

Northeast District Council of the OPCMIA Welfare Fund



SUMMARY OF MATERIAL MODIFICATIONS TO THE NORTHEAST DISTRICT COUNCIL OF THE OPCMIA WELFARE FUND

Date: October 2022

To: Participants in the Northeast District Council of the OPCMIA Welfare Fund

From: Board of Trustees of the Northeast District Council of the OPCMIA Welfare Fund

Re: Changes to the Northeast District Council of the OPCMIA Welfare Fund

The following summary describes changes to the Northeast District Council of the OPCMIA Welfare Fund (the “Fund”). This summary is intended to satisfy the requirements for issuance of a Summary of Material Modification (“SMM”) under the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). You should take time to read this material carefully and keep it with the copy of the Summary Plan Description (“SPD”) that was previously provided to you. If you need another copy of the SPD, or if you have any questions regarding these changes to the Fund, please contact the Fund Office, either in writing at 1406 Blondell Avenue, 2nd Floor, Bronx, New York 10461 or by telephone at 516-775-2280.

1. Increase in Reimbursement of Certain Deductibles and Copayments under Hospital Indemnity Plan

Effective as of January 1, 2023, the sub-section titled “Reimbursements for Certain Deductibles and Copayments” on page 19 of the SPD is amended by replacing the first bullet point with the following language:

- Effective January 1, 2023, for reimbursements *not* covered by the Aetna Hospital Indemnity Plan, the Welfare Fund will provide deductible reimbursements at the rates specified below:
 - **Family** = **\$2,500**
 - **Parent/Child** = **\$2,500**
 - **Couple** = **\$2,500**
 - **Single** = **\$2,000**

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Please note, as is stated in the SPD in the sub-section titled “Reimbursement of Certain Deductibles and Copayments” on page 19, in order for the Fund to provide these reimbursements, you must submit verification of your claim in the form of an explanation of benefits (“EOB”) received from Aetna. Please submit your EOB concerning your claim for reimbursements of deductibles directly to the Praetorian Guard Group, LLC.

2. Change in Aetna Coverage & Increase in Deductible

Effective as of January 1, 2023 the current Aetna tiers provided for active participants— Tier I Open Access Elect Choice, High Plan and Tier II Open Access Elect Choice, Low Plan—will be replaced with two new tiers.

As a result of the change, SPD Exhibit I (“Aetna Summary of Benefits and Coverage for Tier II & Residential Workers”) and SPD Exhibit II (“Aetna Summary of Benefits and Coverage for Active Journeymen & Retired Members”) are removed, and a new Summary of Benefits and Coverage explaining these new tiers effective January 1, 2023 will be provided by Aetna shortly.

Below, we’ve summarized the key changes of the new tiers as compared to the current tiers:

Tier I – High Option for Journeyman		
Terms	Current Tier I Effective until December 31, 2022	New Tier I Effective on January 1, 2023
Deductible	<u>Individual</u> : \$1,500 <u>Family</u> : \$3,000	<u>Individual</u> : \$2,000 <u>Family</u> : \$4,000
Co-Pay	\$30	\$40
Prescription Drugs	\$10 co-pay for Generic Drugs \$25 co-pay for Preferred Brand Drugs \$50 co-pay for Non-Preferred Brand Drugs	\$15 co-pay for Generic Drugs* \$35 co-pay for Preferred Brand Drugs* \$65 co-pay for Non-Preferred Brand Drugs* *After satisfying \$100 deductible per member

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Tier II – Low Option for Residential Workers		
Terms	Current Tier II Effective until December 31, 2022	New Tier II Effective on January 1, 2023
Deductible	<u>Individual</u> : \$2,000 <u>Family</u> : \$4,000	<u>Individual</u> : \$3,000 <u>Family</u> : \$6,000
Co-Pay	\$40	\$50
Prescription Drugs	\$15 co-pay for Generic Drugs \$35 co-pay for Preferred Brand Drugs \$65 co-pay for Non-Preferred Brand Drugs	\$20 co-pay for Generic Drugs* \$40 co-pay for Preferred Brand Drugs* \$90 co-pay for Non-Preferred Brand Drugs* *After satisfying \$100 deductible per member

3. Change in Vision Benefit Provider

Effective January 1, 2023, the Fund is switching vision care providers from Empire Blue Cross Blue Shield Blue View Vision to Aetna Vision Preferred. This change in providers will not result in a change in benefits.

As a result of this change, the third bullet point on page 6 of the SPD (“Important to Remember”) is replaced with the following language:

- Health and hospital coverage for active and retired members under this Plan is provided by Aetna Healthcare. Life and Accidental Dismemberment Insurance is provided by Anthem Life. Vision care, dental care and a Hospital Indemnity Plan are provided by Aetna Healthcare. These companies are third party providers, and the extent of their services are determined by the contracts with the Fund. You are a beneficiary of those contracts, and the benefits specified in those contracts are hereby provided under this Plan.

Additionally, as a result of this change Exhibit IV is hereby deleted, and a new summary of benefits will be provided by Aetna shortly.

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As always, the Fund Office is available to assist you with any other questions that you might have. If you have any questions, please contact the Fund Office at 516-775-2280.

Sincerely,

The Board of Trustees
Northeast District Council of the OPCMIA Welfare Fund

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 summary 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 (or its duly authorized designee) 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 and the full Plan document are at the Fund Office and may be inspected by you free of charge during normal business hours.

No individual other than the Board of Trustees (or its duly authorized designee) 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 (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.