

**SUMMARY OF MATERIAL MODIFICATION
TO THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION OF THE
PIPE TRADES SERVICES MN HEALTH PLAN**

The Board of Trustees of the Pipe Trades Services MN Welfare Fund ("Fund") has amended the Plan Document And Summary Plan Description Of The Pipe Trades Services MN Health Plan (the "Plan") as follows:

1. Effective for services rendered on or after August 1, 2017, the Plan's limit of 120 visits for habilitative and rehabilitative and services has been eliminated.

This Summary of Material Modifications merely summarizes amendments to the Plan for your convenience. Your benefits are determined in accordance with the amended Plan. Contact the Fund Office at (651) 645-4540 if you have any questions.

What The Plan Covers

1. In General

The Plan provides benefits for Covered Expenses, which generally include physician, hospital, skilled nursing facility, prescription drug, and Preventive Care expenses. Specifically, an expense is a Covered Expense if:

- a. The expense is for Medically Necessary items or services for treatment of a non-occupational Illness or Injury or for Preventive Care, and,
- b. The expense is not expressly excluded by this Plan.

2. Limitations

Coverage of certain expenses is limited and conditioned as described below. To the extent that an expense exceeds a limitation or fails to meet a condition, it is not a Covered Expense.

- a. All Covered Expenses are limited as described in the applicable PPO's coverage criteria to the extent that such criteria are not inconsistent with this Plan. To review coverage criteria, see the website that is identified under the applicable PPO in the Important Contact Information section at the beginning of this Booklet or contact the Fund Office.
- b. Covered Expenses for chiropractic services are limited to \$1,100 in total per individual per calendar year. This limitation does not apply to chiropractic services rendered at a Pipe Trades Services MN Wellness Center.
- c. Covered Expenses for acupuncture services are limited to \$300 in total per calendar year.
- d. Covered Expenses for dental work or oral surgery to a natural tooth must be incurred within two years of the date of the causative Injury or Illness, and you must have been a Participant in the Plan when the Injury or Illness occurred. This limitation does not apply to certain expenses for dental work or oral surgery.
- e. When applicable, Covered Expenses for durable medical equipment are limited to rental unless the cost of rental equals or exceeds the purchase price.
- f. Covered Expenses for hearing aids are limited to \$2,000 (per individual) in any four-year period.
- g. ~~Covered Expenses related to rehabilitation and habilitation, e.g. physical therapy or speech, are limited to the expenses for 120 visits per lifetime per individual (rehabilitative and habilitative visits count toward the same limit).~~ Deleted effective August 1, 2017.
- h. Covered Expenses for room and board in-patient treatment are limited to the semi-private room rate.

Prior Authorization is required and Covered Expenses for services provided at a skilled nursing facility are limited to sixty (60) days per Injury or Illness.

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- h. Covered Expenses for room and board in-patient treatment are limited to the semi-private room rate.
- i. Prior authorization is required and Covered Expenses for services provided at a skilled nursing facility are limited to sixty (60) days per Injury or Illness.
- j. Covered Expenses for nutritional supplements are limited in accordance with Centers for Medicare and Medicaid Services national coverage determinations.
- k. Covered Expenses for treatment of temporomandibular joint dysfunction ("TMJ") or any condition related to TMJ are limited to \$800 per calendar year (per individual). Expenses for radiology related to TMJ do not apply towards this limit.
- l. Covered Expenses for participation in sleep studies are limited to \$2,000 per calendar year (per individual).
- m. Covered Expenses for infertility treatments are limited to \$5,000 per calendar year (per family) and \$20,000 per lifetime (per family).
- n. Prior Authorization is required for organ transplants.
- o. Marital counseling is limited to six sessions per lifetime.

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What The Plan Does Not Cover

Notwithstanding anything to the contrary, the following are not Covered Expenses and are excluded from coverage by this Plan:

{00609093.1} Effective August 1, 2017, this page replaces page 22 of the Pipe Trades Services MN Welfare Fund Benefits Booklet for Support Workers and their Dependents and for Helpers and Pre-Apprentices