Northern Minnesota-Wisconsin Area
Retail Clerks Health and Welfare Fund

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★★ SUMMARY OF MATERIAL MODIFICATIONS ★★

March 2018

To All Employees and Dependents:

This Summary of Material Modifications (SMM) is an amendment to your Plan Document/Summary Plan Description (SPD) booklet, which was effective January 1, 2012, to formalize language incorporating recent Trustee actions regarding your Plan.

Effective April 1, 2018 the Plan's claims review and appeal procedures have been changed to comply with new regulatory requirements as indicated below:

4. Notices of adverse benefit determinations must include: information sufficient to identify the claim involved, including the date(s) of service; health care provider; claim amount; diagnosis, treatment and denial codes, including their corresponding meanings; a description of any standard used to determine the denial and, in the case of a final appeal determination, a discussion of the decision; and a description of the available internal and external appeal process, including information on how to initiate an appeal. ***If the adverse benefit determination for a disability claim differs from a disability determination made by the Social Security Administration that is presented with your claim, a discussion of the basis for disagreeing with the Social Security Administration's disability determination.***

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Standard External Review

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Referral to Independent Review Organization: If your request is eligible for external review, the matter will be assigned to an Independent Review Organization (IRO) that is accredited by URAC or by a similar nationally-recognized accrediting organization to conduct the external review. The Plan has contracted with three IROs and rotates external review assignments among them. The IRO will be required to:

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6. Written notice of the IRO's final external review decision to you and the Plan within 45 days after the IRO received the initial request for the external review. The IRO's decision notice will contain:

    - a general description of the reason for the request for external review, including the date(s) of service, the health care provider, the claim amount, the diagnosis and treatment codes and their corresponding meanings, and the reason for the previous denial;

- the date the IRO received the assignment to conduct the external review and the date of the IRO decision;
- references to the evidence or documentation, including the specific coverage provisions and evidence-based standards that were relied on in making its decision;
- a discussion of the principal reason(s) for its decision, including rationale for its decision and any evidence-based standards that were relied on in making its decision;
- ***if the adverse benefit determination for a disability claim differs from a disability determination made by the Social Security Administration that is presented with your appeal, a discussion of the basis for disagreeing with the Social Security Administration's disability determination;***
- a statement that the determination is binding except to the extent that other remedies may be available under state or federal law to either you or the Plan;
- a statement that judicial review may be available to the claimant; and
- current contact information, including telephone number, for any applicable office of health insurance consumer assistance or ombudsman established under PHS Act Section 2793.

Please keep this SMM with your Plan Document/Summary Plan Description (SPD) booklet for future reference. If you have any questions, please call the Fund Office at (218) 728-4231, or toll-free at 1-800-570-1012.

Yours very truly,

THE BOARD OF TRUSTEES