

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

December 2020

IMPORTANT ANNOUNCEMENT FOR ACTIVE AND PRE-MEDICARE RETIRED PARTICIPANTS

Summary of Material Modifications

The Trustees of the Sheet Metal #10 Benefit Fund announce the following changes to the Plans for both Active and Pre-Medicare Retired Participants. The changes are effective January 1, 2021.

The Plan changes relate to coverage of Telehealth Services provided by in-network providers.

Telehealth Services

Effective January 1, 2021 through December 31, 2021, In-Network Telehealth visits will continue to be covered the same as an in-office doctor's visit subject to the annual deductible and out-of-pocket maximums as detailed in the Schedule of Benefits.

Out-of-network Telehealth visits are not covered by the Plan.

This is another temporary extension of the coverage for in-network telehealth services that the Plan has previously adopted in an effort to assist all during the pandemic.

Important Note – Doctor on Demand:

The Plan's Doctor on Demand benefit remains the same. Specifically, any Telehealth visits via Doctor on Demand for any reason are covered at 100% and are not subject to the annual deductible or out-of-pocket maximum benefit.

Notice Regarding "Grandfathered" Status

This notice must accompany any Plan materials that are sent to participants.

The Sheet Metal #10 Benefit Fund believes its plan of benefits 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 the Sheet Metal #10 Benefit Fund may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative 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 Sheet Metal #10 Benefit Fund, Attn: Plan Administrator, 1681 East Cope Avenue, Suite B, Maplewood, MN 55109; (651) 770-0991. 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.

Sheet Metal #10 Benefit Fund

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May 2020

IMPORTANT ANNOUNCEMENT FOR ACTIVE AND PRE-MEDICARE RETIRED PARTICIPANTS

Summary of Material Modifications

The Trustees of the Sheet Metal #10 Benefit Fund announce the following changes to the Plans for both Active and Pre-Medicare Retired Participants. The changes relate to coverage of Telehealth Services for Non-COVID-19 Related visits.

Please be reminded that the Plan was recently amended effective March 18, 2020 regarding Telehealth visits. The amendment provided 100% coverage for COVID-19 related Telehealth visits through December 31, 2020 and for Non-COVID-19 the Plan was amended to provide 100% coverage through June 30, 2020.

Telehealth-Non-COVID-19

The Plan is now being amended regarding Telehealth for Non-COVID-19 visits effective July 1, 2020.

Effective July 1, 2020 through December 31, 2020, In-Network Telehealth visits for Non-COVID-19 related reasons are covered the same as an in-office doctor's visit subject to the annual deductible and out-of-pocket maximums as detailed in the Schedule of Benefits.

Out-of-network Telehealth visits, other than for COVID-19 related visits, are not covered by the Plan.

Important Note:

The Plan's Doctor on Demand benefit remains the same. Specifically, any Telehealth visits via Doctor on Demand for any reason are covered at 100% and are not subject to the annual deductible or out-of-pocket maximum benefit.

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April 2020

IMPORTANT ANNOUNCEMENT FOR ACTIVE PARTICIPANTS

Summary of Material Modifications

The Trustees of the Sheet Metal #10 Benefit Fund announce the following changes to the Plan's provisions for Annual Deductible and Out-of-Pocket Maximum for Active Participants in Plan A and B. The changes are effective July 1, 2020.

1. Schedule of Benefits – Annual Deductible Page 3

The Plan has increased its Annual Deductible effective July 1, 2020 as further indicated below:

Eligible Employees and Dependents Major Medical Expense Benefit <i>(See pages 47 – 55 for a listing of services covered as Major Medical Expenses)</i>	Coverage – Plan A	Coverage – Plan B
Annual Deductible Before the Plan pays for most covered expenses, you pay	\$145 per person each year; \$435 family maximum	\$645 per person each year; \$1,935 family maximum

2. Schedule of Benefits – Annual Out-of-Pocket Maximum Page 4

The Plan has increased its Annual Out-of-Pocket Maximum effective July 1, 2020 as further indicated below:

Eligible Employees and Dependents Major Medical Expense Benefit	Coverage – Plan A	Coverage – Plan B
Annual Out-of-Pocket Maximum Plan Pays 100% of covered charges for the remainder of the year, once you reach your Out-of-Pocket Maximum: Individual Out-of-Pocket Maximum Family Out-of-Pocket Maximum Annual Out-of-Pocket Maximum does not include your deductible.	\$1,160 per person; \$3,480 family maximum	\$1,935 per person; \$5,805 family maximum

STATEMENT OF NONDISCRIMINATION

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The Fund provides free aids and services to people with disabilities to effectively communicate with us, such as:

- Qualified sign interpreters
- Written information in other formats (large print, audio, and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need any of the above noted services, contact the Plan Administrator at 952-854-0795.

If you believe that the Fund has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can contact the Plan Administrator at 952-854-0795 or you may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Minnesota/North Dakota/South Dakota Languages

Language	Translation
English	Attention: If you speak (insert language), language assistance services, free of charge, are available to you. Call 1-952-854-0795.
Spanish	Atención: Si usted habla (español), tenemos disponible para usted el servicio de ayuda en su idioma sin costo alguno. Llame al 1-952-854-0795.
Hmong	Faj Seeb: Yog hais tias koj hais (Hmoob), kev pab cuam pab txhais lus, dawb tsis tau them, yeej muaj muab rau koj. Hu 1-952854-0795.
Cushite	Hubachiisa: Yoo kan afaan Oromoo dubbattan ta'e tajaajilli gargaarsa hiikoo afaanli ni argattu. Lakk. 1-952-854-0795 tiin bilbilaa.
Vietnamese	Nếu quý vị nói (tiếng Việt), chúng tôi có dịch vụ hỗ trợ ngôn ngữ sẵn sàng phục vụ quý vị miễn phí. Vui lòng gọi: 1-952-854-0795
Chinese	请注意：如果您讲中文，则您可以获得免费的语言协助服务。请致电：1-952-854-0795。

Russian	Внимание: Если Вы говорите на (Русском), услуги лингвистической поддержки доступны Вам бесплатно. Звоните 1-952-854-0795.
Laotian	ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທຫາ 1-952-854-0795.
Amharic	ማሳሰቢያ: የሚናገሩት (አማርኛ) ቋንቋ ከሆነ ከክፍያ ነጻ የሆነ የቋንቋ እገዛ አገልግሎት ማግኘት ይቻላል። በስልክ ቁጥር 1-952-854-0795 ይደውሉ።
Karen	w>'k;oh.ng=erh>uwdR (unDusdm)< usdmw>rRpXRw>zH;w>rRwz.< vXwvXmb1;vJ< td.vXe*D>M.vDRI ud;vD wJpdq1 1-952-854-0795 wuh>I
German	Hinweis: Wenn Sie (Deutsche) sprechen, stehen Ihnen kostenlose Sprachhilfsdienste zur Verfügung. Rufen Sie unter 1-952-854-0795 an.
Cambodian	ចំណាំ: ប្រសិនបើអ្នកនិយាយ (ភាសាខ្មែរ) សេវាកម្មជំនួយខាងភាសាដោយឥតគិតថ្លៃនឹងមានសម្រាប់អ្នក។ សូម ទូរស័ព្ទទៅកាន់ 1-952-854-0795 ។
Arabic	ملاحظة: إذا كنت تتحدث (العربية)، فيرجى العلم بأنه يمكنك الاستفادة من خدمات المساعدة اللغوية مجانًا. اتصل بالرقم: 1-952-854-0795.
French	Attention : Si vous parlez (Français), des services langagiers vous sont offerts gratuitement. Veuillez composer le 1-952-854-0795.
Korean	참고: 한국어 지원 서비스를 무료로 제공합니다. 문의전화 1-952-854-0795
Tagalog	Attention: Kung nagsasalita ka ng (Tagalog), may magagamit kang mga libreng serbisyo sa wika. Tumawag sa 1-952-854-0795.

Notice Regarding “Grandfathered” Status

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Sheet Metal #10 Benefit Fund

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March 2020

IMPORTANT ANNOUNCEMENT FOR ACTIVE AND PRE-MEDICARE RETIRED PARTICIPANTS

Summary of Material Modifications

The Trustees of the Sheet Metal #10 Benefit Fund announce the following changes to the Plans for both Active and Pre-Medicare Retired Participants. The changes relate to coverage of certain services related to COVID-19. These changes are effective March 18, 2020.

Specifically, the Plans have 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 Related to COVID-19

The Plan currently covers telehealth medical visits through Doctor on Demand at 100%.

Telehealth – COVID-19 Related Visits: Effective March 18, 2020, the Trustees are temporarily expanding the Plan’s telehealth visit benefit for COVID-19 related visits. Specifically, the Plan will cover telehealth medical visits related to COVID-19 at 100% regardless of whether the provider is in or out-of-network. This temporary expansion of coverage for COVID-19 telehealth visits will last through December 31, 2020.

Telehealth – Non-COVID-19 Visits: Effective March 18, 2020, the Trustees are temporarily expanding the Plan’s telehealth benefit to provide 100% coverage with no cost-sharing for all in-network medical and behavioral health visits not associated with the diagnosis of COVID-19. Out-of-network telehealth visits, other than for COVID-19 related visits, are not covered by the Plan. This temporary expansion of the telehealth benefit will remain in effect through June 30, 2020.

Participants are strongly encouraged to contact their doctor for guidance before seeking COVID-19 testing.

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>

Members are encouraged to visit the Plan’s website at <http://smw10.org/Benefits> for further updates.

Sheet Metal #10 Benefit Fund

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January 2020

IMPORTANT ANNOUNCEMENT FOR ACTIVE PARTICIPANTS

Summary of Material Modifications

The Trustees of the Sheet Metal #10 Benefit Fund announce the following changes to the Plan for Active Participants. The changes are effective January 1, 2020.

1. Schedule of Benefits – Dental Benefits – Page 8

The Plan has amended its Dental Benefits Schedule to provide for a two-year deductible and increased the benefit maximum every two calendar years as further indicated below:

Dental Care Benefit (see page 59)	Coverage – Plan A	Coverage – Plan B
Deductible every two Calendar Years (Coverage B, C and D Services)		
Individual	\$50	\$50
Family	\$150	\$150
Note: Deductible does not apply for individuals under age 19.		
Maximum every two Calendar Years	\$3,000	\$3,000
This maximum will not apply to an individual under age 19 for Dental Care Benefits under Coverage A, B and C.		
Lifetime Maximum for Coverage D services (unless medically necessary). This maximum will not apply to an individual under age 19 for non-cosmetic orthodontic services.	\$3,000	\$3,000

STATEMENT OF NONDISCRIMINATION

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The Fund provides free aids and services to people with disabilities to effectively communicate with us, such as:

- Qualified sign interpreters
- Written information in other formats (large print, audio, and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need any of the above noted services, contact the Plan Administrator at 952-854-0795.

If you believe that the Fund has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can contact the Plan Administrator at 952-854-0795 or you may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, DC 20201
 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Minnesota/North Dakota/South Dakota Languages

Language	Translation
English	Attention: If you speak (insert language), language assistance services, free of charge, are available to you. Call 1-952-854-0795.
Spanish	Atención: Si usted habla (español), tenemos disponible para usted el servicio de ayuda en su idioma sin costo alguno. Llame al 1-952-854-0795.
Hmong	Faj Seeb: Yog hais tias koj hais (Hmoob), kev pab cuam pab txhais lus, dawb tsis tau them, yeej muaj muab rau koj. Hu 1-952854-0795.
Cushite	Hubachiisa: Yoo kan afaan Oromoo dubbattan ta'e tajaajilli gargaarsa hiikoo afaanii ni argattu. Lakk. 1-952-854-0795 tlin bilbilaa.
Vietnamese	Nếu quý vị nói (tiếng Việt), chúng tôi có dịch vụ hỗ trợ ngôn ngữ sẵn sàng phục vụ quý vị miễn phí. Vui lòng gọi: 1-952-854-0795
Chinese	请注意：如果您讲中文，则您可以获得免费的语言协助服务。请致电：1-952-854-0795。
Russian	Внимание: Если Вы говорите на (Русском), услуги лингвистической поддержки доступны Вам бесплатно. Звоните 1-952-854-0795.

Sheet Metal #10 Benefit Fund

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January 2019

IMPORTANT ANNOUNCEMENT FOR ACTIVE PARTICIPANTS

Summary of Material Modifications

The Trustees of the Sheet Metal #10 Benefit Fund announce the following changes to the Plan for Active Participants. The changes are effective March 1, 2019.

1. Prescription Drug Benefit – Pages 56-58

The following provisions regarding the Prime Therapeutics Classic Network, prior authorization, and quantity level limits, are added to the end of the provisions for Prescription Drug Benefits on Page 58.

Prime Therapeutics Classic Network

The Plan has adopted the Prime Therapeutics Classic Network of approved pharmacies which takes advantage of Prime Therapeutics strategic alliance with Walgreens. Therefore, to fill your prescription, you must go to a pharmacy in Prime's Classic Network.

The Classic Network includes all Walgreens pharmacies, many chain pharmacies as well as independent pharmacies. The Prime Classic Network excludes certain other independent pharmacies and certain other national pharmacy chains such as CVS. This means if you currently have prescriptions filled at CVS (or other non-network pharmacy) you will have to make a change. You can determine if your pharmacy is in the Classic Network by visiting www.MyPrime.com.

Prior Authorization

The Plan has implemented a prior authorization program applicable to certain subset of prescription drugs. Prior authorization is required on these medications before your prescription will be covered by the Plan. If your prescription drug requires prior authorization, your physician must submit a prior authorization request form to Prime Therapeutics for approval.

- If authorization is granted, your prescription will be filled.
- If authorization is not granted, you have two choices:
 - You may still have the prescription filled by paying the entire retail cost of the prescription drug yourself; or

- You may ask your doctor to prescribe an alternate drug covered by the Plan, if available.

To see a listing of drugs in the prior authorization program, visit www.MyPrime.com.

Quantity Level Limit Program

The Plan has implemented a quantity limit program for certain drugs based upon dosing limits established by the FDA. Quantity limits are applied to the number of units dispensed for each prescription. If there is a quantity limit for a specific drug you've been prescribed, and you need to exceed that quantity limit, your physician must submit a quantity limit override request form to Prime Therapeutics for a possible waiver of the quantity limit.

If you have questions regarding these changes to the Plan's Prescription Drug Benefit, you can contact Wilson McShane at 1-800-535-6373.

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U.S. Department of Health and Human Services
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Amharic	ማሳሰቢያ: የሚናገሩት (አማርኛ) ቋንቋ ከሆነ ከክፍያ ነጻ የሆነ የቋንቋ እገዛ አገልግሎት ማግኘት ይቻላል። በስልክ ቁጥር 1-952-854-0795 ይደውሉ።
Karen	w>'k;oh.ng=erh>uwdR (unDusdm) < usdmw>rRpXRw>zH;w>rRwz.< vXwvXmbL;vJ< td.vXe*D>M.vDRI ud;vD wJpdql 1-952-854-0795 wuh>I
German	Hinweis: Wenn Sie (Deutsche) sprechen, stehen Ihnen kostenlose Sprachhilfsdienste zur Verfügung. Rufen Sie unter 1-952-854-0795 an.
Cambodian	ចំណាំ: ប្រសិនបើអ្នកនិយាយ (ភាសាខ្មែរ) សេវាកម្មជំនួយខាងភាសាដោយឥតគិតថ្លៃនឹងមានសម្រាប់អ្នក។ សូម ទូរស័ព្ទទៅកាន់ 1-952-854-0795 ។
Arabic	ملاحظة: إذا كنت تتحدث (العربية)، فيرجى العلم بأنه يمكنك الاستفادة من خدمات المساعدة اللغوية مجاناً. اتصل بالرقم: 1-952-854-0795.
French	Attention : Si vous parlez (Français), des services langagiers vous sont offerts gratuitement. Veuillez composer le 1-952-854-0795.
Korean	참고: 한국어 지원 서비스를 무료로 제공합니다. 문의전화 1-952-854-0795

Tagalog

Attention: Kung nagsasalita ka ng (Tagalog), may magagamit kang mga libheng serbisyo sa wika. Tumawag sa 1-952-854-0795.

Notice Regarding “Grandfathered” Status

This notice must accompany any Plan materials that are sent to participants.

The Sheet Metal #10 Benefit Fund believes its plan of benefits 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 the Sheet Metal #10 Benefit Fund may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative 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 Sheet Metal #10 Benefit Fund, Attn: Plan Administrator, 1681 East Cope Avenue, Suite B, Maplewood, MN 55109; (651) 770-0991. 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.