

# Machinists Health and Welfare Trust Fund

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Administered by  
Welfare & Pension Administration Service, Inc.

July 1, 2024

**To: All Participants and Beneficiaries of the  
Machinists Health and Welfare Trust Fund**

**Re: Summary of Benefits and Coverage and Member Website**

## Member Website

We are pleased to notify you of the new Trust Website for the Machinists Health and Welfare Trust Fund. The site located at <https://machinistshealth.com/> includes the following Trust Fund related materials:

- Forms – Enrollment Forms, Claims Form, Change of Address Form, and Disclosure and Privacy Notice
- Plan Booklets – Healthcare Plan and any updated Summary Material Modification Notices
- SBCs, Plan Coverage Notices, and Summary Annual Reports
- Contact Information – where to go for Plan Benefits and information
- Links to Local Unions and other useful sites

This site will also provide a link to “My Personal Benefit” information, which may be viewed through a secure location requiring the registration of an account with the Participant Portal – to register your account, visit <https://www.machinistshealth.com>. On the home page, click on the blue “Member Login” button on the right side of the screen and follow the prompts to register your account.

“My Personal Benefits” information includes the following data:

- Personal Information – Name, address, gender, birth date, marital status, etc.
- Health Plan Eligibility – Plan eligibility in the current and prior months
- Hours/Contributions – Statement showing employers reporting hours and contributions to the Trust on your behalf
- Dependent Enrollment Information – Names of enrolled dependents
- Medical Claims Summary and Paid Claims Detail
- Beneficiary Designation (if available)

## **Summary of Benefits and Coverage**

In accordance with the Patient Protection and Affordable Care Act as amended, the Trust must provide a Summary of Benefits and Coverage (SBC) to all participants and beneficiaries. The enclosed SBC is for the plan option in which you are currently enrolled. *Please note, the SBC furnished to the participant will be considered provided to dependents unless the Plan has been advised of a different address for dependents.*

Included in the SBC are “coverage examples,” which estimate what the plan benefit would be under common medical situations. If you are eligible or enrolled in Medicare or have primary coverage through another group health plan, this Plan’s benefits will be coordinated with that other plan and will differ from what is indicated in the SBC and the coverage examples. It is important to note that the SBC is only a summary and does not replace the Summary Plan Description (plan booklet). The SBC is not intended to be a cost estimator and should not be used to estimate your actual costs.

A Uniform Glossary of Terms has also been published by the government. This document is intended to describe terms commonly used in health insurance coverage, such as “deductible” and “copayment.” You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call the Administration Office at (800) 331-6158, to request a copy.

Questions regarding the Plan should be directed to the phone number provided on Page 1 of the Summary.

Administration Office  
Machinists Health and Welfare Trust Fund

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Enclosure