

IMPORTANT NOTICE – PLEASE READ CAREFULLY!

SUMMARY OF MATERIAL MODIFICATIONS

To All Participants of the

ITPEU HEALTH & WELFARE PLAN

NOTICE OF CHANGE IN BENEFITS

This notice, called a “summary of material modifications,” advises you of changes in the information presented in your summary plan description (sometimes called an “SPD” or “descriptive booklet”) with respect to the ITPEU Health and Welfare Plan (the “Plan”). Please do two things with this notice: (1) Read it and, if you have any questions, contact the Plan Administrator and (2) keep this notice with your SPD.

This Notice is a summary of important changes to the Plan that will be effective January 1, 2019.

LiveHealth Online Is Now Free

LiveHealth Online, which allows you access to a private video visit with a doctor, will be free of charge effective January 1, 2019. Previously the online doctor’s visits were \$49 a visit. Just use your smartphone, tablet or computer with a webcam to have a secure and private video visit with a doctor in minutes. When it’s needed, you can even get a prescription sent to your pharmacy. To sign up, go to LiveHealthOnline.com

Modifications of Medical Benefits Effective January 1, 2019

1. Modifications for Class III and IV Participants

a. Deductibles

i. The amount of the Annual Calendar Year Deductible for Class III and IV Participants with Contribution Rates of **\$4.50/hour or higher** shall remain at \$600.00 (Single) and \$1,200.00 (Family);

ii. The amount of the Annual Calendar Year Deductible for Class III and IV Participants with Contribution Rates between **\$4.25/hour and \$4.49/hour** shall be increased to \$650.00 (Single) and \$1,300.00 (Family);

iii. The amount of the Annual Calendar Year Deductible for Class III and IV Participants with Contribution Rates between **\$4.00/hour and \$4.24/hour** shall be increased to \$700.00 (Single) and \$1,400.00 (Family);

b. Maximum Out-of-Pocket Per Calendar Year

i. The Maximum Out-of-Pocket, plus deductible, for Class III and IV Participants with Contribution Rates of **\$4.50/hour or over** shall remain at \$4,500.00 (Single) and \$9,000.00 (Family);

ii. The Maximum Out-of-Pocket, plus deductible, for Class III and IV Participants with Contribution Rates between **\$4.25/hour and \$4.49/hour** shall be increased to \$4,800.00 (Single) and \$9,600.00 (Family);

iii. The Maximum Out-of-Pocket, plus deductible, for Class III and IV Participants with Contribution Rates between **\$4.00/hour and \$4.24/hour** shall remain at \$4,800.00 (Single) and \$9,600.00 (Family);

2. Modifications for Class I and II Participants

a. Deductibles

i. The amount of the Annual Calendar Year Deductible for Class I and II Participants with Contribution Rates of **\$4.50/hour or higher** shall remain at \$650.00 (Single) and \$1,300.00 (Family);

ii. The amount of the Annual Calendar Year Deductible for Class I and II Participants with Contribution Rates between **\$4.25/hour and \$4.49/hour** shall be increased to \$700.00 (Single) and \$1,400.00 (Family);

iii. The amount of the Annual Calendar Year Deductible for Class I and II Participants with Contribution Rates between **\$4.00/hour and \$4.24/hour** shall be increased to \$750.00 (Single) and \$1,500.00 (Family);

b. Maximum Out-of-Pocket Per Calendar Year

i. The Maximum Out-of-Pocket, plus deductible, for Class I and II Participants with Contribution Rates of **\$4.50/hour or over** shall remain at \$4,500.00 (Single) and \$9,000.00 (Family);

ii. The Maximum Out-of-Pocket, plus deductible, for Class I and II Participants with Contribution Rates between **\$4.25/hour and \$4.49/hour** shall be increased to \$4,800.00 (Single) and \$9,600.00 (Family) ;

iii. The Maximum Out-of-Pocket, plus deductible, for Class I and II Participants with Contribution Rates between **\$4.00/hour and \$4.24/hour** shall remain at \$4,800.00 (Single) and \$9,600.00 (Family);

Modifications of Prescription Drug Plan Effective January 1, 2019

Prescription Drugs (RX): Effective January 1, 2019, reimbursement will remain unchanged at 70% of cost using the Caremark/CVS discount card. The Participant will pay 30%, and the Maximum Out of Pocket remains at \$2,550.00 for Individual coverage and \$5,100.00 for Family coverage as reflected in the chart below.

The following remain unchanged: Hours Per Week for each Class, Deductible, Coinsurance and Out of Pocket Maximum for Participants with Contribution Rates of **\$4.50/hour** or higher shall be as follows:

	<u>Hours Per Week</u>	<u>Deductible</u>	<u>Coinsurance</u>	<u>Out of Pocket Maximum</u>	
				Individual	Family
<u>Class IV</u>	35+	\$150.00	70/30%	\$2,550	\$5,100
<u>Class III</u>	29-34	\$175.00	70/30%	\$2,550	\$5,100
<u>Class II</u>	15-24	\$200.00	70/30%	\$2,550	\$5,100
<u>Class I</u>	0-14	\$250.00	70/30%	\$2,550	\$5,100

The following are changes to the Hours Per Week for each Class, Deductible, Coinsurance and Out of Pocket Maximum Participants with Contribution Rates between **\$4.25/hour** and **\$4.49/hour** shall be as follows:

	<u>Hours Per Week</u>	<u>Deductible</u>	<u>Coinsurance</u>	<u>Out of Pocket Maximum</u>	
				Individual	Family
<u>Class IV</u>	35+	\$175.00	70/30%	\$2,550	\$5,100
<u>Class III</u>	29-34	\$200.00	70/30%	\$2,550	\$5,100
<u>Class II</u>	15-24	\$225.00	70/30%	\$2,550	\$5,100
<u>Class I</u>	0-14	\$275.00	70/30%	\$2,550	\$5,100

The following are changes to the Hours Per Week for each Class, Deductible, Coinsurance and Out of Pocket Maximum Participants with Contribution Rates between **\$4.00/hour** and **\$4.24/hour** shall be as follows:

	<u>Hours Per Week</u>	<u>Deductible</u>	<u>Coinsurance</u>	<u>Out of Pocket Maximum</u>	
				Individual	Family
<u>Class IV</u>	35+	\$200	70/30%	\$2,550	\$5,100
<u>Class III</u>	29-34	\$225	70/30%	\$2,550	\$5,100
<u>Class II</u>	15-24	\$250	70/30%	\$2,550	\$5,100
<u>Class I</u>	0-14	\$300	70/30%	\$2,550	\$5,100