Joint Plumbing Industry Board
Plumbers Local Union No.1 Trust Funds

Welfare Fund • Trade Education Fund • Additional Security Benefit Fund • 401(k) Savings Plan

John J. Murphy, Co-Chairman - Labor **Walter Saraceni,** Administrator **Eugene S. Boccieri** Co-Chairman - Management

December 2016

SUMMARY OF MATERIAL MODIFICATIONS NUMBER 4 ("SMM#4")

Please place this in your Summary Plan Description ("SPD") for handy reference and safekeeping. If you do not have an SPD, you may obtain a copy on our website at www.ualocal1funds.org or by making a written request to the Fund Office.

IMPORTANT! This Summary of Material Modifications ("SMM") describes changes to the SPD for the Plumbers Local Union No.1 Welfare Fund (the "Welfare Fund" or the "Fund") issued in June 2013. These changes are effective January 1, 2017, unless noted otherwise.

SPD Pg. 58 / Replace Entire Section
VISION CARE BENEFITS

The Plan pays up to $100 for an eye examination and/or prescription eyeglasses for each Eligible Participant, Spouse and Eligible Dependent Children (age 18 through the end of the month in which the Child turns age 26), once every 24 months. In-network benefits are available through Vision Screening Inc. or Comprehensive Professional Systems, Inc. In-network Vision Care Providers can be found as follows:

- Vision Screening Inc. - By calling (800) 652-0063 or by going to www.VScreening.com.
- Comprehensive Professional Systems, Inc. - By calling (212) 675-5745 or by going to www.cpsoptical.com.

The Plan will pay for the cost of an eye examination and/or prescription eyeglasses for each Eligible Dependent Child under age 18. Eligible Child(ren) will only be reimbursed up to $100 for frames, the maximum amount payable for frames from an in-network vision vendor, once every 12 months.

If you receive benefits from an out-of-network provider, you must purchase your frames and lenses or contacts within 90 days of the exam in order for them to be covered. All expenses associated with the exam, frames, lenses or contacts must be submitted on the same claim form no later than 18 months from the latest date of service. Vision Screening Inc. will process out-of-network claims for vision benefits.

Description	Price
Bifocal Lenses	$100
Contact Lenses	$100
Exam (Maximum Benefit Allowance)	$20
Exam & Bifocal Lenses	$100
Exam & Contact Lenses	$100
Exam & Frame	$100
Exam & Single Vision Lenses	$100
Exam & Trifocal Lenses	$100
Exam, Frame & Bifocal Lenses	$100
Exam, Frame & Single Vision Lenses	$100
Exam, Frame & Trifocal Lenses	$100
Frame	$100
Frame & Bifocal Lenses	$100
Frame & Single Vision Lenses	$100
Frame &Trifocal Lenses	$100
Single Vision Lenses	$100

Eligible Participant, Spouse and Eligible Dependent Children (age 18 through the end of the month in which the Child turns age 26): There is a 24-month waiting period between services. For example, if you receive an eye exam on January 15, 2017, you will have to wait until January 15, 2019 before the Plan will pay for another exam. If the cost of the exam is $75, the cost of the frame is $110 and the cost of trifocal lenses is $150, the Plan will pay $100 ($20 for the exam and $80 for the frame and trifocal lenses).

Eligible Dependent Children Under Age 18: There is a 12-month waiting period between services. For example, if your child receives an eye exam on January 15, 2017, you will have to wait until January 15, 2018 before the Plan will pay for another exam. If the cost of the exam is $75, the cost of the frame is $110 and the cost of the trifocal lenses is $150, the Plan will reimburse an in-network provider $100 and there is no cost to you. For out-of-network services, the Plan will pay $325 ($75 for the exam, $100 for the frame and $150 for the trifocal lenses).

SPD Pg. 102 / Replace Entire Section

Vision Care Benefit Claims

If you use Vision Screening, Inc. or Comprehensive Professional Systems, Inc., there is no claim form to submit. If you receive benefits from an out-of-network provider, you must purchase your frames and lenses or contacts within 90 days of the exam for them to be covered. All expenses associated with the exam, frames, lenses or contacts must be submitted on the same claim form no later than eighteen (18) months from the latest date of service. You must submit an out-of-network Claim Form with the completed Member Statement to the Claims Processor, noted below, with the original paid bills (photocopies are not accepted).

Vision Screening, Inc.
1919 Middle Country Road, Suite 304
Centereach, NY 11720
Phone: (800) 652-0063

If Vision Screening, Inc. denies any claim for vision services in whole or in part, you have the right to seek a review by the Trustees in accordance with the procedures described in the next section entitled, "Right to Review Denied Claims/Appeals Procedure."

SPD Insert After Pg. 58 / New Section

HEARING BENEFITS

Comprehensive Professional Systems, Inc. ("CPS") will provide in-network hearing benefits, including services and supplies. CPS Audiologists (in-network hearing care providers) will offer eligible participants a 20% discount off the retail cost of a Hearing Aid as well as unlimited servicing during the first year. You will be responsible for the discounted amount minus the amount covered under the Plan of up to a maximum of $500, payable once in a 36-month period. Out-of-network claims will be processed by CPS. There will be no discounts for out-of-network hearing care providers. A list of in-network providers can be found by calling (212) 675-5745 or by going to www.cpshearing.com.

SPD Pg. 102 / New Section

Hearing Benefit Claims

If you use CPS Audiologists, there is no claim form to submit. If you receive benefits from an out-of-network provider, all expenses associated with the exam and hearing aid must be submitted on the same claim form no later than eighteen (18) months from the latest date of service. You must submit a Claim Form with the completed Member Statement to the Claims Processor, noted below, with the original paid bills (photocopies are not accepted).

Comprehensive Professional Systems, Inc. / CPS Hearing
11 Hanover Square, 8th Floor
New York, NY 10005
Phone: (212) 675-5745

If CPS denies any claim in whole or in part, you have the right to seek a review by the Trustees in accordance with the procedures described in the next section entitled, "Right to Review Denied Claims/Appeals Procedure."

SPD Pg. 46 / New Section

Medical Benefits (CVS/caremark MinuteClinic)

The CVS Pharmacy MinuteClinic ("MinuteClinic") offers affordable healthcare at convenient locations inside select CVS Pharmacies and select Target Stores. When you visit the MinuteClinic you must present your CVS/caremark Prescription Card and you will nothing ($0.00 copay). The Plan will pay 100% for covered services received at MinuteClinic when you present your CVS/caremark prescription card.

For patients 18 months or older, nurse practitioners can treat common, acute illnesses, including strep throat, ear aches, pink eye and sinus infections; treat minor injuries and skin conditions; provide vaccinations such as flu, pneumonia and hepatitis A/B; and provide wellness services, such as weight loss, smoking cessation, diabetes screening and monitoring and prescribe medication when appropriate.

Appointments are not necessary. CVS Pharmacy MinuteClinic is open seven days a week, including evenings and weekends. To find your nearest location, call MinuteClinic at (866) 389-2727 or visit www.cvs.com/minuteclinic/.

SPD Pg. 42 / Add to Section

Covered Preventive Services

In accordance with the Patient Protection and Affordable Care Act (the "ACA"), the following preventive services are covered with no cost-sharing. *These services are free only when delivered by an in-network provider.*

The Plan's coverage of preventive services is intended to comply with all the requirements of the ACA. Under this law, there may occasionally be changes to the preventive services that are required to be covered by the Plan. The Plan will comply with any such changes in the preventive service coverage requirements. A list of the preventive services required to be covered under the Plan is available at www.healthcare.gov.

Preventive care benefits for adults

- *Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked*
- *Alcohol misuse screening and counseling*
- *Aspirin use to prevent cardiovascular disease for men and women of certain ages*
- *Blood pressure screening*
- *Cholesterol screening for adults of certain ages or at higher risk*
- *Colorectal cancer screening for adults over 50*
- *Depression screening*
- *Diabetes (Type 2) screening for adults with high blood pressure*
- *Diet counseling for adults at higher risk for chronic disease*
- *Hepatitis B screening*
- *Hepatitis C screening for adults at increased risk, and one time for everyone born 1945 – 1965*
- *HIV screening for everyone ages 15 to 65, and other ages at increased risk*
- *Immunization vaccines for adults — doses, recommended ages, and recommended populations vary:*

Diphtheria	*Hepatitis A*	*Hepatitis B*	*Herpes Zoster*
Human Papillomavirus (HPV)	*Influenza (flu shot)*	*Measles*	*Meningococcal*
Mumps	*Pertussis*	*Pneumococcal*	
Rubella	*Tetanus*	*Varicella (Chickenpox)*	

- *Lung cancer screening*
- *Obesity screening and counseling*
- *Sexually transmitted infection ("STI") prevention counseling for adults at higher risk*
- *Syphilis screening for adults at higher risk*
- *Tobacco Use screening for adults and cessation interventions for tobacco users.*

Preventive care benefits for women

Services for pregnant women or women who may become pregnant

- *Anemia screening on a routine basis*
- *Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women*
- *Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs)*
- *Folic acid supplements for women who may become pregnant*
- *Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes*
- *Gonorrhea screening for all women at higher risk*
- *Hepatitis B screening for pregnant women at their first prenatal visit*
- *Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk*
- *Syphilis screening*
- *Expanded tobacco intervention and counseling for pregnant tobacco users*
- *Urinary tract or other infection screening*

- *Please visit HealthFinder.gov for more information about services for pregnant women*

Other covered preventive services for women

- *Breast cancer genetic test counseling ("BRCA") for women at higher risk*
- *Breast cancer mammography screenings every 1 to 2 years for women over 40*
- *Breast cancer chemoprevention counseling for women at higher risk*
- *Cervical cancer screening for sexually active women*
- *Chlamydia infection screening for younger women and other women at higher risk*
- *Domestic and interpersonal violence screening and counseling for all women*
- *Gonorrhea screening for all women at higher risk*
- *HIV screening and counseling for sexually active women*
- *Human Papillomavirus ("HPV") DNA test every 3 years for women with normal cytology results who are 30 or older*
- *Osteoporosis screening for women over age 60 depending on risk factors*
- *Rh incompatibility screening follow-up testing for women at higher risk*
- *Sexually transmitted infections counseling for sexually active women*
- *Syphilis screening for women at increased risk*
- *Tobacco use screening and interventions*
- *Well-woman visits to get recommended services for women under 65*

Preventive care benefits for children

- *Alcohol and drug use assessments for adolescents*
- *Autism screening for children at 18 and 24 months*
- *Behavioral assessments for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years*
- *Blood pressure screening for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years*
- *Cervical dysplasia screening for sexually active females*
- *Depression screening for adolescents*
- *Developmental screening for children under age 3*
- *Dyslipidemia screening for children at higher risk of lipid disorders ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years*
- *Fluoride chemoprevention supplements for children without fluoride in their water source*
- *Gonorrhea preventive medication for the eyes of all newborns*
- *Hearing screening for all newborns*
- *Height, weight and body mass index ("BMI") measurements for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years*
- *Hematocrit or hemoglobin screening for all children*
- *Hemoglobinopathies or sickle cell screening for newborns*
- *Hepatitis B screening for adolescents at high risk, including adolescents from countries with 2% or more Hepatitis B prevalence, and U.S.-born adolescents not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence: 11 – 17 years*
- *HIV screening for adolescents at higher risk*
- *Hypothyroidism screening for newborns*
- *Immunization vaccines for children from birth to age 18 — doses, recommended ages, and recommended populations vary:*

Diphtheria	*Tetanus*	*Pertussis (Whooping Cough)*
Haemophilus Influenza type B	*Hepatitis A*	*Hepatitis B*
Human Papillomavirus (PVU)	*Inactivated Poliovirus*	*Influenza (flu shot)*
Measles	*Meningococcal*	*Pneumococcal*
Rotavirus	*Varicella (Chickenpox)*	

- *Iron supplements for children ages 6 to 12 months at risk for anemia*
- *Lead screening for children at risk of exposure*
- *Medical history for all children throughout development ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years*
- *Obesity screening and counseling*
- *Oral health risk assessment for young children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years*
- *Phenylketonuria ("PKU") screening for newborns*
- *Sexually transmitted infection ("STI") prevention counseling and screening for adolescents at higher risk*
- *Tuberculin testing for children at higher risk of tuberculosis ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years*
- *Vision screening for all children*

SPD Pg. 26 / Add to Section
Other Preferred Provider Networks

CPS Vision *Vision Benefits*
CPS Hearing *Hearing Aid Benefits*

SPD Pg. 119 / Replace Bullet for Intentionally Self-Inflicted Injuries – Effective March 30, 2015
EXCLUSIONS AND LIMITATIONS

Treatment for intentionally self-inflicted injuries, unless the injury is the result of a medical condition. Notwithstanding this exclusion, nothing in this SPD shall be construed to deny Life Insurance Benefits as described on pages 74-75 to the designated beneficiary of a Participant whose death was the result of an intentionally self-inflicted injury;

SPD Pg. 118 / Remove Bullet for Transsexual Surgery
EXCLUSIONS AND LIMITATIONS

Any treatment leading to or in connection with transsexual surgery;

SPD Pg. 134 / Add to Section
Source of Financing of the Plan and Identity of Any Organization through Which Benefits Are Provided:

Vision Benefits
Comprehensive Professional Systems, Inc.
11 Hanover Square, 8th Floor
New York, NY 10005
Phone: (212) 675-5745
Website: www.cpsoptical.com

Hearing Benefits
Comprehensive Professional Systems, Inc.
11 Hanover Square, 8th Floor
New York, NY 10005
Phone: (212) 675-5745
Website: www.cpshearing.com

SPD Pg. 78 - 80 / Replace Section
Medicare Wrap-Around Plan Schedule

NOTE: ALL PLAN PAYMENTS ARE BASED UPON MEDICARE-APPROVED AMOUNTS AND ARE MADE IN ACCORDANCE WITH THE TERMS AND LIMITATIONS OF THE PLAN. PAYMENTS BY MEDICARE ARE MADE AFTER SATISFACTION OF THE $183 ANNUAL DEDUCTIBLE WHERE APPLICABLE. **(Note: Medicare Coverage is based on the Medicare Premium, and Deductibles for 2017 which are subject to change annually based on Medicare regulations.)**

Service or Supply	Medicare Coverage	Plan Pays	Retiree Pays
Physician Visits (Primary or Specialist)	80% of approved amount	20% of approved amount	$0 (1)* (2)** See notes 1 & 2 below
Chiropractic Care	80% of approved amount	20% of approved amount	$0 (1)* (2)** See notes 1 & 2 below
Allergy Testing and Treatment	80% of approved amount	20% of approved amount	$0 (1)* (2)** See notes 1 & 2 below
X-Ray and Lab	80% of approved amount	20% of approved amount	$0 (1)* (2)** See notes 1 & 2 below
Second Surgical Opinion	80% of approved amount	20% of approved amount	$0 (1)* (2)** See notes 1 & 2 below

Service or Supply	Medicare Coverage	Plan Pays	Retiree Pays
Surgical Benefits	80% of approved amount	20% of approved amount	$0 [(1)* (2)**] See notes 1 & 2 below
Surgical Assistant	80% of approved amount	20% of approved amount	$0 [(1)* (2)**] See notes 1 & 2 below
Chemotherapy	80% of approved amount	20% of approved amount	$0 [(1)* (2)**] See notes 1 & 2 below
Routine Physical Exam	Not covered if routine	Not covered if routine	You pay 100% for routine physical exam
Immunization Benefit	80% of approved amount	20% of approved amount	$0 [(1)* (2)**] See notes 1 & 2 below
Emergency Room (initial visit for emergency care)	80% of approved amount	20% of approved amount	$0 [(1)* (2)**] See notes 1 & 2 below
Hospital Care	Hospital Day 1-60: all but $1,316 Day 61-90: all but $329/day Day 91-150: all but $658/day 150-day limit Surgical: 80% of approved amount	Hospital Day 1-60: $1,316 Day 61-90: $329/day Day 91-150: $658/day 150-day limit Surgical: 20% of approved amount	Hospital Day 1-60: $0 Day 61-90: $0 Day 91-150: $0 Over 150 days: You pay 100% beyond 150 days Surgical: $0 [(1)* (2)**] See notes 1 & 2 below
Outpatient Surgery, Therapy (in-hospital)	80% of approved amount	20% of approved amount	$0 [(1)* (2)**] See notes 1 & 2 below
Anesthesia	80% of approved amount	20% of approved amount	$0 [(1)* (2)**] See notes 1 & 2 below
Organ Transplant	80% of approved amount	20% of approved amount	$0 [(1)* (2)**] See notes 1 & 2 below
Durable Medical Equipment & Supplies	80% of approved amount	20% of approved amount	$0 [(1)* (2)**] See notes 1 & 2 below
Prosthetic Appliances	80% of approved amount	20% of approved amount	$0 [(1)* (2)**] See notes 1 & 2 below
Skilled Nursing Facility [(3)***] See note 3 below	Day 1-20: 100% of approved amount Day 21-100: all but $164.50/day 100-day limit/benefit period	Day 1-20: $0 (Medicare) Day 21-100: $164.50/day Over 100 days: $0	Day 1-20: $0 Day 21-100: $0 Over 100 days: You pay 100%
Home Health Care	100% limit of 21 consecutive days	Day 1-21: $0 (Medicare) Over 21 days – not covered	Day 1-21: $0 Over 21 days – You pay 100%

Service or Supply	Medicare Coverage	Plan Pays	Retiree Pays
Inpatient Physical Therapy	80% of approved amount	20% of approved amount	$0 (1)* (2)** See notes 1 & 2 below
Outpatient Physical Therapy	80% of approved amount	20% of approved amount	$0 (1)* (2)** See notes 1 & 2 below
Other Outpatient Therapies	80% of approved amount	20% of approved amount	$0 (1)* (2)** See notes 1 & 2 below
Cardiac Rehabilitation	80% of approved amount	20% of approved amount	$0 (1)* (2)** See notes 1 & 2 below
Inpatient Mental Health	Hospital Day 1-60: all but $1,316 Day 61-90: all but $329/day Day 91-150: all but $658/day 190 day lifetime limit	Hospital Day 1-60: $1,315 Day 61-90: $329/day Day 91-150: $658/day 190 day lifetime limit	Hospital Day 1-60: $0 Day 61-90: $0 Day 91-190: $0 Over 190 days: You pay 100%
Outpatient Mental Health	80% of approved amount	20% of approved amount	$0 (1)* (2)** See notes 1 & 2 below
Inpatient Substance Abuse	Hospital Day 1-60: all but $1,316 Day 61-90: all but $329/day Day 91-150: all but $658/day 190 day lifetime limit	Hospital Day 1-60: $1,316 Day 61-90: $329/day Day 91-150: $658/day 190 day lifetime limit	Hospital Day 1-60: $0 Day 61-90: $0 Day 91-190: $0 Over 190 days: You pay 100%
Outpatient Substance Abuse (Physician Charges)	80% of approved amount	20% of approved amount	$0 (1)* (2)** See notes 1 & 2 below
Lifetime Limit	None except as result of individual benefit max	N/A	N/A

*(1) In 2017, you must pay an annual deductible of $183 for Part B services and supplies before Medicare begins to pay its share. These deductibles are not paid by the Plan and are subject to change annually based on Medicare regulations.

**(2) Actual amounts you must pay may be higher if Physicians, health care providers or suppliers don't accept assignment.

***(3) Medicare will cover skilled care only if you have Medicare Part A (Hospital Insurance) AND you have days left in your benefit period available to use AND you have a qualified hospital stay, which is an inpatient hospital stay of three (3) consecutive days or more, not including the day you leave the hospital. You must enter the skilled nursing facility within 30 days of leaving the hospital. In the event you are discharged from an inpatient hospital and admitted to a skilled nursing facility one day prior to becoming eligible for Medicare, the Plan will pay up to a maximum charge of $41,000.

SPD Pg. 101 / New Section

VISION AND HEARING BENEFITS CLAIMS AND APPEALS PROCESS

You have a right to appeal any decision not to provide or pay for an item or service (in whole or in part). In the event of an adverse benefit determination, you or your duly authorized representative may file an appeal within 180 days from the day you receive this notification. To file an appeal, send written notice to: **Appeals Committee/Board of Trustees Plumbers Local Union No. 1 Welfare Fund, 50-02 Fifth Street, 2nd Floor, Long Island City, NY 11101.** As part of your appeal, you may include additional information with your appeal.

Review of appeals will be completed at the next regularly scheduled meeting of the Appeals Committee of the Board of Trustees which is independent of the initial reviewer. If your appeal is received within 30 days of the next regularly scheduled meeting, your appeal will be reviewed at the following scheduled meeting of the Appeals Committee of the Board of Trustees. You will be provided with a written notice of the appeal decision. All relevant records, explanations of scientific or clinical judgment and criteria associated with an adverse benefit determination are available free of charge upon request. If your appeal is denied you have a right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act of 1974 **no later than 365 days after the date of the notice of the final appeal**. For questions about you rights, this notice, or for assistance, you may contact the Fund Office or the Employee Benefits Security Administration at (866) 444-EBSA (3272).

Contact the Appeals Committee/Board of Trustees if you need assistance understanding this notice or the decision. If you think a coding error may have caused your claim to be denied, you have the right to have billing and diagnosis codes sent to you. You can request copies of this information or other relevant records, explanations of scientific or clinical judgment and criteria associated with an adverse benefit determination (free of charge) by contacting the Appeals Committee at (718) 835-2700.

SPD Pg. 132 / New Section

NON-DISCRIMINATION NOTICE

The Plumbers Local Union No. 1 Welfare Fund complies with the 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. Medical Benefits provided under this Plan are afforded without regard to an individual's sex assigned at birth, gender identity, or gender.

When necessary, the Fund will provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). The Fund also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages upon request. If you need these services, contact the Fund Administrator, Walter Saraceni.

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 file a grievance with: Walter Saraceni, Section 1557 Coordinator, Plumbers Local Union No. 1 Welfare Fund, 50-02 Fifth Street, 2nd Floor, Long Island City, NY 11101, (718) 835-2700 (telephone), (718) 641–8155 (fax), support@ualocal1funds.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Walter Saraceni, the Civil Rights Coordinator, is available to help you.

You can also 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, D.C. 20201
1-800-868-1019, 800-537-7697 (TDD)

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

Message About Language Assistance
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-718–835-2700.
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-718–835-2700.
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-718–835-2700.
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-718–835-2700 번으로 전화해 주십시오.
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-718–835-2700.
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-718–835-2700.
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-718–835-2700.
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-718–835-2700.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-718–835-2700 (رقم هاتف الصم والبكم:).
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-718–835-2700.
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-718–835-2700.
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-718–835-2700 पर कॉल करें।
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-718–835-2700.
ল□য্ করনঃ যিদ আপিন বাংলা, কথা বলেত পােরন, তাহেল িনঃখরচায় ভাষা সহায়তা পিরেষবা উপল□ আেছ। েফান করন ১-718–835-2700.
אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-718–835-2700.

SPD Pg. 82 / Replace Section
Eligibility

The eligibility requirements for participation in the HRA are the same for participation in the Plan as previously described (see pages 1-2). An Active Employee will be eligible on the first day of the calendar month after he/she has been credited with at least 270 hours in Covered Employment under the Plan within a period of three consecutive months, provided the Plan actually receives the contributions for those hours.

Once an active Eligible Employee meets the general eligibility requirements, the Eligible Employee and his/her Qualified Relatives will remain eligible for benefits from the HRA as long as he/she maintains an account balance of greater than $0, even if he/she has stopped working in Covered Employment and fails to meet the continuing eligibility requirements for other benefits from the Plan. A special provision where there is a COBRA Qualifying Event under the Plan is discussed below.

If an Eligible Employee loses eligibility for benefits from the HRA because his/her HRA account has been completely distributed after he/she has stopped working in Covered Employment, the Employee may re-establish eligibility by satisfying the initial eligibility requirements unless he/she has opted out of the HRA as explained below.

In the event an Eligible Employee dies before his/ her HRA has been completely distributed, his/her Qualified Relatives as defined below for purposes of the HRA will be eligible to continue to receive reimbursement from the HRA as long as the account balance is sufficient to cover their claims.

Effective January 1, 2014, an Eligible Employee is permitted to permanently opt out of and waive future reimbursements from the HRA annually and upon termination of employment. The remaining amounts in the HRA of the Eligible Employee who permanently opts out are forfeited. Once an Eligible Employee has permanently opted out of the HRA, he/she will not be permitted to re-establish his/her eligibility to participate in the HRA.

Eligible Employees and his/her Qualified Relatives with account balances of $1.00 or less that were inactive (No Contributions) for one year or more as of December 31, 2015 will be charged an administrative fee of $1.00. On or after December 31, 2016, account balances of $5.00 or less that were inactive (No Contributions) for one year or more as of December 31, 2016 will be charged an administrative fee of $5.00.

Effective January 1, 2017, an Eligible Employee is permitted to opt out of and waive future reimbursements from the HRA annually and upon termination of employment. The remaining amounts in the HRA of the Eligible Employee who opts out are suspended and may not be used by the Eligible Employee until he/she re-establishes eligibility in the Welfare Fund.

SPD Pg. 2 / Replace Section - Reciprocal Plans – Effective January 1, 2016
Initial Eligibility for Employees

Reciprocal Plans - This Plan (along with certain other welfare plans of UA Local Unions) is party to the UA Health & Welfare Fund Reciprocal Agreement. If you want to know whether this Plan is party to a reciprocal agreement with a particular welfare fund, please call the Fund Office.

Pursuant to the UA Health & Welfare Fund Reciprocal Agreement, you can maintain your eligibility under this Plan (sometimes called your “Home Plan”) when you work outside the jurisdiction of Local 1 as a traveler and hours are contributed on your behalf to the other welfare plan (the “Reciprocal Plan”). When you work outside the jurisdiction of Local 1 and within the jurisdiction of a UA Local Union whose welfare fund participates in the UA Health & Welfare Reciprocal Agreement, the Local welfare fund where you work as a traveler will provide this Plan with documentation of hours and contributions under the jurisdiction of the other U.A. Local Union for which contributions were made on your behalf.

Effective January 1, 2013, when contributions are received or verified by this Plan from a Reciprocal Plan, the amount of hours you are credited with depends on how the contribution rate to the Reciprocal Plan compares to the contribution rate to this Plan. In other words, the number of hours for which you are credited under this Plan is prorated based on the contribution rate. If the contributions made on your behalf to the Reciprocal Plan are at a lower hourly rate than the rate that would be due to this Plan, your credited hours are reduced based on the hourly contribution rate. However, effective January 1, 2016, if the hours from a Reciprocal Plan after reduction due to prorating are not sufficient for you to maintain eligibility under this Plan, the Plan will nonetheless credit you with up to 18 months of coverage starting from the date that your coverage would otherwise terminate and for any month that any hours are reported by the Reciprocal Plan.

If the contributions made to a Reciprocal Plan on your behalf were made at a rate that is higher than this Plan's contribution rate, your credited hours are increased based on the hourly contribution rate, and you are credited with additional prorated hours.

Contributions made to this Plan for individuals for whom Local 1 is not their Home Local and which are forwarded to a Reciprocal Plan under the UA Health & Welfare Reciprocal Agreement are not counted for eligibility purposes in any way by this Plan.

SPD Pg. 6 / Replace Section – Effect of Permanent Social Security Disability Award on Eligibility for Temporary Disability Extension

Extension of Eligibility for Active Eligible Employees during Periods of Temporary Disability

Effect of Permanent Social Security Disability Award on Eligibility for Temporary Disability Extension

You are not eligible for this extension if you are permanently disabled. If you qualify for a permanent Social Security Disability Award, you are no longer Temporarily Disabled. **You must notify the Fund Office immediately if you become eligible for a permanent Social Security Disability Award.** If you receive a Social Security Disability Award and fail to notify the Fund Office, the Plan will seek reimbursement of the lesser of (a) the amount you would have paid in retroactive COBRA premiums (if COBRA had been elected instead of the Temporary Disability Extension) or (b) the amount of actual claims paid after you received the Social Security Disability Award.

For Social Security Permanent Disability Awards granted on or after January 1, 2017 the Plan will not seek reimbursement of COBRA and/or the lesser of the amount you would have paid in retroactive COBRA premiums (if COBRA had been elected instead of the Temporary Disability Extension).