BUILDING TRADES WELFARE BENEFIT FUND
50 CHARLES LINDBERGH BLVD, SUITE 207
UNIONDALE, NY 11553
516 833-9300

APRIL 2, 2020

SUMMARY OF MATERIAL MODIFICATIONS

The Board of Trustees of the Building Trades Welfare Benefit Fund ("Fund") has adopted the following changes to Plan D of the Building Trades Welfare Benefit Plan ("Plan"). This Summary of Material Modifications ("SMM") advises you of changes in the information contained in the Plan's Summary Plan Description ("SPD"), as required by the Employee Retirement Income Security Act of 1974, as amended.

The Trustees of the Fund have amended the Plan provisions in response to the COVID-19 crisis. The changes to the language in your SPD are set forth below. Please keep a copy of this SMM with your SPD for easy reference.

1. Effective March 18, 2020 through December 31, 2020, the following benefit is added to the Plan:

The Fund will cover of the cost of claims incurred between March 18, 2020 through December 31, 2020, consistent with the terms described herein, for: (1) diagnosis products for the detection of SARS-CoV-2 or the diagnosis of COVID-19 that are approved by the FDA, and the administration of such diagnostic products; (2) items and services furnished to you during health care provider office visits, urgent care visits, and emergency room visits that result in an order for, or administration of, such a diagnosis product, but only to the extent that the item or service relates to the furnishing or administration of the diagnostic test or the evaluation of whether an individual needs a diagnostic test; (3) in vitro diagnostic testing for which a developer has requested, or intends to request, emergency use authorization from the Food and Drug Administration ("FDA"), unless such request has not been timely submitted to the FDA for consideration or until such request has been denied by the FDA; (4) in vitro diagnostic testing authorized by a State that has notified the Secretary of Health and Human Services ("HHS") of its intention to review such tests; and (5) any COVID-19 diagnostic testing that the Secretary of HHS determines to be appropriate and for which guidance has been issued.

In addition, to the extent required by federal law, the Fund will cover items, services, or immunizations intended to prevent or mitigate COVID-19, provided the item, service or immunization must be intended to prevent or mitigate COVID-19 and meet certain criteria and ratings of the U.S. Preventative Services Task Force or recommended by the Centers for Disease Control and Prevention for the individual involved.

For these services, the Fund will cover 100% of the charges billed by an in-network provider, with no co-payment, co-insurance or deductible. For out-of-network claims, for these services, the Fund will pay 100% of the lesser of the provider's billed charges or the in-network rate. If the provider's billed charges are greater than the highest in-network rate for the Plan, you may be responsible to pay the difference to the extent permitted by law.

2. The following temporary eligibility rule is added to the Plan effective March 27, 2020:

If a Participant does not work sufficient hours during the period of time that electrical construction projects are shut down as a result of the Executive Order issued by New York State Governor Cuomo on March 27, 2020 because of the COVID-19 crisis ("COVID-19 Out-of-Work Period") to maintain eligibility for coverage under the Plan, the Participant will be credited with 160 hours per month for eligibility purposes during the COVID-19

Out-of-Work Period only, but only if the Participant's Employer makes the contributions necessary to provide this benefit. The COVID-19 Out-of-Work Period ends on the date electrical construction projects are no longer restricted by New York State, as determined by the Fund's Board of Trustees. This eligibility extension is available only to Participants who meet the following requirements:

(i) The Participant was working on March 27, 2020 and was subsequently laid off or furloughed as a result of the shut-down of all non-essential construction projects in New York; and

(ii) The Participant returned to work immediately with any Contributing Employer upon the end of the COVID-19 Out-of-Work Period; and

(iii) The Employer makes required contributions to the Fund during the entire COVID-19 Out-of-Work Period.

Consider the following example—Jim is covered under the Plan through October 31, 2020 as a result of his hours worked during the corresponding Contribution Period, January through March 2020. Jim was working on a project on March 27, 2020 that was forced to temporarily shut down beginning March 30, 2020 as a result of the Executive Order issued by New York State Governor Cuomo on March 27, 2020. On May 1, Jim returns to work and he averages 120-hours of work per month during May and June. Before this Plan change, Jim's coverage under the Plan would end on October 31, 2020 because he did not average 120-hours of work per month during the Contribution Period April 1, 2020- June 2020 to maintain his eligibility. However, if Jim's employer makes contributions to the Fund on behalf of all of its employees during the month of April 2020, the COVID-19 Out-of-Work Period in this example, then Jim will continue his coverage under the Plan through January 31, 2021.

Grandfathered Status under the Patient Protection and Affordable Care Act

This group health plan believes this plan 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 your plan 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.

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 Building Trades Welfare Benefit Fund at 516-833-9300. 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