

Northwest Ironworkers Trust Funds

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Administered by
Welfare & Pension Administration Service, Inc.

Date: April 20, 2010

**To: All Active and Retired Participants and Their Eligible Dependents
Northwest Ironworkers Health and Security Fund**

This Participant notice will advise you of certain material modifications that will be made to the Northwest Ironworkers Health and Security Fund. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

INCREASE TO LIFETIME MAXIMUM EFFECTIVE FEBRUARY 1, 2010

Currently, the Plan provides a lifetime maximum benefit of \$1 million. Effective February 1, 2010, this lifetime maximum has been increased to \$2 million per person per lifetime. This is the most this plan will pay for all Covered Expenses for any person.

Please note that all benefits paid for expenses incurred *before* February 1, 2010 will be applied toward the new lifetime maximum.

INCREASE IN 'SPECIALIST' OFFICE VISIT COPAY EFFECTIVE MAY 1, 2010

Effective May 1, 2010, charges that are subject to a co-pay will increase from \$20 to \$30 if you see a Specialist rather than a Primary Care Physician (PCP). The copay for an office visit with a PPO Primary Care Physician (PCP) will remain at \$20 per visit.

	Current Benefit	New Benefit
PCP Office visit	100% after a \$20 copay	100% after a \$20 copay
Specialist Office Visit	100% after a \$20 copay	100% after a \$30 copay

The following Physicians and Other Health Care Practitioners are considered Primary Care Physicians (PCP).

Acupuncturist	Internal Medicine
Chiropractic	Naturopath
Family Practice	Obstetrics & Gynecology
General Practice	Pediatrics

Physicians and Health Care Practitioners who meet the policy definition of a covered provider, but are not listed above, are considered 'Specialist' and subject to the \$30 office visit copayment.

OUT OF NETWORK ALLOWANCES

When you obtain covered services, the Plan pays your PPO provider a discounted fee and you are not billed for any amount over that fee. However, for services billed by out-of-network providers, there are no negotiated discounts (as the Fund does not have contracts with those providers). Benefits for services provided by an out-of-network provider are based upon an allowed charge which is the lesser of the billed charge or the Usual, Customary and Reasonable (“UCR”) Charge. Effective March 1, 2010, the definition of UCR was revised to mean the lesser of the following:

- the billed charges; or
- The usual fee which the provider of service most frequently charges to the majority of his or her patients for a similar service or medical procedure.
- The fees which fall within the customary range of fees charged in a locality by most providers of service of similar training and experience for the performance of a similar service or medical procedure. The Fund determines this fee by using a national data base selected by the Trustees, which is currently Ingenix.
- The fees resulting from unusual circumstances or medical complications requiring additional time, skill, and experience in connection with a particular service or medical procedure.

The provision recognizes that there will be differences in Physician’s charges because of such factors as geographical location, skill of the provider of service and the complexity of the service performed. The Trust shall make the final determination as to whether or not the fee is “Usual, Customary and Reasonable”. The Fund reserves the right to have a claim reviewed by an independent medical review firm/provider to assist in determining the amount the Fund will allow for submitted claims.

CLARIFICATION ON COVERAGE FOR A DEPENDENT THAT IS A FULL-TIME STUDENT

The Fund allows coverage for a dependent child age 19 through 23 if the dependent is a full-time student at an accredited educational institution. Please note that coverage begins on the first day of the calendar month in which classes begin and coverage will continue through the summer months provided that the dependent was a full-time student in the spring quarter. This continuation during the summer months is available even when the student graduates at the end of the spring quarter, provided he/she has not attained the limiting age (age 24), remains dependent on you for support and maintenance, and does not have health insurance through their own employment.

EXTENSION OF HEALTH COVERAGE FOR STUDENTS ON A MEDICAL LEAVE EFFECTIVE JULY 1, 2010

Effective July 1, 2010, the Plan will be amended to comply with a federal law known as Michelle's Law which provides a temporary extension of health coverage at the same level of benefits to college (post-secondary) students who would otherwise lose health coverage because they did not meet the Plan’s full-time student requirements.

For medical leaves of absence (or other changes in enrollment) that begin on or after July 1, 2010, the Plan will continue coverage for up to one year while a student is on a medically necessary leave of absence provided that:

- The Plan receives written certification from the child's physician that (a) the child is suffering from a serious illness or injury, and (b) the leave of absence (or other change in enrollment) from the post-secondary school is medically necessary; and
- The loss of student status would cause a loss of health coverage under the Plan's provisions.

This maximum one-year extension of coverage begins on the first day of the medically necessary leave of absence (or other change in enrollment) and ends on the date that is the earlier of (1) one year later, or (2) the date on which coverage would otherwise terminate under the terms of the Plan.

By the end of April you will receive new combination Health and Prescription Drug Identification (ID) cards reflecting the change in copays. If you do not receive your new ID cards by May 5th, please contact the eligibility department of the Administration Office at the numbers listed below.

If you are currently eligible for Medicare you will NOT receive a new ID card. Medicare participants should continue to use the prescription drug and medical program ID card issued by Walgreen's.

Please keep this important notice with your Summary Plan Description booklet for future reference. Should you have any questions regarding this material, please contact the Administration Office at (206) 441-7226 or (866) 986-1515, Option 1 for claims and benefits or Option 4 for eligibility.

Sincerely,

**Board of Trustees
Northwest Ironworkers Health and Security Fund**

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding this Plan change, please contact the Administration Office.

In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan and we are advising you of these Plan changes within 60 days of the adoption of those changes.