

Oregon Essential Workforce Health Care Fund

SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the Oregon Essential Workforce Health Care Fund (“Fund”) has adopted the following change to the Oregon Essential Workforce Health Care Fund Summary Plan Description (“SPD”). Please review this document and keep it with your SPD.

1. Effective August 1, 2023, the second and third paragraphs of the “Employee-Only Coverage” subsection under “Initial Eligibility” on page 5 of the SPD are revised to read as follows:

If you are NOT eligible for coverage under your Participating Employer’s group health plan on the Effective Date of the Fund, you become covered for Employee-only coverage on the first day of the calendar month for which:

- You are employed by your Participating Employer in a position for which the Employer is obligated to contribute to the Fund on your behalf;
- You are classified by your Participating Employer as a full-time Employee;
- You complete the enrollment process through your Participating Employer, and
- You pay the required Employee premium.

If you are hired after the Effective Date, you become covered for Employee-only coverage on the first day of the calendar month after your hire date if:

- You are employed by your Participating Employer in a position for which the Employer is obligated to contribute to the Fund on your behalf;
- You are classified by your Participating Employer as a full-time Employee;
- You complete the enrollment process through your Participating Employer, and
- You pay the required Employee premium.

2. Effective August 1, 2023, the “Family Coverage” subsection under “Initial Eligibility” on page 5 of the SPD is revised to read as follows:

You become eligible for family coverage (i.e. Employee + Spouse (or Domestic Partner), or Employee + Family) on the same day as you become eligible for Employee-only coverage, provided that:

- You complete the enrollment process to enroll your family by submitting an enrollment form to your Participating Employer;
- You pay the required Employee premium (for family coverage); and
- You submit any required documentation to the Fund Office, such as a marriage certificate or birth certificate, to verify Dependent status within 90 days of your Dependent’s effective date of coverage.