

**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**

**Commercial Division**

**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: Notice of Plan changes for the following:**

- **Retiree Premiums Effective June 1, 2019**
- **Co-Payments Effective July 1, 2019**
- **Eligibility Requirements for Retiree Coverage Effective January 1, 2020**

**Date: April 1, 2019**

---

*This document is a Summary of Material Modifications (“SMM”) intended to notify you of important changes under the Health and Benefit Trust Fund of the International Union of Operating Engineers Local Union No. 94-94A-94B, AFL-CIO (“the Plan”). 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) 331-1800.*

The Board of Trustees of the Plan (the “Board”) wish to announce the following Plan changes effective June 1, 2019, July 1, 2019 and January 1, 2020, respectively:

**RETIREE PREMIUMS WILL BE INCREASED EFFECTIVE JUNE 1, 2019**

Effective June 1, 2019, Retirees who meet the eligibility requirements for coverage under the Plan will be required to pay the following **increased premiums** in order to continue their health coverage under the Plan:

**Basic Retirees** under age 65, who have the basic benefit Plan, will pay \$445.00 for either individual or family coverage per month.

**Medicare Retirees** under or over age 65, who are eligible for Medicare, will pay \$445.00 for either individual or family coverage per month.

**PPO Retirees** under age 65, who are ineligible for Medicare and wish to purchase the PPO Benefit, will have to pay \$850.00 for either individual or family coverage per month.

Retiree premiums are subject to change from time to time.

## CO-PAYMENTS EFFECTIVE JULY 1, 2019

The Board has approved **changes to co-payments** effective as of July 1, 2019, and is pleased to announce that several co-payments have been reduced as set forth below. All Plan design exclusions and limitations remain unchanged.

<b>Commercial Division Actives &amp; Commercial Retired PPO</b>	<b>Current Co-Pay/Cost for Participant</b>	<b>Co-Pay for Participant Effective 7/1/19</b>
<b>Primary Care Physician</b>	<b>\$30</b>	<b>\$20</b>
<b>Specialist</b>	<b>\$30</b>	<b>\$40</b>
<b>Urgent Care</b>	<b>\$30</b>	<b>\$40</b>
<b>Emergency Room</b>	<b>\$50</b>	<b>\$70</b>
<b>Lab</b>	<b>\$10</b>	<b>\$15</b>
<b>LiveHealth Online</b>		
<b>Medical</b>	<b>\$49</b>	<b>\$15</b>
<b>Allergy</b>	<b>\$49</b>	<b>\$15</b>
<b>LiveHealth Online Mental Health</b>		
<b>Psychology - Therapist</b>	<b>\$80</b>	<b>\$15</b>
<b>Psychology - Psychologist</b>	<b>\$95</b>	<b>\$15</b>
<b>Psychiatry – Initial Evaluation</b>	<b>\$175</b>	<b>\$15</b>
<b>Psychiatry – Follow up</b>	<b>\$75</b>	<b>\$15</b>

## RETIREE ELIGIBILITY REQUIREMENTS EFFECTIVE JANUARY 1, 2020

Retirees are eligible for applicable benefits under Section 4 of the SPD. Effective January 1, 2020, in order to be **eligible for Retiree Benefits** under the Plan (as described under Section 4 of the SPD), Retirees, regardless of disability status, must satisfy all of the following requirements:

- Must be at least age 62 on their respective retirement date under the Central Pension Fund,
- Have at least twenty-five (25) years of Total Credited Service (as defined in the Central Pension Plan),
- Be receiving a pension under the Central Pension Plan,
- Must have continuous coverage under the Fund for the fifteen (15) years immediately preceding their respective retirement date under the Central Pension Plan, and
- Must pay the required premiums set forth under Section 4 of the SPD, as amended from time to time.

Sincerely,

Board of Trustees, Health and Benefit Trust Fund of the International Union of Operating Engineers of Local 94-94A-94B, AFL-CIO

*This SMM is intended to provide you with an easy-to-understand description of material issues concerning 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. 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 NOTICE REGARDING THE PLAN'S GRANDFATHERED PLAN STATUS**

Trustees believe that the Plan is a "grandfathered plan" as such term is defined under PPACA (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 (Le., copayments, coinsurance, deductibles). However, grandfathered health plans must comply with certain other consumer protections in Health Care Reform, 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) 331-1800). 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.