

**PLUMBERS & STEAMFITTERS LOCAL 21
BENEFIT FUNDS**

**1024 McKinley Street
Peekskill, NY 10566**

PHONE (914) 737-7220

UNION TRUSTEES

Sean Carey
Don Calabrese
Joseph Forintos
Craig Strasser
Michael Sweeney

FUND ADMINISTRATOR

Amir Wirr

FAX (914) 737-7299

EMPLOYER TRUSTEES

Grant Coppola
Robert Courtien
Andrew Cuomo
James Estabrook
Andrew Grundman

**SUMMARY OF MATERIAL MODIFICATION
TO THE
PLUMBERS AND STEAMFITTERS LOCAL 21 WELFARE FUND**

October 2026

To: Active and Pre-Medicare Retired Participants and COBRA Beneficiaries

From: The Board of Trustees

Re: Important Changes to Your Medical Benefits

The Board of Trustees is committed to providing quality and affordable benefits to you and your family. This Summary of Material Modification (“SMM”) describes changes to your medical network and claims administrator under the Plumbers and Steamfitters Local 21 Welfare Fund (“Plan”), effective January 1, 2027. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

**Effective January 1, 2027, Medical Benefit Network and Claims Administration will
Change to Aetna Choice POS II and Meritain, an Aetna company.**

The Trustees are pleased to announce that your medical network and medical benefits claim administrator will be transitioning from Anthem to Meritain, effective January 1, 2027. Meritain, a wholly owned subsidiary of Aetna, will serve as the Fund’s third-party medical benefit claims administrator and the Aetna Choice POS II Network will be the Fund’s new nationwide medical provider network. Aetna’s network contains more than 664,000 participating physicians and ancillary providers, with 5,667 hospitals. When you visit providers in the Aetna network, you will receive services at strong, negotiated rates, helping you to save on the cost of health care.

This means that for services incurred on or after January 1, 2027, you must use providers that participate in the Aetna Choice POS II network, and Meritain will be your primary point of contact for questions regarding medical claims, appeals, precertification requests, and other medical benefit-related matters. Anthem remains the point of contact for any services received prior to January 1, 2027.

Note that your medical benefits including deductible, out-of-pocket maximum, copays and coinsurance will remain the same. Furthermore, there are no changes to your OptumRx pharmacy benefits.

Meritain Contacts, ID Cards and Provider Network

You do not need to do anything because of this transition except that you may wish to confirm in advance that your current providers participate in the Aetna Choice POS II network. To do so, you can use the below URL and select “Aetna Choice POS II (open access)” to search for your provider.

<https://www.aetna.com/docfind/custom/mymeritain>

In December, you will receive a welcome package and new medical benefit ID cards to use for services received on or after January 1, 2027. This welcome package will help you get familiarized with Meritain and will also include important information about your new Meritain administered benefits plan including how to access the Meritain member portal, download the Meritain mobile app, locating participating providers, and other useful tools and resources now available to you.

NOTE: THE WELCOME PACKAGE AND ID CARDS WILL COME DIRECTLY FROM MERITAIN. PLEASE MAKE SURE YOU DO NOT INADVERTENTLY DISCARD THIS IMPORTANT INFORMATION.

How to Contact Meritain

You may contact Meritain via phone, internet, or mail using the contact information below.

- Meritain Customer Service at (800) 925-2272
- Meritain Medical Management (Precertification) at (800) 242-1199
- Meritain in writing to: Meritain Health, PO Box 853921, Richardson, TX 75085-3921
- Registering and logging onto Meritain’s self-service website available at www.meritain.com or the Meritain mobile app. Online tools are available to make it easier for you to:
 - Make informed decisions about your medical care
 - Find providers
 - View claims and Explanations of Benefits (EOBs)
 - View deductibles and out-of-pocket limits
 - Obtain digital ID cards
 - Research care and treatment options

To file an appeal for an adverse medical benefit determination, please contact Meritain at: Meritain Health, Attn: Appeals, PO Box 660908, Dallas, TX 75266-0908, or by fax at (716) 541-6374.

ID Cards

Meritain will mail you a new ID card to your home in December. The card will be for your medical benefits only, and only for services received on or after January 1, 2027, only. You should continue to use your current OptumRx ID card for prescription drug benefits as that is not changing.

ID cards will also be available electronically by logging into your secure member website at www.meritain.com or through the Meritain mobile app.

You will receive one personalized ID card if you have coverage for yourself only. You will receive a personalized ID card for each of your enrolled dependents if you have family coverage. If the information on your card is not correct, or if you require additional cards, contact Meritain at (800) 925-2272.

Aetna Choice POS II Network

Under the Aetna Choice POS II network, you may choose any participating (in-network) provider to receive medical care. **Note: There continues to be no coverage for services rendered by non-participating providers, except in the case of an emergency.**

For the most current information and provider listings, please contact the selected provider or visit <https://www.aetna.com/docfind/custom/mymeritain>. You can also contact Meritain by phone at 1-800-925-2272, through the Meritain member website at www.meritan.com, or through the Meritain mobile app.

Precertification and Medical Management

Effective January 1, 2027, precertification and all other medical management programs including disease and case management will be administered by Meritain. Previously, these programs were administered by Anthem. This means that for services requiring precertification rendered on or after January 1, 2027, you must obtain it through Meritain Medical Management. *Note that Meritain Medical Management will work with Anthem to receive and review precertification and case management reporting for services that were approved by Anthem, but have a service date on or after January 1, 2027. However, you should still contact Meritain before you receive the service to ensure precertification has been received.*

Meritain's Medical Management Program works with you and your provider to help confirm the medical necessity of services and help you make sound health care decisions. The program helps ensure that you and your family members receive the highest quality of care at the right time, in the most appropriate setting.

In most instances, providers that participate in the Aetna Choice POS II network will automatically reach out to Meritain to request precertification when it is required. However, it is ultimately your responsibility to ensure precertification is obtained when it is required. You can contact the Meritain Medical Management program by calling (800) 242-1199 or telephone number located on the back of your new Meritain identification card. If you fail to obtain precertification, your benefits may be reduced or denied.

More information about which services require precertification and how to obtain precertification is provided in the enclosed precertification flyer.

Transition of Care

Transition of Care ("TOC") allows members who are actively undergoing treatment with a provider that is participating in the Anthem network, but is not participating in the new Aetna Choice POS II network, to receive covered services at the in-network benefit level for a limited period. **Approved TOC requests may be eligible for coverage at the in-network benefit level for up to 180 days, helping ensure continuity of care during the transition to the Aetna Choice POS II network.**

Examples of Eligible Conditions

Transition of Care may be considered for members receiving active treatment for conditions such as (but are not limited to):

- Cancer under active treatment (e.g., chemotherapy or radiation)
- Organ transplant patients under active care
- Inpatient hospital stays at the time of the effective date
- Post-acute injury or surgery within the past 3 months
- Pregnancy in the 2nd or 3rd trimester (including postpartum care)

- Ongoing behavioral health treatment

Please note that routine procedures, stable chronic conditions, minor illnesses, and elective surgeries are not eligible for transitional care coverage.

Member Request Process

Members who believe they may qualify should:

1. Request a Transition of Care form from Meritain or the Fund Office and complete.
2. Have the treating provider complete the applicable provider section.
3. Submit the completed form to Meritain Health using the contact information provided on the form.

Once received, the request will be reviewed, and a determination will be communicated directly to the member. If approved, eligible services from the approved provider will be processed at the in-network benefit level for the approved timeframe. **Members are encouraged to submit requests as early as possible, ideally before or shortly after the effective date, to help avoid interruptions in care. TOC requests must be submitted within four (4) weeks of the transition, or by January 28, 2027.**

As always, the Fund Office is available to assist you with any questions that you might have. If you have any questions, please contact the Fund Office at 914-737-7220.

Sincerely,

Board of Trustees
Plumbers and Steamfitters Local 21 Welfare Fund

Opt-Out Reminder

As a reminder, if you want to opt out of or back into coverage effective January 1, 2027, please contact the Fund Office prior to November 30, 2026.

This SMM is intended to provide you with an easy-to-understand description of certain changes to the Plan. While every effort has been made to make this description as complete and as accurate as possible, this SMM, of course, cannot contain a full restatement of the terms and provisions of the Plan. If any conflict should arise between this SMM and the Plan, or if any point is not discussed in this SMM or is only partially discussed, the terms of the Plan will govern in all cases.

The Board of Trustees reserves the right, in its sole and absolute discretion, to amend, modify or terminate the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with the applicable amendment procedures established under the Plan and the Agreement and Declaration of Trust establishing the Plan (the "Trust Agreement"). The Trust Agreement is available upon request at the above address and may be inspected by you free of charge during normal business hours.

No individual other than the Board of Trustees 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 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.