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

Fund Office: Zenith American Solutions, Administrator, 2 Gateway Center, 603 Stanwix St., Ste. 1500, Pittsburgh, PA 15222-1024
Phone: (412) 471-2885 / 1-800-242-8923 / Fax: (412) 471-2891

Important Fund Updates & Announcements

Dear Participant

The purpose of this mailing is to inform you of some exiting news regarding upcoming enhancements to your benefit plan.

1. New CareFirst Dental & Vision Benefit ID Cards

As disclosed in the Summary of Material Modification notice that you received in November, the IUPAT DC51 Health & Welfare Fund (the "Fund" or "Plan") has contracted with CareFirst to provide dental & vision network benefits to Plan participants effective January 1, 2025. You 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.

You will receive your new Dental & Vision ID card from CareFirst in the upcoming days. Please begin presenting this card to dental and vision service providers beginning January 1, 2025.

Please note that this ID Card is for Dental & Vision benefits only and does not apply to medical or prescription drug benefits. Please continue to use your separate medical and (ESI) prescription drug cards when obtaining medical services or filling any prescriptions.

Please contact the Fund Office or the number listed on the back of your new dental & vision ID card with any questions.

Summaries of your Dental & Vision benefits effective January 1, 2025 are enclosed.

2. Online Access to Claim Information

Participants will now have the ability to access personal claim history & eligibility information and documentation online through Zenith American Solutions' LIN portal. The enclosed guide provides registration instructions and a site overview.

3. New Employee Assistance Program

The Fund has partnered with Modern Assistance to provide free and confidential counseling, resources, and referrals to support participants and their families effective January 1, 2025. The attached letter provides contact information and additional details.

The Fund encourages participants to take advantage of the new features and services listed above.

Please contact the Fund Office at 1-800-242-8923 with any questions.

BlueDental Plus Summary of Benefits

Includes access to a national provider network

	In-Network You Pay	Out-of-Network You Pay
DEDUCTIBLE	$0 Individual $0 Family	$0 Individual $0 Family
ANNUAL MAXIMUM APPLIES TO ALL BASIC AND MAJOR SERVICES*	Plan pays $1,000 maximum for members age 18 and above Plan pays an unlimited annual max for dependent children under age 19	
PREVENTIVE & DIAGNOSTIC SERVICES		
▪ Oral Exams (two per benefit period) ▪ Prophylaxis (two cleanings per benefit period) ▪ Bitewing X-rays ▪ X-rays and Pathology (single films [up to 13], Panorex [1 per year], entire denture series [14 or more films once per year]) ▪ Palliative emergency treatment ▪ Biopsy and examination of oral tissue, microscopic examination ▪ Fluoride treatments (two per benefit period per member) ▪ Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19) ▪ Specialist consultations (following diagnosis by general dentist)	No charge from participating dentist[1]	No charge from participating dentist[1]
BASIC SERVICES AND MAJOR SERVICES—SURGICAL[2]		
▪ Direct placement fillings using approved materials ▪ Simple extractions ▪ Surgical periodontic services (including subgingival curettage, provisional splinting, and gingivectomy) ▪ Denture repairs ▪ Endodontics ▪ Periodontal scaling and root planing ▪ Local anesthesia rendered for a covered dental service ▪ Oral surgery (including complex extractions, alveoplasty with ridge extension, and suture for soft tissue injury)	20% of Allowed Benefit[1]	20% of Allowed Benefit[1]
MAJOR SERVICES—RESTORATIVE[2]		
▪ Full and/or partial dentures ▪ Bridges, crowns, inlays and pontics ▪ Denture adjustments and relining ▪ Dental implants	20% of Allowed Benefit[1]	20% of Allowed Benefit[1]
ORTHODONTIC SERVICES		
Benefits for orthodontic services are available for covered members and their dependent children under the age of 19	50% of Allowed Benefit[1]	50% of Allowed Benefit[1]
ORTHODONTIC LIFETIME MAXIMUM	Plan pays $1,000 maximum for adults; Unlimited maximum for dependent children under age 19	

[1] CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services.

* Deductible and Annual Maximum Combined In-network/Out-of-network.

Summary of Exclusions: Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

BlueDental Plus Summary of Benefits

Our plusses

- 100% of preventive and diagnostic services
- No claim forms or paperwork to fill out when a member sees a participating dentist
- We coordinate benefits for members with dental coverage from another carrier
- More than 135,000 participating dentists and specialists across the United States.

Our plans

With BlueDental Plus, you'll save the most money by seeing a participating provider.

What's a participating provider?
It's a dentist or specialist who is in our network and accepts our reduced negotiated fees as payment in full. This means no balance for you to pay, keeping your out-of-pocket costs low.

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you pay the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full. You're only responsible for deductibles and coinsurance. And for your convenience, your provider is reimbursed directly.
- **Option 2**—By choosing a dentist who participates with CareFirst, but not through the Preferred Provider Network, you'll pay slightly higher out-of-pocket costs. Similar to Option 1, there is no balance to pay. You're still responsible for deductibles and coinsurance, and have the convenience of your provider being reimbursed directly.

Can I see a non-participating provider?
Of course. But your out-of-pocket expenses will be highest with providers outside our network. You may have to pay the difference between the dentist's fee and what your plan allows for those services.

Where can I find a dentist?
Visit **carefirst.com/doctor** and select *BlueDental* to view in-network providers.

When do I get my ID card?
Member ID cards are mailed to your home after enrollment. You can also access your ID card—along with other claims and benefit information—at *My Account* or on the CareFirst mobile app. Visit **carefirst.com/myaccount** to register.

Who can I call with questions about my dental plan?
Call Dental Customer Service toll free at 866-891-2802 between 8 a.m. and 6 p.m. ET, Monday–Friday.

Common dental insurance terms

Deductible: The amount you are responsible for before CareFirst pays for dental services.

Family deductible: A deductible that is satisfied by the combined expenses of all covered family members. For example, a plan with a $25 deductible may be limited to a maximum of three deductibles ($75 per family) regardless of the number of family members.

Coinsurance: Your share of the dentist's fee after CareFirst has paid its share.

Annual maximum: The yearly reimbursement level for an individual/family set by your CareFirst dental plan.

CST7152-1P (10/24) ■ MD/DC Group ■ Plan 10 ■ BTB Ortho $1000

CareFirst
Family of health care plans

BlueVision Plus Summary of Benefits

We're not an eyewear plan. We're an eye care plan.

24-month benefit period

Benefit	In-Network You Pay	Out-of-Network You Pay
EYE EXAMINATIONS (once per 12-month benefit period)		
Routine Eye Examination with dilation	No copay	Plan pays $40, you pay balance
FRAMES (once per 24-month benefit period)		
Davis Vision Frame Collection[1]	No copay for over 200 frames	Not applicable
Non-Collection Frame	Plan pays up to $150, you pay balance minus 20% discount[3,4]	Plan pays $45, you pay balance
SPECTACLE LENSES (once per 12-month benefit period)		
Basic Single Vision	$0 copay	Plan pays $40, you pay balance
Basic Bifocal	$0 copay	Plan pays $60, you pay balance
Basic Trifocal	$0 copay	Plan pays $80, you pay balance
Lenticular (post-cataract)	$0 copay	Plan pays $80, you pay balance
CONTACT LENSES (initial supply; once per 12-month benefit period, in lieu of frames and spectacle lenses)		
Medically Necessary Contacts	No copay with prior approval	Plan pays $210, you pay balance
Davis Vision Contact Lens Collection[1]	No copay	Not applicable
Other (Non-Collection) Contact Lenses	Plan pays up to $150, you pay balance minus 15% discount[3,4]	Plan pays $105, you pay balance
CONTACT LENS EVALUATION, FITTING AND FOLLOW-UP CARE (once per 12-month benefit period)		
Davis Vision Collection[1], Standard Contact Lenses & Medically Necessary Contact Lenses	No copay	Included in contact lens allowance
Specialty Contact Lenses that are non-collection, including, but not limited to, toric, multi- focal and gas permeable lenses	15% discount	Included in contact lens allowance

Value Add and Discounts—in-network only[3,4] (fixed fee)			
LENS OPTIONS[3,4] (add to spectacle prices above)			
Digital Single Vision	$30	Anti-Reflective (AR) Coating (Standard/Premium/Ultra/Ultimate)	$35/$48/$60/$85
Tinting of Plastic Lenses (Solid/Gradient)	$0	Progressive Lenses (Standard/Premium/ Ultra/Ultimate)	$50/$90/$140/$175
Scratch-Resistant Coating	$0	High-Index Lenses (1.67/1.74)	$55/$120
Polycarbonate Lenses (Children/Adults)[2]	$0/$30	Polarized Lenses	$75
Ultraviolet Coating	$12	Plastic Photochromic Lenses	$65
Blue Light Coating	$15	Scratch Protection Plan: Single Vision/ Multifocal Lenses	$20/$40
ADDITIONAL DISCOUNTED SERVICES—in-network only[3,4]			
Retinal Imaging—Member Charge	$39		
Laser Vision Correction[3]	Up to 25% off allowed amount or 5% off any advertised special[3]		

[1] Collection is available at most participating independent provider offices. Collection is subject to change.

[2] Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

[3] These discounts are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. Additional plan discounts may not be available at all provider locations in all states. Please confirm that discounts are accepted when making your appointment. Discounts are not insurance and subject to change without notice.

[4] Available additional discounts not applicable at Glasses.com, 1-800 Contacts, Walmart locations, Sam's Club locations, or Costco locations or where limited by law or manufacturer restrictions.

[5] Reena Mukamal, "20 Surprising Health Problems an Eye Exam Can Catch," American Academy of Ophthalmology, aao.org.

Benefits issued under policy form numbers: Non-rider/Freestanding:
MD: CFMI/51+/GC (R. 1/13) • CFMI/LG/2021 GC AMEND (1/21) • CFMI/EOC/D-V (R. 10/11) • CFMI/VISION DOCS (R. 7/21) CFMI/VISION SOB (R. 7/21) • CFMI/DOL APPEAL (R. 9/11) • CFMI/DB/SPOUSE (10/12) • CFMI/DOM PARTNER (R. 9/11) • CFMI/ELIG/D-V (7/09) • CFMI HEALTH GUARANTY 1/22 • CFMI–DISCLOSURE 10/15 MD/CF/GC (R. 1/13) • MD/CF/LG/2021 GC AMEND (1/21) • MD/CF/EOC/D-V (R. 10/11) • MD/CF/DOCS-V (R. 7/21) • MD/CF/SOB-V (R. 7/21) • MD/GHMSI/DOL APPEAL (R. 9/11) • MD/CF/SPOUSE (10/12) • MD/CF/PARTNER (R. 9/11) • MD/CF/ELIG (R. 1/08) • MD NCA–HEALTH GUARANTY 1/22• GHMSI-DISCLOSURE 10/15
DC: DC/CF/GC (R. 1/13) • DC/CF/LG/2021 GC AMEND (1/21) • DC/CF/EOC/D-V (1/12) • DC/CF/DOCS-V (R. 7/21) • DC/CF/SOB-V (R. 7/21) • DC/CF/ELIG (9/04) • DC/GHMSI/DOL APPEAL (R. 1/22) • DC/CF/PARTNER (R. 7/09) • DC GHMSI – HEALTH GUARANTY 5/21 Ridered: CFMI/BLUEVISION PLUS RIDER (7/21) • MD/CF/BLUEVISION PLUS RIDER (7/21) • MD/CFBC/BLUEVISION PLUS RIDER (7/21) • DC/CF/BLUEVISION PLUS RIDER (7/21) • DC/CFBC/BLUEVISION PLUS RIDER (7/21) • VA/CF/BLUEVISION PLUS RIDER (7/21) • VA/CFBC/BLUEVISION PLUS RIDER (7/21)

BlueVision Plus Summary of Benefits

Did you know that eye exams allow eye care professionals to take a non-invasive look inside the body? An eye care professional can detect up to 20 chronic medical conditions during an eye exam, from diabetes and heart disease to hypertension and cognitive dysfunction, even before symptoms occur[5].

How the plan works

Our plusses

Davis Vision® administers BlueVision Plus. Our vision plans provide an affordable way for members to receive their annual eye exams. And if you need corrective lenses, we have you covered there too.

National network

BlueVision Plus offers a national network of optometrist, ophthalmologist and opticians. This includes private practices, retailers, and online retailers such as Visionworks, Walmart, Costco, Warby Parker and Glasses.com.

How do I find a provider?

To find a provider, go to **carefirst.com** and use the Find a Provider feature or call Davis Vision for a list of network providers closest to you at 800-783-5602.

Be sure to ask your provider if they participate with the Davis Vision network before receiving care.

How do I receive care from a network provider?

Call your provider and schedule an appointment. Identify yourself as a CareFirst BlueVision Plus member and provide the doctor with your identification number, as well as your date of birth. Then go to your appointment and receive care. There are no claim forms to file.

What if I go out-of-network?

Staying in-network gives you the best benefit, but BlueVision Plus does offer some out-of-network coverage. However, you will be responsible for all payments upfront and need to file a claim with Davis Vision for reimbursement. You must also pay any balances over the allowed benefit to the non-participating provider. Find the claim form at **carefirst.com:** locate *For Members*, then click on *Forms, Vision, Davis Vision.*

Can I get contacts and eyeglasses in the same benefit period?

No. BlueVision Plus covers one pair of eyeglasses OR a supply of contact lenses per benefit period.

When do I get my ID card?

Member ID cards are mailed to your home after enrollment. You can also access your member ID card—along with other claims and benefit information—at My Account or on the CareFirst mobile app. Visit **carefirst.com/myaccount** to register.

Other benefits

- **Access to in-network online retail partners:** Glasses.com, Warby Parker and Befitting
- **Mail order replacement contact lenses:** Davis Vision's mail order contact lens replacement service is powered by ABB Optical Group, the nation's #1 optical distributor and second largest contact lens provider. By accessing **davisvisioncontacts.com**, members can easily order replacement contact lenses at significant savings and have them shipped directly to their doorstep.
- **Hearing aid discounts** through YourHearing Network
- **Free LASIK consultation**
  - **Under $1,000/eye for conventional LASIK** (usually $1,677/eye)
  - **40-50% off** the national average price
  - **1,000 locations nationwide**

Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed above.
2. Medical care or surgery. Services related to medical conditions of the eye may be covered by a separate health benefit plan for medical services.
3. Prescription drugs obtained and self-administered by the Member for outpatient use.
4. Services or supplies not specifically approved by the Vision Care Designee where required in the Description of Covered Services.
5. Orthoptics, vision training and low vision aids.
6. Non-prescription (plano) lenses and/or glasses, sunglasses, contact lenses, safety glasses, or goggles or glasses for sports programs.
7. Except as otherwise provided in the Evidence of Coverage, Vision Care services that are strictly cosmetic in nature, including but not limited to, charges for personalization or characterization of prosthetic appliances.
8. Routine vision exam services, frames, spectacle lenses, and/or contact lenses received outside of the continental United States of America.
9. Replacement of frames, spectacle lenses, and/or contact lenses as a result of loss or theft.
10. Replacement of frames, spectacle lenses, and/or contact lenses within the same Benefit Period.
11. Services and materials not meeting accepted standards of optometric practice. Standards are consistent with clinical guidelines published by the Eye American Optometric Association and the American Academy of Ophthalmology.
12. Services and materials resulting from the Member's failure to comply with professionally prescribed treatment.
13. Services and supplies not specifically listed in the Description of Covered Services as covered Vision Care.
14. State or territorial taxes on vision services performed.
15. Special lens designs or coatings other than those described in the Evidence of Coverage.
16. Two pairs of eyeglasses in lieu of bifocals.
17. Insurance of contact lenses.

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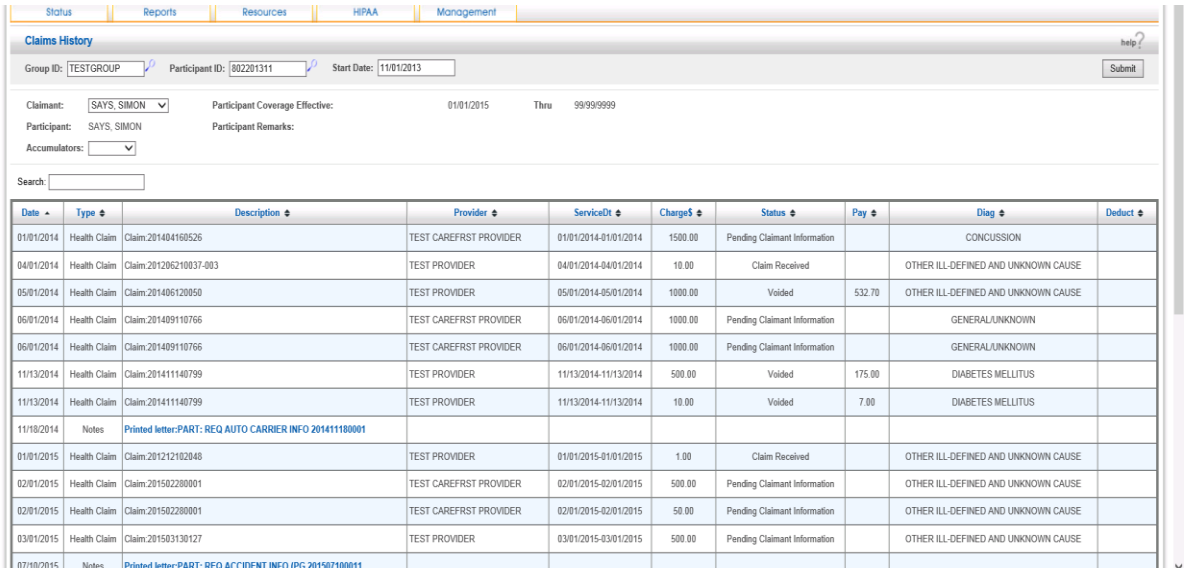
New Online Claim Portal

Participants can now access personal claim history & eligibility information and documentation online through the Luminex Information Network (LIN) portal, which is accessible through the Zenith American Solutions website.

Here are step by step instructions to assist with taking advantage of this exciting new feature.

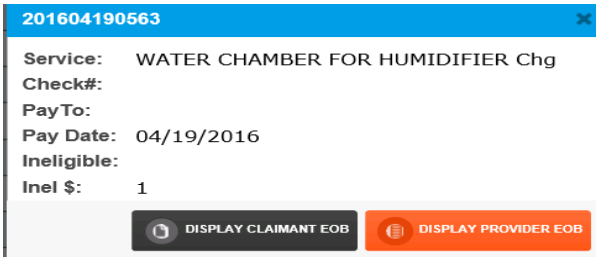
1. Go to https://secure.zenith-american.com/ and select **Ruby-Plus** for Health Claim Access.

   NOTE: A link will also be added to the existing Participant Edge website (edge.zenith-american.com)
2. To set up new login information, select **Register New User** from the login section.
3. Once you enter this information, the system will ask you to create a username and password. Please note the specific character and length requirements.
4. After clicking Submit, the system will return you to the main login page. Enter your newly created username and password to continue on to the online member portal.
5. Select the **Status tab** to access Claim History, Benefits at a Glance for a benefits summary or Verification of Benefits (VOB) for benefit details. For Claims History enter the Group ID# 051 and your ID# or SS# and click on Submit:



Date	Type	Description	Provider	ServiceDt	Charge$	Status	Pay	Diag	Deduct
01/01/2014	Health Claim	Claim:201404160526	TEST CAREFRST PROVIDER	01/01/2014-01/01/2014	1500.00	Pending Claimant Information		CONCUSSION	
04/01/2014	Health Claim	Claim:2012062100037-003	TEST PROVIDER	04/01/2014-04/01/2014	10.00	Claim Received		OTHER ILL-DEFINED AND UNKNOWN CAUSE	
05/01/2014	Health Claim	Claim:201406120050	TEST PROVIDER	05/01/2014-05/01/2014	1000.00	Voided	532.70	OTHER ILL-DEFINED AND UNKNOWN CAUSE	
06/01/2014	Health Claim	Claim:201409110766	TEST CAREFRST PROVIDER	06/01/2014-06/01/2014	1000.00	Pending Claimant Information		GENERAL/UNKNOWN	
06/01/2014	Health Claim	Claim:201409110766	TEST CAREFRST PROVIDER	06/01/2014-06/01/2014	1000.00	Pending Claimant Information		GENERAL/UNKNOWN	
11/13/2014	Health Claim	Claim:201411140799	TEST PROVIDER	11/13/2014-11/13/2014	500.00	Voided	175.00	DIABETES MELLITUS	
11/13/2014	Health Claim	Claim:201411140799	TEST PROVIDER	11/13/2014-11/13/2014	10.00	Voided	7.00	DIABETES MELLITUS	
11/18/2014	Notes	Printed letter:PART: REQ AUTO CARRIER INFO 201411180001							
01/01/2015	Health Claim	Claim:201212102048	TEST PROVIDER	01/01/2015-01/01/2015	1.00	Claim Received		OTHER ILL-DEFINED AND UNKNOWN CAUSE	
02/01/2015	Health Claim	Claim:201502280001	TEST CAREFRST PROVIDER	02/01/2015-02/01/2015	500.00	Pending Claimant Information		OTHER ILL-DEFINED AND UNKNOWN CAUSE	
02/01/2015	Health Claim	Claim:201502280001	TEST CAREFRST PROVIDER	02/01/2015-02/01/2015	50.00	Pending Claimant Information		OTHER ILL-DEFINED AND UNKNOWN CAUSE	
03/01/2015	Health Claim	Claim:201503130127	TEST PROVIDER	03/01/2015-03/01/2015	500.00	Pending Claimant Information		OTHER ILL-DEFINED AND UNKNOWN CAUSE	
07/10/2015	Notes	Printed letter:PART: REQ ACCIDENT INFO IPG 201507100011							

6. Your claims history will be shown based on the time frame that was entered. You can now click on a specific claim entry for the detail.
   After you select a claim to review, you can review the explanation of benefits (EOB) by clicking on the pop up box:



7. The VOB is a brief summary of benefits provided by your plan. Follow the on-screen instructions to print the VOB. It is important to note that the VOB information is not a guarantee of benefits, as eligibility for services will be determined upon receipt and processing of the claim
8. Select the **Resources** tab to access the Document Library for important forms and or plan information.
9. If you would like additional assistance, click the **Help?** Button on the right side of the page or contact the Fund office at **800-242-8923**.

MODERN ASSISTANCE
EMPLOYEE ASSISTANCE PROGRAM

Dear IUPAT DC51 Health Fund Participant,

We at Modem Assistance want to take the time to introduce ourselves to DC 51 Members and to express our excitement in partnering with you all as your new Employee Assistance Program (EAP) provider. This is a new service that is now available to all active DC51 Health Plan participants.

Modern Assistance is here to support you and your family members with behavioral health support. We have master's level clinicians on call 24 hours a day, 365 days a year to provide support.

The phone number to reach Modern Assistance is **(617) 774-0331**.

Our services are also completely confidential and there is no cost to you or your family members as it is all part of your benefit package with DC 51.

As a fierce advocate in the labor movement, Modem Assistance has a long history of providing superior behavioral health services to individuals involved in organized labor. These services include in-house 1-1 and/or couple's counseling, IOP group therapy as well as case management services all via telehealth. We can also assist in referring to an in-person therapist or psychiatry provider close to where you live. In addition, Modem Assistance can also help with connecting to in-patient or residential services for mental health or substance use issues and out-patient day treatment programs.

At Modern Assistance, we understand how difficult it can be to ask for help, so we meet every interaction with a sense of compassion and urgency needed to get our members connected to the appropriate services in an expedited timeframe. If you or a loved one is struggling, please reach out. Family members do not need to be on your benefit plan for us to help as we have a policy of not turning anyone away. Modern Assistance is here to support you in any way we can and look forward to building a longstanding alliance with you and your family members.

Again, please do not hesitate to reach out to us at (617)774-0331.

Sincerely.

John Christian,
President/CEO
Modern Assistance Program, INC.