

Office Location
33 Fitch Boulevard
Austintown, Ohio 44515
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Plumbers & Pipefitters Local 396 Health & Welfare Fund

Summary of Material Modifications

Date of Notification: March 2026

Dear Participant:

Special Enrollment

If you did not enroll with the Plan upon first becoming eligible for coverage under the Plan, or you did not enroll a Dependent with the Plan when they first became eligible, due to being covered under different health insurance or under another group health plan, you may later enroll yourself and your Dependent(s) with the Plan by requesting enrollment within 60 days after your or your Dependent's other coverage ends (or after the employer stops making contributions toward the other health coverage).

Additionally, if you have a new Dependent due to marriage, birth, adoption, or placement for adoption, you may enroll yourself and your Dependent(s) with the Plan by requesting enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

Furthermore, if you did not enroll a Spouse with the Plan within 60 days after they became eligible for coverage, and you thereafter acquire a Dependent Child by birth, adoption, or placement for adoption, you may then enroll your Spouse and new Dependent Child by requesting enrollment within 60 days after the Dependent Child's birth or placement for adoption. If your Spouse and new Dependent Child did not enroll with the Plan in the manner described above because they were covered under different health insurance, you may later enroll them with the Plan by requesting enrollment within 60 days after their other coverage is terminated, as long as their other coverage was terminated because: (1) your Spouse lost eligibility for the other coverage due to termination of employment, reduction of hours of employment, death, divorce, or legal separation; (2) your Spouse's employer stopped making contributions toward the other health coverage; or (3) your Spouse's coverage was exhausted (this only applies if their health coverage was provided through COBRA).

Second and Third Medical Opinions

The Plan will cover patient costs related to obtaining a second medical opinion in order to help you determine whether to undergo medical treatment. Additionally, if the first two medical opinions contradict one another, the Plan will cover patient costs related to obtaining a third medical opinion. The extent to which the Plan will cover patient costs related to obtaining a second and/or a third medical opinion will be based on how reasonable and customary the costs are.

As always, we, the Board of Trustees, continuously strive to provide you and your family with the best benefits and security available. If you should have any questions or wish to receive further information concerning this matter, please contact the Fund Office.

This SMM is intended to provide you with an easy-to-understand description of certain changes to the Plan. This SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this SMM and the Plan, or if any provision or feature is not discussed in this SMM or is only partially discussed, then the terms of the Plan will govern in all such cases.

The Board of Trustees reserves the right to amend the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with applicable law, the amendment procedures established under the Plan and the Trust Agreement. The Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the Plan and decide all matters arising under the Plan.