



PAMCAH UA LOCAL 675



ADMINISTRATIVE OFFICE • ANNUITY • COOPERATION
HEALTH & WELFARE • PENSION • TRAINING • VACATION & HOLIDAY

1109 Bethel Street • Suite 403 • Honolulu, HI 96813 • Ph: (808) 536-4408 • Fax: (808) 524-0658

Date: September 2024

To: All Active Employees, Retirees and their Dependents, including COBRA beneficiaries, of the PAMCAH-UA Local 675 Health and Welfare Plan

From: The Board of Trustees

PARTICIPANT NOTICE ABOUT BENEFIT MODIFICATIONS

This Participant Notice will advise you of certain material modifications that have been made to the PAMCAH-UA Local 675 Health and Welfare Plan (the “Plan”). **This information is VERY IMPORTANT to you and your dependents.** Please take the time to read it carefully. Note: All benefits are subject to the terms of the Plan.

CHIROPRACTIC BENEFITS EFFECTIVE JANUARY 1, 2025

The Board of Trustees is pleased to announce that your benefits for chiropractic services has increased. Effective for chiropractic services received on or after January 1, 2025, your benefits are as follows:

- The Fund will allow an office visit once per calendar year that will be reimbursed up to \$60;
- The allowance for chiropractic manipulations has increased from \$20 to \$45 per visit (limited to 12 visits per calendar year); and
- The benefits for chiropractic x-rays has not changed and is 50% of the eligible charge up to a maximum payment of \$75.

Your annual deductible does not apply to chiropractic benefits.

NEBULIZERS UNDER OPTUMRX EFFECTIVE OCTOBER 1, 2024

At this time, nebulizers are reimbursed under your medical benefits (90% of Allowed Charge, after Deductible with a Contract Provider and 70% of Allowed Charge, after Deductible with a Non-Contract Provider). Effective for purchases on or after October 1, 2024, you will also be able to obtain a nebulizer through your OptumRx prescription drug plan at a network pharmacy.

**CLARIFICATION TO DEFINITION
OF "CONTRIBUTING EMPLOYER" AND "EMPLOYER"**

The following definitions in Chapter 13 (Definitions") of the Plan Document/Summary Plan Description have been clarified as follows:

Contributing Employer or Employer: Any association, individual, partnership, corporation or other entity (including a limited liability company) which employs Employees and is a party to the Labor Management Agreement with the PAMCAH-UA Local 675 Health and Welfare Fund.

Employer or Contributing Employer: Any association, individual, partnership, corporation or other entity (including a limited liability company) which employs Employees and is a party to the Labor Management Agreement with the Union.

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 Trust Fund Office at 808-536-4408.

Sincerely,

The Board of Trustees

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. Please keep this document with your copy of the Summary Plan Description. In the event of any conflict, the terms of the Plan and SPD will control unless specified otherwise herein. The Board of Trustees reserves its right to amend or terminate the Plan in whole or in part at any time in its sole discretion.

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