# I.U.P.A.T. DISTRICT COUNCIL NO. 51
# HEALTH AND WELFARE FUND

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Dear Participant:

This Summary of Material Modifications [SMM] serves as your notice of material changes to the 2019 Summary Plan Description [SPD] of the IUPAT District Council No. 51 Health and Welfare Fund (the "Plan" or "Fund"). The Trustees of the Fund are pleased to announce the following changes that will be effective **January 1, 2025**, except as otherwise provided below:

1. **Initial Eligibility Requirements**

Under existing plan provisions, you must have a minimum of 500 hours of service with a Contributing Employer, while working under Covered Employment, reported to the Fund in four (4) or fewer consecutive months to become eligible initially for benefits.

Effective with the Work/Employment Quarter beginning January 1, 2025 for eligibility in the Benefit Quarter beginning June 1, 2025, you must have a minimum of **350 hours** of service with a Contributing Employer, while working under Covered Employment, reported to the Fund in four (4) or fewer consecutive months to become eligible initially for benefits. With this change, the hours of service requirement for Initial Eligibility will be the same as for Continuing Eligibility.

In addition, the Plan will permit new participants to make a personal contribution to cover the hours necessary to meet the Plan's Initial Eligibility requirements beginning January 1, 2025. This personal contribution will be limited to the maximums currently allowed under the Maintaining Eligibility for Active Participants, which stipulate that you may "buy" a maximum of **200 hours** in any given work quarter, up to a maximum of **350 hours** in four consecutive quarters.

2. **New Dental and Vision Networks**

The Trustees are pleased to announce that the Fund has contracted with CareFirst to provide and administer both Dental and Vision benefits to Participants effective January 1, 2025. Members will now be able to realize the significant discounts provided by the CareFirst dental network as well as the more robust series of vision care benefits offered by the CareFirst vision network. The attached documentation provides further details.

You will receive new CareFirst dental and vision ID cards in the near future. Please note that CareFirst will be replacing UnitedHealthcare as the Plan's vision network provider.

3. **Dental Benefit Coverage Changes**

In addition to the implementation of the CareFirst Dental Network, the following changes to the Plan's Dental Benefits will be effective January 1, 2025:

- Coverage of sealants for children under age 19
- Coverage of two (2) annual preventative visits <u>without</u> a six-month gap requirement
- Coverage of Fluoride treatments twice per year for <u>all</u> eligible participants.

4. **Vision Benefit Coverage Changes**

In addition to the implementation of the CareFirst Vision Network, the following change to the Plan's Vision Benefit will be effective January 1, 2025:

- The frame benefit allowance will increase from $130 per year to $150 per year.

5. **Prescription Drug Benefit Change**

Effective January 1, 2025, the Plan will cover over the counter (OTC) medications prescribed by a healthcare provider

6. **Limitation on Drug Quantities**

The current SPD provides that only certain listed drugs can be prescribed in excess of the 90-day supply maximum otherwise generally mandated by the Plan. Although the general 90-day maximum remains, effective immediately, the excepted drug list below is revoked, as clinical rules are in place to determine quantity limits for all medications based on clinical guidelines.

- Nitroglycerin
- Phenobarbital
- Thyroid and synthetics
- Digitalis and derivatives
- Orinase
- Diabenese
- DBI, DBI-TD
- Dymelor
- Tolinase
- Insulin

7. **Updates to Prescription Drug Exclusions and Limitations**

Effective immediately, the Plan's Prescription Drug Exclusions and Limitations are amended as follows to include the following additional Exclusions:

- Exclusion of GLP-1 weight loss drugs.
- Exclusion of testosterone and estrogen regarding supplements and health aids.

Effective immediately, the Plan's Prescription Drug Exclusions and Limitations are further amended to provide immediate coverage for the following previously-excluded items, to comply with Affordable Care Act preventive care coverage requirements and/or to conform to current prescription drug clinical protocols:

- Coverage of immunizing agents
- Coverage of oral antibiotics in excess of 40 tablets and ointments in excess oof 4 ounces
- Coverage of contraceptives
- Coverage of fluoride supplements
- Coverage of smoking deterrent medications
- Coverage of diabetic supplies, including needles, syringes, and testing supplies
- Coverage of Immunizations injected through an in-network pharmacy.

All other rules of the Plan remain unchanged and are more fully described in the SPD dated January 2019.

Please keep this Notice with your copy of the 2019 SPD, which is available on Zenith's Participant Edge website **(https://edge.zenith-american.com)** and at **https://iupatdc51.com**, for future reference.