CENTRAL LABORERS' WELFARE FUND

SUMMARY OF MATERIAL MODIFICATIONS

AMENDED PLAN LANGUAGE

On September 13, 2022, the Trustees of the Central Laborers' Welfare Fund adopted the following changes to the Fund's Plan provisions, with an effective date as noted:

The Summary Plan Description, specifically the section of the Summary Plan Description entitled "Prescription Drug Benefit" (effective July 19, 2022):

If you or your eligible Dependents incur covered prescription drug expenses while eligible for benefits, CVS/Caremark will reimburse those expenses. The CVS/Caremark program was chosen by the Trustees to allow you and your family a more cost-effective program for prescription services.

The *Schedule of Benefits* located in the back pocket of this booklet shows the co-payment amounts for the retail and mail order programs. Prescription drug co-payments do not apply to the individual/family medical out-of-pocket maximum.
If you do not go to a CVS/Caremark participating retail pharmacy or use the mail order program, your prescription will not be covered under the Plan.

- **Save money!**
- Generic and Formulary brand medications cost less than non-formulary, brand name medications. Ask your Physician if a generic or formulary brand is available to avoid additional prescription drug costs.
- For maintenance medications (medications you take on a long-term basis), you are encouraged to use the mail order program or purchase at a CVS retail location to receive a larger supply of your prescription medication at a lower cost than if you had filled it at a retail pharmacy other than CVS.

Retail Program

When filling or refilling a prescription at participating retail pharmacies, you must show your CVS/Caremark identification card to your pharmacist. The original prescription will be dispensed as written by the Physician for up to a 30-day supply or a 90-day supply if the purchase is made at a CVS retail pharmacy.

Mail Order Program

If you are taking a maintenance or long-term medication, you may use the Plan's mail order program. The mail order service can provide you with a 90-day supply delivered directly to your home for a co-payment specified in the *Schedule of Benefits* located in the back pocket of this booklet. Please see the terms of the mail order program regarding whether postage costs are covered or paid by the Plan.

To begin using the program a new Physician's prescription must be submitted to the mail order program. For more information, to obtain mail order envelopes or to receive a formulary listing for your ordering Physician(s) contact the Mail Order Service directly at (866) 818-6911 or contact the Fund Office at (800) 252-6571.

Covered Prescriptions and Supplies

The following items are covered by the Plan:

- Prescription drugs approved by the Food and Drug Administration that are:
  - purchased from a licensed participating pharmacy;
  - dispensed in accordance with the prescription of the treating Physician; and,
  - prescribed for a Medically Necessary and covered treatment of an Illness or an Injury.
- Diabetic supplies. The Plan provides coverage for diabetic supplies such as insulin syringes and needles, sugar test tablets, sugar test tape, diabetic test strips and acetone test tablets. If insulin and needles/syringes are dispensed at the same time, only one co-payment will be applicable, even if the insulin and needles/syringes are on separate prescriptions.
- Tobacco cessation products with a Physician's prescription.

Prescription Drug Exclusions

Prescription drug benefits are not payable under the Plan for the charges described below:

1) Over-the-counter medications not requiring a prescription.
2) Medications lawfully obtainable without a prescription.
3) Devices or appliances, support garments or other non-medicinal substances.
4) Administration fees for drugs or insulin.
5) Any charge, expense, service, supply, drug or device that is deemed to be Experimental and/or Investigational and/or Unproven as defined on Page 84.
6) Unauthorized refills.
7) Prescription drugs covered under federal, state or local programs for which there is no charge.
8) Medications used for cosmetic purposes, such as Rogaine.
9) Medications when confined to a rest home, nursing home, sanitarium, extended care facility, Hospital or similar entity.
10) Retin-A except for the treatment of acne vulgaris.

11) Charges for erectile dysfunction medications, except for purchases of Viagra, Levitra and Cialis, or their generic equivalent. However, purchases of Viagra and Levitra, or their generic equivalents, will be limited to a quantity not to exceed 12 pills per month. Purchases of Cialis, or its generic equivalent, other than Cialis 2.5 mg or Cialis 5mg, will be limited to a quantity not to exceed 12 pills per month. Cialis, or its generic equivalent 2.5 mg or Cialis 5mg, will be limited to a quantity not to exceed 30 pills per month or 90 pills in a 90-day period when purchased at a CVS retail store or through CVS/Caremark mail order, for the diagnoses of benign prostatic hypertrophy and erectile dysfunction. (Change effective July 1, 2021)
12) Charges for tobacco cessation products obtainable without a Physician's prescription
13) Any injectable medication without prior approval of the Fund Office.
14) Drugs required for a specific test, monitoring service, or procedure performed in an outpatient or inpatient setting, which would otherwise be considered under the Medical Benefit Plan of this Summary Plan Description. (updated May 19, 2015)

Coordination of Benefits under the Prescription Benefit Plan is not intended to allow a greater benefit than your actual health care expense, so the benefit payable under the Plan will be coordinated with the benefits of other prescription benefit plans. The amount of the benefit payable under this Plan may be affected when you are covered by any other plan.

When Central Laborers' Welfare Fund is the secondary plan it will make payments based on the balance left, if any, after the primary prescription benefit or health care plan has paid. Central Laborers' Welfare Fund will pay no more than that balance up to the amount it would have paid had it been primary.

Central Laborers' Welfare Fund will pay only for prescription drug expenses that are covered under this contract and will pay no more than the "allowable expense" for the prescription drug expense involved.

The allowable expenses and exclusions listed under the Prescription Drug Benefits, as well as the allowances, exclusions and order of payment rules listed under the Coordination of Benefits section of your Summary Plan Description will apply as they relate to the Prescription Drug Benefit Administration.

The Summary Plan Description, specifically the section of the Summary Plan Description entitled "Medical Exclusion #6" (effective September 1, 2022):

Medical Exclusion #6:

Charges for treatment of any intentional act unless caused by an underlying medical or mental health condition.

The Summary Plan Description, specifically the section of the Summary Plan Description entitled "Vision Care Exclusions" (effective September 13, 2022):

Opt Out of Vision Benefits

If you wish, you may elect to cease coverage for Vision Benefits under the Welfare Fund for yourself or your Dependents at any time by providing written notice to the Fund Office of your intention to cease vision coverage. Cessation of vision coverage will be effective as of the first day of the following month after the Fund Office receives such notice from you.

If you previously elected to cease coverage for Vision Benefits under the Welfare Fund, you may reinstate coverage by providing written notice to the Fund Office. Reinstatement of vision coverage will be effective as of the first day of the month immediately following the date the Fund Office receives such written notice from you.

The Summary Plan Description, specifically the section of the Summary Plan Description entitled "Dental Exclusions" (effective September 13, 2022):

Opt Out of Dental Benefits

If you wish, you may elect to cease coverage for Dental Benefits under the Welfare Fund for yourself or your Dependents at any time by providing written notice to the Fund Office of your intention to cease Dental coverage. Cessation of Dental coverage will be effective as of the first day of the following month after the Fund Office receives such notice from you.

If you previously elected to cease coverage for Dental Benefits under the Welfare Fund, you may reinstate coverage by providing written notice to the Fund Office. Reinstatement of Dental coverage will be effective as of the first day of the month immediately following the date the Fund Office receives such written notice from you.

The Central Laborers' Welfare Fund's online Summary Plan Description has been updated with the amended language above. You may request a hard copy of the Summary Plan Description by contacting the Fund Office at 1-800-252-6571

GRANDFATHERED PLAN NOTICE

THE CENTRAL LABORERS' WELFARE FUND ("FUND") BELIEVES THAT IT IS A "GRANDFATHERED HEALTH PLAN" UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (THE AFFORDABLE CARE ACT). AS PERMITTED BY THE AFFORDABLE CARE ACT, A GRANDFATHERED HEALTH PLAN CAN PRESERVE CERTAIN BASIC HEALTH COVERAGE THAT WAS ALREADY IN EFFECT WHEN THAT LAW WAS ENACTED. BEING A GRANDFATHERED HEALTH PLAN MEANS THAT THE FUND MAY NOT INCLUDE CERTAIN CONSUMER PROTECTIONS OF THE AFFORDABLE CARE ACT THAT APPLY TO OTHER PLANS, FOR EXAMPLE, THE REQUIREMENT FOR THE PROVISION OF PREVENTIVE HEALTH SERVICES WITHOUT ANY COST SHARING. HOWEVER, GRANDFATHERED HEALTH PLANS MUST COMPLY WITH CERTAIN OTHER CONSUMER PROTECTIONS IN THE AFFORDABLE CARE ACT, FOR EXAMPLE, THE ELIMINATION OF LIFETIME LIMITS ON BENEFITS. THE FUND WILL NOTIFY YOU WHEN CERTAIN OTHER CONSUMER PROTECTIONS ARE ADOPTED.

QUESTIONS REGARDING WHICH PROTECTIONS APPLY AND WHICH PROTECTIONS DO NOT APPLY TO A GRANDFATHERED HEALTH PLAN AND WHAT MIGHT CAUSE A PLAN TO CHANGE FROM GRANDFATHERED HEALTH PLAN STATUS CAN BE DIRECTED TO THE WELFARE FUND DIRECTOR, CYNTHIA SMITH-BRANNAN, AT 1-800-252-6571. YOU MAY ALSO CONTACT THE EMPLOYEE BENEFITS SECURITY ADMINISTRATION, U.S. DEPARTMENT OF LABOR AT 1-866-444-3272 OR WWW.DOL.GOV/EBSA/HEALTHREFORM. THE WEB SITE HAS A TABLE SUMMARIZING WHICH PROTECTIONS DO AND DO NOT APPLY TO GRANDFATHERED HEALTH PLANS.