable Medical Equipment, except as specifically provided, and in no event will payment exceed the purchase price (e.g., wheelchairs, Hospital beds, side rails, iron lungs, and prosthetic devices);
- Z. Purchase of nondurable medical supplies that are not Medically Necessary for the treatment or diagnosis of an Injury or Sickness or to improve the functioning of a malformed body member (e.g., alcohol swabs, cotton balls, incontinence liners/pads, cotton swabs, adhesives, and informational material);
- AA. Charges for personal services or supplies such as television, slippers, lotion, facial tissue, breast pump, food supplements, or oral and other hygiene products;
- BB. Any bodily Injury, Sickness, or disease that is intentionally self-inflicted, unless due to the physical or Mental Health Condition of the Eligible Person;
- CC. Expenses incurred for rest cures, domiciliary care, or for the convenience of the household;
- DD. Expenses incurred for procedures or treatment of any nature not generally recognized by the American Medical Association or the United States Department of Health;
- EE. Drugs that can be purchased over the counter, including, but not limited to, vitamins, whether prescribed or not prescribed, except as specifically provided;