

Plumbers and Pipefitters Local Union #94

Health and Welfare Fund

3660 Stutz Drive, Suite 101
Canfield, OH 44406
Phone: 330-779-8874
Fax: 330-270-0912

October 1, 2026

Dear Participant:

Included in this mailing are the following plan notifications:

- Creditable Coverage Notices for Prescription Drug Coverage
- Annual Notices
 - HIPAA Notice of Special Enrollment Rights
 - Reminder of Availability of HIPAA Notice of Privacy Practices
 - Women's Health and Cancer Rights Act (WHCRA)
 - Newborns' and Mothers' Health Protection Act of 1996
- Notice of Non-Discrimination

Please contact us with any questions once you have reviewed the information.

Sincerely,
Board of Trustees

Plumbers and Pipefitters Local Union #94

Health and Welfare Fund

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Important Notice from Plumbers and Pipefitters Local Union #94 Health and Welfare Fund About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Plumbers and Pipefitters Local Union #94 Health and Welfare Fund (the “Fund”) and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Board of Trustees of the Fund has determined that the prescription drug coverage offered by the Fund is, on average for all participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Fund coverage will be affected as follows:

Options Available to Retiree Members and/or Their Dependents with Medicare:

- You can keep your current medical and prescription drug coverage with the Fund and you do not have to enroll in a Medicare prescription drug plan. You may, in the future, enroll in a Medicare prescription drug plan during Medicare's annual enrollment period (October 15th through December 7th each year).
- You can enroll in a Medicare prescription drug plan. You cannot keep your current prescription drug coverage with the Fund if you enroll in a Medicare prescription drug plan. Your medical coverage will continue. Your contribution for coverage will remain unchanged but you will no longer have prescription drug coverage under the Fund. **Be aware that the individual who elects Medicare D coverage will lose this coverage and that individual will be unable to come back into the prescription drug coverage under the Fund.**
- You can choose to drop your current medical and prescription drug coverage with the Fund and enroll in a Medicare prescription drug plan. You should know that if you do this, you can never come back into the medical and prescription drug coverage under the Fund. **Be aware that the individual who drops medical and prescription drug coverage will lose this coverage and that individual will be unable to obtain coverage under the Fund.**

Options Available to Active Members and/or Their Dependents with Medicare:

- You can keep your current medical and prescription drug coverage with the Fund and you do not have to enroll in a Medicare prescription drug plan. You may, in the future, enroll in a Medicare prescription drug plan during Medicare's annual enrollment period (October 15th through December 7th each year).
- You can enroll in a Medicare prescription drug plan. You can keep your current medical and prescription drug coverage with the Fund. If you do this, the Fund will pay primary to the Medicare prescription drug plan.

For All Retirees and Active Members and/or Their Dependents with Medicare:

You can keep your current coverage with the Fund and not enroll in a Medicare prescription drug plan. It is important that you compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area before making any decision to enroll in a Medicare prescription drug plan. Retirees and/or their dependents with Medicare should perform this comparison as well before choosing to drop medical and prescription drug coverage with the Fund.

The Fund currently provides prescription drug benefits through a retail pharmacy and mail order program. Under the Fund's program, you pay 10% coinsurance for generic drugs, 20% coinsurance for brand drugs with no generic substitute available, or 30% coinsurance for brand drugs when a generic is available. In addition, your current medical coverage under the Fund pays for other health expenses, in addition to prescription drugs.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Fund and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly

premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without Creditable Coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following open enrollment period (October 15th through December 7th each year) to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the Fund Administrator for additional information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Fund changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for the telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 1, 2026
Name of Entity/Sender:	Plumbers and Pipefitters Local #94 Health and Welfare Fund
Contact:	Fund Administrator
Address:	3660 Stutz Drive, Suite 101, Canfield, Ohio 44406
Phone Number:	(330) 779-8874

Prior to January 1, 2026, the Fund was 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 that law was enacted. Effective January 1, 2026, the Fund will be a "non-grandfathered health plan" under the Affordable Care Act.

Being a grandfathered health plan means that a plan need not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventative 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 Fund Administrator, 3660 Stutz Drive, Suite 101, Canfield, Ohio 44406. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or at <http://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/grandfathered-healthplans>. This website has a table summarizing which protections do and do not apply to grandfathered and non-grandfathered health plans.

ANNUAL NOTICES FOR ELIGIBLE EMPLOYEES AND DEPENDENTS OF THE PLUMBERS AND PIPEFITTERS LOCAL #94 HEALTH AND WELFARE FUND

Please review the information carefully.

October 1, 2026

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this Plan. However, you must request enrollment within 90 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, please contact the Plan Administrator at 3660 Stutz Drive, Suite 101, Canfield, Ohio 44406, 1-800-435-2388 or (330) 779-8874.

Reminder of Availability of HIPAA Notice of Privacy Practices

As you know, the Plan maintains a HIPAA Notice of Privacy Practices ("Privacy Notice") describing how health information about individuals covered under the Plan may be used and disclosed. While we distributed the Privacy Notice to all covered individuals previously, the HIPAA Privacy Rule requires that, at least every three years, we notify currently covered individuals of the availability of the Privacy Notice and how to obtain a copy of it.

You may obtain a copy of our Privacy Notice by writing to/contacting the Plan Administrator at 3660 Stutz Drive, Suite 101, Canfield, Ohio 44406, 1-800-435-2388 or (330) 779-8874.

Women's Health and Cancer Rights Act

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your Plan Administrator at 1-800-435-2388 or (330) 779-8874 for more information.

Newborns' and Mothers' Health Protection Act of 1996

The Newborns' and Mothers' Health Protection Act of 1996 requires group health plans that offer maternity hospital benefits for mothers and newborns to pay for at least a 48-hour hospital stay for the mother and newborn following childbirth (or, in the case of cesarean section, a 96-hour hospital stay), unless the attending provider, in consultation with the mother, decides to discharge.

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NOTICE OF NONDISCRIMINATION

Discrimination Is Against the Law

The Plumbers and Pipefitters Local Union #94 Health and Welfare Fund (the “Health Plan”) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). The Health Plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

The Health Plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Health Plan at **(330) 779-8874**.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at the Health Plan’s website:
<https://www.ourbenefitoffice.com/ualocal94/Benefits/>

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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (330) 270-0453 or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (330) 270-0453 o hable con su proveedor.

中文 (Chinese) 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 (330) 270-0453 或咨询您的服务提供商。

Tiếng Việt (Vietnamese) LƯU Ý: Nếu bạn nói một ngôn ngữ khác, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các dịch vụ và trợ giúp bổ sung phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng có sẵn miễn phí. Gọi (330) 270-0453 hoặc nói chuyện với nhà cung cấp của bạn.

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon tulon sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa (330) 270-0453 o makipag-usap sa iyong provider.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. (330) 270-0453 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Հայերեն (Armenian) ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք այլ լեզվով, ձեզ հասանելի են անվճար լեզվակալն աջակցության ծառայություններ: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համար համապատասխան օժանդակ օժանդակ միջոցներն ու ծառայությունները նույնպես հասանելի են անվճար: Հանգահարեք (330) 270-0453 կամ խոսեք ձեր մատակարարի հետ

فارسی (Persian) توجه: اگر به زبان دیگری صحبت می کنید، خدمات کمکی و کمکی مناسب کمک زبان رایگان برای شما در دسترس است. خدمات کمکی و کمکی برای ارائه اطلاعات در قالب های قابل دسترس نیز به صورت رایگان در دسترس هستند. با (330) 270-0453 تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону (330) 270-0453 или обратитесь к своему поставщику услуг.

日本語 (Japanese) 注意: 別の言語を話す場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助手段やサービスも無料でご利用いただけます。(330) 270-0453 に電話するか、プロバイダーにお問い合わせください。

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (330) 270-0453 أو تحدث إلى مقدم الخدمة.

ਗੁਰਮੁਖੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਦੁਕਵੀਆਂ ਸਹਾਇਕ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। (330) 270-0453 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

ខ្មែរ (Khmer) យកចិត្តទុកដាក់:

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ ឬស្វែងរកព័ត៌មានក្នុងភាសាខ្មែរ យើងនឹងស្វែងរកព័ត៌មានសមស្របសម្រាប់អ្នក។ យើងនឹងស្វែងរកព័ត៌មានសមស្របសម្រាប់អ្នកដែលមានតម្រូវការពិសេស ដូចជា ប្រើប្រាស់កម្រិតខ្ពស់នៃភាសាខ្មែរ ឬស្វែងរកព័ត៌មានក្នុងភាសាខ្មែរ។
ទូរស័ព្ទទៅ (330) 270-0453
ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Hmoob (Hmong) CEEB TOOM: Yog tias koj hais lwm hom lus, muaj kev pabcuam lus pub dawb rau koj. Cov kev pabcuam tsim nyog thiab cov kev pabcuam los muab cov ntaub ntawv hauv cov qauv siv tau kuj muaj pub dawb. Hu rau (330) 270-0453 lossis tham nrog koj tus kws kho mob.

हिंदी (Hindi) ध्यान दें: यदि आप दूसरी भाषा बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक उपकरण और सेवाएँ भी निःशुल्क उपलब्ध हैं। (330) 270-0453 पर कॉल करें या अपने प्रदाता से बात करें।

ภาษาไทย (Thai) หมายถึง: หากคุณพูดภาษาอื่น คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี นอกจากนี้ ยังมีบริการช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โปรดโทร (330) 270-0453 หรือพูดคุยกับผู้ให้บริการของคุณ