

★★ SUMMARY OF MATERIAL MODIFICATIONS ★★

September 2016

To All Employees and Dependents:

This Summary of Material Modifications (SMM) is an amendment to your Plan Document/Summary Plan Description (SPD) booklet, which was effective January 1, 2012, to formalize language incorporating recent Trustee actions regarding your Plan. New language which will be added to your existing SPD is shown in italics in this SMM.

ELIMINATION OF INPATIENT OUT-OF-NETWORK BENEFIT

Effective for inpatient out-of-network stays beginning on or after December 1, 2016: All inpatient expenses incurred at facilities that are not in-network (not participating in the Blue Cross Blue Shield of Minnesota AWARE Network of preferred providers or the Blue Cross Blue Shield Blue Card Program) will be excluded. Therefore, there will no longer be an inpatient out-of-network benefit available, except for treatment of an emergency medical condition.

Inpatient expenses incurred at an in-network provider will continue to be covered as they currently are at the in-network level.

To find out if the facility you are using is in-network, it is recommended that you contact Blue Cross Blue Shield of Minnesota before you incur covered expenses by calling them at: 1-800-810-BLUE (2583) and selecting option 2 or visiting their website at: www.bluecrossmn.com.

The following language will be incorporated into your SPD in these sections -- Schedule of Benefits, Comprehensive Major Medical Benefits, new footnote after "Plan's coinsurance of covered expenses;" Comprehensive Major Medical Benefits text in both Coinsurance and Hospital services; Preferred Provider Network; and General Exclusions:

The Plan does not cover inpatient out-of-network services, except for treatment of an emergency medical condition.

As a reminder, the Affordable Care Act requires that all emergency services are covered at the in-network level of benefits even if services are obtained at an out-of-network provider.

ADDITION OF "EMERGENCY" DEFINITION

The Plan is revised effective December 1, 2016 to incorporate the following definition of "Emergency" into your SPD:

Emergency means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

1. *Placing the health of the individual (or with respect to a pregnant woman, the health of the woman and her unborn child) in serious jeopardy;*
2. *Serious dysfunction of any bodily organ or part;*
3. *Serious impairment of bodily functions; or*
4. *With respect to a pregnant woman who is having contractions:*
 - a. *that there is inadequate time to effect a safe transfer to another hospital before delivery, or*
 - b. *that transfer may pose a threat to the health or safety of the woman or the unborn child.*

Please keep this SMM with your Plan Document/Summary Plan Description (SPD) booklet for future reference. If you have any questions, please call the Fund Office at (218) 728-4231, or toll-free at 1-800-570-1012.

Yours very truly,

THE BOARD OF TRUSTEES

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