

MASON TENDERS' DISTRICT COUNCIL WELFARE FUND

520 EIGHTH AVENUE, SUITE 600
NEW YORK, NY 10018-4196
(212) 452-9700

IMPORTANT NOTICE

To: Fund Participants who are Members of Lay Faculty Association Local 1261

From: Board of Trustees
Mason Tenders' District Council Welfare Fund

Date: February 2020

This Notice describes an important change to the rules of the Mason Tenders' District Council Welfare Fund (the "Fund") for members of Lay Faculty Association Local 1261. Please take the time to read this Notice carefully and keep it with your copy of the Fund's Summary Plan Description ("SPD").

Changes to Required Contributions for Retiree Coverage for Current and Future Retirees of Local 1261

In order to restore and maintain the balance between Fund contributions and benefit expenses, the Board of Trustees has adopted new contribution requirements for retirees who participate in the Fund based on their membership in Lay Faculty Association Local 1261.

Effective July 1, 2020, current and future Local 1261 retirees will be required to contribute to the Fund for retiree coverage in the following amounts:

\$600 per month for Pensioners under age 65 (both with and without Dependents)
\$600 per month for Pensioners over age 65 with enrolled Dependents
\$300 per month for Pensioners over age 65 with no enrolled Dependents.

Effective January 1, 2021, current and future Local 1261 retirees will be required to contribute to the Fund for retiree coverage in the following amounts:

\$1,200 per month for Pensioners under age 65 (both with and without Dependents)
\$1,200 per month for Pensioners over age 65 with enrolled Dependents
\$600 per month for Pensioners over age 65 with no enrolled Dependents.

In addition to the above changes, the Board of Trustees has decided that the required contributions will be further increased effective July 1, 2021 to reflect the full cost of retiree coverage, based on the benefit costs at that time. Those rates will be calculated and communicated prior to July 2021.

All the other eligibility criteria and rules described in the Fund's SPD and Summaries of Material Modifications ("SMMs") continue to apply.

If you have any questions regarding the information in this Notice, please contact the Welfare Fund's Eligibility Department at 212.452.9700.

This Notice is intended to provide you with an easy-to-understand description of certain important changes to the Fund's rules. While every effort has been made to make this description as complete and accurate as possible, this Notice, of course, cannot contain a full restatement of the terms and provisions of the plan. For a full description of your rights under the Fund, please refer to the plan documents (including the SPD). If any conflict should arise between this Notice and the plan documents, or if any point is not discussed in this Notice or is only partially discussed, the terms of the plan documents (including the SPD) will govern in all cases.

The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Fund, or any benefits provided under the Fund, in whole or in part, at any time and for any reason, in accordance with the amendment procedures established under the plan and the trust agreement establishing the plan. The formal plan documents and trust agreement are available at the Fund Office and may be inspected by you during normal business hours. No individual other than the Board of Trustees (or its duly authorized designee) has any authority to interpret the plan documents, make any promises to you about benefits under the plan, or to change any provision of the plan. Only the Board of Trustees (or its duly authorized designee) has the exclusive right and power, in its sole and absolute discretion, to interpret the terms of the plan and decide all matters arising under the plan.

Notice of Grandfathered Health Plan Status

The Fund's Board of Trustees believes that the Fund 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 the Fund 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 Medical Eligibility Department at the Fund Office, at 212 452-9700 or 520 Eighth Avenue, Suite 600, New York, New York 10018. 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.

MASON TENDERS' DISTRICT COUNCIL WELFARE FUND
NOTICE
REGARDING NON-DISCRIMINATION UNDER ACA SECTION 1557

The Mason Tenders' District Council Welfare Fund (the "Welfare Fund") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Welfare Fund does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Welfare Fund:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Anna Gutsin, the Welfare Fund's Section 1557 Coordinator.

If you believe that the Welfare Fund has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Anna Gutsin, the Welfare Fund's Section 1557 Coordinator, reachable at:

Mason Tenders' District Council Welfare Fund
520 Eighth Avenue, Suite 600
New York, New York 10018-4196
Tel: 212-452-9700
Fax: 212-452-9729
Email: compliancecoordinator@mtdctrustfunds.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: FREE LANGUAGE ASSISTANCE

This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.

Language	Message About Language Assistance
1. Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003
2. Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003
3. French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003
4. Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003
5. German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003
6. Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003
7. Arabic	Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003 مقرب لصتا. ناچملا ب كل رفاوتت ةيوغلا ةدعاسملا تامدخ ناف، ةغلا ركذا ثدحتت تنك اذ: ةظوحلم
8. Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003 번으로 전화해 주십시오.
9. Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003
10. Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003
11. Urdu	Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003 لاك - نيه بايتسد نيم نغم تامدخ يك ددم يك نابز وك پا وت، نيه ٴتلوب ودرا پا رگا: رادربخ نيرك
12. Yiddish	טפור. לאצפא ופ יירפ סעסיוורעס פליה קארפש קייא ראפ אהראפ ונעז, שידיא טדער ריא Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003
13. Bengali	লক্ষ্য করনঃ যিদ আপিন বাংলা, কথা বলেত পােরন, তাহেল িনঃখরচায় ভাষা সহায়তা পিরেষবা উপলব্ধি আছ। েফান করন Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003
14. French Creole (Haitian)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003
15. Hindi	ध्यान दः यद आप हदी बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003

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16. Gujarati	□ચુના: જો તમે □જરાતી બોલતા હો, તો નિ:□લ્કુ ભાષા સહાય સેવાઓ તમારા માટ□ ઉપલબ્ધ છ. ફોન કરો Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003
17. Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003
18. Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para Fund Office at 1-212-452-9700 or Aetna at 1-888-982-3862 or Optum at 1-866-880-5003