



Los Angeles Machinist Benefit Trust

1325 N. GRAND AVE • STE 200 • COVINA, CA 91724

IMPORTANT NOTICE

DATE: NOVEMBER 14, 2014

TO: ALL ELIGIBLE ACTIVE EMPLOYEES

**RE: OPEN ENROLLMENT – DECEMBER 1 – DECEMBER 31, 2014
CHANGES EFFECTIVE JANUARY 1, 2015**

Under federal law, we are required to provide you with an updated SBC showing the 2015 benefits of each medical plan. The SBCs have not been received from the insurance carriers yet. As a result, the Open Enrollment period will begin as soon as the complete packages are received.

If you are planning to change benefit plans, the change will be effective with the first day of the month following the month the open enrollment ends. We are planning on the open enrollment period running from December 1 through December 31, 2014; changes would be effective January 1. If, however, there is a delay, benefits may have to begin February 1, 2015.

If you are not making a change in plans (Kaiser Permanente, Blue Shield, or the Indemnity Medical plan) you do not need to do anything. If you are making a change you need complete new enrollment cards for the new plan.

If you are currently eligible for one of the High Option Indemnity, Kaiser Permanente or Blue Shield medical plans the benefits are the same as the current benefits.

If you are currently eligible for one of the medium or low option Indemnity, Kaiser Permanente or Blue Shield medical plans, your benefits will be improved effective January 1, 2015 (see the Attached Summary of Material Modification (SMM)).

There were no changes to the retiree plans.

If you have any questions, please contact the Administrative Office where the personnel will be happy to assist you. We apologize for any delay this may cause.

Board of Trustees

Attachment: SMM



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SUMMARY OF MATERIAL MODIFICATIONS

IMPORTANT NOTICE

DATE: SEPTEMBER 2014

TO: ALL ACTIVE (NON-RETIRED) “LOW OPTION” AND “MEDIUM OPTION” PLAN LOS ANGELES MACHINIST BENEFIT TRUST PARTICIPANTS AND COVERED DEPENDENTS

RE: BENEFIT CHANGES AND CLAIMS APPEAL CHANGES EFFECTIVE JANUARY 1, 2015

This Important Notice advises you of material modifications that are being made effective January 1, 2015 to the “low option” and “medium option” plans of benefits available through the *Los Angeles Machinist Benefit Trust* to comply with the Patient Protection and Affordable Care Act (“Affordable Care Act”), under the Plan for Active Employees for participants and their eligible dependents enrolled in the “medium option” indemnity medical plan (Anthem Blue Cross) or with a “low option” or “medium option” prepaid medical plan (HMO).

This information is very important. Please take time to read it carefully and keep a copy of this notice with your benefits booklet and other important plan information.

Beginning January 1, 2015 the following changes will apply under the “medium option” indemnity medical plan (Anthem Blue Cross) and the “low option” and “medium option” prepaid medical plans (HMOs).

- There will be no charge and no deductibles for in-network preventive care/screening services (exams and diagnostic x-rays and lab work) and immunizations (a list of federally required services and screenings is available from the Administrative Office)
- There will be no charge and no deductibles for in-network women’s preventive care (a list of federally required services and screenings is available from the Administrative Office)
- Out-of-network emergency room services, emergency medical transportation, and urgent care will have the same copays as if treatment were received from in-network providers

- There will be no charge and no deductibles for in-network routine preventive care only for prenatal and postnatal care
- There will be no copay or deductibles for in-network preventive birth control devices and medications for women (a list of federally required birth control devices and/or medications is available from the Administrative Office)
- Out-of-pocket expenses for the “medium option” indemnity plan (Anthem Blue Cross) will be limited to \$6,600 for individuals and \$13,200 for families for in-network benefits
- Regular in-network coverage may not be dropped for individuals participating in clinical trials for treatment for cancer or another life-threatening condition

Claims Appeals Changes

The claims review procedures for benefits provided under the indemnity health care plans are set forth in the current benefits booklet, dated March 2012, starting at page 75. The claims review procedures for benefits provided under the prepaid medical plan (HMOs) are set forth in the plans' Evidence of Coverage (EOC). Effective for claims incurred on or after January 1, 2015, these procedures are revised for claims under the “medium option” indemnity medical plan and the “low option” and “medium option” prepaid medical plans, as follows. In the event your claim and appeal is denied in whole or in part due to issues involving medical judgment or a rescission (retroactive termination or suspension) of coverage, you will be afforded, at no cost to you, an opportunity for an appeal before an independent, qualified external appeals body, whose decision on the appeal will be final and binding on all parties.

Aviso a los participantes que hablan español: Como ustedes saben, la Oficina Administrativa en la actualidad tiene varios representantes bilingües que pueden ayudarle. Sin embargo, comenzando el 1^o de enero 2015 Oficina Administrativa también deberá proporcionar en español, a petición, algunas traducciones de documentos del Plan de Salud y las comunicaciones a los participantes.

Sincerely,

Board of Trustees