

## TWIN CITY IRONWORKERS HEALTH AND WELFARE FUND

C/O Wilson McShane Corp  
3001 Metro Drive  
Bloomington, MN 55425  
(952) 854-0795

### **SUMMARY OF MATERIAL MODIFICATION**

May 2023

The Trustees of the Twin City Ironworkers Health and Welfare Fund announce the following plan improvement:

**(Applies to participants in Active, Pre-Medicare Retiree and COBRA status, as well as Medicare-Eligible retirees enrolled in the self-funded medical plan – Does not apply to UHC Medicare Retirees)**

#### **Coverage for Genetic Testing**

Effective May 1, 2023, expenses for medically necessary genetic testing are included as Covered Expenses by the Plan, subject to a per person annual maximum of \$2,500 and a per person lifetime maximum of \$10,000.

For your reference, a list of the Plan's Covered Expenses can be found starting on page 39 of the 2023 Plan Document/Summary Plan Description.

#### **Grandfathered Status**

The Twin City Ironworkers Health and Welfare Fund believes this Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your [plan or policy] may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Office at 952-854-0795.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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### **SUMMARY OF MATERIAL MODIFICATION**

November 2023

The Trustees of the Twin City Ironworkers Health and Welfare Fund announce the following plan improvement:

#### **Increase in Maximum Hours Allowed in Individual Record System**

Effective for hours of Covered Work on and after December 1, 2023, the maximum hours allowed to accrue in your Individual Record System, commonly called an hour bank, will increase from 6,000 to 7,200.

As a reminder, hours of Covered Work for which contributions are received on your behalf in excess of 1,600 during the 12-month period December 1, 2023 through November 30, 2024 are posted to your Individual Record System on January 1, 2025.

For your reference, a full description of the Individual Record System and how it functions can be found starting on page 13 of the 2023 Plan Document/Summary Plan Description.

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### **SUMMARY OF MATERIAL MODIFICATION**

June 2024

The Trustees of the Twin City Ironworkers Health and Welfare Fund announce the following clarification and plan improvement:

#### **Clarification regarding the Regular Retiree Plan**

This section serves to clarify the eligibility requirements for the Regular Retiree Plan, which can be found on page 28 of the 2023 Plan Document/Summary Plan Description.

You are Eligible in the Regular Retiree Plan when the following applies:

- If you are retired or disabled and receiving a monthly pension benefit from the Twin City Iron Workers Pension Fund and were Eligible for coverage in the Active Plan at the time of retirement, you will be covered if you enrolled at that time and have made the required Self Contributions.

#### **TEAM Wellness Corporation – Expanded Services**

Effective June 1, 2024, the Fund's Employee Assistance Program vendor, TEAM Wellness Corporation, officially announces the expansion of their services to include Patient Advocacy Services. Below is a summary of the services available at no cost to you and how you can take advantage of them:

- Medical Care Navigation: If you receive a new diagnosis or are seeking medical care, you are encouraged to reach out to TEAM for help with identifying a high-quality, cost-efficient provider within your geographic area. The staff at TEAM will help you find an appropriate provider for your specific condition and offer health coaching when appropriate. The staff at TEAM can also help obtain second medical opinions, when necessary.
- Wellness Coaching: TEAM has a registered dietician that can help you and your dependents with diet and nutrition counseling or provide assistance with an eating disorder. This support includes help with creating an individualized path to follow to help overcome unhealthy eating or lifestyle habits.
- Nurse Case Management: In addition to helping you identify options for high-quality medical care, the staff at TEAM can help educate you and your family about particular

medical conditions and assist in the coordination and transition of care after a hospital discharge or between healthcare settings. TEAM can also provide counseling and emotional or mental health support in the event of a difficult diagnosis.

- **Integrated Care Coordination:** TEAM can help you develop an individualized health assessment by coordinating preventive health screenings and new referrals. TEAM's clinical staff is a resource and advocate for you in navigating a complex healthcare system.

### **Iron Worker Wellness Program Benefit (Active Employees Only)**

Effective May 1, 2024, the Plan established an Iron Worker Wellness Benefit. The Iron Worker Wellness Program Benefit (IWWP Benefit) provides you with a paid day or days when you are forced to take a day off from work for an Eligible IWWP Benefit Leave. This benefit is available to you if you work under a collective bargaining agreement which requires a contribution to the Plan to fund the IWWP Benefit. This paid benefit is taxable to you.<sup>1</sup>

#### IWWP Benefit Web Portal and IWWP Account

Your IWWP Benefit will accrue in your individual IWWP Benefit Account. The Plan will establish this IWWP Benefit Account once it receives an hourly contribution on your behalf for IWWP Benefits. You can request an IWWP Benefit, as explained under the section entitled "Claiming Your IWWP Benefits."

The Plan has established a self-service IWWP Benefit portal accessible through the Plan's webpage at [www.tcironworkersbenefits.com](http://www.tcironworkersbenefits.com). The webpage provides the following information:

- Your eligibility status;
- Current IWWP Benefit balance;
- Your contribution history;
- The process to submit claims for IWWP Benefit payments.
- Steps to self-certify that you have experienced a Qualified Leave entitling you to receive an IWWP Benefit.

You will have to set-up an individual account through the Plan's webpage to make a claim for IWWP Benefits, including a bank account for the Plan to wire transfer your benefit to your account. Please be sure your bank's routing number and your account number are accurate when you enter them on the webpage.

Your IWWP Account Balance will reflect all hourly contributions made on your behalf, the amount of IWWP Benefits available and the amount of IWWP Benefits previously paid.

Your benefits will remain in your IWWP Benefit Account if you switch to a different job with a contributing employer to this Plan.

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<sup>1</sup> This Plan is for active employees who work under a collective bargaining agreement in which the parties agreed to waive the requirements of Minnesota's Earned Sick and Safe Time ("ESST") under Chapter 181 of the Minnesota Statutes. This Plan provides a similar benefit to that found in the Minnesota ESST statute but with additional beneficial features such as expanded reasons for leave, allowing for carryover of accrued benefits from year-to-year and no forfeiture of benefits should you change from one contributing employer to another.

There is no cap on the amount of IWWP Benefits you may accrue. The amounts you accrue under the Plan rollover from year-to-year if they go unused.

#### Eligibility for IWWP Benefits

You are eligible for an IWWP Benefit if you meet the following requirements:

- You are eligible for active coverage under the Plan;
- You are covered by a collective bargaining agreement requiring IWWP hourly contributions to the Plan; and
- You have a balance in your individual IWWP Benefit Account from which to receive reimbursement for a qualifying reason.
- Retirees are ineligible for this benefit.

#### Claiming Your IWWP Benefits

The amount of the benefit when you take a Qualifying Leave is determined by you. You may wish to use your taxable wage rate x eight hours x the number of days for which you take a Qualifying Leave as displayed below:

- IWWP Benefit Example:
  - Paul has \$1,800.00 accrued in his IWWP Benefit Account.
  - Paul's spouse has surgery and requires his assistance after surgery.
  - Due to the surgery, Paul takes 1 day off to care for his spouse.
  - His current CBA wage rate is \$75.00 per hour which includes the IWWP Benefit contribution.
  - Paul decides to receive IWWP payments in the gross amount of \$600.00 (\$75.00 x 8 x 1) less required taxes withheld.
  - Paul will have \$1,200.00 remaining in his IWWP Account.

IWWP Benefits are taxable income to you. The Plan will issue you an annual IRS Form W-2 detailing the amount of IWWP Benefits you received in a calendar year and the amounts of taxes that were withheld from your benefit payment.

#### Eligible IWWP Benefit Leave

IWWP Benefits are only paid for an Eligible IWWP Benefit Leave which is defined as a partial day or day(s) on which you do not work for one of the following reasons:

- Your mental or physical illness, treatment or preventive care; including doctor and dental visits.
- A Family Member's mental or physical illness, treatment or preventive care; including doctor and dental visits.
- Domestic abuse, sexual assault, or stalking of you or a Family Member.
- Closure of your workplace due to weather or public emergency.
- Temporary shutdown of a project site.

- Closure of a Family Member's school or care facility due to weather or public emergency.
- Vacation.
- Holidays.
- Death of a loved one.
- Jury duty.
- National Guard duty.
- Time off to obtain job training.
- Any other reason for which you were unable to otherwise work on a normally scheduled day of work.

For purposes of this Plan, the term "Family Member" means the participant's spouse, as well as any dependent child or qualifying relative of the participant as defined under IRS Code Section 152(a); generally, an individual who receives more than one-half of his or her support from you.

#### Termination of Eligibility

Once you become Eligible for an IWWP Leave Benefit, you remain eligible until your eligibility is terminated.

Your eligibility terminates upon the earliest of the following:

- The date the Plan is terminated.
- The date the IWWP Leave Benefit is terminated.
- The date you notify the Plan Administrator in writing that you wish to cease participating in this Plan.
- The date on which a) you are not eligible for benefits under the Plan and b) the Plan has not received contributions on your behalf during the preceding 24 months.
- You are deceased.
- The date you begin working for an employer that is not a Contributing Employer.
- The date you become a Retiree.

When your Eligibility terminates, you may regain Eligibility only by meeting the requirements for Initial Eligibility for Benefits. The amounts remaining in your account when your Eligibility originally terminated are forfeited and those amounts will not be reinstated if you reestablish Eligibility.

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