



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: January 2024

To: All Retirees and their Eligible Dependents of the PAMCAH-UA Local 675 Health and Welfare Fund

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.

Changes to the Retiree Dental Plan Calendar Year Maximum Benefit Effective January 1, 2024

The Board of Trustees is pleased to announce that, effective January 1, 2024, the Retiree Dental Plan Calendar Year Maximum Benefit is increasing from \$1,500 to \$2,000 per year, and a separate Calendar Year Maximum Benefit of \$1,500 has been adopted for the coverage of dental implants.

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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