

Laundry and Dry Cleaning Workers Health & Welfare Trust

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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.

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.

The following changes apply to all participants

Effective June 1, 2024, the Trust is making the following changes to the SPD:

On Page 3 of the SPD, the section titled "When will I lose my eligibility for benefits?" is modified as follows:

- The language stating "Unless coverage is continued under COBRA, your eligibility for benefits terminates on the last day of the calendar month following the month the last required employer contribution was paid as shown in the table below" is deleted.
- The table captioned "Termination Table" is deleted in its entirety.
- In place of the above language, the following is the text of this section:

"Unless coverage is continued under COBRA, your eligibility for benefits terminates according to the Continuing Eligibility Table. So, for example, if the required contribution is paid for the month of January, you will continue to be eligible for the months of February and March even if your employment terminates before the end of January.

Your eligibility for benefits will also terminate on the date the Board of Trustees terminates the benefits provided by the Plan or the Plan of Benefits to which you belong."

As a result of the above-described changes, the table that begins on page 1 captioned "Continuing Eligibility Table" is applicable to both terminated employees and active employees otherwise eligible for benefits.

The “Continuing Eligibility Table” (which can be found at page 1 of the SPD) is reproduced below for reference:

If the required contributions are paid for the month of:	You will continue to be eligible for benefits during the month of:
January	March
February	April
March	May
April	June
May	July
June	August
July	September
August	October
September	November
October	December
November	January
December	February

Because of the aforementioned change, the section titled “Special Re-Hire Eligibility Rule” on page 2 of the SPD is modified to read as follows:

“If you lose eligibility under the Plan for any reason and return to employment with a participating Employer and have a required contribution made before you have lost eligibility for more than six months, you will become eligible on the first day of the month coinciding with the first contribution month. For example, you leave covered employment on June 15th and your eligibility terminates on August 31st. You return to covered employment in September with a required contribution being made for October; you will re-qualify as eligible under the Plan effective October 1st. You will also be eligible for the months of November and December. If you lose eligibility for more than six months you must re-qualify under the New Hire Eligibility rules. Continued eligibility thereafter is based on the Eligibility Table shown above. In order for your dependent(s) to be eligible for healthcare coverage after your return to employment, a dependent co-payment is due on the first of the month following 30 days of employment. Dependent eligibility will commence as of the date of that payment.

If you return to active employment after an absence due to a Worker’s Compensation disability, you will become eligible on the first day of the month following the month in which you return to work.”

Questions?

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.

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.