

Plasterers & Cabinet Makers Health Fund

Administered by Wilson-McShane Corporation

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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 on the effective dates listed below.

1. Effective February 1, 2023, the Plan's Deductible provisions are revised to provide as follows:

Plan Maximums

Deductible

Deductibles and annual major medical out-of-pocket maximums are kept separately for each Covered Individual and are determined and accumulated without distinction between Participating and Non-Participating Providers.

Deductible (applies to all Major Medical Benefits except where otherwise stated):

Individual -	\$300
Aggregate Family -	\$600

(The Deductible is waived on prenatal care and child health supervision services.)

Previously the Plan's Deductible was \$200 per individual and \$400 per family and reset on January 1st of each year. With this change, if you meet the \$200 deductible in January 2023, you will have to meet an additional \$100 toward the total \$300 deductible once it increases on February 1, 2023.

2. Effective February 1, 2023, the Plan's Out-of-Pocket Maximum provisions for medical and prescription drugs are revised to provide as follows:

Out-of-Pocket Maximum (for Medical)

The out-of-pocket maximum that you or your Beneficiaries must pay in a Calendar year is:

Per Person -	\$4,000 (Does not include the Deductible.)
Per Family -	\$8,000 (Does not include the Deductible.)

Out-of-Pocket Maximum (for Prescription Drugs)

The out-of-pocket maximum that you or your Beneficiaries must pay in a Calendar year is:

Per Person -	\$4,000 (Does not include the Deductible.)
Per Family -	\$8,000 (Does not include the Deductible.)

Previously, the Plan's Out-of-Pocket maximums for medical and prescription drugs were \$3,000 and \$6,000 per family and reset on January 1st of each year. With this change, if you meet the \$3,000 Out-of-Pocket maximum in January 2023, you will have to meet an additional \$1,000 toward the total \$4,000 Out-of-Pocket maximum once it increases on February 1, 2023.

3. Effective January 1, 2023, the Plan's Life Insurance Benefit will be self-insured, and the summary of the benefit and amount of Life Benefit will provide as follows:

Life Benefit

SUMMARY

The Plan provides a benefit to your designated Beneficiary in the event of your death if you are covered under this portion of the Plan. This is a self-insured benefit.

You have the right to name a Beneficiary to receive these benefits in the event of your death. To do so, or to change that designation, contact the Plan Administrator's office.

If you (the Employee) suffer accidental death or the accidental loss of your sight or one or more limbs, the Plan also pays a separate benefit which is described in the Section entitled, "Accidental Death and Dismemberment Benefit," beginning on page 32.

The Plan will pay a Life Benefit of \$12,500 if you die from most causes while Covered Under The Plan. A proper application is required before any benefits will be paid. If you intend to designate a minor as your Beneficiary, a proper designation includes information about the minor's guardian or the trust from which payments will be made.

If your death is accidental, your Beneficiaries will also receive an additional Accidental Death and Dismemberment Benefit, described on page 32.

The Life Benefits under the Plan are a self-insured benefit. This means the Plan pays the benefit out of plan assets and the benefit is not insured by an outside insurance company.

Previously, the Plan's Life Benefit was an insured benefit and provided for a total benefit of \$10,000.

Effective January 1, 2023, the Plan's Accidental Death and Dismemberment Benefit will be self-insured, and the summary of the benefit and amount will provide as follows:

Accidental Death and Dismemberment Benefit

SUMMARY

If you (the Employee) suffer accidental death or accidental loss of your sight or one or more limbs, the Plan will pay a benefit as set forth in this Section. This benefit is payable regardless of whether the accident occurs during the course of your employment or not. You have the right to name a Beneficiary to receive any benefits in the event of your death. To do so or to change that designation, contact the Plan Administrator's office. This is a self-insured benefit paid out of plan assets.

No benefits will be paid for injuries or death that occurs due to any of the limitations described in the Plan's "Life Benefit" provisions or for any intentionally self-inflicted Injury (unless the self-inflicted Injury results from a medical condition).

If you suffer bodily injury caused by accidental means and the injury causes your death or the loss of a limb or the loss of sight of an eye within 90 days of the date of the accident, the Plan will pay an Accidental Death and Dismemberment Benefit in the principal sum of \$12,500.

Previously, the Plan's Accidental Death and Dismemberment Benefit was insured and provided for a total benefit of \$10,000.

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.

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