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SUMMARY OF MATERIAL MODIFICATION TO THE PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND

October 2024

To: Active and Pre-Medicare Retired Participants and COBRA Beneficiaries

From: The Board of Trustees

Re: Important Changes to Your Medical Benefits

The Board of Trustees is committed to providing quality and affordable benefits to you and your family. This Summary of Material Modification ("SMM") describes changes to the eligibility rules, medical network, and out-of-network benefits under the Plumbers and Steamfitters Local 21 Welfare Fund ("Plan"), effective January 1, 2025. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

Change to Eligibility Rules Effective January 1, 2025

The **current** initial and maintenance of eligibility rules require you to work:

- Five hundred (500) hours for one or more Participating Employer(s) during a designated 6-month Work Period; or
- One thousand (1,000) hours for one or more Participating Employer(s) during a designated 12-month Work Period.

You are covered for benefits for the calendar quarter ("Benefit Quarter") following the Work Period in which you accumulate the required number of hours, as follows:

Work Period		**Benefit Quarter**
12-Month Work Period	*6-Month Work Period*	
December 1st to November 30th	June 1st to November 30th	January 1st to March 31st
March 1st to February 28th	September 1st to February 28th	April 1st to June 30th

June 1st to May 31st	December 1st to May 31st	July 1st to September 30th
September 1st to August 31st	March 1st to August 31st	October 1st to December 31st

Your work history is reviewed as of the end of each subsequent Work Period to see if you continue to meet the eligibility rules. If you work the required number of hours during a Work Period, your coverage will automatically continue for the following Benefit Quarter, uninterrupted.

Effective for Coverage in the Benefit Quarter beginning January 1, 2025, the initial and maintenance of eligibility rules will require you to work **600 hours** in the prior 6-month Work Period, or **1,200** hours in the prior 12-month Work Period, as follows:

- **Six hundred (600)** hours for one or more Participating Employer(s) during a designated 6-month Work Period; or

- **Twelve hundred (1,200)** hours for one or more Participating Employer(s) during a designated 12-month Work Period.

Please note that there is no change to the current self-pay option. You will continue to be able to self-pay for up to a maximum of fifty (50) hours to achieve the required hours to maintain eligibility. However, you may **not** self-pay to gain initial eligibility.

Change to Medical Network and Elimination of Out-of-Network Benefits Effective January 1, 2025

Effective January 1, 2025 the Fund has changed its medical network from the Anthem Preferred Provider Organization ("Anthem PPO") to the Anthem Blue Access Exclusive Provider Organization ("Anthem Blue Access EPO"). **This new network is an in-network program only, meaning that coverage under the Fund will be available only if you use providers who participate in the Anthem Blue Access Network.** However, coverage will still be provided as if it were in-network when you receive care from an out-of-network provider to treat an emergency, or as otherwise required under the Affordable Care Act ("ACA") and No Surprises Act ("NSA").

Please note that the Anthem Blue Access EPO Network is very similar to the PPO network that you currently have. Below summarizes the differences:

- There is no coverage for non-emergency out-of-network services under the Blue Access EPO, unless required under the ACA or NSA.

- The Anthem Blue Access EPO network is narrower than the current Anthem PPO, meaning that not all providers that are in-network under the current Anthem PPO are in-network under the Anthem Blue Access EPO. However, the network is different depending on whether you receive services in or outside of New York.

    - <u>When services are received in New York (also called "in-area"):</u> Only providers that specifically participate in the Anthem Blue Access EPO are considered in-network. **This means that if you generally receive care in New York, your provider <u>must</u> participate in the Anthem Blue Access EPO in order for services to be covered.**

- When services are received outside of New York (also called "out-of-area"): All providers that participate in the nationwide BlueCard PPO network are considered in-network. **This means that if you generally receive care outside of New York, there is effectively no change to the network of providers you may choose from, but the provider must participate in the nationwide BlueCard PPO network to be covered since the Fund no longer covers services provided by an out-of-network provider.**

The vast majority of the Fund's participants are already using providers that participate in the Anthem Blue Access EPO network and in most instances, this change will not impact you. However, you should always check with Anthem to verify whether your medical providers participate in the Anthem Blue Access EPO network so that you can ensure that you are covered for any services.

To check whether a provider participates in the Anthem Blue Access EPO network, please go to https://www.anthem.com/find-care/ or log into the Anthem Sydney app. You can use the member ID prefix "PLZ" to check whether a provider participates in the Anthem Blue Access EPO Network.

PLEASE NOTE THAT YOU WILL RECEIVE A NEW ANTHEM MEDICAL ID CARD PRIOR TO THE JANUARY 1, 2025 EFFECTIVE DATE THAT REFLECTS YOUR NEW ANTHEM MEMBER ID AND GROUP NUMBERS UNDER THE ANTHEM BLUE ACCESS EPO NETWORK.

STARTING JANUARY 1, 2025, YOU SHOULD PROVIDE THIS UPDATED ID CARD INFORMATION TO ALL OF YOUR PROVIDERS. YOU MUST UTILIZE ONLY THIS NEW ID CARD.

Change to Medical Out-of-Pocket Maximum Effective January 1, 2025

Out-of-pocket maximums limit your potential out-of-pocket medical expenses you incur each year. Effective January 1, 2025, the calendar year annual out-of-pocket limit of $3,000 per individual and $7,500 per family will increase to $3,500 per individual and $8,750 per family. Please note that the out-of-pocket maximum applicable to prescription drug benefits is separate and remains the same at $3,520 per individual and $8,800 per family.

As always, the Fund Office is available to assist you with any questions that you might have. If you have any questions, please contact the Fund Office at 914-737-7220.

Sincerely,

Board of Trustees
Plumbers and Steamfitters Local 21 Welfare Fund