

Northeast District Council of the OPCMIA Welfare Fund



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

Date: October 30, 2024

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 (“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.

Application of Medical Deductible to Two New Services

The Fund offers two medical plans of benefits: Tier I for Journeymen and Tier II for Residential Workers (the “Plans”, each a “Plan”). Each Plan of benefits includes a medical deductible that applies to certain of the Plan’s services. This means that for those services, before Aetna covers the cost of the services, you or your eligible dependent must first satisfy the applicable deductible.

Effective January 1, 2025, the deductible amount will remain the same for each Plan, but the deductible will now apply to the following services:

- Outpatient surgery; and
- Diagnostic outpatient complex imaging (e.g., PET scans, MRIs).

This means that if you receive any of these services beginning in 2025, you must first satisfy the applicable Plan deductible before Aetna will cover the cost of these services.

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A summary of the changes is detailed in the below chart:

	Tier I Plan (Journeyman) as of 12/31/24	Tier II Plan (Residential Workers) as of 12/31/24	Effective 1/1/25 for both Tier I and Tier II Plans
Deductible	<u>Individual</u> : \$2,000 <u>Family</u> : \$4,000	<u>Individual</u> : \$3,000 <u>Family</u> : \$6,000	No changes, deductible remains the same for Tier I and Tier II
Outpatient Surgery	\$75 copay	\$75 copay	No copay, but Plan will only cover outpatient surgery once applicable deductible is satisfied.
Diagnostic Outpatient Complex Imaging	\$75 copay	\$75 copay	No copay, but Plan will only cover diagnostic outpatient complex imaging once applicable deductible is satisfied.

Important: The Fund continues to reimburse deductibles up to a certain amount (specified below) that are not covered by the Aetna Hospital Indemnity Plan. Specifically, if you are an active participant, for reimbursements not covered by the Aetna Hospital Indemnity Plan, the Fund will provide deductible reimbursements to you at the following rates:

	Deductible Reimbursement
Family	\$2,500
Parent/Child	\$2,500
Couple	\$2,500
Individual	\$2,000

As currently described on page 19 of the SPD, to receive a deductible reimbursement, you must submit verification of your claim in the form of an explanation of benefits (“EOB”) received from Aetna. Submit your EOB concerning your claim for reimbursements of deductibles directly to the Praetorian Guard Group, LLC by e-mail at tdimattinapgg@optonline.net or by fax at 1-980-444-0711.

For any questions related to the deductible reimbursement program or the changes effective January 1, 2025, please contact the Fund Office at 516-775-2280.

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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.

*Northeast District Council of the OPCMIA
Welfare Fund*



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.