



Asbestos Workers Local 24 Medical Fund Asbestos Workers Local 24 Pension Fund

7130 Columbia Gateway Drive, Suite A
Columbia, MD 21046

(410) 872-9500
(410) 872-1275 Fax

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ASBESTOS WORKERS LOCAL 24 MEDICAL FUND Summary of Material Modification # 5

The Board of Trustees of the Asbestos Workers Local 24 Medical Fund welcomes the former members of the Heat and Frost Insulators & Allied Workers Local 85. A copy of the Fund's Summary Plan Description ("SPD") has been enclosed for your reference. In addition, please note the following changes:

I. Initial Eligibility for Former Members of Local 85

Page 14 of the SPD describes how members obtain initial eligibility for medical coverage under the Local 24 Medical Fund. Please note the following special rules for Local 85 members:

Former members of Local 85 who have been merged into Local 24 shall be eligible for initial coverage under the Local 24 Medical Fund for the quarter beginning March 1, 2022 if they have accrued a total of at least 400 contributory hours creditable under *either* the Local 24 Medical Fund or under the National Asbestos Workers Medical Fund in the preceding work quarter. In other words, you must have at least 400 hours for which contributions were remitted to either the National Fund or the Local 24 Fund in the months of October, November and December of 2021.

Please review page 16 the SPD for the Local 24 Fund's self-payment rules if you do not have 400 hours in the preceding work quarter.

II. Eligibility for Local 85 Retirees

Former members of Local 85 who are enrolled in retiree coverage under the National Asbestos Workers Medical Fund as of February 28, 2022 can be eligible for retiree coverage under the Asbestos Workers Local 24 Medical Fund effective March 1, 2022. Please review page 30 the SPD for the Local 24 Fund's rules on maintaining retiree coverage. We have enclosed in this packet forms that must be completed in order for you to elect to continue your retiree coverage through the Local 24 Fund. *If you do not elect to continue your retiree coverage at this time, you will not be able to resume retiree coverage from the Local 24 Fund at a later time.*

The Quarterly premiums for retiree coverage under the Local 24 Medical Fund are:

Retirees and Spouses Eligible for Medicare

\$336 per person, per quarter

Retirees and Spouses Not Eligible for Medicare (Age 55 and Under)

\$1,575 per person, per quarters

Retirees and Spouses Not Eligible for Medicare (Age 56 - 64)

\$756 per person, per quarter

Dependent Children Cost Under Any of the Above

\$284 per Child per quarter up to a maximum of
\$568 per quarter for two (2) or more Children

Premium payments are due in advance of the Eligibility Quarters beginning March, June, September and December.

As noted below, the Fund also accepts most credit card payments.

REMINDERS!!!

III Dependent Coverage

Remember that children of Employees continue to be covered by the Fund until they reach age twenty-six (26). Natural, adopted, step and foster children no longer have to remain unmarried or show they are dependent upon the Employee for support. "Children" also include other children who depend upon the Employee for support and who live with the Employee in a regular parent-child relationship. Except as otherwise provided in the Summary Plan Description, coverage for your Eligible Dependent child will end on the last day of the month in which the child turns age 26.

Each Covered Child or other dependent must be listed on a "Dependent Eligibility Form" signed by the Employee and filed with the Fund Office, along with evidence or proof of status satisfactory to the Trustees. Each change in Dependent enrollment after the initial enrollment must be submitted with evidence or proof of Child or other Dependent status satisfactory to the Trustees.

IV. Change in Marital Status

If you become divorced, your former spouse is no longer covered as of the effective date of your divorce. You are required to notify the Fund immediately if you become divorced. If you fail to notify the Fund, your former spouse's continued use of Fund coverage after the date of the divorce will be considered an act of fraud, and you and your spouse will be responsible for repaying the Fund for any benefits so provided. Furthermore, as provided on page 21 of the Summary Plan Description, you and your former spouse have sixty (60) days from the date your divorce becomes effective to notify the Fund Office in order to self-pay for continued coverage under the Fund's COBRA self-payment rules.

V. Medicare Reminder

Please remember, ***if you are a Retiree or a Dependent, you are required to enroll in Medicare Parts A and B as soon as you are eligible.*** Medicare is generally available to all individuals who are either disabled or age 65 and has three parts – Hospital Insurance (Part A), Medical Insurance (Part B) and Prescription Drug Benefits (Part D). Part A covers inpatient Hospital care and generally is available at no cost. Part B covers doctors' services, outpatient hospital services and other medical supplies and requires a monthly premium. Part D covers prescription drugs and also requires a monthly premium. *If you are a Medicare-eligible Retiree or Dependent, you are required to sign up for Medicare Parts A and B, even though you will have to pay a premium for Part B. You are not required to sign up for Part D (Prescription Drug Coverage).* For a full explanation, see the Summary Plan Description, p. 70 and the Annual Medicare Prescription Drug notice, or contact the Fund Office.

VI. Grandfathered Plan

This plan 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 that 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 the telephone numbers listed below. You may also contact the Employee Benefits Security Administration, 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.

VII. Credit Cards Accepted by Medical Fund

The **Asbestos Workers Local 24 Medical Fund** accepts credit card payments for self-pays, those electing COBRA and direct pay of retiree premiums. All major credit cards **except** American Express are accepted.

Retirees who elect to make a direct quarterly payment of retiree premiums may request the form from the Fund Office if they wish to charge their premiums to a credit card. A separate form will be required for each payment being authorized to the credit card and will not be automatically recharged each quarter.

Please note that if you elect to make your self-pay by credit card and any adjustments are made later (due to credit for late hours received, reciprocity, sick hours, etc.,) the same credit card will be refunded for the calculated adjustment.

VIII. Board of Trustees

The Board of Trustees of the Asbestos Workers Local 24 Medical Fund is:

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Laurel, MD 20707

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901 Montgomery Street
Laurel, MD 20707

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Insulators Local 24
901 Montgomery Street
Laurel, MD 20707

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Elkridge, MD 21075

Very truly yours,

The Board of Trustees

SPD 05/2019 SMM #5