

# Laundry and Dry Cleaning Workers Local No. 52 Health & Welfare Trust Fund

Administered By: Benefit Programs Administration  
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July 2025

## **Laundry & Dry Cleaning Workers Local No. 52 Health & Welfare Trust Health Plan Benefit Changes (Summary of Material Modifications)**

This notice constitutes a summary of material modifications (SMM) to your health care plan. This SMM modifies some of the information contained in the Summary Plan Description (SPD) for the Laundry & Dry Cleaning Workers Local No. 52 Health & Welfare Trust (Trust). Keep this notice with your Summary Plan Description and other important plan documents. In the event of any discrepancy between this SMM and the SPD, the provisions of this SMM will govern.

### IMPORTANT PLAN CHANGES

***The following changes apply only to participants and beneficiaries enrolled in the United Concordia DPPO Arizona Dental plan.***

Effective **July 1, 2025**, the Trust will have the following changes:

#### **1. Changes in Dental Benefits**

Effective July 1, 2025, your United Concordia (UCCI) DPPO Dental benefits are improving. Please refer to the Schedule of Benefits attached for specifics on plan coverage and your cost share for dental services. Under the new plan design, coinsurance rates for in-network providers have increased across all service classes, including full coverage (100%) for Class I services (diagnostic and preventive care). Additionally, Class II (basic services) and Class III (major services) are now covered at 50% coinsurance when using non-network providers.

### **Questions?**

This SMM must be read in conjunction with the Plan's Summary Plan Description (SPD) and all previous SMMs issued. If you need another copy of the SPD or these SMMs, contact the Administrative Office at 1-800-524-8687.

Questions regarding these changes can be directed to the Administrative Office at 1-800-524-8687. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: 1-800-524-8687.

This summary is intended to satisfy the requirement for issuance of a SMM under ERISA. You should take the time to read this SMM carefully and keep it with the SPD that was previously provided to you.