

PLEASE KEEP THIS IN YOUR FUND BOOKLET

WASHINGTON, DC CEMENT MASONS WELFARE FUND
7130 Columbia Gateway Drive, Suite A
Columbia, MD 21046

Summary of Material Modification #2
December 2019

To: All Participants under the Washington, DC Cement Masons Welfare Fund (“the Plan”)
From: Board of Trustees

This Notice, called a “Summary of Material Modification”, SMM, advises you of changes in the information presented in the Plan’s Summary Plan Description (“SPD”) that was previously provided to you. Please read this Notice. If you have any questions, contact the Fund Office at (410) 872-9500.

A recent dramatic rise in medical claims has forced the Trustees to take action to stabilize Plan funding, prevent future losses, and rebuild the Plan’s financial health. As a result, the following changes have been made:

ITEM I. COVERAGE FOR OUT-OF-NETWORK BENEFITS

Effective March 1, 2020 the Trustees have eliminated the Plan’s coverage for claims incurred on an out-of-network basis. The only exception to this rule is that the Plan will continue to cover out-of-network claims incurred to treat Emergency Medical Conditions. If you receive care from an out-of-network provider, and such care is rendered in a situation that does not qualify as an emergency as defined by the Plan, then your claim will not be covered by the Plan and you will have to pay for the entire cost of the claim out of your own pocket.

Page 21 of the Summary Plan Description is modified as follows:

MEDICAL BENEFITS

Comprehensive Major Medical Benefits (Employees and Dependents in Tier One)*

Percentage of Covered Expenses Paid by Plan	70%
Percentage of Covered Expenses Paid by Employee/Dependent	30% (after deductible)
Percentage of Covered Expenses Paid by Plan – Preventive Services (In Network)	100%
Percentage of Covered Expenses Paid by Plan – (Out-of-Network, Non-Emergency)	0%
Individual Deductible (includes prescription costs)	\$500
Family Deductible (includes prescription costs)	\$1,000
Individual Out-of-Pocket Expense Maximum for Medical	\$4,500

Family Out-of-Pocket Maximum for Medical	\$9,000 (for family coverage, each individual in the family must pay 100% until either (a) the individual has paid \$7,150 (medical and/or prescription), or (b) the family's total covered costs reach the family out-of-pocket max)
Maximum Benefit Paid by Plan (Per Individual)	The Plan does not have a monetary limit on essential health benefits, as defined under the ACA.**

Comprehensive Major Medical Benefits (Employees and Dependents in Tier Two)*

Percentage of Covered Expenses Paid by Plan	65%
Percentage of Covered Expenses Paid by Employee/Dependent	35% (after deductible)
Percentage of Covered Expenses Paid by Plan – Preventive Services (In Network)	100%
Percentage of Covered Expenses Paid by Plan – (Out-of-Network, Non-Emergency)	0%
Individual Deductible (includes prescription costs)	\$750
Family Deductible (includes prescription costs)	\$1,500
Individual Out-of-Pocket Expense Maximum for Medical	\$5,500
Family Out-of-Pocket Maximum for Medical	\$10,500 (for family coverage, each individual in the family must pay 100% until either (a) the individual has paid \$7,150 (medical and/or prescription), or (b) the family's total covered costs reach the family out-of-pocket max)
Maximum Benefit Paid by Plan (Per Individual)	The Plan does not have a monetary limit on essential health benefits, as defined under the ACA.**

*In Network and Out of Network Benefits, unless otherwise specified

**Determined in accordance with applicable guidance from the Department of Health and Human Services.

Further, page 26 of the SPD is revised to read as follows:

MEDICAL BENEFITS

PREFERRED PROVIDER ORGANIZATION (PPO)

The Trustees have retained the services of CareFirst BlueCross BlueShield Preferred Provider Organization (PPO) – groups of Physicians, specialists, and Hospitals, which have agreed to provide their services to Fund Participants at discounted rates.

~~It is not mandatory to use the PPO network. However, by using the PPO, there is considerable savings to both you and the Fund. Remember, under this Plan, you are responsible for paying 30% of the charges after the deductible. The higher the charges, the more you have to pay.~~

The CareFirst BlueCross BlueShield PPO Directory lists the participating Physicians and Hospitals. It is a guide to assist you in identifying providers and is organized by specialty and geographical location. Please contact the Fund Office for a copy of the directory. The directory and provider look-up capabilities are also available at www.carefirst.com.

As you might expect, the list of health care providers participating in the PPO changes periodically. The list in the directory is as complete as our procedures allow at the time of issue. However, because some listed providers may no longer participate in the PPO, you must check with your provider each time you request health care services. This will ensure that your provider is still participating so that you and the Fund will be afforded the appropriate discounts.

Designation of Primary Care Providers and/or OB/GYN

You have the right to select any primary care provider who participates in the Fund's network and who is available to accept you or your family members. For children, you may select a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact CareFirst at 1-800-235-5160 or online at www.carefirst.com.

Page 40 of the SPD is updated to add the following to **Section 7 GENERAL PLAN EXCLUSIONS AND LIMITATIONS:**

(38) Charges for non-emergency medical services provided out-of-network.

ITEM II. BOARD OF TRUSTEES (Update to page 8 of the SPD):

The Trustees for the Washington, DC Cement Masons Welfare Fund are:

UNION TRUSTEES

Bill Ousey
Mid-Atlantic District Council
of Plasterers and Cement Masons
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Rockville, MD 20852

George Rusk
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15020 Shady Grove Road
Rockville, MD 20850

Sincerely,
BOARD OF TRUSTEES

SMM #2 / SPD - November 2017