

PLUMBERS & PIPEFITTERS LOCAL NO. 553
HEALTH & WELFARE TRUST FUND SUMMARY PLAN DESCRIPTION

Summary of Material Modifications

This notice serves as an official Summary of Material Modifications (SMM) made to the Summary Plan Description for the Plumbers & Pipefitters Local No. 553 Health & Welfare Trust Fund (Plan). PLEASE READ THIS NOTICE CAREFULLY AND KEEP IT WITH YOUR PLAN AND SUMMARY PLAN DESCRIPTION (SPD) BOOKLET.

Please note that this SMM only provides information regarding the changes that have been made to Plan benefits and benefit provisions and does not provide all of the information that may be relevant to a particular benefit or benefit provision. For more information concerning the benefits and benefit provisions addressed by this SMM, you should consult the SPD booklet.

1. Effective May 1, 2024, the maximum out-of-pocket (per calendar year) for Tier 1 and Tier 2 benefits will be increased from \$20,000 to \$31,600 per individual and from \$40,000 to \$63,200 per family. Section II, B Out-of-Pocket Maximum will be deleted and replaced with the following:

Out-of-Pocket Maximum (per calendar year):

| | <u>Tier 1/Tier 2</u> | <u>Non-Network</u> |
|------------|-----------------------------|---------------------------|
| Individual | \$31,600 | N/A |
| Family | \$63,200 | N/A |

2. Section I, Effective Date of Dependents' Coverage is clarified by deleting the existing provision and replacing it with the following:

5. Effective Date of Dependents' Coverage

Coverage for an eligible spouse or child will be effective on the earliest of the following dates:

- Effective date of member, if Dependent is properly enrolled in the Plan;
- Date of birth, adoption or marriage if Dependent is not initially covered and notification and supporting documentation is received within 60 days of the date of the event; or
- Upon receipt of a completed enrollment form (and all supporting documentation).

3. Section VI, Doctor Service Benefit, In-Hospital Visits is clarified to read as follows:

In-Hospital Visits. If an employee or dependent, while covered, incurs Eligible Expenses for nonsurgical medical treatment by a Doctor while inpatient in a Hospital, those Eligible Expenses will be reimbursed at the rate of 100% after a \$15 co-pay per day if performed by a Tier 1 Doctor, or a coinsurance of 85% if performed by a Tier 2 Doctor or 70% if performed by a Non-Network Doctor.

Plan's "Grandfather 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 (618) 259-4379. 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.