

PLEASE KEEP THIS IN YOUR SUMMARY PLAN DESCRIPTION

**MAN-U SERVICE CONTRACT TRUST FUND
PO Box 99184
TROY, MI 48099**

Summary of Material Modification #14

This Notice, called a "Summary of Material Modification" (SMM), advises you of a change in the information presented in the Man-U Service Contract Trust Fund's Hourly Contribution Rate Plan Summary Plan Description (SPD) that was previously provided to you. If you have any questions, contact the Fund Office at (800) 638-8824.

This SMM describes how the Plan covers emergency room visits for Hourly Class II dependent(s) when the visit results in an admission and Hospice benefits for all Hourly Class II employees and their dependents.

Emergency Room Visits for Class II Dependents

Effective January 1, 2024, the Fund will provide coverage (at the normal in-network and out-of-network Schedule of Benefits rates) for Emergency Room Visits for Hourly Class II dependents when visit results in an admission. Below is an outline of the benefit:

Description	Benefit (Employees)		Benefit (Dependents)	
	In-Network	Out-of- Network	In-Network	Out-of- Network
Annual Deductible (per person)	\$150	\$150	\$150	\$150
Maximum Annual Benefit	Unlimited		Unlimited	
Emergency Room Expenses	70% after \$50 Deductible; waived if admitted into Hospital	50% after \$50 Deductible; waived if admitted into Hospital	70% after \$50 Deductible; waived if admitted into Hospital	50% after \$50 Deductible; waived if admitted into Hospital

Note: If the emergency room visit does not result in an admission, the services rendered to your dependent(s) will not be covered by the Fund.

Hospice Benefit

Effective January 1, 2024, the Fund will provide coverage (at the normal in-network and out-of-network Schedule of Benefits rates) for Hospice Services for Hourly Class II employees and their dependents. Below is an outline of the benefit:

Description	Benefit (Employees)		Benefit (Dependents)	
	In-Network	Out-of- Network	In-Network	Out-of- Network
Annual Deductible (per person)	\$150	\$150	\$150	\$150
Maximum Annual Benefit	Unlimited		Unlimited	
Hospice and Home Health Care	70%	50%	70%	50%

If you have any questions about this notice, your health benefits or eligibility, you can contact the Fund Office at (800) 638-8824, Monday through Friday from 9:00 a.m. until 5:00 p.m.

The Trustees continue to reserve the right to amend, modify, or terminate the Fund and any or all benefits provided thereunder.

The Trustees are:

<u>Employer Trustees</u>	<u>Union Trustees</u>
Sam Jefferson (Fund Chairman) Impact Imaging Ent., Inc. 8240 Cumberland Road New Kent, VA 23124	Julio Palomo Baltimore/Washington Laborers' 11951 Freedom Drive, Suite 310 Reston, VA 20190
William Grace 310 Fairway Lane Yorktown, VA 23693	Sonia Vasquez Luna PSE Local Union 572 5627 Allentown Road, Suite 207 Camp Springs, MD 20746
Janice Grace 310 Fairway Lane Yorktown, VA 23693	Thomas P. Borum Local 1310 233 Washington Street Wilkes Barre, PA 18701
Maria Herbert MCH Consulting Services, LLC 3200 Stone Harbour Court Suffolk, VA 23435	Ryan N. Boyer Jr. Regional Business Representative Laborers' District Council 665 N Broad St. 5 th Floor Philadelphia, PA 19123

Sincerely,
The Board of Trustees

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NOTICE OF GRANDFATHERED STATUS

The Board of Trustees believes that the Fund 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 the 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 Carday Associates, NOW apart of BeneSys, Inc. at (800) 638-8824 toll free. You may also contact the Employee Benefits Security Administration of the 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.