

**SUMMARY OF MATERIAL MODIFICATION TO THE
DISTRICT NO. 9, INTERNATIONAL ASSOCIATION OF MACHINISTS AND
AEROSPACE WORKERS WELFARE PLAN**

The following is a summary of changes to Plans **C-3, C-3-D, C-3-F, C-3-G, C-3-O, C-3-T, and C-3-V** of the District No. 9, International Association of Machinists and Aerospace Workers Welfare Plan (the “Plans”) that the Trustees of the District No. 9, International Association of Machinists and Aerospace Workers Welfare Plan have recently adopted. Please keep this notice with your copy of the Summary Plan Description (“SPD”) for future reference.

This summary only provides information regarding the changes that have been made to the Plans and does not provide all of the information that may be relevant to a particular provision. For more information concerning the provisions addressed by this summary, you should consult your SPD booklet and previous summaries of material modification.

EFFECTIVE OCTOBER 1, 2015

Childhood Immunizations

1 The first sentence of Section 8.G.3.d is amended to read as follows:

d. Childhood Immunizations

The Plan will pay the Allowable Charges for covered children through age 18 (for Human Papillomavirus vaccinations, through age 26), including charges for necessary routine office visits, for immunizations included in the Centers for Disease Control’s (CDC) “Birth-18 Years Recommended Immunization Schedule,” as that schedule may be updated or retitled from time to time.

2 Section 8.G.3.e. is deleted in its entirety.

EFFECTIVE JANUARY 1, 2016

Bariatric Surgery Evaluation and Approval

3 Section 8.G.13.a. (7) is amended to read as follows:

(7) No surgical procedure will be authorized without the evaluation and approval of the Fund Office.



EFFECTIVE AUGUST 1, 2016

Vision Benefits

- 4 The portion of the chart in Section 10© related to “Frames” is hereby amended to read as follows:

Frame (one each 24 months)	Full Cost up to \$150.00.	Up to \$45.00.
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EFFECTIVE JANUARY 1, 2017

Penile Implant Benefit

- 5 In Section 8(F), Item 23 is hereby amended to read as follows:

Charges for external devices or vascular surgery to correct blockage of blood flow to the penis for treatment of erectile dysfunction. Injections and insertions are limited to four per month, only after unsuccessful use of oral medication for a 60-day period.

- 6 In Section 8(G), the last sentence in Item 14, subsection (b), Treatment Options, is hereby amended to read as follows:

The Plan will not provide coverage for external devices or vascular surgery to correct blockage of blood flow to the penis.

- 7 In Section 8(G), a new subsection, (c), is hereby added to Item 14, Treatment of Erectile Dysfunction, as follows:

c. Penile Implants

The treatment of Erectile Dysfunction by means of a penile implant is covered by the Plan only under the following conditions:

- (1) The benefit is payable only when services are provided by In-Network providers,
- (2) The treatment is determined to be medically necessary and is pre-certified by the Plan, and
- (3) The maximum benefit amount for the procedure is \$21,000. This includes follow-up and post-operative visits and services, including medically necessary removal of the implant, if they occur within 90 days of the procedure. Medically necessary services, including removal of the implant, which occur after 90 days following the procedure are not subject to the maximum benefit amount and will be covered under the standard medical benefits of this Plan.



EFFECTIVE MARCH 1, 2017

Contraceptive Coverage

⑧ The following Item 22 of Section 8.F. (Exclusions and Limitations Applicable to All Comprehensive Major Medical Benefits) is deleted in its entirety and the remaining items in that section are renumbered accordingly:

22. Charges for contraceptive injectables for contraceptive purposes, and charges for contraceptive implants and appliances, regardless of the purpose for which they are prescribed.

⑨ The following Item (8) of Section 8.G.1.c (Exclusions from Prescription Drug Benefit) is deleted in its entirety and the remaining items in that section are renumbered accordingly:

(8) Contraceptive injectables, for contraceptive purposes and contraceptive implants and appliances, regardless of the purposes for use;

EFFECTIVE JULY 1, 2017

Gender Neutral Coverage

⑩ Section 8, Comprehensive Medical Benefits, subsection G.3.a is amended to read as follows:

a. Pap Smear

The Plan will pay the Allowable Charges for one routine pap smear and the necessary routine office visit for that pap smear once each calendar year. No deductible or co-insurance will be applied to such charges.

⑪ Section 8, Comprehensive Medical Benefits, subsection G.3.b is amended to read as follows:

a. Mammogram

The Plan will treat as a covered charge the Allowable Charges for one routine mammogram each calendar year. The normal deductible and co-insurance will be applied to such charges.

⑫ Section 8, Comprehensive Medical Benefits, subsection G.3.f is amended to read as follows:

f. Prostate Screening (PSA)

The Plan will pay the Allowable Charges, including charges for the necessary office visit, for one routine prostate screening (PSA) each calendar year at age 50 and older. No deductible or co-insurance will be applied to such charges.



13 Section 8, Comprehensive Medical Benefits, subsection G.3.g is amended to read as follows:

g. Bone Density Screening

The Plan will cover the Allowable Charges for routine bone density scans once every three years between ages 45 and 55 and once every two years from age 55. Normal co-insurance and deductibles will apply.

14 A new paragraph I is added to the end of Section 8, Comprehensive Medical Benefits, as follows:

I. Gender Neutral Coverage

In making coverage decisions, the Plan does not consider the gender of the individual seeking benefits.

Nondiscrimination Notice and Language Taglines

15 A new Section 16 entitled NON-DISCRIMINATION NOTICE AND LANGUAGE TAGLINES is added as follows:

Section 1557 Nondiscrimination Notice

The District No. 9, International Association of Machinists and Aerospace Workers Welfare Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The District No. 9, International Association of Machinists and Aerospace Workers Welfare Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The District No. 9, International Association of Machinists and Aerospace Workers Welfare Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters, and
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified Interpreters, and
 - Information written in other languages.

If you need these services, contact:

David DeJarnett, Director of Operations
12365 St. Charles Rock Rd.
Bridgeton, Missouri 63044
Phone: 314-739-6442
Fax: 314-298-3409
ddejarnett@d9trusts.org



If you believe that the District No. 9, International Association of Machinists and Aerospace Workers Welfare Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

David DeJarnett, Director of Operations
12365 St. Charles Rock Rd.
Bridgeton, Missouri 63044
Phone: 314-739-6442
Fax: 314-298-3409
ddejarnett@d9trusts.org

You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, Director of Operations David DeJarnett is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

By mail or phone: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537 7697(TDD). Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Section 1557 Required Language Taglines

- (English) ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-314-739-6442.
- (Spanish) ATENCIÓN: si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-314-739-6442.
- (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-314-739-6442.
- (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-314-739-6442.
- (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-314-739-6442。
- (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-314-739-6442.
- (Serbo-Croatian) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-314-739-6442.
- (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-314-739-6442.
- (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-314-739-6442
- (Arabic) 314-739-6442 م ال خدمات إن ف ، غة ل ال ر اذك تحدث ت نت ك إذا : لحوظة م -
مجان ال ب ك ل ر تواف تة ي غول ال ساعدة
م رق ب صل ات



- (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-314-739-6442.
- (Pennsylvania Dutch) Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-314-739-6442.
- (Persian [Farsi]): سه ت، دی ن ک می گوت ف گ ی ارس ف ان زب ه ب ر آگ : وجه ت : راهم ف شما ی ر اب ان گی را صورت ب ی ان زب لاتی یری. گ ب ماس ت 1-314-739-6442 اب . شد اب می
- (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-314-739-6442.
- (Amharic) ማስ ታወሻ : የ ማና ገ ሩ ጉ ቋ ጎ ቋ አ ማር ሻ ከ ሆነ የ ጉር ጉ ም እ ር ዳ ታ ድር ጅ ቶ ች ፣ በ ጎ ጸ ሊያ ግዝዎት ተዘ ጋ ጀ ተዋል : ወደ ማከ ተለ ውቁ ጥር ይደውሉ 1-314-739-6442.
- (Cushite – Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-314-739-6442.

GRANDFATHERED STATUS

Federal regulations require us to advise you that this group health plan 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 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 Plan Administrator at:

District No. 9, International Association of
Machinists and Aerospace Workers Welfare Plan
12365 St. Charles Rock Road
Bridgeton, Missouri 63044
(314) 739-6442

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. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

