

PLEASE KEEP THIS IN YOUR FUND BOOKLET

PLUMBERS AND PIPEFITTERS MEDICAL FUND

7130 Columbia Gateway Drive, Suite A
Columbia, MD 21046

January 2025

SUMMARY OF MATERIAL MODIFICATIONS

Dear Participant,

The Board of Trustees of the Plumbers and Pipefitters Local 5 Medical Fund announces changes in Plan benefits. Please review this information carefully, noting effective dates of the changes, and share it with your spouse and family.

Keep this Summary of Material Modifications with your Summary Plan Description (SPD) booklet so that you may refer to it if you have any questions in the future.

I. RETIREE MEDICAL OPT-OUT

Participants retiring on and after January 1, 2025 who are covered by other health insurance may elect a one-time option to suspend Retiree coverage through the Fund in order to participate in the other coverage *at the time of retirement*. Suspended Retiree, Spouse and/or Dependent coverage can be reinstated in the future, should you, your Spouse and/or Dependent decide to terminate the other coverage.

In order to qualify for future reinstatement of Retiree coverage through the Fund, you must file a Retiree Coverage Suspension Election form (available from the Fund Office) with the Fund Office prior to suspending Retiree coverage *and* you must complete a Retiree Coverage Resumption Form and return it to the Fund Office no later than 60 days after your other coverage has ended. In addition, you will be required to provide evidence that you, your Spouse and/or Dependent were continuously covered under other coverage during the full suspension period.

While in suspension status, you and your Dependents will not be eligible for any benefits under the Plan, including but not limited to prescription drug coverage, vision, dental, use of the Wellness Center, and the Death Benefit.

II. ADDITIONS TO DENTAL BENEFITS

Effective January 1, 2025, the following dental benefits are added:

Dental Implants – Dental implants will be covered at 50% in-network for Participating dentists through United Concordia Elite Plus Network or at 50% of the Dental Fee Schedule for services received at Non-Participating Dentists. Dental Implant benefits are subject to the annual dental benefit maximum of \$3,500 per person and Dental Benefit Deductible.

Mouth Guard for Bruxism – Mouth guards for bruxism are covered for eligible individuals age 19 and over. Mouth guards for bruxism are subject to the annual dental benefit maximum of \$3,500 per person and Dental Benefit Deductible.

III. REMINDER ABOUT EXPLANATION OF BENEFITS (EOB) AND PAYMENT OF CLAIMS

After you or your Dependent receives medical services from a provider, you will receive an Explanation of Benefits (EOB) from the Fund. The EOB will detail the services provided to you or your Dependent, the cost of those services charged by your provider, and the amount of that cost, if any, that will be paid by the Fund. Receipt of an EOB means that the Fund has received a claim from your provider and has processed that claim. **If you receive a bill for medical services directly from a provider or collections agency and have not received an EOB from the Fund for those services, contact the Fund Office.**

Claims for benefits must be submitted to the Fund within one year after the date of service. In the event a claim is not filed within one year from the date the service is rendered, the claim will not be paid by the Fund.

IV. REMINDER TO REPORT CHANGES IN DEPENDENT STATUS!

The Plan provides for coverage for your Eligible Dependents. This includes your lawful Spouse. It does NOT INCLUDE your FORMER SPOUSE. If you become divorced, your former spouse is NO LONGER ENTITLED TO COVERAGE UNDER THIS PLAN as your Dependent.

You are required to notify the Fund Office in writing if you become divorced or if there are other changes in who are your Eligible Dependents. The information you must provide to the Fund Office is set forth on page 51 of the SPD.

In the event that you or your Dependent fails to notify the Fund Office of any change in Dependent status resulting in ineligibility for benefits and the Fund continues to provide benefits on behalf of that former Dependent, the Participant and/or the beneficiary will be held liable and will be required to reimburse the Fund for the sum of all benefits paid after the date on which the beneficiary no longer meets the definition of Dependent. In other words, if the Fund has paid claims on your behalf or on behalf of your Dependents that you or the Dependent is not entitled to, the Trustees have the right to seek recovery from you, including the right to reduce future benefit payments by the amount of the erroneous payment. The Trustees also have the right to recover such overpayments, to the extent of the error or excess, from any insurance company or other organization.

Also, if benefits are paid as a result of false information or a misleading or fraudulent representation, you will be required to repay all amounts and you will be liable for all costs of collection including attorney fees.

V. MEDICARE-ELIGIBLE PARTICIPANTS AND COORDINATION OF BENEFITS **REMINDER**

If you or your Dependent becomes eligible for Social Security at age 65 while you are still working, coverage by Medicare is possible even if you don't retire. Medicare includes hospital insurance benefits (called "Part A") as well as supplementary medical insurance (called "Part B"). It is important that you or your Dependent visit an office of the Social Security Administration during the three-month period before your or your Dependent's 65th birthday to learn all about Medicare. If you have any questions on the coverage provided by this Plan or need help in comparing benefits offered by this Plan and Medicare, please contact the Fund Office.

Benefits payable for Covered Expenses incurred by a Covered Person who is also eligible for Medicare or entitled to benefits from another Health Plan shall be coordinated so that the total amount payable shall not exceed 100% of the expense incurred.

Effective February 1, 2024, all retired Medicare-eligible participants and dependents will be automatically enrolled in the Humana Medical and Prescription Drug Plan (MAPD Plan). The following two paragraphs describe how coordination of benefits with Medicare and the MAPD Plan works.

When you or your Dependent reaches age 65 while you are still working, or if you are covered under this Plan as a Disabled Employee not receiving any form of pension benefits, benefits are paid under this Plan before they are paid under Medicare.

If you or your spouse retires while you are covered under this Plan (even if you retire because of Disability), you will be covered under the MAPD Plan when you reach age 65 and become eligible and enrolled in Medicare. You will be covered under the MAPD Plan once you and your spouse retire and turn age 65. As a covered pensioner, or Dependent of a pensioner who is covered by the MAPD Plan you should submit all of your medical claims to Humana. It is important that you or your Dependent enroll for Medicare at age 65, or if disabled prior to age 65, when you are eligible for Medicare coverage.

BE SURE TO ENROLL IN BOTH PART “A” AND PART “B” OF MEDICARE. YOU MUST BE ENROLLED IN MEDICARE PARTS “A” AND “B” TO BE ELIGIBLE FOR COVERAGE UNDER THE MAPD PLAN. IF YOU ARE ELIGIBLE FOR MEDICARE PARTS “A” AND “B” AND FAIL TO ENROLL, YOU WILL NOT BE ELIGIBLE FOR BENEFITS UNDER THE MAPD PLAN.

VI. BOARD OF TRUSTEES

The Trustees for the Plumbers and Pipefitters Local 5 Medical Fund are:

UNION TRUSTEES

Terriea Smalls, Chairman
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9200 Corporate Blvd., Suite 240
Rockville, MD 20850

Sincerely,

BOARD OF TRUSTEES

SMM (A) /SPD 1/2025

Español: Si usted tiene dificultad entendiendo cualquier parte de este folleto, contacte a BeneSys, Inc, el administrador del Plan, en la Oficina del Fondo en 7130 Columbia Gateway Drive, Suite A, Columbia, Maryland 21046. Nuestras horas de oficina son desde las 8:30 A.M. a 5:00 P.M. de Lunes a Viernes. Usted también puede llamar a la oficina del Administrador del Plan al 1-800-741-9249 o 410-872-9500 para asistencia.