

U.A. Local No. 393 Benefit Funds

PLUMBERS, STEAMFITTERS & REFRIGERATION FITTERS

1731 Technology Drive, Suite 570 ■ San Jose, CA 95110
P.O. Box 2460 ■ San Jose, CA 95109-2460
Phone (408) 588-3751 ■ Fax (408) 436-8210

NOTICE OF MATERIAL MODIFICATIONS to the U.A. Local 393 Health and Welfare Plan (As revised November 1, 2019)

TO: All Participants and Beneficiaries of the U.A. Local No. 393 Health and Welfare Plan

FROM: The Trustees of the Plan

DATE: August 2020

This document is a Summary of Material Modifications (“Summary”) intended to notify you of important changes made to the U.A. Local No. 393 Health and Welfare Plan (“the Plan”). You should take the time to read this summary carefully and keep it with the copy of the SPD that was previously provided to you. Please note that, in the event of conflict between this Summary and the terms of the Plan, the terms of the Plan will govern. If you have any questions about these changes you should call the Plan Administrator at the number above or the Member Advocate at (408) 464-3738.

The Trustees of the Plan have made the following change to the Plan Rules:

Out-of-work List/layoff/termination of employment:

If your hour bank runs out because of unemployment, under normal plan rules you are required to sign the out-of-work list in order to be eligible to make self-payments for coverage under the Plan’s self-payment program. Effective March 16, 2020, the Board of the Trustees has waived this requirement if you demonstrate to the satisfaction of the Trustees that you are unable to engage in employment because:

- a. You are under quarantine (including state or county-imposed quarantine or quarantine at the direction of a health care provider or employer); or
- b. You are engaged in caregiving for your child who is not ill because of a COVID-19 related school closure or other COVID-19 related care facility closure

If you have any other questions about this or any other provision of your health and welfare coverage please call the Trust Fund Office at the number above or the Member Advocate at (408) 464-3738.

U.A. Local No. 393 Benefit Funds

PLUMBERS, STEAMFITTERS & REFRIGERATION FITTERS

1731 Technology Drive, Suite 570 ■ San Jose, CA 95110
P.O. Box 2460 ■ San Jose, CA 95109-2460
Phone (408) 588-3751 ■ Fax (408) 436-8210

NOTICE OF MATERIAL MODIFICATIONS to the U.A. Local 393 Health and Welfare Plan (As revised November 1, 2019)

TO: All Participants and Beneficiaries of the U.A. Local No. 393 Health and Welfare Plan

FROM: The Trustees of the Plan

DATE: August 2020

This document is a Summary of Material Modifications (“Summary”) intended to notify you of important changes made to the U.A. Local No. 393 Health and Welfare Plan (“the Plan”). You should take the time to read this summary carefully and keep it with the copy of the SPD that was previously provided to you. Please note that, in the event of conflict between this Summary and the terms of the Plan, the terms of the Plan will govern. If you have any questions about these changes you should call the Plan Administrator at the number above or the Member Advocate at (408) 464-3738.

The Trustees of the Plan have made the following change to the Plan Rules:

Effective September 16, 2019, the Plan has been amended to remove the \$350 per day maximum for out of network providers at in network facilities. This means claims for out of network providers at in-network facilities will now be paid at 60% at the Usual, Customary and Reasonable Rate with no per day maximum.

If you have any other questions about this or any other provision of your health and welfare coverage please call the Trust Fund Office at the number above or the Member Advocate at (408) 464-3738.

U.A. Local No. 393 Benefit Funds

PLUMBERS, STEAMFITTERS & REFRIGERATION FITTERS

1731 Technology Drive, Suite 570 ■ San Jose, CA 95110
P.O. Box 2460 ■ San Jose, CA 95109-2460
Phone (408) 588-3751 ■ Fax (408) 436-8210

NOTICE OF MATERIAL MODIFICATIONS to the U.A. Local 393 Health and Welfare Plan (As revised November 1, 2019)

TO: All Participants and Beneficiaries of the U.A. Local No. 393 Health and Welfare Plan

FROM: The Trustees of the Plan

DATE: August 2020

This document is a Summary of Material Modifications (“Summary”) intended to notify you of important changes made to the U.A. Local No. 393 Health and Welfare Plan (“the Plan”). You should take the time to read this summary carefully and keep it with the copy of the SPD that was previously provided to you. Please note that, in the event of conflict between this Summary and the terms of the Plan, the terms of the Plan will govern. If you have any questions about these changes you should call the Plan Administrator at the number above or the Member Advocate at (408) 464-3738.

The Trustees of the Plan have made the following change to the Plan Rules:

Effective January 1, 2020, the Plan has expanded the items that are eligible for reimbursement as qualified medical expenses under the Health Reimbursement Account to now include the following items:

- 1. All medications and drugs, including over the counter medications or drugs. A prescription from a doctor is no longer required.**
- 2. Menstrual care products, including tampons, liner, cups, sponge or similar product used by a woman.**

Please also note that expenses for medical marijuana are ineligible for reimbursement and that you must keep your receipts for all Benny Card purchases and provide them to the Fund Office.

Receipts or requests for substantiation can be sent to: receipts@ualocal393benefits.org or fax to (248) 556-2597.

If you have any other questions about this or any other provision of your health and welfare coverage please call the Trust Fund Office at the number above or the Member Advocate at (408) 464-3738.

U.A. Local No. 393 Benefit Funds

PLUMBERS, STEAMFITTERS & REFRIGERATION FITTERS

1731 Technology Drive, Suite 570 ■ San Jose, CA 95110
P.O. Box 2460 ■ San Jose, CA 95109-2460
Phone (408) 588-3751 ■ Fax (408) 436-8210

NOTICE OF MATERIAL MODIFICATIONS

to the

U.A. LOCAL 393 HEALTH AND WELFARE PLAN

(As revised November 1, 2019)

TO: All Participants and Beneficiaries of the U.A. Local No. 393 Health and Welfare Plan

FROM: The Trustees of the Plan

DATE: August 2020

This document is a Summary of Material Modifications (“Summary”) intended to notify you of important changes made to the U.A. Local No. 393 Health and Welfare Plan (“the Plan”). You should take the time to read this summary carefully and keep it with the copy of the SPD that was previously provided to you. Please note that, in the event of conflict between this Summary and the terms of the Plan, the terms of the Plan will govern. If you have any questions about these changes you should call the Plan Administrator at the number above or the Member Advocate at (408) 464-3738.

The Trustees of the Plan have made the following change to the Plan Rules:

Currently, the Plan requires short-term disability benefits to commence on the 8th consecutive day of disability due to illness. Effective March 16, 2020, the Plan has been amended to waive this disability waiting period if you have had your disability waiting period waived by the California State Disability Insurance because of COVID-19 illness.

If you have any other questions about this or any other provision of your health and welfare coverage please call the Trust Fund Office at the number above or the Member Advocate at (408) 464-3738.

U.A. Local No. 393 Benefit Funds

PLUMBERS, STEAMFITTERS & REFRIGERATION FITTERS

1731 Technology Drive, Suite 570 ■ San Jose, CA 95110
P.O. Box 2460 ■ San Jose, CA 95109-2460
Phone (408) 588-3751 ■ Fax (408) 436-8210

NOTICE OF MATERIAL MODIFICATIONS

to the

U.A. LOCAL 393 HEALTH AND WELFARE PLAN

(As revised November 1, 2019)

TO: All Participants and Beneficiaries of the U.A. Local No. 393 Health and Welfare Plan
FROM: The Trustees of the Plan
DATE: August 2020

This document is a Summary of Material Modifications (“Summary”) intended to notify you of important changes made to the U.A. Local No. 393 Health and Welfare Plan (“the Plan”). You should take the time to read this summary carefully and keep it with the copy of the SPD that was previously provided to you. Please note that, in the event of conflict between this Summary and the terms of the Plan, the terms of the Plan will govern. If you have any questions about these changes you should call the Plan Administrator at the number above or the member advocate at (408) 464-3738.

The Trustees of the Plan have made the following change to the Plan Rules:

Effective September 1, 2020, the Self-Funded PPO Plan will cover the following benefits:

- 1. Long-term acute hospital benefits**
- 2. Cochlear implants (a written recommendation from an otolaryngologist or state certified audiologist is required)**
- 3. ABA Therapy (pre-authorization and a diagnosis of autism is required)**

After the deductible, the Plan will pay 90% of the applicable contracted Preferred Provider rate or 60% of the Usual Customary and Reasonable Charge for non-PPO for the above services.

If you have any other questions about this or any other provision of your health and welfare coverage please call the Trust Fund Office at the number above or the Member Advocate at (408) 464-3738