

Sheet Metal #10 Benefit Fund

OFFICE OF THE ADMINISTRATOR
1681 East Cope Ave, Suite B, Maplewood, MN 55109
651-770-0991 Fax 651-770-1351 1-800-396-2903

April 2009

IMPORTANT ANNOUNCEMENT FOR ACTIVE PARTICIPANTS

The Trustees of the Sheet Metal # 10 Benefit Fund are pleased to announce the following changes for active Plan participants:

1. Revised Definition of Dependent
2. Addition of Enhanced Smoking Cessation Program through Blue Cross
3. Revised Prescription Drug Benefits for Erectile Dysfunction limits and Smoking Cessation
4. Revised Vision Care Benefits
5. Revised Chemical Dependency program completion requirement
6. Revised Lifetime Maximum provision
7. Revised Disability Continuation Coverage
8. Adoption of "Michelle's Law" extension of coverage for serious illness for full-time Covered Dependent Students.

Please read this notice and keep it with your Plan documents.

1. Revised Definition of Dependent

Effective January 1, 2009

On pp. 7-8 of the Summary Plan Description, the definition of Dependent contained provisions that required clarification and interpretation. The Board of Trustees agreed that replacing the definition with a new definition is preferable than amending words and phrases. The Board of Trustees agreed that the replacement definition will have the same effect as the previous definition. The new definition will now read:

COVERED DEPENDENT: Includes any of the following persons who are eligible for coverage under this Plan as a Covered Dependent, provided they are not also an eligible Covered Employee:

- (1) The Employee's spouse or surviving spouse from who you are not divorced or legally separated; or
- (2) Each unmarried child who has not yet reached age 19 (or age 25, if the child is a full-time student), is dependent on the Employee for more than one-half of the child's support during the calendar year and maintains a principal place of residence with the Employee during the calendar year, including:

- (a) A natural child, a lawfully adopted child, or a child placed for adoption (unless placement is disrupted prior to legal adoption and the child is removed from placement). Health evidence for the adopted child is not required.
- (b) Any of the following who live with the Employee in a regular parent-child relationship:
- (i) A stepchild only for the duration of the marriage of the Eligible Employee and the stepchild's parent,
- (ii) Each unmarried child over age 19 attending an accredited school or college as a full-time student until the child reaches age 25. Students who are living away at school are considered to maintain a residence with the Employee if they use the Employee's residence as their permanent residence for mail purposes and reside with the Employee during non-school time. Official documentation of full time attendance from the accredited school must be submitted every quarter or semester to verify that a Dependent is a full-time student.
- Coverage of all dependents age 24 during a Plan Year could be taxable to the Eligible Employee. The Fund Office will provide you with an applicable tax form and we urge you to consult with your tax advisor regarding the taxability of this benefit.
- (iii) An unmarried child who is named as an alternate recipient in a Qualified Medical Child Support Order (QMCSO) entered by a court of proper jurisdiction or administrative agency. The QMCSO must be approved by the Fund. The Plan has adopted procedures for Qualified Medical Child Support Orders. These procedures are available upon request from the Fund Office.

2. Addition of Enhanced Smoking Cessation – Wellness Program

Effective January 1, 2009

The Board of Trustees has added a new benefit, the Enhanced Stop Smoking Program sponsored by Blue Cross Blue Shield of Minnesota. If you or your eligible dependents smoke and desire to quit, enrollment in this program will provide you access to a phone-based "Quit Coach" who will guide and support your efforts and supply you with Nicotine Replacement Therapy products such as patches, gum, and lozenges. The Plan will pay the entire cost for these quit aids. The Enhanced Stop Smoking Program typically experiences higher participation and a higher quit rate than the basic program.

Any Plan coverage for smoking cessation aids requires the participant to be enrolled in the Enhanced Smoking Cessation program sponsored by BlueCross BlueShield Minnesota. You may enroll by calling 1-888-662-2583.

3. Revised Prescription Drugs

Effective January 1, 2009

Under the Schedule of Benefits (p. 4) and the Prescription Drug section (p. 40) and subject to the Exclusions #14 (p. 49) and #31 (p. 51) of the Summary Plan Description, the Board of Trustees amended the Plan's Prescription Drug coverage as follows:

a. **Erectile Dysfunction Medication**

Erectile Dysfunction drug coverage is limited to fifteen (15) unit doses per month per participant.

b. **Smoking Cessation Medication**

The Plan will provide prescription smoking cessation drugs when prescribed by a physician only if you are actively participating in the Blue Cross Blue Shield Enhanced Stop Smoking Program and under the guidance of a Quit Coach. Other quit aids, such as Nicotine Replacement Therapy products are not covered under this benefit and are only available through the coverage provided in connection with the Blue Cross Blue Shield Enhanced Stop Smoking Program.

4. Vision Care Benefit Improvement

Effective January 1, 2008

The Trustees expanded the Vision Care Benefit described on page 47 of the Summary Plan Description to cover natural lens replacement surgery subject to the Schedule of Benefits provision for LASIK.

Retroactively effective January 1, 2008, the Vision Care Benefit provision will now read:

Covered Vision Care Expenses Include:

- Complete eye examination including dilation of the pupil and/or relaxing of focusing muscles by drops, refraction for vision, and examination for pathology as performed by a legally qualified ophthalmologist or optometrist; and
- New or replacement frames and/or lenses (including contact lenses) prescribed by an ophthalmologist or optometrist, including the fitting cost of the supplier; or
- LASIK eye surgery (up to the Lifetime Maximum shown in the Schedule of Benefits).
- Natural lens replacement surgery subject to the Schedule of Benefits provision for LASIK Eye surgery.

5. Revised Chemical Dependency program completion requirement

Effective January 1, 2009

Under the Summary Plan Description's description of the Employee Assistance Program on p. 48, the Trustees desire to clarify coverage for Chemical Dependency treatment to now require the completion of the program in order for such treatment to be covered under the Plan.

6. Revised Lifetime Maximum Benefit

Effective January 1, 2009

Under the Lifetime Maximum Benefit description in the Summary Plan Description (p.38), the provision will now read:

Lifetime Maximum

This provision applies to when a covered individual reaches the maximum amount of coverage under the Fund's Major Medical Benefits and Prescription Drug provisions in the Schedule of Benefits. All Major Medical Benefits and Prescription Drug coverage will terminate for that covered individual on the date his/her lifetime maximum is met for paid claims for covered Major Medical expenses, as outlined in the Schedule of Benefits. Each participant and individual dependent accumulates their own separate Lifetime Maximum.

Once a covered individual reaches their Lifetime Maximum under the Plan, as shown in the Schedule of Benefits, the Plan will continue to pay benefits up to the catastrophic insurance maximum each year. The Plan's Catastrophic Insurance maximum stated on the Schedule of Benefits may be used for reimbursement of the cost of substitute insurance premiums and co-insurance, co-pays and deductibles applicable to such substitute insurance.

Additionally, if you exceed the Lifetime Maximum for Major Medical Benefit coverage, you will remain eligible for the following Plan benefits:

1. Vision
2. Dental
3. Hearing Care
4. Life (Active Employees only); and
5. Disability (Active Employees only).

7. Revised Disability Continuation Coverage

Effective January 1, 2009

The provision for Disability Continuation Coverage (pp. 22-23 of the Summary Plan Description) shall be revised to require Medicare coverage in order to be eligible for retiree coverage prior to age 55.

The Disability Continuation Coverage provision will now read:

Disability Continuation Coverage

If your eligibility has been extended for the maximum time allowed under the special continuation rules, you can continue coverage if:

- You became totally disabled while eligible under the active eligible employees plan;
- At least 11,500 hours of contributions were paid to the Plan on your behalf while performing covered employment; and
- You are receiving a pension benefit from either the Sheet Metal Workers Local #10 Pension Fund, Sheet Metal Local 10 Supplemental Retirement Fund, and/or the Sheet Metal Workers National Pension Fund.

You may self-pay for the above referenced disability continuation coverage until the later of the date you reach age 65 or the date you become eligible for Medicare.

You can change from the disability continuation coverage to the retiree plan at age 55 or older, if you meet the eligibility requirements for retiree benefits. Prior to age 55, you may change your coverage to the retiree plan if you continue to be totally disabled and qualify for Medicare, or you continue to be totally disabled and earn less than \$1,500 per month, verified by copies of your income tax returns. Contact The Fund Office for more information on changing from disability continuation coverage to the retiree plan.

(continued on Page 6)

8. Extended Coverage for Students with Serious Illness:

Effective January 1, 2009

The Board of Trustees amended the Summary Plan Description to adopt the provisions mandated by "Michelle's Law," which enables a full-time student Covered Dependent to continue to be covered in the event of a serious illness.

The following provision shall be incorporated as part of the Summary Plan Description:

Extension of Benefits for Dependent Children for Serious Medical Conditions

A Dependent child who is eligible for coverage based on qualifying student status at a postsecondary educational institution whose serious illness or injury requires a leave of absence or change in enrollment that would cause the Dependent Child to lose coverage will be granted a one-year extension of benefits.

To request this extension of benefits, the Participant must submit written certification from the Dependent Child's physician certifying that the child is experiencing a serious illness or injury, and that the leave of absence or other change in enrollment from the postsecondary institution is medically necessary.

Note that the one-year extension of benefits will apply only if the Participant maintains coverage, either through continuing eligibility, self-payment or COBRA continuation coverage. The extension of benefits will end if the Participant's coverage terminates.

If you have any questions on this information, please contact Wilson McShane Corporation at either 952-854-0795 or 1-800-535-6373.

Sincerely,
Board of Trustees

Sheet Metal #10 Benefit Fund

OFFICE OF THE ADMINISTRATOR

1681 East Cope Ave, Suite B, Maplewood, MN 55109
651-770-0991 Fax 651-770-1351 1-800-396-2903

November, 2007

IMPORTANT ANNOUNCEMENT FOR ACTIVE PARTICIPANTS

The Trustees of the Sheet Metal # 10 Benefit Plan are pleased to announce the following changes for active Plan participants effective January 1, 2008:

- **A new Prescription Drug Card Program**
- **A new benefit for certain over-the-counter (OTC) medications**

PRESCRIPTION DRUG CARD PROGRAM

Currently, you are required to purchase your prescription drugs at a retail pharmacy and then submit your receipts for reimbursement, subject to the Plan deductible and copayment provisions. You may also use the mail order program and pay 20% of the cost of the prescription when you submit your order. The Fund also has a Specialty Drug Program that covers certain medications at 100%, which are used in the treatment of serious or chronic medical conditions such as cancer, arthritis, and multiple sclerosis. This Program will remain in place and unchanged.

Effective January 1, 2008, you will be able to obtain your prescriptions by paying only your applicable copayment amount at participating Prime Therapeutics network retail pharmacies and the mail service pharmacy. Therefore, you will no longer need to submit your receipts for reimbursement. Your prescription drugs will no longer be covered under the Major Medical Expense Benefits and are therefore no longer subject to the Plan deductible or annual out-of-pocket maximum provisions.

In order to take advantage of this new provision, you are required to show your Sheet Metal #10 Benefit Fund identification (ID) card to the pharmacist each time you purchase prescriptions. The amount of copayment that you will be required to pay at the point of service when you use a network pharmacy is as follows:

Brand Name Drugs: 20% of the cost of the prescription drug
Generic Drugs: 10% of the cost of the prescription drug

Please keep the following things in mind when purchasing your prescription drugs:

In order to obtain your prescription at a network pharmacy you must show your ID card and you will pay only, the new (reduced) copays listed above.

If you go to an out of network pharmacy, you must pay the entire retail cost for the prescription, whether you show your ID card or not because discounted prices have not been negotiated with out-of-network pharmacies. You must then submit your receipt to the Fund Administrator for reimbursement. The Prime Therapeutics' network is extensive so there are VERY FEW locations where a network pharmacy is not available. Remember, taking advantage of this discount saves money for both you and the Fund.

The Plan's Mail Order Pharmacy benefit is still available. For many drugs, especially maintenance drugs that you take daily, the Mail Program may provide the most savings to you and the Fund.

OVER THE COUNTER MEDICATIONS

In addition to the above changes, we are pleased to tell you that over the counter (OTC) Prilosec, a Proton Pump Inhibitor, and OTC Loratadine (a substitute for Claritin), a non-sedating antihistamine, will now be covered at 90% - your copayment is 10%.

The cost of these OTC medications is significantly less than similar prescribed drugs in these categories such as Nexium and Clariton D. These OTC drugs are as safe and effective as the prescription versions and, in fact, these drugs were previously prescription drugs and became available OTC within the last few years.

In order for the medications to be covered by the Plan, you must take one of the following steps:

- 1) Ask your pharmacist to contact your doctor to change your existing prescription to an OTC drug, or
- 2) Get a prescription from your doctor for the OTC drug.

You must also present your Sheet Metal #10 Benefit Fund ID card at the pharmacy when purchasing these OTC medications.

If you follow the above procedures and go to a Prime Therapeutics network provider, you will only be responsible for the 10% copayment at the time of purchase.

Finally, remember you must show your **ID card** at the time you get your prescription if you want to pay only the copayments reflected above.

If you have any questions on this information, please contact Wilson McShane Corporation at either 952-854-0795 or 1-800-535-6373.

Sincerely,

Board of Trustees

Sheet Metal #10 Benefit Fund

OFFICE OF THE ADMINISTRATOR
1681 East Cope Ave, Suite B, Maplewood, MN 55109
651-770-0991 Fax 651-770-1351 1-800-396-2903

IMPORTANT PROGRAM INFORMATION

October 2007

In addition to the Healthy Start prenatal support program described in the enclosed Summary of Material Modification, we want to share with you two other very important support programs available to you and your eligible dependents. The Sheet Metal #10 Benefit Fund is covering the participation fee of the Healthy Start program for those who enroll. The other two programs are available without cost through our Preferred Provider Organization, Blue Cross Blue Shield of Minnesota (BCBS). Contact information is provided for each, or you may view information at www.bluecrossmn.com.

Healthy Start[®] Prenatal Support

Healthy Start is a personalized phone and mail-based prenatal support program for expectant mothers. Mothers who receive consistent prenatal care are more likely to have healthier babies. Specially trained Registered nurses educate and work with the expectant mother to help her achieve a normal full-term delivery.

Program Benefits:

- Pre-term birth rates and the incident of low-birth weights for babies are lower for mothers who participate in the Healthy Start program.
- During the program, participants will receive support during and after their pregnancy and a comprehensive book, "Your Pregnancy & Birth". Upon completion of the program, participants will receive a \$50 retail store gift certificate.

To enroll in this program, simply call BCBS anytime at (651) 662-1818 or toll free at 1-866-489-6948. You may also enroll by e-mail at HealthyStart@bluecrossmn.com

(Over)

Stop-smoking Program

The stop smoking program is a phone-based counseling program to help individuals quit smoking at their own pace. The program offers support by a "Quit Coach" who will help to create a personal game plan to quit. This program has enjoyed a 29.1% quit rate versus the national rate of 4.7%!

Program Benefits:

- Reduce smoking and increase smoking awareness;
- Reduce absenteeism; and
- Savings of \$1,300 to \$1,800 per year, per tobacco user who quits

Please be advised that this is an education and support based program and it does **NOT** include coverage for smoking cessation prescriptions.

Contact BCBS at 1-888-662-2583 or www.bluecrossmn.com and select the Features Quit Now option.

On-line Wellness Center

The Wellness Center is an online health information center available at www.bluecrossmn.com

Program Purpose:

- Promote long-term health management and self-care through a reliable and convenient health information source

Program Features:

- Comprehensive medical library
- Medical opinion dialogue
- Drug database
- Educational tools, including fitness and nutrition resources

Please read the program descriptions below and if you have any questions please call BCBS at numbers listed above, or the Sheet Metal Benefit Office at 651-770-0991.

Sheet Metal #10 Benefit Fund

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October 8, 2007

SUMMARY OF MATERIAL MODIFICATIONS

To All Active Participants:

This Summary of Material Modifications is an amendment to your Summary Plan Description (SPD) booklet effective January 1, 2007, to formalize language incorporating recent Trustee actions regarding your Plan.

Change in Hearing Aid Benefits

Currently, page 4 of your SPD states that Two Hearing Aid Instruments Per Five Consecutive Calendar Years are covered to a maximum benefit of \$700.

Effective October 1, 2007 the Trustees have decided to increase the \$700 maximum for two hearing aids to \$1,000 per hearing aid.

Vision Service Benefit

Currently page 51 of your SPD under General Exclusions and Limitations states that "Eye exercise or vision training, except for treatment of amblyopia (lazy eye)" are excluded.

Effective October 1, 2007 the Trustees have decided that vision training will be covered when the vision training is considered medically necessary.

Change in Office Visits and Testing at "Minute Clinics".

Currently, page 2, (Schedule of Benefits) of your SPD states the office visits and testing rendered at "Minute Clinics" are payable at 100% of Reasonable and Customary, no deductible.

Effective October 1, 2007, the Trustees have expanded the provider of service under this benefit to include any "Retail Health Clinic", which participates in the Blue Cross Blue Shield Preferred Provider Organization.

Prenatal Support Program

Effective October 1, 2007, you and your eligible Dependents will have access to the "Healthy Start" prenatal support program offered by Blue Cross Blue Shield of Minnesota. This program is designed to assess, educate, and support pregnant women to achieve an optimal childbirth outcome.

(Over)

Change in Life Event

Currently pages 30 and 31 of the SPD tell you what you need to do when you have a change in your "Life Events" including getting married, adding a child and getting legally separated or divorced. However the time frame in which the Fund must be notified of the change is not specified.

Effective June 1, 2007, the Trustees amended the Plan to require that you must notify the Fund within 60 days of the occurrence of the life event if you are a participant who may elect either single or family coverage and your life event changes your election.

Pre-Existing Condition Limitation for Non-Bargaining Unit Employees

The Plan includes a pre-existing condition limitation for both bargaining and non-bargaining unit employees. The limitation for non-bargaining unit employees was inadvertently omitted from the new SPD and should have been included. For your information, it is as follows:

There is a pre-existing condition clause for newly added Employees and Dependents, except for newborn children. The Plan shall not cover claims incurred after the effective date of eligibility for an injury or sickness, excluding pregnancy, existing on the day of initial eligibility or 90 days preceding the date of initial eligibility, until:

- a. 90 days elapse during which no treatment was rendered for the disability; or*
- b. the claimant has been eligible for benefits for more than twelve months.*

However, losses sustained on or after the expiration of such 90 days or twelve-month period will be considered for benefit payment. In addition, the twelve-month exclusion can be shortened or eliminated if the claimant can provide certification of prior coverage as required by the Health Insurance Portability and Accountability Act.

The preceding exclusions will also not apply where satisfactory evidence is furnished that the loss is due to an injury or sickness entirely unrelated to the pre-existing condition.

Sheet Metal #10 Benefit Fund

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★★ SUMMARY OF MATERIAL MODIFICATIONS ★★

May 2007

To All Active Participants:

This Summary of Material Modifications is an amendment to your Summary Plan Description (SPD) booklet effective January 1, 2007, to formalize language incorporating recent Trustee actions regarding your Plan.

Eligibility Rule Change

There are special Dependent continuation coverage provisions stated on page 23 of your SPD regarding coverage for your eligible Dependents if you die while covered under the Plan. It states that your spouse may switch to retiree coverage at age 62. Effective January 1, 2007, the Trustees approved a change in the Eligibility Rules to allow a spouse beneficiary to be eligible for the pre-Medicare retiree rates when the spouse reaches age 55 rather than at age 62.

Change in Home Health Care Plan Requirements

Currently, page 40 of your SPD states that a Home Health Care Plan must be:

1. Approved in writing and established by the attending Physician with the Home Health Care provider;
2. Certified by the Physician stating that Hospitalization would have been required if Home Health Care is not used; and
3. Reviewed at least every 30 days.

Effective January 1, 2007, the Trustees have decided to eliminate the second requirement. It no longer will be necessary for a Home Health Care Plan to have a Physician's certification that Hospitalization would have been required in the absence of Home Health Care.

Change in Lifetime Maximum for all non-Minnesota and Wisconsin participants

For all non-Minnesota and Wisconsin residents, a Lifetime Maximum of \$300,000 has been added for Major Medical Expense Benefits to replace the current Lifetime Maximum stated on page 2 of your SPD. The new Lifetime Maximum is effective January 1, 2007, and will apply to all Major Medical Expense claims paid on or after January 1, 2007.

Please note that this Lifetime Maximum has been effective for all Minnesota and Wisconsin participants since 2003.

The Fund will reimburse participants that have exceeded their Lifetime Maximum for the purchase of insurance coverage up to \$15,000 per year for premiums, deductibles, and copayments. Other coverage may be available from your State government or certain commercial insurance carriers.

Please contact your State to determine availability in your area or you may contact your claim Representative at Wilson-McShane Corporation, (952) 854-0795 in the Minneapolis area or 1-800-535-6373 toll-free, for assistance in locating an insurance broker.

Change in Dental Prophylaxis Benefits

Under Coverage A – Regular and Preventive Services, as reflected on page 44 of your SPD, the Plan provides two prophylaxes (cleanings) each Calendar Year. Effective April 1, 2007, coverage will be enhanced to include a separate benefit for two periodontal prophylaxes each calendar year.

Please keep this Summary of Material Modifications with your Summary Plan Description (SPD) booklet for future reference. If you have any questions, feel free to contact the Fund Office.

Sincerely,

BOARD OF TRUSTEES
Sheet Metal #10 Benefit Fund

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Sheet Metal #10 Benefit Fund

OFFICE OF THE ADMINISTRATOR
1681 East Cope Ave, Suite B, Maplewood, MN 55109
651-770-0991 Fax 651-770-1351 1-800-396-2903

Summary of Material Modification

The Trustees of the Sheet Metal #10 Benefit Plan announce the following changes for all Sheet Metal Local #10 Plan Participants:

Effective January 1, 2007, the Trustees of the Sheet Metal #10 Benefit Fund announce the following plan change:

Prescription medications dispensed as part of the Prime Therapeutic's specialty drug program will be covered at 100%, with no participant copayment at the pharmacy.

This change does **NOT** apply to all prescription medications. Specialty drugs are typically medications that generally require close supervision and monitoring of the patient's therapy. These drugs also

- Need frequent dosage adjustments
- Need special storage, handling or administration

Specialty drugs are also significantly more costly than traditional drugs, with a 30-day supply often costing more than \$1,000. It has come to the attention of the Trustees that there has been a large increase in the member's using specialty drugs, largely due to industry changes on how and where these drugs are administered. This is causing a financial hardship when they must pay for these drugs in full at the pharmacy. By limiting specialty drug purchases to the Prime Therapeutic's specialty network, the Fund will be able to purchase these drugs at a more favorable discount level, which will help to offset the additional cost of providing these drugs at 100% with no copayment.

Some examples of diseases for these medications included in the specialty program include, but are not limited to:

- Multiple Sclerosis treatments;
- Hepatitis C drugs ;
- Certain Cancer treatments;
- Drugs used to treat the nausea associated with chemotherapy and illnesses;
- Rheumatoid Arthritis and Psoriasis treatments;
- Blood modifiers;
- Growth hormones;
- Certain medications to treat rare conditions such as Cystic Fibrosis, Gaucher's disease and Hemophilia.

For specific medications please see the attached Specialty Drug listing

See Page 2

Summary of Material Modifications

Eff. 1/1/2007

Page 2

If you are currently using a specialty medication, you will receive a letter from Prime Therapeutics identifying the specialty pharmacy vendors who will be able to supply your medications. These vendors will deliver the medications to your home or work place, and may provide items such as syringes, alcohol swabs and sharps containers at no additional charge.

There will be no reimbursement for specialty drugs obtained outside the specialty network unless your medication is provided directly by your hospital or clinic during your course of treatment.

If you have any questions, please contact the Fund Administrator, Wilson McShane at 952-854-0795 or 1-800-535-6373

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