


Benefit Seminar January 2023

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Agenda

- Introductions
- Understanding Your Benefits
- Welfare Fund Eligibility
- SASMI
- Union Wellness Centers and Union Eyes
- Welfare Fund Benefits and Plan Changes
- Welfare Fund FREE Benefits
- Dental Benefits and Case Management
- Supplemental Retirement Savings Plan (SRSP)
- Reminders

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Understanding your Benefits - Who are we?

- The Fund Office is located here in the building
- Responsible for collecting employer contributions and allocating to employee's individual account
- Fund Office staff responsible for your fringe benefits
- As a self-insured entity, the Fund Office currently processes all Medical, Loss of Time and HRA claims
- Dental, Pharmacy and Vision claims are handled by trusted vendors
- Pension department processes all pension applications
- We partner with John Hancock to administer the Supplemental Retirement Savings Plan



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Fringe Benefits

Your employer is responsible for paying a specified dollar amount for each fringe benefit included under your collective bargaining agreement (CBA). Your CBA will outline what fringe benefits your employer pays which may include:

- Welfare Plan
- Pension Plan
- Supplemental Retirement Savings Plan (SRSP)

Take the time to read your CBA to become familiar with the terms of your fringe benefits.



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Fringe Benefits - Wage Sheet

The following Wage Rates and Fringe Benefit contributions per hour, and Payroll Deductions shall be in effect from June 1, 2022 through May 31, 2023

(Changes are highlighted in blue)

JOURNEYPERSON (A & C MEMBERS):					BASE WAGE:	\$53.33
DEDUCTIONS:	Organizing Fund	Defense Fund	IA Working Assessment	LU Working Assessment	TOTAL DEDUCTIONS	
	\$0.50	\$0.31	\$0.18	\$1.20	\$2.19	
FRINGE BENEFITS:						
		Education Fund		Industry Fund		
Local Pension	Supp. Retirement Savings Plan (SRSP)	National Pension	Health & Welfare	Local	National	LMCC
						SMACNA Greater Chicago
						SASMI
						TOTAL BENEFITS:
\$ 8.02	\$ 10.50	\$ 0.91	\$ 11.85	\$ 1.41	\$ 0.18	\$ 1.09
						\$ 0.44
						\$ 2.54
						\$ 36.94
Total Package (Base Wage + Fringe Benefits):						\$90.27

Apprentice Year	Total Base Rate	Education Fund				Industry Fund				Total Fringe Benefits	Total Package	
		Local Pension	Supp. Retirement Savings Plan	National Pension	Health & Welfare	Local	National	LMCC	SMACNA Greater Chicago			
First Year												
1st - 6 Months	40% \$ 21.93	\$ 3.21	\$ 4.20	\$ 0.91	\$ 11.85	\$ 1.41	\$ 0.18	\$ 1.09	\$ 0.44	\$ 1.26	\$ 24.55	\$ 46.48
2nd - 6 Months	45% \$ 24.54	\$ 3.61	\$ 4.73	\$ 0.91	\$ 11.85	\$ 1.41	\$ 0.18	\$ 1.09	\$ 0.44	\$ 1.37	\$ 25.59	\$ 50.13
(Deductions)												
Organizing Fund		(\$0.50)										
Defense Fund		(\$0.31)										
IA Working Assessment		(\$0.18)										



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www.smart265funds.org

CALENDAR | NPF INFORMATION | SASMI FORMS | TOTAL TRACK | UNION FUSION | BENEFIT FUNDS | TRAINING | LOCAL UNION 265



HEALTH & WELFARE | PENSION | RETIREMENT SAVINGS | NEWS



Benefit Funds
SMART 265

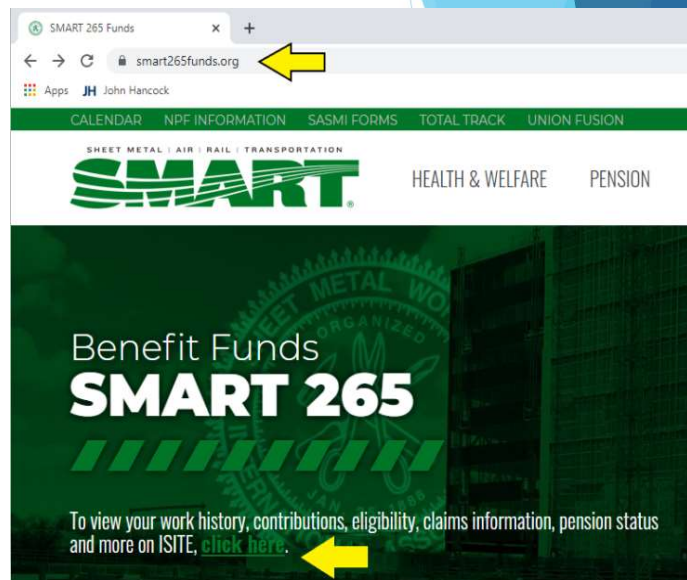
To view your work history, contributions, eligibility, claims information, pension status and more on ISITE, [click here.](#)



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ISITE

- Letters were sent in 2021 with login information and a temporary password.
- Things you can do:
 - Change your contact information
 - View your monthly hours
 - View your claims and eligibility
 - View your beneficiaries for each fringe
 - View a pension benefit estimate
 - View your SRSP balance
- If you have any issues with logging in, call the Fund Office, option 2



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SMART Local 265 Welfare Fund Eligibility



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Initial Eligibility for Welfare Plan Benefits

- To become eligible in the Plan, you must work 500 hours within a 12-consecutive month period.
- Coverage will begin the first day of the month following the month in which you met the above requirement.
- Once you gain eligibility, you will remain eligible until the end of the Quarter.



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Continuing Eligibility

- Runs Quarterly

Contribution Quarters: Work performed during:	Benefit Quarters: Determines your eligibility for:
January, February, March	June, July, August
April, May, June	September, October, November
July, August, September	December, January, February
October, November, December	March, April, May

- To remain eligible without having to self-pay, you must work at least:
 - 350 hours in the corresponding Contribution Quarter
 - 700 hours in the corresponding Contribution Quarter and the prior Quarter (updated 1/1/2023)
 - 1,400 hours in the corresponding Contribution Quarter and the prior 3 Quarters combined (for the past year)



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Eligibility Ends When a Member

- Has a lapse in coverage
 - Member can regain eligibility by meeting the initial eligibility requirement (500 hours within a 12-consecutive month period)
- Dies
 - Surviving spouse/dependents will continue eligibility based on the member's hours worked.
 - Self payments can be made for a maximum of 60 months for Surviving Spouses.
 - SASMI also has a death benefit.
- Goes Non-Union while self-paying for coverage.



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Losing Eligibility

- If you do not meet the Continuing Eligibility hour requirements, you have three options:
 - Go on COBRA
 - Submit your self-payment as a check
 - Have SASMI pay for your premium (if eligible)
 - First year apprentices are not eligible
 - The Fund Office fills out and submits the application to SASMI on your behalf.
- You can make self-payments for up to 10 successive Quarters, either by SASMI or personal payment, but only if you are available for work in Covered Employment, and your dues are up to date.



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COBRA

- Identical coverage you had under the Plan, but you will not be eligible for Weekly Loss of Time, Death, Accidental Death & Dismemberment, or Dependent Death Benefit
- Typically, more expensive than the regular self-payments
- COBRA is offered to you when:
 - Termination of employment (for a reason other than gross misconduct)
 - Reduction in hours
- COBRA is offered to your dependents in the event of:
 - Your death
 - The dependent turned 26
 - A divorce or legal separation
- You cannot have COBRA after your maximum self-payments; it must begin after your Qualifying Event and generally continues for 18 months.
- SASMI cannot pay for COBRA, except in member death situations



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Life Changing Events

- Notify the Fund Office of any Life Changing Events:
 - Gain/Loss of other medical coverage
 - Medicare Eligible
 - Marriage
 - Divorce or Legal Separation
 - New babies, guardianship, or adopted children
 - Death
- Request new beneficiary forms, if applicable
 - For Pension, Welfare, SRSP and SASMI
 - Effective 1/1/22, if you get divorced and your now ex-spouse is listed as the beneficiary, the form is revoked (for Welfare and non-spousal Pension & SRSP benefits).
 - Still complete a new beneficiary form to ensure your benefits are going to the correct person.



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Special Enrollment Rights

- If you decline coverage with the Fund for yourself or an Eligible dependent because of other group health plan coverage, you may, in the future, be able to enroll yourself and your eligible dependent in the plan provided you request enrollment within 30 or 60 days after the other coverage ends.
- Group health Coverage - 30 days
- Medicaid - 60 days
- CHIP - 60 days
- COBRA - If on COBRA you must exhaust any eligible months.



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Eligible/Adding Dependents

Dependent Type	Required Documentation
Member	<ul style="list-style-type: none"> ~ County Birth Certificate ~ Social Security Card
Spouse	<ul style="list-style-type: none"> ~ County Marriage Certificate ~ Social Security Card ~ County Birth Certificate ~ Employment information, if applicable ~ Other group insurance card, if applicable
Child or <u>Step-child</u>	<ul style="list-style-type: none"> ~ County Birth Certificate ~ Social Security Card
Adopted child	<ul style="list-style-type: none"> ~ Adoption letter or record showing date of adoption signed and dated by a court official OR County Birth Certificate ~ Social Security Card

New spouses and dependents by adoptions, the Fund must be notified and added within 30 days of the event.

New dependent by birth, the Fund must be notified and added within 90 days of the event.

Coverage will begin the 1st of the month after documents are received if they are not received within time frames spelled out above.

Eligible dependents are your legal spouse, children under the age of 26, and physically or mentally disabled children



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Plans

- Active coverage is either Plan A, E, G, H, I
- Most will be under Plan A
- Plan E does not have retiree coverage
- Plan G has a lower dental annual maximum (\$1,000 instead of \$2,000)
- Plan H does not have retiree coverage, dental or vision benefits.
- Plan I does not have retiree coverage and has a reduced Loss of Time benefit (weekly disability)

- Check your CBA, talk to your BA, or contact the Fund Office to find out which Plan you are in



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Self-Payments - Actives

- If you do not meet the hour requirement you will be required to make a self-payment to keep your insurance.
- First, application to SASMI
 - Fund office will fill out an application on your behalf and send it into SASMI. The Union will let SASMI know if you are not actively seeking work.
 - Let the Fund Office know ASAP if you do not want to use SASMI for self-pays
- If SASMI denies your self-payment, you can pay it yourself at the full price of the premium.
- If SASMI denies your self-payment and you are an apprentice, you can pay it yourself at the full price of the premium with a percentage off depending on your apprentice level.
- A maximum of 10 consecutive quarterly self-payments are allowed due to lack of hours. This includes both SASMI and member payments



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Plan A Cost Effective June 1, 2022

- \$11.85/hour
- \$11.85 x 350-hour requirement = \$4,147.50 per quarter
- For all coverage types (single, family, etc.)



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Self-Payments - Apprentice Percentages

Year	1 st 6 months	2 nd 6 months
1 st	40%	45%
2 nd	50%	55%
3 rd	60%	65%
4 th	70%	75%

- If you are a 1st year apprentice, you are NOT eligible for SASMI benefits yet (need 1,200 hours in 12 consecutive months)



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Self-Payment - Example

- You work 125 hours in the contribution quarter.
- If you are a 1st year, 1st 6 months apprentice. Your percentage is 40%.

Hours Required:	350
Hours Reported:	- 125
Hours Needed:	225

Self-payment calculation: \$11.85 x Hours Needed

NON-Apprentice Cost: \$11.85 x 225 = \$2,666.25 premium

If you are a 1st year, you are not eligible for SASMI benefits yet.

You pay \$1,066.50.

Formula: premium x apprentice percentage

$$\$2,666.25 \times 40\% = \$1,066.50$$



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Active Self-Payments - Things to Note

- You have the entire quarter to pay the premium.
 - Any claims submitted to the Fund Office will be denied until we receive the payment.
 - Once payment is received the claims will be reconsidered
- Once a quarter ends, you cannot go back and pay for the premium without Trustee approval
 - You would need to submit an appeal for review
- If you must pay the premium out of pocket, you can pay for the entire quarter or monthly.
- You can make self-payments for up to 10 successive Quarters, but only if you are available for work in Covered Employment and current on your Union Dues.



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Self-Payments - Retirees

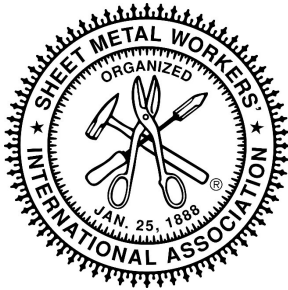
- Once you are retired and your active coverage runs out, you will transfer to the retiree insurance if eligible.
 - Retired or on a disability pension, covered under the Plan for at least 18/20 of the most recent benefit quarters, remain current on your union dues (\$17 per month can be deducted from your pension).
- Retiree self-pay rates are subject to change every June 1

	Quarterly Rate*	Monthly Rate*
Class B: One Non-Medicare Eligible Individual Only	\$1,692	\$564
Class B: Two or more Non-Medicare Eligible Individuals	\$2,766	\$922

- You, or SASMI, must make payments timely (60-day grace period)
 - For example, for coverage beginning December 1st, the self-payment must be made no later than January 30th.



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National Stabilization Agreement of the Sheet Metal Industry Trust Fund



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SASMI - Overview and Contact Info

- Active Benefits
 - Supplemental/Underemployment benefits
 - Health Benefits, Travel Benefits, Benevolent Benefit
 - Severance
 - Maternity
 - Annual physical
 - Death Benefit
- Retiree Benefits
 - Retiree Death Benefit
 - HCRA - Health Care Reimbursement Account
 - Service Based HCRA
- Call 800-858-0354 or visit www.sasmi.org
- Visit their website to view more information regarding your benefits. You can create a member login for their site.



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Union Wellness Centers



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Union Wellness Centers

- NO deductibles, NO copays, NO co-insurance for on-site services
- Bellwood, Channahon, Crestwood, Crystal Lake, Lemont, Rosemont, Warrenville

On-site Services

- Primary Care
- Annual Physicals
- Chronic Condition Management
- Lab services
- Motion HealthSM
- Physical therapy
- Immediate & Same Day Appointments
- Vaccinations
- Wellness education
- Medication Dispensary

- Hours:
 - Monday 8 a.m. - 5 p.m.
 - Tuesday 9 a.m. - 7 p.m.
 - Wednesday 8 a.m. - 5 p.m.
 - Thursday 9 a.m. - 7 p.m.
 - Friday 8 a.m. - 4:30 p.m.
- Contact Information
 - Phone: 312.421.1016
- Patient / Provider Interaction
 - Patient Portal
- Website:
 - www.unionwellnesscenters.com



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Union Eyes - Vision Centers



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Union Eyes

- State of the art equipment and advanced diagnostics create an eye care experience beyond what any commercial or private eye provider can offer. All American made frames and lenses are included, even bifocal and safety glasses.

All Locations Now Seeing Patients

Bellwood | Channahon | Crestwood | Crystal Lake | Lemont | Rosemont | Warrenville

BOOK YOUR APPOINTMENT TODAY

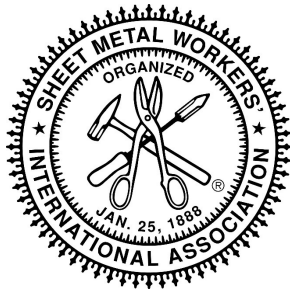
312-888-9999 | UNIONEYES.COM



YOU MUST USE THE UNION WELLNESS CENTER OR AN EYEMED PROVIDER. NO OUT OF NETWORK BENEFITS FOR VISION ARE AVAILABLE. ONE OR THE OTHER - NOT BOTH



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SMART Local 265 Welfare Fund Benefits



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Medical Definitions

- **Individual/Family Deductible:** the amount of covered expenses you and your family pay before the Plan begins to pay for certain benefits. You must pay the deductible amount each calendar year before the Plan begins to pay for benefits.
- **Coinsurance:** The percentage amount the patient is responsible for after the Fund has paid their portion. This does not include any non-covered services.
- **Individual/Family Out-of-Pocket Maximum:** Limits the amount you or your family pay out of pocket in a calendar year for covered medical expenses. Once you meet the out-of-pocket maximum, the Plan pays 100% of covered expenses for the rest of the calendar year, subject to any Plan limits.
 - Some expenses, such as your infertility, certain out of network treatment, and non covered medical expenses do not count towards your out-of-pocket maximum.



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Medical Definitions

- **PPO vs Usual, Customary and Reasonable (UCR)**
 - **In-network Providers** agree to accept the contracted allowance as full payment for covered services.
 - BCBS is the preferred PPO Provider for Medical Benefits
 - Always verify Network status when going to new providers
 - Call 800-810-2583
 - Visit bcbsil.com
 - **Out-of-Network Providers** are subject to UCR allowances which may be much less than the actual billed charges, leaving the patient with a much higher responsibility.



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Medical Benefit Changes- January 1, 2023

Plan Year	2022 - In & Out of Network	2023 - In Network	2023 - Out of Network
Individual Deductible	\$250/Individual	\$500/Individual	\$1,000/Individual
Family Deductible	N/A	\$1,000/Family	\$2,000/Family
Individual Out of Pocket Maximum	\$2,500/Individual	\$3,000/Individual	\$6,000/Individual
Family Out of Pocket Maximum	\$5,000/Family	\$6,000/Family	\$12,000 Family
Patient Co-Insurance	10% - In Network 20% - Out of Network	20%	40%

In and Out of Network Deductibles and Co-Insurance are no longer combined in 2023



BlueCross BlueShield
of Illinois

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Pharmacy Definitions

➤ Benefit Tiers

- **Generic** - Medication created to be the same as an already marketed brand name drug by giving the same clinical benefit.
- **Brand Formulary** - Brand name medication that has preferred use.
- **Brand Non-Formulary** - Brand name medication that is not preferred and has a higher out of pocket cost to the patient.
- **Specialty** - High-cost prescription medications used to treat complex conditions
- **Co-Payment** - Similar to Co-Insurance as it is the amount the patient is responsible for after the Fund has paid their portion. Pharmacy charges now have minimum and maximum limits to the co-payment
- **Co-Payment Assistance Programs** - Help insured patients afford expensive prescription drugs by covering part or all the co-payments for certain medications.
- **Formulary Drugs**- A list of generic and brand-name prescription medication covered by your health insurance.



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Pharmacy - Express Scripts

- 30 or 90-day supply if you pick up in-person at retail
 - Some medications require Prior Authorization
 - Provider can complete PA via phone or Online
- 90-day supply if you choose free home delivery
 - Script must be written for a 90-day supply to be eligible
 - Only for maintenance medications
- You can manage your medications, request refills, plan ID card, pay bills, etc from your online profile
- Call: (877) 814-9207
- Web: <https://www.express-scripts.com>
- App: Express Scripts



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Pharmacy - Accredo Specialty Pharmacy

- 30 day fills ONLY
- Prior authorization is required
- Most specialty medications are only available through Accredo Specialty Pharmacy
- Some specialty medications are cheaper than Buy and Bill at hospital/doctor's office
- SaveOn available as co-pay assistance
- Call: (800) 803-2523
- Web: <https://www.Accredo.com>
- App: Accredo



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Pharmacy Benefit Changes- January 1, 2023

Benefit Tier	2022 - 30 Days	2022 - 90 Days	2023 - 30 Days	2023 - 90 Days
Generic - Retail	\$5 Co-Payment	\$5 Co-Payment	20% Co-Payment \$10/Min - \$25/Max	20% Co-Payment \$25/Min - \$65 Max
Generic - Mail Order	N/A	\$10 Co-Payment	N/A	20% Co-Payment \$25/Min - \$65/Max
Brand Formulary - Retail	20% Co-Payment \$25/Max	20% Co-Payment \$25/Max	30% Co-Payment \$35/Min - \$65 Max	30% Co-Payment \$70/Min - \$165 Max
Brand Formulary - Mail Order	N/A	20% Co-Payment \$40/Max	N/A	30% Co-Payment \$70/Min - \$165 Max
Brand Non-Formulary - Retail	20% Co-Payment \$25/Max	20% Co-Payment \$25/Max	40% Co-Payment \$70/Min - \$140 Max	40% Co-Payment \$80/Min - \$185 max
Brand Non-Formulary - Mail Order	N/A	20% Co-Payment \$40/Max	N/A	40% Co-Payment \$80/Min - \$185 Max
Specialty	20% Co-Payment \$70/Max	N/A	20% Co-Payment \$200/Max	N/A
Out of Pocket Maximum	Individual \$4,100	Family \$8,200	Individual \$6,000	Family \$12,000

Increases in Co-Payments % and Out of Pocket Maximums

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Ancillary Benefits

- Telemedicine Services - MDLIVE (FREE)
- Member Assistance Program - ERS (FREE)
- MRI/CT/PET Scans - Absolute Solutions (FREE)
- Disability Benefit (Loss of Time)
- Welfare Death Benefit
- Hearing - TruHearing
- Vision - EyeMed Advantage Network
- Access to Union Wellness Centers (FREE) - Already discussed
- Case Manager/Certification (FREE) - Valenz Health - More to come
- Dental - Delta Dental effective 10/1/2022 - More to come



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Blue Cross Blue Shield - Virtual Visits

- Access virtual visits 24/7/365 if you get sick after hours or on a weekend to avoid costly trips to emergency rooms or urgent care. Covered at 100% of the cost.
- Have your Medical ID card ready and activate your account or schedule a virtual visit.
- Call: 1-888-676-4204
- Web: www.MDLIVE.com/bcbsil
- Text: BCBSIL to 635-483 for help activating your account
- App: MDLIVE



Powered by
MDLIVE



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Member Assistance Program - ERS

- Promoting Total Well-Being for Members and their Families 24/7 Support, Confidential and Easy Access to Services, all Voluntary.
- Mental Health and Family/Marriage Counseling (6 sessions)
 - Must use a provider contracted with ERS for free sessions
- Legal & Financial Resources
- Work/Life Resources
- Life Coaching, Medical Advocacy, Personal Assistant
- Call: (800) 292-2780
- Web: www.ers-eap.com with Company Code local265



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Absolute Solutions - FREE MRI/CT/PET Scans

- If your doctor orders an MRI, CT or PET scan, just call and live operators will take the time to walk you through the scheduling process.
- 100% Free - No deductible, no copay - when using their network.
- Call: 1-800-321-5040
Fax: 1-888-893-5330
Web: www.absolutedx.com
Email: scheduling@absolutedx.com
App: ABSO Dx App



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Weekly Loss of Time Benefits

- Eligibility
 - The Plan provides Employees a Weekly Loss of Time Benefit in the event you cannot work due to a non-occupational disability.
 - Accidents, outpatient surgery, a serious illness, or positive diagnosis of Covid-19 (during the Public Health Emergency), may qualify you for this benefit.
 - The Plan requires that you be under the care of an M.D. or D.O.
 - You must be Active in the Health & Welfare Plan and current on Union Dues.
- Application for Benefit
 - Call the Fund Office at (630) 668-7260.
 - File a claim with the Fund Office. Forms available on: <https://www.smart265funds.org/health-and-welfare>
 - See a Physician as soon as possible. Your Physician must complete the Attending Physician's Statement form.

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Weekly Loss of Time Benefits

- Benefit Summary
 - The amount of the weekly benefit is 90% of your base wage rate times 40 hours, up to a maximum weekly benefit of \$500.
 - Benefits continue until you recover or receive 39 weeks of benefits for one period of disability (13 weeks at \$400 for Class I).
 - Female Participants may receive \$900 per week for 6 weeks after a traditional delivery (8 weeks after a C-Section).



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Weekly Loss of Time Benefits

- Welfare Coverage During Weekly Loss of Time Benefits
 - You will be credited with 27 hours per week towards Health & Welfare eligibility. No other fringe benefits will be paid.
 - Notify the Fund office if out of work due to sickness or injury. This includes Workers' Compensation. Workers' compensation is eligible for hours only, no benefit payments.
 - Eligibility may continue thru SASMI assistance, or monthly self-payments. The Fund Office will provide notice and assistance.
 - After your Physician releases you to full duty, you must maintain the 350 hours necessary to remain eligible for Health & Welfare benefits.



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Welfare Death Benefit

- In the event of your death while eligible under the Plan, your beneficiary will receive a Death Benefit
- If your death was due to an accident, they will also receive an AD&D Benefit.
- \$50,000 each
- If your spouse or dependent passes away, you receive \$2,000
- The Fund Office must be notified of the death so we can send appropriate forms for completion to receive the benefit.
- Surviving Spouses and Dependents are eligible to remain on the Plan for up to 60 months after a member's death (clarified 1/1/23).
- When you retire and are still eligible under the Plan, your death benefit is \$25,000 (even on Plan C - HRA plan).



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TruHearing - Hearing Aids and Testing

- Effective 1/1/2023 In Network with TruHearing coverage only
- Mailing went out in December 2022, with a follow-up in early January.
- Pricing includes \$0 co-pay hearing tests, up to 2 premium level hearing aids, batteries for non-rechargeable aids, full 3-year warranty.
- 100% coverage up to \$4,000 total, every 3 years
- Call: 1-833-312-3006
Web: www.Truhearing.com/SMART265/



Hearing Aid Tier	Average Retail Price	Fund Price	Fund Allowance	You Pay
Value	\$1,900	\$499	\$4,000	\$0
Basic	\$2,000	\$699	\$4,000	\$0
Standard	\$2,150	\$999	\$4,000	\$0
Advanced	\$2,750	\$1,399	\$4,000	\$0
Premium	\$3,300	\$1,799	\$4,000	\$0

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EyeMed - Vision/LASIK

YOU MUST USE THE UNION WELLNESS CENTER OR AN EYEMED PROVIDER. NO OUT OF NETWORK BENEFITS FOR VISION ARE AVAILABLE. ONE OR THE OTHER - NOT BOTH

\$2,000 allowance
as part of funded benefit (\$1,000 per eye)

\$800 in additional savings
on LASIK procedures at LasikPlus®, TLC Laser Eye Center and The LASIK Vision Institute.²

Must show this offer at center and be treated by 12/31/2022

WITH EYEMED, YOU'LL GET:

- Savings of \$800 on LASIK procedures at LasikPlus®, TLC Laser Eye Center and The LASIK Vision Institute²
- Free LASIK Exam (\$100+ value)
- Access to more than 680+ credentialed LASIK providers
- 15% off standard LASIK prices or 5% off promotional LASIK prices at providers in the U.S. Laser network³

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Sheet Metal Workers Local 265

SUMMARY OF BENEFITS		
VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$0 copay	Not covered
Retinal Imaging	Up to \$30	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40	Not covered
Fit and Follow-up - Premium	30% off retail price	Not covered
FRAME		
Frame	\$0 copay, 20% off balance over \$150 allowance	Up to \$0
STANDARD PLASTIC LENSES		
Single Vision	\$0 copay	Not covered
Bifocal	\$0 copay	Not covered
Trifocal	\$0 copay	Not covered
Progressive - Standard	\$65 copay	Not covered
Progressive - Premium	\$65 copay, 20% off retail price less \$120 allowance	Not covered
LENS OPTIONS		
Anti-Reflective Coating - Standard	\$45	Not covered
Polycarbonate - Standard	\$0 copay	Up to \$0
Polycarbonate - Standard < 18 years of age	\$0 copay	Up to \$0
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay, 15% off balance over \$150 allowance	Not covered
Contacts - Disposable	\$0 copay, 300% of balance over \$130 allowance	Not covered
Contacts - Medically Necessary	\$0 copay, paid in full	Not covered
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and aids, call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	20% off retail or 5% off promotional prices less \$2000 allowance	\$2000 allowance

40% OFF
additional complete pair of prescription eyeglasses

20% OFF
non-covered items, including non-prescription sunglasses

Find an eye doctor (Select Network)

- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads up
You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

FREQUENCY (plan allows member to receive either contacts and frame, or frames and lens services)

Exam	Once every 12 months
Frame	Once every 12 months
Lenses	Once every 12 months
Contact Lenses	Once every 12 months
Laser Vision Correction	Once every 12 months

(Plan allows member to receive either contacts and frame, or frames and lens services)

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Valenz Health Delta Dental

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Valenz Health - Eff 7/1/2022

Valenz handles Utilization and Case Management:

- Utilization Management
 - Precertification and medical necessity review of services
 - Contact the Fund for procedures/services needing precertification
 - Inpatient Care
 - Outpatient Surgical Procedures
 - Durable Medical Equipment
 - Therapies (Physical/Occupational/Speech) updates to auth requirements
 - Chemotherapy
 - In an emergency, get help quickly, and then notify Valenz when possible if you are admitted to a Hospital.
- Call: 1-877 608-2200 or submit a case online at support.valenzhealth.com



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Valenz Health - Eff 7/1/2022

Valenz handles Utilization and Case Management:

- Case Management (No charge to the member)
 - Specific Diagnosis (Cancer/Mental health/NICU)
 - Major Surgery
 - High dollar medications
- Coordinates, schedules and navigates your care across multiple settings (Hospital/Home Care/Rehab Center)
- Negotiates with OON providers/Assist in finding IN-NETWORK providers
- You may be contacted by a Nurse CM to assist you in navigating through your medical situation.
- Self Referral available if needed.
- Call: 1-877 608-2200 or submit a case online at support.valenzhealth.com



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Delta Dental - Eff 10/1/2022

Delta Dental of Illinois - Delta Dental PPO Plus Delta Dental Premier:

- You will maximize your benefits by receiving care from a Delta Dental PPO or Delta Dental Premier network dentist.
- Register on www.deltadentalil.com (Group #11658)
- Call: 1-800-323-1743
- You can also connect thru their mobile app, Facebook, Twitter, and more

With the Member Connection, you can find everything you need to know about your and your covered dependents' benefits, including:

- Claim status
- Eligibility information
- Maximum and deductibles used to date
- Benefit levels
- Frequency and age limits
- Waiting periods
- Preventive history
- Explanation of Benefits (EOBs)



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SMART Local 265 Supplemental Retirement Savings Plan (SRSP)



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SRSP Highlights

- You are **automatically enrolled** into the SRSP.
- Contributions will be made by your employer, on a pre-tax basis, to an account in your name.
- The contributions will be transferred into an **age-based default Lifecycle Fund** through John Hancock.
 - Keep an eye out for additional investment options coming soon.
- Your account will grow with additional contributions and investment income.
- **Be sure to complete a Beneficiary designation form**



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SRSP - 401k Feature

- Effective since January 1, 2022, participants may elect to defer wages into John Hancock as 401k contributions.
- A deferral election form must be completed and sent to both your employer and the Fund Office.
- You can elect to defer on a pretax basis in \$0.50 increments up to \$5.00, \$10.00, \$15.00
- The deferral election is applied to hours worked.
- Example:
 - Worked 40 hours and elected to defer \$2.50 per hour
 $40 \times \$2.50 = \100.00 taken from your paycheck and put into the 401k



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SRSP - 401k Feature

- Any deferral changes for those already enrolled, or new elections for current employees, should be submitted prior to, and will take effect on the next June 1st or December 1st.
- New employees have one month from their Hire Date to elect to enroll immediately.
- You can stop contributing at any time by submitting a form with \$0.
- A great way to put additional savings away for retirement
- Lowers your income since it comes out of your wages before any tax deduction → may put you in a lower tax bracket
- The form can be found on our website at

www.smart265funds.org/srsp



Elective Deferral 401(k) Election Form

Download >

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SRSP - Stay on Track

- Monitor your investments
- For more information:
 - Visit <https://www.johnhancock.com>
 - Call 800-344-1029
 - Download mobile app

John Hancock[®]



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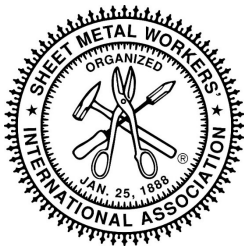
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REMINDERS - Stay Informed!

- Open Mail and read all information sent from the Fund Office
- Visit www.smart265funds.org
- Review your Collectively Bargained Agreement (CBA)
- Attend Union meetings - second Tuesday of every month
- Register and review information on your ISITE account
- Attend Fund Office events
- Call the Fund Office

The image shows a slide with a blue geometric background. At the top left, the text 'REMINDERS - Stay Informed!' is written in bold, blue capital letters. Below this is a list of seven reminders, each preceded by a blue right-pointing arrowhead. At the bottom left, the SMART logo is displayed, consisting of the text 'SHEET METAL | AIR | RAIL | TRANSPORTATION' above the word 'SMART' in a stylized, bold, blue font with horizontal lines through it.

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Questions?

**SMART Local 265
Fringe Benefit Funds
205 Alexandra Way
Carol Stream, IL 60188**

**(630) 668-7260
benefits@smart265funds.org**

