



# BRICK MASONS TRUST FUNDS

Bricklayers Local No 4 Southern California

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## SUMMARY OF MATERIAL MODIFICATIONS

TO: Brick Masons Health and Welfare Fund All Participants

FROM: Board of Trustees

RE: Various Changes

DATE: June 2015

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The Board of Trustees announces the following changes effective **September 1, 2015**.

### Eligibility Requirement

Effective for **September 1, 2015** eligibility (July 2015 hours), the monthly hours required for eligibility will increase from 100 to 120. Note that the current initial eligibility requirement of 400 hours and the current maximum eligibility requirement of 600 hours will remain unchanged.

### Annual Out-of-Pocket Maximum Under the Fee-for-Service (PPO) Medical Plan

If you are enrolled in the PPO plan, there is currently no limit to how much you could pay out-of-pocket in a given year. Effective **September 1, 2015**, a \$2,000 individual / \$6,000 family annual out-of-pocket maximum will be implemented. Once you have satisfied the annual out-of-pocket maximum, the plan will pay 100% of Covered Expenses.

The out-of-pocket maximum will apply to your calendar year deductible, copayments, and coinsurance. The out-of-pocket maximum will not apply to premiums, balance billing amounts for non-network providers, or services that the plan does not cover.

Please note that the annual out-of-pocket maximum will be on a calendar-year basis, and will therefore reset every January 1.

### Requirement for New Participants to Enroll in the PPO Plan for at Least One Year

Effective for **September 1, 2015** eligibility (July 2015 hours), new participants will be required to enroll in the PPO plan for their first twelve (12) months of coverage.

After 12 consecutive months of enrollment in the PPO plan, a participant may change their election to the Kaiser or United Healthcare plans through either the open enrollment process (on May 1 of each year) or self-directed enrollment, whichever occurs first. However, if the eligibility of the Covered Employee and his Dependents are terminated, but he otherwise re-enrolls in the Medical Plan within twelve (12) months of being so terminated, he and his Dependents can enroll in the Medical Plan they were in immediately before his eligibility was terminated.

Please include this Summary of Material Modification with your current Summary Plan Description booklet (effective May 1, 2008). If you have any questions about your current benefits and eligibility, please contact the Trust Administrative Office at **(626) 646-1080**.

This document has been uploaded and is available on the participant website at [www.bac4cabenefits.org](http://www.bac4cabenefits.org).