

## ★★ SUMMARY OF MATERIAL MODIFICATIONS ★★

February 2017

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.

### ALTERNATIVE PLAN C

The Plan is establishing an additional alternative plan design called "Plan C," which will consist of Plan B benefits with different deductible, coinsurance, and out-of-pocket maximum requirements as follows:

<b>In- and Out-of-Network:</b>	<b>Single</b>	<b>Family</b>
Deductible	\$2,500	\$5,000
Plan's Coinsurance	70%	70%
Out-of-Pocket Maximum: Medical	\$5,150	\$10,300
Out-of-Pocket Maximum: Pharmacy	\$2,000	\$4,000

Similar to Plan B, Plan C will not include the following ancillary benefits:

- dental;
- vision;
- death;
- accidental death and dismemberment; and
- short-term disability.

Plan C will become available beginning with coverage on April 1, 2017, for employees covered under the Fund on that date. Plan C will be available to employees who become covered after April 1, 2017, according to the terms of their respective collective bargaining agreement.

Your employer and the terms of your collective bargaining agreement (CBA) will determine which benefit Plan (A, B, or C) you will be offered, including your eligibility for single versus family coverage, as specified under Eligibility Rule 1, "How an Employee Becomes Eligible for Benefits" and Eligibility Rule 2, "Dependent Special Enrollment Period."

If you are offered Plan C by your employer and you would like to have Plan A or B coverage, you will need to purchase this coverage at your own cost through payroll deduction. The cost for Plan A or B coverage would be in addition to any coverage contribution amount your collective bargaining agreement requires you to make. If you are electing Plan A coverage, you only can elect family ancillary benefit coverage if you have family medical coverage.

(over)

You will be offered the opportunity to elect Plans A or B benefit coverage at any one of the following times:

- When you become initially eligible for coverage under Plan C in accordance with Eligibility Rule 1, "How an Employee Becomes Eligible for Benefits."
- When you have a special enrollment event, as described under Eligibility Rule 2, "Dependent Special Enrollment Period."

Once you have elected benefit coverage under Plans A or B, you are required to continue coverage and pay the applicable self-payment through payroll deduction for the entire calendar year that your coverage became effective.

*Please note that the existing one-year waiting period for dental and vision that applies to newly eligible employees will continue to apply to Plan A and to those employees in Plan B that elect to purchase the ancillary benefits. This one-year waiting period begins on the first day of the month in which your ancillary coverage became effective.*

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

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