

**SUMMARY OF MATERIAL MODIFICATIONS TO  
THE HEALTH AND BENEFIT TRUST FUND OF THE INTERNATIONAL UNION OF  
OPERATING ENGINEERS LOCAL UNION NO. 94-94A-94B, AFL-CIO**

**To: All Participants and Beneficiaries in the Health and Benefit Trust Fund of the International Union of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO**

**From: The Plan Administrator of the Health and Benefit Trust Fund of the International Union Operating Engineers Local Union No. 94-94A-94B, AFL-CIO**

**Re: Extension of Coverage for Layoffs due to the COVID-19 Pandemic**

**Date: June 22, 2020**

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*This document is a Summary of Material Modifications (“SMM”) intended to notify you of important changes to the eligibility requirements applicable to termination of benefits under the Health and Benefit Trust Fund of the International Union of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO (the “Plan”). All changes noted below are effective as of March 1, 2020. This summary is intended to satisfy the requirements for issuance of a SMM under the Employee Retirement Income Security Act of 1974, as amended. You should take the time to read this SMM carefully and keep it with the Summary Plan Description (“SPD”) that was previously provided to you. If you need another copy of the SPD or if you have any questions regarding this change to the Plan, please contact the Plan Administrator during normal business hours at: 331-337 West 44<sup>th</sup> Street, New York, New York, 10036, telephone number: (212) 541-9880.*

The terms of the Plan specify when coverage ends for terminated employees who were covered under the Plan. Unless otherwise specified by the Board of Trustees (the “Trustees”), generally, the effective date of an employee’s termination of coverage is the later of the last day of the month following the month in which the employee terminates Covered Employment (as defined in the Plan), including retirement, or the date that the employee’s Contributing Employer stops making contributions to the Plan.

Due to the COVID-19 pandemic, the Trustees have amended the foregoing rule regarding termination of benefits. Effective as of March 1, 2020, an employee who is covered under the Plan, and has been laid off from Covered Employment solely as a result of the COVID-19 pandemic, will be covered under the Plan for an additional two calendar months after the last day of the month following the month in which the employee terminates Covered Employment.

For example, under the prior rule, if an employee who was covered under the Plan terminated Covered Employment on March 15, 2020, the employee would continue to be covered under the Plan until April 30, 2020. Pursuant to the new rule, if an employee who was covered under the Plan was laid off from Covered Employment solely as a result of the COVID-19 pandemic on March 15, 2020, the employee would continue to be covered under the Plan until June 30, 2020 (two calendar months after April 30, 2020).

The Trustees intend to continue this policy until further notice. The Trustees reserve the right to modify or terminate this policy at any time in their sole and absolute discretion. Furthermore, it is solely in the Trustees’ discretion whether the policy applies to a Plan participant in any particular case.

This SMM is intended to provide you with an easy-to-understand description of certain changes to the Plan. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this SMM and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases.

The Board of Trustees or its duly authorized designee, reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement"). The Trust Agreement is available at the Fund Office and may be inspected by you free of charge during normal business hours.

No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the plan documents, make any promises to you about benefits under the Plan, or to change any provision of the Plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters arising under the Plan.

### **IMPORTANT GOVERNMENT NOTICE REGARDING THE PLAN'S GRANDFATHERED PLAN STATUS**

The Board of Trustees believes that the Plan is a "grandfathered plan" as such term is defined under the Patient Protection and Affordable Care Act of 2010 (more commonly known as Health Care Reform). As permitted by Health Care Reform, a grandfathered health plan can preserve certain basic health coverage that was already in effect when Health Care Reform was enacted. Being a grandfathered health plan means that the medical coverage that you have elected under the Plan may not include certain consumer protections of Health Care Reform that apply to other group health plans, for example, the requirement for the provision of preventive health services without any cost sharing (*i.e.*, copayments, coinsurance, deductibles). 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 and extension of coverage to dependents until age 26. 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 during normal business hours at: 331-337 West 44th Street, New York, New York, 10036, telephone number: (212) 541-9880. You may also contact the Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered plans.