

# Laundry and Dry Cleaning Workers Health & Welfare Trust

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## **Laundry & Dry Cleaning Workers Local No. 52 Health & Welfare Trust Health Plan Benefit Changes (Summary of Material Modifications)**

This notice constitutes a summary of material modifications (SMM) to your health care plan. This SMM modifies some of the information contained in the Summary Plan Description (SPD) for the Laundry & Dry Cleaning Workers Local No. 52 Health & Welfare Trust (Trust). Keep this notice with your Summary Plan Description and other important plan documents. In the event of any discrepancy between this SMM and the SPD, the provisions of this SMM will govern.

This SMM must be read in conjunction with the Plan's Summary Plan Description (SPD) and all previous SMMs issued. If you need another copy of the SPD or these SMMs, contact the Administrative Office at 1-800-524-8687.

***The following changes apply to all participants in Northern California (Plan M)***

### **1. Special Eligibility Rule for Employees of Bargaining Unit Transferring from Another Workers United Health & Welfare Trust Fund**

Effective as of August 6, 2025, the following language is added to the "Eligibility Rules" section of the SPD following the paragraph titled "Special Eligibility Rule for Employees of Newly Organized Bargaining Unit" on page 2:

#### ***"Special Eligibility Rule for Employees of Bargaining Unit Transferring from Another Workers United Health & Welfare Trust Fund***

If you are an employee in a bargaining unit which is transferring to this Plan from any other Workers United Health and Welfare Trust Fund pursuant to a written collective bargaining agreement requiring contributions by your employer to this Plan, you will become eligible for coverage on the first day of the month for which the first contribution on your behalf is made. For example, if your employer becomes a participating employer and is obligated to make a contribution on your behalf for the month of October, then you are eligible for coverage on October 1st."

### **2. Reduction of Out-of-Network Cost-Sharing under Plan M from 40% to 30%**

Effective January 1, 2026, the share of out-of-network costs to be paid by plan participants enrolled in Plan M is reduced. **If you choose to use an out-of-network facility or provider, the Trust will now pay 70% of the usual, customary and reasonable (UCR) amount instead of 60%.**

Qualifying Payment Amounts (QPA) remain unchanged. So, it remains the case that for items and services obtained out of network, but which fall into one of the following three categories, your share of the cost will be the same as if the services were obtained in-network, including co-payments and deductibles: (1) out-of-network emergency services, (2) nonemergency services performed by nonparticipating providers at participating facilities, and (3) air ambulance services furnished by nonparticipating providers of air ambulance services.

Because out-of-network providers and facilities do not have an agreement with the Trust to accept the Trust's payment of the UCR as payment in full, if your provider or facility decides to balance bill, you will be responsible for payment of 30% of the UCR PLUS any amount above the UCR.

### **3. Changes to Vision Service Plan (VSP) Benefits**

Effective January 1, 2026, your Vision Service Plan (VSP) benefits are changing as follows:

- Frame Allowance

Your annual frame allowance will increase from \$130 to \$180. This applies to in-network providers and includes a wide selection of frames.

- Elective Contact Lens Allowance

Your annual contact lens allowance will increase from \$130 to \$180. This applies to in-network providers if you choose contacts instead of frames.

- Contact Lens Fitting & Evaluation Fee

You now have a capped \$60 copay for a contact lens exam (fitting and evaluation). Previously, this benefit included a 15% discount on the exam along with a \$130 allowance that covered both the exam and contact lenses. With the updated benefit, the full increased \$180 allowance will now go toward the purchase of contact lenses.

**Please refer to the attached Benefit Summary for detailed plan coverage information.**

#### **Questions?**

Questions regarding these changes can be directed to the Administrative Office at 1-800-524-8687. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: 1-800-524-8687.

This summary is intended to satisfy the requirement for issuance of a SMM under ERISA. You should take the time to read this SMM carefully and keep it with the SPD that was previously provided to you.