



Asbestos Workers Local 24 Medical Fund Asbestos Workers Local 24 Pension Fund

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ASBESTOS WORKERS LOCAL 24 MEDICAL FUND Summary of Material Modification # 10

The Board of Trustees of the Asbestos Workers Local 24 Medical Fund announces the following dental benefit changes. Please keep this SMM with your Summary Plan Description. These changes are effective April 1, 2023.

I. IMPROVEMENTS AND CHANGES TO VISION BENEFITS

The following changes are being made to improve vision benefits for participants.

Vision Benefits through National Vision Administrators – Effective April 1, 2023, the Fund will provide vision benefits through National Vision Administrators (“NVA”). NVA is a Preferred Provider Organization specializing in vision care at negotiated rates. The Plan/NVA will provide you with a list of its participating vision specialists, private practice providers, and retail chain providers from which you can select vision care services. You can also access the provider directory at www.e-nva.com. Under the Fund’s arrangement with NVA, annual eye examinations (plus one follow-up exam) for you and each of your dependents will be fully covered when you utilize an NVA provider. Moreover, you and your dependents will each receive \$300 in retail allowance for lenses, frames and contacts each year.

Although the Fund will not cover eye examinations at out-of-network (non-NVA) providers, you and your Dependents will still receive the annual \$300 allowance for lenses, frames, and contacts at non-NVA providers.

NVA also offers the EYEESENTIAL Discount Plan, which includes significant discounts on materials through participating NVA network providers. After you or your Dependent have exhausted the \$300 maximum, you are eligible to access the EYEESENTIAL Plan discount on additional purchases during the annual period. Other valuable services include Lasik discounts, contact replacements by mail, retinal scan for \$39, hearing aid discounts at Nations Hearing and discounts at www.glasses.com.

The following item will be added to Page 67 of the Summary Plan Description, under **Benefit Schedule of Allowances**:

Increased Benefit Limit – Effective April 1, 2023, the maximum annual vision benefit limit for Members, Dependents and Retirees will increase to \$300 per person.

II. NUTRITIONAL COUNSELING

The Plan is also adding coverage for Nutritional Counseling effective July 1, 2023 as follows:

Nutritional counseling when prescribed by a physician, will be covered for children and adults for the following conditions: cardiovascular disease; diabetes; eating disorders; gastro-intestinal disorders; hypertension; kidney

disease; seizures and chronic obstructive pulmonary disease. Counseling will be provided for 3 visits in year one; two visits per year after year one.

REMINDERS!!!

Dependent Coverage

Remember that children of Employees continue to be covered by the Fund until they reach age twenty-six (26). Natural, adopted, step and foster children no longer have to remain unmarried or show they are dependent upon the Employee for support. "Children" also include other children who depend upon the Employee for support and who live with the Employee in a regular parent-child relationship. Except as otherwise provided in the Summary Plan Description, coverage for your Eligible Dependent child will end on the last day of the month in which the child turns age 26.

Each Covered Child or other dependent must be listed on a "Dependent Eligibility Form" signed by the Employee and filed with the Fund Office, along with evidence or proof of status satisfactory to the Trustees. Each change in Dependent enrollment after the initial enrollment must be submitted with evidence or proof of Child or other Dependent status satisfactory to the Trustees.

Change in Marital Status

If you become divorced, your former spouse is no longer covered as of the effective date of your divorce. You are required to notify the Fund immediately if you become divorced. If you fail to notify the Fund, your former spouse's continued use of Fund coverage after the date of the divorce will be considered an act of fraud, and you and your spouse will be responsible for repaying the Fund for any benefits so provided. Furthermore, as provided on page 21 of the Summary Plan Description, you and your former spouse have sixty (60) days from the date your divorce becomes effective to notify the Fund Office in order to self-pay for continued coverage under the Fund's COBRA self-payment rules.

Medicare Reminder

Please remember, ***if you are a Retiree or a Dependent, you are required to enroll in Medicare Parts A and B as soon as you are eligible.*** Medicare is generally available to all individuals who are either disabled or age 65 and has three parts – Hospital Insurance (Part A), Medical Insurance (Part B) and Prescription Drug Benefits (Part D). Part A covers inpatient Hospital care and generally is available at no cost. Part B covers doctors' services, outpatient hospital services and other medical supplies and requires a monthly premium. Part D covers prescription drugs and also requires a monthly premium. ***If you are a Medicare-eligible Retiree or Dependent, you are required to sign up for Medicare Parts A and B, even though you will have to pay a premium for Part B. You are not required to sign up for Part D (Prescription Drug Coverage).*** For a full explanation, see the Summary Plan Description, p. 70 and the Annual Medicare Prescription Drug notice, or contact the Fund Office.

Grandfathered Plan

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 the Fund 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 the telephone numbers listed below. 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.

Credit Cards Accepted by Medical Fund

The **Asbestos Workers Local 24 Medical Fund** accepts credit card payments for self-pays, those electing COBRA and direct pay of retiree premiums. All major credit cards **except** American Express are accepted.

Retirees who elect to make a direct quarterly payment of retiree premiums may request the form from the Fund Office if they wish to charge their premiums to a credit card. A separate form will be required for each payment being authorized to the credit card and will not be automatically recharged each quarter.

Please note that if you elect to make your self-pay by credit card and any adjustments are made later (due to credit for late hours received, reciprocity, sick hours, etc.,) the same credit card will be refunded for the calculated adjustment.

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Very truly yours,

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