



STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

Date December 2023

To: All Participants and Dependents (including COBRA beneficiaries)
Stationary Engineers Local 39 Health & Welfare Fund

From: Board of Trustees

SUMMARY OF BENEFITS AND COVERAGE (SBC)

Attached you will find a document called a **Summary of Benefits and Coverage**, commonly referred to as a “**SBC**.” This SBC provides a brief overview of the medical plan benefits provided by Stationary Engineers Local 39 Health & Welfare Fund.

As required by law, across the US, insurance companies and group health plans like ours are providing plan participants with a consumer-friendly SBC as a way to help understand and compare medical benefits.

What the SBC Contains

Each SBC contains concise medical plan information, in plain language, about benefits and coverage, including, what is covered, what you need to pay for various benefits, what is not covered and where to go for more information or to get answers to questions. Government regulations are very specific about the information that can and cannot be included in each SBC. Plan sponsors are not allowed to customize very much of the SBC. There are detailed instructions the Plan had to follow about how the SBCs look, how many pages the SBC should be (maximum 4-pages), the font size, the colors used when printing the SBC and even which words were to be underlined. A SBC includes:

- A health plan comparison tool called “**Coverage Examples**.” The coverage examples illustrate how the medical plan covers care for three common health scenarios: having a baby, diabetes care, and a fractured foot. The examples show sample total costs associated with each of these situations, how much of these costs the Plan covers and how much you, the participant, needs to pay. In these examples, it’s important to note that the costs are national averages and do not reflect what the actual services might cost in your area. The cost for your treatment might vary depending on your doctor’s approach, whether your doctor is an In-Network PPO Provider or a Non-PPO Provider, your age and any other health issues you may also have. These examples are there to help you compare how different health plans might cover the same condition—not for predicting your own actual costs.

- A link to a “**Glossary**” of common terms used in describing health benefits, including the words “deductible,” “co-payment,” and “co-insurance.” The glossary is standard and cannot be customized by a Plan.

Mailing Address: P.O. Box 1737 ♦ San Ramon, CA 94583
7180 Koll Center Parkway, Suite 200 ♦ Pleasanton, CA 94566
Phone 925·208·2280 ♦ Toll Free 800·622·0547 ♦ Facsimile 925·462-0108
www.Local39benefits.org ♦ staff@Local39benefits.org

- **Websites and toll-free phone numbers** you can contact if you have questions or need assistance with benefits.

When You Will Receive an SBC

The SBC will be provided to you at important points in the enrollment process, such as when you apply for coverage, with each new plan year, and at any time you want, upon request. Distribution of the SBC is required by law in accordance with the Affordable Care Act (ACA).

60-Day Notice for Material Modification of Plan Benefits

If a material change is made to a medical plan during the plan year that is not reflected in the most recent Summary of Benefits and Coverage (SBC), a notice will be provided to you at least 60 days before the effective date of the change. A material change is any change that would be considered by an average participant to be an important enhancement or reduction in benefits. This 60-day notice applies only to changes that become effective during the plan year. Changes made at the beginning of a new plan year do not require 60-day advance notice.

* * * * *

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

This group health plan believes the medical plan sponsored by Stationary Engineers Local 39 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 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. 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*