

**SUMMARY OF MATERIAL MODIFICATIONS  
FOR THE SUMMARY PLAN DESCRIPTION OF THE  
PLUMBERS & PIPEFITTERS LOCAL UNION 396  
HEALTH AND WELFARE FUND**

The Trustees have made some *changes* to the Plan that will affect various provisions of your Summary Plan Description. This "Summary of Material Modifications" explains these changes and should be kept with your Summary Plan Description.

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Effective August 1, 2003, the Trustees have approved that the drug supply limit for prescriptions purchased at a retail pharmacy be reduced from a sixty (60) day supply to a thirty-one (31) day supply. The Trustees suggest that all medication required for a longer time period be purchased through the mail order program which will save money for you and the Fund.

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Effective August 1, 2003, the pre-hospital admission certification and second surgical benefit requirements have been eliminated. The following language *has been deleted from the current Summary Plan Description*. You or your provider will no longer be required to contact the utilization review group

**Pre-Hospital Admission Certification** (page 20)

When it will be necessary for you to be confined in the hospital as an inpatient, you must mention to your doctor that he must communicate your treatment to the Plan's utilization review group in advance of your admission.

You are required to obtain pre-certification from the Plan's utilization review group at least ten(10) days before the date of a scheduled admission. If your doctor recommends your hospitalization in less than ten(10) days, the doctor must call the utilization review group directly. Likewise, if you are hospitalized on an emergency basis, your doctor must call the utilization group within twenty-four (24) hours or the first (1st) business day after your admission. The telephone number which currently is 1-800-892-1893 is located on the back of your medical identification card. Benefits will be reduced if you do not follow the Pre-Hospital Admission Certification procedures described here.

***Important Notice:*** Benefits will be reduced if you do not follow Pre-Hospital Admission Certification, Second Surgical Opinion and other cost-containment procedures prescribed by the Plan's utilization review group. Beginning August 1, 1989, if you do not obtain Pre-Hospital Admission Certification or re-certification or a Second Surgical opinion as required, then a penalty will be imposed by reducing coverage for hospital, surgical, and all related charges by twenty percent (20%) of coverage otherwise available. The cutback does not count toward any out-of-pocket or deductible amount; and is not covered under Major Medical.

**Second Surgical Opinion** (page 5)

For certain non-emergency, surgical procedures, you may be required to obtain a second surgical opinion. The Fund will pay for a second surgical opinion.

You must ask your doctor whether the proposed procedure is described as any of the following:

1. Adenoidectomy;
2. Breast Operations (exception: incision and drainage for abscess);
3. Bladder repair;

4. Bunionectomy;
5. Cataract extraction;
6. Cholecystectomy (exception: acute obstruction, infection, or jaundice);
7. Coronary artery bypass (exception: impending myocardial infarction);
8. Deviated septum (submucous resection);
9. Dilation and curettage (exception: pregnancy related);
10. Hammertoe repair;
11. Hemorrhoidectomy (exception: acutely thrombosed or infected);
12. Hernia repair (inguinal, femoral, ventral, incisional, hiatal and umbilical);
13. Hysterectomy (vaginal and abdominal);
14. Knee Surgery (arthroscopy and arthrotomy) (exception: hemarthrosis);
15. Laminectomy;
16. Prostatectomy (transurethral, supra, and retopubic);
17. Release for entrapment of median nerve (Carpal Tunnel Syndrome);
18. Tonsillectomy;
19. Varicose vein stripping and ligation.

If your procedure will be one (1) of the above-listed procedures, which require a second (2nd) opinion, you must contact the Plan's utilization review group at 1-800-892-1893.

**Benefits will be reduced** if you do not contact the Plan's utilization review group and follow their procedures for obtaining a pre-certification. A penalty will be imposed by reducing coverage for hospital, surgical, and all related charges by twenty percent (20%) of coverage otherwise available. The cut-back does not count toward any out-of-pocket or deductible amount; and is not covered under Major Medical Benefits.

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If a second or third opinion is desired, the Fund will continue to pay the covered expense for charges made by the doctor and for any necessary tests done in connection with the opinion, subject to the plan's deductibles and co-payments.

Please keep this information with your Summary Plan Description. Also, if you have any questions regarding these changes, please contact the Fund Office.

BOARD OF TRUSTEES  
PLUMBERS & PIPEFITTERS LOCAL 396  
HEALTH AND WELFARE FUND

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