October 2019

IMPORTANT ANNOUNCEMENT
FOR
RETIRED PARTICIPANTS

Summary of Material Modifications

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

1. **Appendix B - Medicare Advantage Plan**

   The Retiree Plan has been amended to add Appendix B – Medicare Advantage Plan. Specifically, the Retiree Plan has changed its Medicare coverage insurance provider to UnitedHealthcare and specifically to the UnitedHealthcare Group Medicare Advantage (PPO) Plan.

   This change is effective January 1, 2020. Appendix B will provide as follows:

   **APPENDIX B - MEDICARE ADVANTAGE PLAN**

   Effective January 1, 2020, when you become eligible for Medicare due to age or disability, your Major Medical and Prescription Drug Coverage Benefits under this Retiree Plan end, and you will receive coverage via Medicare and through UnitedHealthcare and the UnitedHealthcare Group Medicare Advantage (PPO) Plan.

   The UnitedHealthcare Group Medicare Advantage (PPO) Plan is a custom group Medicare Advantage plan that is an insured medical and prescription coverage plan provided through UnitedHealthcare.

   You will pay a monthly self-contribution to the Fund Office for the UnitedHealthcare Group Medicare Advantage (PPO) Plan. The schedule of benefits for coverage will be determined by UnitedHealthcare.

   **Eligibility**

   You are eligible to enroll in coverage under the UnitedHealthcare Group Medicare Advantage (PPO) Plan when you first become entitled to Medicare Part A and are enrolled in Medicare Part B. Your non-Medicare eligible dependents’ (spouse and/or children) will remain covered under the Retiree Plan so long as they remain otherwise eligible for Retiree Plan coverage.
**Enrollment**

You must enroll in the UnitedHealthcare Group Medicare Advantage (PPO) Plan when you are first eligible for Medicare coverage. If you fail to enroll in the UnitedHealthcare Group Medicare Advantage (PPO) Plan when you are first eligible, you will not be allowed to enroll in that plan later.

Your eligibility for Major Medical Expense Benefit and Prescription Drug coverage under this Retiree Plan will end upon the date of your Medicare eligibility, regardless of whether you enroll in Medicare or the UnitedHealthcare Group Medicare Advantage (PPO) Plan through UnitedHealthcare.

**Retirees who Opted-Out of Retiree Plan Coverage**

If you have previously opted-out of the Retiree Plan (see page 21 “Retiree Opt-Out of Benefits”), you are eligible to come back into the Plan and enroll in the UnitedHealthcare Group Medicare Advantage (PPO) Plan if you experience any of the permitted re-enrollment events outlined on page 21 of this Retiree Plan.

**Retiree Plan Coverage – Loss of Major Medical Expense and Prescription Drug Coverage**

When you become eligible for Medicare due to age or disability you are no longer covered for Major Medical Expense Benefits (pages 30-37) or Prescription Drug Benefits (pages 38-40) under this Retiree Plan. Your medical and prescription drug coverage will be provided by the combination of Medicare and the UnitedHealthcare Group Medicare Advantage (PPO) Plan.

Should you have a claim for medical or prescription drug benefits denied by either Medicare or the UnitedHealthcare Group Medicare Advantage (PPO) Plan, you can only appeal that claim denial to those respective plans. You cannot appeal a denial of medical or prescription drug claims by either Medicare or the UnitedHealthcare Group Medicare Advantage (PPO) Plan to this Retiree Plan.

You remain eligible to purchase group dental coverage from Delta Dental and access Employee Assistance Program services through TEAM, Inc. via this Retiree Plan.

**UnitedHealthcare Group Medicare Advantage (PPO) Plan – Paying for Coverage**

When you enroll in the UnitedHealthcare Group Medicare Advantage (PPO) Plan, you will make a self-contribution payment to the Plan. In paying the self-contribution you will remain able to seek reimbursement for the self-contribution from your Retiree HRA Account (see Appendix A) should you have a remaining Retiree HRA Account balance.

**2. Termination of Eligibility – Pages 20-22**

The Plan’s provisions for Termination of Eligibility on page 20-22 are amended through the elimination of the section entitled “Supplemental Medicare Wraparound Plus Plan (SMW+)” and the addition of the following provision regarding Medicare Eligibility to replace it.
Medicare Eligibility - UnitedHealthcare Group Medicare Advantage (PPO) Plan

When you reach eligibility for Medicare due to age or disability, your coverage for Major Medical Expense and Prescription Drug Coverage under this Retiree Plan terminates. At the time of your Medicare eligibility, your medical and prescription drug coverage will be provided by Medicare and the UnitedHealthcare Group Medicare Advantage (PPO) Plan as further detailed in Appendix B to the Retiree Plan.

To be eligible for the UnitedHealthcare Group Medicare Advantage (PPO) Plan, you must enroll in the UnitedHealthcare Group Medicare Advantage (PPO) Plan when it is first available to you based upon your eligibility for Medicare coverage due to age or disability. If you do not enroll in the UnitedHealthcare Group Medicare Advantage (PPO) Plan when you are first eligible, you will not be able to later enroll in that Plan.

See Appendix B of the Retiree Plan entitled “Medicare Advantage Plan” for further details.

3. Life Events – Medicare Eligibility Pages 29-30

The Plan’s section on “Life Events” on Pages 29-30 is amended through the edition of the following Medicare Eligibility provision.

Medicare Eligibility

When you become eligible for Medicare due to age or disability, you will no longer receive Major Medical Expense and Prescription Drug Coverage under this Retiree Plan. Your medical and prescription drug coverage will have to be provided by Medicare and the UnitedHealthcare Group Medicare Advantage (PPO) Plan (see Appendix B – Medicare Advantage Plan). You are required to enroll in both Medicare and the UnitedHealthcare Group Medicare Advantage (PPO) Plan to receive the coverage from each of those entities.

Your non-Medicare eligible Dependents’ (spouse or Dependent children who meet the definition of a “Dependent” page 10 of the Plan) remain eligible for coverage under the Retiree Plan until they themselves become Medicare eligible.

4. Coordination with Medicare – Pages 61-62

The Plan’s section entitled “Coordination with Medicare” is amended to provide as follows:

COORDINATION WITH MEDICARE

For eligible Retirees age 65 and older, Medicare (Title XVIII of the Social Security Act, as amended) and the UnitedHealthcare Group Medicare Advantage (PPO) Plan will provide your medical and prescription drug coverage and this Plan will no longer provide you with those specific benefits. Consequently, when you become Medicare eligible it is important that you enroll in Medicare Parts A and B, as well as the UnitedHealthcare Group Medicare Advantage (PPO) Plan. See Appendix B - Medicare Advantage Plan for further details.

For a Participant with End-Stage Renal Disease: This Plan has secondary responsibility for the claims of an eligible person who is eligible for primary Medicare benefits because of end-stage renal disease.
STATEMENT OF NONDISCRIMINATION

The Sheet Metal #10 Benefit Fund (“Fund”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. The Fund does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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

Minnesotanorth Dakota/South Dakota Languages

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<th>Language</th>
<th>Translation</th>
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<tr>
<td>English</td>
<td>Attention: If you speak (insert language), language assistance services, free of charge, are available to you. Call 1-952-854-0795.</td>
</tr>
<tr>
<td>Spanish</td>
<td>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.</td>
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<tr>
<td>Hmong</td>
<td>Faj Seeb: Yoog hais tias koj hais (Hmoob), kev pab cuam pab txhais lus, dawb tsis tau them, yeej muaj muab rau koj. Hu 1-952854-0795.</td>
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<tr>
<td>Cushite</td>
<td>Hubachiisa: Yoo kan afaan Oromoo dubbattan ta’e tajaajilli gargaarsa hiikoo afaanii ni argattu. Lakk. 1-952-854-0795 tiin bilbilaa.</td>
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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.