

IMPORTANT NOTICE TO PLAN PARTICIPANTS

SUMMARY OF MATERIAL MODIFICATIONS TO THE SUMMARY PLAN DESCRIPTION FOR THE PLASTERERS AND CABINET MAKERS HEALTH FUND (APRIL 2016)

The Trustees of the Plasterers and Cabinet Makers Health Fund announce the following changes to the Plan. The changes relate to coverage of certain services related to COVID-19. These changes are effective March 18, 2020 and extend through December 31, 2020 in order to address COVID-19 testing. Specifically, the Plan has extended coverage at 100% with no cost-sharing as follows:

COVID-19 Testing

- The Plan will cover 100% of the cost:
 - For in vitro diagnostic testing for the COVID-19 virus that is either:
 - authorized by the FDA, or
 - otherwise specifically authorized by federal law or regulation.A covered test is referred to herein as a “COVID-19 Test”;
 - For evaluation by a healthcare provider to determine whether you need a COVID-19 Test; and,
 - For services to administer a COVID-19 Test.
- Coverage for this amendment applies without regard to whether the COVID-19 Test is provided in-network or out-of-network. For out-of-network charges, the Plan will cover the full billed amount regardless of whether the amount exceeds the reasonable and customary amount. No prior authorization or medical management requirements apply to in vitro diagnostic testing for the COVID-19 virus. Coverage under this amendment applies without regard to the site of care (e.g., office, urgent care, emergency room, e-visits). The coverage under this amendment does not apply to any items and services you receive during a visit to a healthcare provider other than those expressly described above.
- Participants are strongly encouraged to contact their doctor for guidance before seeking COVID-19 testing.
- Coverage for this amendment applies through December 31, 2020.

Telehealth Services

As an important reminder, the Plan currently covers telehealth medical visits through Doctor on Demand. Such visits are covered at 100%.

COVID-19 Information

The available information about how the virus that causes COVID-19 spread is largely based on what is known about similar coronaviruses. However, COVID-19 is a new disease and there is

more to learn about its transmission, the severity of illness it causes, and to what extent it may spread in the United States. According to the CDC, a person may develop symptoms of the COVID-19 virus within 14 days of exposure. Symptoms include feeling sick with an acute respiratory illness, such as a fever, cough, or difficulty breathing. As there is no present vaccine to prevent COVID-19, the CDC recommends the following to prevent the spread of the virus:

1. Wash hands often with soap and water for at least 20 seconds, and if soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol;
2. Avoid touching eyes, nose, and mouth with unwashed hands;
3. Avoid close contact with people who are sick;
4. Stay home when sick;
5. Cover coughs or sneezes with tissues or cough into the elbow area, then discard the tissue in the trash and follow up with handwashing; and
6. Clean and disinfect frequently touched objects and surfaces regularly

More information about COVID-19 may be found at the following links:

- Centers for Disease Control and Prevention: www.cdc.gov
- Minnesota Department of Health: <https://www.health.state.mn.us/>
- MN Building Trades: <https://mntrades.org/covid-19-resources/>
- World Health Organization: <https://www.who.int>
- Doctor on Demand (self-assessment tool): <https://www.doctorondemand.com/coronavirus>

GRANDFATHERED STATUS

The Plasterers and Cabinet Makers Health Fund believes this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at Wilson-McShane Corporation, 3001 Metro Drive, Suite 500, Bloomington, MN 55425, 952-854-0795. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

IMPORTANT NOTICE TO PLAN PARTICIPANTS**SUMMARY OF MATERIAL MODIFICATIONS
TO THE
SUMMARY PLAN DESCRIPTION
FOR THE
PLASTERERS AND CABINET MAKERS
HEALTH FUND (APRIL 2016)**

The Board of Trustees has amended the Plan to update its provisions regarding the setting of the cap on the Dollar Bank for Industrial Carpenters.

Effective January 1, 2020

Dollar Bank – Industrial Carpenters: The Dollar Bank for Industrial Carpenters will be indexed to allow an eligible Participant to accrue up to the cost of two-months of coverage in their Dollar Bank. For example, if the cost of coverage as determined by the Trustees is \$1,100 per month, the Dollar Bank will then be \$2,200 (the cost for two-months of coverage).

Previously the Dollar Bank cap for Industrial Carpenters was \$2,000.

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Please update your Summary Plan Description to reflect these changes:

Please replace the current pages in your SPD with replacement pages 13.

If you have any questions about these changes to the Plan, please contact the Plan Administrator at (952) 854-0795 or (800) 535-6373.

The Board of Trustees

January 2020

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One month of bank coverage will be granted for each six-consecutive-month period in which the Employee is Covered Under The Plan after April 2003 due solely to timely Employer Contributions (that is, coverage is not attributable to the use of bank coverage or COBRA payments). After one month of bank coverage has been earned, a new six-month eligibility period will begin and the Employee may earn a second month of bank coverage. An Employee may maintain a maximum of two months of bank coverage at any time.

Dollars Bank (Industrial Carpenters)

If, once you've established eligibility for coverage under the Plan, the amount of Employer Contributions received exceeds the amount needed to pay the premium for the current month's coverage, you will be allowed to build a Dollar Bank for coverage with the excess Contributions of up to the cost of two months of coverage. The cost for coverage is determined annually by the Board of Trustees. Once the cost for one-month of coverage is determined, the Dollar Bank will automatically be indexed to allow for a Dollar Bank cap of two months of coverage.

For example: If the cost of one-month of coverage is set at \$1,100, the Dollar Bank cap will be \$2,200 (the cost for two-months of coverage).

The Dollar Bank can be used in months in which your Employer Contributions are insufficient to pay the monthly premium for coverage.

Termination of Eligibility and Cancellation of Bank Coverage

If you stop working in a job classification for which contributions must be made to the Plan, you will immediately become ineligible for Plan benefits, your Hours Bank (Plasterers) and Dollars Bank (Industrial Carpenters) or Monthly Eligibility Bank (Cabinet Makers) hereafter referred to collectively as Bank (or your Bank), will be cancelled (reduced to zero), and you will have no right to continue to be covered under the Plan (other than any right you may have under COBRA), if all of the following are true:

- You work for an employer or as an employer that is not obligated to contribute to the Plan;
- Your work is of a type for which Employers contribute to the Plan; and
- Employer contributions for your work would be due to the Plan if you were working under a Collective Bargaining Agreement.

If your eligibility is terminated and your Bank is cancelled, any period of time you were covered by your Bank after you last worked in employment for which your Employer contributed to the Plan will count as part of any Continuation Coverage under COBRA period to which you may be entitled.

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The Board of Trustees has amended the Plan to update its provisions regarding disability claim appeals.

Effective April 1, 2018

Claim Filing and Appeal Procedures: The Plan is amended to incorporate changes to its claim appeal procedures to comply with recent regulatory changes impacting disability benefit claims. The changes are incorporated into the Plan's overall claim filing and appeal procedures. The key changes provide as follows:

- If your claim for a disability benefit is denied both initially and on appeal, you will receive a description of the review process for the claim and a discussion of the basis for disagreeing with or not following the views presented by your health care and vocation professionals; a discussion of the views of medical and/or vocational experts whose advice was obtained by the Plan in connection with the claim denial without regard to whether the advice was relied upon in making the benefit determination and your disability determination from the Social Security Administration, if applicable.
- If you appeal a disability claim denial, the Plan will provide you, free of charge, with any new or additional evidence considered, relied upon, or generated by the Plan in connection with the claim and further, will provide you with such rationale as soon as possible and sufficiently in advance of the date of review of the denial by the Plan so as to give you a reasonable opportunity to respond prior to that date.

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www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please update your Summary Plan Description to reflect these changes:

Please replace the current pages in your SPD with replacement pages 89-94.

If you have any questions about these changes to the Plan, please contact the Plan Administrator at (952) 854-0795 or (800) 535-6373.

The Board of Trustees

March 2018