



# STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

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**Date**     **March 2025**

**To:**       **All Participants and Dependents (including COBRA beneficiaries) enrolled in the Self-Funded Medical Plan of the Stationary Engineers Local 39 Health & Welfare Fund**

**From:**   **Board of Trustees**



This Participant Notice will advise you of certain clarifications that have been made to the Stationary Engineers Local 39 Health & Welfare Fund. **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully.

## DISABLED ADULT CHILD ELIGIBILITY

Currently an unmarried Dependent Child age 26 or older who is unable to earn a living because of mental or physical disability is also considered an eligible Dependent, provided you remain eligible and the child was both disabled and eligible under this Plan when he or she reached the limiting age, and is primarily dependent on you for support. You must send evidence of the child's dependence, incapacity, and/or proof of coverage to the Administrative Office within 31 days after the child attains the limiting age and periodically after.

Effective July 1, 2024, a disabled adult child over the age of 26 will also be eligible under this Plan, if he or she had coverage at the time of application under this Plan and was certified as disabled prior to becoming eligible under this Plan. You must send evidence of the child's dependence, incapacity, and proof of coverage at the time of application to the Administrative Office.

Should you have any questions, please contact the Administrative Office at 925-208-2280.

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Because this Plan is a "grandfathered health plan," we are required by law to provide this notice to you:

This group health plan 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 your plan 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 Trust Fund Office at 925-208-2280. 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](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions. Should you have any questions, please contact the Administrative Office at 925-208-2280.

**Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact the Administrative Office.**

*In accordance with ERISA reporting requirements this document serves as your Summary of Material Modifications to the Plan.*

*This document has been uploaded and is available on the participant website at:  
[www.local39benefits.org](http://www.local39benefits.org)*