

Benefit Trust Summary of Material Modifications

Date of Notification: February 2024

To: Active Benefit Plan Participants

We are reaching out to inform you of some exciting new changes to your health benefits in 2024. As you will see below, there are a number of enhanced benefits available to you and your family members.

In addition, we have updated the plan rules for continuation of coverage in the event your work hours decline.

Please review these changes, and feel free to contact us if you have any questions.

Effective January 1, 2024

- **Aetna is the new Third-Party Claims Administrator (replaces Anthem).**
- **Hospice:** Covered at Plan in-network and Out-of-Network deductible and coinsurance.
- **In Network Habilitative Services:** Coverage for habilitative services at the same Plan deductibles, copays, coinsurance, and other cost share as Outpatient Behavioral Health, All Other services. Coverage applies for habilitative physical, occupational and speech therapy (PT/OT/ST). Habilitative PT/OT/ST services includes the diagnosis categories of Autism (AUT) /Pervasive Developmental Disorder (PDD) and Developmental Delay.
- **Ambulance Coverage:** Plan deductibles, copays, coinsurance, and other cost share will be the same as the Plan's Emergency Room cost share.
- **Coverage for vision exam:** This benefit is offered to Plan Participants, Spouses, and Dependents, regardless of age, subject to all applicable Plan deductibles, copays, coinsurance, and other cost share.
- **Routine foot care:** This benefit is provided if medically necessary and regardless of a diabetic diagnosis, subject to all applicable Plan deductibles, copays, coinsurance, and other cost share.
- **Autism Spectrum Disorder PT/OT/ST:** This benefit is provided subject to all applicable Plan deductibles, copays, coinsurance, and other cost share.
- **Transplants:** This benefit is subject to all applicable Plan deductibles, copays, coinsurance, and other cost share.
- **Transplant Center of Excellence network:** All transplants shall occur only at an Aetna in-network Center of Excellence to be eligible for coverage under the Plan.
- **Non-network transplant services:** There is no coverage for Out-of-Network transplants.
- **Standalone diagnostic labs/bloodwork:** This benefit is offered subject to all applicable Plan deductibles, copays, coinsurance, and other cost share that are applied to diagnostic X-ray and complex imaging.
- **Autism Behavioral Therapy:** This benefit is offered, subject to all applicable Plan deductibles, copays, coinsurance and other cost share.

- **Nutritional Counseling:** This benefit is provided if medically necessary, as prescribed by a physician and delivered by a licensed clinician, regardless of diagnosis, subject to all applicable Plan deductibles, copays, coinsurance, and other cost share.
- **Out-of-Network physician reimbursement:** The Plan, through Aetna, will provide reimbursement at the 80th percentile based on database for that service, during that time period, in the expense area the service location ZIP code falls within.
- **In-Network and Out-of-Network Home Health Care visit limit:** Combined calendar year limit of one hundred twenty (120) visits.
- **Home Infusion:** This benefit is offered, subject to all applicable Plan deductibles, copays, coinsurance, and other cost share.
- **Weight loss drugs are excluded from coverage:** Weight loss drugs and weight loss programs are excluded from coverage under the Plan.
- **Seasonal Vaccines:** This benefit is offered, subject to all applicable Plan deductibles, copays, coinsurance, and other cost share.

Effective with benefit eligibility month June, 2024

The hours needed to continue health insurance for eligibility month June 2024 and after has increased from 270 to 300 hours.

- **Continuing Eligibility**
Once a Participant becomes eligible, he must continue to work a minimum of three hundred (300) hours within three-consecutive-month periods as described in the following table to continue eligibility.

The Fund Must Receive at Least 300 Hours Reported for the Months of...	To Be Eligible for Coverage in...
September, October, November	January, February, March
October, November, December	February, March, April
November, December, January	March, April, May
December, January, February	April, May, June
January, February, March	May, June, July
February, March, April	June, July, August
March, April, May	July, August, September
April, May, June	August, September, October
May, June, July	September, October, November
June, July, August	October, November, December
July, August, September	November, December, January
August, September, October	December, January, February

Example:

Kelly works 300 hours between February 1 and April 30, 2024. Kelly's coverage will continue June, July, and August 2024.

- **Supplemental Hours**

If you work fewer than 300 hours, but at least 240 hours over a three-consecutive-month period, you may make self-payments for the difference between 240 and 300 hours to maintain your eligibility. This coverage includes Medical, Hearing Aid, Life Insurance, and Accidental Death and Dismemberment Insurance Benefits. You will not be eligible for Dental, Vision, and Weekly Income Benefits. The Benefit Trust Office will send you notification if this additional self-payment is required.

- **Reinstatement of Eligibility**

If your eligibility ends under the active Plan and you return to work for a Contributing Employer: *Within 24 months* following the last day you were previously eligible for coverage, you will become eligible again under the active Plan if you have 300 hours within a minimum of two and a maximum of three consecutive months. At least one hour must be in the first month. You will become eligible the first day of the second month after the month you reach 300 hours.

- **Special Rule – Non-Bargaining Participants**

In the case of a non-bargaining Participant who paid all contributions due and owing on himself and his employees while participating as a non-bargaining Participant and thus did not leave a delinquency at the time he loses eligibility, and who, upon losing such eligibility elected and paid for COBRA for the full eighteen (18) months, should he then return to employment as a non-bargaining Participant within twenty four (24) months following the last day he was previously eligible for coverage, he will become eligible again under the Plan if he has 300 hours within a minimum of two and a maximum of three consecutive months. At least one hour must be in the first month. He will become eligible the first day of the second month after the month you reach 300 hours. Thereafter, he shall be subject to all eligibility requirements for non-bargaining Participants as established in the Plan. This special rule does not apply to a non-bargaining Participant who chooses to cease making the required contributions to the Fund; instead, as noted previously, if Board approval is obtained, this non-bargaining Participant is required to meet the 1,000 hours per 12-consecutive-month rule as explained under the initial eligibility rules.

- **Off work due to disability (Active Participants only)**

If you are out of work due to a non-work-related disability, you may be eligible for Weekly Income Benefits until you recover or receive the maximum number of weeks of benefits for one period of disability, whichever occurs first. In addition, you may receive up to 26 hours per week credit to continue your coverage under the Plan. A maximum of 26 weeks of credit is available within a 12-consecutive-month period.

The Fund requires proof that you are under the care of a Physician to be eligible for Weekly Income Benefits. You must be eligible for benefits at the time you become disabled. The Fund also has the right to require you to submit to a medical examination. Refer to the *Weekly Income Benefits (For Active Participants Only)* section for more information.

If you become disabled due to an injury that is covered by AD&D Insurance Benefits, you may also be eligible for an AD&D Insurance Benefit.

If you are out of work due to a work-related disability, you may be eligible for Workers' Compensation benefits. Contact your local or state Workers' Compensation office. The Fund does not provide coverage for work-related disabilities. However, you may receive up to 26 hours per week credit to continue your coverage under the Plan. A maximum of 26 weeks of credit is available within a 12-consecutive-month period. You must submit proof of the dates you were paid benefits by the Workers' Compensation carrier to the Benefit Trust Office to receive these credits. **After your disability ends, you must notify the Benefit Trust Office and your Business Agent.**

Board of Trustees

The Board of Trustees is currently comprised of the following individuals:

Iron Workers Local Union No.	Union Trustees	Employer Trustees
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290	Rodd Shields	John Hesford
292	Robert Kara	Ronald Fisher
769	Russell Montgomery	Scott Massie
787	Bradley Winans	Clinton Suggs

Sincerely,

BOARD OF TRUSTEES

This SMM is intended to provide you with an easy-to-understand description of certain changes to the Plan. 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 provision or feature is not discussed in this SMM or is only partially discussed, then the terms of the Plan will govern in all such cases.

The Board of Trustees reserves the right to amend the Plan, or any benefits provided under the Plan, in whole or in part, at any time and for any reason, in accordance with applicable law, the amendment procedures established under the Plan, and the Trust Agreement.

The Board of Trustees (or its duly-authorized designee) 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.