

**Northern Minnesota-Wisconsin Area Retail Food
Health and Welfare Fund**

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**SUMMARY OF MATERIAL MODIFICATIONS
TO THE
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION
OF THE
NORTHERN MINNESOTA-WISCONSIN AREA RETAIL FOOD
HEALTH AND WELFARE FUND
(2019 Restatement)**

IMPORTANT NOTICE TO PLAN PARTICIPANTS AND BENEFICIARIES

The Board of Trustees has amended the Plan Document and Summary Plan Description (“SPD”). This notice summarizes the changes in Amendments No. 15 to the SPD and the effective dates of the changes.

Amendment No. 15, Effective Date January 1, 2019.

The Plan was amended to eliminate an exclusion that listed breast pumps as being excluded. The Plan does not exclude coverage for breast pumps, assuming all other requirements for coverage exist. The change is reflected on page 59 of the Plan’s list of exclusions which is enclosed.

Please retain this notice with your current copy of the Plan Document and Summary Plan Description and insert the attached slip page 59 to replace and supplement the current page of the same number. If you have any questions about the Plan, contact the Fund Office at (218) 728 4231 or (877) 752-3863.

- Q. Charges resulting from confinement, treatment, or Surgical Procedures in a Hospital owned and operated by the United States Government or agency thereof, or in a Hospital that makes charges that an Eligible Person is not obligated to pay, or any other supplies or services for which an Eligible Person is not legally required to pay;
- R. Expenses incurred as a result of an accident if a third party is legally responsible for the expenses;
- S. Charges incurred in excess of specified limitations provided in this Plan;
- T. Charges for Experimental surgery and treatments, services of clergy, and homeopathic remedies;
- U. Charges for rehabilitation services such as physical, occupational, and speech therapy that are not expected to make measurable or sustainable improvement within a reasonable period of time;
- V. Recreational or educational therapy or forms of non-medical self-care or self-help training, including health club memberships;
- W. Charges for hypnosis or biofeedback;
- X. Purchase of radioactive materials for x-rays, radium, or cobalt treatment;
- Y. Repair or replacement of Durable Medical Equipment, except as specifically provided, and in no event will payment exceed the purchase price (e.g., wheelchairs, Hospital beds, side rails, iron lungs, and prosthetic devices);
- Z. Purchase of nondurable medical supplies that are not Medically Necessary for the treatment or diagnosis of an Injury or Sickness or to improve the functioning of a malformed body member (e.g., alcohol swabs, cotton balls, incontinence liners/pads, cotton swabs, adhesives, and informational material);
- AA. Charges for personal services or supplies such as television, slippers, lotion, facial tissue, food supplements, or oral and other hygiene products;
- BB. Any bodily Injury, Sickness, or disease that is intentionally self-inflicted, unless due to the physical or Mental Health Condition of the Eligible Person;
- CC. Expenses incurred for rest cures, domiciliary care, or for the convenience of the household;
- DD. Expenses incurred for procedures or treatment of any nature not generally recognized by the American Medical Association or the United States Department of Health;
- EE. Drugs that can be purchased over the counter, including, but not limited to, vitamins, whether prescribed or not prescribed, except as specifically provided;