

## SUMMARY OF BENEFITS -- ACTIVE BARGAINED, NON-BARGAINED EMPLOYEES, PRODUCTION WORKERS, PRE-MEDICARE-ELIGIBLE RETIREES AND THEIR ELIGIBLE DEPENDENTS

The following chart highlights key features of the Sheet Metal Workers Local Union No. 20 Welfare and Benefit Plan for Active Bargained, Production Workers, Pre-Medicare Retirees and Non-Bargained Employees and their eligible Dependents as of January 1, 2022.

Major Medical Benefits	Coverage
<b>Coverage provided only for in-network services except in case of medical emergency.</b>	
<b>Annual Deductible<sup>1</sup></b>	\$650 per person; \$1,625 per family
<sup>1</sup> In order to meet an in-network family deductible, one family member must satisfy the applicable individual (per person) deductible.	
<b>Out-of-Pocket Maximum<sup>2</sup> (includes deductible)</b>	\$7,500 per person; \$15,000 per family Combined Medical and Rx Out-of-Pocket Maximum
<sup>2</sup> The out-of-pocket maximum includes the annual deductible, ER deductible, coinsurance, and prescription drug expenses. However, this maximum does not include any expenses for chiropractic charges or any expenses over the scheduled or limited amounts specified by the Plan. Out-of-pocket maximum will increase annually with statutory limit.	
<b>Coinsurance<sup>3</sup></b>	Plan covers 80% in network
<sup>3</sup> Unless specifically stated otherwise, the Plan covers 80% of major medical covered expenses after the deductible is satisfied (including covered expenses not listed on this "Summary of Benefits").	
Hospital and Physician Services and Supplies	80%
Emergency Room Services	80% (additional \$250.00 copay for each visit after 1)
Emergency Medical Transportation/Ambulance	80%
Second Surgical Opinion	80%
Refractive Keratoplasty	Plan covers 80% up to \$2,500 per person per lifetime
Manual Manipulation and Subluxation of the Spine	Plan covers 80% up to \$1,000 per person per year
Outpatient Mental and Nervous Disorders	80%
Alcohol and Drug Addiction Benefits	80%
Diagnostic Imaging Test (such as an MRI, CT scan, or PET scan)	80%
Wellness Benefits	Coverage
Routine Physical Exam (one per year)	100%, no deductible
Well-Child Care	Plan covers, up to age 18: 100%, no deductible
Preventive Care, including Well-Woman Care, Adult Vaccination (FDA approved vaccinations), Prescription Contraceptives for Females, and Colonoscopies as required under the Affordable Care Act (ACA)	100%, no deductible
Smoking Cessation Benefit <sup>4</sup>	Plan covers 100%, no copay or deductible; two (2) cycles of treatment per year.

<sup>4</sup> Includes over-the-counter (OTC) aids that promote smoking cessation, and hypnosis therapy and laser treatments performed by an Anthem BlueCross BlueShield PPO network provider. Your Physician must write you a prescription for any medication and treatment, including an OTC aid, in order for it to be covered under the Plan.

Prescription Drug Benefits	Coverage
<b>Annual Deductible</b>	\$75 per person; \$200 family maximum
<b>Out-of-Pocket Maximum<sup>5</sup></b> (includes deductible)	\$7,500 per person; \$15,000 per family Combined Medical and Rx Out-of-Pocket Maximum

<sup>5</sup> The out-of-pocket maximum includes the annual deductible, coinsurance, copays, and medical expenses. Out-of-pocket maximum will increase annually with statutory limit.

<b>Retail Pharmacy Program</b>	For up to a 30-day supply, Plan covers 100% after you pay:
Generic Medication	\$4 copayment
Diabetes, hypertension, cholesterol and heart failure medications	\$2 copayment
Formulary Brand-Name Medication	25%; maximum \$55.00
Diabetes, hypertension, cholesterol and heart failure medications	25%; maximum \$23.15
Non-Formulary Brand-Name Medication	45%; maximum \$90.00
Diabetes, hypertension, cholesterol and heart failure medications	45%; maximum \$34.99
Specialty Medication	50%; maximum \$250 (up to a 30-day supply)
<b>Mail-order Program</b>	31-day to 90-day supply, Plan covers 100% after you pay:
Generic Medication	\$10 copayment
Diabetes, hypertension, cholesterol and heart failure generic medications	\$4 copayment
Formulary Brand-Name Medication	25%; maximum \$137.50
Diabetes, hypertension, cholesterol and heart failure medications	25%; maximum \$46.29
Non-Formulary Brand-Name Medication	45%; maximum \$225.00
Diabetes, hypertension, cholesterol and heart failure medications	45%; maximum \$69.98
Specialty Medication	50%; maximum \$250 (up to a 30-day supply)

Dental Benefits	Coverage
<b>Annual Deductible</b>	\$50 per person; \$100 family maximum
<b>Coinsurance</b>	Plan covers:
Basic Care	75%
All Other Care (including Restorative and Orthodontia)	50%
<b>Annual Maximum</b> (only applies to adults age 19 and over)	\$1,500 per person
<b>Orthodontia Lifetime Maximum</b>	\$2,500 per person

Vision	Coverage	
	In-Network*	Out-of-Network*
<b>Coinsurance</b>	Not applicable	Plan covers 75%
<b>Calendar Year Maximum</b>	Not applicable	\$300 per person (only applies to adults age 19 and over)
<b>Exams<sup>5</sup></b>	100%	Plan covers 75%; no more than one eye exam, one pair of frames, or one pair of lenses will be covered per person during any 12-month period
<b>Lenses<sup>6</sup></b>	100%	
<b>Frames<sup>6</sup></b>	100% for VSP-approved frames, or \$50 wholesale allowance, or \$130 retail allowance	

<sup>5</sup> No more than one eye exam is covered during any 12-consecutive-calendar-month period.

<sup>6</sup> Lenses are only covered when eyeglasses are first acquired or when required by a change in prescription. Only one pair of frames or one pair of lenses will be covered per person during any 12-consecutive-calendar-month period.

\*In-network and out-of-network benefits cannot be mixed. For example, you cannot get a vision exam in-network and get frames or contacts out-of-network.

**Hearing  
(Active Bargained, Non-Bargained, and  
Pre-Medicare Retirees) Coverage**

Exam	Plan covers up to \$50 in covered expenses, once in any 24-month period; no deductible
Hearing Aids (acquisition and fitting)	Plan covers 100% up to \$3,000 per person in any three-year period

**Weekly Sickness and Accident  
Participant Only****Benefit**

Non-Occupational	\$240 per week for Actives and Non-Bargained participants, \$105 per week for Production participants <sup>7</sup>
Occupational	\$105 per week <sup>7</sup>

<sup>7</sup> You must apply for Weekly Sickness and Accident benefits within 120 days after the sickness begins or the Injury occurs.

**Benefits Begin**

Non-Occupational Injury	First day
Illness or Occupational Injury	Eighth day

Benefits End	Earlier of recovery or 26 weeks
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**Death Benefit—Participant Only****Benefit**

Benefit	\$15,000 for Actives and Non-Bargained participants \$7,500 for Production and Pre-Medicare Eligible Retirees
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**Accidental Death and Dismemberment  
(AD&D) Benefit—Participant Only****Benefit**

Benefit	\$15,000 for Actives and Non-Bargained participants \$7,500 for Production participants
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**Dependent Death Benefit****Benefit**

Benefit <sup>8</sup>	\$5,000 for Actives and Non-Bargained participants \$2,000 for Production participants
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<sup>8</sup> A newborn child becomes covered for Dependent Death Benefits 15 days after the date of birth.

*This summary is only highlights of certain features of the Sheet Metal Workers Local No. 20 Welfare and Benefit Plan. Full details are contained in the documents (Summary Plan Description, Plan Document, etc.) that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the Plan Document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan, and to modify contribution rates at any time and from time to time.*

## IMPORTANT CONTACT INFORMATION

The following chart provides the telephone numbers and/or websites for the various organizations that provide services under the Plan.

If you have a question or need information about:	Contact:	At:
Eligibility	Fund Office	(800) 762-1215 or (317) 549-6005
Claims and Benefits	NEBA, Inc.	(877) 836-7620
PPO Providers (Blue Card PPO Providers)	Anthem BlueCross BlueShield	(800) 810-BLUE or www.anthem.com
Utilization Management (precertification of certain inpatient/outpatient admissions, services and supplies) and Case Management	Health Link	(877) 284-0102
Retail and Mail-Order Prescription Drug Claims	Costco Health Solutions	(877) 908-6024 or CostcoHealthSolutions.com
PPO Vision Providers	Vision Service Plan (VSP)	(800) 877-7195 or www.vsp.com
PPO Dental Providers	Delta Dental Plan of Indiana	(800) 524-0149 or www.deltadentalin.com
HRA Benefits and Administration For Benny card balance call NEBA at (877) 836-7620	Fund Office	(800) 762-1215 or (317) 549-6005 or https:// SMWLocal20.lh1ondemand.com