

SUMMARY OF MATERIAL MODIFICATIONS

TO THE

ALLIED BUILDING INSPECTORS LOCAL 211 I.U.O.E WELFARE FUND

PURPOSE OF THIS SUMMARY: This is an important notice concerning the benefits provided by the Allied Building Inspectors Local 211 I.U.O.E. Welfare Fund (the “Plan”) and it is being sent to you as a Summary of Material Modification. It is a summary of changes the Board of Trustees have made to the Plan and it is intended to supplement the Summary Plan Description (“SPD”) previously provided to you. You should retain this summary with your copy of the SPD.

DESCRIPTION OF THE MODIFICATION: The Plan has been modified as indicated below:

Full Body Scan Co-Payment

Effective January 1, 2025, the Plan lowered the co-payment for Full Body Scan from \$187.50 to \$100, due at the time of the screening. Employees, Retired Employees and Dependents age 31 or above, are eligible for one screening every five calendar years.

Annual Maximum Dental Benefit

Effective January 1, 2025, the Plan increased the maximum benefits payable for any eligible individual under the plan (age 19 and over) from \$2,000 to \$2,500 per calendar year.

The Plan also increased Pediatric Coverage (up to age 19), including medically necessary Pediatric Orthodontics, to \$2,500 paid at 100%, \$2,500 to \$4,000 paid at 40%, and over \$4,000 paid at 20%. Orthodontics not determined to be medically necessary was increased to a \$2,500 lifetime maximum. See your SPD for more information regarding these benefits.

Expansion of Optical Benefits

Effective January 1, 2025, the Plan increased the maximum benefits payable for any eligible Employee from \$150 per calendar year to \$200 per calendar year, with the reimbursement for an eye examination only remaining at \$40 dollars.

Effective January 1, 2025, the Plan also increased the maximum benefits payable for any eligible Retired Employee from \$150 per calendar year to \$200 per calendar year, with the reimbursement for an eye examination only remaining at \$40 dollars. The Plan now covers eye exams and materials available through General Vision Services’ Regional and National Networks.

Increase in Hearing Benefit

Effective January 1, 2025, the Plan increased the maximum reimbursement for hearing aids from \$1,500 to \$2,500 provided every twenty-four (24) consecutive months. If you use an In-Network Provider with General Hearing Services, a comprehensive hearing evaluation will be provided for free, once every twenty-four (24) consecutive months.

Annual Prescription Benefit

Effective January 1, 2025, the Plan increased the Prescription Drug Benefit Year (January 1 to December 31) tier levels per family for copayments and coinsurance as follows:

	Previously	As of January 1, 2025
Copayments only	up to \$4,000	up to \$6,000
50% Coinsurance	up to \$8,000	up to \$12,000
Plan pays 25%	over \$8,000	over \$12,000

Now, the first \$6,000 in benefits per family, is subject to the greater of \$5.00 or 20% of the cost of generic and preferred brand drugs and 40% of the cost of non-preferred drugs; from \$6,001 to \$12,000 is subject to 50% co-insurance (the plan pays 50%); and the plan pays 25% for any coverage over \$12,000 per family.

Annual Chiropractic Benefit Increase

Effective January 1, 2025, the Plan increased reimbursements for a visit to a chiropractor from \$25 per visit to \$40 per visit, with a maximum of 24 visits per calendar year. See your SPD for additional information regarding this benefit.

Annual Podiatric Benefit Increase

Effective January 1, 2025, the Plan increased reimbursements for a visit to a podiatrist from \$25 per visit to \$40 per visit, with a maximum of 12 visits per calendar year. See your SPD for additional information regarding this benefit.

Surviving Spouse Self-Pay Coverage

Effective March 1, 2025, the surviving spouses and dependents of deceased Employees or Retired Employees may opt to self-pay for continued coverage of 12-months following the expiration of their coverage provided through COBRA. Surviving spouses will no longer be eligible for self-pay once they re-marry; dependent children will lose eligibility for this benefit under the same rules they would lose regular eligibility under the Plan.

Orthotics Benefit Coverage

Effective May 1, 2025, the Plan will cover molded foot orthotics prescribed by a podiatrist or licensed doctor up to \$300 every 24 months for Employees, Retired Employees and their eligible Dependents. Non-molded or over-the-counter orthotics or over-the-counter shoe inserts are NOT covered.

INFORMATION ABOUT THE PLAN SPONSOR: Allied Building Inspectors Local 211 I.U.O.E. Welfare Fund, 225 Broadway, Suite 4300, New York, NY 10007; our telephone number is (212) 233-2690.

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 SMM 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 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 is available upon request at the above address and may be inspected by you free of charge during normal business hours.

No individual other than the Board of Trustees 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 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.