



THE ROAD
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Summary of Material Modifications

Date: December 2020

To: All Eligible Participants and Their Eligible Dependents Participating in the Operating Engineers Local #49 Health and Welfare Fund

From: The Board of Trustees

As your Board of Trustees of the Operating Engineers Local #49 Health and Welfare Fund, we are pleased to announce the following enhancement to your Plan benefits, effective December 17, 2020. Please read this Summary of Material Modifications (SMM) in its entirety to ensure you have a clear understanding of your new Plan coverage options.

Opt-Out For Health Savings Account (“HSA”) Coverage

A Dependent of an Eligible Employee or Eligible Retiree may elect to opt-out of coverage under this Plan if they are eligible for a health plan offered by their employer that is a high deductible health plan with a Health Savings Account (“HSA”). The Dependent AND Eligible Employee or Eligible Retiree must complete a “Waiver of Coverage” form to opt-out of coverage under the Plan.

The Dependent and Eligible Employee or Eligible Retiree understands that by electing to opt-out of coverage under the Plan, the Dependent will:

- Not be entitled to any benefits or other payments from the Plan, including, but not limited to, health care benefits, dental benefits, extended coverage options under federal law, or retiree benefits;
- Have no right or claim to any contributions made to the Plan for the purposes of funding the Dependent’s eligibility for coverage;
- Forfeit any right to benefits under the Plan even if Plan benefits are superior in some respects to the benefits under the plan offered by the Dependent’s employer; and
- Have no right to return to coverage under the Plan until such time as:
 - The Dependent’s employer ceases to make the HSA and high-deductible health plan available to its employees or the Dependent loses his or her coverage due to retirement, termination of employment, reduction in work hours, or by becoming eligible for Medicare, and
 - The Dependent otherwise meets the eligibility requirements of the Plan, and
 - The Dependent provides written notice to the Trustees of the desire to once again become covered by the Plan and submits documentation of the loss of the HSA and high-deductible health plan coverage.

The “Waiver of Coverage” form can be obtained from the Fund Office. The Dependent must indicate the date upon which the waiver of coverage will be effective.

COVID-19 Vaccine Coverage Notice

FDA-approved COVID-19 vaccines will be covered with no out-of-pocket cost and no deductible regardless of where the vaccine is administered.

In Closing

Please keep this SMM with your benefit plan booklet so that you will have an up-to-date description of the Fund’s benefits. If you have any questions about the enhancements announced in this SMM or your benefits in general, please contact the Fund Office at the address or telephone number shown at the top of this notice.

This Summary of Material Modifications contains only highlights of recent changes to the Operating Engineers Local #49 Health and Welfare Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify or terminate the Plan at any time.