

I.U.P.A.T. DISTRICT COUNCIL NO. 51

HEALTH AND WELFARE FUND

Fund Office: Zenith American Solutions, Administrator, 3 Gateway Center, 401 Liberty Ave., Ste. 1200, Pittsburgh, PA 15222-1024
Phone: (412) 471-2885 / 1-800-242-8923 / Fax: (412) 471-2891

Dear Participant:

This Summary of Material Modifications serves as your notice of material changes to the 2019 Summary Plan Description [SPD] of the IUPAT District Council No. 51 Health and Welfare Fund. These changes are effective as outlined below:

1. Updates to Preventive Services provided without participant cost-sharing as listed in Appendix A to the SPD.

The following changes reflect additional preventive services provided pursuant to updated recommendations from the United States Preventive Services Task Force [USPSTF]. The USPSTF recommendations are not static and are subject to future change:

- **Effective October 1, 2016**
Aspirin use (if prescribed) to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk (previously ages 50-57).
- **Effective October 1, 2018**
Bone Density Screening for all post-menopausal women and women over age 65.
- **Effective October 1, 2020**
Hepatitis C screening for adults ages 18 to 79 years and for pregnant women at their first prenatal visit.
- **Effective October 1, 2021**
 1. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use.
 2. Aspirin use by pregnant women at high risk of preeclampsia.
 3. Lung cancer screening for adults ages 50-80 (previously ages 55-80) at high risk because they are heavy smokers or have quit in the past 15 years.
 4. Diabetes (Type 2) screening for adults 35 to 70 years (previously 40 to 70) who are overweight or obese.
 5. Colorectal cancer screening for adults ages 45 to 75 (previously 50-75).

2. Clarification of section, “COORDINATION WITH MEDICARE”, subsection, “YOU, YOUR SPOUSE OR DEPENDENT ARE DISABLED”

This subsection is clarified in its original intent through the following amended text:

A disabled individual under age 65 becomes eligible for Medicare if the disability is certified by the Social Security Administration and has lasted at least 24 months. If this applies to you, your spouse or a covered dependent, you are required to immediately notify the Fund and to provide written documentation of such Medicare eligibility.

Upon your Medicare eligibility as a disabled individual under age 65, and only after you have documented your Medicare eligibility in writing to the Fund, you may be eligible for a reduced Required Monthly Contribution (prospective only), at a rate determined by the Trustees of the Fund from time to time. (This reduction in rate does not apply if only your spouse or covered dependent becomes Medicare eligible.) There will be no retroactive reduction in the Required Monthly Contribution if you fail to timely notify the Fund in writing of your Medicare eligibility.

Upon Medicare eligibility, Medicare will be considered primary and the Fund will be secondary, meaning that you must ensure that all claims incurred are processed first through Medicare before submission to the Fund for secondary coverage. However, if you are actively employed and your spouse or covered dependent becomes Medicare eligible, the Fund remains primary and Medicare is secondary. Medicare will become primary when you are no longer actively working.

Note that if you are retired and your disabled spouse has other group coverage as an active employee, benefits are payable in the following order:

- The spouse's coverage is the primary payer,
- Medicare is the secondary payer,
- IUPAT District Council No. 51 Health Fund pays as third payer up to the limit of the benefits provided by the Fund.

3. Required Monthly Contribution Owed for Retiree Coverage for Retirees below Age 65 who become eligible for Medicare based on disability.

The Fund previously notified you that effective January 1, 2022, the required monthly contribution for Retiree Coverage is \$360.00 per month for Retirees age 65 and over, and \$990.00 per month for Retirees under age 65.

For all Retirees under age 65 who became disabled and who documented their Medicare eligibility to the Fund before March 1, 2022, those disabled Retirees owe a \$360.00 Required Monthly Contribution for their Retiree coverage.

For all Retirees under age 65 who become disabled and Medicare eligible, and who document their Medicare eligibility to the Fund in writing on or after March 1, 2022, those disabled Retirees will owe a Required Monthly Contribution of \$675.00 per month. Upon reaching age 65, those disabled Retirees will owe the normal Required Monthly Contribution of \$360.00 per month for their Retiree coverage. This prospective increase in the Required Monthly Contribution Rate for disabled Retirees under age 65 has been adopted to safeguard the financial integrity of the Plan for the benefit of all plan participants; current disabled Retirees are grandfathered at the existing rate for reasons of fairness.

In either event, upon your Medicare eligibility, Medicare becomes the primary provider and you must ensure that your claims are submitted to Medicare before they are submitted to the Fund for secondary coverage.

All Required Monthly Contributions owed to the Plan for Retiree coverage (including for grandfathered disabled Retirees) are subject to future change from time to time by further Trustee action.

All other rules of the Plan remain unchanged and are more fully described in the SPD dated January 2019.

Please keep this Notice with your copy of the 2019 SPD for future reference.