

**MINNESOTA AND NORTH DAKOTA BRICKLAYERS
AND ALLIED CRAFTWORKERS HEALTH FUND**

c/o Zenith American Solutions
PO Box 257
Minneapolis, MN 5540-0257
(651) 256-1801

Summary of Material Modification

The Trustees of the Minnesota and North Dakota Bricklayers and Allied Craftworkers Health Fund announce the following Plan changes effective in 2014 and 2015.

Low Dose CT Scan for Lung Cancer Screening

Effective June 1, 2014, the Plan will cover an annual low-dose CT scan for lung cancer screening for participants who meet the following criteria and utilize an in network provider:

- Current smokers aged 55-80 with a one pack per day for 30 years or a two pack per day for 15 years smoking history, or those aged 55-80 with the same smoking history who have quit smoking in the past 15 years.

Coverage will be subject to the Plan's preventive benefits, covered at 100% of the allowable charge, and not subject to the annual deductible. As with all radiology services, the Trustees encourage participants to use our preferred radiology partner, Centers for Diagnostic Imaging.

Discount Program Through HearPO

Effective August 1, 2014, The Fund has contracted with HearPO, a hearing discount program. The Fund continues to provide a hearing benefit of \$750 every five years.

The HearPO discount program is an opportunity for participants to purchase hearing aids and related supplies at a discount. These discounts will allow participants to maximize their hearing benefits. In addition to discounted hearing supplies, the HearPO program provides extended warranties on hearing aids, a two-year supply of free batteries, and one year of free follow-up care. HearPO will also extend its discount program to participants' family members who are not covered under the Plan.

Participants interested in learning more, or who want to get started with the HearPO program should call HearPO at 1-888-402-1394. Information can also be accessed online at www.hearpo.com/bricklayers.

Prescription Drug Quantity Limits

Effective October 1, 2014, the Fund will implement quantity limits for certain prescription drugs. The quantity limit program, administered by the Fund's Prescription Benefit Manager, Catamaran, is a clinical program designed to maximize the value of the prescription drug benefit, and to help ensure safe and appropriate use of prescription drugs. Some medications have a higher possibility for overuse, or may be prescribed outside clinical dosing guidelines. Examples of medications subject to quantity limits include, but are not limited to, certain pain medications, drugs for attention deficit disorders and anti-viral medications.

If you are currently receiving a medication in amounts beyond the quantity limits, Catamaran will contact you directly with information about your prescription.

Prescriptions outside the quantity limits may be approved through Catamaran's authorization process. You, your doctor or your pharmacist may contact Catamaran at 800-445-3118 to initiate the authorization for additional quantities. Catamaran will then contact your doctor to get the information needed to determine coverage for your medication. In the event that an authorization is not approved, the Plan will still cover the prescription in the amount up to the quantity limit for that medication. Your right to appeal any adverse determination regarding quantity limits is set forth in the Summary Plan Description, which is always available from the Fund Office.

Retiree Prefunding Plan Offsets

Effective January 1, 2015 Prefunding Plan Offsets will increase. Members who retired on or after January 1, 1998 and who qualify for the retiree Prefunding Plan will be eligible for the following offsets up to a maximum of 35 credits:

- Pre-Medicare Retirees - Single Coverage - \$20.00 per Service Credit
- Pre-Medicare Retirees - Couples - \$40.00 per Service Credit
- Medicare Eligible Retirees - Single Coverage - \$6.00 per Service Credit
- Medicare Eligible Retirees – Couples - \$12.00 per Service Credit
- Couple with One Medicare Eligible and One Pre-Medicare - \$26.00 per Service Credit

Members who retired before 1998 will receive an increase in the monthly HRA contribution amount which is currently \$125.00 per month for single members, and \$250.00 for couples. Effective 1/1/2015 single members will receive a \$130.00 contribution per month, and couples will receive a \$260.00 contribution per month.

Pre-Medicare retirees will continue to receive the premium subsidy towards the cost of the Health Care Coverage, while Medicare Eligible retirees will continue to receive a deposit into their Health Reimbursement Account.

Health Reimbursement Arrangement (HRA) Benefit Enhancement

The Fund is implementing a project to make more money available to Active members in their HRA accounts. On January 1, 2014 the Health Fund moved from a Quarterly Hour Bank Eligibility System to a Monthly Dollar Bank System. Currently balances in the Dollar Bank can only be used for premiums to grant eligibility under the Health Fund. At August 2014 month end, a program will be implemented that will keep three months of premium at the selected level of coverage in the dollar bank, and roll the balance into the HRA for members to use for qualified health expenses. Changes to your accounts will be reflected on the monthly statement that you normally receive from the Fund.

If you have any questions, please contact the Fund Office at 651-256-1801.

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Summary of Material Modification

The Trustees of the Minnesota and North Dakota Bricklayers and Allied Craftworkers Health Fund announce the following Plan change, effective March 1, 2013.

Changes in Fill Limits for Specialty Medications

Effective March 1, 2013, Participants will be limited to a 30-day supply of Specialty Medications for the initial supply and each refill. Specialty Medications are complex drugs often used to treat chronic conditions, and usually require special handling and distribution, as well as high levels of patient management and counseling. Examples of Specialty Medications include, but are not limited to, injectible and/or oral drugs used to treat multiple sclerosis, cancer, rheumatoid arthritis and other autoimmune disorders.

Grandfathered Status

The Minnesota and North Dakota Bricklayers and Allied Craftworkers 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 651-256-1801

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SUMMARY OF MATERIAL MODIFICATION

The Trustees of the Minnesota and North Dakota Bricklayers and Allied Craftworkers Health Fund announce the following plan change effective January 1, 2011: These changes apply to all Active Participants, including those in COBRA and Self-Pay status. Retired Participants are covered in a retiree-only Plan, which is not subject to the provisions of the Patient Protection and Affordable Care Act, however see the one Plan change below that pertains to elimination of the annual RX maximum .

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Changes Made in Compliance with the Patient Protection and Affordable Care Act:

Effective January 1, 2011, the following benefit maximums are eliminated:

Lifetime Maximums Eliminated

- The \$250,000 **lifetime** maximum Comprehensive Medical Benefit is eliminated. Note, there is now an **annual** maximum Comprehensive Medical benefit of \$250,000 for 2011. This maximum is subject to change and/or elimination in future Plan years ;
- \$500 lifetime maximum benefit for nutritional and diabetic education programs;
- \$2,500 lifetime maximum benefit for expenses related to TMJ
- \$125,000 lifetime maximum benefit for body organ transplants and \$30,000 lifetime maximum benefit for organ transplant follow-up care;
- \$2,500 lifetime maximum benefit for anesthesia and hospital charges in conjunction with dental restorations;

If you exhaust your Annual Maximum Amount payable under the Fund's Comprehensive Major Medical Expense Benefit, then the Fund will reimburse you for the cost of obtaining other coverage such as Qualified Plan No. 2 from the Minnesota Comprehensive Health Association for the remainder of the calendar year. The Plan Reimburses for the premium payable for coverage such as Qualified Plan No. 2, plus the annual \$500.00 deductible and any applicable copayments. The maximum reimbursement in a Calendar Year is \$15,000.00. Please contact the Plan Administrator for details regarding this important subject, if you are approaching your annual maximum.

Annual Maximums Eliminated:

- \$300 annual physical examination, cancer screening and immunization benefit; however, services will be subject to the following **visit limitations**:
 - Adults – two routine physical examinations per year;
 - Children - Up to eight visits from birth through 12 months; four visits from age 12 months through age 30 months, and two visits per year from age 3 on
- \$40 per day / \$400 annual chiropractic benefit, however chiropractic care will be limited to 8 visits per year;
- \$100 per visit for the home health care benefit, however home health care will be limited to 90 visits per year;
- \$10,000 annual organ transplant follow-up care benefit;
- \$1,000 annual dental maximum – removal of limit applicable to pediatric dental services only. Pediatric dental services will be limited to a maximum of two routine visits / cleanings per year;
- \$750 in a five year period limit for hearing benefits – removal of limit applicable to pediatric hearing exams only.
- Elimination of the \$4,000.00 annual RX maximum for Medicare eligible Retirees.

Pediatric services are those provided to a child from birth to his or her eighteenth birthday.

Coverage of Children to age 26:

Effective January 1, 2011, the definition of Dependent will include the participant's children and step-children under age 26, regardless of where the children reside, *if the dependent is or becomes eligible on or after of January 1, 2011 or lost eligibility before January 1, 2011 and completed the required re-enrollment process by December 6, 2010.* A Dependent child under the age of 26 is not eligible for coverage under this Plan if the child is eligible to enroll in an employer-sponsored health plan through that child's own employment, or that of the child's spouse,

Note, this change affects health benefits coverage for children but does not change the definition of dependent for other tax purposes. Please see your tax advisor if you have questions about this.

Coverage of Over-the-Counter Drugs:

The provisions of the Affordable Care Act require a physician's prescription for reimbursement of over-the-counter drugs through the Health Reimbursement Account or the tobacco cessation program. Insulin, and related diabetes supplies, are exempt from this provision.

Please refer to the Summary Plan Description as amended through January 1, 2010 for a complete description of the Minnesota and North Dakota Bricklayers and Allied Craftworkers Health Fund plan of benefits. You should keep this Summary of Material Modification with the Summary Plan Description to ensure a complete, up-to-date reference of the Plan's benefits.

If you have any questions, please contact the Fund Office at zenithmn@zenithadmin.com or by calling 651-256-1801.

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SUMMARY OF MATERIAL MODIFICATION

July 2010

Plan Announcements

Due to current economic conditions, The Board of Trustees announces the following temporary change in the Fund's self-payment provisions. The Board of Trustees reserves the right to end this temporary change at any time:

Temporary Improvement to the Self-Payment Provisions

- Effective immediately, the Board of Trustees has eliminated the hours requirement for members to make a 5th and 6th self payment and temporarily increased the total number of self payments allowed to eight (8).

Temporary Improvement to the Re-Instatement of Eligibility

- The Board of Trustees is temporarily allowing members who have lost coverage, to re-qualify under the Initial Eligibility rules, which will allow members to:
 - Re-qualify for coverage after completing 375 hours in two quarters, and
 - Self-pay for the difference between the number of hours worked and 375 hours when a member has completed at least 350 hours of work.

Please contact the Fund Office at 651-256-1801 or 1-800-879-4412 with any questions.

Sincerely,

The Board of Trustees
Minnesota and North Dakota Bricklayers and Allied Craftworkers Health Fund