

ELECTRICAL WELFARE TRUST FUND

SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the Electrical Welfare Trust Fund (“Fund”) has adopted the following changes to the Electrical Welfare Trust Fund’s Summary Plan Description (“SPD”), effective September 18, 2023. Please keep this document with your SPD and your Summary of Benefits and Coverage (“SBC”).

1. The following new Section is added to the end of the paragraph titled “When Coverage Ends for a Dependent Spouse”:

Spousal Continuation Coverage

If coverage for your dependent spouse otherwise would terminate because you and your dependent spouse are separated and living apart, your dependent spouse may elect to pay for Spousal Continuation Coverage for up to 18 months. Your spouse may only continue the same coverage in which they were enrolled immediately before you and your spouse began to live separate and apart.

In order for your spouse to be eligible for Spousal Continuation Coverage, you or your spouse must notify the Fund Office as soon as you and your spouse begin to live separate and apart. If you or your spouse do not notify the Fund Office, you and your spouse may be responsible for the full cost of any claims incurred by your spouse after the date you began to live separate and apart.

Once the Fund Office receives notice that you and your spouse are living separate and apart, it will send your spouse notice of the date their coverage ends and the information and forms they will need to complete if they want to elect Spousal Continuation Coverage, including information on the cost of such coverage.

Individuals who elect Spousal Continuation Coverage must pay, on an after-tax basis, 102% of the Plan’s cost of providing the benefits, which is due monthly. The cost may be subject to future increases during the period it remains in effect. However, generally the premiums will remain in effect for at least a 12-month period before an increase. If payments are not made when due, Spousal Continuation Coverage will terminate and cannot be reinstated.

Spousal Continuation Coverage will end immediately upon the occurrence of any of the following events:

- The first day of the time period for which the required premiums are not timely paid;
- The date all health care coverage offered by the Fund terminates;
- The date on which the Fund is terminated;
- The date on which the spouse first becomes covered by another group health plan;
- The date on which the spouse first become entitled to Medicare (usually age 65);
- Upon a failure to follow the Fund’s policies and procedures;
- The date the 18-month coverage period ends.

2. The following new language is added to the Section entitled Eligibility for Retired Employees on page 34:

If you do not meet the eligibility criteria described in this Section because you are not eligible for a pension from the Electrical Workers Local No. 26 Pension Plan or the National Electrical Benefit Fund Plan, and you are not eligible for Medicare or receiving Social Security retirement benefits, you still will be eligible for retiree benefits if:

- You are at least age 59 ½; and
- You have been covered under this Plan as an Active Electrical Worker or Active Non-Bargaining Unit Employee for 25 consecutive years immediately prior to your retirement.

If you fail to meet the 25-consecutive year requirement, you still may be able to qualify by self-paying “ahead” or “back,” to fulfill the 25-consecutive year requirement.

If you meet one of the above conditions, please contact the Fund Office for specific details.

Notice re Grandfathered Plan Status

The Electrical Welfare Trust Fund believes 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 Electrical Welfare Trust 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 number 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.

If you have any questions, please contact the Fund Office at 1-800-929-3983.