

2023 BENEFITS GUIDE



Here's where to find ...

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Welcome to the 2023 Mo-Kan Benefits Program!

Who Is Eligible?

- **A BARGAINING EMPLOYEE** is eligible for coverage under the Plan if he or she performs work covered by the terms of a Collective Bargaining Agreement between his or her Employer and Local Union participating in the Mo-Kan Sheet Metal Workers Welfare Fund.
- **A NON-BARGAINING EMPLOYEE** is eligible for coverage under the Plan if he or she consistently performs work for at least 25 hours per week for an Employer that is bound by the terms of a Participation Agreement with the Mo-Kan Sheet Metal Workers Welfare Fund to make contributions to the Fund on behalf of all the Non-Bargaining Employees of the Employer, or if he or she performs work for the Mo-Kan Sheet Metal Workers Welfare Fund based on a minimum of at least 144 hours per month, or such amount as established from time to time by the Board of Trustees, at the rate established from time to time by the Board of Trustees.
- **AN OWNER-MEMBER** is eligible for coverage under the Plan if he or she performs work covered by the terms of a Collective Bargaining Agreement between his or her Employer and a Local Union participating in the Mo-Kan Sheet Metal Workers Welfare Fund and the Employer is bound by the terms of a Participation Agreement with the Fund to make contributions on behalf of the Owner-Member based on a minimum of at least 144 hours per month, or such amount as established from time to time by the Board of Trustees, at the rate established from time to time by the Board of Trustees. All Owner-Members must be in good standing with the Union.

ELIGIBILITY

Initial Eligibility — Bargaining Employees

If your employment is subject to a Collective Bargaining Agreement:

- You will become eligible for coverage under this Plan on the first day of the month that follows a period of four, five, or six consecutive months with at least 480 hours being reported on your behalf by a contributing Employer beginning with your initial date of employment.
- You must be in good standing with the Union to be eligible for coverage.

Initial Eligibility — Non-Bargaining Employees

If your employment is not subject to a Collective Bargaining Agreement:

- You will become eligible for coverage on the first day of the month in which a signed Participation Agreement and the corresponding Employer contributions at the rate established from time to time by the Board of Trustees for all such Employees are received by the Fund office.

Eligible Dependents

Your lawful spouse, excluding common-law and legally separated spouses, and each child are eligible for dependent coverage. The Fund has certain procedures that must be followed before it can recognize a court order or a Qualified Medical Child Support Order (QMCSO). For a copy of the QMCSO procedures, contact the Fund office.

Child Includes:

- Your natural child.
- Your stepchild.
- Your adopted child. An adopted child who has not reached the limiting age shall be considered an eligible dependent from the date of placement. Coverage for an adopted child will be on the same basis as other dependents.
- A child for whom you have been established by a court order as permanent legal guardian, provided the child is also your grandchild, sibling, niece, or nephew and the child's parents are deceased or unable to care for the child.

The Limiting Age of a Dependent Child

- Coverage will terminate for a dependent child on their 26th birthday.

An unmarried child who is a dependent and has reached the limiting age will remain eligible for coverage under this Plan to the extent he or she is incapable of self-sustaining employment and is 100% dependent upon you for support and maintenance due to a mental or physical illness or handicap. The child must have become handicapped prior to attaining the limiting age. Other restrictions may apply. Contact the Fund office for details.

WHAT'S IMPORTANT FOR 2023?

Mo-Kan continues to work diligently to offer our members a competitive benefits offering, even with significant increases in claims costs. To ensure that you and your family get the most out of our competitive benefits package, please be aware of the following highlights.

Enhanced Loss of Time Benefits

- Loss of Time benefit for members experiencing pregnancy and childbirth, miscarriage, or stillbirth, and a Parental Leave benefit for members whose spouse experiences pregnancy and childbirth, miscarriage, or stillbirth. The enhanced Loss of Time benefit provides a pregnant member an additional \$300 per week (for a total of \$600/week Loss of Time) for medically necessary Loss of Time leave.
- The current seven-day waiting period for pregnancy Loss of Time still applies, and the balance of the current \$300/week Loss of Time benefit is still available, if medically necessary and the enhanced Loss of Time benefit is exhausted or unavailable. The enhanced benefit is available beginning as early as one month prior to the member's pregnancy due date and pays an additional \$300 per week for a total of six weeks for vaginal birth and eight weeks for caesarean section birth, subject to medical necessity. This enhanced Loss of Time benefit is only available once in every rolling 24-month period, counted from the last day of leave for which the previous Enhanced Loss of Time benefit was paid. The Parental Leave benefit provides a benefit for members who take time off because the member's spouse experiences pregnancy and childbirth, miscarriage, or stillbirth. This benefit is \$600 per week for one week for vaginal delivery and two weeks for caesarean section delivery and is available once in every rolling 24-month period, counted from the last day of leave for which the previous Parental Leave was paid.

Annual Physical Requirement

The Fund strongly encourages our membership to get an annual routine physical to better manage their health. The routine physical is paid at 100% through your medical benefit.

- Beginning January 1, 2023, members and spouses who received an annual physical in 2022 will experience a decrease in their in-network deductible, which will be \$500 per individual and \$1,000 per family. If you and your spouse did not receive a valid annual physical in 2022, your in-network deductible will increase to \$1,500 per individual and \$3,000 per family beginning in 2023. The Wellness Benefit Account will not receive additional contributions going forward. All funds that participants have earned and are held in your Wellness Benefit Account will continue to be available.

- You will be receiving a new ID card from BCBSKC which will reflect your deductible based on completion of an annual physical in 2022.

Davis Vision

Davis Vision will continue to partner with Mo-Kan. When you utilize a Davis Vision in-network provider, you will receive an eye exam at no out-of-pocket cost! You will then have a \$350 allowance to spend on frames, materials, and lenses, or toward contact lenses. Find an in-network provider at www.davisvision.com. You will be receiving an ID card from Davis Vision in the mail shortly. Be sure to share this card with your vision provider at time of service.

Dental Plan

Mo-Kan will continue to partner with Blue Cross and Blue Shield of Kansas City to provide dental coverage. Be sure to confirm your current provider is in the Blue Dental PPO or GRID network in order to avoid balance billing.

Grand Rounds (by Included Health)

Grand Rounds (by Included Health) provides several core services to help members and their dependents enrolled in the medical plan make medical decisions. Whether you're looking for a new provider or seeking a second opinion regarding a diagnosis or treatment plan, Grand Rounds can help with every step.

Phone: 800-929-0926

Website: www.grandrounds.com

MO-KAN IS COMMITTED TO THESE GUIDING PRINCIPLES:

Continued access to healthcare and top-rated doctors, providers, and networks.

Affordability for all of our members.

Transparency of information so that everyone can become better consumers of care.

WORKING SPOUSE INCENTIVE PROGRAM

In January 2011, the Fund created a benefit for Mo-Kan spouses who carry primary medical and pharmacy insurance coverage through their Employer in addition to being covered under this plan.

This benefit entitles a “working spouse” to a reimbursement of up to \$200 every month for the “employee-only” or “employee-only plus child” premium paid to retain primary coverage (medical and pharmacy only) through their Employer.

The Fund strongly encourages all eligible spouses to enroll in an Employer-sponsored plan at their place of employment.

FYI

Carefully review your spouse’s options to see if this program can benefit your household.

HOW DOES THE PROGRAM WORK?

Benefit details:

- Spouses must complete a Spousal Verification form in order to determine if the Plan is qualified for reimbursement.
- Reimbursement requests require the member to submit a reimbursement claim form along with proof of premium payment.
- The incentive applies to both medical and pharmacy coverage only. Dental and vision premiums paid will not be reimbursed.
- Premiums for a Qualified High Deductible Health Plan will be reimbursed if it is the only plan offered; otherwise, in order to receive reimbursement, you must select a PPO option.
- The reimbursement request must be made within 90 days after the end of the calendar year in which the expense was incurred.
- Please contact the Fund office if you have any questions regarding Qualified High Deductible Health Plans.

Would You Like to Be Compensated for Having Dual Coverage?

Mo-Kan provides a monthly reimbursement benefit up to \$200.00!

The yearly out-of-pocket savings that occur when a spouse has dual coverage could be significant. Since implementing the program in 2011, the plan has saved more than \$1.76 million. In this time of rising healthcare costs and plans having to cut back on benefits, savings like this help Mo-Kan offer a comparatively competitive benefits package in the current market.

For more information about the Working Spouse Incentive Program, please visit our website at www.mokansheetmetal.org or call 816-531-0334 or 866-531-5488.

Mailing Address:
 Mo-Kan Sheet Metal
 Workers Welfare Fund
 P.O. Box 300019
 Kansas City, MO 64130-0019

WELLNESS PROGRAM

Mo-Kan Sheet Metal Workers Welfare Fund Wellness Program

Annual Physical Requirement

The Fund strongly encourages our membership to get an annual routine physical to better manage their health. The routine physical is paid at 100% through your medical benefit. Beginning in 2023, members who receive an annual physical will experience a decrease in their in-network deductible, which will be \$500 per individual and \$1,000 per family. If you did not receive a valid annual physical in 2022, your in-network deductible will increase to \$1,500 per individual and \$3,000 per family beginning in 2023. The Wellness Benefit Account will not receive additional contributions beginning in 2023. All funds that participants have earned and are held in your Wellness Benefit Account will continue to be available.

The Importance of Physician Relationships

Having a relationship with your doctor, knowing your numbers, and having preventive screenings ultimately result in better health for you!

According to the Centers for Disease Control and Prevention, chronic diseases, such as heart disease, cancer, and diabetes, are responsible for seven of every ten deaths among Americans each year and account for 75% of the nation's health spending. These chronic diseases are largely preventable through close partnership with your healthcare team and can be detected early through appropriate screenings, which is when treatment works best.

The Affordable Care Act makes preventive care affordable and accessible by requiring private health plans to cover certain recommended preventive services without charging a deductible, copayment, coinsurance, or other cost sharing.

Do you already have a diagnosis? Meeting with your doctor, as necessary, not only helps you better manage your condition, but it also costs significantly less in the long run.



MEDICAL BENEFITS

The medical plan provided for 2023, gives you nationwide access to a comprehensive network of doctors, services, and facilities to care for the needs of you and your family. The BlueCard Program gives you access to doctors and hospitals across the country and around the world. While you are not required to visit a Blue Cross and Blue Shield network provider, you will pay less out of your pocket by doing so as outlined in the benefit summary. To find a doctor, go to www.bluekc.com.

| Benefit/Service | Medical Plan | |
|---|---|---|
| | In-Network | Out-of-Network |
| Deductible | \$500/\$1,000 With valid physical in 2022 \$1,500/\$3,000 Without valid physical in 2022 | \$500/\$1,000 With valid physical in 2022 \$1,500/\$3,000 Without valid physical in 2022 |
| Calendar Year Out-of-Pocket Maximum (includes deductible and medical copays) | \$4,000/\$8,000 | \$8,000/\$16,000 |
| Coinsurance (amount you pay) | 20% | 50% |
| Individual Lifetime Maximum | Unlimited | Unlimited |
| Routine Physical Exam (newborn to adult) | 100% (not subject to deductible) | 100% (not subject to deductible) |
| Routine Immunizations (adults and covered children to age 26) | 100% | 50% after deductible |
| Mammogram | 1 per calendar year at 100% | 50% after deductible |
| Cervical Cancer Screening | 1 per calendar year at 100% | 50% after deductible |
| Prostate Exam and PSA Test | 1 per calendar year at 100% | 50% after deductible |
| Colonoscopy | 100% | 50% after deductible |
| Office Visits | 20% after deductible | 50% after deductible |
| Telehealth Visit | \$0 copay (with Blue KC Virtual Care) | Not covered |
| Inpatient (waived if admitted twice in six months) | \$400 copay and 20% after deductible | \$800 copay and 50% after deductible |
| Emergency Room | \$200 copay and 20% after deductible | \$200 copay and 50% after deductible |
| Lab and X-ray | First \$150 of lab X-ray covered at 100%, then 20% after deductible. | First \$150 of lab and X-ray covered at 100%, then 50% after deductible. |
| Lab | 100% if tested at Quest | 50% after deductible |
| Chiropractic (40) Visits per Calendar Year (X-ray included) | 20% after deductible | 50% after deductible |
| Physical Therapy | Visit limit per medical necessity | |
| Hospice | 20% after deductible | 50% after deductible |
| Home Healthcare | 20% after deductible | 50% after deductible |
| Nutritional Counseling | 100% | 100% |
| All Other Covered Services | 20% after deductible | 50% after deductible |
| Hearing Aid Benefit | 20% after deductible. One set per 3-consecutive-year period. | 50% after deductible. One set per 3-consecutive-year period. |
| Prescription Drugs Out-of-Pocket Max. for Rx — \$1,500 Ind., \$3,000 Family | Generic copay applies to OTC smoking cessation, allergy, antacids, antifungal, asthma, and decongestants. Retail copay applies to smoking cessation prescription medications. | Member pays out of pocket and then sends receipts to Elixir for reimbursement. Reimbursed only contracted amount. |
| Retail Generic (30 days) | \$15 copay | Member pays out of pocket and then sends receipts to Elixir for reimbursement. Reimbursed only contracted amount. |
| Retail Brand (30 days) | 50% up to \$65 | |
| Retail Performance 90 Generic | \$25 copay | |
| Retail Performance 90 Brand | 50% up to \$130 | |
| Mail Order Generic (90 days) | \$25 copay | |
| Mail Order Brand (90 days) | 50% up to \$130 | |
| OTC Program (examples: Prilosec, Claritin) | \$15 generic, \$25 brand | |
| Smoking Cessation. One Treatment Cycle per Calendar Year \$2,000 Lifetime Max. Does Not Apply to Rx Out-of-Pocket Max. | \$15 OTC, 50% up to \$65 for Rx | |

WHERE DO I GO FOR THE BEST CARE?

Knowing where to go for medical care can save you a lot of time and money! It can also help get you the best care for your situation. Here are some general guidelines to assist you in determining the best option for you.

DOCTOR'S OFFICE



When you have any medical concern, your primary doctor can oversee your care, provide routine services, and refer you to specialists, if necessary.

- Routine checkups.
- Immunizations.
- Preventive services.
- Managing your overall health.

URGENT CARE



When you need care quickly, your primary doctor is not available, and your condition is not life-threatening. Some examples include:

- Sprains/strains.
- Minor broken bones.
- Earache/sore throat.
- Flu and fever (below 104°).
- Rash.

EMERGENCY ROOM



When you need immediate treatment of a serious or critical condition:

- Severe/life-threatening symptoms.
- Severe head injury.
- Excessive bleeding.
- Extreme pain.
- Shortness of breath.
- Broken bones.

LOWEST COST

MEDIUM COST

HIGHEST COST

Blue Distinction Specialty Care

The choices you make matter — especially when it comes to your care. When you are planning a medical procedure, the hospital or outpatient facility you select is important. It can have a direct impact on the care you receive and the outcome of your procedure. That's why Blue KC developed the Blue Distinction Specialty Care program to identify hospitals with proven expertise.

Blue Distinction Center and Blue Distinction + Center designations recognize hospitals delivering these types of specialty care:

- Bariatric surgery.
- Cardiac care.
- Complex and rare cancers.*
- Knee and hip replacement.
- Spine surgery.
- Transplants.

*Blue Distinction Center designation only.

To find hospitals recognized by the Blue Distinction Program, log in to www.bluekc.com, select "Find Care," then "Find a Doctor." Your search will indicate any facility recognized as a Blue Distinction Center or Blue Distinction+ Center.

FINDING A PROVIDER

To find an in-network provider near you, please call 816-531-0334 or visit www.bluekc.com. If searching online via www.bluekc.com, click find care at the top right of the home page.

GETTING STARTED WITH GRAND ROUNDS (BY INCLUDED HEALTH)

We're Here When You Need ...



A CHECKUP.

We'll find you the best physician in your area.



AN EXPERT.

We'll get you a second opinion or personalized care plan from a world-leading expert.



A HAND.

We'll book doctors' appointments, gather medical records, and handle all the details.



ANSWERS.

We'll tell you everything you need to know about a new diagnosis or existing condition.



SUPPORT.

We'll help you decide if surgery is right for you.

Who Can Use Grand Rounds?

All benefits-eligible Mo-Kan Sheet Metal Workers Welfare Fund Plan participants and their dependents.

How Much Does a Grand Rounds Consultation Cost?

Grand Rounds services are fully covered by the Mo-Kan Sheet Metal Workers Welfare Fund and available at no cost to you or your covered dependents.

Contact Us Today!

Desktop

1. Log on at www.grandrounds.com/mokansheetmetal.
2. Enter your email and password; then input your personal information to create your account.

Phone

Call us at 800-929-0926 to speak with a care coordinator and set up your account.

Mobile

1. Search "Grand Rounds" in the Apple App Store® or Google Play Store®.
2. Download the Grand Rounds app.
3. Enter your email and password; then input your personal information to create your account.

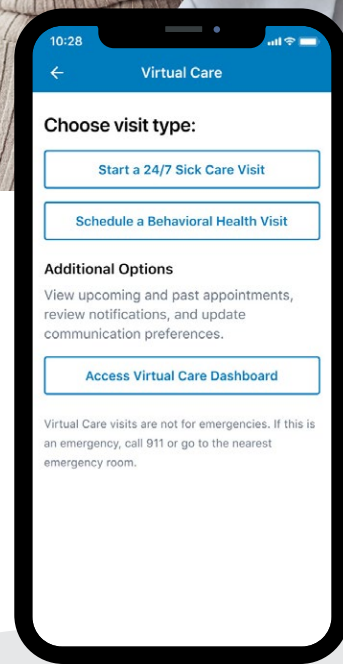
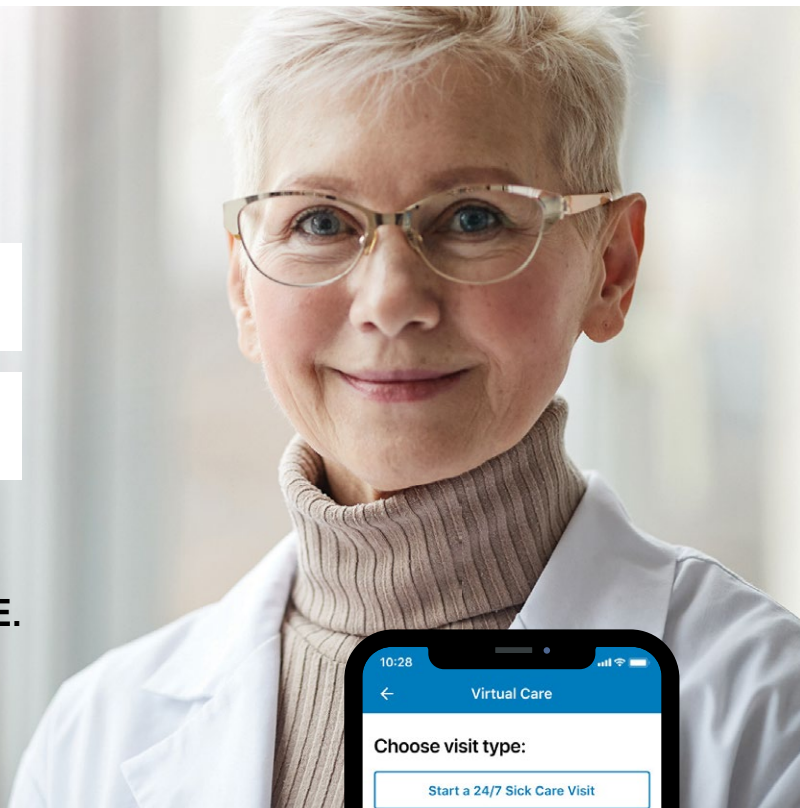
Raising the standard of healthcare for everyone, everywhere.

BLUE KC

VIRTUAL CARE

IS ALWAYS ON.

SO YOU HAVE AFFORDABLE ACCESS TO 24/7 HEALTHCARE.



Blue Cross and Blue Shield of Kansas City (Blue KC) provides our members with 24/7 sick care or for behavioral health needs by appointment. Now it's easier than ever for you to "see" a provider right from your smartphone, tablet or computer. Try out this convenient service the next time you need sick care or for behavioral health appointments.

ALWAYS PRIVATE AND SECURE.

URGENT OR SICK CARE NEEDS

- No appointment necessary
- \$0 Copay for Medical Visits

BEHAVIORAL HEALTHCARE NEEDS

- Therapists and psychiatrists are available for scheduled sessions
- Affordable visits based on your plan's benefits, and are subject to deductible and out of pocket maximum



To access **Blue KC Virtual Care**, download the **MyBlueKC** mobile app, or visit **BLUEKcvirtualcare.com**

Blue KC partners with American Well's (Amwell) Virtual Care Providers to provide our members with 24/7 sick care and behavioral health support by appointment.



Scan the QR code above with your mobile device to **download the App.**



Kansas City

DIABETES MANAGEMENT, SIMPLIFIED

If you or a covered dependent have diabetes, **Livongo for Diabetes** provides a simple, advanced blood glucose meter, and as many strips and lancets as you need, at no cost to you.



Livongo for Diabetes: It's all in the meter and on the house.



Personalized tips with each blood glucose check



Real-time support when you're out of range



Strip reordering, right from your meter



Optional family alerts keep everyone in the loop



Send a health summary report directly from your meter



Automatic uploads mean no more paper logbooks



Unlimited strips.
Unlimited lancets.
It's all free for you.

If you or a covered dependent have diabetes, join today at join.livongo.com/BLUEKC/register or call (800) 945-4355.

Use registration code: **BLUEKC**

This program is offered at no cost to Blue KC members and covered dependents with diabetes through your employer-sponsored health plan. Livongo is an independent company that manages the diabetes management program on behalf of Blue KC.



DENTAL BENEFITS

Mo-Kan will continue to provide dental coverage through Blue Cross and Blue Shield of Kansas City. Using an in-network dentist will enable you to take advantage of the best discounts available. This results in less cost to you and to the Plan. To find a network dentist, visit www.bluekc.com and look for the BlueDental PPO or BlueDental Choice Network. The GRID network is for members who live, work, or travel outside the Kansas City metropolitan area. These providers are Blue Cross contracted dentists.

The following is a brief summary of the dental benefits for next year.

| Benefit/Service | In-Network | Out-of-Area |
|---|--|--|
| Dental \$1,600 Calendar Year Maximum. Pediatric Dental (child up to 20th birthday) No Dollar Maximum | BlueDental PPO or BlueDental Choice available for the Kansas City area | GRID available for outside the Kansas City area |
| Deductible | \$25 | \$25 |
| Coinsurance | 20% | 20% |
| Preventive | 100% | 100% |
| Basic (Class II) | 20% after deductible | 20% after deductible |
| Major (Class III) | 20% after deductible | 20% after deductible |
| Orthodontia (Class IV) (\$1,850 lifetime maximum) Pediatric Ortho Maximum Is Waived With Medical Necessity. | 50% after deductible | 50% after deductible |

VISION BENEFITS

Proper vision care is an essential part of your health and safety. Davis Vision will continue to be our vision partner.

The program covers eye examinations and additional coverage for materials (such as glasses and contact lenses) at participating providers at a \$0 copay. The Davis network includes private practice providers and many convenient retailers such as Costco, Walmart, Sam's Club, Target, JCPenney, Visionworks, and contracted Pearle locations. For a complete list of providers near you, use the Provider Locator on www.davisvision.com/members, or call 800-999-5431.

Davis Vision Care

| | In-Network Benefits | Out-of-Network Benefits |
|--|---|---|
| Examinations | Once every 12 months | Once every 12 months |
| Lenses or Contact Lenses | Once every 12 months | Once every 12 months |
| Frames | Once every 12 months | Once every 12 months |
| Exam With Dilation, as Necessary | \$0 copay | Up to \$40 |
| Frames | \$0 copay \$350 max allowance for all materials (frame, lenses, lens options), plus 20% off balance over \$350 | Up to \$175 reimbursement maximum for all materials (frame, lenses, lens options) |
| Standard Plastic Lenses | | |
| Single Vision | | Up to \$175 reimbursement maximum for all materials (frame lenses, lens options) |
| Bifocal | Max allowance of \$350 for all materials (frame lenses, lens options) plus 20% off balance over \$350 | Up to \$175 reimbursement maximum for all materials (frame lenses, lens options) |
| Trifocal | | |
| Lens Options | | |
| Tint (solid and gradient) | | |
| UV Coating | | Up to \$175 reimbursement maximum for all materials (frame lenses, lens options) |
| Standard Scratch Resistance | Max allowance of \$350 for all materials (frame lenses, lens options) plus 20% off balance over \$350 | Up to \$175 reimbursement maximum for all materials (frame lenses, lens options) |
| Standard Polycarbonate | | |
| Standard Antireflective | | |
| Standard Progressive (add-on bifocal) | | |
| Other Add-Ons and Services | | |
| Contact Lenses | | |
| Conventional Contacts (in lieu of glasses) | \$0 copay, \$350 allowance, 15% discount off balance over \$350 | Up to \$175 |
| Disposable Contacts (in lieu of glasses) | \$0 copay, \$350 allowance, 15% discount off balance over \$350 | Up to \$175 |
| Medically Necessary Contacts | \$0 copay, paid in full | Up to \$175 |

Safety Eyeglass Program

By utilizing the safety eyeglass benefit with the comprehensive dress eyewear plan, one eye examination will cover both requirements. Davis Vision's Safety Frame Collection and Polycarbonate lenses meets or exceeds the Z87.1 American National Standard and the requirements of the Occupational Safety and Health Administration (OSHA) for impact resistance.

BASIC LIFE INSURANCE BENEFIT

For your peace of mind and the financial protection of your family, Mo-Kan provides active members with a Basic Life insurance benefit of \$10,000. Basic Retirees have a Life benefit amount of \$2,000, and Long-Term Retirees are provided with a \$3,000 Life benefit amount. Always make sure that your beneficiary information is up to date.

MINDFUL BY BLUE KC

Mo-Kan cares about your total health management, both physical and emotional. For that reason, Mo-Kan offers an Mindful Program for you and your family! The Mindful Program is available for services relating to marriage, children, stress, elder care, finances, child care, emotions, and personal growth. These services are available face-to-face, via telephone, or online. They are completely confidential and free of charge. Assistance is available 24 hours a day, 7 days a week. To speak to a counselor or learn more about these services available, call 800-302-6463 or visit www.mindfulbluekc.com.



NOTES

CONTACTS

Medical Plan

Blue Cross and Blue Shield
of Kansas City

www.bluekc.com

Phone: 816-531-0334 or
866-531-5488

Prescription Drug Plan

Elixir Solutions

www.elixirsolutions.com

Phone: 800-771-4648

Grand Rounds

[www.grandrounds.com/
mokansheetmetal](http://www.grandrounds.com/mokansheetmetal)

Phone: 800-929-0926

Dental Plan

Blue Cross and Blue Shield
of Kansas City

www.bluekc.com

BlueDental PPO or BlueDental Choice
GRID network — outside of Kansas
City

Vision Plan

Davis Vision

www.davisvision.com

Phone: 800-999-5431

Employee Assistance Program (EAP)

Mindful by Blue KC

www.mindfulbluekc.com

Phone: 800-302-6463

Mo-Kan Sheet Metal Workers Welfare Fund

P.O. Box 300019

Kansas City, MO 64130-0019

Phone: 816-531-0334
or 866-531-5488

Fax: 816-753-7252

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

