CENTRAL LABORERS' WELFARE FUND

SUMMARY OF MATERIAL MODIFICATIONS

The COVID-19 Public Health Emergency and the National Health Emergency ended May 11, 2023. In response, the Central Laborers' Welfare Fund Board Trustees approved the following modification to related extensions and benefits that were instituted in response to mandates put into place on and after March 2020.

EXTENSIONS MANDATED BY THE NATIONAL HEALTH EMERGENCY

On March 28, 2023 the Trustees voted that, effective July 10, 2023, all extended timeframes within which a Participant or Dependent was allowed to enroll in COBRA, make COBRA premium payments, request special enrollment in the plan, notify the Fund of a qualifying event or determination of disability, file a claim under the plan's claims procedures, file an appeal of an adverse benefit determination, request an external review after receipt of an adverse benefit determination, file information to perfect a request for external review or present a COBRA election notice and any and all other extended time frames mandated by the National Health Emergency will cease and all deadlines that were in place before the declaration of the National Health Emergency would be reinstated.

BENEFITS MANDATED BY THE PUBLIC HEALTH EMERGENCY

At home COVID-19 test kits purchased through the CVS/Caremark prescription benefit plan

On March 28, 2023, the Trustees voted to continue providing 100% coverage for eight (8) over-the-counter at home COVID-19 test kits, per covered person, every 30 days, through the CVS/Caremark prescription benefit plan.

Coverage for COVID-19 vaccinations

On March 28, 2023, the Trustees voted to continue to provide benefits for FDA approved COVID-19 vaccinations under the Adult Wellness and Well Child Benefits.

Telehealth Services

On March 28, 2023, the Trustees voted that effective May 11, 2023 the Central Laborers' Welfare Fund plan of benefits would continue to allow telehealth services. However, those services would require an office visit co-pay, when rendered by an in-network provider, and would be adjudicated at the out-of-network benefit level, when rendered by an out-of-network provider.

All Other Benefits Adjusted as required by the Public Health Emergency

On March 28, 2023, the Trustees voted that, with exception of benefits for the at home COVID-19 test kits purchased through the CVS/Caremark prescription benefit plan, coverage for COVID-19 vaccinations and Telehealth services, as revised on March 28, 2023, all other benefits and exclusions of the Central Laborers' Welfare Fund plan of benefits would be reinstated to their pre-Public Health Emergency provisions effective on and after May 11, 2023.

FDA/EUA Covid-19 Testing

On April 16, 2024, the Trustees voted that FDA/EUA COVID-19 testing would be allowed retroactively back to May 12, 2023. However, those services would be subject to the calendar year deductible and coinsurance when rendered by an in-network provider, and would be adjudicated at the out-of-network benefit level, when rendered by an out-of-network provider.

Speech Therapy Services

On April 16, 2024, the Trustees of the Central Laborers' Welfare Fund adopted language expanding speech therapy services under the Plan.

Effective January 1, 2024, restorative speech therapy and speech therapy related to developmental conditions (e.g., down's syndrome, autism, etc.) are now covered. Benefits are payable subject to any deductible, copays or coinsurance that may apply when rendered by an in-network provider, and would be adjudicated at the out-of-network benefit level, when rendered by an out-of-network provider.

Please note, speech therapy that is not (1) restorative speech therapy, (2) speech therapy related to developmental conditions, or (3) speech therapy required as a result of a head Injury or stroke or if used in the treatment of Paradoxical Vocal Cord Motion (which has been confirmed by two or more physicians) is not covered under the Plan.

Gene Therapy, Cellular Therapy and Stem Cell Therapy

On April 16, 2024, the Trustees of the Central Laborers' Welfare Fund adopted language to clarify the terms of the Summary Plan Description regarding Gene Therapy, Cellular Therapy, and Stem Cell Therapy. Specifically, effective January 1, 2023, Gene Therapy and Cellular Therapy are excluded under both the Medical Benefit Exclusions and the Prescription Drug Exclusions. Gene Therapy involves the introduction, alteration, or replacement of genes within a patient's cells to treat or prevent a disease, and Cellular Therapy involves the use of living cells, including stem cells, as therapeutic agents to treat diseases. Both Gene Therapy and Cellular Therapy are excluded regardless of whether those therapies have received FDA approval, are Medically Necessary, or are not considered experimental or investigational.

Effective January 1, 2023, Stem Cell Therapy that is FDA approved (and excluding CAR-T therapy) was added as a Covered Charge. Stem Cell Therapy involves the use of stem cells specifically, which have the ability to differentiate into various cell types, for the treatment of diseases or injuries.

Should you have any questions regarding this Summary of Material Modifications, please do not hesitate to contact the Fund Office at 1-800-252-6571

This Summary of Material Modifications may contain only highlights of certain features of the Central Laborers' Welfare Fund. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify or terminate the Plan at any time. You and your eligible Dependents do not acquire any vested right to Plan benefits either before or after you retire. 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, SUCH AS, 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, SUCH AS, 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.