

IMPORTANT NOTICES

The Los Angeles Machinist Benefit Trust is a “Grandfathered Health Plan”:

The Board of Trustees of Los Angeles Machinist Benefit Trust believes this group health 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 the 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 plan administrator at (800) 499-8121. You may also want to 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.

Coverage for your Dependent Child(ren) Up to Age 26:

The Plan covers your child(ren) until age 26 regardless of whether or not they are married, dependent on you for financial support, living with you, or enrolled in school. Eligibility for coverage ends as of the end of the month in which they reach their 26th birthday. Exception: If your child is employed and eligible for coverage under another employer’s group plan, he or she is ineligible for coverage in the Los Angeles Machinist Benefit Trust as your dependent.

If your child is under age 26 but is not currently covered under the Los Angeles Machinist Benefit Trust as your dependent and you want to add this coverage effective January 1, 2013, you must contact the Trust Fund Office for the appropriate forms within thirty (30) days of the qualifying event.

Annual Reminder Required by Federal Law – Breast Reconstruction:

A federal law called the Women’s Health and Cancer Rights Act of 1998 became effective for this Plan on September 1, 1999. Under this law, group health plans, insurers, and HMOs that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery. In the case of a Participant or Beneficiary who is receiving benefits under the Plan in connection with a mastectomy and who elects breast reconstruction, the law requires coverage in a manner determined in consultation with the attending Physician and the Patient, for;

1. Reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

If you have any questions about Plan coverage of mastectomies or reconstructive surgery, please contact the Plan Administrative Office. If you are enrolled in the HMO option plan, please contact the HMO