



OCTOBER 2022

TO: ACTIVE AND RETIRED PARTICIPANTS

**RE: SUMMARY OF MATERIAL MODIFICATIONS TO THE
NORTHERN CALIFORNIA PIPE TRADES HEALTH & WELFARE PLAN (“PLAN”)**

The Board of Trustees of the Northern California Pipe Trades Health and Welfare Plan is pleased to provide you with the following summary of recent changes made to the Plan, called a Summary of Material Modifications (“SMM”). Please review these important changes described below.

**A. WHEN A LAWSUIT MAY BE STARTED/LAWSUIT FILED IN NORTHERN DISTRICT OF CALIFORNIA/NO PARTICIPATION IN CLASS ACTION LAWSUITS - Plan Amendment
Active and Retired Participants
Article XXIV., Section B.4. – *Effective for any acts or omissions prior to July 1, 2022, and going forward from July 1, 2022.***

The Board of Trustees has clarified When a Lawsuit may be Started and restated Section B.4. as follows:

When a Lawsuit may be Started/Lawsuit Filed in Northern District of California/No Participation in Class Action Lawsuits

One-Year Limitation File Suit, Choice of Venue Limit & Class Action Waiver.

One Year Limitation to File Suit and Choice of Venue Limit. Upon exhausting the claims and appeals procedures for an eligible claim pursuant to the Plan rules, if a Participant or Beneficiary (or Authorized Representative) is still not satisfied, the next step is to file a lawsuit. No legal action or proceeding may be commenced or maintained against the Plan, an individual Trustee, the Board of Trustees, or any other person or entity involved with the denial or decision on the appeal more than one (1) year after the Board of Trustees’ determination on the appeal (counted from the date of the appeal letter), or if not a formal appeal, one (1) year after the date of the act or omission of which is being challenged. If there is a lawsuit, the Participant or Beneficiary (or Authorized Representative) agrees to submit to the jurisdiction of the United States District Court for the Northern District of California and any such lawsuit has to be filed in the United States District Court, Northern District of California which shall be the exclusive venue of any such action or proceeding. The Participant or Beneficiary (or Authorized Representative) also irrevocably and unconditionally waives any objection that it might now or hereafter have to the venue of the aforementioned court and any claim that any action or proceeding brought in the aforementioned court has been brought in an inconvenient forum.

Class Action Waiver. In addition, any person including Participants and Beneficiaries seeking benefits or otherwise challenging action or inaction of the Plan (such as questioning the Plan’s investments), the Board of Trustees, an individual Trustee or any other person or entity involved or associated with any Plan action or omission is not permitted to participate in or bring a class action lawsuit as a member in any class or representative action against the Plan, the Board of Trustees, an individual Trustee or any other person or entity involved or associated with any such Plan action or omission. Only individual lawsuits are permitted meaning any person including Participants and Beneficiaries may only bring claims in its individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding.

IN ACCORDANCE WITH THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED (“ERISA”), THIS SMM SUPPLEMENTS THE RESTATED SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT THAT HAS BEEN SEPARATELY PROVIDED TO YOU. YOU SHOULD RETAIN THIS DOCUMENT WITH YOUR COPY OF THE RESTATED SUMMARY PLAN DESCRIPTION/PLAN DOCUMENT.

Grandfathered Plan Statement (For Retiree Medical Plan Option Only)

The Board of Trustees believes the Retiree Medical Plan (through Kaiser and Blue Shield) is a “Grandfathered health plan” under the federal law known as the Patient Protection and Affordable Care Act of 2010 (“ACA”). As permitted by the ACA, a Grandfathered health plan can preserve certain basic health coverage that was already in effect when the ACA was enacted. Being a Grandfathered health plan means that the Plan is not required to include certain consumer protections of the ACA that apply to other plans, for example, requiring the provision of preventive health services without any cost sharing. Grandfathered health plans must comply, however, with certain other consumer protections in the ACA, such as the elimination of annual and lifetime limits on the Plan’s Essential Health Benefits. (For a definition of what constitutes as Essential Health Benefits please visit www.Healthcare.gov/glossary/essential-health-benefits). **The Active Health & Welfare Plan (also through Kaiser and Blue Shield) is a Non-Grandfathered Plan.**

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 Fund Manager. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor (DOL) at 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. Implementation of the ACA’s provisions began with the July 1, 2011, Plan Year.

If you have any questions, please contact the Trust Fund Office at 925/356-8921, ext. 246.

Respectfully submitted,

Fund Manager
On Behalf of the Board of Trustees