

U.A. LOCAL 350 HEALTH, WELFARE, & VACATION TRUST FUND
445 APPLE STREET * P.O. BOX 11337 * RENO, NEVADA 89510
PHONE (775) 826-7200 * FAX (775) 824-5080

September 22, 2016

NOTICE OF AVAILABILITY OF SCHEDULE OF ALLOWANCES TO PLAN PARTICIPANTS

The RESTATED SUMMARY PLAN DESCRIPTION AND PLAN DOCUMENT dated JUNE 1, 2013, for the U.A. Local 350 Health, Welfare and Vacation Plan refers to a Schedule of Allowances Applicable to Non-Contract Providers.

The Schedule of Allowances is the maximum amount allowed under the Plan for certain services received by you and/or your eligible dependents from providers who are not contracted with the U.A. Local 350 Health and Welfare Plan ("Plan"). For example, if you obtain services from a non-contract provider and that provider bills \$120 for a covered service which has a Schedule Allowance of \$100, the Plan's out-of-network benefit percentage will be applied to the Schedule Allowance of \$100. You will be responsible for your portion of the Plan's applicable coinsurance as well as the additional \$20 which exceeds the Schedule Allowance of \$100. [This example is only being provided for illustrative purposes. Please refer to the Summary Plan Description, which is also the Plan Document, or contact the Trust Fund Office for more information.]

Although the Schedule of Allowances is not included in the Summary Plan Description, it is available to you for review at the Trust Fund Office.

If you have a question about a pending or anticipated claim, or about the payment of a claim, you may obtain a printed copy of the portion of the Schedule of Allowances relevant to your pending or rendered service, at no charge, by submitting a written request to:

Benefit Plan Administrators
P.O. Box 11337
Reno, NV 89510
Fax: (775) 824-5080

Please note that the Schedule of Allowances Applicable to Non-Contract Providers is subject to change by the Board of Trustees at any time. Please contact the Trust Fund Office for a copy of the most current Schedule of Allowances.

For further information or assistance, please call the Trust Fund Office at (775) 826-7200.

Board of Trustees
U.A. Local 350 Health, Welfare and Vacation Trust Fund

GRANDFATHERED HEALTH PLAN

The Board of Trustees believes this Plan is a "Grandfathered Health Plan" under the Patient Protection and Affordable Care Act ("Act"). As permitted by the Act a Grandfathered Health Plan can preserve certain basic health coverage that was already in effect when that Act was enacted. Being a Grandfathered Health Plan means that your Plan is not required to include certain consumer protections of the Act that apply to other plans; for example, requiring the provision of preventive health services without any cost sharing. However, Grandfathered Health Plans must comply with certain other consumer protections in the Act, such as the elimination of annual and lifetime limits on the Plan's essential health 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 Employee Benefits Security Administration, U.S. Department of Labor (DOL) 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.